Shaktishali Mahila Sangathan Samiti (SMSS)

Shivpuri, Madhya Pradesh

ANNUAL REPORT-2020-21

From the secretary's Desk-

From the Secretary's Desk Dear Friends, As I write this message, there is much change and promise of progress and development around us. There are fresh faces heading our government and we expect rapid growth in all areas, as the development sector continues to do its best for bringing about social change in India SMSS encourages volunteers to contribute their time, skills and energies to enhance the work being carried out at the grass root level. It is hence quite overwhelming to realize that we have entered in our 16th year of struggle \mathcal{L} learning. Ioday we humbly announce that our efforts have been successful in covering over 15,000 direct \mathfrak{L} indirect beneficiaries in Shivpuri. We have extended our activities multi-fold as has been presented in this annual report. We are particularly concerned about Health and nutrition, Education, Vocational Training and Capacity Building. SMSS works to enhance the capacities of beneficiaries so that they can realize their potential and bring about positive change in their lives. In other words it can be said that SMSS works not FOR the people but WITH the people. I would like to express my whole-hearted thanks to all the individuals and agencies that have been very helpful \mathcal{L} supportive towards all our endeavours. I believe that inspite of our humble achievements, there is a lot left to be done. We rededicate ourselves to carry forward the mission for the upliftment of the deprived $\mathfrak L$ marginalized people in Shivpuri.

Best wishes

Yours Sincerely (Ravi Goyal) Secretary SMSS India

INTRODUCTION OF THE ORGANIZATION

Formed in 1996, Shaktishali Mahila Sangathan Samiti (SMSS) is a voluntary organization registered under the Madhya Pradesh Society Registration Act, 1973. Started by a group of likeminded and self-motivated social workers, the organization strives to improve the quality of life of various disadvantaged groups living in the hilly tribal district of Shivpuri. This is achieved through direct field interventions such as resource creation and capacity building in areas of basic health, education and livelihood generation. In addition, SMSS has constantly been involved in the training of beneficiaries to ensure self-reliance and replication of projects. Our focus in all projects is on the rights of marginalized communities: the rural and urban poor, tribals, women, children and minorities. With self-sustenance of projects and self-support of the population being our prime motive, 'we have always worked not for the people, but with the people of Shivpuri.'

Vision & Mission of the organization-

Vision- 'To create a united and powerful society of women in every village of Shivpuri

Mission- To work in close association with rural communities for the self reliance and empowerment of the marginalized groups of Madhya pradesh

Location- Shivpuri district Madhya Pradesh.

Shivpuri Profile Shivpuri district lies in the northern part of Madhya Pradesh. The district has wide geographical diversity, dense forests and many areas are still hard to reach. The district comes among the backward districts according to the economic and social dimensions. It is also called a tribal district. It spreads along 10298 square kilometres and has the population of 17,25,818. The district has 8 administrative blocks, 8 Tehsils and 9 ICDS projects. The district is surrounded by forests and hills and lacks in the irrigation facilities and therefore fares low in the agricultural productivity. Lack of employment opportunities is one of the reasons for huge migration of people mainly Sahariya tribal community. Almost 80% of Sahariyas migrate seasonally together with the whole family. These tribal communities are the one's which are most prone to malnutrition. Geographical, socio –economic and lack of 12 education are the biggest contributors to the problem of Malnutrition among children in these areas. However, lack of kitchen gardening, decreasing number of livestock as a consequence of migration, changes in family priorities, etc. are also likely to contribute to the low quality of diet among the Sahariyas.

A Beneficiary Profile

Madhya Pradesh, with an area of 3, 08, 000 sq.km.is the second largest state in India after Rajasthan. It is a part of peninsular plateau of India lying in north central part, whose boundary can be classified in the north by the plains of Ganga-Yamuna, in the west by the Aravali, east by the Chhattisgarh plain and in the south by the Tapti valley and the plateau of Maharashtra. The topography of Madhya Pradesh is defined by the Narmada Sone Valley. It is a narrow and long valley extending through almost the whole of the state from east to west. Sone valley forms the upper part; Shahdol and Sidhi districts lie in this valley. The lower part forms the Narmada valley. It has an average elevation of 300 m above MSL and is covered with alluvial soil. Jabalpur, Mandla, Narsinghpur, Hoshangabad, Raisen, Khandwa, Khargone and Barwani districts lie in this region. The Sone valley is narrower than Narmada valley and alluvial deposit is also comparatively poor and thin, therefore Narmada valley is more important than Sone valley for agricultural activities. To the north of this valley lie the Central Highlands, to the south the Satpura-Maikal ranges and to the south-east, the eastern plateau. These three form the natural physiographic regions-into which the state is divided. The Central Highlands are spread between the Narmada-Sone valley and the Aravali ranges to the west in a triangular form. The highlands slope towards the north and drain into the Yamuna.



SMSS BY THE NUMBERS-

4000 Children were benefitted by SMSS through its services throughout the year (2020-21) at Shivpuri Rural and Urban area.



500 community and family Kitchen Garden was established and benefitted more than 500 families.

556 child in normal category within 30 days from SAM/MAM category.



15 Women trained on Suposhansakhi/Nutrition friend in 15 villages .





14 Health Camp organized at AWC and 450 women girls and children benefited.

10 Awareness campaign organized and reach 10000 people.

400 drop out children taking education through suposhan sakhi in 10 villages.



ACTIVITIES AT A GLIMPSE-

Project Activities-

1. Nutrition Supplement trial on 21 selected AWCS children and make 3 to 5 minutes video of Sam and MAM children.

- 2. NRC referring and admission.
- 3. Health checkup camp at aganwadi level.
- 4. KAP survey for pregnant and lactating mothers.
- 5. Community level awareness on Hand washing and Immunization.
- 6. Celebration of Mangal Diwas.
- 7. Hand holding support to AWW's.
- 8. Established Kitchen Garden.
- 9. Distribution of water roll tank.
- 10. Women trained on Suposhan Sakhi or Nutrition friend.
- 11. Create livelihood and provide education for drop out girl.
- 12. Some additional activities also done by project Staff.

1. Nutrition Supplement trial on **21** selected AWCS children and make **1** minutes video of Sam and MAM children.

Team identified. 980 Children of SAM and MAM at Anganwadi center Kathmai, Badodi and Chitorikhurd, badgaon, Barodi, Vinega, Amarkhua, Hatod, Chtori, Chitora, At these three centers, these identified children were divided into two categories SAM and MAM. We take weigh and MUAC of children (on first day and after 30 days) where we found some underweight and malnourished children and start giving them nutrition and iron supplement through AWC centre every day. except one or two day.

2. NRC referring and admission.

Identified SAM children are admitted in the NRC for care and treatment. Field coordinator and project staff are mobilizing and counseling parents to admit their child in NRC. We are trying to cover all SAM and MAM children (Through home visit every month) so that they can take proper treatment and free from malnutrition.

Impact- Through our regular meet with parents 30 children admitted in nutrition rehabilitation centre. And 26 completely healthy out of 30 children. Two children who are suffering from tuberculosis we have admitted in NRC and now they are taking treatment from district hospitals and their weight is increased.

Successes Story - Suposhan Sakhi and Anganwadi worker Ms. Pinky lodhi were explained to Scindia's Mothers under health and child nutrition. Treatment is needed but Scindia's mother was not ready to take him to the hospital. After that, the team along with Sector Supervisor Nivedita Mishra and Anganwadi worker Pinki Lodhi visited Scindia's house for three consecutive days and gave the child's family members. An attempt was made to explain that the child should be shown in the district hospital so that the child can get proper treatment on time. The weight of the child is constantly decreasing, which will affect both the physical and mental development of the child, after the team's constant convincing their mother The district was rushed to the hospital and Scindia was given the right treatment by the doctor and gifted by the Anganwadi worker for 15 consecutive days to the house of Scindia and using the packet of THR delivered from Anganwadi, khichdi, oatmeal, soybean barfi, laddu By making etc. Scindia was fed and given iron syrup and multivitamin syrup 2 days a week, so that Scindia is perfectly healthy, due to timely treatment, the child could get life.

3. Health checkup camp at aganwadi level.

The SMSS NGO and health department organized a medical health check-up camp for Adolescents, Pregnant and lactating mothers on 12th to 13th February 2020 at Aganwadi Center Maniar Shivpuri. Dr.Nida Khan (Senior Gynecologists) Govt. Hospital conducted the camp which included ANM. She also check-up for Pregnant and lactating mothers for gave proper advice. , She gave Necessary medical advice and precautionary measures were given to the adolescents. Health team also gave proper medicine to the patients. Total patients were 58 attended by Doctor.

Impact- Total 60 female were take health check up. 35 women and 25 girl took treatment from that camp.

4. KAP survey for pregnant and lactating mothers.

The KAP midline assessment survey among Pregnant and lactating mothers so far was to bring further development within community to reduce the prevalence of Anaemia among tribal and scheduled caste girls in Shivpuri districts of Madhya Pradesh.

Impact- This section will reflect the background of the community, knowledge and available Health services for Adolescents their perception on Anaemia and Iron reach nutrition practices. This will also include the IFA consumption along with hygiene practices. This survey targets mainly the Sharahiya tribes who are a neglected primitive tribe along with other and other disadvantage communities.

5. Community level awareness on Hand washing and Immunization.

Our government promotes Swach Bharat Abhiyan we are also promote that program in 21 villages of our project. Sanitation and hygiene is very important for human life without it cannot image

happy lives. Under that project we have organized community level awareness program on hand washing and immunization in 21 villages. For immunization we have done home visit and aware them about immunization told them importance of it.

6. Celebration of Mangal Diwas.

The main objective of mangal diwas is to improving attendance of children at Aganwadi centre, ensuring safe delivery, reducing the rate of maternal mortality and infant mortality, reducing malnutrition in children and proper care of adolescent girls by providing appropriate facility. We are celebrating Mangal Diwas Every Month at Aganwadi centre with 400 in first Tuesday God Bharayi and second Tuesday

7. Hand holding support to AWW's.

Our project team continuously working with AWW and provide all necessary support such as create awareness of nutrition supplement for child and women, Immunization, Breast feeding etc.

Impact-

8. Kitchen Garden- Kitchen Garden established in 21 villages where we have done plantation of different type of vegetables like drum stick, tomato, brinjal, lady finger, green chilli, gourd etc. now that is grow up and people use that vegetable in their meal and reduce anemia/malnutrition.

Impact- More than 500 village level kitchen garden we have established. Family use that vegetable in their meal and some family sale that vegetable and earn money.

9. Distribution of water roll tank.

Distribute water role tank for women so that they can bring more water in one time through that tank.

Impact- Women can bring more water in one time and it takes less time than before to bring water.

10. Women trained on Suposhan Sakhi or Nutrition friend.

Under this project we have trained women on Suposhan sakhi or nutrition friend in 15 villages where they provide support to AWW and Identified malnourished children, create awareness among women/girls for anemia and malnutrition in child, personal hygiene and sanitation, take weight of SAM and MAM child and do home visit of SAM and MAM child.

11. Create livelihood and provide education for drop out girl.

We are promoting child education, our suposhansakhi is providing education to drop out children. And enhance their knowledge.

Impact- After lock down or migration children getting education through that suposhansakhi.

12. Some additional activities also done by project Staff.

Medical Camp- In 10 villages organized health camp for girls and women. In that camp government female doctor were present and did health check up of girl and women. Many girls and women (Pregnant also) got benefit of that camp.

Established Vermi Composed- Constructed Vermi Composed at 30 families of 10 villages where we have promoted non organic farming. So that people save their lives from chemical and use that composed in their field.

Promote Use of Toilets- We have promoted toilet use in 21 villages of shivpuri district area where we meet with community, schools children and Aganwadi workers and told them about disadvantages of open defecation.

Organized Awareness Campaign- During Covid-19 and world hand washing day we have created awareness regarding sanitation hygiene and Environmental protection. We gave demo to community and children how should proper hand wash.

Promote Breastfeeding- We are promoting breastfeeding, through home visit where we tell them about importance of breastfeeding for a child. How breastfeeding support in physical and mental growth of child.

Statement of Financial Position

SHA	KTISHALI MAHILA SANGHATAN SAMIT
	NEAR BAN GANAGA, SHIVPURI (M.P)
	BALANCE SHEET
	AS ON 31st MARCH, 2021

LIABILITIES	AMOUNT (Rs.)	ASS	ETS	AMOUNT (Rs.)
CAPITAL FUND ACCOUNT	12000	FIXED ASSETS		1000000
CONTRACT DECEMBER DAMA		As Per Annexure	ic.	4339370
GENERAL RESERVE FUND		CHINDFAFT ACC	PTC & ADMAN	I
Opening Balance 1322515		CURRENT ASS		1
Add: Surplus transferred		As Per Annexure		241915
from income & expenditure 142841	1465356	CASH IN HAN	D	700307
CURRENT LIABULITIES & PROVINCION	- Phone Real	Cash Balance	a n de a	798307
CURRENT LIABILITIES & PROVISION	0070700	(As certified by	the President)	103464
Sundry Creditors (as per annexure A)		Cash at bank As Per Annexur	- F	103404
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Provisions(as per annexure B)	55000	AST CI AIUICAUI	C.D.	
Provisions(as per annexure B) TOTAL (Rs.)	5483056		TOTAL	(R 5483056
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TOTAL (Rs.) As per our Report of even date annexed. FOR: LUNAWAT & SOMANL		We hereby c correctness of the	TOTAL ertify and e above BALA!	authenticate the NCE SHEET.
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<u>NEAR BAN GANAGA, SHIVPURI (M.P)</u> <u>INCOME & EXPENDITURE ACCOUNT</u> <u>FOR THE PERIOD ENDED 31.03.2021</u>						
EXPNDITURE	AMOUNT (Rs.)	INCOME	AMOUNT (183)			
EXPENSE FOR THE OBJECT OF THE SAMITI INF Project Expenses Road Safety Awerness Program Sheena Douce Foundation Expenses Suposhan Expenses Swasth Bharat Project Expenses Awerness Activities Expenses Bank Charges Covid 19 Grocery Kits Expenses Office Expenses Office Salary Stationary Expenses Depreciation Tour & Travelling Expenses	8,97,984 2,18,630 2,67,545 1,12,045	Morth Grant Sanitary Pad Grant Sheena Douce Foundation Grant Bank Interest	27,71,942 42,619 4,99,954 18,100 5,36,280 12,552 56,900 864609			
Audit Fees BALANCE SURPLUS FOR THE PERIOD Being excess of Income over Expenditure	7,500					
transferred to General Reserve Fund a/c	1,42,841					
TOTAL (Rs.) As per our Report of event attronexed FOR: LUNWAT & SOMTANI Chartered Accountants CA. Sutvaprakastic Agrawal	48,02,956	TOTAL (R We hereby certify and au correctness of the above Fee SHAKTISHALI MAHILA SANGHA	ithenticate the INCOME &			

SMSS ORGANIZATION CHART

Governing Body List

