

Annual Report

2021-22



**VIJAYAVAHINI
CHARITABLE FOUNDATION**

Supported by **TATA TRUSTS**

1. AN OVERVIEW



**VIJAYAVAHINI
CHARITABLE FOUNDATION**
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VIJAYA VAHINI CHARITABLE FOUNDATION (VCF)



Our Vision

Make a sustainable difference in the quality of life of rural and tribal communities.



Our Mission

Improve the quality of life of rural and tribal households and bring them out of poverty, irreversibly.

Overview of our Interventions

We are a Section 8 Company established on May 31st, 2017, with our registered office in Vijayawada, Andhra Pradesh. VCF was set up by the Tata Trusts to implement Trusts' programs in the states of Andhra Pradesh, Telangana, and elsewhere in the country. We are a non-profit organisation working for the poor, with a focus on sections of society who are marginalised.

From our very inception, VCF has focused on multiple thematic areas geared towards improving the lives and livelihoods of communities. Our intervention programs aim to:



**Ensure Safe
Drinking Water**



**Develop Skills
and Livelihoods**



**Improve Primary Healthcare
and Geriatric Care**



**Promote
crafts**



**Improve nutritional levels of vulnerable groups
(children, pregnant and lactating women)**



**Achieve Environmental
Preservation**

2. NOTE FROM ED



Over the past year, under WaSH, Vijayavahini Charitable Foundation (VCF) started working on the Jal Jeevan Mission by providing state government support at the State level. On the other hand, VCF is working in 106 villages across three blocks to support the state government in the implementation of the Jal Jeevan Mission. VCF also built 50 IHHLs in 10 villages of the Kadapa District. The Drinking Water Program is serving its purpose of providing safe water to the communities in the coastal areas. In the space of Nutrition, VCF supported the state government in the Rice Fortification program helping to cater to 0.8 million beneficiaries in two districts. The Yes to Poshan continues to promote diet diversity among Pregnant and Lactating Women (PLW) and children under the age of 2 years in 5 villages of Krishna District of Andhra Pradesh. The Craft Ecosystem Strengthening Program at Venkatagiri cluster is helping to transform artisans into artisan entrepreneurs. The project is also creating demand by changing the designs and exhibiting them on various platforms. These achievements were only possible because of the tireless efforts of our dedicated staff, as well as the support and contributions of our generous donors.

Despite the challenges brought on by the COVID-19 pandemic, we remained committed to serving our community and continued to adapt our programs and services to meet the changing needs of those we serve. We also implemented new safety protocols to ensure the well-being of our staff, volunteers, and clients.

Looking ahead, we remain focused on our mission and are excited to continue our efforts in the coming year. We recognize that there is still much work to be done, and we are committed to working tirelessly to make a meaningful impact in our community.

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3. OUTREACH LAYOUT



VIJAYAVAHINI CHARITABLE FOUNDATION
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Sr. No	Thematic area	Project Name	District	Mandal/Block	No.of beneficiaries
1	Livelihoods	Climate Smart Agriculture program in Tribal District of Andhra Pradesh	Alluri Sitharamaraju	Rajavommangi & Chintaplle	10,000
2	Livelihoods	Maa thota (TDF) Lakshadhikari Rythu Convergence	Alluri Sitharamaraju	Rajavommangi	1,000
3	WaSH	Jal Jeevan Mission	NTR & Anakapalle	Reddigudem, Mylavaram & Chodavaram	22,500
4	Nutrition	Yes To Poshan P&G	NTR	Mylavaram	2,000
5	Nutrition	Rice Fortification	Krishna, West Godavari, Vizianagaram	All District	0.79 Million
6	Crafts	Charka to Market (Antaran) Program	Tirupathi	Venkatagiri	Artisan Enrolled - 378 No. of Micro Enterprises Created - 26
7	WaSH	Sujala RF -Drinking water project	Krishna	Krishna	3,000
8	WaSH	Kadapa Sanitation Phase-2	YSR Cuddapah		50

4. SANITATION PROJECT



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The Issue

A number of government schemes – from installing infrastructure, construction and enhancing behavioural changes – were driven toward achieving universal sanitation and hygiene. Historically, India has focussed on constructing individual sanitary latrines in rural areas to combat the poor sanitation and hygiene circumstances that are, in large part, a consequence of abject poverty and an unhealthy quality of life. With support from Bharathi Cements as part of their CSR initiatives, the primary objectives of this intervention are to:

- Eradicate open defecation in clusters of Kadapa District, Andhra Pradesh
- Enhance awareness of positive sanitation practices by establishing behavioural changes in people triggered by the deployment of IECs / BCCs and CLTS
- Ensure households gain access to toilets by constructing IHHLs

Developing a Strategic Intervention

To capture the magnitude of the problem and develop strategic interventions to solve for it, we conducted a baseline survey using the DELTA framework and identified eligible beneficiaries from 155 responses. The benefits of this survey were multi-fold as it determined several strategic decisions for the project; such as – fixing targets, understanding the demand, gauging the number of toilets to be constructed and finalising the human resource requirement.

Having successfully completed phase 1 of the project, we decided to construct 50 IHHLs in 3 villages of Kamalapuram Mandal.

Key Objectives

- Provide access to IHHLs for 50 HHs
- Facilitate communities to become Open Defecation Free (ODF) and lead a better quality of life.
- Improve health for a better future as well as higher productivity leading to greater economic growth.
- It is encouraging to have the communities generously express their gratitude to the BCCPL and VCF teams, and we look forward to serving them in the future too.



CASE STUDY



In Chadipirala of Kadapa district, village residents faced untold challenges on account of having to defecate in the open. From the risk of snakebite and spread of infection and communicable diseases to unclean surroundings. In response, VCF implemented the key strategies for toilet construction and Behavioural Change Communication to ensure healthy sanitation practices. They also conducted a PRO based micro-plan for each household to ensure sustenance of the change; which has since taken immediate effect with village residents reaping the benefits of the efforts they contributed to as a community. For instance, a resident by the name of Venkaiah who had been disabled early on had to walk kilometres to answer nature's call. Today, with a toilet built at home – him and his family no longer face the same risks that they earlier struggled with in performing day-to-day functions.



Districts covered – 1
Kadapa
District



Provided access with Individual
House Hold Latrines to
193 house holds



800
Beneficiaries benefitted
with access to Toilets

5. RICE FORTIFICATION PROJECT



The Issue

'Hidden Hunger' is a widespread global issue affecting as many as 2 million people. India's record of malnutrition is shameful, with 48% children under the age of 5 being stunted. Specifically in the state of Andhra Pradesh, the high burden of vitamin and mineral deficiencies lead to anaemia among 58.8% women of reproductive age; similarly, 63.2% children <5 years old are anaemic. What's more, 29.6% children <5 years old are under-weight too. These NFHS-5 statistics are indicators of a grim nutrition status of the state, on the whole.

Developing a Strategic Intervention

Fortification of foods using micro-nutrient inputs that enrich staples in diets are a particularly effective public health intervention solving for widespread malnutrition. This fortification of rice is a sustainable strategy to supply micro-nutrients to the larger population, distributed over existing publicly funded channels such as ICDS, MDM and PDS. This is also a cost-effective and culturally appropriate intervention, in accordance with the high per capita consumption of rice.

The vision of the project is to contribute towards improving the health and wellbeing of marginalised and vulnerable communities by mitigating the micro-nutrient deficiency problem through the consumption of fortified rice.

An action plan was devised to implement a pilot via VCF by leveraging the state-run ICDS, MDM and PDS in Krishna, West Godavari and Vizianagaram districts of Andhra Pradesh. The objectives were to:

- Address micro-nutrient deficiency and improve iron stores among children and mothers.
- Demonstrate the scalable and sustainable blending model of rice fortification across the state, and country.
- Bolster the existing supply chain management system of Andhra Pradesh State Civil Supplies Corporation Limited by providing ample capacity building trainings.

Major Activities in the Reporting Period

- Produced over 36,000 MT of fortified rice which caters to 60 million meals in MDM and ICDS of Krishna and West Godavari Districts.
- On-boarded 79 rice mills in 5 districts to accelerate the production of fortified rice in ICDS, MDM, and PDS in select districts.
- Completed a blended activity as part of a PDS pilot in Vizianagaram during the Kharif season; an overall target of 1 lakh MT of fortified rice was achieved.
- Capacitated frontline workers of APSCSCL to ensure an efficient supply chain management for the production and distribution of fortified rice.
- Installation support to 10 rice mills of dosing machinery such as length graders, storage bins to expedite and improve the production process.
- Outreach to 20,000+ beneficiaries through various BCC and IEC campaigns.

Key Objectives

Taking advantage of the continuous blending technology, Tata Trusts has forged ahead and produced 36,000 MT of rice for 800,000 individuals across the identified districts. Rice mills here, in Krishna and West Godavari districts, have adopted this innovative technology and are producing fortified rice. This demonstrates the scalability of a cost-effective, replicable model for other parts of the state. The state government has also adopted this technology for their pilot PDS projects in Vizianagaram, which has since produced more than 1,00,000 MT of fortified rice.

Extended integrations of these technology models have led to a significant drop in the production expenditure of fortified rice, and consequently, the burden on the government exchequer. The cherry on the cake is that this intervention has moved us closer to meeting UN Sustainable Development goals of – no poverty, zero hunger and good health & well-being.

CASE STUDY



7,90,000
Beneficiaries



3 Districts
covered –
Krishna,
West Godavari and
Vizianagaram



7,97,302
Individuals benefitted



7,10,387
children benefitted



6,921
Schools benefitted



87175
Women benefitted

Across India, marginalised and vulnerable communities have limited access to nutritious food because of their socio-economic conditions. Vitamin and mineral deficiencies are linked to birth defects, as well as diseases such as night blindness, goitre and anaemia. In Andhra Pradesh, for instance, the state government's fact sheet discloses that vitamin and mineral deficiencies linked to birth defects are found in nearly 60% of children between the ages of six months and 5 years, while 53% of pregnant women across the state suffer from anaemia and micronutrient deficiencies. Rice being a staple for millions in India, food fortification is an efficient way to deliver nutrients across a wide population. State governments, are seriously looking into initiatives that can improve population health indices. The VCF-Tata Trusts have been advocating, planning and implementing food fortification initiatives on a pan-India level.

The Trusts' rice fortification initiative attempts to correct diet deficiencies by adding micronutrients to rice that are lost during the milling and polishing processes. Fortified rice kernels (FRKs) are produced using extrusion technology and made with rice flour and micronutrients such as iron, zinc, Vitamin A, folic acid, thiamine and other vitamins. Blended with regular rice in a ratio of 1:100, the result is a product that is identical to regular rice in aroma, taste and texture. "That wasn't an easy task," says Sandesh Kotte from the VCF's nutrition team in Andhra Pradesh. "But fortified rice is an innovative and cost-effective strategy to deliver micronutrients to vulnerable communities with high rice consumption."

In the Andhra Pradesh Social Welfare Residential Education Institutions Society (APSWREIS) in Amaravati, one of the institutions where traditional rice was replaced with fortified rice as part of the mid-day meal, some early benefits were visible. "We have observed children are eating fuller meals without wasting food," says Padmaja Kanaparthi, Principal, APSWREIS, Amaravati, of the changes observed after the introduction of fortified rice. "It is a sign that the children like the fortified rice. We have also witnessed significant improvement in terms of the children's health after consuming fortified rice."

6. AP LIVELIHOODS PROGRAMME



We work on strengthening individual and community capacity in various aspects and stages of livelihoods, and have developed a multi-faceted livelihoods intervention with the objective of:

- Demonstrating multi-layered livelihood options to collectively enhance incomes through increased productivity, adoption of improved practices and technology among rural and tribal households.
- Supporting Farmer Producer Organisations (FPOs) that enable farmers to enhance their incomes through increased productivity, adoption of improved practices and collective bargaining as well as better market linkages.
- Grooming village-level youth service providers and entrepreneurs thereby augmenting capacities, and promoting women empowerment by creating suitable producer-owned enterprises.
- Bringing the HH annual income to at least Rs. 1 lakh per year by the end of 5 years.

To achieve these set objectives, we implemented 3 primary livelihood-based programmes in the reporting period. These interventions, the problems they solve for, their activities and outcomes have been briefly described below.

A. Maa Thota

Lakshadhikari Rythu Convergence in Rajavommangi Mandal, Alluri Sitarama Raju District (East Godavari District)

The Issue

The major obstacle for tribal development has been the poor living conditions of the communities. Living in isolation in combination with being heavily dependent on forest resources, which are fast depleting, and subject to forest laws that do not protect them – these factors combine to create unfavourable conditions for the prosperity of the communities. They have shifted from being dependent on the forest, to farming or practicing agriculture for food; however, their practices are primitive and they neither possess the access to information nor the technical know-how of markets in order to grow their enterprise. With little or no exposure to the outside world, we identified 3 major reasons for their impoverished circumstances – weak utilisation of agricultural land, lack of diversification of livelihood channels and low capacity for holistic development of the village as a whole. Furthermore, they do not have access to sources of credit or are completely bereft of the opportunities to invest their own profits.

Developing a Strategic Intervention

The need of the hour is for these identified tribal communities to become self-sufficient, we begin with achieving this via increased income, improving nutrition, education, health and lifestyle. This will empower communities with collective action for development of their lives, and provide them the agency which they now sorely lack.

The strategic intervention designed was a programme by NABARD focussed on implementing the Tribal Development Fund (TDF) aimed at sustainable livelihoods and over-all socio-economic and institutional development of tribal families in Rajavommangi Mandal of East Godavari District. The initiative is co-funded by NABARD and SDTT, while the implementation would be the responsibility of VCF. Below is a concise list of proposed interventions:

1. Orchard development- fruit, plantation, herbal crops and forest plants in 1 acre of Maa Thota planted with core crop-1: Cashew (63 nos); Core crop-2: Jafra (60 nos); Intercropping: Moringa (108 nos.); and border plantation: Karonda (250 Nos)
2. Soil and water conservation works- water resources development (conservation and use)
3. Capacity Building
4. Women development drudgery reduction measures
5. On-farm and non-farm income generating activities
6. Self-Help Groups for inculcating thrift and credit habits
7. Non-farm micro-enterprises for landless labourers and women
8. Food processing and marketing
9. Community Health
10. Institution building

Major Activities in the Reporting Period

Community Institution Building

- Formed 34 Village Development Committees (VDCs)
- 2 Mandal level committees formed are operational
- Formed Project Steering Committee

Horticulture Plantations

- Cashew, jafra, karonda and moringa were sown on the lands of 400 tribal farmers through demonstration of best practices on plantations

Water Resource Development (WRD) works to support critical irrigation to 400 acres

- Dug 21 open wells
- Installed 4 hand pumps
- Provided 46 engines with hosepipes
- 400 pre-cast water troughs

Allied Activities

- Facilitated community contribution for gap filling for cashew plantations
- Groomed enterprising youth in raising nurseries
- Farmers trained on site-specific SMC works in Maa thota plots
- Promotion of turmeric as an intercrop in Maa Thota plots of project villages
- Nutrition gardens promoted in 2 Tribal Welfare Residential Schools



- Beekeeping taken up by 6 tribal youth as an opportunity for additional income
- Facilitated sanction of the loan amount (Rs. 50,000) to women groups to initiate a Palmyrah jaggery making enterprise in collaboration with the Horticulture Research Station
- Hydro geological surveys by experts to finalise the field with groundwater suitable for open wells / hand pumps

B. Operation Greens

Integrated tomato value chain development in Rayalaseema

The Govt's new Central Sector Scheme – 'Operation Greens' – aims to integrate the raising of tomato, onion and potato value chain, and APFPS is the nodal agency for development of this in the Food Processing Sector of the state. It is in partnership with VCF-Tata Trusts to avail opportunities to integrate the development of this value chain in Chittoor-Anantapur-Kadapa cluster. The expected outcomes for the project include:

- Capacity building for farmers
- Increasing the area under better varieties of tomato for processing
- Widespread demonstrations of cutting edge technologies
- Better Package of Practices (PoPs)
- Better prices to the farmers through real-time data on demand, supply and prices

The Major Activities in the Reporting Period

- Trainings for 1,319 farmer members of FPO on Tomato PoPs
- Roles and responsibilities for the Board Members of 13 FPOs, as well as facilitating marketing, compliances and FPO management



CASE STUDY

- Exposure visits on vegetable marketing and FPO management for the Board Members of 10 FPOs in Palamaneru and Ramakuppam FPOs
- Cattle feed procurement by Kamadhenu FPO, in Somala Mandal
- Construction of 2 Primary Processing Centers (PPCs)
- Signing of the agreement between 4 FPOs and APFPS comprising finalisation of sites suitable for PPC construction
- Village-level meetings, Kalajatha programmes, trainings for farmers in Jaibhumatha, Kamdhenu and Sri Lakshmi Venkateswara FPOs
- Increased enrollment and women participation in the FPOs
- With the collective approach, 358 members have joined in Kamadhenu FPO, Somala Mandal; 276 members have joined in Jai Bhumatha FPO, Chittoor; and 168 members have joined in Sri Lakshmi Venkateswara FPO, Chinnamandem of YSR District Kadapa.

Multi-layered Livelihood Promotion

The Chintapalli cluster has a significant cultivation of turmeric, black pepper and coffee. In this region, it is known that the turmeric grown is unique for its extraordinarily high content of Curcumin and thus has enormous potential to fetch a high market price. Long pepper is another unique product of this region with a significant market proposition as it is used in pharmaceuticals.

Over the years, some 30 lakh silver oak saplings were planted (in 2016-17) for expansion of coffee production; and pepper being an intercrop - even conservative estimates from the border Mandals of Andhra Pradesh and Odisha is 17,000 tonnes a year. What elevates the bargain is that the produce here is chemical-free and therefore fetches a high demand in the market.

On account of a lack of awareness of best agricultural practices, proper marketing facilities and linkages - the farmers of Chintapalli cluster are being exploited by the traders and middlemen.

The Major Activities in the Reporting Period

- Capacity building for Board Members of the Chintapalli FPO on post-harvest practices of turmeric, coffee, book-keeping and marketing.
- Training to the FPG members on processes involved the techniques involved in coffee parchment, pulping, fermentation, cleaning, drying, moisture maintenance, boiling, polishing, and storing.
- Village-level awareness among farmers in Chintapalli cluster, on cultivation practices of black pepper, polybag nursery development and planting the runners, centering, weeding, removing suckers, bench cutting, fruit harvesting, among other aspects.
- Market prices of coffee parchment were made available to FPO / FPGs from time to time in the project villages, and they were connected to market players, with support from the Coffee Board.



10,000

Beneficiaries of the Climate Smart Agriculture programme in the Tribal District of Andhra Pradesh



1,000

Beneficiaries of Maa thota (TDF) Lakshadhikari Rythu Convergence

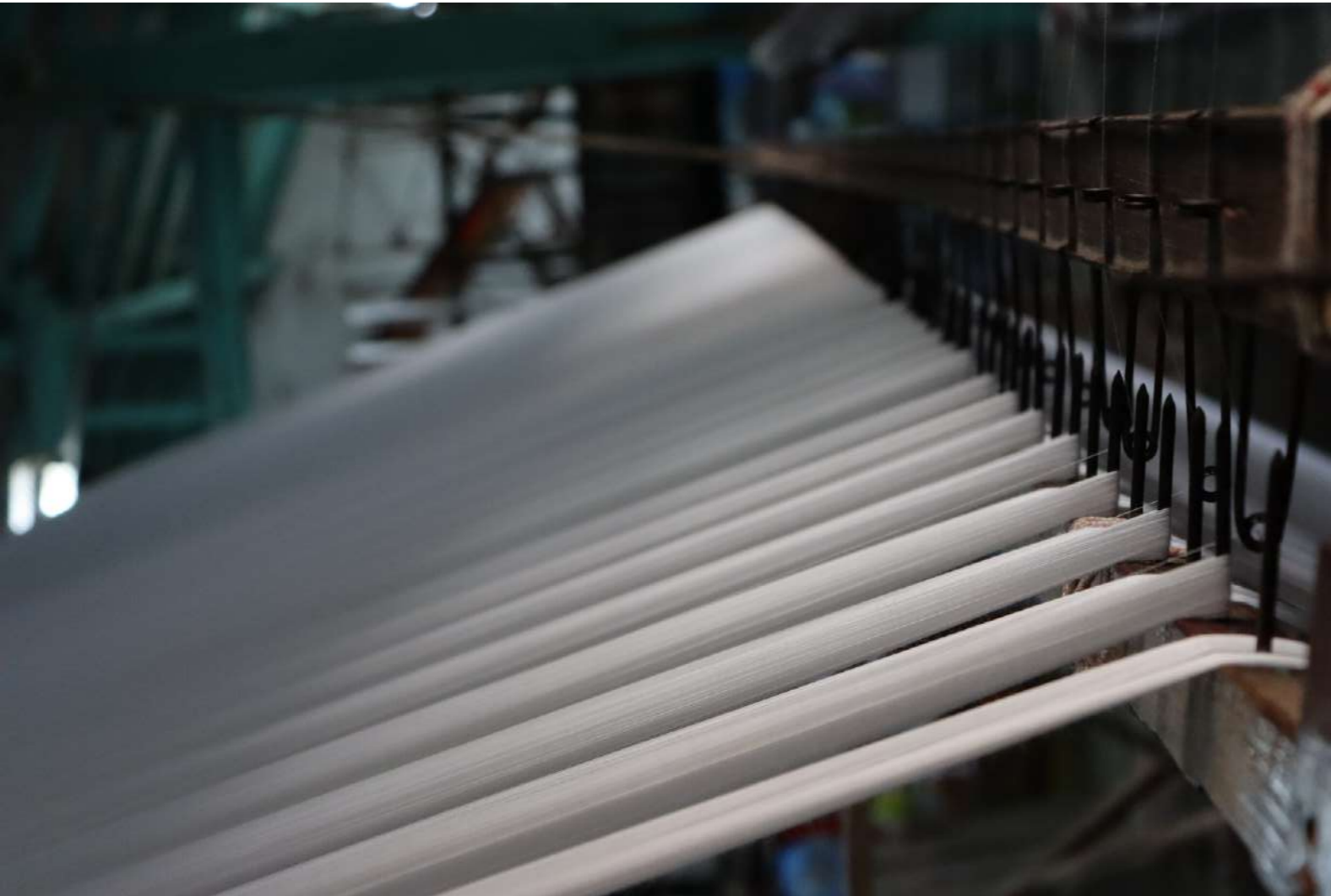
In a small village of KV Palli mandal in the district of Chittoor, agriculture and dairy are the primary sources of livelihood. Groundnut, paddy and vegetables are the main crops grown. Farmers rely on rain to feed their Kharif crop, and the groundwater for the Rabi season. We conducted demonstrations and mobilised farmers with the objective to study the effectiveness of Talya trays in bitter gourd cultivation. We were also looking to solve for other problems faced, such as in the case of Mr. Ramachandra who volunteered for the experimental trial as his cultivation practice had been experiencing a multitude of challenges – depletion of groundwater, labour shortage, weeding resulting in him having to abandon sown fields on many an occasion. Mr. Ramachandra's field was set up with the requisite equipment, he was given detailed explanation on the trays, their properties and usage. A control plot was also established so as to achieve solid proof of concept. Following were the advantages reaped:

- Germination in the Talya treatment plot was 100%, as compared to 80% in the control plot
- No appearance of weeds in the plot with trays; while in the control plot, weeding had to be done 3 times with 2 labourers in each instance
- Chrysanthemum was raised as a trap crop in order to prevent pests, this enabled him to secure an additional income from selling of flowers
- There was early flowering and fruit bearing in the treatment plot, as many as 7 days earlier than control plot for flowering and fruiting started earlier too. The life span of the plant was increased by 20 days, in comparison
- The size of the fruits were bigger, heavier and shinier in the treatment plots
- Average yield in the treatment and control plots respectively was 8.34% and 5.33%, respectively
- 57% increase in productivity, overall

It was concluded that Talya trays played important role in enhancing the productivity of the crop.



7. VCEM 2



The Issue

India is a land of a thousand faces, arguably more. Every few 100 kilometres the socio-cultural fabric seamlessly transforms. This is the case of handlooms in India as well, it epitomises the cultural richness and showcases the artistry of weavers across the country. Weavers as a community earlier enjoyed great bargaining power, however with the industrial revolution gradually eroding this agency, they have emerged as economically backward. The very perception of handlooms has adversely altered - from that of a cultural activity which earned rich dividends to a barely sustainable craft.

According to the Handloom Census, approximately 67% of weavers still earn less than ₹5,000 a month, which is less than the amount that an unskilled worker earns as per the minimum wage rule. They depend on indirect

sources of credit with high rates of interest. This is due to the low penetration of banking facilities among the weaver community.

The advent of power looms pulled back the textile industry's reliance on handloom, however the latter did not lose their significance for the rural Indian population. Handlooms, unlike power looms, are embedded into the social milieu of the nation. Many government policies have been trying to revive the Indian handloom sector since independence; with limited success. From the absence of effective policy support combined with the fragmented nature of the sector, many problems arose; largely classified into - weaver and supply chain problems such as unstable income, lack of market exposure and design interventions.

Furthermore, the future of this historic sector hangs in the balance as existing weavers do not possess the wherewithal to pass on the tradition over to the next generation. Problems of this magnitude and nature affect not only individuals but jeopardise the weaver community itself, with numerous process-related problems affecting the supply chain.

Developing a Strategic Intervention

The 'Venkatagiri Cluster Ecosystem and Market Access' (VCEM2) is a comprehensive direct implementation handloom programme aimed at arresting the drift of weavers, particularly the younger generation from the handloom sector. The overarching objective is to create entrepreneur-led micro-enterprises across each activity in the value chain i.e. pre-loom, on-loom and post-loom.

After undergoing rigorous, need-based incubation and design education, graduate weavers would be directly connected with buyers. The programme design takes an ecosystem based approach and builds on the core strengths of handloom textile viz-a-viz natural fibres, preferably hand spun and naturally dyed and unique designs in shorter warp lengths.

The team intends to work with the Venkatagiri Cluster in Andhra Pradesh over a period of 5 years to build the necessary individual and group infrastructure desired by the clusters.

A 5 year programme through incubation and design centres for handloom development in Venkatagiri, Andhra Pradesh will work as education and business development hubs for artisans, enabling them to be designer weavers and help build a community of micro-entrepreneurs across the handloom value chain in the region. A full time expert team with professionals from business, textile design and technical backgrounds will facilitate the process.

Key Objectives

Antaran is an initiative with the vision to achieve seminal changes in craft development, beginning with a comprehensive programme to revive the handloom sector, re-energise weavers in particular younger generations. The goal is to create entrepreneur-led micro enterprises across each element of the value chain viz., pre-loom, on-loom and post-loom activities in the cluster. We can make a start in this direction by facilitating learning for weaver about essential elements of design, business management, language and communication tools so as to become designer-weaver entrepreneurs. With these aims, we reach to:

- Transform traditional crafts through a multi-dimensional approach for technical design
- Enterprise and market development to strengthen a craft-based livelihood
- Convey ground stories of Indian handloom and handicrafts to create awareness
- Bring due recognition and returns to traditional artisans for their unique skills.



Major Activities in the Reporting Period

- 1) Facilitate direct market linkages between artisans and buyers for business development, to increase income.
- 2) Educate artisans regarding the essentials of marketing, inventory management and costing as part of entrepreneurship coursework.
- 3) Balanced, location and need-specific low-cost interventions in pre/post loom infrastructure can act as a lever to multiply incomes. Figuring out geographic specific interventions which can help the artisans to change designs for every two sarees through traditional street sizing or warping.
- 4) Impart technical and business communication skills essential for direct market interactions.
- 5) Assess the artisans based on the usage of social media handles, their interaction with individual buyers by sharing production capacity, minimum order quantity and defining payment terms, and so on.

- 6) Artisans have readily engaged in learning/adopting to digital platforms and leverage technology to generate revenue to liquidate huge chunks of stock due to the unforeseen global pandemic and business shutdown.
- 7) Short-term training and contextual based education happening on a regular basis through digital platforms on various aspects like photography, reed-count, quality, customer retention, among others.
- 8) Community mobilisation covering the whole cluster and nearby villages for briefing and awareness of programmes.
- 9) IDC inauguration by district collector and CEO of Tata Trusts visit afforded maximum visibility to the programme.

69
Samples developed

25
Design collections curated

83
Educational sessions facilitated

378
artisans enrolled

338
Samples developed

150
Beneficiaries

423
Training sessions

26
micro-enterprises created

14
micro-enterprises nurtured

Collaborations with craft bodies such as
the Crafts Council of Telangana and
Crafts Council of Andhra Pradesh

CASE STUDY



In Venkatagiri, Patnam Subramanyam (41), is not just any cotton weaver, he is one of the last skilled Jamdani weavers remaining. Further, this is not just any skill but one that took the Venkatagiri saree to its epitome of glory in the past. Patnam worked under a master weaver with very low wages and in extreme conditions; being a 4th generation Jamdani weaver, he didn't wish to part ways with his traditional craft. With limited options before him, he joined the Antaran initiative and hasn't looked back.

The exposure programmes and revival initiative 'Back to Roots', held to revive the lost Venkatagiri fine cotton saree, made him understand the value and demand for his skill

set. He was empowered to weave independently, breaking away from the grip of Master Weavers. At Back to Roots, he got the opportunity to see and document sarees more than 50 years old, once weaved by his grandfather. He dreams of bringing those sarees back to life.

Patnam is also exclusively credited with weaving 100s count cotton yardages in Venkatagiri with a 92 reed weaved for the first time by the demand of a designer he connected with through Anatan. Since then, he has woven 140s, 120s, revived many of the lost Anni Buttas of Venkatagiri and experimented with natural dyes for his fabric.

It is his understanding that until or unless the weavers in Venkatagiri revive what was unique to them, they are not going to sustain in the long run, no matter the material they choose or the mechanism they adopt. He has hence taken it upon himself to spearhead the revival of the Venkatagiri Jamdani, dedicating a major chunk of his time for the mission. Inspired by his success, he was able to bring back another 10 Jamdani weavers to work with him and continues to be an inspiration for the youth of Venkatagiri.

Today he boasts of a prestigious clientele, his list of patrons includes brands like Nallis, Swadesh, Purvi Doshi, Hastkala, among others. Entrepreneurship has brought him the freedom to fully display and innovate with his craft, weaving designs and patterns that he loves. An artist and a designer in his own right, his most recent art work and his contributions in revival bagged him the Lalitha Prasad Award from the Crafts Council of Telangana.

8. YES TO POSHAN



**VIJAYAVAHINI
CHARITABLE FOUNDATION**
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The Issue

If we want to progress and improve quality of life of the community, we have to begin with that of women and children. Addressing the challenges of their under-nutrition has become crucial to improving the quality of life for households. The 2015 National Family Health Survey – 4 (NFHS4) indicated that from among children between 0 and 59 months of age, 38.4% were stunted; 21% were wasted; and 35.8% were underweight. For women, 22.9% had a low Body Mass Index, and 53.1% of women between 15 - 49 years of age were anaemic.

While the Integrated Child Health Services (ICDS) and National Health Mission (NHM) targets pregnant and lactating women (PLW) and children between 0-6 years of age, the Government of India has implemented several programmes that are robustly designed with nationwide coverage. The Public Distribution System (PDS) contributes to food security, along with programmes that promote socio-economic empowerment. An impetus has been provided through the Prime Minister's Overarching Scheme for Holistic Nutrition (POSHAN Abhiyaan²), with ambitious targets of reducing stunting (height for age), underweight (weight for age), and low birth weight among children by 2% per year; anaemia amongst children, adolescents, and women by 3% annually, by 2023.

To realise these targets, it is paramount that the community adopts and practices important behaviour changes at the individual and family levels, pivoted around diets for PLW, children aged 0 to 2 years. To inculcate these habits, a well-designed Behaviour Change Communication (BCC) Campaign should be implemented, targeting individuals as well as the entire community.

Developing a Strategic Intervention

The YES! To POSHAN programme aims to address the challenges of limited and inappropriate diet amongst women and children through a planned BCC campaign, and thus contributes to the POSHAN Abhiyaan.

Key Objectives

- Promote diet diversity among Pregnant and Lactating Women (PLW) and children under the age of 2 years in 5 villages of Krishna District of Andhra Pradesh through a BCC campaign.
- Sustainable increase in diet diversity to greater than 7 food groups in 50% of PLW project villages.
- Sustainable increase of the age-appropriate feeding and diet diversity in 50% of children under 2 years of age.

Major Activities in the Reporting Period

- Growth monitoring sessions across 11 Anganwadi Centers (AWCs) with the help of frontline workers of ICDS and Health. During these sessions, we have measured the growth of over 200 children and provided counseling to mothers.
- Baseline assessment and collection of dietary details of over 400 programme beneficiaries to roll out the 'Yes to Poshan!' programme on ground.
- Completion of the 1st module of PLA training in 11 AWCs with participation from 250+ women.
- Meetings focused on the importance of community participation for sustainable development and how civil society organisations can work with communities and governments in synchronisation.

- Conducted 'Janandolan' events like National Nutrition Month and Poshan Pakhwada to generate awareness about 1000 days' care and diet diversity. As part of these, over 600 people were mobilised and educated.
- Dissemination of knowledge on diet diversity and ICDS services, we have initiated wall paintings in selected places in 5 villages through which we have conveyed important messages like food diversification, nutrient requirements, and ICDS services.
- Outreach to PLW beneficiaries and orientation on various components such as 1000 care, optimal MIYCN care. The focus was to give first-hand information on components of malnutrition and other feeding practices for improved health and nutrition standards.



2,000
Beneficiaries in NTR district

200+ PLWs oriented
through workshops

240
women trained

11
AWWs served

600 community
members mobilised

Homestead plantation in
200 households

202 children's growth
being monitored

9. JAL JEEVAN MISSION



The Jal Jeevan Mission is a project of Union Government, being implemented across the country with the aim of ensuring safe, adequate drinking water through individual household tap connections by 2024. It operates in rural India through a community-driven approach. The Rural Water Supply & Sanitation Departments (of Gollapudi and Krishna Districts) and Vijayavahini Charitable Foundation (supported by TATA Trusts) have entered into a partnership MoU to implement this scheme in rural households of Andhra Pradesh state. As per the baseline study, 54% of households did not have an FHTC and 33% were not aware of JJM scheme.

Developing a Strategic Intervention

VCF will provide technical, IEC & BCC activities support through PMU team and field level support in facilitating the VWSC starting from the preplanning, implementation and O&M activities. Whereas State RWSS department to provide complete infrastructure support, training and capacity building activities, as a part of the project.

VCF, providing technical and implementation support, has taken up 106 villages in 3 mandals which includes Mylavaram, Reddigudem mandals of Krishna district and Chodavaram mandal of Vishakhapatnam. An expansive 43,985 beneficiaries will benefit from this innovative intervention that focuses on - water quality, quantity, governance monitoring systems at the village and household levels. It also includes using digital technology use for training and capacity building. Operational innovations include creating competitive spirit by ranking villages based on source, financial and institutional sustainability, social entrepreneurs for technical support on O&M, engagement of existing community institutions such as SHG, federation, etc.

The Vision

- To demonstrate and establish an effective and sustainable community-managed implementation model of drinking water supply schemes for 43,985 HHs across 106 villages in three blocks of two districts in Andhra Pradesh.
- Test and document innovations to improve rural supply system technology.
- To support and strengthen the implementation of the JJM in the selected geographies of Andhra Pradesh.

Key Objectives

- To automate the water filled in the overhead tank from water source.
- To check for last mile water delivery to households in a street.
- To monitor household water consumption including of the overall people in Pondugula on daily basis via the online dashboard.
- To automate the chlorination process i.e. chlorination at one water source.
- To monitor the water quality i.e. residual chlorine at household level in online dashboard.

Major Activities in the Reporting Period

1. Internet of Things (IoT) based solutions is an operational innovation in Jal-Jeevan Mission which is for simplifying things without human intervention. Pilot projects were started in the recent past to exploit the benefits of IoT technology in water quantity and quality monitoring. The objective of this IoT based rural water supply is to automate the water to be filled in the overhead tank from the water source to the monitoring of the water quality & quantity delivered on daily basis on the online dashboard. The FHTC coverage in Pondugula was 27.11 %. The household number for this village is 1,000 and population is approximately 4,000. The IoT based Smart Water Supply & Monitoring Project in Pondugula village is unique as it involves an auto chlorine dosing system. This means chlorine will be dozed in to pipeline in appropriate amounts based on the water yield from the source.
2. As hardware and software components are very much essential, we held detailed discussions with multiple stakeholders, a detailed Bill of Quantities (BOQ) was prepared and floated across to receive proposals from IoT service providers; the IoT solution proposed by Exozen Smart Society Solution was finalised.

Impact of the Intervention

1. Reduction of human intervention of operating the submersible pump resulting in little to no water overflow.
2. With the help of auto chlorine dosing system, the chlorine dosage is in appropriate amount in the water that is supplied to households, which resulted in removing the risk component for the operator to do manually.
3. Trained community to take care of operations and safety aspects of flow meters, chlorine sensors.
4. The Village Committee is now able to track the water consumption for the whole village; and monitor Residual Chlorine Level at the household level ensuring safe water delivery.



22,500

Beneficiaries from
NTR &
Anakapalle districts



43,985

households covered
in 3 mandals



6,050

Households receiving
potable drinking water



1097

people trained through
208 capacity-building
trainings conducted for
VWSCs and
community members
on WaSH



As per baseline
study, 67%
are aware of the
JJM intervention

CASE STUDY



The demographics of the Smart Rural Water Management through the sensor-based IoT System in Pondugula Village, NTR district, Andhra Pradesh are such that this village has a population of 4,000 and 1,000 households comprising of a tribal clan 'Thattu'. Under Jal Jeevan Mission, a Village Water Sanitation Committee comprising 15 individuals was formed; of which 50% are women, 25% are from minority groups and the remaining 25% are community leaders. The VWSC has carried out a series of Behavioural Change Communication activities especially with school children and women. The FHTC coverage in Pondugula was 27.11 % as of October 2021.

VCF, for the first time in Andhra Pradesh, installed an Internet of Things (IoT) system to enable a smart water supply in this village. The Gram Panchayat is now able to monitor the water supply, water quality and water pressure up until the very last house's tap connection. The system can also detect the water filling capacity and switch off the motor automatically, effectively mitigating water wastage and the problem of drainage. Further, this IoT based project in the Pondugula village is unique as it includes an auto chlorine dosing system.

The quintessential aim of JJM is to follow a 'bottom-up' approach, wherein the local village community plays a key role starting from planning to implement to management, operation and maintenance of its water resource. Therefore, community participation plays a crucial role not just in establishing a programme but also in ensuring it is people-driven.

What the Sarpanch had to say regarding the impact of this IoT based rural water supply system-

"The IoT based water supply system is an operational innovation in Jal-Jeevan Mission which has simplified and reduced human efforts by making the water supply more efficient both qualitatively and quantitatively. It has reduced human intervention of operating the submersible pump and restricted water overflow. With the help of the auto chlorine dosing system, the chlorine dosage is in appropriate amount in the water that is supplied to households, which resulted in removing the risk component for the operator to do it manually. It has also made day to day tasks such as filling the overhead tank easier, as well as rendered the last mile water delivery to households as easier to monitor thanks to the online dashboard. This newly improved monitoring and accessibility means that we do not face water overflows and save water!"

- **Kotamma, Sarpanch**

10. DRINKING WATER PROJECT



**VIJAYAVAHINI
CHARITABLE FOUNDATION**
Supported by TATA TRUSTS

Vision:

To provide safe drinking water and to reduce water-borne diseases.

Developing a Strategic Intervention

In the area of water and sanitation, VCF intends to address the community (i.e. that section of people who currently do not have access to safe and purified drinking water at affordable prices) by setting up Water Treatment Plants in backward, high salinity and water stressed areas. Subsequently, these systems can be utilised for providing safe drinking water to the affected areas on a self-sustainable basis. The project's model includes user charges of supply of treated water to the community, thereby recovering operation and maintenance costs for running the plants.

Since the provision of drinking water is one of the prime responsibilities of GP, it is the responsibility of the Gram panchayat and VWSC for further taking care of the operations of the plant on a self-sustainable basis. The Role of VCF would be technical hand hold support to the VWSC where operations are taken care by VWSC. The water plants will be handed over to the Village Community.

Objectives of the Intervention

1. To transfer the operations and maintenance of water plants to the Village Water Sanitation Committee on a self-sustainable basis.
2. VCF to provide handholding and technical support to the VWSCs for running the community water plants for a period of 6 months after the handover of the water plant.
3. VCF to build the capacity of VWSCs to independently operate and maintain the community water plant on a self-sustainable basis.

Major Activities in the Reporting Period

1. More than 40 lakh litres of water have been dispensed from the water plant, benefitting the village community.
2. As per the request letter from the villagers, we have visited villages and provided them safe drinking water plants as per they need.
3. As per the request for safe drinking water from the villages of Krishna district, VCF along with support from various stakeholders, had setup 9 drinking water plants in Bantumilli and Kruthivenu mandals of Krishna district and provided various water schemes to the beneficiaries. All the 9 plants were installed, out of which 7 plants are running successfully.



48,14,525
litres of water
were dispensed



2,936
Households
benefitted



3,000
Beneficiaries

4. Outreach and BCC Campaign: VCF took several initiatives to educate beneficiaries through IEC & BCC activities such as street plays, videos, audio on importance of safe drinking water, related sanitation aspects of it and received positive response from beneficiaries. VCF is taking care of operations and maintenance by collecting nominal user fee charges of 35 paise per litre for operations and maintenance of the water plants.
5. Selection of villages in Pedana constituency because it is an area of high salinity where the approximate TDS ranges from 5000 - 1000 ppm. For reducing the TDS ranges as per the BIS standards we have installed Safe Drinking Water Plants in Bantumilli and Kruthivenu Mandal. The RO plants branding is done and named as 'Swastha Neer'.
6. Collection of nominal user fee, which holds the community responsible for the sustenance of the plant.
7. The plants were designed to serve not only the village for providing safe water, but also in MATLAM village; the kiosk room is provided as a primary health centre to the village community.

Impact of the Intervention

- Improved drinking water facilities.
- Improved awareness on the importance of water management, personnel hygiene, sanitation through BCC/IEC activities.
- Creation of employment for youth in the respective villages by appointing the village youth as the plant operators.
- A huge growth in household enrolment for availing drinking water from water plant. Beneficiaries have approached us and expressed that they have seen a reduction in many health problems and noticed an improvement in their health, after consumption of Swastha Neer safe drinking water.



Output:

The ground water present in the village of Arthamaru consists of high salinity and its highly unsafe to consume because of inappropriate Ph level. Households of his village would complain about the same issue. Water tankers were the only source of safe drinking water for the villagers. Subba Rao, hailing from Arthamaru village of Krishna district is a Registered Medical practitioner who has had stomach ailments from last 1 year because of drinking saline water on a regular basis. He has a family of 5 including his wife and three children.

In addressing such challenges in the coastal areas of Krishna district, VCF intends to provide safe drinking water to the communities from high salinity and water stressed areas who do not have access to affordable water sources otherwise. They will do so by setting up water treatment plants in Mallampudi, Lakshmipuram Pallipalem, Kruthivenu, Nagannacheruvu, Arthamaru, Yendapalli and Matlam villages of Kruthivenu and Bantumilli mandal in Krishna District.

In order to ensure sustainability of the project, the community was charged subsidised rates for the supply of treated water. The plan is for the water treatment plants to be equipped with technology systems enabling automation of operations, allowing for cashless transactions at water sale points and providing detailed reports for data analytics.

VCF has come forward to setup a water plant, informed by the needs of the villages. After a rigorous study by a bench of water experts on design parameters of water plant, experts have recommended the necessary specifications of water plant, for providing purified water to community. Subbarao is now fetching water from the water plants setup by VCF at affordable cost 24*7. This allowed for the beneficiary to save time and money, when earlier they had to travel long distances to fetch drinking water.



11. PROJECT PRAYAAS



Community-based Health Promotion Programme in the AES prone Gorakhpur region

The Issue

Acute Encephalitis Syndrome (AES) is an umbrella term under which infections due to Japanese Encephalitis* (JE), Scrub Typhus* (ST), Enterovirus, Dengue, Herpes virus, etc. are categorised. As per the discussions with various key stakeholders, around 40-50% of the AES cases are attributed to ST in the Gorakhpur region of Uttar Pradesh (UP), whilst the burden of JE is about 5-10%. The state reported a total of 2,188 cases in 2019 with 126 deaths, of which, confirmed cases of Japanese Encephalitis constituted 7.8%. The median interval between fever onset and hospitalisation was 7 days (IQR 5-10 days); the districts bordering Nepal (Gorakhpur and Siddharth Nagar) lag behind in basic sanitation.

Waterlogging is rampant due to the low-lying terrain coupled with flooding in the monsoon, both of which further exacerbate the issue. Adding to which, delayed care increases mortality during high-rainfall months. Unmanaged solid waste and shallow drinking water sources result in water contamination and further spread. Evidence shows that poverty, poor hygiene, and poor nutrition increase the vulnerability of the population to encephalitis pathogens.

Developing a Strategic Intervention

Taking into consideration the complexity of the issue, The Government of Uttar Pradesh (GoUP) opined that a multi-sectoral action plan is necessary to combat AES in the region. They, in partnership with Tata Trusts, launched 'Project Prayaas' – A Community-based Health Promotion Programme in the AES-prone Gorakhpur region. The objective was to establish a 'Model Block' to strengthen primary healthcare delivery combining an innovative community mobilisation approach with early identification and prompt referral of illnesses being the keystone. Work has commenced in 2 blocks - i.e. Pipraich in Gorakhpur district and Uska Bazaar in Siddharth Nagar district - with the aim to directly cover a population of approximately 3,00,000.

Key Objectives of the Project

We majorly focussed on child-health interventions through individual child tracking by enabling the cadre of government front-line workers. This way, we intended to strengthen the delivery of primary healthcare through innovative community-based approaches, early identification and prompt referrals of illnesses being crucial. Based on the essential elements of primary health care, the project will address the issue with the following components:

- Facilitate community processes through optimal empowerment and strengthening of the village based frontline worker system (ASHA).
- Set up participatory health education initiatives pertaining to prevalent health problems
- Facilitate immunisation against major infectious diseases, prevention and control of local endemic diseases, facilitation of early identification of childhood illnesses
- Timely referral, promotion of nutrition and promotion of availability of clean water

These are envisaged with the involvement of the Panchayati Raj system, villagers and their ASHAs alongside providing stimulus to the Village Health Nutrition and Sanitation committees, school-level activities, among other community-based activities. The project has also adapted the Mobile Medical Unit (MMU) concept of the Gol to serve outreach purposes.

Major Activities in the Reporting Period

1. As the fear of the pandemic prevailed among the general public, we conducted this project with utmost precautions. We equipped 250 ASHAs with masks and sanitisers, provided them with support to complete the village health index register update and COVID 19 household survey.
2. Awareness Generation was completed with 539 awareness sessions in 149 villages on COVID appropriate behaviour and vaccination through MMUs' audio output. We set up a pilot community based COVID isolation centre (L1 Facility) at Pipraich, Gorakhpur and field staffs received training for the COVID vaccination.
3. We provided support to government efforts as a data validator and active support through community mobilisation and vaccination at the village level.
4. We conducted online re-orientation sessions for all staff on project-related activities and supported ASHAs, AWWs to join and attend online sessions on empowering mothers on the 'Importance of Early Identifications & Need-Based Intervention' organised by CRC, Lucknow.
5. Our project intervention went back into full strength following the slow-down from the 2nd wave of the pandemic, we began with MMU services operationalised at full strength reaching 45,582 households and awareness to Sanchari Rog.
6. Medical camps were organised and tablets distributed in response to flood scenarios.
7. Infrastructure for mini-PICU camps were set up at Campierganj and Baralgang blocks of Gorakhpur. We installed equipment to set up mini-PICUs in the blocks and government hospitals, with follow up on infrastructure work, installation and handing over medical equipment.
8. Health promotion events were organised on rodent control and prevention.
9. We actively participated in DASTAK campaign in coordination with CHCs, during which time monitoring and handholding support was provided to ASHA workers at the community level.
10. We distributed medical kits and handheld CHC officials for the same in flood-affected areas.
11. Identified SAM children and facilitated admission at the NRC with 14 days' stay.
12. In the last quarter, we brought focus to closing the programme with completion of documentation and advocacy.
13. MMUs were operationalised as per the set schedule with completion of monitoring and handholding in growth monitoring of children under 5 years of age; advocacy documentation and assets' handover discussions.
14. A fever tracking system was implemented through 250 trained ASHA workers, complete with an escalation codified system as per symptoms. A total of 397 critical cases were referred in time, thus saving lives.
15. Primary care was provided to children via MMU's that were adapted for the project and outreach to the community. We provided a linkage with the health care system, rotated outpatient clinics and screening services. A MMU was deployed in each block focusing on child health. A total of 32,281 fever-related consultations have been provided so far.

16. Prayaas Poshan Abhivaan was deployed via Mobile Nutrition Vehicles with the aim to build the capacity of AWW and reform growth monitoring services for children between the ages of 0 to 5 years; at present, 80 AWCs are included in the pilot initiative; 22 SAM children were treated at the NRC and 420 severely underweight children demonstrated progress in the given period.
17. We also organised 7 medical camps in response to the floods in our area of operations.

Key Indicators & Outcomes

- 83% ASHA records (208/250) improved
- 95% (10,265) children received the JE vaccination
- 2 mini-PICUs/ETCs upgraded
- 75% progress achieved towards Model Blocks for health promotion in Pipraich; 74% progress achieved in Uska Bazar
- Improved nutrition status in 352 cases

Highlights

- Engaged with 45,582 households in 250 villages across 2 districts
- 853 MMU days served
- 1,563 MMU sessions conducted
- 31 home visits undertaken
- 838 health communication sessions organised through MMU services
- 46,604 consultations through MMUs
- 208 ASHA workers actively engaged, they then tracked 20,931 cases of fever
- 86 Gram Panchayats where integrated vector control measures are undertaken
- 4 health promotion events organised
- 188 ASHAs trained for fever tracking, MCTS & Health Promotion
- 270 health promotion sessions conducted in campaign mode

12. NCD PROGRAM



The Issue

In 2018, Government of India launched its flagship program - Ayushman Bharat under the Comprehensive Primary Health Care (CPHC) scheme; which operates on the basic tenets of universal access to primary health care at an affordable cost for all citizens. The health care services so provided must be equitable and quality linked. AB-HWC brought the NCDs into focus, impressed upon the need for Population Based Screening (PBS) and providing continuum of care to individuals diagnosed with NCDs at facilities nearest to them.

The program aims to screen all individuals in the age group of 30 years and above, for 5 common non-communicable diseases (hypertension, diabetes, oral, breast and cervical cancers) with referrals to secondary and tertiary level public hospitals for diagnosis, treatment and management. India being a populous country, the data generated in PBS is huge, there emerges a pertinent need for a robust IT system to gather program specific data for planning, implementing, supervising, and monitoring the program activities. The CPHC NCD IT System was developed to support the activities of the NPCDCS programme and related information need at all levels.

Key Objectives of the Intervention

- Early detection and management of NCDs amongst the target population with technology as the enabler
- Capacity building of healthcare professionals at all levels in technology to digitally transform government the Primary Health Care system
- Facilitate structuring of health policy and governance to improve healthcare related to NCDs
- Improved health seeking behavior/ lifestyle in the population by facilitating PBS and opportunity screenings
- Follow up of NCD patient on adherence to medicines and treatments ensuring 'Continuum of Care'

Expected Outputs of the Intervention

- 20 crore citizens over the age of 30 years to be screened for NCDs.
- 1 crore new patients with NCDs will be referred to appropriate health care facilities.
- 50,000 ANMs/Doctors/Paramedical personnel to be trained in using our I.T. Solution.
- Early detection and management of NCDs among the target population.
- Better health-seeking behavior / lifestyles in the population of project areas.
- Better policy and governance for future treatment facilities in healthcare related to NCDs

Major Achievements During the Reporting Period

- Pilot/upscaling in 3 major states (West Bengal, Tamil Nadu and Gujarat) who were using their own NCD IT platforms and in the union territories of Daman & Diu and Dadra & Nagar Haveli.
- Well performing states (Karnataka, Maharashtra, Odisha and Rajasthan) continued to provide considerable achievements in digitisation of data; they shifted focus from screening of individuals, to ensuring continuum of care.
- CPHC NCD - ABDM Health ID under Ayushman Bharat Digital Health Mission was introduced after a pilot on "Unique Health ID" (ABHA Health ID) conducted in the Andaman & Nicobar Islands and Chandigarh. This has now been successfully rolled out in states/UTs throughout the country.
- Based on records digitised, 12,56,443 individuals were diagnosed with at least one of the common five NCDs targeted under NPCDCS. 12,20,924 individuals were recorded to have been put under treatment.
- State and district NCD teams were provided with capacity building support, so that they could independently carry on activities to serve the end users along with the provision of basic trouble shooting support. Thus there was a move towards establishment of the "cascade model" of training, that is indeed our best practice.
- In various states, the Tata Trusts teams helped key stakeholders (Government counterparts) in monitoring their performance via daily updates on the achievements.

CASE STUDY

Rajasthan started implementing the CPHC NCD IT Systems in 2019. Even up until the end of 2020-21, the state was using the MO portal to digitise records of enrolment and CBAC forms. Consequently, the whole system was dependent on data entry operators and staff nurses at the PHCs to digitise data collected on paper.

The Trust's Intervention

In 2021-22, the ASHA Application was launched followed by the release of the CPHC ANM application that was compatible with smartphones. There was a surge of possible end-users in the field, from ANMs to CHOs and ASHAs, who required capacity building, technical and hand holding support. Tata Trusts took it upon itself to train, retrain and resolve technical issues reported as per the cascade model of training. Training was provided to District Program Management Unit officials such as District Program Coordinators (DPCs), District Program Managers (DPMs) and Financial and Logistics Consultants (FLCOs); including direct hands-on trainings to the end users with continued pro-active support in the state. Government stakeholders were supposed to establish monitoring systems too.

Impact of the Intervention

- Due to sudden enhancement of user base and use of ASHA Application, 12,000+ ASHAs are able to do their work online.
- The use of ANM mobile application also took off among the ANMs and MLHPs/CHOs.
- Screening entries increased tremendously in Rajasthan following an enormous cumulative effort. Initial positive trends show hope that the state will soon have more than 60% ANMs using ANM app in the coming FY.
- Rajasthan demonstrated immense growth with regard to all indicators of population based screening services under NPCDCS program. It digitised more than 84,00,000 CBAC forms and screening records of more than 20,00,000 individuals under this program.
- To improve the district performance and empower more champions, the trend of district ranking was initiated, based on the dashboard performance for different PBS indicators. Each month the Tata Trusts team shares the progress with state and district authorities, which has enabled them to routinely review the programme and thus track and improve performance.
- The data available on the NCD portal made it easier to reach people who have diabetes and hypertension during second wave of Covid-19 and subsequent vaccination campaigns.

Highlights

- 4,98,00,590 enrolments of individuals from all age groups took place in the CPHC NCD IT system across India
- 2,07,46,949 individuals' screened for the first time and records were digitised
- 18,86,086 individuals were referred to PHC/CHCs for further examination, diagnosis and treatment
- 39 districts covered
- 22,073 health professionals trained on the CPHC NCF IT System

"Because of combined efforts of State & District officials and the Tata Trusts team, we enrolled more than 1 crore individuals on the NCD portal. This means that the health data of such a large population is just one click away. It also proved to be worthwhile during the tough situation of Covid."

- Mr. Deependra Singh Tanwar,

NCD-Tata Trusts, Rajasthan.

13. GLOSSARY



- AP – Andhra Pradesh
- APFPS – Andhra Pradesh Food Processing Society
- APSCSCL – Andhra Pradesh State Civil Supplies Corporation Limited
- AWC – Anganwadi Centres
- BCC – Behavioural Change Communication
- BCCPL – Bharati Cement Corporation Pvt Ltd
- CEO – Chief Executive Officer
- CLTS – Community-led total sanitation
- GoI – Government of India
- HHs - Households
- ICDS – Integrated Child Development Service
- ICDS – Integrated Child Services
- IDC – add internally
- IEC – Information Education Communication
- IHHL – Individual Household Latrines
- ISA – Implementation Support Agency
- MDM - add internally
- MT – Metric Tonnes
- NABARD – National Board for Agricultural and Rural Development
- NFHS – National Family Health Survey
- NHM – National Health Mission
- ODF – Open Defecation Free
- PDS – Public Distribution System
- PLW – Pregnant and Lactating Women
- PoPs – Package of Practices
- POSHAN – Prime Ministers Overarching Scheme for Holistic Nutrition
- PPC – Primary Processing Centre
- RO – Reverse Osmosis
- SDTT – Sir Dorabji Tata Trust
- SMC – School Management Committee
- TDF – Tribal Development Fund
- VCEM - Venkatagiri Cluster Ecosystem and Market Access
- VCF – Vijayavahini Charitable Foundation
- VDCs – Village Development Councils

14. DONOR & PARTNER LOGOS



Balance Sheet as on 31st March 2022

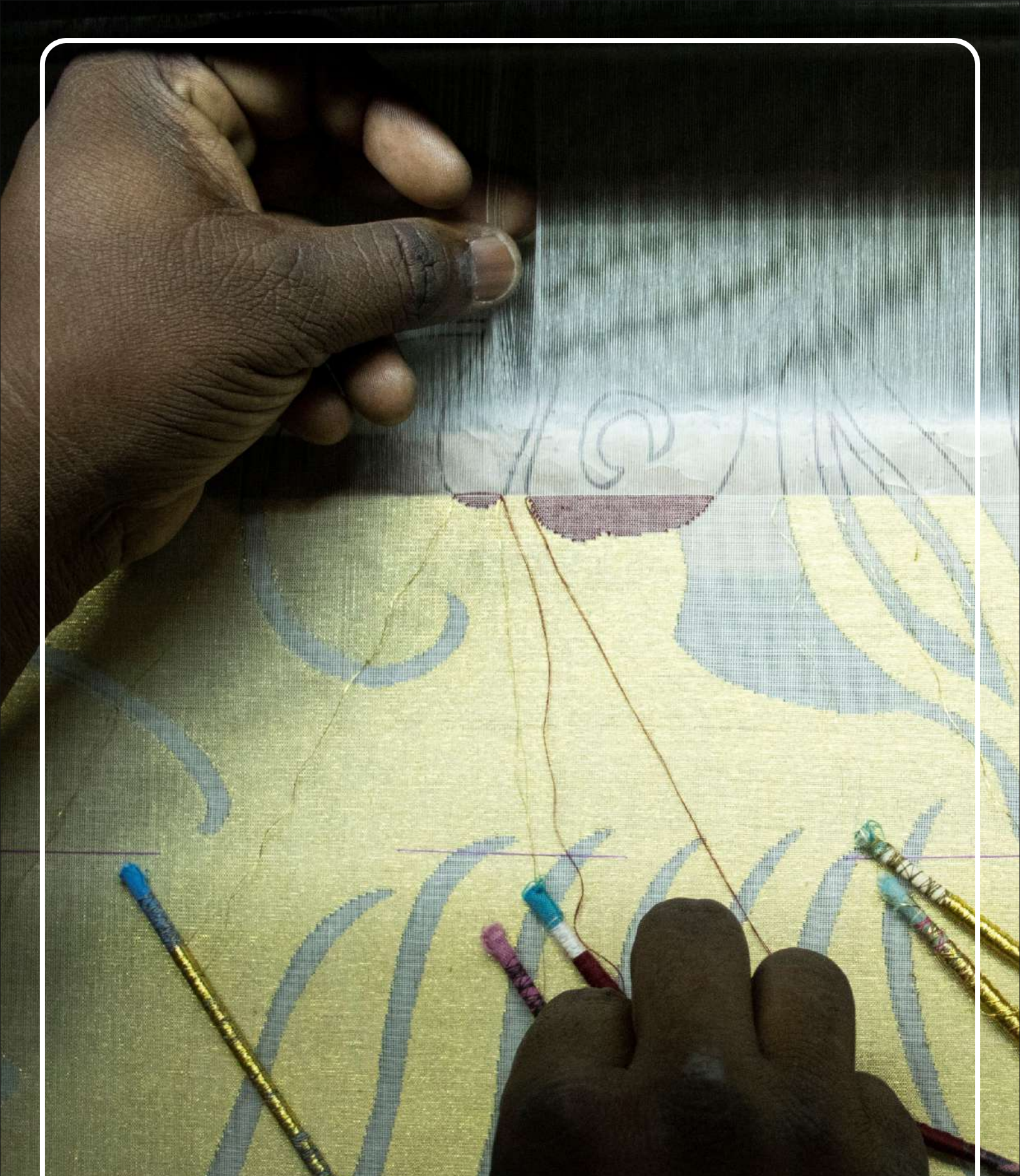
SL. No	PARTICULARS		As at 31.03.2022 (Rs.)	As at 31.03.2021 (Rs.)
I	<u>EQUITY AND LIABILITIES</u>			
1	Funds and liabilities			
	(a)	Share capital	11,000	11,000
	(b)	Reserves and surplus	17,80,036	28,98,009
2	NON-CURRENT LIABILITIES			
	Other Non-Current Liabilities			
	(a)	Grants For Capital Assets	1,85,99,093	1,95,05,315
3	CURRENT LIABILITIES			
	(a)	Other current liabilities	9,62,80,701	12,69,02,554
	(b)	Short-term provisions	11,51,896	11,79,959
	(c)	Trade Payables		
		(i) Dues of MSME	6,87,078	62,520
		(i) Dues of Creditors other than MSME	32,82,041	23,78,375
		TOTAL	12,17,91,845	15,29,37,732
II.	<u>ASSETS</u>			
	NON-CURRENT ASSETS			
1	(a)	Fixed Assets		
		Tangible Assets	1,66,31,464	1,67,22,181
		Intangible Assets	19,67,629	27,83,134
2	CURRENT ASSETS			
	(a)	Cash and cash equivalents	9,86,21,142	12,62,11,725
	(b)	Short-term loans and advances	22,69,923	52,59,595
	(c)	Other Current Assets	23,01,687	19,61,097
		TOTAL	12,17,91,845	15,29,37,732

Income and Expenditure Account for the year ended 31-03-2022

Sl.No	Particulars	As at 31.03.2022 (Rs.)	As at 31.03.2021 (Rs.)
I.	<u>INCOME</u>		
	(a) Amount Appropriated out of Earmarked Grants	11,09,29,993	16,90,77,511
	(b) Amount Amortized from Capital Grants	39,82,300	1,21,20,764
	(c) Donations Received		
	(d) Other Income	1,82,381	34,11,811
II	Total Revenue	11,50,94,674	18,46,10,086
III	<u>EXPENDITURE:</u>		
	<u>(a) Program cost</u>	9,21,45,337	13,48,06,774
	(b) Administrative Cost	2,00,81,598	3,47,87,671
	(c) Depreciation	39,82,300	1,21,20,764
	Total expenses	11,62,09,235	18,17,15,209
IV	Excess of Income over Expenditure before exceptional and extraordinary items and tax (III-IV)	(11,14,561)	28,94,877
V	Exceptional items	-	-
VI	Excess of Income over Expenditure before extraordinary items and tax (V - VI)	(11,14,561)	28,94,877
VII	Extraordinary Items	-	-
VIII	Excess of Income over Expenditure before tax (VII- VIII)	(11,14,561)	28,94,877
IX	Tax expense:		
	(1) Current tax	-	-
	(2) Deferred tax	-	-
X	Excess of Income over Expenditure for the period (VIII-IX)	(11,14,561)	28,94,877

Cash Flow Statement for the year ended 31st March, 2022

Particulars	For the year ended 31 March, 2022	For the year ended 31 March, 2021
	(Rs.)	(Rs.)
A. Cash flow from operating activities		
Excess of Income over Expenditure	(11,14,561)	28,94,877
1. Adjustments for Non Cash Items:		
Depreciation	39,82,300	1,21,20,764
Excess of Income over Expenditure before working capital changes	28,67,739	1,50,15,641
2. Changes in Working Capital	(2,80,00,834)	(3,22,50,004)
a. Adjustments for (increase) / decrease in operating assets:		
Short Term Loans and Advances	29,89,672	4,58,946
Other Current Assets	(3,40,590)	37,83,183
b. Adjustments for increase / (decrease) in operating liabilities:		
Other Current Liabilities	(3,06,21,853)	(3,58,14,729)
Provisions	(28,062)	(6,77,404)
c. Cash generated from operations	(2,51,33,095)	(1,72,34,363)
Income Tax Refund	-	-
Net cash flow from/(used in) operating activities (A)	(2,51,33,095)	(1,72,34,363)
B. Cash flow from investing activities		
Purchase of Fixed Assets	30,76,078	(1,36,53,247)
Net cash flow from/(used in) investing activities (B)	30,76,078	(1,36,53,247)
C. Cash flow from financing activities (C)		
Share Capital Received	-	-
Capex Grants Received	(9,06,223)	15,32,482
Net increase in Cash and cash equivalents (A+B+C)	(2,29,63,240)	(2,93,55,128)
Cash and cash equivalents at the beginning of the year	12,62,11,725	15,55,66,852
Cash and cash equivalents at the end of the year	10,32,48,485	12,62,11,725
Reconciliation of Cash and cash equivalents with the Balance Sheet:		
Cash and cash equivalents as per Balance Sheet	9,86,21,142	12,62,11,725
Less: Bank balances not considered as Cash and cash equivalents as defined in AS 3 Cash Flow Statements	-	-
Net Cash and cash equivalents (as defined in AS 3 Cash flow statement)	9,86,21,142	12,62,11,725



**VIJAYAVAHINI
CHARITABLE FOUNDATION**

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