



DWEEP PRAYAS IN THE PAST TWO YEARS

A journey for Child Welfare in Andaman
and Nicobar Islands during 2008-2010

About DWEEP PRAYAS

Prayas came into existence in 1988 in response to a crisis affecting children in one of the biggest slum clusters of Jahangirpuri in Delhi. Since then the organization has endeavored towards the welfare and development of such marginalized children by catering to their very basic needs with missionary zeal. Currently, the organization is operational in the states of Bihar, Gujarat, Assam, Arunachal Pradesh and Delhi. In 2005, PRAYAS opened its chapter in Andaman and Nicobar Islands. The organization has benefitted over 50,000 children throughout the country.

DWEEP PRAYAS stands for the PRAYAS chapter of Andaman and Nicobar Islands. It was established in January, 2005 soon after the Tsunami hit the islands on 26th December, 2004. In the initial years, it followed the policy of relief and support. During this phase, PRAYAS put all its effort to meet the needs and tackle the pressing concerns which arose because of the disaster. The strategy of PRAYAS during this period included immediate relief, trauma counseling for the victims, supplementary education to children who could not attend regular schools due to destruction caused by Tsunami and logistical support for continuing education. 'Childline' (1098) service which is a national 24 hour helpline for children was made operational for this purpose.

After three years of providing relief services to the children of the islands, DWEEP PRAYAS changed its policy of relief to rehabilitation and support. During this phase, DWEEP PRAYAS got involved in activities like restoration of services and rebuilding of health and educational infrastructure broken down by Tsunami. It also involved in behavior change oriented activities which are essential for sustainability of the restorations and rehabilitation programmes it has initiated.

It has also initiated implementation and smooth performance of National Flagship Programmes like NRHM, ICPS etc. Under NRHM, PRAYAS is the first agency to implement School Health Programme, formation of Village Health and Sanitation Committees and training thereof of making of Village Health Plans. PRAYAS is also a member of Child Welfare Committee formed under Juvenile Justice Act, 2000. It is also a member of two District level Committees on Monitoring of Children's Homes and functioning of Anganwadi Centres and on Monitoring of Implementation of Mid Day meal Scheme in South Andaman District.

Currently, it is running different projects at the islands of Little Andaman, Baratang, Port Blair and its outskirts.

Current endeavours:

Childline: (1098):

Child line – 1098 - 24 Hours Helpline Number For Children In Distress. Child line is a toll free helpline Number (1098) for children in need of care and protection. It is common to all the cities of India It has been playing a vital role in rescue and rehabilitation of the children. Calls received from children in distress immediately activate the rescue team to initiate necessary protective action. In addition to providing emergency assistance to children, the service also refers children to other organization for long-term rehabilitation.



Child line 1098 in Andaman and Nicobar was started post Tsunami as a project of Ministry of Women and Child Development. Childline 1098 at ANI has in 2008 alone intervened in more than 1000 cases and benefited around 400 children in need of care and protection. Child line 1098 services have been appreciated by various linked departments and its services like Library and counseling has been widely beneficial to more than 500 Children.

Presently, Child line implements its activities through awareness and community works to increase the call statistics so that every child in distress reaches out for justice through Child line. The call centre is centrally located at Port Blair and its team members are scattered over Little Andaman, Campbell Bay and Port Blair and its adjoining areas.

Awareness campaign:

As part of the PRAYAS- CHILDLINE campaign for protection and development of children in the islands, awareness generation programmes for popularizing the services of 1098 and child rights. Such programmes were carried out at various places like G B Panth hospital, Chatham jetty, seva niketan, marantha children's home and Schools. This programme consists of various cultural activities like skit play, dance, singing competition and discussions made on intervention cases with the children. Community meetings have been organized at pahargoan ,buniyadabad, chunna bhata, RK Pur, VK Pur, Hut Bay etc where active participation was emancipated by the members of the children's clubs and their parents. Pamphlets were also displayed at public places..



Awareness were also organized in 15 Anganwadi Centres cation in and around Port Blair and 10 in Little Andaman. This link with the Anganwadis has been established as they hold Monthly and Weekly Meetings for Mothers and Adolescent Girls.

Child Clubs:

Child Clubs have been formed at 11 places . These clubs meet once a month and discuss their rights. These clubs also takes up cases of child abuse and other issues violating child rights and tries to solve them at their level.

OPEN House:

OPEN House is a common platform for all the Child Clubs. Such open houses were held at Port Blair and also at Little Andaman with participation of more than 150 children. During the meet, children came out with views that they are confident on handling cases and solving them, they are aware of the support of Child Line 1098. Further to get strengthened formation of Bal Panchayat and editing newsletter

was suggested on which further activities will be planned the next year.

Workshops:

A series of Workshops on “National Initiative on Child Protection” was organized at Port Blair and in Little Andaman for members members of allied system. The one-day workshop was organized in collaboration with Dept. of Social welfare, National Institute of Public Cooperation and Child Development and Child line India Foundation. More than 100 stakeholders in Child Protection like AWWs, children’s Homes and Community leaders, representatives from Police Department participated in the workshop.

WASH at Baratang:

The project on Water and Sanitation Project at Baratang was started keeping in view the unsafe water, poor sanitation and unhygienic facilities in schools and in the community. The project is prepared and implemented in partnership with Terres Des Hommes, Lausanne.

In the community / School the pipe water is not safe but consumed by most of the families and students without any treatment or purification. There is very limited understanding of hygiene practice. Through the HH Survey it is identified that nearly 90% of the families still don’t have their latrines at their homes. Hand washing after defecation remains very limited hand washing practice during critical time. The PHC verbal communication reveals that 25% of patient with illness are through fecal contamination. Through home visit both adult and children are identified very high skin infections and referred to PHC for the treatment. Awareness and knowledge on sanitation and hygiene issues is very low.



In this background, work was started and significant progress has been achieved till date. The project also has received government recognition for combining School Health Programme under NRHM.

An Anganwadi Centre was constructed at Sundergargh-2 village was not being used due to various issues. The team initiated the process and finally the Centre was reopened with 21 child beneficiaries.

Health checkups for in and out of school children initiated and continued in the reporting periods along with the follow-ups through home visits to inform the parents about the children health management and referred to the PHC Baratang. School Hygiene Committees have been established in every school comprising teachers, students, PTA members and peon/sweeper. These committees

were trained on WASH modules are put in charge of overseeing the health and hygiene scenario in their schools.

For improvement and setting up of new health infrastructures, a KAP (knowledge, attitude and practice) and a house hold survey has been undertaken to identify households and schools. They will be provided with toilets so that they have access to



No Mothers meetings under Integrated Child Development scheme (ICDS) was being organized at Baratang. With PRAYAS (BT) initiative mothers meetings were held in 19 Anganwadi Centres. The parents along with other issues, were informed also about the water born disease, their management and prevention as well nutrition.

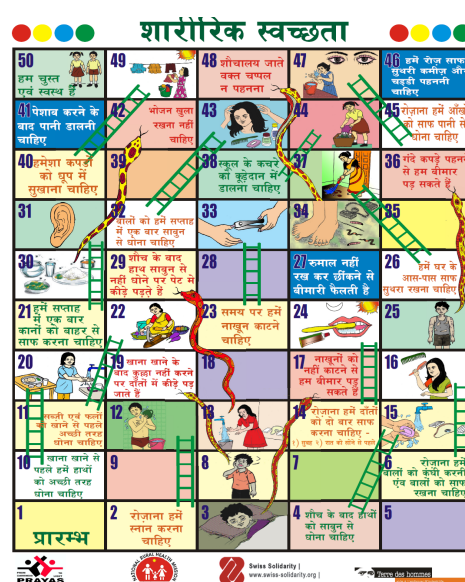
improved sanitation facilities. Simultaneously, health education is ongoing and campaign for improved water, sanitation and health practices has been taken up through community meetings, mothers meetings and meetings with Anganwadi Workers and ASHAs, PRIs, VHSCs etc.

Through several community meeting related to water, sanitation and hygiene improvement in the focused village the community peoples got basic adaption of hygiene promotion. It seen collective people progressive hygiene behavior

WATSAN at Little Andaman:

The project was built in the backdrop of the destruction of health infrastructures in the island of Little Andaman by devastating Tsunami. The project is combined with School Health Programme run under the umbrella of National Rural Health Mission and is implemented with Terres Des Hommes, Lausanne.

As part of the project, health infrastructures like toilets were built in 6 schools of the island while refurbishment has been done in all the existing toilets which were not maintained since Tsunami. Additionally, health check ups, recording data in Health Cards for every child, referrals of sick children to the nearest Primary Health Centres and beyond followed by home visits are done once in every six months. The parents were informed about their children's illness and ways of preventing and management of them through parents trainings and community meetings. The teachers of Government schools and Anganwadi Workers were trained on childhood illness and diseases. The achievements of the project are:



- 4500 health cards given to school children; the cards are used for recording and tracking a child's health status; 4500 diaries and notebooks with health messages were also distributed to school children
- Health status of 3950 children was checked in 13 government schools; children also received deworming medicine and their eyes were checked for refractive errors
- Follow up: 1250 children referred to the Government Primary Health Centres in Little Andaman, hospitals in Andaman and Nicobar Islands and the mainland as required
- 750 children benefitted from dental check ups
- School Hygiene Committees established in 13 government schools
- Regular community meetings were carried out to highlight health, hygiene and sanitation issues conducted
- Posters and comics on health, hygiene and sanitation issues developed by the school children and community health nurses.
- Toilets for boys and girls constructed in 6 government schools; existing toilets repaired/renovated in 13 government schools
- Drinking Water supply provided to 13 schools
- Height scales and weight measuring equipment provided to 13 government schools.
- Teachers' training on school health and physical education (yoga) conducted
- The project facilitated formation of Village Health and Sanitation Committees across five revenue villages on the island.
- The project trained the committees and facilitated preparation of 5 Village Health Plans for 2009-2010, which were then submitted to the State Health Society, who released an untied fund to the Committees.
- Anganwadi Workers¹ from the island trained on childhood illnesses and diseases

The project was over in September. With the experiences gained from this project, PRAYAS and its partner started the second project in Little Andaman Island.

¹ Anganwadi Workers are field level functionaries in the government's Integrated Child Development Services scheme.

Adolescent Health at Little Andaman:

This project aims at improving the health of adolescents in Little Andaman Island. It is in continuation of the previous project on child health. During implementation of the programme, it was identified that not much of work has been done for the adolescents there. They lack the motivation and interest to study owing to the limited career opportunities. They also lack life skills and skill based health education resulting in eloping, early marriage and early pregnancy with severe consequence of death. In this backdrop, the current activities have been planned and being implemented.



We want to keep coming first like this-School Hygiene Committee, Government Secondary School in V K Pur

The school hygiene committee members of the Government Secondary School in V K Pur are happy to talk about their activities. They check if the children are coming to school dressed properly and maintain basic hygiene. They talk to their classmates about health and hygiene issues. They tell the teacher in charge if they see any rubbish on the school premises or if the toilets are not properly cleaned. They also help in ensuring that children maintain order when food is served (as part of the government's mid day meal scheme). What do they enjoy the most? There are prompt answers to this too - working together, interacting with the project staff and telling visitors what they do. The committee has also decided about the aspects it now wants to focus on. So, the place where they wash their hands needs to be kept cleaner. The water tank has to be maintained properly. The level of cleanliness in the school can also be improved further. Another important point - "*Ei rokhom aaro first aasthe chayi.*" (We want to keep coming first like this.)



As part of the project, health checkups are being done for school going children along with deworming medication. The children were also checked for their blood groups and Haemoglobin level and the findings are entered in the health cards and handed over to the children. Special health check up for in and out of school adolescents are also being done and the data is entered into a

Adolescent Health Card. Sick children and adolescents are referred to the nearest Primary Health Centre and beyond for further treatment. They are followed through home visits and community meetings. Additionally, a skill based health education and life skill module has been prepared and imparted to the adolescents in school and community set



ups.

A counselor provides services to the adolescents having psychological and psycho-medical disorders. She also provides counseling to the students regarding their careers.

Now there is no problem- Parents of Sunil Dung Dung

Budhwa Dung Dung and Tereng Kerketta had been quite worried about their twelve year old son Sunil. He would bleed continuously for three-four days from his nose. The bleeding would stop and then recur again suddenly. This had been happening for the last three years. Sunil couldn't breathe easily. Moreover, his snoring kept his parents and three siblings awake at night!

The Medical Officer at the RK Pur Primary Health Centre told them that they would have to take Sunil to a better and more equipped hospital in the mainland. Basically, Sunil had a tumour in his nose that needed to be surgically removed. Budhwa, Sunil's father, felt helpless. His job at the Corporation did not provide the kind of money needed for travelling to the mainland and getting his son operated in a big hospital.

The project team decided to take on the case under the referral component. The Medical Officer facilitated his referral to a specialised, tertiary hospital in Chennai. All the arrangements, in terms of logistics and finance, were handled through the project. Also, a staff member accompanied Sunil and his father.

The required operation was conducted successfully in Chennai. The subsequent check ups showed that Sunil was making a smooth recovery. "*Ab koi problem nahin hain,*" says Tereng, Sunil's mother. (Now there is no problem.) Her face breaks into a big smile as she looks at Sunil. The much relieved family now sleeps better as well.



PRAYAS has also initiated a process of advocacy and campaign against the issues like consumption of liquor, early marriage, early pregnancy, quality education etc which play a pivotal role in children being abused. For this it has taken help of role plays, street plays, freeze images, line drawings etc. It has also been able to gather the community at Little Andaman to stand against domestic violence and getting justice for the victim.