

A. Name of NGO:

Child In Need Institute (CINI)

FCRA Status: Yes

B. Name of the Project: Child and Woman friendly communities: Facilitating community action on health and nutrition issues in disadvantaged communities

C. Coverage and target population to be reached:

Geographical area

The project will cover 20,000 population across urban slums and/or rural regions in West Bengal.

Target Population

This project will cover women (especially pregnant and lactating) and children (from birth to eighteen years). These constitute the direct target groups. A host of community level activities with other relevant stakeholders (i.e., local self government, service providers) are also envisaged to foster dialogue and action on health and nutrition issues.

D. Need for the Project:

Negligible or limited knowledge regarding rights and entitlements is one of the key factors that contribute to the continued vulnerability of disadvantaged communities. Aspects such as poverty, gender, reduced access to appropriate resources form the deeper subtext in these narratives of deprivation. There is an urgent need in helping communities, local self government and other stakeholders to come together in participatory planning and action processes. Only such processes can provide the opportunity for addressing local, contextual issues in a manner that provides space for the powerless. The Child and Woman Friendly Community (CWFC) concept holds out this promise. Facilitated by CINI, it seeks to bring all relevant stakeholders to act together and help ensure that the local community is child and woman friendly. The communities prioritise their issues and develop their own parameters for tracking progress.

Such processes have been initiated for disadvantaged communities across certain urban slums in Kolkata and rural areas in South 24 Parganas and Murshidabad in West Bengal. Essentially, community based forums (comprising representatives of the community, local self government and systems) will prioritise and act on local issues across Education, Protection, Health and Nutrition (EPHN) domains. Related dialogues have been initiated and certain aspects are emerging as issues/concerns that need to be focused on. **In terms of health and nutrition**, access to mandated primary healthcare services, awareness regarding appropriate practices for ensuring improved maternal and child health and the need to work with the 12-18 years age group on reproductive and sexual health issues have come up strongly.

E. Project Details:

The project aims to improve the reproductive and child health (RCH) status of the community. This includes a focus on increasing access to mandated primary health care services for women (particularly pregnant and lactating) and children. There will be an emphasis on capacity building of community level female volunteers, local self government representatives and other key stakeholders to increase their knowledge about the RCH issues, services and related rights of the communities.

The community level, female volunteers would be the key agents at the community level. They will be the direct link between the families and the project team and facilitate appropriate inputs (at the levels of providing information and advice, linking with appropriate services etc). They will be supported by a community watch group (CWG) –formed by likeminded representatives of the community, local self government and systems who wish to work on health and nutrition issues. The CWG would act as a platform for facilitating community level discussion and action and also create linkages with other relevant stakeholders (e.g., health). A Steering Committee (comprising of key stakeholders from the EPHN sectors) formed at 20,000 level would work with these community volunteers and the community watch group to facilitate sustained development on health and nutrition issues. All these community level agents will be supported by a field level facilitator (at 20,000 population level) and the project co-ordinator.

Here, project activities and the budget have been given in a one year context. From an organisational perspective, we are committed to continue facilitating/supporting these processes for at least another two years. A three-five year engagement is essential for significant impact.

Sr. no.	Activity	Desired outcome	Indicators to measure outcome
1	Organise training for project team on specific RCH issues	Project team trained on reproductive and child health issues	Number of project team members trained on RCH issues
2	Training of Community health volunteer (CHV) on specific RCH issues for providing inputs through household/community events	CHVs trained on RCH issues	Number of CHVs trained on RCH issues Number of CHVs with accurate and complete knowledge on specified RCH issues
3	Community level meetings to develop plan of action for specific RCH issues	Plan of action developed	Issue specific plan of action developed Number/category of stakeholder committee members involved in the developing of action plan
4	Community Watch Group meetings to discuss and provide appropriate support	Health and nutrition issues being discussed at community level Increased awareness regarding rights and legislative framework related to health and nutrition issues at the community level Improved maternal and child health Improved awareness about SRH among children (12-18 years)	Number of Community Watch Group and Steering Committee members with accurate knowledge of rights and legislative framework related to health and nutrition issues at the community level % of families accessing mandated primary MCH services % of children with complete, accurate and age specific information on SRH issues

5	Awareness meetings/health mela/other community events as identified in action plan	Increased level of awareness on RCH issues among different stakeholders	Number of community events held Number of participants involved in the events
6.	Documentation of project activities	Different steps of the process documented in a structured manner	Process documentation records available

F. Please describe the monitoring plans and reports to be shared in not more than 100 words.

The Community Health Volunteers and the Community Watch Group would develop their own formats for tracking progress. This would ensure greater ownership. It is expected that there will be monthly and quarterly updates which can be compiled for reports. The facilitator will provide the necessary support and, along with the programme co-ordinator, ensure that systems are in place.

G. Project Cost Break-up:

Sr. No.	Head of Expense (use the ones applicable)	Units	Rate	Quantity	Amount (Rs)
1	Personnel				1,20,000
2	Community mobilization and running cost of center-based activities				2,00,000
3	Training				30,000
4.	Monitoring and documentation				20,000
5	Travel				10,000
6	Office expenses				20,000
7	Corpus contribution				1,00,000
TOTAL Funding requested from donors through Givelndia					5,00,000

Cost per capita: Rs. 25 per person per year

H. Sustainability plan

- The Community Watch Group and the Community Health Volunteers are all seen as community level resources that can continue to function as key resources beyond the project period. The engagement of the Steering Committee is also seen as a vital part of the process whereby all key stakeholders contribute in the process of sustained development.

I. Time Frame:

Start Date of the proposed project: 1st May 2008
End Date of the proposed project: 30th April 2011

J. Past Experience:

CINI has been involved in RCH projects for more than two decades. Increasingly, it has sought to expand the role of the communities and the other key stakeholders in the processes. There has been a conscious shift in the last decade at placing communities, service providers and local self-government in the driving seat. This CWFC Health initiative is a step in that direction.