
VASAVYA MAHILA MANDALI ANNUAL REPORT

APRIL 2012 – MARCH 2013

“DIGNITY AND SECURITY FOR ALL”



VASAVYA is an acronym –
VA- VASTAVIKATA – Reality
SA- SANGHADRUSTI – Social outlook
VYA- VYAKTITVAM- Individual Personality

MAHILA – Woman
MANDALI - Organisation

Data collection by Mrs. Revathi, Coordinator, Women Programme

Documented by
Dr. P. Deeksha, Medical Director, VMM
Dr. B. Keerthi, Technical Support Manager, VMM
Mr. B. Vijay Kumar, Programme Coordinator, TAP

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From the heart of the President

After forty three years of hard work to empower communities for a healthy and positive environment for women and girls to live in, is being challenged with the recent increase of gender based violence. Change in the life styles and attitudes are having an impact on the security of women and girls. The opportunities for women and girls are on increase but the security has become a threat.

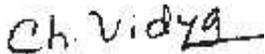
So Vasavya Mahila Mandali is planning to focus more to reach the communities to improve the safety of the women and girls and boys. Now it is time for all of us to keep our communities healthy to lead a dignified life with responsibility of upholding the ideals of India.

I am humbled to present Vasavya Mahila Mandali annual report 2012-2013

“DIGNITY AND SECURITY FOR ALL”

Yours humanly

Mrs. Chennupati Vidya
President, Vasavya Mahila Mandali



Former Member of Parliament

VISION AND MISSION VASAVYA MAHILA MANDALI

VISION

Impacting lives of Women and Children through Sustainable Community Driven Lifecycle Initiatives.

MISSION

1. To ensure the rights of women and children in life cycle through community-driven initiatives of care, protection, development and welfare
2. To facilitate knowledge building of communities on issues of orphan and vulnerable children with gender inclusivity and improving value of education through environmentally appropriate and culturally sensitive approaches.
3. To promote the physical and psychosocial health of communities by building knowledge on prevention/care/treatment and thereby increasing demand for government services; building capacity of government services; and delivering quality outreach services through community support structures.
4. To promote entrepreneurship and financial sustainability of vulnerable families by educating them on their economic rights, building vocational skills, employment opportunities and access to credit.
5. To increase capacity of the Community Based Organizations (CBOs) and civil society organisations
6. To facilitate meaningful participation of women and youth in multi-level democratic decision making bodies and to advocate changes for progressive policies.

CORE COMMITMENTS

Humanism

Gender in life cycle Rights

based approach Valuing

communities Partnering

with civil society Sustain

quality of services

Transparency

Social audit

Professionalism

Evidence based

Value for money, matter, work

PRESENCE VASAVYA MAHILA MANDALI



VMM's CONTRIBUTION TO MILLENNIUM DEVELOPMENT GOALS

MDG Goal 1: Eradicate extreme poverty and hunger

Target 1B: Decent Employment for Women, Men, and Young People : VMM contributed by increasing the employment Rate, and proportion of family-based workers in employed population

Target 1C: Halve the proportion of people who suffer from hunger : VMM's contribution in reducing the prevalence of underweight children under five years of age and proportion of population below minimum level of dietary energy consumption across all programmes was significant.

MDG Goal 2 : Achieve universal primary education

Target 2A : All children to complete a full course of primary schooling : VMM enrolled children in primary education, supported them to complete primary education, and contributed to an extent in increasing the literacy of 15-24 year olds, female and male.

MDG Goal 3 : Promote gender equality and empower women

Target 3A : Eliminate gender disparity in primary and secondary education : VMM increased the ratios of girls to boys in primary, secondary and tertiary education, girls from tribal and rural areas supported for education, older girls from poverty stricken families were helped for higher education, women employment was encouraged for top level jobs by supporting for improving the skills; VMM supported the bill for women reservation in state and national parliament, women are encouraged and trained to slowly rise to political power and decision making bodies.

MDG Goal 4 : Reduce child mortality rates

Target 4A: Reduce under-five mortality rate : VMM focus on reducing the Under-five mortality rate, Infant (under 1) mortality rate and proportion of 1-year-old child reimmunized against measles through immunization, increasing the institutional deliveries, antenatal and postnatal care and increasing the knowledge levels on infant care in the communities.

MDG Goal 5 : Improve maternal health

Target 5A : Reduce maternal mortality ratio: VMM reduced maternal mortality ratio and improved the proportion of birth attended by skilled health personnel by increasing the institutional deliveries, antenatal and postnatal care and increasing the knowledge levels in the communities.

Target 5B : Universal access to reproductive health : VMM promoted contraception : temporary and permanent family planning methods, knowledge on reproductive health provided to the adolescents, Antenatal care was provided

MDG Goal 6: Combat HIV/AIDS, malaria, and other diseases

Target 6A: Halt and Reverse the spread of HIV/AIDS: VMM contributed significantly to reduce the HIV prevalence among population aged 15–24 years, promoted condom use among high-risk sex and provided comprehensive correct knowledge of HIV/AIDS to population aged 15–24 years.

Target 6B: Universal access to treatment for HIV/AIDS for all those who need it: VMM promoted universal access to ART to population with advanced HIV infection.



Eradicate extreme poverty and hunger
MDG GOAL - 1

← 5566

290 →



Achieve universal primary education
MDG GOAL - 2



Combat HIV/Aids, malaria and other diseases
MDG GOAL - 6

← 88274



9768 →



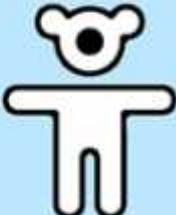
Promote gender equality and empower women
MDG GOAL - 3



Improve maternal health
MDG GOAL - 5

← 51945

5516 →



Reduce child mortality
MDG GOAL - 4

STRATEGIES VASAVYA MAHILA MANDALI

The core value of VMM, humanistic professionalism was incorporated in the methodologies applied. The methodologies were designed with the 43 years of experience of outreach and in consultation with communities. The strategies were;

Lead Agency

Networking with NGOs and CBOs

Organizational development

State agency

Knowledge building

Capacitating Staff

Community review

Community structures

Voluntarism

Community centered vocational trainings

Co managing government programmes

Institutional care

Linking to social security schemes

Lead Agency : VMM is a lead agency for TB Alert and Alliance India and working with partner NGOs and CBOs. VMM provided technical support, monitored, evaluated and reviewed the programmes. The partners were supported with forward granting and financial monitoring.

Networking with NGOs and CBOs : VMM developed a network of 10NGOs and 7CBOs, 7 key population organizations and one state level positive network- TNP+ in 9 districts for implementing the programmes. VMM took the responsibility of organizational development, staff capacity building, and technical support for effective programme delivery and finance management. Networking made VMM to extend the operations to many more districts in Andhra Pradesh.

Organizational development : VMM developed systems at partners by supporting them to adopt the good practices of VMM and adapt policies such as HR policy, Admin policy, child protection policy and finance policy. This gave professional strength to the partners and made them effective and transparent.

State Agency : VMM was appointed as a state level focal agency for the national NGO, WomenPower Connect for identifying the issues related to women and children. VMM appointed district level NGOs/CBOs as a network to work at district level.

Knowledge building of the Community : Community friendly communication modes were used to reach the people. The tools were developed keeping in view of the traditions and customs of the people. Cultural shows with street plays, small group meetings, mass events, health camps, games for improving the knowledge on issues like sexually transmitted infections, HIV, TB, and life skills, gender inequality and eye donation.

Kalajatha



Capacitating staff : VMM gave focus on developing skilled staff and regular in house trainings were organized to provide skills. Each staff member was counseled on their skills and trainings were planned every month to improve their skills in programme management, monitoring and evaluation, documentation and communication. The staff became confident to deal with the documentation and also monitoring and reviewing the programmes.

Community Review : VMM facilitated the annual review of the programmes by the community; a beneficiary, key persons, facility staff, programme staff and a document was developed. The inputs and suggestions of the communities were incorporated in the next year action plans based on suitability of project goal and the remaining were referred and linked to other stakeholders.



Community structures : VMM facilitated **Adult support groups** with women and men involving key persons in the community to improve the quality of life, **children support groups** with orphan and vulnerable children to create an enabling atmosphere for children, **grannies clubs** with grandparents taking care of grand children to reduce the gap between the generations, **Health forums** with different key persons and disease affected people for local advocacy to improve the quality of health care, **Community core groups** with key persons in the community for improved demand from the community.

Support group TAP

Voluntarism : Voluntarism was promoted in the programmes and this improved the community involvement. This paved a way to think about others too in today's world. **Peer leaders** and **volunteers** were crucial for knowledge building and community involvement.

Community based vocational trainings : VMM organized vocational trainings for women and adolescent girls in their own communities for better accessibility. The training instructors too were from the same area to have compatibility. Multiple skills development was planned at the same center.

Comanaging government programmes: Maternal and Child Health was through co-managing four **urban health** centers in Vijayawada with a focus on antenatal and post natal care, infant and child health promotion. Regular health care and immunization reduced the morbidity and mortality.

Institutional Care : For women and children who were in vulnerable situation were provided with institutional care. The children were linked to local government schools and the women were provided with different trainings for a better life.



Linkage with social security schemes : VMM supported the communities to avail the social security schemes available for sustainability. Orphan children and women were linked to the existing structures like government residential care, schools, institutional care for women and girls and so on.

HEALTH CARE VASAVYA MAHILA MANDALI

Quality health care for Productive Communities

Lakshmi, 15 years, had cough and was on DOTS. The school teachers asked her not to attend school due to her sickness due to Tuberculosis. Seeing her story in the media, Children Leadership Development Association, children CBO and Vasavya Mahila Mandali reached the family and counseled the teachers to allow the child to attend classes. During the home visit, CLDA and VMM team found her brother, a twenty year old Sai who was blind and was begging on the streets. He studied up to eighth standard. About ten years ago, he too became sick with fever and cough and was treated for Tuberculosis in the private hospital. During treatment he became blind and did not regain sight in spite of treatment. They lost parents to TB during their childhood. The children were tested for HIV as both parents died of tuberculosis. The young man was found to be reactive to HIV but not the girl. He was referred to ART center for CD4 and was initiated first line ART. They were linked to local philanthropist, Ch. Harikumar for regular nutrition support. The girl continued her education and the young man is not burdened with supporting his sister and old grandmother.

Vasavya Mahila Mandali (VMM) had taken up quality health care for the development of the communities by addressing multiple issues related to **HIV and AIDS, TB, eye care with a focus on corneal blindness, cervical cancer, sexually transmitted diseases and maternal and child health**. The treatment was through referrals to government hospitals and linking to the ongoing programmes initiated by government. VMM increased the demand for services by an effective outreach by trained and committed staff. Capacity building of the staff had given a positive outcome. The social aspects like stigma, discrimination and lack of awareness in the community were addressed through community driven sustainable models like support groups with affected persons, their family members. The impact of the community models was seen even after phasing out of the programmes. The family centric approach of outreach provided an enabling environment to the affected adults and children for care and protection.

Tuberculosis affected community was reached through small and large group awareness, prevention, care and treatment and focusing on completion and adherence of treatment mainly in the unreached communities; tribals, fisher folk, rural and urban population through **Tuberculosis Initiatives in Andhra Pradesh (TAP) programme** with advocacy for the issues raised during the programme.

Tap/TDF Health Camp

Blindness was addressed through school and community campaign on prevention and early treatment of preventable blindness and corneal blindness through **Swetcha Gora Eye Bank**, a community based eye bank.



Mobile ICTC/ATF

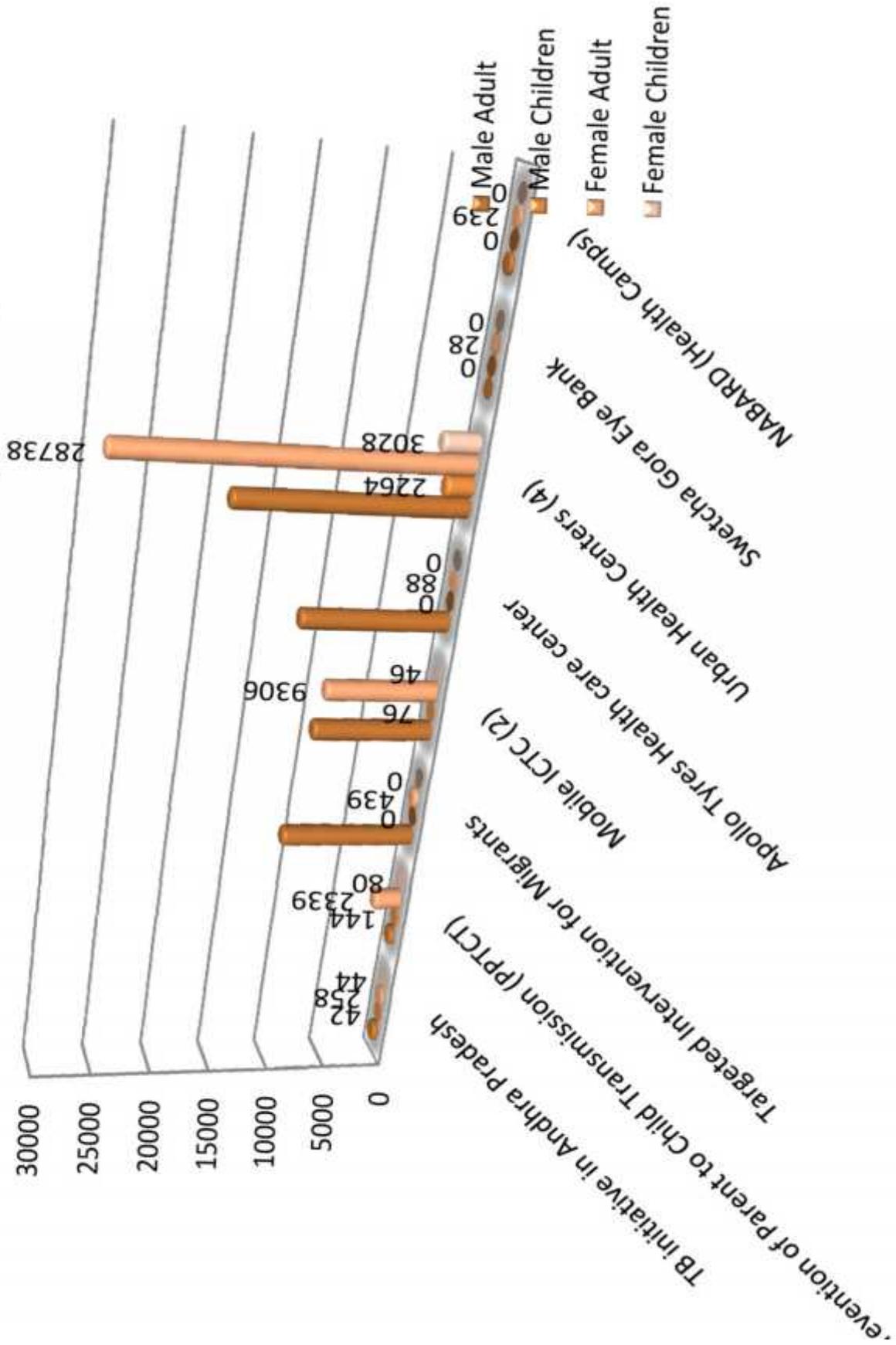
HIV prevalence had reduced but the impact of the disease was evident in the communities; orphaning of children, trauma of children, disrupted families, increased widows and children depending on grand-parents. So for easy accessing and availing of HIV testing, two **mobile integrated counseling and testing centers (MICTC)** with counseling, awareness and testing for HIV were being operated in Krishna and West Godavari districts that reached the vulnerable population like migrants, sex workers, MSM and antenatal.



HEALTH FOCUSED PROGRAMMES

#	Programme	Donor	Target Groups	Geographical Presence with number of villages and slums
1	TB initiatives in Andhra Pradesh	UKAID (DFID), TB Alert	Tribal, Fisher folk, Rural and Urban slums	Nellore, Prakasam, Krishna, East Godavari, Visakhapatnam, Srikakulam District 27 mandals, 516 village, 53 urban slums
2	Prevention of Parent to Child Transmission (PPTCT)	IL&FS Global Fund	Antenatal and postnatal Women and infants	Krishna District Two revenue divisions 53 slums, 223 villages
3	Targeted Intervention for Migrants	Andhra Pradesh State AIDS Control Society	Migrant Population	Krishna District 17 hot spots in Vijayawada urban
4	Mobile ICTC (Two)	Andhra Pradesh State AIDS Control Society	General Community in unreached areas and Pregnant Women	Krishna, West Godavari District Entire district
5	Apollo Tyres Health care Center	Apollo Tyres Foundation	Truckers and allied population	Vijayawada Jawaharautonagar
6	Urban health Centers (Four)	Vijayawada Municipal Corporation	Women and Children	Urban Slums Vijayawada 4 urban slums
7	Swetcha Gora Eye Bank	District Blindness Control Society and community	General Public	Krishna District
8	MaaThota	Tribal Development Fund (TDF) of NABARD	Tribals from farming and non-farm sectors	Krishna District 1 mandal, 4 villages

Reach of the Health Programme



Ravi, 29, came to Vijayawada for livelihood as an unskilled worker from Prakasam district. He left his wife and son at native village and visit them monthly once. He had multiple paid sex partners and his wife too had outside legal marriage relations. They lost one child in infancy with lung infection. In an awareness meet of Targeted intervention of Migrants of VMM, he was given information on STI, HIV and the safe sex methods. He wanted to get his HIV test done and so staff referred him to ICTC for HIV testing and to DMC for TB testing in Vijayawada and he was reactive to HIV and his sputum was positive to TB. He was counseled for his high levels of self stigma and then he moved to another location in Vijayawada. He was followed again in the new area and he was kept on ART and DOTS after getting his CD4 test. He was not adherent to treatment. And so he was admitted in government hospital where he succumbed to TB. The hospital staff found the phone number of the outreach worker in his pocket and so the outreach worker contacted his family. If he was adherent to treatment, he should have been healthy.



The difficult target groups: migrants and truckers were reached through interventions for them to reduce sexually transmitted infections and HIV. The issues of these groups like mobility, multiple sex partners and low treatment seeking behavior and treatment completion. The **targeted intervention for migrants** was done on the roads of Vijayawada and the truckers group through **Apollo Tyres health care center** at Autonagar, a transport hub in Vijayawada with a focus on prevention, referral, identification, treatment and follow up.



PPTCT outreach programme addressed the vertical transmission of HIV and improving the antenatal and postnatal health of women and infants. Regular checkups during and after pregnancy and infant care improved the health of mother and infant. This helped in the reduction of infant and maternal mortality.



GOOD NUTRITION FOR HEALTHY COMMUNITIES

Food is the basic need and right for all but in India women and girls are deprived of this basic right. The girls face discrimination from the birth as they are born as a girl. So VMM focus is given in all its programmes to improve the nutrition of the family for good health. The aim of nutrition education is to increase the birth weight of the newborn, reduced infant and maternal morbidity and mortality and to reduce the sickness frequency with improved hemoglobin.

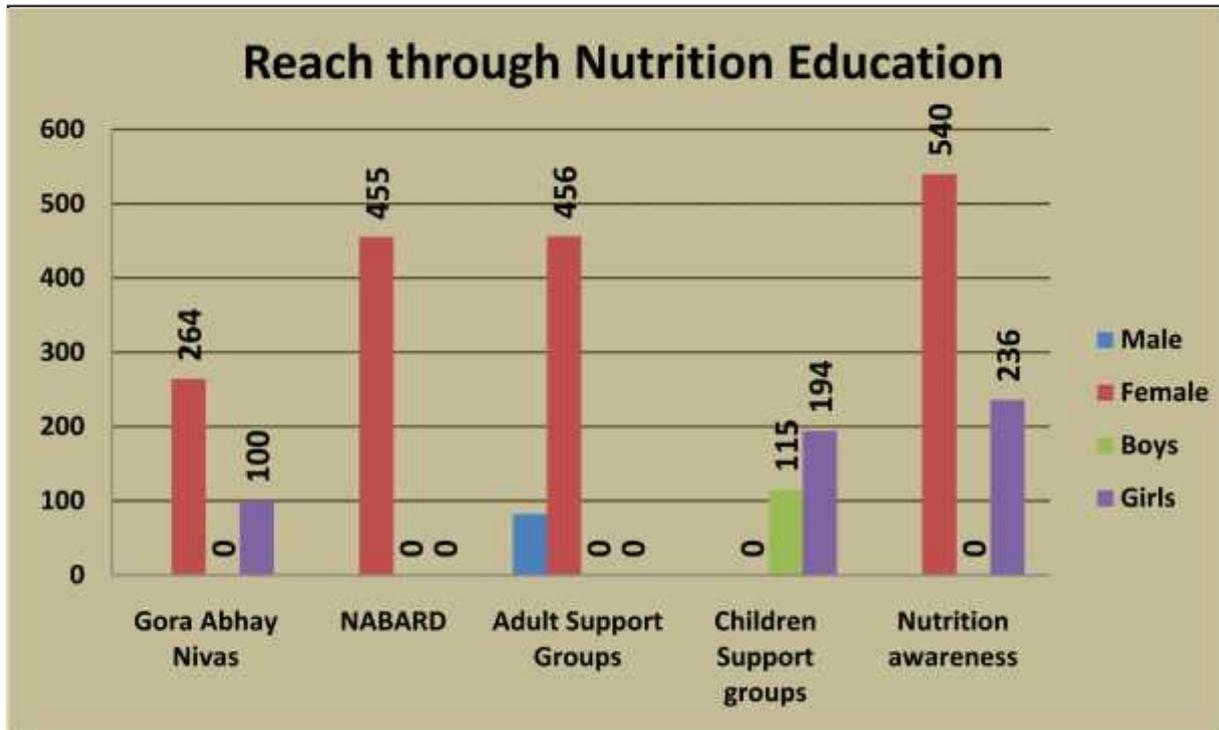
With the management being all women, the nutrition was a focus to reach women in the communities and the impact of the nutrition education is visible always.

Across all programmes, nutrition education, demonstrations of recipes with locally available food, promotion of kitchen gardens, and nutrition support with local community support were practiced by VMM. Women and girls developed various techniques in cooking to make tasty and attractive menus.



Reach through Nutrition Education- Programme wise Programmes

#	Programme	Donor	Target Groups	Geographical Presence
1	Increased Dignity for Women and Girls	HAMU	Women, Children, Adolescent Girls	Krishna District
2	Adult Support Groups	Self-Sustained	Women and their families affected by HIV and general community	Krishna District
3	Children Support Groups	Self-Sustained	Children in the Groups	Krishna District
4	Maathota	Tribal Development Fund	Tribal Community	Krishna District



Thirty five year old Raju, working as a helper on a truck, was reached in one to one session of Apollo tyres health care center in Autonagar of Vijayawada. He had fever, vomitings and diarrhea often and after attending the awareness session, he approached the clinic and was registered and was given an Apollo health card. He was counseled and treated in the clinic and referred to integrated counseling and testing center in government hospital and was found HIV reactive. His CD4 was low and so was kept on ART. His wife too was tested and found reactive for HIV. His children dropped out of the school due to parental illness. With treatment his health improved and now he is a peer volunteer in the programme and is counseling many youth and trucker community. He is very concerned about the health of his peer and refers them to the clinic. He is being counseled to join his children in school in the coming academic year.

EDUCATION

VASAVYA MAHILA MANDALI

Universal education in India is still a challenge as the parents don't see the importance of educating their children. Many children never stepped into the school and so child labor is also more. The growth of the child going to school and out of the school are very visible but still the adults refuse to accept the compulsory education. Even though government stress on enrolling the every child in the school, the communities are not having a positive attitude.

The teachers and management also contribute to the apathy of parents by being non proactive in attracting the children to schools. The year 2012-2013 saw a change in the education system in government sector like introducing English medium in many government run schools from sixth standard onwards. So the most vulnerable children too can study freely in the medium of their choice.

The education is free up to tenth standard for all in public sector and beyond that the parents have to bear the expenses. So with the support of Deutsche Bank Asia Foundation, children were supported for higher education beyond tenth standard. The children **education sponsorship** included counseling at regular interval, follow up of the academic progress and fund transfer in the name of the child and mother / caregiver. This gave good response as many orphan and vulnerable children were being given a chance to realize their dreams. Their parents/guardians too were counseled to keep the child in colleges to continue their education.

Multi - Purpose Health Workers training for females for 18 months trained 27 young girls in community nursing that is recognized by government of Andhra Pradesh. Some girls were sponsored by UNNITI foundation; US and some were sponsored by government. They were well trained and got good job placement in the state. Many young women's lives were changed with this training as it gave dignity and self-sufficiency.



Vocational skill education for street and migrant youth was provided in in Jawahar Autonagar in welding, painting, tyre retreading and skills related to automobile field Saraswathi Gora Youth center provided shelter to the trainees. Many were appointed locally. Vocational skill education for women and girls in tailoring, embroidery, handicrafts and textile printing gave a happy life for many.



Residential hostel for Urban Deprived Girls: The girls benefit from this programme are: girls from begging, orphans, victims of trafficking and girls in other vulnerable situation. They were linked to government schools for formal education and did well in their academics. Vocational skills were also given in tailoring and embroidery and agriculture techniques.

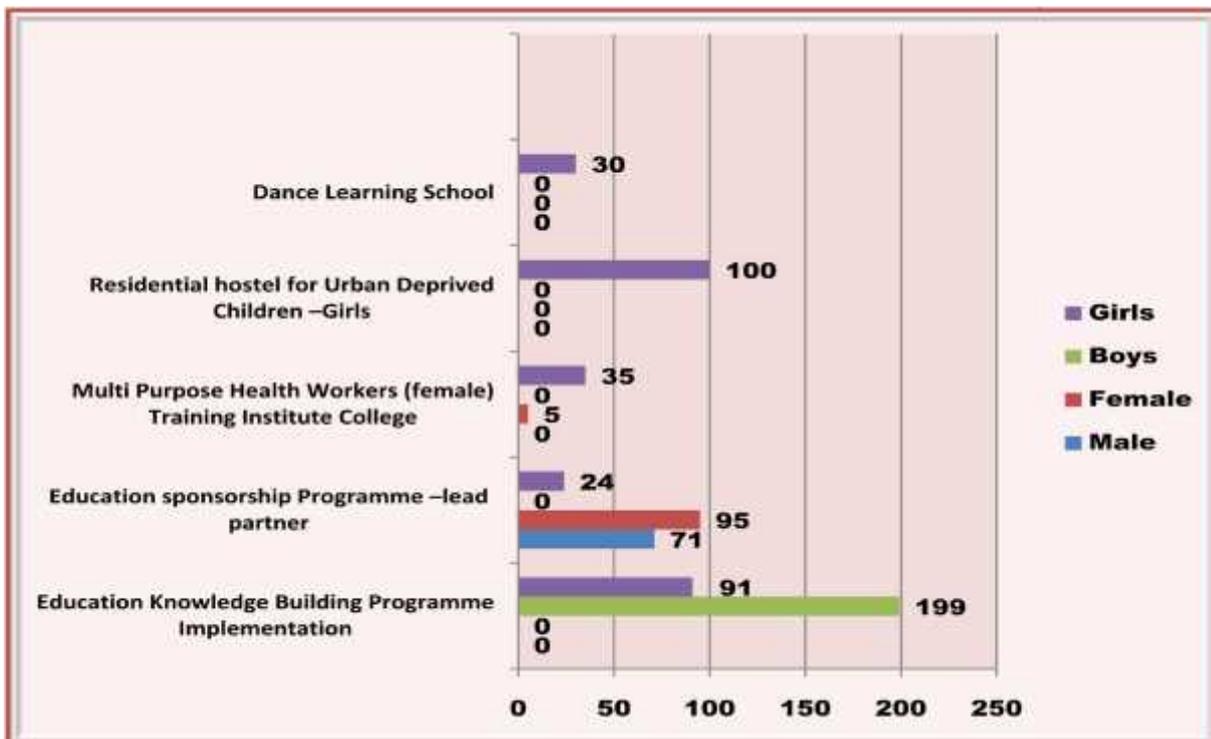


Rani, 10 year aged girl was working in a house as a domestic labour and the labour department rescued her. She was produced in child welfare committee and the people who appointed her in their home paid penalty in the labour department. And the child was from a family of illiterates and keeps all their children in homes and takes money to repay their never ending debts. The child was referred to the urban deprived home for girls run by VMM and the child was very happy to be with her age group girls. She never had been to formal schooling, so her education was started with Telugu alphabets, beginning of the education. She was good with her books and was very happy to be in school. She was a good athlete and a great child. Her childhood was restored and she was in formal education.

EDUCATION PROGRAMMES

#	Programme	Donor	Target Groups	Geographical Presence
1.	Education Knowledge Building Programme Implementation	Deutsche Bank Asia Foundation	Children -Orphan and Vulnerable, Living/affected with HIV/AIDS	Vijayawada
2.	Education sponsorship Programme -lead partner	Deutsche Bank Asia Foundation	Teenagers from poor families, orphans	Krishna District
3.	Multi-Purpose Health Workers (female) Training Institute. Recognized by government of Andhra Pradesh	Government of Andhra Pradesh	Orphan and vulnerable girls who got tenth certificate	Krishna District
4.	Residential hostel for Urban Deprived Children -Girls	Rajiv Vidya Mission-(SarvasikshaAbhiyaan), Department of Education, Government of Andhra Pradesh	Children, Orphan and Vulnerable, Living with HIV/AIDS, Affected with HIV/AIDS, children's from domestic labor and begging	Krishna District
5.	Vasavya Nrutya Vihar, Dance Learning School	VMM	Children and Girls	Krishna District

DB EDUCATION Programme :



HUMAN RIGHTS VASAVYA MAHILA MANDALI

‘It is my right to live with dignity’

Across India, violation of human rights continues and most vulnerable are women and children. People are neither aware of their rights nor give importance to upholding of their rights. The constant violation of rights needs to be addressed.

So VMM focused on rights based approach across all the programmes. The rights of women and children were focused through specific programmes and health rights were promoted and disseminated in the health based programmes. The marginalised communities like MSM, PLHIV, sex workers and other groups rights were given a special attention through **KOSHISH programme**. In this programme the right for early detection of Cancer cervix among the women living with HIV was the focus. Advocacy with APSACS for implementing the PAP smear for WLHIV was done with poster display in ART centers with information on importance of early detection of cancer cervix.



The rights of the children were taken care through **urban deprived girls home** and dealt with the vulnerable children in **Child Welfare Committee** to provide care and support for the children.

Increased dignity for women and girls in Andhra Pradesh programme supported by HAMU, Norway, focus on upholding the rights of the target groups. Women and girls were reached to improve their social status in their own families and local communities. Advocacy of the issues like declining girl child ratio and for better implementation of laws was taken up. Gora Abhay Nivas, a home for providing shelter, counseling, skill development and imbibing life skills catered to the needs of the vulnerable women and girls.

Saraswathi Gora Youth center has provided shelter and career guidance with job placements for youth on the streets. This initiative improved the lifestyle of many youth by having families and settling in their life.

YOUTH CENTER PHOTO



Priyadarsini working women's hostel provided security and in house food and internet facilities for working women in Vijayawada. Round the clock security personnel and Closed circuit camera monitoring were provided. They were provided counseling and they too participated in the activities of VMM.

Vasavya Rehabilitation Center for Torture Survivors kept a watch on the torture and violence against vulnerable groups and interacts with law enforcing personnel for better attitudes among police personnel. VMM continued the spirit of campaign against torture and imbibed in all the programmes of VMM.

Child marriages were stopped by VMM in coordination with Children Leadership Development Association and provided counseling and increased the awareness on the effects of child marriages and also informed the parents on existence of the law relating to preventive of child marriages with punitive aspects.

Counseling of families paved a way for many to be united with family and victims of domestic violence were counseled to understand the laws and the rights of women in the families.

Family Counselling

Linkages for better services with WomenPowerConnect and government departments for creating an enabling environment for women to live in dignity. VMM had continuous interaction with the stakeholders for a conducive atmosphere inked to department of Women Development and Child Welfare to mend the gaps in implementing Pre-Conception and Prenatal Diagnostic Techniques Act (PCPNDT).

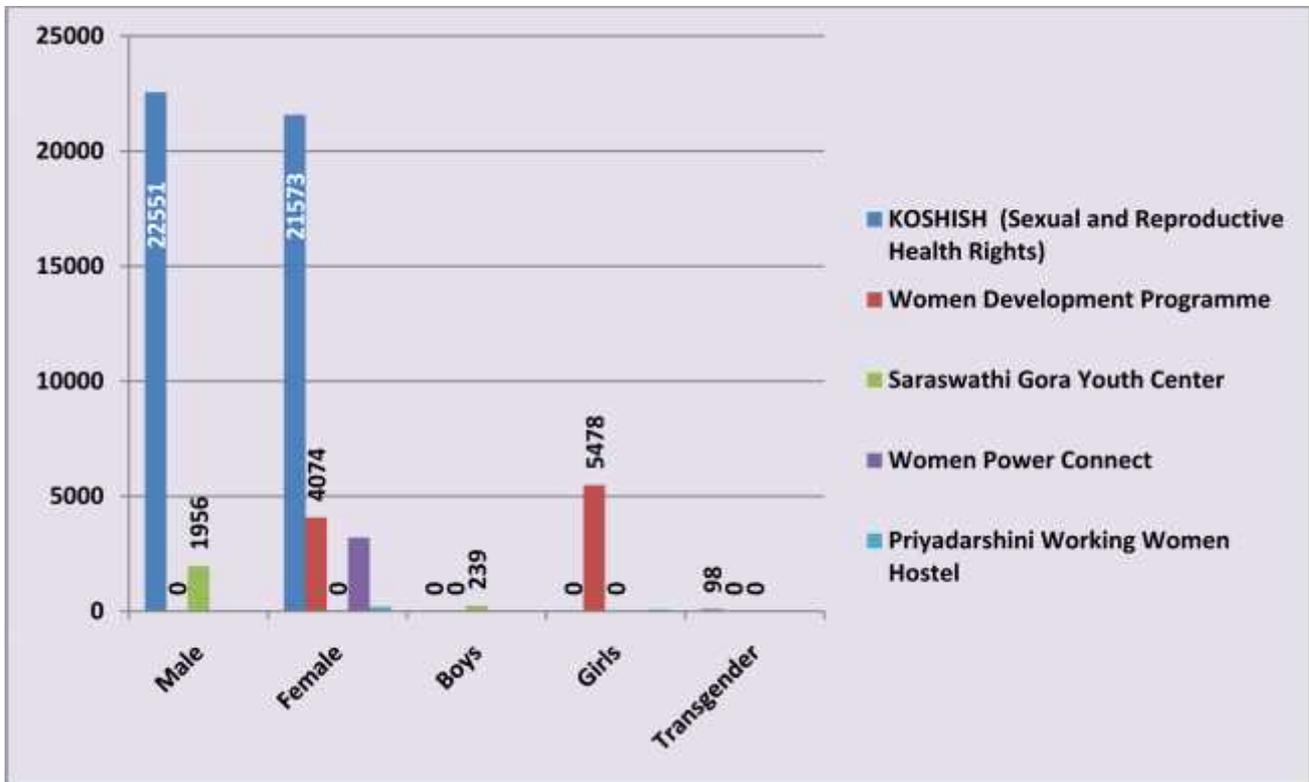
Advocacy on the rights of health and security with State Women's Commission, Director-Health and other departments gave an outcome for implementation of several laws that protect the women and children.



Reach

HUMAN RIGHTS PROGRAMMES

#	Programme	Donor	Target Groups	Geographical Presence
1	KOSHISH (Sexual and Reproductive Health rights)	European Union, India HIV/AIDS Alliance	Women Living with HIV/AIDS, MSM, Transgender, Higma	East Godavari, Krishna, Guntur, Ananthapur, RangaReddy
2	Increased Dignity for Women and Girls in Andhra Pradesh	HAMU	Women, Children, Adolescent Girls	Krishna
3	Saraswathi Gora Youth Center	Partly Self sustained and part of the	Street Youth	Krishna District
4	Women Development Programmes	Women Power Connect (WPC)	Women	Andhra Pradesh
5	Priyadarshini Working Women's Hostel	Sustained	Working Women	Krishna District



Time again the same stories we hear and empathies and the life experiences of many women – Aruna— Lakshmi— Sultana — Mary— in India are similar and repeat. This story of Aruna shows again the unacceptable conditions in which the women live in the modern society of India.

Aruna had a typical childhood as a ‘burden’ to the family as she was born as a girl; second class status in the home and community. She could complete twelfth standard with great difficulty as her parents were reluctant to spend money on her education. So she was married off when she was nineteen year old to a man who was lazy and continues to drink and play cards for money. He needed money always to fulfill his habits and so before marriage he was pestering his mother and after marriage his wife. Now Aruna became a target as she was forced to get money from her parents with a great shame to support her husband. He did not continue any job and increased the debts. Aruna’s parents could clear some of the debts but as it was repeating her parents too got fed up of him and advised Aruna to leave her husband and stay with them. By that time, Aruna had one son and her husband targeted their son and blackmailed Aruna.

Aruna never dared to leave her husband as she was not brave enough to do a job and in their home the woman was not permitted to earn as it shows that the man of the house is inefficient. Many a times she wanted to further her skills but the situation at home did not permit her to learn none. She saw an advertisement for multipurpose health workers training in Vasavya Mahila Mandali and applied after convincing her husband to pay the fees. She kept her son with her parents. But after four months her husband refused to pay her fees as he stopped his job again. So he wanted her to come home. But knowing her condition VMM provided shelter in Gora Abhay Nivas, a home for immediate shelter, care and protection, and assured her to continue her education. During nursing course, her husband started fell ill often and she became very insecure again. Then her mother in law was paralyses and was in the bed. Support by the staff of VMM made her to face the turmoil in her life. She was given permission to go home whenever necessary to support her husband and mother in law.

Just before her exams her husband became very sick and doctors declared him critical with alcoholic liver failure. She had to take care of her husband and was not willing to appear for her exams. But home visit from VMM staff gave her a spirit and she completed her exams in very difficult circumstances. Her husband died and Aruna’s parents refused to support her as she did not leave her husband when they suggested. She had successfully completed the course and awarded certification. VMM staff continued counseling her at her home. Then she joined as a nurse in a reputed hospital and was earning INR 4000 per month.”

I can’t imagine myself living on my own and on my terms, taking care of my sick mother in law and my son. I want to educate him and give him courage to face problems in his life well unlike me. What I should have been if I did not have a chance to be in Vasavya Mahila Mandali! I am relieved and happy” said a confident Aruna.

ECONOMIC VASAVYA MAHILA MANDALI

VMM worked with vulnerable target groups and so the economic upliftment was a cross cutting issue across all the programmes. The target groups were linked to government schemes or self- managed entrepreneurship or job placements. As their economic status was low they were depending on the jobs available or self-earning at home after the skills were developed.

In women development programmes, the vulnerable women were provided with skill trainings and career guidance and many were placed in the jobs. Some women started microenterprises: embroidery, food products, household materials like soaps, detergents, oils—

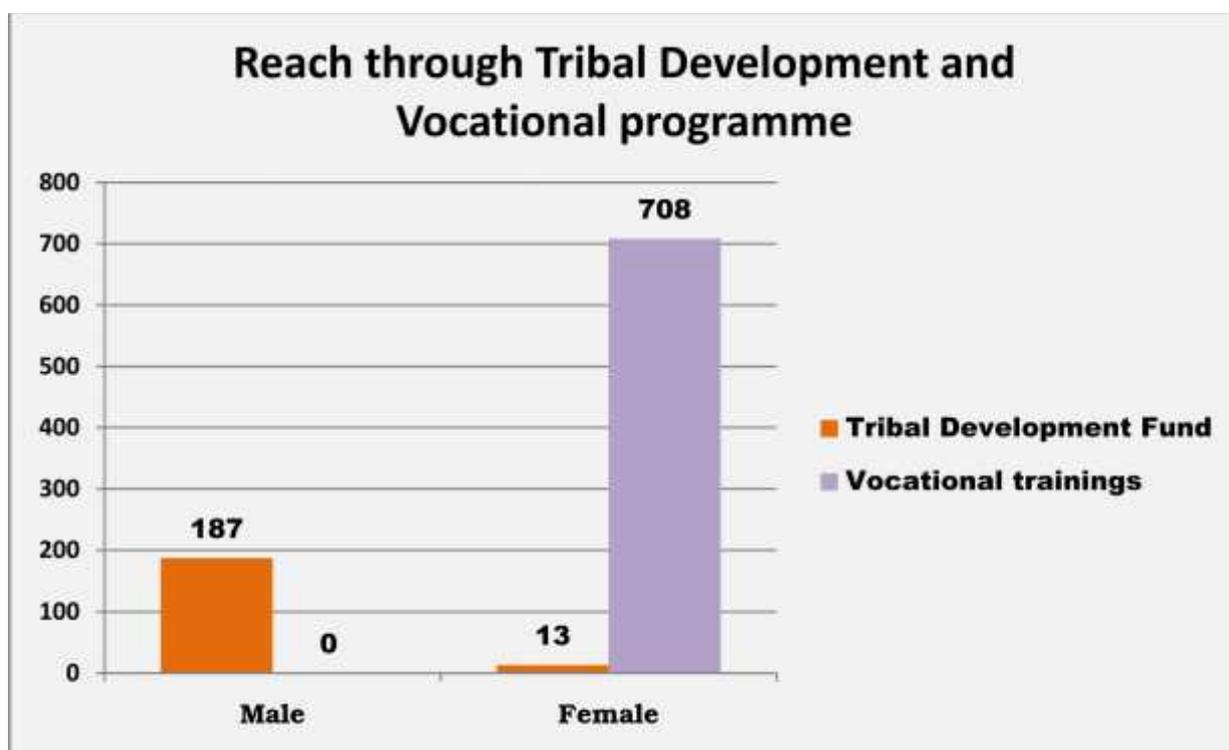
MaaThota: Tribal Development Fund programme : VMM focused on tribal population with Integrated Tribal Development programme sponsored by the Tribal Development Fund (TDF) of NABARD in A. Konduru mandal, Krishna District, Andhra Pradesh from 1st November 2011. The project "MaaThota" (Wadi model) meant for the promotion of sustainable participatory livelihood programs in the Tribal areas with the principal goal of "Facilitating the promotion of sustainable participatory livelihood programs through development of orchards, the wadis, by mobilization, management and conservation of natural resources and thereby creating vibrant tribal communities who can organize and manage the soft and hard infrastructure generated through the Project, for themselves, by the end of the Project". Core plantation is "Mango and Guva", boundary plantation is "Teak" and live hedge is "Bamboo" 200 tribal farmers were identified. Maathota Development Committees were formed with farmers. Six village development committees were formed in this project area. Twenty bore wells were installed in 200 acres of land for providing water and applied for electricity connection.

MAA Thota Inter Cropping/Lively hoods



ECONOMIC PROGRAMMES:

#	Programme	Donor	Target Groups	Geographical Presence
1	MaaThota	Tribal Development Fund (TDF) of NABARD	Tribal farmers	Krishna District
2	Increased Dignity for women and Girls	HAMU	Women and adolescent girls	Krishna District (6mandals)



Twenty five year old married Koteswari is living with her husband and two children in Kankipadu, a rural area in Krishna district of Andhra Pradesh. Her husband is working in a private company and his earning is insufficient to meet all the needs of family of four. Koteswari always wants to learn something and supplement the income of her husband. She went to a tailor to learn tailoring and they demanded INR 700 per month. She doesn't have the money and her ambition is not fulfilled. Then the volunteer of VMM 'Increased dignity to women and girls in Andhra Pradesh' approached her and explained about the trainings for women and girls in that area. She learned tailoring and embroidery work within six months. She got a sewing machine and is now earning INR 2000 per month. She is able to stay at home and take care of the family and is happy to supplement some income to the family.

"There are women like me who need skill training to better their lives" says Koteswari

ENVIRONMENT VASAVYA MAHILA MANDALI

VMM was involved in “OUR EARTH” initiative since twenty years by disseminating the knowledge in the communities and participating in the meetings for decision making. VMM’s target area was mostly agriculture based in the coastal region of Andhra Pradesh, India. The effects of global warming are reflected in high temperatures, lack of rains leading to famine, sudden flooding and so on. The pollution of water, earth and air is felt by all in the form of diseases and crop failures. Drinking water non availability is leading to deaths to waterborne diseases. Especially VMM is focusing on pollution of water canals with human waste and plastic bags.

The shift of slums created a huge demand for resources and ground water reduced and rains that are the main source of ground water are not consistent. The general lack of information to the people on the issues related to environment pollution that is easy to understand is not available.

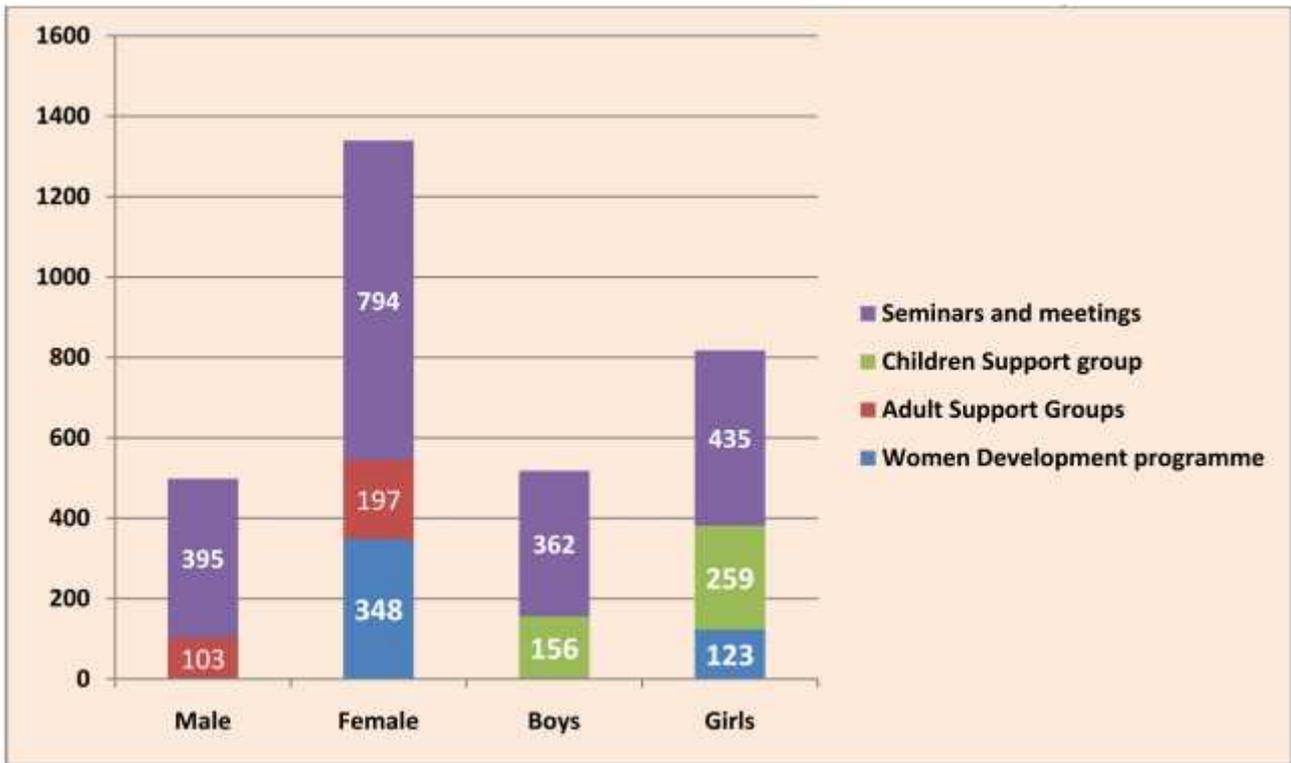
The major challenges before us are reduction of pollution, converting non-recyclable materials into energy, reducing the consumption of non-renewable fuels, development of alternative, green, low- carbon or renewable energy sources, conservation of water, to improve the ground water and bigger aspects of forests and nature.

VMM across all programmes disseminated the knowledge on environment and plastic waste management. School children were provided with knowledge and in collaboration with Gora science center organised painting and drawing competitions for school and college students. All the important days were observed like, earth day, ozone day, environment day and so on.

PROGRAMMES

#	Programme	Donor	Target Groups	Geographical Presence
1	Women Development programme	HAMU	Women, Children, Adolescent Girls	Krishna District
2	Adult Support Groups	Self Sustained	Women and their families affected by HIV and general community	Krishna District
3	Children Support group	Self Sustained	Children in the Groups	Krishna District
4	Seminars and meetings	Self sustained	Students and Women	Krishna District





BEST PRACTICES VASAVYA MAHILA MANDALI

Linkage with Indira Kranthi Patham, a government initiative to disseminate the poster developed on gender equity that focused on the role of mother and father in determining the gender of the infant to be born. This message reached all the communities through Indira Kranthi Patham programme and the knowledge was built to improve the girl child ratio in the communities. This helps the women to sensitize themselves, their families and communities for balanced child sex ratio.

Girl Child Poster



Reaching migrants on the roads in targeted intervention for migrants in Vijayawada gave good outcome in reducing, identifying and treating the sexually transmitted infections, HIV and other illnesses. This programme impacted the health of the migrants and was successful in referral and linking the men and women for other facilities.

Linking to Women Power Connect made VMM to strengthen the programmes for women and girls by keeping NGO representative in each district. This will give better watch of the issues of women and girls. The partners too were concerned with their local issues of women and girls. VMM can play at national level with other members of WPC for gender equity.



Advocacy for double ration for children affected by tuberculosis with Women welfare and Child Development department was effective with a government order to all anganwadi centers. So the children were benefited through Integrated Child Development Scheme of Women welfare and child development department. This is in coordination with State TB cell of Andhra Pradesh.

Networking with NGOs and CBOs to work for declining girl child sex ratio developed one key partner in each district to watch and report the prenatal diagnosis of sex and crimes against girl child. So the 'EYE' was in place to provide security for girl child.



State advisory committee meets of VMM in TAP and KOSHISH programmes gave an outcome for advocacy and transparency. The ideas flowed as many key persons were involved in the meet and the situation was analysed and issues were raised. The ideas were useful for community mobilisation too as the gaps in the programmes were realised. In TAP programme, the school health cards did not have information on TB and the officers of the concerned departments realised the importance of integration for knowledge. So was with KOSHISH programme where the state level meet gave importance on early detection of cancer cervix and APSACS sent the guidelines of NACO on PAP smear for early detection of cervical cancer to all ART centers stressing the importance.



Advocacy for Nirbhaya Law: VMM participated in the consultation meets of Varma commission on Nirbhaya law for stringent actions to curb the violence against women and girls. At different forums including E-forums, VMM contributed inputs to develop Nirbhaya law.



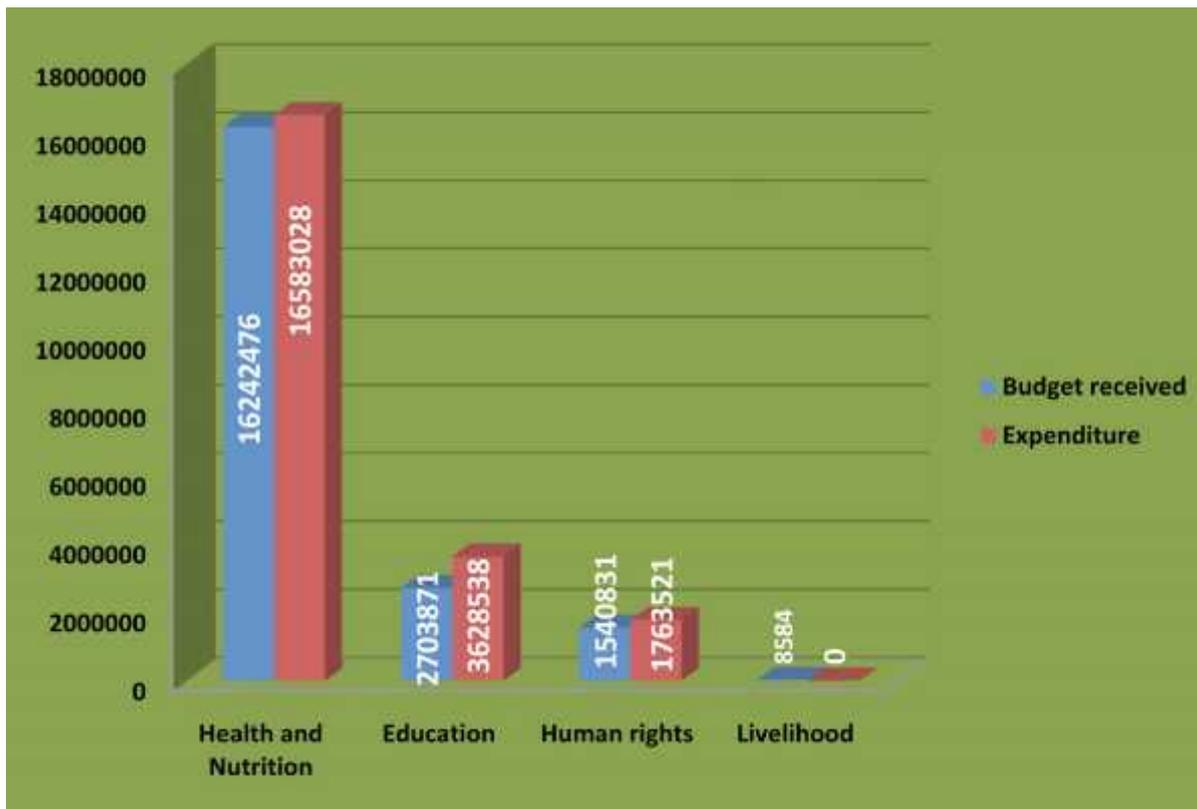
Monitoring systems in VMM were effective through desk monitoring through MIS and field monitoring by staff. Regular visits gave good support to the partners and skills improved among the partners.

Data management: VMM by having systematic MIS for all programmes is capturing data and is analyzed periodically for every quarter and this information is used for advocacy to amend the current rules and also helps in identifying the successful strategies that is being used for new programming. Hence the evidence based documentation with quantitative and qualitative has helped VMM to move further in addressing the issues.

Review by executive body of VMM at regular intervals kept the programme timeline in check and the staff was more responsible. The human resources were managed by executive body for effective monitoring and so the capacity building was planned accordingly.



Revenue



PARTICIPATION AND ACHIEVEMENTS

1. Eye Bank Fortnight celebrations from 24 August 2011 to 8 September 2012
2. Swetcha Gora eye bank was given a place in the India Book of Records for its unique community based work in collection of maximum number of eye balls in a minimum time.
3. Study on “Causes and consequences of imbalance in girl child sex ratio” was conducted by VMM with the support of HAMU, Norway.
4. PPTCT programme of VMM achieved third place at national level.
5. Strengthened the organisation policies of VMM in HR, Finance, admin, child protection, gender and volunteer policy
6. Presented VMM for accreditation with International HIV/AIDS Alliance UK.

VMM AS ACCREDITED/FOCAL ORGANISATION

1. Accredited to international Rehabilitation center for Torture (IRCT) Denmark
2. Focal point to Andhra Pradesh for Women Power Connect, NewDelhi
3. Linking Organisation to International HIV / AIDS Alliance, UK
4. Lead Organisation to TB Alert, UK.

VMM INDECISION MAKING / LOBBYING BODIES OF PUBLIC, PRIVATE SECTOR INTERNATIONAL

1. Lead partner to India HIV/AIDS Alliance.
3. Member, Stop TB Partnership, UK
4. Member, Girls Not Brides: The Global Partnership To End Child Marriage London, UK

NATIONAL

1. Executive Committee member representing Southern Region in Women Power Connect, New Delhi
2. Life Member, Country Women's Association of India, Kolkata

STATE

1. Member, state level Women and Children Empowerment Society, Government of Andhra Pradesh
2. Multi member state appropriate Authority for the implementation of Pre Conception and Pre Natal Detection Act (PC & PNDT Act) in Andhra Pradesh
3. Executive Committee Member, Andhra Pradesh Mahila Samatha Society-APMSS, a Project of Government of India
4. Member, State TB cell, Andhra Pradesh
5. Executive Member Voluntary Health Association of India (VHAI)
6. Member, Andhra Pradesh Child rights advocacy forum (APCRAF)
7. AP Women Commission

KRISHNA DISTRICT

1. Member, Committee on implementation of Integrated Child Protection Scheme (ICPS), Department of Women and Child Development, Government of Andhra Pradesh
2. Member, Child Welfare Committee, Krishna District, Andhra Pradesh
3. Member, Juvenile Justice Board, Krishna District, Andhra Pradesh
4. Member, Prevention of sexualharassment committee of south central railway, Vijayawada Division.
5. Member, Vijayawada Police Commission rate for redressal of complaints pertaining to women employees of Police department.

6. Co-management agency for Juvenile home, Vijayawada, Andhra Pradesh
7. Member, Red Cross Society
8. Member, District AIDS Prevention Control Unit
9. Member, District Tuberculosis Control Programme
10. Member, All India Radio Programme Advisory Committee, Vijayawada.
11. Member, Traffic Advisory Committee, Vijayawada Police District

PREVIOUS MEMBERSHIPS

1. Civil society Member, for Country Coordinating Mechanism (CCM) in India for Global Fund representing Child Rights and Child Development constituency (2009 to 2012)
2. District Coordination Action Agency for Krishna district for CABA (Children affected by AIDS), a pilot project initiated by National AIDS Control Organization and Ministry of Women and Child development, Government of India (2010-2012)

PUBLICATIONS IN BOOKS / JOURNALS AND PRESENTATIONS IN CONFERENCES :

1. G. Rashmi & Dr. B. Keerthi participated in Blue Sky week Organized by International HIV/AIDS, Alliance, UK at Bangkok on 15th to 22nd September-2012. Released “Building Resilience” a document of 10 years implementation of Home based HIV/AIDS Care and Support programme in Andhra Pradesh, India.
2. Prabhakar, Advocacy Officer, presented on the torture in IRCT Asia regional conference in Cambodia, 5th to 8th November 2012.
3. Dr. B. Keerthi presented a paper on Research in HIV and AIDS in the national conference organized by Central University of Kerala and IGNOU at Kerala 21st to 24th January 2013
4. G. Rashmi and Dr. B. Keerthi participated in the National consultation on status of women and children organized by CFAR, UNIFEM, Ministry of Women and Child Development Govt. of India at Lucknow on 1-03-2013
5. G. Rashmi and Dr. B. Keerthi participated and presented on the activities of VMM at Country Womens Association of India bi-annual and annual general meeting held at Kolkata Date and Lucknow on 2nd & 3rd March 2013
6. G. Rashmi Participated in Directors Meeting Organized by International HIV/AIDS, Alliance, UK at Senegal, 17-22nd March 2013
7. Mrs. Chennupati Vidya participated at Hyderabad,
8. Mrs. Chennupati Vidya participated in the consultation on Declining on Child sex ratio at Chennai, Tamil nadu from 22nd to 24th January 2013,

CALENDAR OF TRAININGS ATTENDED

- 1) Mrs. SobhaRani participated in "Orientation Training on Women and Girls Specific Schemes of Ministry of Women and Child Development" scheduled from 06 -09 August, 2012 , New Delhi
- 2) Mrs.Revathi Participated in "Orientation Training on inculcating Leadership Qualities among in Children" from 18thto 22ndFebruary 2013 at NIIPCID, Bangalore.
- 3) Mr. Janardhan and Mr. Ramanujaiah participated in the training programme organized on sexual reproductive health by Family Planning Association of India.

CALENDAR OF HIGHLIGHTS 2012-13

<p>April 2012</p> <p>Started residential bridge school to 50 girls at Vemavaram</p>	<p>May 2012</p> <p>Distributed 5500 mango and 2400 Guava plantation to 100 riots in A.Kondur mandal</p>	<p>June 2012</p> <p>Participated in Red Ribbon Express at Guntur of NACO, and registered 226 truckers for Apollo Tyre Health Care Centre</p>	<p>July 2012</p> <p>A study conducted on Decline child sex ration by VMM</p>
<p>March 2013</p> <p>Succeed in advocacy effort with Government of Andhra Pradesh for active involvement of Anganwadi workers for awareness among women and children, identification, referral, adherence and follow up for TB patients</p>			<p>August 2012</p> <p>Visibility of VMM through re-structuring of website</p>
<p>February 2013</p> <p>VMM implementing PPTCT programme has scored 92% during the external evaluation</p>			<p>September 2012</p> <p>Swetcha Gora Eye bank awarded in India book of records</p>
<p>January 2013</p> <p>Succeed in advocacy efforts with AP State AIDS control society for issuing guidelines on implementation of Pap smear test to screen for cervical cancer among women Living with HIV at ART centers in Andhra Pradesh</p>	<p>December 2012</p> <p>26 students has successfully completed MPH(F) in distinction</p>	<p>November 2012</p> <p>International HIV/AIDS Alliance – Field review team for Accreditation visited</p>	<p>October 2012</p> <p>Succeed in Advocacy efforts in bringing government order on Double ration to children on INH or DOTS Poster released on Child Sex ration with the support from Indra Kanthi Padham for wider distribution</p>



VASAVYA MAHILA MANDALI

40-9/1-19, Vasavya Nagar, Benz Circle, Vijayawada-10

Krishna District, Andhra Pradesh, INDIA

Phone : +918662470966, 2489784

E-Mail : vasavyamm@sify.com

Website : www.vasavya.org