

## **Gender Equity and Social Outreach Thrust of the Department**

The Department of Social Work, University of Delhi is an institution whose academic programmes, research initiatives and social outreach engagements are structured, towards achievement of the much avowed goal of Gender Equity. With the knowledge that women and girls are discriminated against in health, education, political representation, employment and all other domains—with negative consequences for development of their capabilities and their freedom of choice, the Department spearheads many initiatives to usher in gender sensitisation and gender equity, not only among its own students and scholars, but also among the community and society at large.

The Department boasts of a course curriculum which lays extensive thrust on issues of gender. Specialist courses on Gender exist, both at the Masters and M.Phil levels. The curriculum of other courses has also been prepared in such a manner that these gender based issues are an integral part of all the papers. For instance gender and development, feminisation of poverty, environment vs development, sustainable development, development discourse and marginalised sections of society such as Dalit, tribals and women are part of the Social Development paper. Similarly, the paper on Human Rights and Social Work Practice; Social Justice and Empowerment; and Environment and Social Work focus on pertinent gender issues such as the 'rights of women' and 'eco feminism'.

A number of faculty members of the Department act as resource persons to many external agencies and institutions and render valuable inputs on the issues of gender. They find immense space on Gender Sensitisation Committees; Women Empowerment Committees; Committees against Sexual Harassment; and such other committees. They also play an active role in sensitisation and training of personnel on gender sensitisation; prevention of sexual harassment at workplace; women's safety; and other issues. The Department has a separate hostel wing for the women and women residents have equal space and autonomy in the functioning of the Hostel. Issues and concerns arising out of sexual harassment are discussed not only in the classes but special sessions with the help of experts are held in the Department. The Committee against Sexual Harassment and Gender Sensitization is functional and organises orientation sessions and interactive sessions on themes related to gender equity.

The Department also organises a plethora of extension activities which demonstrate its committed stance towards the achievement of gender equity.

### **Social Outreach Programmes of the Department: Extension activities**

The Department of Social Work is very unique in that it has a variety of extension projects and activities which add to the learning of students and their competencies to undertake professional practice in the multiple fields of engagement that social work caters to. All the extension programmers and activities in Department are organized with the full participation of the faculty

and students. Teams of faculty and students are involved in planning and implementing these initiatives. A detailed depiction of the extension programmes functional under the Department for the last many years is as follows:

## **CENTRE FOR CHILD AND ADOLESCENT WELL BEING**

### **History**

The Child Guidance Centre (CGC) of the Department of Social Work, University of Delhi had its origin in the Community Centre (Kalyan Kendra) of the Delhi School of Social Work (DSSW), initiated in April 1960 to cater to the welfare needs of women and children in the neighboring communities. During the initial years of community work, the staff of the Kalyan Kendra strongly felt the need for counseling services for families in its area of operation. The desire to set up a Child Guidance Centre was further strengthened by the fact that the curriculum for social work students of Delhi School of Social Work included a course on Child Guidance and Mental Health as part of a specialization. It was envisaged that a well-organized CGC could offer clear orientation and practice learning opportunities for the students. Keeping these concerns in mind, the CGC was started on 15<sup>th</sup> October 1971 in a partitioned hall on the ground floor of the Delhi School of Social Work building.

Due to the change in service priorities, a change in curriculum content, as well as a desire to incorporate a more contemporary thrust of Social Work training at the Department, the name of the centre was changed to “Centre for Child and Adolescent Well Being” in 2008 to include as clientele groups, both children as well as adolescents.

The main aim of the Centre is to provide diagnostic, treatment and referral services to the emotionally disturbed and socially deprived children, adolescents and to their families. It also caters to the neighboring schools and community with preventive and promotive well being programmes.

The Centre is headed by Prof. SushmaBatra, who is the Honorary Director (**Prof. Sanjai Bhatt** occupied this position till July 2014) and she is supported by a full-time Social Worker and Office Attendant. Other consultants such as the Clinical Psychologist, Speech Therapist and Special Educator visit periodically. Ms. CharuSethi who was overseeing the Centre’s activities in the capacity of a social worker resigned during the reporting period to pursue higher studies and till the time of publication of this report fresh appointment was pending. Nevertheless, Ms. Sethi continued to extend her voluntary services to the Centre and most of the planned activities could be conducted as per schedule due to the efforts and diligence of the entire team.

### **Vision of the CCAW**

*To work towards creating a society, where all children and adolescents experience optimum psychological well being to grow up as healthy adults with a positive attitude towards self and others.*

### **Mission**

*To strive towards prevention of mental and behavioral problems among children and adolescents and promotion of positive mental health by fostering growth promoting childhood experiences.*

### **Goals**

- To guide children and adolescents in their life choices and options so that they are able to take right decisions according to their aptitude and capabilities.
- To promote adaptive behavior patterns and life skills among children and adolescents with a view to enhance their well being.
- To provide appropriate services to children exhibiting different forms of behavioral, emotional problems using an Inter-Disciplinary approach.
- To train social work students in working with children and adolescents by providing them practice learning opportunities.
- To establish effective linkages with institutions and organizations working in the field of child development.
- To design and implement integrated intervention programmes that address the multidimensional needs of children and adolescents.
- To create awareness among parents, teachers and general public on mental health issues of children and adolescents.

### **Thrust Areas**

- Prevention of Child and Adolescent Mental Health Problems.
- School based programme to promote Positive Mental Health among Children and Adolescents.
- Intervention in children and adolescents with Behavioral and Mental Disorders.
- Training of Social Work Students placed for field work in the Centre.
- Community Outreach programmes to promote positive Mental Health.
- Establishing the Centre as the resource centre by developing various modules for overall development of children and adolescents.

### **Activities**

- Interventions by designing individualized treatment plan for the children and adolescents with the help of Inter-disciplinary team at the Centre.
- Training of Social Work students.
- Life Skill Education for children and adolescents in Schools.
- Workshops on various socially relevant issues including personality development workshops for children and adolescents.
- Workshops on relevant issues for Teachers and Parents.
- Enhancing the involvement of students of the Department within the Centre.
- Community awareness programmes on relevant issues.

- Advocacy for Mental Health inputs in allied Child Welfare Services.
- Networking with institutions and organizations working on child development issues.

## **Clientele of the Centre**

### **Children and adolescents with-**

- I. Mental retardation
- II. Pervasive Developmental Disorder (Autistic Disorder, Pervasive Developmental Disorder)
- III. Specific Developmental Disorders (Academic skills disorders, Language and Speech disorders, Cluttering, Stuttering, Motor skills disorders)
- IV. Disruptive Behavior Disorders (Attention deficit hyperactive disorder, Conduct Disorder, Oppositional Defiant Disorder)
- V. Anxiety Disorder of Childhood and Adolescents (Separation anxiety disorder, Avoidant Disorder, etc.)
- VI. Eating Disorders (Anorexia nervosa, Bulimia nervosa, Pica)
- VII. Others (Tic disorders etc.)

An interdisciplinary team develops an individualized treatment plan based on the needs and problems of the children. The components of this are:

**Social Assessment:** The Social Worker of the Centre assesses the cases for objective and subjective information wherein the main emphases is to identify problems, take opinion of appropriate specialists, offer psycho-social interventions, maintains records of the clients, organizes case conferences and organize clinical review meetings.

**Psychological Assessment:** On Thursdays, the Centre offers psychological assessment services to our clients to aid their psychological development. The Clinical Psychologist administers various tests on clients to assess their Intelligent Quotient, Mental Age, level of social maturity, behaviour. After examining their condition, the Centre tries to intervene at three levels- individual level, family level and school level to benefit the client in the positive manner.

**Speech Assessment:** On alternate Wednesdays, our speech therapist provides speech and language assessment therapy to the clients; offers services to rectify fluency (stuttering/stammering) disorder, voice disorder, articulation disorder, etc.

**Special Education:** In special education clinic, the Special Educator caters to the needs of children with learning difficulties, mental retardation, autism, cerebral palsy, dyslexia etc on Saturdays. He systematically plans the teaching procedures and other interventions which help children with special needs to achieve self-sufficiency and independence.

**Training:** Training of students is an important aspect of the Centre's functioning. Regular training is provided to students of Social Work, both at the graduate and under graduate level. Training is also imparted to the students from allied disciplines.

**Case Conferences** are held regularly, in which all the cases are reviewed and action plans are developed. These Conferences are attended by all the experts of an inter-disciplinary team and student trainees placed in the Centre for Concurrent Field Work. These Case Conferences are held under the chairmanship of the Hon. Director.

### **Schools**

The Centre is working with two Schools:

- 1) Delhi University Social Centre School, Maurice Nagar.
- 2) MCD School, Majnu ka Tila.

- *Well being Programmes:* The Centre extends the Wellbeing Programmes in neighboring schools, under which Centre works intensively with children and adolescents using both individual centered and group oriented approach to help them attain improved levels of functioning and adjustment. Family life education for children and adolescents are undertaken with sessions on living together, accepting challenges, looking at myself, being courageous etc.
- *Workshops:* Centre holds various workshops on socially relevant issues in the neighboring schools for children, adolescents and teachers.

### **Community**

"Community-based intervention is a strategy for enhancing the quality of life of people by improving service delivery, by providing more equitable opportunities and by promoting and protecting their human rights. It calls for the full and coordinated involvement of all levels of society: community, intermediate and national. It seeks the integration of the interventions of all relevant sectors - educational, health, legislative, social and vocational - and aims at the full representation and empowerment of people. It also aims at promoting such interventions in the general systems of society, as well as adaptations of the physical and psychological environment that will facilitate the social integration and the self-actualization of people. Its goal is to bring about a change; to develop a system capable of reaching all people in need and to educate them. The Centre has been extending its community outreach services in N- 68 Block of Aruna Nagar, MajnukaTilla.

### **Programmes at community:**

- *Community Outreach Programmes:* Under community outreach programmes, non formal education activities for children and adolescents are carried out. Sessions on self grooming, nutrition, building positive personalities are taken. Regular sessions with the mothers are organized and they are oriented on various issues related to their health and child's welfare.
- *Surveys:* Need assessment surveys in community are conducted using qualitative and quantitative research methods.

**UTTHAN Centre, Majnu kaTilla (Community Rehabilitation Project of CCAW)** was initiated in 2012. The project was in collaboration with Lion Save Child Trust, Delhi which is the funding agency. The project aims at the upliftment of the children from the marginalized and the unprivileged section of the community. UTTHAN focused on health and hygiene of children and pregnant mothers. Its objective was to provide innovative learning experience to the children to create an interest in basic education among children, to explore, learn and understand new things and ideas.

UTTHAN also aimed at early identification of children with problems and their reference to the Centre for Child and Adolescent Wellbeing for necessary interventions at an early stage. The team also focused on health and hygiene of children and pregnant mothers. The locale of project was adjoining to University - Majnu kaTilla and Old Chandrawal.

#### **Objectives:**

- To provide innovative learning experience to the children from the disadvantaged sections of society
- To create an interest in basic education among children in early years of life.
- To identify children at risk (physical and cognitive disability) and refer them to the Centre for Child and Adolescent Wellbeing to formulate necessary plan of interventions for them.
- To organize regular sessions with pregnant women on nutritional care, dietary recommendations and support.
- To enable the youth (adolescents) by providing vocational training to enable gainful employment / self employment.
- To produce educational material for the use and guidance of parents, teachers and the professionals in the field.
- To organize regular Health Camps for children, adolescents in the community.
- To train student trainees of Social Work in the area of child welfare.
- To organize seminar/ workshop/ consultation and other activities directly or indirectly linked with the spirit of any objective of the project.

#### **Activities:**

1. **Blooming buds** ( Balwadi)

**Balwadi**, a pre-school education to children under the age group of 3-5 years children by using as many educational aids as possible, prepared from locally available material. It catered to the economically weaker sections of society. The Balwadi classes build the social, emotional, motor and cognitive skills of the children, thereby preparing them to adjust to the school atmosphere. This also helped tackle the problem of retention and achievement at a nascent stage. The Balwadi provided space for young children to collect and spend time in productive activities. Since, most of their parents were illiterate and unable to help their children in early childhood education; the Balwadi was seen as big help. As many as 20 children were enrolled in the class and also got supplementary nutrition for their physical and cognitive growth.

2. **Uddayam** ( remedial classes for school going children)

These classes build and strengthened the reading, writing and learning skills of children of age 6 and above. It addressed the 10 to 15 children in each class (morning and evening session) total 30 children. The classes targetted in-school children who were unable to undertake age and grade specific reading, writing and learning. It was an accelerated learning technique targeted at teaching children how to read and write. At the beginning of the program, the children were assessed on their reading and arithmetic levels and grouped on the basis of their levels of knowledge. All activities were then built from that level onwards. Once the level of the child was determined, the simple L2R technique was used with each child to help improve his/her reading and arithmetic levels. The technique was based on the principle that when children are engaged in a variety of activities which have implicit interconnections, they make the interconnections and these snowball into a larger skill.

Remedial classes are the positive environment for students suffering from low-self esteem, as they encourage students to ask as many questions as necessary to understand a subject, rather than feeling pressured to learn everything immediately.

3. **Sathi haath badhana** ( life skill with drop outs)

**Life skills** are problem solving behaviors used appropriately and responsibly in the management of personal affairs. They are a repertoire of human skills acquired through the medium of teaching or direct experience that are used to handle problems and questions commonly encountered in daily human life. The subject varies greatly depending on societal norms and community expectations. This group addressed 10 adolescents who did not only belong to economically weaker sections but were also out of school and suffered from stereotyped attitude of people who were related to them. Four types of activities were



done with adolescents (“say something; do something; read something and write something”) were integrated together, to make learning rapid and easy.

4. **Counselling services**

Counseling is a kind of psychological technique by which an individual is assisted in having a meaningful personal and social environment. It helps the person concerned to solve a problem as also in creating conditions that will cause the person to understand and/or improve his behavior.

5. **Parent’s meeting**

The meeting with parents was held once in month at the Center with the social worker. It was a short meeting with the parents to discuss children's progress and find solutions to academic or behavioral problems. The Parent's meeting was aimed at supplementing the information by focusing on students' specific strengths and weaknesses in individual subjects and generalizing the level of inter-curricular skills and competences.

6. **Participation of children in workshop**

The beneficiaries also participated in workshops on different issues which were organized by the Centre.

7. **Formation of Stri Shakti Saganthan**

Meetings with women on different issues were held, with the purpose of forming group of women who were empowered and economically independent. The social worker focused on women who were the mothers of beneficiaries/ children.

8. **Celebration of festivals / occasion**

Different festivals were celebrated with children to create awareness, enjoyment and pleasure among children by also giving refreshment and gift to them.

- Diwali
- Children’s day
- Christmas

9. **Health session with pregnant and lactating mothers**

Health sessions with young mothers were organized at Utthan. The session comprised maternal counseling and nutrition education by. Mothers participated to gain knowledge on low budget nutritious food and healthy upbringing of their children.

10. **Magic show for awareness in community in October.**

Magic shows were also organized at the Community Park with aim to disseminate information regarding the services of Utthan Centre. It was in collaboration with the Ministry of Information and Broadcasting.

## **CENTRE FOR COMMUNITY DEVELOPMENT AND ACTION (CCDA)**

The **Centre for Community Development and Action (CCDA)**, earlier known as Gram Mahila Kendra is an extension and demonstration unit of the Department. The Kendra had initiated its activities in the village Burari in the year 1988, with a focus on universal elementary and non-formal education, health and skill training programmes for women. The change in the name of the Kendra was necessitated in the year 2008, both on account of the fact that Burari was no longer a village and also because women did not constitute the only target group of the Centre, and the Centre also works with needs based interventions for children, adolescents and the elderly, besides assuming a partnership with the community on a diversity of issues and concerns which form the collective agenda for the community at large.

The focal point of the Centre revolves on community development based on community participation. Since 2007 to July 2014, the Centre was headed by Prof. Neera Agnimitra, a senior faculty member from the Department of Social Work, who was the Hon. Director of CCDA. At present, Prof. Pamela Singla has assumed the responsibility since August 2014. She is assisted by a trained and committed social worker, and a team comprising of two part-time Craft Instructors and a Balwadi teacher. Social work students, from the Department of Social Work and from the undergraduate colleges of Delhi University are also undertaking their concurrent field work training from the Centre. Over the last five years the Centre had not only focussed its intervention in SatyaVihar and BurariGarhi, but in the present context, it has expanded its coverage to include other clusters like Kaushik Enclave, AjitVihar, Julaha Basti, Pradhan Enclave and Brahman Para.

**The main programmes of the Centre are: -**

### **Balwadi Programme: Buniyad**

The Balwadi Programme has been a flagship activity of the Centre since its inception in the year 2005 in BurariGarhi. Right since its reformulation in the year 2005, the Balwadi had initiated a steady change in the mindset and the participation of the community with regard to pre-school education and to the larger context of education per se. Set in a community with a low motivation for enrolling children, especially girl children in schools, the Balwadi was utilised as a viable means to create change and to facilitate the enrolment of children into the school system. The CCDA team established steadfast linkages with the families and the children and used the auspices of pre- school education and non formal education to bring the children in direct interface with schools. The engagement of the mothers through the monthly meetings and active contact with the fathers created an atmosphere of trust and credibility, which was utilised to strengthen the community-Centre liaison. The centre shifted the Balwadi to

SatyaVihar in the year 2011 with the aim to reach to the most vulnerable population of the community. The programme has three fold objectives considering the importance of early childhood care and education in the development of the child's future. The Centre provides pre-school education to young children. It also operates as a gateway for the older children of the community, who do not go to school and are left unattended by their parents during the day, to gather and gain meaningful inputs focussing on non-formal education, creativity and recreation. The community is primarily inhabited by a mixed population, and it draws its clientele group from all community clusters. However, since its commencement, the focus of this initiative has been to encourage children from the Muslim families, with the ultimate goal of facilitating them to enrol in the regular schools of the community. The Centre has been successful in achieving this objective, and in the last few years, it has been possible to consistently enable an increasing number of children to mainstream them in the nearby government schools, through intensive efforts with the children and their families.

From the year 2008 till the present, the Balwadi has imparted non formal education to hundreds of children of the community. In the current year, efforts have been made to strengthen the functioning of this resource centre through an up gradation of the syllabus and the introduction of innovative teaching methodologies. Till now fifty seven mothers' meetings have been held and are well attended. Over the last five years, there has been a significant augmentation in the participation of the mothers in the functioning of the Balwadi and in the performance of their wards. Home visits by the Balwadi worker and the social workers have also ensured that there is now a close affinity between the community and the centre. The mid-day meal programme was initiated in the year 2010, and the children are provided with a variety of nutritious meals everyday to break the monotony.

As mentioned earlier, intensive efforts are being undertaken by the Centre team every year, to admit the children to the local government schools. As many as seventy two children have been admitted to the local government school, out of which fifty one were school drop outs and twenty three were non-school going in the year. An ongoing assessment of the impact of the Balwadi has shown a high degree of community contentment with all the programme components. The Centre celebrates the occasion of Independence Day, Republic day and Children's Day on yearly basis and derives enthusiastic participation from the community in all the events. The Centre had conducted multiple workshops on different themes to represent their creative skills. The Centre had also planned three capacity-building training programmes in collaboration with the Anganwadi Centres for the mother's and the Balwadi staff in the past years. This

opportunity enables the staff and the mothers of the community to have knowledge about the nutritional supplements.

### **Health Programme: Sanjeevani**

The other focal point which the Centre operates is the health component. It has continued to place significant importance on health interventions over these years. Constant efforts are being made to assess the health needs of the client groups in different community clusters and accordingly. Inputs in the domain of maternal and child health, nutrition, and reproductive health have been provided on an ongoing basis for the children, women and the elderly members of the community. The first Health Camp was conducted in the Year 2006 and this component continues to give medicinal benefits to the community every year. Several health camps have been conducted from then. Every year about 200-250 beneficiaries avail the benefit from these health camps. In future also the Centre aims to provide quality health care facilities to the vulnerable populations and also seeks to promote awareness about diseases and healthy living. In view of some of the reported cases, CCDA had organised, a total of five yearly Hepatitis-B vaccination programmes in association with the Liver Care Foundation. These provide free vaccination to the children of the community and many children from the different clusters of Burari have availed this opportunity.

The Centre has also been organising a 'Nutritious Food Competition' on a yearly basis. It elicits an enthusiastic participation of the women from diverse clusters and marks the culmination of a series of programmes on healthy eating. The effort to mitigate the prevalence and impact of disability from Burari continues throughout the year, and many persons have been enabled to procure the services of a disability camps organised in collaboration with ArunaAsaf Ali Hospital. Till the present context, over one hundred seventy six persons with disability have availed the facilities of aids and appliances from these camps. Earlier, the initiatives by the Centre focussed on the provision of mobile health services to the community on every Friday in collaboration with Ganga Ram Hospital, wherein medicines were provided free of cost.

### **Women's Empowerment Programme: Srishti**

The Centre, in 2008 initiated the formation of self help groups in Burari and its adjoining area with the aim of mobilising women's power for augmenting income generation and micro-credit. With the passage of time, the self help groups initiated by the Centre demonstrated exemplary participation and self help initiatives. Over the years of their presence, as many as twelve formal training sessions have been organised in collaboration with PRAYAS and NABARD, to make the women aware of the process of opening a bank account; manage book keeping and learn other financial transactions. A total of thirty one

SHGs are functioning actively in the contemporary context. Each group consists of 30-35 members and on the whole there are about 1115 members in the SHGs of CCDA. The groups have opened their bank accounts and are depositing their monthly savings on a regular basis and are functioning autonomously. Apart from inter loaning, six self help groups: Ekta, Lifecare, Sai, Mamta, Sammelan and Laxmi have been facilitated to procure loans from the RashtriyaMahilaKosh, PNB and SJSRY. In addition to the existing groups, the Centre has initiated 12 SHGs in collaboration with its Gender Resource Centre. The group members of the SHGs have been attending the monthly meetings on a regular basis and these continue to be supervised and supported by the CCDA staff. On the occasion of Women's day the SHG members participate with full enthusiasm in different activities organised by the centre. On account of their excellent response from the public, this year the SHG women will be displaying the handicrafts produced by them, in the community on the occasion of Women's Day, which works as a motivational source for the SHG women.

### **Vocational Training Programme: Disha**

CCDA continues to implement the vocational training programme in the community in order to enhance the skills of the girls and women and to enable them to explore employment avenues, with the overall vision of generating self reliance. The Vocational Training Centre was initiated in the year 2004, in the Brahmanpara cluster, but later on it was shifted to Tomar Colony to ensure maximum utilization of service by all the community clusters covered under this programme. Many adolescent girls and women enrolled under this programme. The Centre has also conducted thirty six life skill sessions on a regular basis for the adolescent girls of the community. Eight workshops on artificial jewellery making and production of other handicrafts have been held on a consistent basis in the different clusters during this period. The finished products are displayed and sold at various venues, including the Department of Social Work.

### **GENDER RESOURCE CENTRE-SUVIDHA KENDRA**

The Gender Resource Centre- Suvidha Kendra was envisaged as an important means to usher in social, economic, and legal empowerment of women, particularly those belonging to the under privileged sections of society. The Centre has been associated with the implementation of this important governmental programme, which is expected to take care of all dimensions related to women's empowerment in a holistic manner. The GRC is the periphery for all issues relating to the empowerment of women in general and those specifically concerning health, literacy and income generation components. In February 2008, a Gender Resource Centre - Suvidha Kendra was granted to the Department by the Governing Council of Mission Convergence under the Chief Secretary, Government of NCT of Delhi under the auspices of

the Delhi School of Social Work Society. The GRC continues to implement its field based activities from its premises which are located near the Veterinary Hospital in Burari community. The GRC team comprised of seven members i.e. Project Officer and other staff. In its initial stages, i.e upto the year 2011, the GRC was headed by the Project Director Prof. Neera Agnimitra. It then functioned under the leadership of Prof. Sanjai Bhatt. He continued to strengthen and consolidate the initiatives of the GRC as the Chief Functionary of the project.

The team of GRC included a Help Desk Counsellor, an SHG Outreach Worker, two VTC Instructors, two Community Mobilisers and an NFE Teacher. Based on the exemplary performance of the GRC, the Mission Convergence, Government of Delhi, granted an Extension Centre to the Department, which was functioning at Nathupura and was extending the coverage and impact of the project over a large geographical and functional area.

Since its inception, the focus of the GRC was on health; nutrition; legal aid and family counselling; vocational training; self-help group formation; strengthening microcredit; and non-formal education. The health programmes organised by the GRC included biweekly OPD and bimonthly health camps. Quality medical services were provided to the community through its free OPD, health camps and mega health camps, all of which draw a large number of users from all part of the community. It disseminates free consultation and medicines to beneficiaries. Over one hundred Health Camps and over two hundred OPDs have been organised from April 2009 till 2016. Free medicines were provided to community members through the Directorate of Health Services. The GRC also organised monthly nutrition camps to educate the community people about low cost nutritious diet. Over ninety five nutrition camps were organised within the period 2009-2016. The number of beneficiaries who participated in these nutrition camps was significant.

Legal aid and family counselling was provided on a biweekly basis. Cases related to domestic violence, family disputes, and divorce are being undertaken under its auspices. The GRC was also running two Vocational Training Centres which provided training in stitching- tailoring and beauty culture by following the course curriculum of Jan Shikshan Sansthan and the beneficiaries were being enrolled for NIOS certification. It aimed to provide remedial classes to school going children and literacy inputs to community women and adolescent girls.

NFE was very comprehensive programme for non-school going, school drop outs. The total number of students enrolled under the NFE programme during this period was huge. The NFE was also providing free study materials (a set of Meri Kitab) developed by State Resource Centre, Jamia Millia Islamia. The total number of trainees benefiting from these trades in the present context is one

hundred and fifty six. The students were also being enrolled for formal education and the NIOS exams.

The GRC successfully formed twenty four SHG groups in various community clusters of Burari. Each group consisted of approximately 12 to 15 members. Weekly meetings were held on a regular basis to strengthen the functioning of the groups. Some groups started group activities for income generation. The SHGs also applied for loan under SJSRY scheme at the GRC. The GRC received an exceptionally positive response from the community. The association of the GRC project with CCDA has not only provided the Centre with the much needed manpower and infrastructural and financial support to respond to community needs in a more organised manner, but it has also provided excellent opportunities to social work students to derive a comprehensive training in planning and managing community organisation/development initiatives.

### **COMMUNITY DEVELOPMENT CELL, UNIVERSITY OF DELHI**

In accordance with the recommendations made by the Honorable President of India and the Honorable HRM during the Vice Chancellors' Conference held at Rashtrapati Bhawan in February, 2015, the MHRD directed all Central Universities to set up a Community Development Cell, which would identify at least five villages for adoption as model villages by the University. In line with this notification, the University of Delhi set up a Community Development Cell Committee, with Prof. Manoj K. Jha as the Convenor and Prof. Neera Agnimitra as the Member Secretary. The work of the Community Development Cell is being undertaken by the Department ever since its inception.

After a thorough assessment, five villages requiring community development initiatives were chosen and adopted by the Community Development Cell. These are: Badarpur Khadar, Chauhan Patti, Jagatpur, Mukundpur and Jharoda. A monthly progress report of the work of the Cell is sent to the University, which sends it further to the office of the Honorable President of India.

The Community Development Cell initiative has placed ten students for Concurrent Field Work in the five selected villages having low socio-economic indicators. These students have been supervised by three faculty members and have worked under the overall coordination and mentoring of Prof. Agnimitra. The students' teams initially collated information on socio-economic demographic variables in the villages by employing participatory rural appraisal techniques. Subsequently they also assessed the needs and problems of the residents of the five communities, based on which they planned their interventions.

The initial needs assessment of the villages reflected urgency for intervention

with regard to health, more so with the severe dengue outbreak in the area. Using a participatory approach, urgent interventions were organized to contain the spread of dengue in the villages. This included the cleaning of streets and drains, and spraying and fogging in collaboration with the MCD and dissemination of information with regard to prevention through the conduction of rallies, interactive sessions and distribution of pamphlets. With the students' intervention, much of this has now become a regular part of MCD engagement in the area. Taking into cognizance the multiple and pressing health issues affecting the residents, the Cell organized a series of health camps and initiated a mobile medical van service to the area. The students are consistently working towards the creation of sustainable health services in the villages through the establishment of Mohalla Clinics. The health camps show excellent participation by the communities, and it goes to the credit of the student teams that they are able to mobilise resources and support from within the community and from external partners to create an exemplary interface with the communities.

In view of the fact that the villages faced a shortage of development infrastructure, an active and sustained liaison has been established with the concerned authorities for infrastructure upgradation in all the five villages. Work related to the sanctioning of water tankers; installation of water coolers in a school to mitigate the drinking water problem, and the commencement of DTC bus service to address the connectivity issues of the villages was undertaken, among other interventions. The students are also taking initiatives to address the problem of sanitation and waste management by networking with concerned authorities for installation of dust bins, segregation of degradable and non-degradable waste, and for ensuring regular sweeping and cleaning of the drains in the villages.

They are also undertaking activities for generating awareness amongst the children on a plethora of subjects at schools and in the community. The student's team is trying to help the farmers in improving their agricultural productivity by facilitating soil testing and issuing of soil health cards. The focus of the Cell is also on the creation and strengthening of the existing community based groups in the villages, and working with them to address the problems of women, children and adolescents. The Department is proud to note that even without any monetary provision from the MHRD, the Cell is doing notable work. It has not only established its presence in the area, but has managed to garner the support of diverse sections of the five villages for implementation of needs based initiatives.

#### **Recent Initiatives: Village Wise:**

The work in the five villages adopted under the Community Development Cell

programme moved to its third year with a new team of ten students being placed there for concurrent field work. Based on an ongoing need assessment done by the students, the interventions have been drawn out. A brief about the interventions in the villages is given below:

**Badarpur Khadar** is one of the remotest villages in Delhi bordering UP, the village lacks basic amenities and social infrastructure. It had no transport connectivity. With the intervention of the students and follow up with the Regional Transport Authorities the village is now provided with a Bus Service. The village doesn't have any health centre or Mohalla Clinic, the issue was taken up by the trainee students with the concerned authorities and the village has now been provided with a mobile health van and the possibility to establish a health centre is being negotiated with the authorities. The trainee students successfully organized a health camp in the community and worked on the issue of school drop-outs thus facilitating the enrolment of children in school. They also facilitated the community residents in the opening of bank accounts and helped in financial inclusion. The trainee students facilitated in redressing the livelihood concerns of the youth by promoting self-employment opportunities, forming youth groups in the community and conducting awareness programmes. They also ensured social security benefits under different schemes of the Government by identifying the eligible beneficiaries and linking them with the concerned Department to avail the benefits.

**Chauhan Patti** is located on the outskirts of Delhi. It has witnessed the neglect of successive Governments and flounders to avail the benefit of various developmental initiatives and programmes of the Government. The community has internal cast and class differences. The 99 interventions were thus made for greater cohesion of the community and to address the developmental issues. The students placed in the community worked on the issue of school drop outs, improving the enrolment in schools, holding regular sessions with children and parents to offer counselling and strengthening of preschool education in ICDS. The trainee students successfully organized Health Camps in the Community and made efforts to address the livelihood concerns of the community, they facilitated interactions of the community youth with various NGOs working in the field of Skill Development and organized soft skill training for the youth groups and also craft training and Mehendi training for self-employment. The trainee students promoted organic-cropping in the community and held sessions with the farmers to disseminate information about the harmful effects of fertilizers. The trainee students also worked closely with the elected representatives of Urban Local Bodies to bridge the developmental gap.

**Jagatpur** village is located in North Delhi District. It comes under Burari Vidhan Sabha Constituency. It lies at a distance of 4km from District Head

Quarters in Sadar Bazar. The students placed in Jagatpur are also working on improving the functioning of ICDS programme. The trainee students have been involved in the capacity building of Anganwadi workers and helpers.

Taking cognizance of the health issues affecting the residents, the trainee students organised a number of medical camps and awareness generation sessions by networking with various organisations. The trainee students were also involved in activities aimed at generating awareness amongst the children on a plethora of subjects at schools and in the community.

A health camp was conducted in August, 2017 and 87 residents benefitted from it. A Mehendi camp was also conducted which benefitted more than 30 young girls. The students placed there are continuously working with young group of women and men, creating awareness of various concerns of the community and also on their own personal growth.

**Jharoda** village is located in North Delhi District. The village is divided into 8 different parts. The trainee students have identified that the lack of availability of safe drinking water, sanitation, school dropout and health are the major areas of concern in this village. Women in the community have often expressed their desire to work from home if some opportunities are available for them. A Mehendi Camp was conducted and more than 47 young women have benefitted from it. A health Camp was also conducted where more than 77 residents of the community benefitted and some were referred to specialist for free check up.

The trainee students have also been working regularly with the groups to address the problems of adolescents and dropouts. Strengthening of existing groups and formation of new groups in the villages is being done to garner the support of different sections of the village for implementation of further activities. Networking with Non- Governmental Organisations in the area is being done to mobilize people to avail of the services being rendered in the community and initiatives have also been taken to bring some organisations from outside to deliver need based services. The trainee students have also been involved in strengthening the ICDS programme. They are involved into reviving the functioning of Anganwadi centres from a food distribution centre to a resource centre for proper psychological, physical and social development of the child. They have initiated activities with children, which make them spend some time learning new things at the centre.

**Mukundpur** is situated on the border of Delhi and Haryana, opposite to the resettlement colony of Jahangirpuri. Mukundpur is the most thickly populated of all the communities covered under the programme. In Mukundpur, the trainee students have mainly been engaged in health sector. They have taken sessions with pregnant women and ANMs working with these pregnant women. They have been working to encourage institution based deliveries and ensuring proper pre-natal and ante-natal care during pregnancy and after the birth of the child.

The trainee students are closely working with the dispensary, doctors and other staff members to bring in the real stakeholders into the process. The trainee students have also created a platform where they have brought together mothers and adolescent girls to discuss menstrual health and hygiene issues.

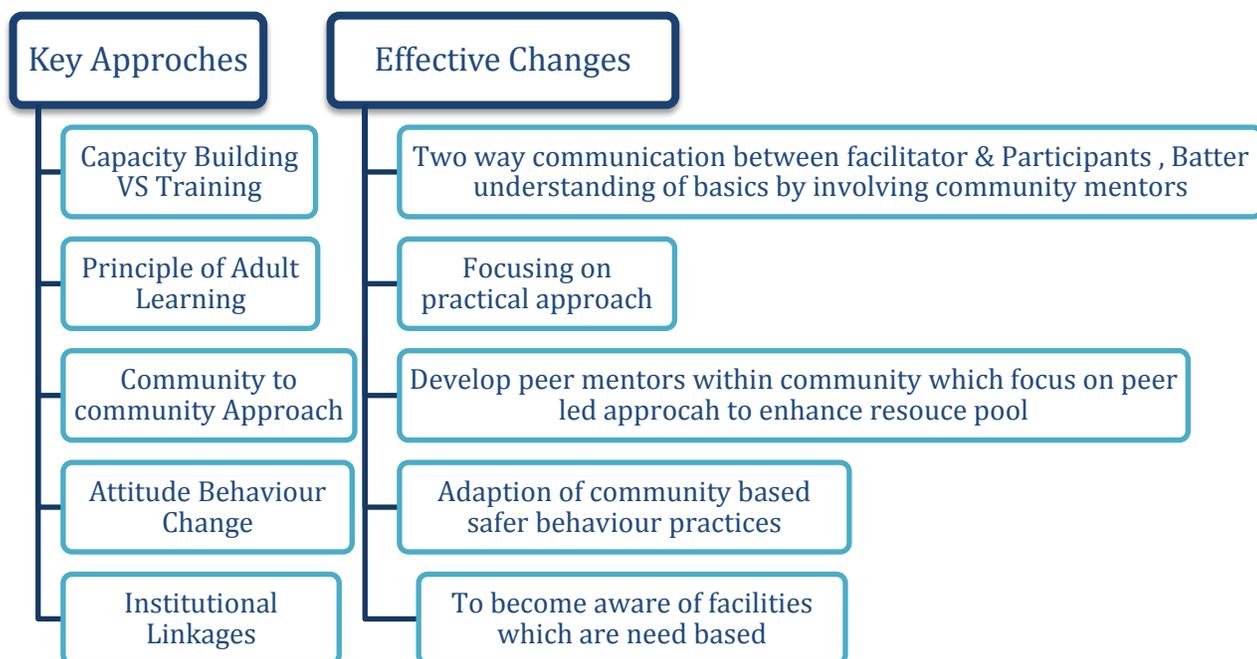
As health has been a major concern, a medical camp was organised for the benefit of the residents of the community where 96 participants benefitted from it. Mehendi camp was also organised and more than 55 young girls benefitted from it.

### **STATE TRAINING AND RESOURCE CENTRE (STRC) ( set up in Collaboration with NACO)**

The State Training and Resource Centre (STRC), Delhi was setup in the year 2008, by NACO as part of its strategy to develop a sustainable system for the capacity building under NACP III. The mission statement of STRC declared it as *centre of excellence to provide capacity building opportunities through innovation*. Accordingly, STRC sought to develop a sustainable and innovative system for the capacity building of partner organizations implementing Targeted Intervention projects for High Risk Groups (HRG) with Delhi State AIDS Control Society (DSACS). It provided standardized and high quality training to partner NGOs/CBOs as per NACP III's technical and operational guidelines and it gathers learning through operational research and developed pedagogy of learning for TI scale up.

With the aim to *promote education, research, training and action in the field of social welfare and development* the Department of Social Work continued with its efforts for HIV/AIDS prevention with keen focus on Capacity Building of Target Intervention partners looping with *State Training and Resource Centre* under NACP-III in partnership with Delhi State AIDS Control Society. To achieve the goal STRC conducted several training programs for different cadres of TI NGOs (from the inception year 2008 Aug to till the termination of its term) for Programme Managers, Counsellors, M&E officers, Out Reach Workers, Accountant and Peer Educators and trained more than 8051 NGO staff members and community volunteers. The STRC gave emphasis to the importance of human resources working in TI and established innovative learning systems for their capacity building by engaging technical experts in their respective academic committee and community mentors from TI organization and community people who were at high risk.

The key approaches which were followed by STRC included:



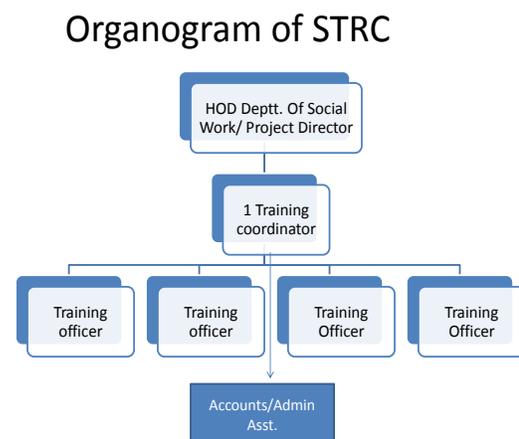
With the efforts of the STRC team, a pool of Resource persons and community mentors were developed with Hindi pedagogy, the resource material were converted into local language for the better understanding of TI staff, specially emphasising on Peer Educators. Apart from the high attrition rate in TI staff, STRC mainly focused on key beneficiaries at grass root level through Peer Educators which turned out to be the major strength of the program,

The STRC also kept its focus on training which was evidence based and gender responsive; which used community led/ owned processes; which aimed at rights based approach; and addressed issues of stigma and discrimination. It evolved innovations based on replication/ adaptation from different fields, and new technologies.

STAFF POSITION	NUMBERS TRAINED	SUBJECT ON WHICH TRAINED
<b>Project Manager</b>	356	Basic HR Skills, Organizational Behavior, management of TI, PRA, SIMS.
<b>ORW</b>	1632	Micro & Macro planning, IPC Tools, Condom Promotion, Advocacy Tools.
<b>Counselor/ANM's</b>	334	Basic Counseling Skills
<b>Accountants</b>	269	Basic Accounting Module, cash book Maintenance, Ledger Maintenance, Book Keeping.
<b>M&amp;E Officers</b>	243	M&E protocols, online SIMS, Data

		Analysis
<b>PE's</b>	5217	Basics of HIV/AIDS, Condom Promotion/ Demonstration, Negotiation Skills, Communication and IPC tools.
<b>TOTAL</b>		<b>8051</b>

<b>Core Team &amp; Professional Staff</b>		
	<b>Expert</b>	<b>Proposed Position</b>
1	Sanjai Bhatt	Project Director
2	Narender Sindhi	Team Leader
3	Tripti Oberai	Training Officer
4	Vikram Kaul	Training Officer
5	Sham Lal	Training Officer
<b>SUPPORT STAFF</b>		
6	Shubham Maheshwari	Admin Assistant
7	Brijesh Kumar	Office Attendant



## **UNIVERSITY FOR DEVELOPMENT ACTION AND INTEGRATED LEARNING-II (UDAI SAHYATRI)**

UDAI-II was a departmental outreach project which was rooted in the long standing and strong tradition of relief and rehabilitation initiatives by the students and faculty. The Department had earlier stepped up to respond to the Uttarakhand earthquake (1992), Gujarat earthquake (2001), Kashmir earthquake (2005) and Gujarat pogrom (2002) and possesses a repertoire of well tested approach and strategies for the disaster affected areas and people. From the limited objective of contributing in relief for the flood affected people in Bihar in 2008, UDAI-II Sahyatri had a long term commitment to empowering flood affected people in the districts of Supaul, Araria, Madhepura and Saharsa and to enhance their ability to earn their livelihoods. It brought back the experiences of this engagement into the learning systems and structures of the University. UDAI-II (University for Development Action and Integrated Learning-II) for the flood affected people in Bihar emerged with two fold objectives:

### **1. To contribute in relief and rehabilitation of flood affected victims on long term basis:**

- a. Relief distribution of vital items at rescue points
- b. Making provisions of relief items to identified (mostly from the marginalised communities) families across the embankments
- c. Also streamlining relief operations of agencies which lacked manpower and the time at their disposal

- d. Need identification of items further required by the individuals and the community

**2. To bring back experiences of learning into the knowledge system of the university.**

- a. We at the University of Delhi are of the firm view that Universities' functional domain is much beyond classroom pedagogy and teaching strategies for climbing individual career ladder.
- b. And hence from the planning stage students, teachers and the non-teaching staff members were together in developing a foolproof strategy wherein every ten days a new batch of 10-12 students reached the sites of devastation and contributed to the ongoing work for 10-12 days.
- c. The University coming to put this responsibility on high pedestal meant an approach which was likely to the wider social and political context and earns the well-deserved epithet- *a campus which is alive to critical social realities*.
- d. By bringing the experiences of the student and the teaching volunteers to the classrooms and other forums we reinforced our belief that our strategic focus to such disasters is core to our teaching-learning module and in this sense, it ceases to be just an act governed by the emotional upheaval felt by the student and the teaching community at the site of such disasters.

SAHYATRI (meaning Co-traveller) made an important contribution in the life of groups who were already on the margins of the society. The team grew immensely in experience. It covered a lot of ground and continued to resolutely work towards change together with the people. The three core initiatives *Hamari Pathshala*, *Hum Yuva* and *Sakhi Saheli* gained stability within the community. The 20 non-formal remedial and alternative education centers (*HamariPathshala*) did very well. Village youth were organised and facilitated the formation of *Hum Yuva* to advocate for proper implementation of the public welfare programmes and provision of other government services. Women's groups (*Sakhi Saheli*) organised cluster based training programmes on sanitation, reproductive health, child survival, safe birth practices and vaccination. Sahyatri also made an ambulance available to the people to take their patients to hospitals without any charge.

Each of these programmes in the twenty project villages was directly linked with the others and was woven into a comprehensive awareness and empowerment effort. It must be said that Delhi University support strengthened the team which had interpreted and translated the modest financial support into a large-hearted

gesture of solidarity and sustenance, as it geared to take its first steps towards self-sufficiency.

As post disaster engagement UDAI –II Sahyatri managed to deliver relief along with garnering a sense of ownership from amongst the local residents for long term engagement in building capacity and resilience of the community. Every year there is a steady stream of visitors from the university to the Sahyatri project area and from the Sahyatri team members to the Delhi University. The uniqueness of the approach through which UDAI- II Sahyatri evolved in its five year trajectory. With such a deep and conscious engagement, we can enumerate several outcomes that were the unique features of the initiative:

- Focus on dialogue with people and processes than on material resources and physical infrastructure.
- Strengthening the capacity of community to build and foster local institutions that played pivotal role in the relief and rehabilitation process.
- Support from university contributes immensely to instilling confidence in the local team and larger community through sustained interactions.
- Long term sustainability of the efforts is ensured as the initiative depends more on local energies, efforts and leadership.

We are proud to share with all of you that this long engagement with the people and the communities at the site of the disaster resulted in the birth of **SAHYATRI**, an organization representing and aiming to work on community needs and priorities.