
**Capacity building of Partner NGOs of
Livelihood Recovery project for the Earthquake Displaced
and Migrant Salt Industry Workers in Gujarat
A consolidated report of
Training Needs Assessment**

International Organisation for Migration, Gujarat, India

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Conducted and reported by



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Executive Summary

Migrant community is neglected and deprived section of society. One of the most deprived communities among the migrant population is the salt industries workers' community, which lead a substandard life, works in adverse conditions, ignored environment and have no access to land in towns and villages with government –provided amenities, including health and education for their children. The migrants' lives rotate between irregular work at the saltpans and their scattered houses in remote hamlets bordering the desert known as Little Runn of Kutch.

During the needs assessment visit, it was observed that water scarcity is a major problem prevalent in this area. Approximately 80% of the community was found anemic and undernourished. The elder child is less likely to receive adequate food sustenance which in turn translates into inadequate nutritional intake, especially in food-insecure households, and those at or below the poverty dictum line. 90% of the adolescent boys and men were addicted to smoking/gutkha, despite being aware of its adverse effects like cancer, tuberculosis, etc. About 95% of migrant community including the children, men and women suffer from skin diseases like blisters, edema, itching etc. Sanitation in the village was poor. There was no drainage and wastewater was collected in the village. There is a separate tent-toilet (temporary four walled open sky structure) for women but men do not have access to this facility. The community workers teeth are yellow, pale in color and clothes and hair dirty.

Adequate health and nutrition is key to an individual physical and emotional development. As evidenced by this report, a number of strategies can be used to improve the nutritional health and education of children in an interactive, fun and comprehensive manner. Care should be taken to ensure that girl child could have access to nutrient dense foods which will help to ensure her growth and development into healthy adolescent and woman. Education in the schools can target this particular group to ensure proper understanding of the implications for inadequate nutrition and to improve the health status. As we know this particular group has a lot of family and care-taking responsibilities. It is precisely these activities, and inadequate nutrition that lead to iron deficiency in the child, which has the result of affecting the ability to perform household duties and contributes to one's tiredness (anemia). If health, education and water problem is solved then about 80 % of the problem is abate.

From the needs assessment deliberations and observations, CHETNA will conduct a training of organizational leaders and coordinators from partner NGOs through a two-tier process and on the basis of which the future training strategy for training of trainers will be developed.

Acknowledgements

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Introduction and Background

Migrant community is neglected and deprived section of society. Due to geographical instability they are unable to receive general government facilities like goods on subsidized cost (Public Distribution System) and remain out-of-coverage of basic health, education and development services. One of the most deprived communities among the migrant population is the salt industries workers' community, which works in adverse conditions, ignored environment and far off from communities/infrastructure/health facilities. The salt workers work in amidst harsh and barren climate of blistering heat during the day and cold winds during the night. Most of them are migrant workers who live in make shift shelters made of mud and straw to ameliorate the living conditions of the salt workers.

International Organisation for Migration (IOM), Geneva, Switzerland aims to help nations and populations in the aftermath of emergency situations by helping them in the reconstruction of interrupted health structures and training of health personnel. Providing healthcare for Migrating and displaced people is one of the traditional and long standing service areas in IOM.

In reacting to calamities, emergencies and conflicts, speed and flexibility are essential if humanitarian needs are to be properly met. Displaced and migrant people often find themselves without protection or recourse, either from their own government or in the country where they are working. IOM is dedicated to assist them in distress.

With the agenda to help displaced and migrant salt industry workers in Gujarat after the devastating earthquake in 2001, IOM is involved in contributing to the overall process of reconstruction and revitalization of the economy in the earthquake affected areas through improving the living conditions and restoration of the livelihood of earthquake and displaced migrant workers. IOM is implementing the Livelihood Recovery Project for the earth-quake-displaced and Migrant salt workers in Gujarat with financial support from the European Union.

NGO project partners of IOM in Gujarat: -
1. Yusuf Meherally Centre-Mundra (YMC)

2. Prayas-Anjar
3. Samarth-Rapar
4. Paryavaran Vikas Kendra and Anandi-Maliya
5. Setu-Jodiya
6. Utthan-Rajula

Location and coverage: Marine salt pans spread along the districts of Kutch (Mundra, Anjar, Rapar, Maliya, Jodiya and Rajula)

IOM's Objectives of Health intervention:

1. To impart training to about 1000 migrant salt workers on prevention of occupational health hazards.
2. To impart training to about 200 women on preventive health and hygiene who will in turn work as motivators/ educators in the community.
3. To build capacities of local community and NGOs to plan and implement sound responses to emergencies.
4. To train 100 selected children on the concept of Child-to-Child and prepare them as health promoters in the community.

Role of CHETNA

CHETNA is a non-government support organisation, whose mission is to contribute in empowerment of disadvantaged women, adolescents and children to gain control over their own health and that of their families and communities. CHETNA is a training and resource organisation working since 1980 in the areas of Health, Education and Developmental concerning disadvantaged children, adolescents and women in the life cycle approach. CHETNA has been entrusted with the responsibility of supporting the IOM and its partner NGOs working with the migrant salt workers in Kutch area in effective implementation of the Health programme. CHETNA as a technical partner envisaged to effectively contributing in building capacities of project stakeholders for training field and community workers in improving the health and nutrition/living conditions of the displaced and migrant salt industry workers and their families.

A four phase training strategy has been formulated by CHETNA as follows:

1. Training Needs Assessment through a visit to the field area and interview/focus group discussion with the concerned functionaries and community members
2. Training for capacity building of NGO functionaries
3. Follow up and support at the field level trainings to NGO functionaries
4. Documentation

Training Needs Assessment

As a part of the process, a Needs Assessment visit was conducted by CHETNA during November 5-7, 2003. Two of the CHETNA team members with the project coordinator of IOM visited the salt pan areas to observe and understand the situation, to

understand the role the local identified NGOs are playing and identify their training needs. The team had taken interviews of seven NGO functionaries and four persons in the community and held focus group discussion with 71 women, 22 men and 18 adolescents.

The team also met with the Deputy Salt Commissioner, Government of Gujarat and collected information, documents related to the policies, schemes and services available to the saltpan workers. **Please refer annexure-1 for the documents.**

Objectives of the needs assessment visit:

- To assess status of and understand needs to improve Health, Education, livelihood and well being of salt workers.
- To understand and elaborate training needs of NGO partners and community workers.

Methodology

This process included developing a questionnaire and interview schedules for partner NGOs functionaries and some community members in Gujarati language. Focus group discussion was also held with the community members. Four partner NGOs were selected for the needs assessment visits.

	Area	Methodology	Strength (persons)
NGOs	YMC (Mundra), Prayas (Anjar), Setu (Jodiya), PVK (Maliya)	- Questionnaire - Focus group Discussion	7
Villages	Utbet and Zhinzhoda	• Interview • -Focus group discussion with Homogenous and heterogeneous group	4 34
Salt pans	1 Neelkanth salts 2 Surajbri salt works 3 Khadi Vistar 4 Mundra	Focus group discussion with Homogenous and heterogeneous group	67

Observations

The observations and information collected during the needs assessment visit are as under:

The migrant workers spend about eight months at the saltpans and four months in source villages. They are paid a fixed amount of Rs. 4000/-for working for eight

months, out of which they withdraw about Rs.200/- per month for expenses on food or medicines for common ailments etc. They have to pay for their water consumption also from this amount, which leaves them with hardly Rs.1400/- after getting deducted their expenses for working hard for 8 months and putting their life to risk. They often borrow extra money from the owners and to repay the debt, they have to come back to the same owner for the work at their terms and get exploited in the process, as they are not in a position to bargain. The migrant people work in the saltpan areas in spite of facing enormous problem because there is no source of employment and instead of working in the agricultural/cultivation area they prefer this because at least it is a stable job and they don't have to work for a full day.

Natural calamities such as earthquake had affected some villages very badly during the period of present study. They expressed that life could be better if we learn to understand nature and take necessary action to meet the adversities created by nature fury.

Occupational health and Safety kit

They have to work for long hours in salt waters in the sunlight. They perspire and lose lot of water. They face health problems like itching all over their bodies, low vision, dehydration and tiredness. IOM has provided the workers with a safety kit but that is hardly used. They find it difficult to manage to work with gumboots for long hours and even water enters into the shoes and this results in disturbance to their work.

The glasses provided by IOM are reflection free but not worn by the migrant salt workers, as community believes that there is reflection of the sunlight and so they are unable to see properly while working. The females use their dupatta, tie over the head and wear chappals whereas males wear sole of tube tyres.

What needs to be done?

They should be imparted awareness on adopting new practices rather than sticking to their traditional practices and give knowledge on the use of IOM safety kit.

General observations

- The salt manufactures show the migrant salt workers as casual laborers so that they are not liable to provide the necessary health, education, crèche or housing services etc. and also to remain out of the tax net. The migratory nature of the community also prevents the creation of any permanent structures/houses or set up services.
- The majority of the grass root level functionaries and community members are unaware of Government policies, schemes and programmes for salt industries' workers. For example, **Universal health insurance scheme** and **Janta personal accident cover** for salt workers *in which the sum insured is Rs.25,000/worker/annum and premium is Rs.15/worker/annum.*
- As per the government, there is a provision or augmentation of medical facilities including conducting Health/cum-Eye Camp, which is organised minimum once

a year. However it was reported that the camps are organized at such timings, which are not convenient to the labourers. Efforts are being made to change the situation. In year 2003, the government organised one health camp in Secundarabad and the next is planned in January 2004, however, in the Runn of Kutch such camps are not organised.

- All the saltpan areas, as they are at a minimum distance of about 10-15 kilometers from a village, where the ICDS or health/education services are available, except the source villages do not come into the purview of Integrated Child Development Services (ICDS), primary health /sub centre or a school. Thus the expectant/nursing mothers, infants and young children have no health, educational or developmental facilities.
- Due to prevailing environmental conditions especially dryness, men and adolescent boys are in the habit of smoking bidi, (1-2 packets daily) and chewing tobacco (3-4 packets/day). They believe that smoking generate heat inside their body and help in overcoming the humidity. Most of them said that these habits affect their health adversely like causing Cancer, TB, etc. But still they are addicted as this gives them a kick when they feel tired and also give them energy to work for long hours in sunlight.
- Children, adolescent girls and pregnant women are anemic. The symptoms that proved: nails were pale in color, and adolescent girls said that they feel tired and weak. In one case a two months old infant was found severely underweight, his face gave monkey appearance. The mother was also found underweight. The mother had not taken any green leafy vegetables, iron rich foods and vitamin A rich foods in her diet during pregnancy and strived mainly on their staple diet.
- Due to water scarcity they do not take bath regularly. It was found that mostly adults take bath without soap once in a month and children in 15 days.
- Migrant salt workers spend most of their time in saline water so they suffer from various skin related problems .The YMC field worker reported that the prevalence of skin disease is 99% in Mundra. It was also found that majority of migrant salt workers suffer from blisters, edema, itching as they have to work continuously for at least 15 hours a day in saline water during peak season.
- The people in the community feel that if they take medicines they feel hot. Furthermore the climatic conditions being humid in working area make them feel hot, so they avoid taking medicines that affect their job work. They went to private hospital/clinic only as a last resort.
- It was also observed that most of the men couldn't sit in an upright position because of the back pain, as they have to work continuously in a particular position for long hours in saltpan areas.

Case studies:

- In Maliya, one girl was facing the problem of enlarged uterus, when some pressure was exerted in that area she felt pain. She always feels uncomfortable while sitting and walking and she does everything in standing position.
- In *Nilkanth* village, an infant was hardly one month old and was found malnourished and underweight, his survival chance looked very less.

- In Zhinzhoda village of Jodiya district, 5 children and 2 adults (50-60 years) working in saltpan area died due to malaria fever and lack of health services.
- One study reveals that one woman went for an operation and coincidentally the same time 2 of her sons died. This led to the misconception, due to which they do not opt for the operation. The women are aware of the Copper –T but the males are unaware of family planning methods.

While interviewing NGO partner functionaries and some of the community members, following difficulties/gaps were shared with the CHETNA team:

Nutrition

Their daily diet includes cereals, pulses, chapatti, khichri, potato, black tea, onions, bajra *indigenous bread (roti)*, fish, garlic chutney, moong, gavarfali, tomato, fenugreek leaves, bittergourd, green chilly to get a spicy flavor and eat no fruits. The fruits like banana and apple are purchased only on the special demand of the children.

It was learnt that the availability of food, especially the green leafy vegetables etc. is limited to the source villages. The saltpan areas lack the availability and can consume fresh vegetables and fruits once in a while when they go to the market, and when they have money to purchase them.

However due to inaccessibility of appropriate nutrition, both in quality and quantity, due to poverty, distance and some fallacies, children, adolescents (especially girls) and women (especially during the pregnancy and nursing period) do not get enough to eat or do not eat quality food, so they are at increased risk of infections and diseases. Infections are often more severe in malnourished children and women which is often seen in this saltpan areas.

Women bear the sole responsibility of cooking and feeding. In absence of proper plates and vessels, the family eats food in the bowl, or on the newspaper, which affect the food hygiene. The father takes no care even if the child is crying in absence of the mother. Washing hands before eating is not followed. The responsibility of the males is to visit the nearby village twice a month to buy the vegetables, ration, cereals, and other food items for the 15 days. They buy limited vegetables for 2 days in advance because they do not have the facilities to store them. Rest of the days they survive on their staple cereals. If they do not pay the money once while buying ration/vegetables then they are not able to buy on credit next time from that particular shop.

What needs to be done?

- Orient the community about the balanced diet and promote use of nutritious foods locally available at low cost.
- Improve community and family knowledge about appropriate nutrition, eating habits, food hygiene and nutritional requirements for children and women at various stages of their lives.

- Increase availability of ration and fruits/vegetables in the saltpan area, as it will save their transportation expenses.

Care during pregnancy

The nutritional needs of pregnant women increase to ensure her and the foetus's health. They could fulfill their nutritional needs by consuming more quantity (one and a half times of their normal diet) of the food that is cooked for all the family members. In these areas, the pregnant woman is provided with ghee during the last month of pregnancy, and the families, which can't afford give oil instead of ghee. However, the pregnant women are not given green leafy vegetables, Vitamin A and Iron rich foods. They are unaware about the term and importance of Vitamin -A, IFA tablet.

The Antenatal care and services are not available as the Anganwadi, primary health center or a sub center is far away from the saltpans. The deliveries are generally conducted at home without the safe delivery kit, in severe cases they go to the hospital. No Trained Birth Attendant (TBA) is available in the village; the elder and experienced person in the community performs the delivery. Community members visit the doctor in the nearby city. The treatment along with the transportation turns out to be very expensive. TBA uses the traditional practices and conducts the delivery in unhygienic conditions. Only the male partner and a female are allowed to enter that room. As per their tradition, they only have one lamp in the delivery room.

What needs to be done?

- Develop advocacy skills of NGOs to ensure accessibility to nutrition, health care and developmental services.
- The government should work out strategies to provide ICDS, primary health care services to the saltpan areas. They should have the facility of PHC, regular visit of AWW and Health worker in the community for preventive and curative/referral services.
- Enhancing awareness on the importance of nutritious diet to combat anemia, Vitamin A and care during pregnancy, and also strengthen the public distribution system for food security.
- Enhancement of awareness to NGOs to have a better liaisoning with the government functionaries and also there should be provision of immunization to the infant and young children. The NGO should be given training for developing skills in participatory learning and leadership.

Diet of a Nursing mother

During 1-¼ months after delivery the lactating mother is not allowed to consume curd/milk. They only prefer sira, bajra roti; as they are believed to be generating heat inside the body. Their diet includes vegetables, pulses, milk, coconut, buttermilk, porridge, laddoo, special health food and specifically fenugreek leaves to increase breast-milk.

What needs to be done?

The government should extend their nutrition, health and developmental programmes to the unreachable group like migrant salt workers.

Breast-feeding and complementary food

The mother breast-feeds her child 3 days after the birth. Meanwhile, the infant is given jaggery water. Before breastfeeding the child, mothers' breast is washed and cleaned with hot water, the initial milk is ejected; and then the child sucks the mother's breast because they believe that the milk ejected during the initial phase is dirty and not good for child's health.

Supplementary feeding starts from 7-8th month in this area. The child's diet includes biscuit, khichri, black tea, boiled vegetables, indigenous bread (rotli), boiled dal, rice, etc.

The knowledge on exclusive breastfeeding is very important as the observation reveals that this is the main cause of childhood diseases and increase in infant mortality rate (IMR) and MMR which leads to spread of diseases and infections.

What needs to be done?

- Equipping the community with information and education on Nutrition, such as exclusive breastfeeding, introducing age appropriate supplementary foods which could be prepared at low cost and from the regular home foods, taking care of the malnourished child, especially to prevent night blindness and other diseases and infections.
- Introduce community meal schemes for younger children. Efforts should be made to ensure availability of vegetables; cereals in the saltpan areas like vendor should visit the area twice a week.

Immunization

Facilities like immunization for children and health check-ups are not available. The pregnant women are also not given tetanus toxoid (TT) vaccine to prevent tetanus. Also people are not aware about the need and importance of immunization.

Health concerns

The main health problems faced by the community are narrated below:

Men	Women	Children
Edema	Anemia	Fever
Swelling in foot/hand	Back pain/abdominal	Cough/cold
Skin cramps	pain	Vomiting
Low vision	Tiredness	Diarrhoea
Lethargic /tiredness	Blisters	Numbness
Blisters	Ulcers	Worm infestation
Ulcers	Headache	Cholera
	Swelling in foot /hand	Blisters
	Itching	

Reproductive health

Due to lack of water and privacy, menstrual hygiene among adolescent girls and women result in reproductive tract infections (RTIs), such as white discharge. During menstruation period adolescents feel lethargic and tired, and due to water scarcity they do not bathe and clean their vagina/reproductive organs. They use cloth as sanitary pad and hide the cloth in dark and damp places, which result in causing infection. During this time as there is loss of blood and inadequate dietary iron intake so majority of them suffer from anemia.

Health services

Doctors, Auxiliary Nurse Midwife (ANM) and para medical workers and ICDS-Anganwadi workers (AWW) do not visit the saltpan areas regularly. Access to health services and supplies is inadequate. The AWWs are not aware of the benefits of initiating breast-feeding in the first few hours of delivery. Also there is no distribution of iron folic acid tablet (IFA) and ICDS services in these areas. Only less than half of the individuals suffering from any health problem actually received medical treatment.

As per the government, the medicines are provided to the salt workers free of cost however the areas in which need assessment was done did not have this facility. This is primarily due to two main reasons-the distance they had to travel in order to reach the nearest clinic and their inability to pay for the treatment and medicines. When asked where they went for the medical treatment, they said that they tried home remedies. If there was no improvement, they went to the witch doctor in the nearby village. If that treatment also didn't work, then as a last resort, they went to a private hospital/clinic. Some of the traditional remedies are given as below:

Disease	Traditional treatment
Cough/cold	Jaggery raab
Vomiting/diarrhoea	Lemon water
Fever	Visit <i>witch doctor</i>
Blister	Apply <i>mehndi</i> on that part of the body

There is a provision of mobile van in each salt area, which actually visits the areas and provide medicines free of cost for minor ailments like fever, diarrhoea. However this is working in only two districts namely: Secunderabad and Patan.

Health checkups are regularly organised by the government but the target population cannot receive it. There is a provision of mobile van in Mundra taluka through YMC, which visits the saltpan area once in a month. In Jhinjhoda source village, Anganwadi worker provides services to the community like immunization, providing medicines for minor ailments free of cost, visit of PHC once a month, keeping a record of the check-ups of the pregnant women and children's immunization. The Anganwadi Worker

(AWW) informs the Health Worker (HW) to whom to give the vaccination through her records and also inform the parents on the day of the child's vaccination not to go to salt pan areas for work. The position of AWW in the saltpan areas is zilch.

In Maliya, the migrant salt workers said that we were the first NGO to visit and analyze their situation.

The NGOs need to develop alliance and negotiate with the government functionaries for effective implementation of health and development programmes at the community level. At the same time they have to inform and enable the community members for utilization of the services.

The ICDS services are available only in the source village but the place where migrant salt worker resides for 8 months have no facility of AWW/PHC visit. No health check-ups and other facilities are available. According to the ICDS scheme, an Anganwadi is set up at the population of 1000 and a PHC is set up at the place where they can cater to a population of 25,000. The AWW cannot be sent to the saltpan areas. The Salt Commissioner says that health problems are to be solved by the health department but the health department says that migrant salt workers are casual laborers and we couldn't do anything about them as well as their families and children. The government schemes have provision of providing mobile van to the NGOs/salt manufacturers where 70% will be paid by the government and rest of the charges as well as the maintenance has to be paid by the salt manufacturers or concerned NGO.

Thus the state government has no worker friendly policies, schemes or programmes for the migrant salt workers, which are actually being implemented at the ground level.

Family planning

The community believes that the arrival of newborn child is by the God's grace; more children more will be the labor force. They felt that a son cares for his parents in their old age, gave financial support and brought the next generation. Due to this belief, the women have to go through too many, too close pregnancies. Most families had 11 children out of which 3- 4 die during the delivery time and community believes it's a normal happening. There should be awareness as well as provision of contraceptive services along with counseling to ensure on birth spacing. The women are eager to adopt the family planning operation method but the males are not in favor as they feel that after the operation the women will need rest for a month, which will disturb their working schedules.

Gender disparities prevail in this community. Women are burdened with the household, child bearing/rearing tasks and economic activities. They do not have a say in sexual activities, including use of contraceptives or childbirth. Women have to prepare food and perform household activities in the early morning (4am) and then go to work and come back by afternoon where again they have to prepare food and take care of the children. During the peak season they have to prepare food for the evening and again go for the job in the night and return in the early morning. The women have

to support their husbands in the job-works. The women are engaged in the work till the last day before the delivery and move back to work after five days of the delivery so that the work does not get affected.

What needs to be done?

The women and men should be sensitized towards gender equality and imparted awareness on issues like family planning. RTI/STD should be the major issue of focus. Women should be convinced about use of contraceptive methods. Enhance awareness on women empowerment, as they are unable to speak for their thoughts.

Water

The industry owner through a tanker, which comes every alternate day, makes drinking water available at the saltpans. In villages, the water for cleansing and bathing comes from well. There is a shortage of water in villages. For villages the availability of water is at the distance of about 3-5 kilometers. There is no use of chlorinated tablets in drinking and washing.

It was found that at the end of their work season, their expense on usage of water is deducted from their salary. The community members had to pay half of their total salary i.e. Rs. 4000/- that they earn in 8 months for water. So they try to use less water and have bathing only once in 15-30 days. In saltpan areas more water is necessary for drinking and for household needs (washing, cleaning, bathing, etc.) but they hardly use 5 buckets of water per family of about 12 members once in two days for various purposes.

Availability of water in close proximity of their residence could reduce the physical burden on adolescent girls and women to walk long distances to fetch water for their family needs. Appropriate indigenous technology could be used to conserve ground water by constructing pipeline/natural leaching.

To provide water, the government has implemented a pipeline landline so that tanker can come from short distance i.e.3 km rather than 20 km and save the transportation services but the actual situation is that the salt manufacturer saves the money in his pockets by charging migrant salt workers and they are totally unaware of that.

Personal hygiene

The men and women who go to the saltpan area for work take bath daily with water but when they are off duty and away from saltpans, they take bath once a month. Only children take bath and change their clothes after 15 days. It was observed that their teeth are yellow pale in color and clothes and hair dirty. During the discussion with the community members it was found that no one in the community brushes teeth. The women and adolescent girls wear under garments only during the menstruation period. They wash the used clothes daily during the menstrual cycle but change the clothes

after 2 months. If the teacher tries to give information at the school on personal hygiene, the children go back home and do not attend the school the next day.

Awareness on the importance of brushing the teeth personal hygiene/cleanliness should be given.

Sanitation

Sanitation in the village was poor. There was no drainage and wastewater was collected in the village. There is a separate tent-toilet for women but men do not have this facility. Children passed their urine and defecated in the same place where they sit, play, eat and spend most of their time. There is no tradition of washing hands with water/soap/ash after defecation.

The Government of India's Namak Mazdoor Awaas Yojana (NMAY) scheme mentions the construction of sanitary latrines. A system of the drainage from the houses is also recommended to avoid overflow from the kitchen, bathroom, etc. However due to the water scarcity the maintenance of sanitary latrines is a problem. Most of the latrines are used as storeroom.

Education

The children pass their time by going with their parents to the work area /playing cards instead of getting education. The elder children have to take care of the younger siblings at home. The girls have to do the household work and care for the children whereas the adolescent boys are involved in the saltpan areas. Only the young boys and girls can go to school that also up to 7th standard because the school doesn't have the facility to provide secondary school education. If boys are intelligent then they go to other village to pursue for his higher studies, as there is no facility of higher education in their own areas. The girls are engaged in household activities and income generation activities. It was found that the literacy rate among 0-14 years is 10% in Mundra.

The government teachers are not available in the village, as they are preoccupied with other work like election, census. So they can't pay enough attention to the children and also as majority of the teachers belong to Rajasthan they have difficulty in speaking, which create language barrier among the teachers and students.

The education coordinator of the Yusuf Meherally Centre (YMC) organization selects the schoolteachers. The education coordinator does the training, provides guidance to the teachers and supervises them. The school timings are from 8 am to 12.30 pm where they are taught the syllabus that is prescribed by the government and the children give their exams in their source village school. During the exams teachers write the questions with answers on the blackboard and students have to copy them, which is their final exam. So the children lack interest in the formal education. The entry and record of attendance of the children is kept in source village school. The linkages between the two schools were possible only by the efforts of the Education

Coordinator. The students attend the school in the saltpan area and their attendance record is sent to the source village where they appear for the exams.

The teachers face a big problem as they teach around 50 students at a time and there is variation in their standard. The teacher takes one class and rest of the classes does their written work or do gossip and next day next class is taken up. Thus one standard has a class once in a week. Some of the positive experiences were:

A grandmother felt happy when she came to realize that her grand child can now weigh the fish, can calculate its price and keep its record.
A mother exclaimed with joy: My son can read the board on bus stand, and can tell the destination of the bus.

Besides formal teaching, various extra curricular activities on special occasion are introduced to children like cricket, garbha, poetry, song, etc. Yusuf Meherally Centre didn't receive any support initially from the government but after they achieved their goals, government is funding them. They have initially introduced the non-formal education, so that children get interested to attend the school. Then they have gradually incorporated the formal education in their teaching. They are offering saving facilities to the parents where they deposit 50 rupees per month, so that if there is a shortage of fund the children's education doesn't suffer. (For detail analysis on needs assessment visit, please see annexure 1)

During the need assessment visit in the schools, the constitutional mandate to universalize primary education up to the age of 14 years seemed like a far cry! . The main reason appeared to be that education had no utilitarian value in the saltpan areas' day-to-day life. Assisting the parents in income generating work and looking after the younger siblings seemed more important than going to a school which neither had adequate buildings and infrastructure nor a motivated teacher.

There is lack of infrastructure facilities and lack of knowledge of government schemes like setting up of library. The government functionaries say they are ready to fund but in ground reality it does not happen and believes NGO had to set up a school for imparting education. Secondly as the observation reveals setting up of day care centre, the government is providing the infrastructure facility that its not being implemented as majority of the NGO nor the community members are aware of it and even the alternate schooling programme is not being implemented at the ground level.

Awareness about Rights

They are not aware of any human/child rights. The migrant salt workers have the right to vote but the selection for whom to vote is on the basis what the head of the village recommends. The information on how to use computerized voting system is given to them. They need to be sensitized because they feel that they don't need any rights and nor they hope for them as they are happy with what they have. The community should be aware of their rights and responsibility and fight for them. It is crucial to sensitize the community about the government schemes and programmes so that migrant salt workers can get benefit from it. To develop a resource team from the

community to build and develop leadership skills and train community members and to encourage them to build capacity for developing income generation facilities is crucial. To create awareness on government schemes and programmes in the community is urgently required.

Conclusion

Overall the need assessment process was found useful to create a common understanding about the situation of people especially their dietary habits, accessibility to some of the basic services concerns affecting their overall development and efforts of IOM NGO partners and the role of all stakeholders. CHETNA and partner NGOs will reach out to the un-reached beneficiaries and will develop a specific action plan jointly. Looking at the need for subject knowledge and training skills it is recommended that training of trainers be organized in two phases.

NGO Field workers were found to be enthusiastic, active and concerned for the work. It was felt that awareness at field level about causes of ill health and malnutrition, low level of education and need for antenatal care is required. Village peoples' openness for obtaining new scientific information and for learning was clearly evident.

Recommendations

On basis of the observations, focus interviews and analysis of the questionnaire; following are some of the emerged needs:

Capacity Building Needs

The needs assessment deliberations and observations indicated the need for Training of partner NGOs as Trainers and conducting a training of organizational leaders and co-ordinators from partner NGOs through a two-tier process. The major objectives of this capacity building effort would be:

- Building perspective of the NGO partners about the situation of the migratory salt workers, need and strategic intervention through the project
- Enhancing knowledge regarding Health/Education/developmental concerns of migrant salt workers
- Developing skills in participatory training, communication, leadership, project management, advocacy, linkages, innovative health education approaches.
 - Developing functionaries in to social change agents
 - Strengthening their capacity for training of women health volunteers, teachers and young students belonging to saltpan areas.
- Capacity building of selected community members, especially women and children by the trained NGO functionaries to enable them to work as social

change agents addressing nutrition, health and developmental needs in the right perspective.

Nutrition

- Orient parents and field workers about nutrition, available food items in the area, safe healthy food habits/practices and its relation with growth monitoring.
- Build skills and capacity for developing IEC material on nutrition and health/hygiene/ immunization/safe mother hood/safe drinking water and family planning.
- Enhance the NGO capacity to conduct activity oriented Health Nutrition awareness campaigns.

Health

- Develop semi permanent medical structure for providing basic health services.
- Strengthen the functioning of health services, free of cost in these remote areas.
- Develop a strategy to involve males into safe motherhood and childcare.
- Enhance advocacy skills of NGO functionaries to work with the government, Health department and Water /Sanitation department for getting required health services/facilities for the community.

Education

- Build and develop leadership skills among the members of the community.
- Initiate and develop day care centers/mobile crèches for the children as parents go for work.
- Strengthen the liaisoning with the education department to improve education and increase the facility of formal schools beyond the 7th class. To recruit qualified teachers who are at least matriculation pass.

Water/sanitation

- Provide water supply by adopting natural leaching method as the other methods adopted have failed due to saline water in Runn of the Kutch areas.

Income generation

- Develop and negotiate alliance with near by village-city marketing federations, panchayat for allowing displays of their home made products on occasions and special days.
- Encourage women to develop home-based arts-crafts to have additional income so that elder children can go to schools.
- Initiate Self Help Groups among the migrant salt workers particularly women so that they can share their experiences and problems and learn from each other.
- Initiate group of young people among migrant salt workers for income generation activities and vocational guidance.

Rights

- To make people aware about their rights.
- Create a platform where women can articulate their problems.
- Create awareness on government schemes and programmes and provide required support to utilize the same in the community.

Health

- Awareness on safe drinking water /personal hygiene and cleanliness
- Safe motherhood
- Sanitation
- Preventive and curative measures of:
 - Diarrhoea
 - Worm infestation
 - Skin diseases
- Use of medical kit and IOM safety kit for migrant salt workers
- Adverse effects of smoking and tobacco

Nutrition

- Nutrition -balanced diet/RDA /malnutrition
- Anemia counseling on iron rich foods and Iron folic acid tablet and vitamin A supplementation.
- Nutrition and essential care during pregnancy and breast-feeding.

Education

- Promoting non-formal education
- Providing life skills education to children, young people .

General development

- Gender sensitivity
- Human/child rights
- Male responsibility
- Women/children's empowerment

Participatory learning training approaches

- Introduce participatory training methodology of learning
- Child-to-Child concept for enabling children

Advocacy-developing linkages/coordination with govt./other NGOs

- How to advocate with the various govt. departments like health, water and sanitation department.
- How to advocate for their rights that are available to them.

Leadership

- Build and develop leadership among the members of the community.
- Programme planning and management, with focus on monitoring and evaluation.

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- Communication for behaviour change, inter personal communication, developing/using IEC material effectively.
- Conducting activity oriented Health Nutrition awareness campaigns.

Future plans

1. The needs assessment visit analysis will be shared with IOM project coordinators and concerned NGOs.
2. A list of emerging training needs will also be shared with them and on the basis of which the future training strategy for training of trainers will be developed.
3. Organise the Training Of Trainers for the partner NGOs.

Annexure-1 Observation Matrix

Reality in the area	Issues identified	Major actors	Personal barriers	Family barriers	Social barriers	System barriers	Ac Re
Smoke bidi (1-2 packets daily), Chew tobacco (3-4 packets daily)	A habit of smoking bidis and its effects on environment	Men Adolescent boys	Fatigue and heat due to work and environment condition	-	-		Aw the sm NG an pro

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Take bath once in a month Wear unclean clothes and have uncombed hair	-Inadequate water supply -Lack of awareness on personal hygiene and cleanliness.	People of community, Government functionaries and Salt industry manufacturers	Lack of knowledge and importance of cleanliness and personal hygiene. -lack of knowledge on rights	-	-	-Lack of water supply. -Government provides tanker to salt manufacturers who use these for personal needs and if they supply water they charge money.	Cre aw NG an pro var go fac pro sal Cre aw pe hy
Skin observation: Bilsters Edema Swollen feet Itching	Lack of awareness to use IOM safety kit. -Quality of apparatuses provided in the safety kit	Working men Women and children of the saltpan community	-Lack of awareness -Wrong notions on use of safety kit	-	-	- Not providing latest equipments and resources to workers.	-Sl cor sal -Cr aw its
Adolescent girls and pregnant women were weak. and felt tired. Infant were underweight and undernourished	-Anemia -Malnutrition -Inadequate dietary intake and inaccessibility of appropriate nutrition -Poverty	Adolescent girls, pregnant women and children of the saltpan community.	Lack of awareness	Pregnant women have to eat the same food as that of the family members	-	-	Cre aw die imp gre ve Av acc GL foo sal
Community members feel hot while taking medicines.	Lack of knowledge for treatment at initial phase.	Working men and women of salt pan industry	Feel hot while taking medicines.	Poverty		Myths and beliefs.	Aw the tre
Men unable to sit in an upright position.	Suffer back pain; work continuously in a particular position for long hours.	Working men and women of salt pan industry	-	-	-	-	-

Health Education Need Assessment Matrix

Issues Identified	Primary Actors	Input Acquired	Role of Health Promoter	Knowledge Required for Health Promoter	Skills required for Health Promoter	Knowledge required for the Trainer	Skills required for the Trainer
Lack of education related to health, nutrition and personal hygiene.	Community members NGOs	Awareness on health, nutrition and personal hygiene.	To impart training to the community members	Health, nutrition, safe motherhood,	Leadership, Communication and Participatory Learning	Health and nutrition	Advocacy, leadership, strengthen skills as trainer
Lack of access to health services	Community members NGOs Government functionaries	Health check-ups at the onset of season change Accessibility of Mobile van clinic	Facilitator	Knowledge about Government schemes and programmes Liasoning with AWW and make sure of services utilize by the beneficiaries and reaching of the services to the beneficiaries.	Liasoning, convincing the community worker	To be able to raise voice for community worker rights.	Advocacy, Build skills Liasoning with government
Awareness of exclusive breast – feeding	Dai, health promoter, community members	Create awareness on the importance of breastfeeding and its role in prevention of many diseases among children.	Trainer	Delivery ANC/PNC/IN C Child care	To train the Dai and convince the community members to adopt right practice.	Safe motherhood	
Family planning	Community members Health promoters	Enhance knowledge on birth spacing, STD/RTIs, HIV/AIDS, use of contraceptives	Trainer	Knowledge and Awareness on family planning and build resource team from the	Participatory learning	Enhance awareness on family planning	Leadership skills, capacity building skills

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				community			

Annexure-3

Livelihood recovery project for the earthquake Displaced and Migrant Salt Industry Works – International Organisational for Migration (IOM) sponsored programme.

TRAINING NEEDS ASSESSMENT

Name

Designation

Organization

fieldwork

Full abbreviation of organization

Phone no:

Fax no:

Email Id:

Organization registration no.

What are organization goals, objectives and activities?

No. of total employees of the organization

Male

Female

Permanent/regular

Temporary

Voluntary

What are the activities carried out by the organization under IOM project at present

Nature of work/activities under IOM project

To offer services

Training

Research

Health and nutrition education

Which educational aids are used?

Self-made

Obtained from other organization

Any other

Under IOM Project, which issues is your organization working on?

What are the health problems of your field area?

What are the activities with the migrant salt workers?

What are the constraints faced by you

Do you have meetings/trainings/evaluation/exchange of experiences with the IOM and partner organisations? If yes, when and how?

What is the future plan for IOM project?

What type of capacity building/training is necessary for this work?

- To enhance the capacity/check the dictionary
- Which topics should be included in the training?

Annexure-4

Training of Trainers (TOT) for Capacity Building of International Organisation for Migration (IOM) partner NGOs

Dates	December 29,2003 to January 2, 2004
Venue	Kanubhai Dahyabhai CHETNA Pravrutti Kendra 1834,Desai ni Pole, Opp. R.B.R.C girls High School Khadia, Ahmedabad-380001 Ph: 91-79-2149938, Telefax- 2113005 Email: chetna@icenet.net Website: www.chetnaindia.org
Participants	21 NGO functionaries and schoolteachers of IOM, NGO partners
Organiser	IOM, Ahmedabad
Resource Organisation	Child Resource Centre (CRC)-CHETNA, Ahmedabad
Resource Persons	Mr. Sujit Kumar (SK), IOM Ms Minaxi Shukla (MS), CHETNA Ms Ila Vakharia (IV), CHETNA Ms Shruti Shah (SS), CHETNA Vd. Laxmi Bhatt (LB), CHETNA Ms Arati Trivedi (AT), CHETNA Ms Gayatri Bain Kiri (GBK), CHETNA Mr. Kulin Deshmukh (KD), CHETNA Mr. M. A. Ansari (MAA) Mr. Ratibhai Parmar (Shramik Seva Sansthan)

Objectives of the TOT

1. To build perspective of the participants about health, education and development in the context of migrant salt workers.
2. To enhance knowledge regarding Health/Education/development of migrant salt workers with special focus on environmental sanitation, personal hygiene, occupational health hazards and reproductive health aspects.
3. To update their knowledge about existing Govt. health programmes and services at State and National level for migrant salt – workers.
4. To enhance knowledge, awareness and skills about how to impart health education in the community.
5. To introduce various health education approaches, especially the concept of Child To Child (CTC) and its steps of implementation.
6. To introduce the participatory training methodologies and enhance their skills as trainers

Based on Needs assessment findings and discussion held with IOM, the training would encompass following areas:

1. Understanding the status of women, adolescents and children in the Rights perspective
2. Gender sensitization in the context to health of women, adolescent and children
3. Occupational health concerns of migrant saltpan workers
4. Personal hygiene and Environmental sanitation
5. Reproductive system and its functions
6. Conception and Family planning measures
7. RTI/STD, HIV-AIDS
8. Antenatal Care, Intra -natal Care, Postnatal Care
9. Care of under 2 years children
10. Immunization
11. Detection and management of some common childhood diseases. Like ARI and Diarrhea
12. Health education approaches-Child To Child (CTC)-concept and approach
13. Govt. efforts, policies and programmes for migrant salt workers
14. Behaviour change communication, Counseling
15. Community participation
16. Participatory training, Role and skills of Trainers.

Note: Lunch break: 1.00-1.45 PM & Tea breaks: 11.15-11.30 am & 3.30-3.45 pm

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29/12/03 Day: 1

Time	Subject	Method	Material and Aids	Facilitator/s
11.00- 12.00	<ul style="list-style-type: none"> • Registration • Prayer • Welcome Introduction of the participants.	Game	Chart and marker	AT MS/SS GBK
12.00-1.00	<ul style="list-style-type: none"> • About IOM project-goals, objectives, services & beneficiaries with special focus on migrant salt pan workers in Kutchh area. • Introducing the Goals/objectives of the training programme 	Discussion	Chart and marker	Mr. Sujit Kumar MS/SS
2.00-2.30	<ul style="list-style-type: none"> • Presentation of Needs assessment 	Discussion		GBK
2.30-3.30	<ul style="list-style-type: none"> • Forming daily review committees • Formation of ground rules • Expectations of participants • Logistics 	Discussion	- Post-pad -News print papers, marker	GBK/AT
3.30-4.30	Vision Building <ul style="list-style-type: none"> • Health of women, adolescents and children in the life cycle, Gender and rights perspective • Present scenario and gaps 	-Structured exercise -Discussion -WAH! & CAH! Triangle -Listing of the programmes	- Cutouts - Markers - Charts	SS/GBK
4.30-5.45	<ul style="list-style-type: none"> • Role of NGOs • Role of IOM partner NGOs 	Brainstorming	- Markers - Charts	SS/GBK
6.00-7.30PM	<ul style="list-style-type: none"> • Viewing CHETNA film 	Film, discussion	- CHETNA film	GBK

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30/12/03 DAY-2

Time	Subject	Method	Material and Aids	Facilitator
10.00-10.30	<ul style="list-style-type: none"> • Prayer • Report presentation by review committee • Yesterday's Learning 	-Discussion	<ul style="list-style-type: none"> - Post-Pad - Charts - Markers 	GBK/SS
10.30-1.00	<ul style="list-style-type: none"> • Viewing film Arman <ul style="list-style-type: none"> • Adolescent Health: Reproductive health - Male/female reproductive system and its functions - Hygiene of reproductive organs - Myths and misconceptions 	Film Discussion Brainstorming		SS/GBK
2.00-6	<p>Health and Nutrition of mother</p> <p>Before birth</p> <ul style="list-style-type: none"> - Safe Motherhood (ANC/INC/PNC) - Immunization - At-risk cases - Temporary and permanent birth control methods and factors (social, physical) influencing of its adoption. - Gender <p>After birth (for mother and child both) upto six months</p> <ul style="list-style-type: none"> - New born care - New born nutrition - Health and hygiene - Immunization 	-C.D. -Visuals -Reference -Material -Discussion -Role play	-LCD -Slide projector -CARE 9 sets of book	LB
	<p>6 months to six years</p> <ul style="list-style-type: none"> • Nutrition 6 months to six years <ol style="list-style-type: none"> 1. Breastfeeding 2. Complementary /supplementary feeding • Gender influence in child rearing and nutrition 	-C.D. -Small group exercise -Discussion -Role play	-Visuals -Slide projector -CARE 9 sets of book	LB/GBK
	<ul style="list-style-type: none"> • Nutritional requirement of Various age groups of 6 years to 30 years • Standard Vs existing 	-Discussion. -Slide show	<ul style="list-style-type: none"> - Visuals - Slide projector - Handouts. - Slides on 	LB

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	nutritional practices <ul style="list-style-type: none"> • Balance diet • Low cost nutritive food-stuffs • Food modifications/ combinations for increase the nutritive value. • Safe food practices. 		balance diet - Bal Ahar	
	<ul style="list-style-type: none"> • Nutritional deficiency diseases/ disorders like anemia, malnutrition, vitamin Deficiency disorders • Causes, effects and preventive measures 	-Discussion -Slide show	-Slide-show (nutrition, deficiency diseases) -Anemia kit -Anemia mirror	LB/GBK
6.00-7.30	<ul style="list-style-type: none"> • Kali Kyon Mari film followed by discussion 	Film and discussion	Film	GBK/LB

31/12/03 DAY-3

Time	Subject	Method	Material and Aids	Facilitator
10.00-10.30	<ul style="list-style-type: none"> • Prayer • Report presentation by review committee • Yesterday's Learning 	-Discussion	- Post-Pad - Charts - Markers	GBK/MS
10.30-11.30	<ul style="list-style-type: none"> • Discussion on area specific health problems in children • Some common childhood diseases (myths & practices, causes & preventive measure) - Diarrhea - Worms - Acute Respiratory Infections 	-Discussion - Demonstration	-Bucket -Polybag -ORS -Water -Visuals -CHETNA's publication (H & N manual)	LB
11.30-12.00	<ul style="list-style-type: none"> • Safe drinking water • Area specific safe-drinking water problems and possible solutions 	-Discussion		LB/GBK
12.00-1.00	<ul style="list-style-type: none"> • RTI-STD and HIV-AIDS • Family planning methods and contraceptives 	-Discussion	Visuals	LB/SS
2.00-4.00	<ul style="list-style-type: none"> • Discussion on area specific health problems in adults • Occupational health hazards 	Discussion	-Apron -Child Birth Picture Book.	LB
4.00-6	<ul style="list-style-type: none"> • Govt. policies and programme for migrant salt pan workers at 	Discussion		Mr. M. A. Ansari Mr. Ratibhai

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	<ul style="list-style-type: none"> - National level - At Gujarat State level NGO perspective about the services Available ICDS – objective, services and beneficiaries with special focus on Immunization (Needs & importance Immunization schedule) and growth monitoring. Health services at field level			Parmar, Shramik Seva Sansthan GBK
6-7.30 pm	Free Evening			

1/1/04 DAY-4

Time	Subject	Method	Material and Aids	Facilitator/s
10.00-10.30	<ul style="list-style-type: none"> • Prayer • Report presentation by review committee • Yesterday's Learning 	-Discussion	<ul style="list-style-type: none"> - Post-Pad - Charts - Markers 	-MS/GBK/SS
10.30-1.00	<ul style="list-style-type: none"> • Participatory Training methodology • Experiential Learning Cycle (ELC) model • Skills of the trainers/ Communication, Counseling 	-Discussion -Structure exercises	<ul style="list-style-type: none"> - Charts - Markers 	IV/GBK
2.00-3.00	<ul style="list-style-type: none"> -Education for children -Needs and importance -Life useful education and approaches to health education 	Exercise, discussion	<ul style="list-style-type: none"> - Post-Pad - Charts Markers 	MS/GBK
3.30-5.00	<ul style="list-style-type: none"> Child To Child –concept -CTC-Rapar experiences -CTC approach in child-education, younger sibling rearing, household health and sanitation 	Discussion Sculpture game	<ul style="list-style-type: none"> -Charts -Markers 	MS/SS/GBK
5.00-5.30	Preparation for Action Plan	Discussion	-	MS

2/1/04 DAY-5

Time	Subject	Method	Material and Aids	Facilitator
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CHETNA

10.00-10.30	<ul style="list-style-type: none"> • Prayer • Report presentation by review committee • Yesterday's Learning 	-Discussion	<ul style="list-style-type: none"> - Post-Pad - Charts - Markers 	-GBK/RJ
10.30-12.30	<ul style="list-style-type: none"> • Forming and presenting Area specific action plans by the participants 	-Small group tasks	<ul style="list-style-type: none"> - Charts - Markers 	MS/Mr. Sujit Kumar/GBK
12.30-1.30	<ul style="list-style-type: none"> • Learning and commitments by this TOT • Sharing of experiences • Closing ceremony 	-Discussion	- Post pads	MS/ Mr. Sujit kumar/ AT/ SS/GBK/RJ

Annexure 3

Policies

Janta personal accident cover for salt workers

Sum insured annum	Rs.25, 000/-per worker per annum
Premium annum	Rs.15/-per worker per annum

Risk cover

Table of benefits	Sum insured payable
Death	100% of S.I.
Total and irreversible loss of sight of both eyes of losses of use of two hands orb feet or loss of sight of one eye and loss of use of one hand or foot.	100% of S.I.
Total and irrecoverable loss of sight of one eye or loss of us of one hand or foot	50% of S.I.

Universal health insurance scheme for salt workers

- Section –1 Hospitalization benefit Rs.30, 000/- per family
- Section- 2 Accidental death of earning member of family Rs.25000/-
- Section-3 Temporary Total Disablement due to hospitalization of earning head of family
 - @Rs 50/- per day subject to a maximum of 215 days with a time excess of
 - 3 days

About CHETNA

CHETNA¹, meaning “awareness” in several Indian languages and an acronym for Centre for Health Education, Training and Nutrition Awareness, is a non-government support organization based in Ahmedabad, Gujarat with a regional unit in Jaipur, Rajasthan. CHETNA’s *mission is to contribute in the empowerment of disadvantaged women, adolescents and children to gain control over their own, their families’ and communities’ health.*

Beginning its activities in 1980, CHETNA started with a project aimed at improving the effectiveness of the government implemented supplementary feeding programmes for mothers and children in the state of Gujarat. Over the past two decades, CHETNA has broadened its activities in the field of nutrition, health, education and development from a “**Rights**” perspective reaching out to disadvantaged and marginalized children, adolescents and women from rural, tribal and urban areas of Gujarat, Rajasthan and a few selected areas in the states of Madhya Pradesh and Bihar.

CHETNA supports Government and Non-Government Organizations (GO and NGOs) through its two Resource Centers. CHEITAN, the Child Resource Centre (CRC) (initiated in June 1991) and Chaitanyaa the Women’s Health and Development Resource Centre- (WHDRC) (initiated in October 1992).

Together the centres address the needs of children, adolescents and women during different stages of their lives. Capacity Building of NGOs is done through conducting “Training of Trainers” on specific concerns of children, adolescents and women. CHETNA is also active in building the management capacities of education/health practitioners/supervisors and managers with a view to develop their capacities and skills to enable them to implement their field programmes from a holistic and gender perspective.

CHETNA develops need-based training and education materials, which are widely disseminated at the state, national and international levels.

An Information and Documentation Centre (IDC) has been established to specifically address the information needs of individuals, organisations (GOs and NGOs),

¹ CHETNA is an activity of the Nehru Foundation for Development, which is a public charitable trust, registered under the Bombay Public Trust Act 1950.

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academicians, students and researchers working on health, education and development concerns.

Through the 'Ben Lilavati Lalbhai Holistic Health Centre', CHETNA provides primitive and preventive health care services to disadvantaged communities in the nearby slums of its Shahibaugh office premises. The training programmes at Ahmedabad are conducted by CHETNA at its Heritage Conference and Training Centre, which is equipped for residential programmes as well.

Centre for Health Education
Lilavatiben Lalbhai's Bungalow,
Ahmedabad-380004. Gujarat, India.



CHETNA

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