

**Intervention of ARCOD, for
Home Based Care for Ante Natal (AN) and Post Natal (PN) Mothers and Promoting Enabling Environment for
Adolescents in Thally and Kelamangalam blocks of Krishnagiri District**

Review and Assessment report



The Road to Success is Always under Construction

By Mrs. Saulina Arnold

Consultant, Health & Development

Content

S.N	Heading	Content
1	Introduction	Why this report Generally ARCOD- Organization Mission and objectives
2	Present Proposal	Objectives & activities as in the proposal Area and target of intervention Period of proposal Activities
3	Preparation for implementation	Appointment of the Staff - Preparation for the implementation: Staff training Materials and stakeholders involvement.
4	Interventions	Adolescent Development Initiative Adolescent clubs Adolescent Club Mela Summer camp-Tours Parents meeting s Stakeholders Meeting
		Home based care for pregnant women & Mothers who delivered
5	Review & Assessment - Planning	Preparation- by the facilitators Tools for data collection Planning visit and meetings Review of records Schedule of Assessment & writing the report
6	Review visit Report	Summary – Detail in the Annex A
7	Observation & Assessment Report	Adolescent Project Home based Initiative Review of documents & report- planning and monitoring by the organization
8	Recommendation & Conclusion	Concluding part
9	Annexures - Supportive	Annex A: Field Visit Report - Separate Annex B: Feedback From the Adolescent Annex C: Stake Holders meeting minutes sample Annex C: Feedback from Women ANC / PNC Annex C 1: Sample VHW register page Annex D: Feedback from the Coordinators Annex E: Feedback from the Field Staff Annex F: Feedback from Chief Functionary Annex G:sDocuments reviewed and samples

Introduction

ARCOD or Association for Rural Community Development is a non-government voluntary organization working in Krishnagiri, a district west of Tamil Nadu, for more than two decades. In the last three years, the organization had taken up a project with the support of UNICEF to work with pregnant women and women with small children. This facilitates a healthy pregnancy, safe delivery and breastfeeding of the infant. Also as in this area not many opportunities are there for the development of the adolescents, so tried to create an enabling environment for them. The duration of the Project was from 2013 to 2017 with a break of nine months. As this project had come to an end in Sept. 2017, ARCOD wanted to review the Project, changes and progress in the 60 selected villages of Thally and Kelamangalam blocks of Krishnagiri District. So had asked Mrs. Saulina Arnold, a retired Executive Director of Tamil Nadu Voluntary Health Association, now consultant for Health & Development, to review the project and give a report. So this report is being prepared. After reviewing the proposals for the two Phases and other documents related to the human resources involved, visited the project area and collected firsthand information and prepared this analytical report.

Organization: ARCOD has been a pioneer organization, working for the development of the community in Krishnagiri for more the past 30 years. Its founder Mr. V.R. Keshavraj, with his previous experience in the field of Community Development, did the need assessment of the community and planned many interventions, each in different villages under various Blocks. Thus many changes had been seen in these villages.

Mission of ARCOD:

“To enable human resources with necessary Attitude, Knowledge, Skill and Health within ARCOD and among the marginalized communities to facilitate emanation of collective leadership for socio – economic and political empowerment”

The organization has been working with the rural poor, women, children, adolescents, youth, HIV/AIDS infected and affected women and children, women in sex work in rural areas of Krishnagiri predominantly and in other districts of Tamil Nadu. ARCOD has vast experience in being an implementing and facilitating organization.

The Board and staff had been pillars of ARCOD, building the organization and fulfilling the commitment to the community. Mainly local young people were selected and involved after building their capacity. Staff were trained and oriented well and that motivated them to work with commitment.

The Project of 2013 to 2014 & 2015 to 2017:

Krishnagiri is one of the border districts in Tamil Nadu with its own drawbacks. This project was implemented in the tribal belt and hilly region with and multi-linguistic population.

The area chosen for this project intervention was two blocks of the district namely Thally and Kelamangalam blocks surrounded by hills. Many villages don't have proper road and transport facilities. In this context the people find it very difficult to access the services of health providers. As a result the Maternal and Infant mortality rates are seen high. Health is not the priority as economically most people are struggling to make both ends meet.

Adolescents are between adulthood and childhood and crucial physiological and psychological development takes place during this stage. They are in cross roads and are the ones who will become adults tomorrow. Hence, understanding their needs and supporting them becomes very crucial to help them grow as healthy and responsible adults.

Objectives:

To ensure access and quality health services to the pregnant and lactating women that encompasses

- Access the services of Primary Health Centers

- Ensuring Institutional Delivery
- Reducing the Maternal Mortality rate
- Reducing the Infant Mortality rate
- Ensuring feeding of colostrum milk and exclusive breastfeeding for 6 months

This initiative was done through appointment of Village Health Workers with the strategy to meet and work with women who were pregnant for the first time and lactating women who had delivered babies for the first time. The strategies were

- Home visits by Village Health Workers to facilitate AN & PN mothers to avail health services
- Involving the family members of AN & PN mothers
- Creating linkages and networking with the health care providers

Adolescent Development

To create an enabling environment for adolescents and this encompasses

- Addressing sexual and reproductive health issues of adolescents and realizing their rights
- Addressing mental health issues of adolescents
- Bridging the gap between adolescent children and their parents
- Creating educational opportunities, career guidance and identifying livelihood options
- Educating Adolescents in Life Skill Education
- Improving academic performance of school going adolescents

For this, Mentors were appointed to take sessions in academics and different life skills.

For Adolescents

- Adolescent clubs were formed
- Sessions were taken for them six days a week in the evening for two hours
- Evening Tuitions for school going children – three days in a week
- Three days were for session on training on different life skills
- Counseling services by peers to address mental health issues of adolescents
- Periodical review of activities
- Meetings with parents

Area of intervention in each Phase:

Phase I: December 2013 to October 2014 (Adolescent Development - 30 villages and Home Based Care - 16 Villages)

Phase II: August 2015 to 15th September 2017 (Adolescent Development - 60 Villages, new 30 villages in addition to the existing 30. HBC in 36 villages)

This project which first started as proposed in 2013, had a break and continued from August 2015 till 15th September 2017.

Implementation:

Appointment of the Staff - the Pillars

One of the most important steps before planning to implement a project is to prepare the pillars of the building called the project. The pillars are the staff and volunteers involved in the implementation of the project. ARCOD has been very committed in this action. Senior staff was first prepared for the proposal and the objectives and strategies. The selection of the staff and later the volunteers to suit the project was very carefully done.

The two blocks selected were very interior and habitations are scattered. So any initiative in the area need careful planning. ARCOD team considering all these, appointed two coordinators in each blocks for the adolescent project, and one Coordinator for the Home Based support to pregnant and lactating women.

The Mentors or the Volunteers to carry out the field work were chosen from the same area. This had served two purposes: they were young and had some education, finished schooling or undergraduate course. Being local they could access the adolescents easily and conduct the evening sessions. There was no need for transportation as they were from the same area.

Equipping them to implement the program also helped their own development and motivation for this work. In the 60 villages chosen for the project one Mentor was appointed for each village. In the 34 villages the same Mentors stayed throughout the project period. In the rest of the 26 villages more than one time the mentor changed. 47 persons were trained and appointed in these 33 villages. Of them 20 got good jobs due to the knowledge and skills they gained in this project. Even though the changes were a setback for the organizations they could immediately select and appoint suitable persons. Therefore during the entire project period there were Mentors in all the 60 villages.

Village Health Workers

From each Panchayat, Village Health Workers (VHWs) were selected as planned. There were all from the local area and above 18 years. Mainly in these areas there were no ASHA Workers. The VHWs visited the women who were pregnant or having small infants below three years and gave guidance and support. The health workers referred those needing special care to Government Hospitals in Krishnagiri or Hosur. They worked for 30 hours a week. Health workers were monitored by two Coordinators. This structure worked well as per the outcome of the project.

Preparation for the implementation:

The preparations also included materials for Staff training and other information besides appointing the staff and mentors to implement the program.

Adolescent Development Initiative

As planned in the proposal, Adolescent Clubs were formed in each selected village comprising of 30 adolescents both boys and girls (studying from 5th to 9th Standards). Three days a week academic enhancement sessions were planned. This is very essential as in schools in these remote areas the education is poor. There is no encouragement and motivation to study. In the schools though children did not receive proper education, due to Government Policy they were all promoted till they completed 8th Standard. Many such children could not cope with the education in the 9th Standard and in the final examination many were detained. That demotivate the students and when they fail they do not want to study any longer. In the regular schools importance was not given for the 3 Rs – Reading, Writing and Arithmetic. In olden days NGOs were supposed to do evening tuition to village children which helped them in their studies. This strategy ARCOD took up to motivate students and encourage them to learn English, Tamil Grammar, Science and Mathematics. The Mentors were given training for facilitating the learning process.

Feedback from adolescents showed these were achieved. Students appreciated that these sessions had motivated them to study well which they failed to do earlier. In the same way the Mentors were trained in various activities so that could impart different skills and motivated them in Life skills for three days in a week. The Life skills consisted of – problem solving, goal setting, ‘understanding my world’ etc.

An assessment was conducted every month to assess the development of academic performance of school going adolescents and to identify areas that needs attention. This motivated the members to study better.

In the academic training, the main focus during the 1st phase of the project was on Language, Mathematics and Science. This one continued during the 2nd phase of the project also.

Adolescent Club Mela

The Adolescents met at one place once in 3 months where the different issues related to adolescents was discussed and addressed. This was held among different club members of the region. This gave opportunities for the club members to interact with each other and make new friends. So they enjoyed these meetings. They also did many activities in the Club mela – such as participating in competitions, getting prizes and showing their talents. Singing and dancing public speaking in English were welcomed by the members.

Summer Tour:

The club members were taken to different places as educational tour and got exposed to other area. They enjoyed this. First year they went to KRP Dam near Krishnagiri, second year to Bangalore and this last year to Mysore. The members enjoyed it.

Parents meetings

Every month the parents of these club members met with the Club Mentors and discussed the issues of the members, their progress and other progress. They also discussed community issues. This motivated them to send the children regularly to school, apply for Government subsidiary for constructing toilets.

Stakeholders Meetings:

Every quarter, once in three months, Stakeholders meeting was held and this helped the project in getting local support for implementation of the project.

Home based care for pregnant and lactating mothers:

The initiative was to support health services in the interior areas where it was not accessible and where neither ASHA worker nor Village Health Workers were posted by the Government. The VHW appointed in this Project identified the pregnant women and followed them up till delivery of the baby up to 42 days. (It has to be stated that in the first phase the team was following the mothers for nearly two years. But in the second year they were told to follow up only for 42 days or 6 weeks after delivery) The VHWs ensure registration, institutional delivery, breast feeding and immunization. These activities were carried out by the VHWs

Review & Assessment

This project was over by September 15, and ARCOD wanted the end line Review and Assessment of the outcome and output. For that Mrs. Saulina Arnold, was asked to be the Facilitator for this process. Accordingly arrangements and preparations were done.

Documents including Proposals and reports were shared for preparing the strategy for the assessment. After discussion with key members strategies were planned.

Different methods were planned to collect data and assess the progress.

1. End line sample survey among the beneficiaries.
2. Filed visit: Meeting the community stake holders, beneficiaries directly
3. Meeting the Coordinators, Mentors and Village Health Workers and getting their feedback through different tools
4. Review the records and reports and document to verify the information
5. Discussion with the Chief of the Organization

First, tools to collect data from the beneficiaries were prepared and sent to the Organization. Survey was done to collect feedback from the adolescent club members and women of ANC/PNC.

Other tools and guidelines were prepared to use at the field visit.

Feedback received from different members is given in the Annexure.

Field visit: for Review & Assessment of implementation

The direct review was conducted for three days Oct 3- 5, 2017, when the facilitator visited ARCOD office and planned the review work. First day the team visited villages in Thally block and the next day Kelamangalam. This is only a summary report of the visit for assessment.

Field visit experience

The team had arranged for the facilitator to meet different beneficiaries in each village. In 'Thally block' each village was very far and not easily accessible. Most places were habited by tribes and their life style is different. Also as this was a boarder district, it was multi-linguist district. In each area the people spoke Telugu or Kanada.

This report will give only the summary of the observation. Most information will be given in the assessment and observation part later.

On the first day of the field visit villages in, Thally, one of the two intervention area was visited. Most of the villages were very far from each other and it took much time to visit.

Team in the Review visit:

Mr. V.R. Keshavraj, Mr. Sivamurthi, Mr. Perumal, Coordinator for VHW, Mr. Madappan ,Coordinator for Club Mentors and Mrs. Saulina Facilitator. In each area VHW and Club mentors were present.

DAY I: Visit to the villages in Thally block and interaction with beneficiaries

- 1. T. Soolagunda village:** Visited the Government School and met
 - the Adolescent Club members
 - The stake holders- teachers and parents

- 2. Karadikkal Village**
 - Met pregnant women and women with infants
 - Lotus Adolescent Club members
 - Met the stake holders: Headmaster and the teachers appreciated this initiative among the adolescents, which brought discipline and interest to study and learn the academic subjects better.
 - Met the Club Mentor and got feedback
 - **In Malahalli** tribal colony: met a woman who had recently delivered
- 3. Village Lakshmipuram:**
 - Feedback from club members
 - Meeting of a woman who had one delivery in two years ago and currently 7 month pregnant to get feedback

DAY II: visit to Villages in Kelamangalam Block

Team which Visited: Mrs. Kokila , Coordinator for VHW, and Mr. Raj Kumar, Coordinator Club Mentors and few others with the Facilitator Mrs. Saulina. In each village the respective Club Mentor and VHW were met.

- 1. Sathanakkal village:** In this village some of the women who had recently delivered were met and interacted at the Anganwadi

2. **Thadikal village:** Visited Health Sub Centre which is functioning as PHC and met the Health Officer and new VHN.
3. **Alenatham village:** The team met two pregnant women and interacted with them. In the same village later five women who had delivered babies recently.
4. **Poonapalli village:** The Members of Adolescent Club were met in the school, their teachers and the Club Mentor
5. **T. Puthur village:** Met one pregnant woman
6. **Dodda Belur village:** Met members of the Adolescent Club and interacted.

Day III Review

Third day was mainly review in the office.

- Review with Key members of the project and physical verification of the documents and reports.
- Feedback from Club Mentors
- Feedback from Village Health Workers
- Feedback from the Coordinator
- Review of the Report and documents. Analysed how the staff were monitored.
- Meeting with key members were also held and their feedback and achievements were gathered.
- All the information gathered are given in the Analysis in the Annexure.

DETAILED report of this visit and the review of the Documents are given in the Annexure.

Report of Facilitator's Observation and Assessment:

The two components of the Project were analyzed and the observations are presented here.

Intervention for the Adolescents:

Strategy – formation of Adolescents Clubs for conducting evening classes (two hours after school hours outside the school) for six days a week: three days for academic improvement and three days for imparting general knowledge and other skills.

This intervention had its positive impact in the lives of the young adolescents in these villages.

Formation of Adolescents clubs:

Starting of Adolescents Clubs is an innovative strategy. It has to be stated that *some of the activities of the Adolescents Club were not carried out till now in other areas in Tamil Nadu, as the Facilitator had reviewed many such interventions in Tamil Nadu.*

Activities carried out in the Adolescents Clubs:

In each selected village the Adolescents Club was started and 30 children in that village studying **fifth** to **ninth** standards were selected as club members. Children who are members of the sixty Adolescents Clubs are studying in the Government schools and are from very poor background.

Occupation of Parents

S.No	Occupation	No
1	Farmer / Agriculture	871
2	Daily wage laborers	569
3	Skill labor (Carpenters, Masons, Tailors, Mechanics)	44
4	Business / shop keepers	10
5	Watchmen/civil	2
6	Drivers	44
	Total	1540

They want the children to go the school to study but they could not give any support. So they were happy about this intervention.

Activities:

- Daily for six days the sessions were conducted, alternatively, one day for academic enhancement and one day general awareness and life skills
- Club *mela* once in three months
- Parents meetings once a month
- Stakeholders meeting once in three months
- Summer camp / tour once a year

So these Adolescent Clubs had helped the children with the motivational activities needed for the time as they have to develop their self -confidence, setting goals for their future by improving general knowledge and learning skills. These were conducted daily for six days after school hours.

Club Mentors were volunteers from each selected village and were able to get the attention of the adolescents. These Mentors who have completed schooling and some, higher education, were given special training on how to facilitate academic learning, general knowledge skills and plan daily activities.

The observation and assessment were done through direct interaction with club members, parents and Teacher besides the Club Mentors. And observing the changes in the area – like painting, planting trees and so on

Academic Support:

- Learning to read , write and speak English
- Learning to read , write and speak Tamil
- Learning properly - Addition, subtraction & multiplication in mathematics

Method

- Helped them to read and ask for clarification
- Do homework properly
- Give tests to assess progress

Result:

- They could understand the lessons
- That motivated them to learn more and regularly
- They wanted to compete and learn

- They developed the habit of studying regularly and get good scores in the test
- The school was glad about the progress
- Parents were happy about the interest their children showed for the study

Other Activities:

- Learning different things about culture, social and general knowledge
- Involved in learning about their own villages
- Life skills - setting goal, decision making skill;
- The need for cleanliness & Hygiene; wearing slippers when going to toilets and so on.
- Social issues like evil effects of child marriage / early marriage/prevention of child marriage, dowry, poverty and gender equality
- Ways to solve social problems
- Entertainment, cultural activities, Sports and games, dance, Public Speaking.
- **Cluster level Club mela**
Melas were organized jointly for few clubs from different villages together. This gave the adolescents an opportunity to make new friends; they were able to interact with them. This was shared by many groups directly and also in the survey.
- Learning about the surroundings. They went to different places locally and learnt about the history and heritage of those places.
- Seed bank mela and Nursery making Mela: They learnt about growing plants and trees. They had special learning sessions on this and in making mother bed for growing seeds and plants. They were actively involved in collecting seeds locally, packing and labelling them. The seedlings and saplings were given which were planted in and around the school as well as their homes. Parents also were involved in this.
- In Painting Mela they learnt how to paint messages on the wall - they painted directions for special places, messages and important telephone numbers - like emergency numbers, help line numbers and so on.



These activities had helped them gain self-confidence for public speaking, dancing, participate in social campaign for saving water, campaign for cleanliness and for prevention of child marriages. These did not happen in these villages before.

- **Summer camps:** Tours were arranged every year taking the children out of station. These children had never visited other states and this gave them opportunities to learn about historical places. The key staff members first assessed the place of visit and finalized the places to visit. Then the parents were informed about this and their consent was obtained in writing. Then the tour was organized.

First year they went to KRP Dam in Krishnagiri and learnt about it and had an enjoyable time. Second year (last year), they went to Bangalore and visited the Musium and Lal Bagh Gardens. This year (third year) they went to Mysore and visited the Zoo, Palace and other places. The feedback was very good that these excursions were not only enjoyable but also educative. Manythings they saw in these tours were unforgettable for them. In the last tour, school bags were given to the club members.

Thus these activities had been planned and executed for the adolescents according to the objectives of the project.

Parents Meeting:

Every month there was a meeting with Parents of the club members. It was an initiative started only in the second phase as the ARCOD team felt there was a need to motivate parents in social issues and in the development of their children.

Usually the following was the agenda

- Review of the adolescent club and feedback of the parents
- Social issues like - prevention of Child labor, child marriage,
- Cleanliness, using toilet, personal hygiene and according to the season public health issues like Dengue fever and other issues.

Minute book was maintained, signatures of the parents were taken and issues were documented. This meeting was later combined with Stakeholders Meeting and did many activities for the community. This was a good decision and due to that the parents are getting involved in the community work.

Stakeholders meeting

The stakeholders were those related to this adolescent project in each area. They were earlier consulted before the project was started. They are as follows:

1. Village Leaders
2. Panchayat President
3. School Head master/mistress
4. School teachers
5. Members of Self-Help Groups
6. In-charge of ICDS
7. Parents of the Club members
8. VAOs
9. Village Health Nurse
10. Ward members

Every quarter this meeting was held in the school or in some public place. The headmaster often presided and facilitated discussions and signed in the register in the end.

These meetings helped in identifying the needs of the adolescent and the community and accordingly plan activities.

Some of the issues identified:

- Lack of wall in the school causing problems for the students
- Identifying need to construct toilets in individual houses
- Sappling to be distributed for them to plant
- Ensuring nil drop outs in schools

Action taken

Applications were sent for construction of school wall - it is yet to be built

In many villages toilets were constructed

For example in Sivalingapuram village 40 toilets were planned and constructed through Government funds. (Rs. 4, 80,000 /-). About 10 toilets are yet to be completed. People have started using the toilets.

Drawbacks and blocks;

The villages chosen were very interior and without many facilities. It was also difficult for the staff of ARCOD to visit often. The selection of Club Mentors locally had solved those issues. But there were much turnover of Club Mentors due to personal reasons. Among the 60 villages chosen, in 34 villages, the same Mentors continued. In 26 villages more than 40 Mentors changed from time to time.

Communication problem: They needed to know either Kannada or Telugu to work in the selected area.

Often cooperation from other Officials for support had its own effect.

The team hopes to sustain it with a local contribution of Rs. 20 every month but in that only 50% could be achieved.

Observation and Assessment:

- ❖ The project was carried out as planned from the beginning. Many new initiatives were added according to the needs of the adolescents and the community- like petitions for school wall construction and toilet construction.
- ❖ The Club Mentors were well motivated and committed. Even after the project is over many of them are continuing the Club activities.
- ❖ There was good interaction and enthusiasm among the students and offered to share their experience and learning. Spontaneously they gave feedback and demonstrated some of the skills they learnt in the Club.
- ❖ This project had brought changes in the club members. The test reports conducted by the Club Mentors showed the improvement in their learning skill.
- ❖ There was evidence in many ways in the village for their action and skill.
- ❖ Attendance Registers showed 80% of the members attended the club activities.
- ❖ Daily Diary of the Club Mentors showed there was a timetable that they followed. Review report showed the results of the activities.
- ❖ The parents meeting was necessary for creating awareness and bring changes in their families and support children in club activities.
- ❖ In these two years in the project area there were no drop outs among the children and no early marriage
- ❖ Cultural programs conducted in the village by their own children were well received.
- ❖ The community had regular awareness program on social issues.
- ❖ Parents had stopped children from working / helping them in family work and attend the club. That helped the children to study well
- ❖ The stakeholders, the Parents were very happy and satisfied that the adolescents were getting support and they could see the changes in their children. They had confident in their children in their future education. Because they have learnt discipline and are confident to take action in public.
- ❖ The other activities carried out as an off shoot were needed – like motivating people to construct toilet and use it. Efforts taken to get the government subsidiary was motivating many to take action
- ❖ An application for construction of the wall for school was good. Only now these needed actions were taken. Hope the Officials would soon take action.

Conclusion:

On the whole at a time when there were difficulties and lack of initiative by others including the school, this Project was started and had achieved as much result as possible. In an area with multi - lingual background and mostly Tamil medium schools, they were able to improve the education of the children. It was very satisfying to review and asses the project because in just three years it has brought many changes. It is hoped that local initiative could be taken in future for the students to get benefit.

B. Home based ANC-PNC support:

One of the most needed intervention for Safe Delivery and Child Survival is to provide support service to the pregnant women in the way of meeting regularly, counseling regarding pregnancy care and safe delivery and the need for early breastfeeding to the new born. But in interior areas like Thally and Kelamangalam, Health Care facilities are not easily accessible as there are not proper roads and PHCs are situated 20 - 25 km away. HSCs are very less. In this situation, getting trained health care nurses for this was very difficult. So with the support of UNICEF the intervention of ARCOD to train and appoint Village Health Workers especially where there was no ASHA workers was a very wise decision.

Village Health Workers

These VHWs were selected from the same area, mostly in the age group of 21 – 30 years. Few were below or above the range. Among the 36 VHWs graduates were 4; 12th 8 and 10th completed were 16 and others high school educated. They were trained by a senior Nurse on Pregnancy Care, registration in the health Centre, nutrition, anemia, danger sign of pregnancy, preparation for delivery, importance of Breastfeeding, infant care, and immunization and so on. The VHWs

had written this in their daily report register to ensure that they would remember to convey the messages when they visit the women in their houses.

They were provided registers to write their visits and the details of the women- pregnant and lactating women as well as maintaining a Pregnancy Test Kit. This is a much needed support to work in these areas. The Coordinator also had DVDs with player to educate the women on pregnancy care, infant care and other issues.

The women

The selected area was backward and even though many of the selected women had some school education, they were not very clear in many essential things like health and nutrition especially in the Tribal area. The girls marry early, go to the forest with husband do not know when they become pregnant. So often they go for checkup late. The ASHA workers were not there. PHC and Government health services were not easily accessible. Health was not their priority. This initiative had brought changes in this status.

Activities & Case studies

The VHW followed up those newly married and non-pregnant women and checked about their periods. If they suspect, they will use the pregnancy kit and confirm and take the women to the Health Centre. They were motivated to follow the advice in the Hospital. Regularly they were followed up and the VHW recorded all information in the register and discussed it during the review meeting.

They identified the different needs of these women and took initiative to take action like

- Where the Anganwadi was not accessible, through motivating women and giving petitions, they got the Anganwadi in their own area. This was visited by the Facilitator of the Review.
- Campaign for Nutrition supplement: There were villages with no anganwadi, but nutrition powder was arranged to be distributed in these areas for the nutritional requirement of the pregnant and lactating women.
- They ensure emergency vehicle were accessible to the women at the time of delivery.
- Due to some local issues, if women go to the hospital to register after first three months they were not given the ANC card nor facilitate them for getting financial assistance. So the VHW and the Coordinator advocated their cause and got the ANC card
- ANC card was needed to get the nutrition powder, so helping them to get the card was essential
There was a pregnant girl who was not married. The Coordinator and VHW found the man responsible for the pregnancy and with the consent of her parents arranged for the marriage and followed her up throughout her pregnancy. She was very anemic and motivated her to get blood transfusion and ensured safe delivery.
- They also helped some women get Ration cards (PDS) for getting groceries.
- All the pregnant women met, had ANC cards
- It was said all but few had institutional delivery. Those who could not access transport on time had delivery at home and later went to the hospital. There is more awareness on the need for institutional delivery. Only they have to go far for this service. Some go to Hosur for delivery as some of the facilities are not there in their villages.
- Private Clinic Help: When there were no local facilities available, they took the pregnant woman to Private Clinics for checkup and scan. When one lady did not go for check up till 8th month the VHW and Coordinator took the woman and did the needed check - up. In the same way when one lady was very short, she was also taken to private facilities to check her health status.
- They also advised woman who were obese to go for walking daily and eat more vegetables.
- They also helped one woman who was having fifth delivery for nutritional intake and care during pregnancy.

Assessment and observation:

The initiative to support pregnant and lactating mothers was carried out as planned. The VHW were from local area so were able to access the beneficiaries, known about the area well. They were simple, sincere and wanted to help the women.

Records and documents were all available for Review. They had maintained them with all related information.

Their monthly review meeting report recorded more than 25 information relevant to monitoring the status of AN / PN women

- like number of delivery in that month;
- Number of new pregnancies detected.
- Institutional delivery; Home delivery; Accessible to 108 service;
- Whether normal or caesarian,
- miscarriage details
- children with low birth weight;
- ICDS those who got MLR. JSY scheme and so on.

These gave a clear picture of the situation. The target knew the VHW and what they had advised. Mostly they had followed them, like breastfeeding to be given within half or one hour after delivery. The VHWs were motivated and interested in learning and helping the women. They knew about the history of the women. Immunization schedule was reminded to the women. Only some time the service was not available and it got postponed. But most of the ANC / PNC card checked showed at least 85% of the infants had immunization as scheduled.

The health services official knew them when the Review Team visited, also in Anganwadi centre.

Conclusion:

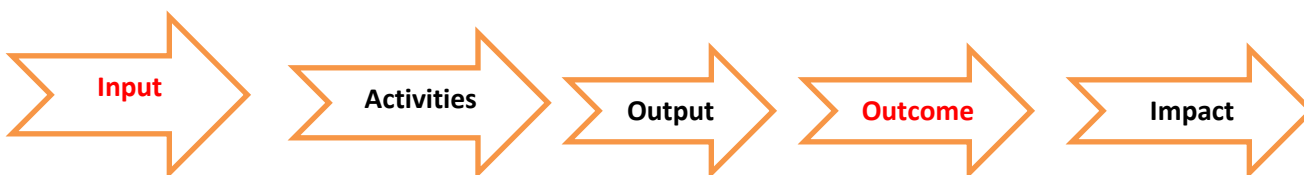
This service was very useful for this area especially in this hilly area where health services, personnel were far and not easily accessible. Till now in most of the area there were no VHN, now it is said they are going to appoint them soon. It is hoped they would be really appointed and these simple women would get help.

The presence of VHWs was appreciated by the women, as they could clarify doubts and fears and get different support. On the whole this visit and review showed they have done what they could do in the difficult terrain. Efforts taken for institutional delivery and immunization were good. It is hoped government would follow and ensure these happens in future.

Findings of the Review and Recommendations:

For an Organization that has been working in an area for a longtime a review of their work is appropriate which would pave way for initiating new interventions locally. Similarly when a new area is identified for action, they need to plan the input for the outcome they desire, both short term and long term.

It is said that “Inputs are all the resources you put into the project to enable you to deliver your outputs. ... Whereas an outcome is the change occurring as a direct result of project outputs, impact is the effect of a project at a higher or broader level, in the longer term, after a range of outcomes has been achieved.”



In this review and assessment report, the project proposal is analyzed in this process. Even though this is a short project many of the components of this process is fulfilled. This Review focused on how ARCOD team had planned and implemented the project and the outcome.

The project was planned and proposal was designed when ARCOD realized there was a need for intervention among the adolescents who are growing with no aim or goal or support system.

In the same way ARCOD realized the newly pregnant women as well as women delivered infants for the first time needed support since neither an ASHA worker nor a Village Health Nurse was posted in interior areas where people are living and in many areas inhabited by the tribal people.

For this they had designed a proposal and got the support of UNICEF to implement.

In this the **INPUT** was how they planned, what were the strategies, what were the human resources from the organization as well as the community. The input was well planned.

The inputs for the projects were as follows:

The human resources: - At the administration level:

Project Manager

Coordinators for the Adolescents Project

Coordinators for the Home based intervention for pregnant and lactating women.

At the field Level:

Club Mentors for the Adolescent Project

Village Health Workers for ANC/PNC

Also the stakeholders in each area consisting of the following:

- a. Village Leaders
- b. Panchayat President
- c. School Head Master/Head Mistress
- d. School teachers
- e. Members of Self-help Group
- f. In-charge of ICDS
- g. Parents of the Club members
- h. VAOs
- i. Village Health Nurse
- j. Ward members

Their involvement helped in building cooperation and coordination in implementing this initiative.

Equipping the staff and field personnel:

ARCOD had planned training of staff at each level according to the need. **The Club Mentors** were trained for facilitating the club members in their academic learning and training in social issues, Gender, in imparting life skills as explained in the main reports above.

The Club Mentors were well motivated and committed to the work. They were able to identify the needs and resources for the implementation of the project. They were very innovative to carry out the objectives of the adolescent initiative and achieved good output.

The Village Health Workers were also equipped to identify the needs of the women in these backward areas, and motivate them for pregnancy care, safe delivery and infant care and to make sure the women really carry this information in their hands.

In this area with lack of access to Health Care Center or health personnel, the VHWs were really a boon in the last three years as expressed by the women.

The training had helped them to record all information regarding the pregnant and lactating women and how to follow up and motivate them.

So the field staff in the project was well equipped and able to carry out the objectives of the Project.

The strategies as explained earlier also were well thought of and the Field Staff were able to carry out.

The stakeholders also were motivated and made the project a successful initiative.

The financial support by UNICEF and other support from the community were helpful to implement this project.

So in this assessment the INPUT in the project was very well planned and carried out

ACTIVITIES:

- For the adolescent initiative, activities were need based and implementable by the Club Mentors with the support of stakeholders.
- Daily evening sessions for two hours with one day academic session and one day Life skills and social issues. Till then there was no support for the adolescent to be motivated to study.
- School also had their own program could not give much support to the students.
- Club *Melas* conducted every quarter was very useful and brought out the talents of the club members, motivated them and the parents to get involved in the community activities.
- Adolescent members could meet and interact with children from other community and develop friendship.
- Activities like tree plantation, seed planting and tackling environmental issues, construction of toilets in each house, were not part of the proposal but were carried out.
- The tour as a part of the Summer Camp helped the club members see other parts of the country and widen their knowledge.
- Parents meeting and Stakeholders meeting helped to identify more issues and take action.
 - School without a wall causing problems for the safety of children
 - The need to construct toilets in individual houses
- Motivating parents to encourage their children to study and not involve them in labour but to ensure there is nil drop outs in the schools

Action taken:

1. Applications were sent for constructing school wall - it is yet to be constructed.
2. In many villages toilets were constructed, for example in Sivalingapuram village 40 toilets were planned and constructed with funds from the government (Rs. 4, 80,000 /-) and about 10 toilets are yet to be completed. People have started using the toilets.

So in this first part of the project for the adolescents the activities were well planned.

B. Home based care of pregnant and lactating women.

Activities in this part were according to the objectives to provide support to the pregnant women and women who had for the first time delivered babies living in remote areas with no health education nor support.

- Identifying and following up the pregnant women, educating them on safe pregnancy, safe delivery and breastfeeding, immunization really provided motivation to these women to have the delivery in the institution. Nearly all pregnant women in this period had institutional delivery. However due to lack of transport few women had home delivery but after the delivery they were taken to the hospital. There was no planned home delivery.
- In this tribal area when women are not able know about their pregnancy the VHW could test with their Pregnancy Kit and take them to the hospital at the appropriate time.
- The VHW had good rapport with the local health officials.
- After delivery the women knew what to do, regarding importance of exclusive breastfeeding, immunization and child care.
- Their documentation helped to follow - up the women and monitor the progress.

- All details of the pregnant women and mothers with the new born babies in the selected villages were well documented
- The VHW had taken initiatives to ensure that all the pregnant women got their ANC card. There were some difficulties in obtaining the cards. VHW intervened for the women to get these cards, and also the financial support from MLR scheme.
- They also took initiative in ensuring proper functioning of the Anganwadi centers near these villages, supply of Nutrition Powder to areas where there was no Anganwadi.

Outputs:

These are the first level outcome of the project. They are usually what the project has achieved in the short term. Outputs are those results which are achieved immediately after implementing an activity. In this project there were many such out puts.

In the initiatives for the Adolescents

- They started giving importance to their education.
- Improvement were seen in their hand writing, completing homework, attending the evening sessions and taking initiatives for learning different skills
- The adolescent members had opportunities to exhibit their talents and skills learnt and surprised their parents
- They could take initiative in the community- painting on the wall with relevant messages.

Output in the Home based care for ANC & PNC

- ❖ All the pregnant women had registered in the institution.
- ❖ There was 95% institutional delivery.
- ❖ They learnt about safe delivery, importance of exclusive breast feeding, need for immunization. Importance for nutrition and taking nutritional supplement / powder were realized and used.
- ❖ Immunization was done for the children.

Outcomes can be considered as mid-term results. They are not seen immediately at the end of the first level of the project activity. Only when the beneficiaries of this project continue these activities real out could be seen.

In the Adolescent Project:

- The students said their self- confidence has increased
- They were able to develop their aim
- They were able to make new friends
- They realized they can also achieve something.
- Parents did not send their children to work
- Parents attended the meetings enthusiastically and got involved
- Stakeholders became conscious of their responsibilities in meeting the needs of the children.
- More than 20 children were stopped from dropping out of school in the Thally tribal area.

Out come in the activities for the new cases of pregnant women and women going to have their first delivery are yet to be checked.

Impact is usually a long-term result and it may not be achievable even during the life cycle of the project.

Administration

When reviewing the management of the Project it can be said

- The team had worked out well for the project - from the stage of writing the proposal to planning the implementation strategies and the actual implementation and concluding the project.
- Staffs at all levels were committed and responsible.
- Monitoring through proper documentation was as far as possible maintained. They were able to fulfill their responsibilities even though many of the field staff had only completed schooling.

- The volume of the work, covering 60 villages for the adolescent project and 36 villages for Home based initiative for the pregnant and lactating women for three years was a tremendous task.

Some of the Drawback / Blocks during implementation:

- The chosen area - different types of terrain, the problem of language (multi-linguistic, three languages) of people who were not educated and difficulties in communicating with them and getting them understand the need for action.
- Travel for implementation, supervision and monitoring.
- The field staffs were not full time. They may have to supplement their income.
- Being from the same area was a good strategy, but how well officials cooperated in an area where health personnel were less had to be seen.
- The effort taken by the staff to sustain this project through the contributions of parents had not yielded the expected result. One issue could be the project was time bound and the parents were not sure of how to continue the activities without the support of an organization
- This project is a challenging one to make it sustainable for both the staff and the people. They need support for some more time before this could become sustainable.
- The project was too short to develop local initiative and leadership to take it forward for the years to come, benefiting the developing the future generation.

Recommendation and Conclusion

- This project is a very good attempt to bring changes in the community, especially aimed among the adolescents. These days the adolescents are exposed to many types of wrong education instead of right type of life education with proper guidance. So this new type of work not only enhances education but also awakened the adolescents for facing social and other issues.
- The pregnant women and mothers with new born children were definitely supported and for the first time this was initiated and health education was given in this interior area.

Adolescents Development

- It is obvious that this Project has to continue for some more time to realize the aims. If it could be somehow supported for another few years and give time to develop local leadership, this initiative could be sustained for a long time so that the next generation could also be benefited. The community members also could learn to contribute and develop their family for long time sustainability.
- If these adolescents are given input with more focus on life skills education especially reproductive & sexual health and career guidance for another 3 years, they will become responsible adults who can in tern take the responsibility of caring for the future adolescents. Because in this mainly school going children were in focus. When they are finishing high school if these types of training is given it would be helpful in the long run.

Home based AN and PN Care

From the experiences of this project, we could understand that there is a need to study the cultural and health practices by tribal population. There are about 40 hamlets in Thally and Kelamangalam blocks. The project team faced challenges in changing behavior and mind set of these people.

There is a need to sensitize the local govt. health personnel about the lifestyle and cultural values of the people, so that the govt. can develop infrastructure like road, transport and health facilities. At the same time the people should also be sensitized on the limitations of the govt. The major concern here is lack of nutrition (availability and affordability).

“If you keep a bird in her cage long enough // She will believe she belongs there.”

The women here believe this because till now there is no education for enlighten

.This intervention has made a small dent. .

The Home based care for pregnant women and new mothers should be followed up by the Primary Health Care centers. It is stated that soon VHNs would be posted. This has to be checked and followed up. Otherwise there would be more babies born with lower birth weight and babies who could not be productive when they grow up.

Conclusion

- In a sense taking up, such a new type of intervention in interior villages was a challenging task. But from their previous experience Team ARCOD were confident that they could initiate this intervention. It was a great task and it has brought changes in the adolescents to a great extent than one could expect.
- Effective measures taken and communication helped the team to implement this project well. And that enabled the organization to ultimately achieve measurable outcomes in a short period.
- The team ARCOD and the team leader Mr. Keshavraj are to be appreciated and congratulated for taking up this project. This gives hope that they could get support for the years to come for new initiatives that could bring lasting changes in the communities living in the interior border areas which were uncared for so long a time.

Annexure for support of the review of Project :

LIST of Annexure

Annex A. Field Visit Report- Separate

Annex B: Feedback From the Adolescent

Annex C:Stake Holders meeting sample

Annex C: Feedback from Women ANC/PNC

Annex C 1: Sample VHW register page

Annex D: Feedback from the Coordinators

Annex E: Feedback from the Field Staff

Annex F: Feedback from Chief Functionary

Annex G: Documents reviewed and samples

Annex H: Pictures of different activities.

Annex: A Field Visit Report in Krishnagiri

Field visit experience:

The team had arranged for the facilitator to meet different beneficiaries in each village. In Thally block each village was very far from each other and not easily accessible. Most places were inhabited by tribes and their life styles are different. Also as this is a border district, it is multi-lingual. In each area the people either spoke Telugu or Kannada.

This report will give only the summary of the observations. Detailed information is given in the 'assessment and observation' part.

On the first day of the field visit, villages in Thally, one of the two intervention areas, were visited. As most of the villages are very far from each other it took a longer time to visit.

Team in the Review Visit:

The Field Visit Team consisted of Mr. V.R. Keshavraj, Mr. Sivamurthi, Mr. Perumal, Coordinator for VHWS, Mr. Madappan, Coordinator for Club Mentors and Mrs. Saulina Arnold, Facilitator. In each area VHW and Club Mentors were present.

T. Soolagunda Village in Thally

Meeting Adolescent Club members:

The first place of our visit was a school in **T. Soolagunda** and met the club members separately. The members were accommodated in a class room in the school. They were talking in Telugu and with interpreters had discussions regarding Adolescents club. That was the first day after quarterly holidays and many of the children had not turned up to the school. The visit was in the morning. We enquired mostly about:

- How they liked the club?
- What were the benefits?
- What improvement was seen in their lives?

The nine club members both Boys and Girls answered enthusiastically. They said earlier they had just wasted their time but after the initiation of the Club in the last two years they were having a certain activity every day. One day academic work, one day discussion on a different topic related to life and another day a special program like Club Mela and tours. They said these activities were keeping them motivated to study and learn. They shared that they could learn many skills. They demonstrated their skills in dancing and painting. They told in the club that they had learnt many things outside their lives. The tour was also enjoyable as well as educative.



Demonstrations of Hand wash that they had learnt

They also shared their future aspirations. Most of all other districts the members wanted to become Police, doctors, Teachers and Engineers.

Feedbacks from Stakeholders - Teachers and Parents in that school:

We met some of the teachers. They shared their feedback in the changes among the students attending the club.

Feedback from the teacher- About the outcome of the Club

- Brought discipline among the students.
- Motivated them to do homework regularly.
- Their academic performance had improved.
- Could see their improvement in their Handwriting.
- They were doing better than other students in their school;
- They were not wasting time.
- On the whole the club has given good initiatives to them.

Feedback from Parents

- Their children are not watching TV or wasting time after the school.
- They were showing interest in their studies, which was not shown before. They were using the time wisely.
- They also said children learnt many new skills like Public Speaking, performing various skills, singing and dancing. So when they visit other places or attending family functions the children are asked to perform and they do it without hesitation.



The Parents we met were happy about the club initiatives

The Mentor for that area was also met and he was happy and enthusiastic about the progress among the club members in different ways like educational and various other activities and skills.

NEXT AREA: Karadikal Village

Meeting Women in Karadikal village:

The day after a big festival, many had gone visiting others and so could not be located. Three women who had delivered babies and one pregnant woman were interviewed. They had received most of the information regarding care during pregnancy, care of the newborn and breast feeding. They were already aware of the day to day procedures. They had breastfed their infants in a time gap of every one

hour. The delivery took place in one of the Government hospitals. Many went to Hosur for delivery. They could not monitor their weight as there were no facilities. PHC was 25 Km away.



Checking the ANC Card and discussing the Findings with women & VHW, Coordinator

The women we met had the ANC card which is also used for monitoring new born. But most of them needed the help of VHW & Coordinator to explain as they were not able to read. They were also given a small note book where the results of the routine checkups are properly written.

The weight at birth was 2.25kg, 2.5kg and 2.75kg. Most of the women were malnourished. Most of them knew about taking greens and other nutritious food but due to their poverty and availability of food they did not have balanced diet. The weight gain during pregnancy was – only 6- 7 kg, which is the low birth weight of the infant. Most of them were aware of what to do and when. But in putting it into practice had some difficulties.

Visit to Malahalli village:

Visited first a Middle school and then a tribal settlement

Lotus Adolescent Club members

In this school 32 children – club members were met and interacted they were studying from 6 – 8 standard. They also shared their improvement in their lives since being in the club. They were in a position to plan activities on day to day basis and motivated to study and learn their school lessons better. Many information and skills were learnt. Public speaking and other competitions motivated and built their confidence.



They also told their ambitions to become a doctor, police, teachers, collectors, Engineers etc. With these ambitions in their minds they are studying much better now. They also learnt about the community. They shared that they learnt how to paint on the walls for writing social messages and other information useful for the villagers.



Advocacy for water

As they were not getting drinking water in the village the club members wrote a petition and followed it up and now they are getting water. They have drawn messages about saving water and not to waste it. Thus the club members were motivated to be involved in the community issues.



The Headmaster and teachers said this project had motivated the children to concentrate on their studies and to get involved in social issues. The Club *MELA* had helped the students themselves to paint messages in the wall.

Club Mentor:

She was the only bread winner in her family. She was happy to learn and help the adolescents in her area. She motivated them to be active in the community. She herself had learnt many skills through the capacity building training she had from ARCOD and that helped her to conduct the different activities in the club.

Feedback from Stakeholders

Headmaster and the teachers appreciated this initiative among the adolescence, which brought discipline and interest to study and learn the academic subjects. There was much improvement in their skills and new skills were developed. All were very useful for example like the action taken to solve water problem. They said the Club Mentor was very active and enthusiastic.



Malahalli tribal colony:

The tribes in this area were given houses in 2003. But now most of them have dilapidated, and they have gone back to living in the forest. As the husband and wife live and work in the forest, the wife is unable to know whether she got pregnant. The VHW using their Pregnancy Test kit identified women in the forest who are pregnant and took them to the Health centers to motivate them to register and get the services and benefit.



One such person was Rani 20 years old. She had given birth to a child few months back and the weight was 2.7 kg.

She had the ANC Card and the note book but could not follow as she is an illiterate.

VHW had to motivate her and eat greens and nutritious food. . Now Rani knew what she learnt and breast

feeding the baby from the beginning.

Lakshmipuram village:

Feedback from club members:

In this adolescent groups were met in the evening. The club mentor was conducting the sessions in front of their house in an open place. So even now after the Project is over the children are coming to the club meetings. Some of the club members who were present shared that they had something good to do in the evening. One day academic and next day activities motivated them to study. They have learnt to use chapels, importance of cleanliness and hand washing was good. Also had opportunities to have sports and dance. The outings locally and summer tour helped them to learn many things. They also wanted to study well now and become teachers or Doctors in the future.



One of the member , Reha , (Yellow dress) lost her mother so some support is organized for her to continue studies and look after her two siblings. Thus these interventions are identifying local issues and helping them to find solution.

Club mentor Madu Chandran was very committed and active. His wife, Muthulakshi was the Village Health Worker and as a team they had learnt many information and skills and they are able to help the adolescents they said. They were happy to be involved this initiative.

Meeting a woman

In the same village a woman, Radha who had been in the project for last three years was met and interviewed. She had her first delivery two years ago and now in the second pregnancy she was seven months pregnant, The VHW, Maha Lakshmi had given counseling in pregnancy care and care of the new born. She has anemia advised to eat greens and good food. Weight gain also was less.

DAY II – Kelamangalam Block

Team which Visited: Mrs. Kokila , Coordinator for VHW and Mr. Raj Kumar , Coordinator Club Mentors and few others with the facilitator Mrs. Saulina. In each village the respective Club mentor and VHW were met.



Sathanakkal Village

In this village some of the women who had recently delivered in Anganwadi and Health Sub Centre were met.



In this area there were two pregnant women and three women who had just delivered. Some of them were met. Two women who had delivered and one pregnant woman were first met.

Saroja 25 years had given birth to a second child recently First child was born 3 years ago..She had gained 10 kg during the pregnancy and the second child was born with 3 kg. She was anemic during pregnancy and the initiative of theVHWand the coordinator had motivated her to go to the Health centre and get blood transfusion ,to ensure safe delivery.

Kavitha , 23 years was pregnant.She had a child 4 years ago. She also was counselled bythe VHW and both women were knowledgeable about pregnancy care and care of new born, breastfeeding .All health services were received. VHW had followed and provided support.

In this area ARCOD team also had taken many initiatives to ensure the health of the pregnant women. The Anganwadi for that area was built very far outside .The team advocated this issue with the officials and the local women.Thus the AWC was shifted to local SHG Centre.



In the same way the provision for nutrition powder which was not given was got through their initiative. This helped to increase the weight of the pregnant women. It has to be mentioned that in this area there was noVHN and theARCOD VHW only I was following up the pregnant and lactating mothers.

The women in the area were happy about the support they were receiving from this initiative.

VISIT TO Thadikal village

The Primary Health centre for that area was built very far, so at present the services were provided from the Health Sub Centre in that area. The review team visited the centre and met Dr. Venkatachalam. He knew the VHW Coordinator and VHW.



Visit to Alenatham village

The VHW in this village was Vinodha and the team met two pregnant women and interacted with them. The meeting was arranged in Anganwadi centre. In one side the teacher was looking after the children and in another corner the facilitator could interact with the pregnant and lactating mothers. Five women came for the interview.

They showed their ANC cards and shared what they learnt from VHW about care during pregnancy and infant care, breastfeeding. They all had delivery in the Government Hospital, some nearby some go to Osur GH. They were all breast feeding from the first hour. They followed the advice for anemia correction and other care.

ANC seen were both second time pregnant. Anita, 23 years old, Muniratnam 24 years both had caesarian and now also the delivery would be caesarian.



The lactating mothers were also women who had up to three deliveries before. One had three boys. Other had boy babies they had family planning. They were all breast feeding their infants. Two of them had 2.75 kg and one had 3 kg. weight at birth.

Angan wadi Centre - Teacher : Kantha Lakshmi



The AWC had only few children. The Teacher had no *ayyah* to help. So she cooked food from home and brought and gave it to the children. (Rice, dhal gravy and egg)

Visit to Poonapalli village

The Members of Adolescent club were met in the school where they were studying. The club meeting



was being conducted in an another building opposite to the school. 13 girls and 14 boys belonging to 6 to 8th standard were present for the review. The club members were happy to share what they learnt in the club meetings. Some of the feedback were asked orally, but their happy experience was collected



Teachers and Mentor Sathya



in a bit of paper given to each one of them. Besides studying better, they developed interest in many things. Every day they do their home work and on alternate days they have interesting activities. They learnt about planting trees and seeds, had discussions on Gender Equality, hygiene and cleanliness, received training in public speaking and also dancing.

They, like all children in this age, have a dream / aim for the future: to become a Police officer, teacher, doctor, IAS Officer and serving in the Military etc. Both boys and girls replied similarly.

Their best experiences were speaking in public, able to dance, painting and learn many other new things. The tours were very interesting and unforgettable experience.

Feedback from Stakeholders

The teachers were happy about the initiative for the adolescents. They said the student learnt many moral values with great interest. They said the parents also were very grateful for this intervention and this had built confidence in their children that they will do well in their studies.

Visit to T. Puthur

In this village, Sumathy, 22 years, a graduate, married and has a 18 month old baby month has been working as VHW since three years. Now she herself is pregnant for the second time and her name is also in the pregnant women's list! As she gives ANC/PNC care to others, she is also following the same as a pregnant woman – going for regular check ups at the Health Centre and monitors her own health status as she monitors the health of other pregnant women! She has registered in the Health Centre and follows the Health Centre's advice .



She had made sure the pregnant women get nutrition powder supply by taking correct planning and advocacy. She had taken initiative as there was no Anganwasdi centre to supply the nutrition powder.

Visit to Dodda Belur village: Meeting members of the Adolescent Club:



The teachers had assembled the students (11 girls / 13 boys from belonging to the club in a room 11 girls and 13 boys studying 6 to 9th standard) who are members of the Adolescent Club. They shared their experience in the Club. They also shared their learning experience in the club. The regular evening activities motivated them and gave them motivation to learning not only school subjects but also other topics. They had learnt many skills like dancing, speaking/writing in English. They got good marks in the examinations and have gained confidence in themselves that they can also do better, thanks to the Adolescent Club initiative. The excursions and Club *melas* were also very interesting, enjoyable and educative for them.



They as they have gained much confidence, now they also aspire to become doctors, teachers, police officers and engineers. Interestingly one student said he wanted to be a farmer. **(The only person who said that he wanted to become a farmer!)**

The teachers said the students are showing interest in their studies only now after the experiences they had gained in the Club. They utilize their time well now.

Thus the second day field visit ended fruitfully.

Day III

Third day was mainly review in the office.

- Review with Key members of the project and physical verification of the documents and reports.
- Feedback from Club mentors
 - A tool - questionnaire was prepared to get the feedback from the Club mentors who were in the field. Questions were about their learning experience, achievements and

their evaluation of the club activities. The outcome of this feedback is given in the Annexure.

- Feedback from Village Health Workers
The experience of the village health workers was captured in a questionnaire designed for their work. During visits this tool was distributed and information was collected. Their responses are given in the Annexure
- Feedback from the Coordinators
Feedback from the Coordinators was also received in the same way using a questionnaire. But later there was a meeting to discuss their experience, the hurdles encountered and achievements in the project and also how to take it forward in the future.
- Review of the Reports and Documents.
- Finding out how the staff were monitored.
- Meeting with key members was also held to get their feedback on the achievements.

All the information gathered is given in the analysis and it is reported in the Annexure.

Documents reviewed :

- Attendance Registers
- Planning register
- Quarterly reports
- Daily Diary of Club mentor -Weekly reports of coordinations
- Review report of each Project
- Training reports
- Handouts for the club mentors.
- Documents of VHW regarding the ANC and PNC they follow
- Minutes of the Parents meeting
- Minutes of the Stake holders meeting
- Reports of other extra action taken

All these details are given in the annexure.

Remarks: On the whole all the reports and documents were well maintained. All relevant information needed was well documented for information and review.

Conclusion: The three day field visit was well carried out and was very useful for the review and assessment of the outputs and outcome

The staff and volunteers, the Club Mentors and Village Health Workers who came even after the project was over cooperated and were glad to share the outcome, and helped the facilitator to visit and meet the beneficiaries. Facilitator thanks all those who helped during the Field Visit in these three days.

Annexures for all other Review and Assessment Reports

Annex B: Feedback survey among the club members / Adolescents in Krishnagiri

A short survey /data collection was conducted as part of the review and assessment process to collect the outcome and impact of the project among the beneficiaries, the adolescents, pregnant and lactating women. The tool - a Simple questionnaire was designed for each target with demographic data and specific questions to know their experience. Some of the questions were open ended question giving chance for the participants to give their opinion. Some were closed which were ended, mainly based on the objectives of the project.

The data was collected using random sample method, covering few from at least one third of the area.

Nearly 500 adolescents and 30 women were selected and their feedback was interviewed.

The analysis or tabulation is just given to get the picture of the output.

Only the answers of six questions are given here.

Table I : Details of the Respondents: Age Vs Class

Age / Class	9	10	11	12	13	14	15	16	17	Class Total
4	5									5
5		21	4							25
6		2	55	12						69
7			4	108	17	3				132
8			1	2	111	7	1			122
9					3	74	4	1		82
10						3	14	1		18
11								9		9
12									7	7
Age Total	5	23	64	122	131	87	19	11	7	469

Note: more middle school students were covered in this survey.

1. When asked which, among the following training was most useful and which was not useful?

Some was marked nearly all. Only few said to certain extend useful

Those in **bold** were marked more.

- i. Leadership Skills— **Useful**
- ii. Analytical thinking - - Useful/
- iii. **Creativity** -/ **Useful**/ some said little
- iv. Dealing with Emotions - A little Useful
- v. **Problem Solving** - Very Useful/ **Useful**/ Not useful / Did not attend
- vi. **Decision Making &Goal Setting** -- **Very Useful**/ Useful/ Not useful / Did not attend
- vii. **Communication** - Very Useful/ **Useful**/ Not useful / Did not attend
- viii. **Sports** - **Very Useful**/ Useful/ Not useful / Did not attend

Table II

Question 8. How the activities in the Club help your life? Close ended Questions – options were given

Question 10. How the club activities helped the village? Close ended Questions – options were given

Age	9	10	11	12	13	14	15	16	17	Total
Total	5	23	64	122	131	87	19	11	7	469
8.1 Received many information	4	9	24	43	64	38	7	6	3	198
8.2 Developed Self confidence		9	38	74	65	42	9	3	2	242
8.3 Get involved in many activities	1	4	18	39	52	37	6	2	1	160
8.4 Gave goal in life		1	16	22	31	20	5		2	97
10.1 Created awareness	3	8	31	43	51	35	7	5	4	187
10.2 (M) Parents encouraged children to study	2	10	26	55	53	36	10	2	1	195
10.3 , Parents got involved in the community activities		3	23	52	66	40	4	3	1	192

Note: Nearly all options were taken.

Table III a

Question 9. Three things they learnt in the club Option 1 (OPEN ENDED QUESTIONS)

Age / option	9	10	11	12	13	14	15	16	17	Grand Total
Acting			4	3	2		1			10
Adolescent Development			2	2						4
Child Marriage Awareness		1		2	2					5
Club Mela			1		1		1			3
Communication	3	3	6	10	11	5	1	1		40
Creative Thinking			1	1	3					5
Dance		1	2	3	3	3	1		1	14
Discipline		3	5	8	14	11	5	1		47
Drawing		1	3	1	3	1	2		1	12
Filling Bank Form			1	2	3	1				7
Goal				1						1
Good Habits				2	1	6				9
Got Information			1		1					2
Grow Plants						1				1
Guide Education				2	2	3				7
Honest				1		2				3
Hygienic			2	3	4	2	1			12
Individual Cleanliness		1	2	1	4					8

Knowledge					2					2
Learn To Emergency Number			2	1						3
Learn To English & Maths		3	1	4	6	7	2	6	1	30
Learn To Tamil					1					1
Life Skill			1							1
Manage Emotion			1	6	8	4				19
Mother Bed			2	1						3
New Ideas		1		1		1				3
None			4	4	9	3	1	1	3	25
Painting				2						2
Plant growing		3	5	5	5	8	1			27
Rainwater Saving					5					5
Seeds Collection			1							1
Self Confidence		2	4	5	5	4	1	1		22
Singing				1						1
Spoken English	1		2							3
Sports	1		4	9	10	4	1		1	30
Study: Importance of Education		2	6	41	26	20	1	1		97
Toilet Using		2	1			1				4
Grand Total	5	23	64	122	131	87	19	11	7	469

Note: These were the first options for the club members. Importance of study they learnt in the Club activities. Others marked more than 25 were; Self- confidence, sports; growing plants, discipline.

Table III b: Question 9.2 Three things they learnt in the club ; Option 2

Age / option	9	10	11	12	13	14	15	16	17	Grand Total
Acting		1	1	2	5		1			10
Adolescent Development			1							1
Child Marriage Awareness	1		3	1	7	1		3		16
Club Mela					1					1
Communication		2	5	13	11	5	1			37
Creative Thinking			1		1					2
Dance		1	2	13	9	10	3	1	1	40
Discipline				4	4	4				12
Drama			3							3
Drawing		2	3	3	2	2		1	1	14
Filling Bank Form			1	1		3	1			6
Goal			4	1	2	3				10
Good Habits			1	5	4	5				15
Got Information		1		1						2

Grammer						1				1
Guide Education			1	1	3	3				8
Honest			1	1						2
Hygienic	1		1	1	6					9
Individual Cleanliness			5	5	5	1		1	1	18
Knowledge		1		5	1	4				11
Learn To English & Maths				3	1	1				5
Life Skill		1	3	2	1		1			8
Manage Emotion				1	6	7				14
Mother Bed				2	1					3
New Ideas	3	3	2	7	1	2				18
No answer			3	6	15	4	1	1	3	33
Painting		1	2	3	2	2	1			11
Parents Responsibilities		1			1					2
Plant		3	1	2	6	7	3		1	23
Problem Solving			2							2
Rainwater Saving			2	1		1				4
Scored Good Marks			2			1	1			4
Seeds Collection				1						1
Self Confidence		1	3	6	4	3		1		18
Singing				2		1				3
Spoken English		1	2	2	1					6
Sports		2	1	13	9	5	1	1		32
Study Important Of Education		2	5	14	20	10	5	2		58
Summer Camp					1					1
Toilet Using			2		1	1				4
Village Mapping			1							1
Grand Total	5	23	64	122	131	87	19	11	7	469

Table III c : Question 9.3 Three things in general they learnt in the Club ; Option 3

Age/ option	9	10	11	12	13	14	15	16	17	Grand Total
Acting			5	3	9	3				20
Adolescent Development		1	1	1		3				6
Child Marriage Awareness	1		1	2						4
Club Mela			1							1
Communication		1	5	11	8	9	1			35
Dance			3	9	6	6	2			26
Discipline		1	1	8	12	6				28
Drama				2	1					3
Drawing			2	1	4	1				8

Filling Bank Form				3		2				5
Gender Equality		1	1							2
Girls Education				1	2					3
Goal						1			2	3
Good Habits		1		7	4	5	1	1		19
Got Information			1							1
Grammar			3	5	3			1	1	13
Grow Plants				1	2					3
Guide Education				2		2	1			5
Honest				4	5					9
Hygienic		3	2	6	12	3				26
Individual Cleanliness			2							2
Knowledge	3	3	2	1		1				10
Learn To Emergency Number					2					2
Learn To English & Maths			1	1	1					3
Life Skill						1				1
Manage Emotion		1	1	1	4	2	1			10
New Ideas		2	1	3	2	2				10
No answer		1	4	9	14	5	1	1	3	38
Painting						1				1
Plant		1	7	5	6	3	2			24
Pote					1					1
Practical Learning					1					1
Rainwater Saving				1	1					2
Scored Good Marks						1				1
Seeds Collection		1	1	3	2	2	1			10
Self Confidence				2	3	4	1	1		11
Singing		1	3	2	1		1			8
Spoken English	1		1		1					3
Sports		1	7	16	9	10		3		46
Study Important Of Education		2	3	11	13	12	4	3		48
Summer Camp			1		1		1			3
Tamil Speaking				1						1
Toilet Using		2	4		1	2	2	1	1	13
Grand Total	5	23	64	122	131	87	19	11	7	469

Note : Most of them answered nearly same answers as each option. Not sure if they understood. Those marked more than 15 are highlighted a bold.

Table: Question 11. Aim in their life. (Open ended question)

Row Labels	9	10	11	12	13	14	15	16	17	Grand Total
Advocate					1	2				3
AEE0						1				1
Agriculture				1		1				2
Army	1		2	2	1	3		2		11
Become Popular				1	2					3
Cardiology				1						1
Collector/las		4	2	15	9	13	1			44
Dancer				2	1					3
Diploma							1			1
Doctor		5	24	30	40	16	3	2	1	121
Driver					1					1
Engineer		2	2	6	3	3	2	1		19
Farmer			1		1					2
Got Many Information			2		1	2				5
Head Master			1		2					3
Involved In New Action			1		2	1				4
Ips					7	5				12
Msw					1					1
No answer			4	2	2	1	2	1	3	15
Painting		1								1
Police		2	9	24	21	15	4	2		77
Scientist							1			1
Shop					1					1
Social Service		1		1		2	1			5
Sportsman			1							1
<i>Study Important Of Education</i>					3				1	4
Teacher	4	6	15	36	31	21	4	3	2	122
Veterinary Doctor					1					1
Work in a company		1		1		1				3
Yoga		1								1
Grand Total	5	23	64	122	131	87	19	11	7	469

Question 12. Their Good Experience in the club

Age	9	10	11	12	13	14	15	16	17	Grand Total
Artist					2					2
Child Marriage Awareness					1		1			2
Dance		1	3	16	4	5				29
Discipline		1	1	11	10	5	3	2		33
Doctor							1			1
Drama					1					1
Drawing			2	1	1					4
Enjoy Mela			3	5	9	7	1	1		26
Experience In The Club		3	2	8	12	4	1			30
Field Trip	1	2	5	9	4	1	1		1	24
Friendship Development			2	1	3	1				7
Good Habits						2				2
Grow Plants			6	7	8	6				27
Help Out In		2	2	5	4	1			1	15
Learn To Emergency Number			4	3		1				8
No answer			6	8	23	16	4	2	3	62
Painting			1	4						5
Plant				3	3	2	1			9
Self Confidence		1	2		1					4
Singer				2			1			3
Sports &Game Not Waste Time			3	5	5					13
Study Well Writing	1	1	5	9	18	14	1	1		50
Summer Camp	3	12	17	25	22	22	4	5	2	112
Grand Total	5	23	64	122	131	87	19	11	7	469

Annex: C - Feedback from Beneficiaries women- ANC / PNC

I. Feedback from Pregnant women

A short random sample survey / data collection was done as a part of the review and assessment.

About 35 pregnant women one or two from each village were interviewed using a tool – a short questionnaire. The result is as follows.

1 No. of pregnant women- 35

2. Education

Education	No
-----------	----

No schooling	12
Middle school	3
High school/HS	17
Graduate	2
No reply	1
	35

3. **Age** at marriage - 17- 21 years

4. Weight gain during pregnancy - about one kg in two month at the time of interview

Weight gain	No
3-5 kg	23
6- 7 kg	6
9 - 10 kg	3
No answer	3
Total	35

Three women did not answer

5. All had registered in the Primary Health care centre

6. Status of anemia

- YES - anemic – 8
- NOT - anemic - 27

It is usually believed those tribal women are not usually anemic.

7. **Who usually do all household work?**

- The pregnant woman only - 19
- Mother- in-law helps - - 4
- All In the family help in completing work _ 12

This showed women were overburdened and did give importance for their health

8. **What the pregnant woman learnt from the VHW:**

- Early registration 10
- Proper checkup/ test 10
- Regular check - up / at least 5 times 4
- Institutional Delivery -6
- Pregnancy Care/ taking rest/ exercise/ be happy - 8
- Avoid taking risk during this period - 6
- Travel/ climb tree /work in sun/ no swimming
- Preparation for delivery 4

- Nutrition/ vegetable/ fruits/ nutrition supplement – 17
- Awareness on anemia and prevention - 15
- Take IFA. Tablets/greens
- Breast feeding / Exclusive breastfeeding for 6 month – 26
- Family Planning / Less children - 3
- MLR and other services - 6
- Cleanliness/ Hand wash / bathing- 21
- Using toilet/ using chapel - 4
- Prevent early marriage - 14
- No home delivery - 8

II. Feedback from Lactating women with infants

A short random sample survey / data collection was done as a part of the review and assessment.

About 48 women one or two from each village were interviewed using a tool – a short questionnaire. The result is as follows.

1. **No. of women --48**
2. Age range

Age	No
18- 20:	8
21- 24:	25
25-30 :	15
Total	48

3. **Education**

Education	No
No schooling	10
Primary	3
Middle	4
High/ Hr.sec	28
Graduate	2
No answer	1
Total	48
About 55 % were educated	

4. **Duration of marriage**

Years	No
1-2	16
3- 5	20
6-7	6

8-10	5
11	1
TOTAL	48

Mostly they were married between the age of 17 – 20 years in this area.

5. All who were interviewed had delivery at Government Hospital

6. Initiation of Breastfeeding-

- Only 6 said one hour after delivery
- 40 said half hour after the delivery
- Two women said quarter hour after delivered.

Breast feeding was one of the topics the VHWs have educated on very much.

7. Learning from the VHW

Respondents not only on what health education they received from the VHW but also the assistance and support they received from them. Also it included what education they received before delivery, when they were pregnant and VHW was following them.

	Topic- on Health Education	Nos
1	Pregnancy care	15
2	Preparation of delivery/Delivery care	12
3	Breast feeding & exclusive Breast feeding	30 12
4	Nutrition/Nutrition supplement	15
5	Childcare /Immunization	12
6	Family Planning	3
7	Cleanliness/Hand washing	15
8	Using toilet	4
9	Prevent early marriage	4
	Help from VHW	
10	VHW was very helpful as there is no VHN	1
11	VHW was very helpful as there is no VHN	6
12	VHW was very helpful as there is no VHN	3
13	Help Get MLR/ finance scheme	5

General Remark:

- ✓ The above were all open ended questions. So have multiple answers.
- ✓ There were many closed ended questions for both Pregnant and lactating mothers.
- ✓ On knowledge and practice with option the questions were

2. Total ANC /PNC followed by VHW

NO	NAME	பி.பி.என்	வகை	தொகை	திகதி	சமூக	சமூக	சமூக	சமூக
	செவ்வாடு	09060107000640	20		17-02-16	செவ்வாடு	செவ்வாடு	செவ்வாடு	7689208
	செவ்வாடு		21	3kg	21-03-16	9.23am	செவ்வாடு	செவ்வாடு	9739153
	செவ்வாடு	09060107000686	19		08-02-16	9.23am	செவ்வாடு	செவ்வாடு	9741747
	செவ்வாடு	09060107000684	22	3kg	15-07-16	10.53	செவ்வாடு	செவ்வாடு	9786381
	செவ்வாடு	09060107000688	24	3kg	24-07-16	10.32am	செவ்வாடு	செவ்வாடு	99923
	செவ்வாடு	09060107000683	24	3kg	04-09-16	9.53am	செவ்வாடு	செவ்வாடு	89407
	செவ்வாடு	09060107000820	20	3kg	17-09-16	9.83am	செவ்வாடு	செவ்வாடு	7094

3. Helping aids

Weighing machine and DVD player for Health Education.



PNC
பின்புலம்
நினைவுகள் w/o தலைப்பம்

① 27.5.17 + 3.12.18. சித்திரம் GT-14. PS. மாவட்ட முயற்சிக்கு. குடிநீர்மக்கள் கிராமியர் லட்சக்கணக்கான பேர். nagarathna

② 29.5.17 காவலர்கள் குடிநீர்மக்கள் கிராமியர் இலக்கு அளிக்காமல் அமைதி நிலையில் லட்சக்கணக்கான பேர். nagarathna

7 8-6-17 காவலர்கள் கிராமியர் அளிக்காமல் அமைதி நிலையில் லட்சக்கணக்கான பேர். nagarathna

(A) 9-6-17 காவலர்கள் கிராமியர் அளிக்காமல் அமைதி நிலையில் லட்சக்கணக்கான பேர். nagarathna

② 16-6-17 காவலர்கள் கிராமியர் அளிக்காமல் அமைதி நிலையில் லட்சக்கணக்கான பேர். nagarathna

23 23.6.17 4-3-00000 K காவலர்கள் கிராமியர் அளிக்காமல் அமைதி நிலையில் லட்சக்கணக்கான பேர். nagarathna

(A) 6-7-17 400 காவலர்கள் கிராமியர் அளிக்காமல் அமைதி நிலையில் லட்சக்கணக்கான பேர். nagarathna

The document Signed by the medical officer about ANC detail.

பிள்ளைகளுக்காக

No.	Name	Position	Signature
1	m. madhuppan	Arcod (coordinator)	m. madhuppan
2	G. Lakshmi pathi,	B.T. Assistant (Ext) AHM.	G. Lakshmi pathi
3	P. Zaheer	SG. Teacher.	P. Zaheer
4	Santha	SMAC Thalivi	சந்தா N. moorthy
5	M.A. Moorthi	village people	N. moorthy
6	vi Jeya.	village people	விஜயா
7	Chithra	"	chitra
8	mayan.	"	M. mayan
9	Vennila	"	வெண்ணிலா
10	Nagaraj	"	நாகராஜ்
11	Ulaganathan	Village people	உலகநாதன்
12	Yasodha	village people	Yasodha
13	Arul Nathan	"	m. அருள்நாதன்
14	Gandhi	"	காந்தி
15	A. Venkatarao	Club mentor	A. Venkatarao

Annex D: Feedback from the Coordinators

A questionnaire was designed to learn about the Knowledge and experience of the Coordinators Their response is given as consolidated report and not as individuals due to constrain of time and space.

A. Coordinators for Adolescent Project

1. Their **knowledge** on the project its objectives and strategies were known to them but in written and oral response.

2. What they felt the children learnt from the club activities:

- Activities made them active and happy& enjoy life and motivated
- Club taught them moral values, how to respect others, discipline& responsibilities
- Speak English/ Tamil, Different life skills like interpersonal communication; empathy;
- How to plan and utilize their time (Time management) , plan for examination.
- Learnt different skills – dance, singing dramas
- Emergency number for help;
- Helping the community with direction through the Painting mela;
- Motivated them to learn about how to make a mother bed and grow plants; got many types of information. They planted seeds and sapling.
- Clarified their doubts on their lessons.
- Could clarify many doubts of the girls on adolescents.
- Life skills helped them to solve problems.
- Think about issues of poverty, dowry, child marriage;
- Saving water and environment issues.
- Members develop confidence and become brave.
- Club activities motivated the members to help other members.
- Club gave entertainment with cultural activities- like singing, dancing and sports.
- Prizes given encouraged and motivated them to be more active.
- Club mela and cluster mela help the children to bring their talents,, get to know other children and enjoy; enhance interpersonal relationship and communication
- Summer camp helped them to get to know the outer world.

3. How did the parents respond to the activities of the club?

The family parents felt their children are more responsible, have good talents, and able to discipline on their daily life – like following cleanliness, planning and so on.

Seeing the improvement in their children, parents went and motivated other parents to come and attend the Parents meeting.

They encouraged their children to participate in different activities.

4. How did the Coordinator help the Club Mentor to carry out the activities?

The handout on different topics, given every month, was helpful to guide the mentors. It helped to adopt the session to suit the students.

Example: Spoken English session; drama session and doing the characters' creating awareness on social issues like prevention of child marriage;

5. Blocks faced by the coordinators for effectively implementing the project:

- ✓ Language problems –three languages – Kanada, Telugu and sessions in Tamil
- ✓ Some time to monitor coordinator has to stay in the Government building in the night forest area and that was difficult.
- ✓ When any club mentor gets married and leaves the project, training a new mentors was difficult
- ✓ When there is no middle school in the area, the students go to another town for studies and come late after 7 pm. Sessions has to be taken then.

6. Special experience of the coordinators in this project ;

- ✓ Understood how to facilitate youngsters by understanding them better.
- ✓ Adopt approach and activities to suit them
- ✓ Learnt about growing plants by making bed .(most of the coordinators mentioned this as they were given special training
- ✓ One coordinator said that he had learnt about this and motivated children to plant 284 plants.
- ✓ Taking the adolescents to tour during the summer camp was a great experience
- ✓ The summer camp tours made everyone happy and able to learn many things.
- ✓ Club mela and cluster club mela was very good.
- ✓ Participating in games with the children made me happy
- ✓ I also learnt many things- Gender, Equality, RCH, how to train and so on.
- ✓ One person said he was able to motivate parents to build toilet and succeeded in building 36 toilets in one area.
- ✓ Happy to grow plants working with the children.
- ✓ Between 2015 – 2017 one coordinator took effort to stop 20 children from dropping out from the school.

- ✓ Learnt to prepare discussion points for speaking to the parents, in the parent meeting.

B. Home based Care for ANC& PNC

Feedbacks from the coordinators

1. The Coordinator knew about the need for intervention and the objectives.

2. **Feedback** from the families

- There was neither ASHA nor VHN in the area. so the visit and guidance of the VHW was very helpful
- Need for registration and check up were learnt and able to utilize.
- Importance of breastfeeding
- Educating about the different schemes helped to get MLR, JSY, JSSK 104, and Ambulance services.
- By observing different world days, learnt many information; misconception about
- Demonstration of cooking nutritious food was helpful
- Learnt about prevent of early marriage, health & hygiene
- In some area women did not realize there was no movement in the womb. The team identified the issue and steps were taken for safe delivery.

3. **How did the Project help the women**

- Many of them were not aware of health services or schemes for pregnant women.
- Many were supported to get the registration when they went late and had difficulties
- And VHW & coordinator could advocate with officials and get the ANC card. This was essential to get financial support as well as nutrition supplement powder from the Anganwadi Centre.
- In tribe area the women did not realize they were pregnant until VHW & coordinator used the Pregnancy kit to detect and take them to the Health Centre.
- They also motivated the women to check about hemoglobin and take treatment for anemia and for some made them take blood transfusion.
- One girl who was pregnant was not married. The intervention of the team helped them to get married and follow safe pregnancy.
- In some area where there was no Anganwadi centre or if they were not accessible, the team had motivated women to campaign and get the centre in the village in one area. In other area they made provision for supply of Nutrition supplement for the pregnant

4. **Health facilities in the area**

- In most area PHC were far about 8 to 25 km away. There was no Health Sub centre.

- The roads were bad
- Transport was not accessible in few places only one bus in the morning and one in the evening.
- In the forest area there was no facilities- anganwadi or schools
- Many red tape to register for different schemes.
- They have to open bank account which is very difficult.
- People had to pay some amount for accessing the financial support which is difficult for the people.
- People do not have money to pay for transport to go the hospital.
- There is no special health care for neonatal care.

5. Problems in the area

- For daily living couples have to go to interior forest and so neglect their health
- Moe infanticide and death of mother , early marriage, anemia
- Going to the hospital was difficult, health personnel did not motivate people to access health services.
- To get MLR and other Government scheme, they need to open Bank account. But opening account is difficult.

6. Special experience of the Coordinator in this project: what they shared

- ✓ Opportunity got to help the women indifferent ways
- ✓ Helped to get them register in the Health centre, get ANC card and get MLR , JSY
- ✓ They were able to open an anganwadi in the village through campaigning with the women.
- ✓ They could arrange nutrition supplement in the area where there is no Anganwadi centre
- ✓ Were able to arrange world days program for the community and create awareness. On different issues. That was good.

Annex : Feedback for Field level staff- Club mentors and VHW

A feedback tool, a questionnaire was designed and asked them to fill. The following is the consolidated responses of many of them

I. Adolescent Initiative – Club mentors

1. The mentors **knew** the objectives, activities and topics to be covered were known to the mentors. How to take the session.
2. **Type of responsibilities**
 - Facilitate the sessions,
 - Put timetable and plan activities

- Motivate them to learn their lessons on the days for academic, explain what they did not understand, motivate to do homework; conduct test on monthly basis and encourage
- Take sessions of the social and environment issues.
- Write notes for the session and follow
- Identify potential dropout children and encourage them to continue education.

3. **Activities**

- Conducted sessions on different topics
- Helped the members to learn different skills by practicing them
- Singing, dance and games were practiced
- How to grow plants was done through making mother bed and plant seeds. All liked the activities
- Parents meeting was held and was helpful for community action

4. **What did the club members learn in the club:**

- Started getting interest in their studies; asked clarification and did their homework properly.
- Learnt to speak properly in English, grammar and some of the subjects.
- Life skills how to plan, solve problem ,communication
- How to plant tree, using mother bed, and these motivated them to grow plants in their house. About seed bank and all related to growing plants
- Asking family to build individual toilet and using it. Using chapel for toilet.
- The club activities the children liked and enjoyed singing, dancing and sports. They liked the competition
- They learnt how to make friends when they had cluster club mela.

5. **Personal experience of the Mentor**

- Learnt many topics and knew how to conduct sessions for the club members.
- Skills in Planning and making notes for the session.
- It was satisfying to see the changes in the members
- The result of the Painting mela and the samples of painting in the villages
- Student took initiative to campaign for water supply in their area And got the connection and also painted messages for saving water was a good experience
- Learnt how to work with parents and others. It was a good experience.

- The tour was a great experience for all as we never had before. It opened our thought.
- Motivated families to build individual toilets for their homes.
- The whole project was a good experience and enjoyed it

II. Home based care for ANC/PNC Feedback from the Village Health Workers

The feedback questionnaire had many questions to assess their knowledge about what advice to give to women indifferent stage of pregnancy or those mothers with newborns.

The VHW could write the answers correctly showing their knowledge how to guide the women. They also knew about the schemes available.

1. When asked what were the problems of the target women , the following were the answer;

- Household burden
- Washing , cleaning , no help
- In some area up 45 % of the husbands were working outside the village and were not staying at home.
- The burden prevented them from thinking or make decision about their health or nutrition.
- Malnourishment

2. What they learnt in the training

Pregnancy care, preparation for safe delivery, mother and child care ;importance of breastfeeding, exclusive breast feeding.

How to educate the pregnant woman

3. Their role

- Identify pregnant women and follow up till delivery
- Follow up of newly delivered women for 42 days after delivery
 - Motivate the pregnant women to register
 - Ensure they are guided regarding safe pregnancy and delivery
 - For young tribe women educate them on pregnancy and motivate them to go to the health centre
 - Check if they visited the health centre for test and check the progress.
 - Weight monitoring and advice
 - Delivery preparation to check, help in getting transportation.
 - Ensure early initiation of breast feeding
 - Ensuring immunization

4. Experience in this projects

- Learning about safe mother hood and infant care

- Importance of breastfeeding
- These helped personally for taking my child
- Taking woman who delivered at home to the PHC.
- One woman begged not to take her to the PHC but was taken .
- One young girl was pregnant and she was not married. Getting her married after talking to the parents and the young man was a new experience. She was also very anemic and needed blood transfusion.
- One child was kidnapped. We heard about it and followed it up, got the van driver punished when it was found he was the cause
- Was able to meet officials in the health centre and talk about the pregnant women.
- Like this had many new experience in this work which was good.

Annex E: Feedback of Chief Functionary – Mr. V.R. Keshavraj

HBC

It was a challenging task. Selection of health workers, equipping them with skills and knowledge and regular monitoring them were done meticulously. The communication between health workers and AN & PN mothers were also regular, purposeful. Our team tried their best to coordinate with primary health centres and sub centres. Poor roads and transport were major challenges for the health workers to take the AN & PN others to government health centres for regular check up and delivery. Our health staff and the village health worker were the added motivating and mentoring factors facilitated better care of the AN& PN mothers and infants.

***There could have been better coordination between ARCOD and health department. There could have been some structured coordination systems could have been planned and followed to ensure better implementation.

***There could have been some more effective ways of monitoring the nutrition, and health of the AN& PN mothers by health workers. Appropriate IEC materials could have been generated and distributed to health workers and AN PN mothers. **MIS** of ARCOD could have been better in documenting, for alerting the health team, for analysis for enhancing the knowledge and for advocacy.

*** could be converted as recommendations

Adolescents

Adolescent club was very much welcomed by the villagers and the adolescents themselves. These young ones were very glad to be in a platform where they could improve their academics from mentor and from seniors and peers. Certain life skills were also learnt by the adolescents. The parents were glad their adolescent children were safe. The club is also a good platform for better understanding of gender roles diversities by girls and boys.

This idea of clubs for adolescents was a new and exciting experience for the adolescents, parents and other stakeholders and all are appreciative of the clubs and their functions.

Adolescent club melas were very much welcomed by the parents and others in the villages as the melas encouraged the adolescents to exhibit their talents, coordination skills etc to the public. For parents and others in the village melas were entertainment and a matter of pride as their children were actively doing something new and good.

The mentors were very committed and regular in organizing the club activities and also the academic classes were very much enjoyed by the adolescents as the learning system in the club is very different and not forcible.

The idea of painting mela was very much appreciated by the adolescents and the villagers as the children could learn and understand the natural resources and some historical important sites etc. Sign boards painted by the club members showing the direction of hamlet, street name etc were very much appreciated by the villagers.

Parents meeting and stakeholders meetings facilitated better understanding among the adults of the villagers of the challenges faced by the adolescents and their achievements and periodic progress and changes in their attitudes etc. These meetings were helpful in sensitizing the whole community about child marriage and child labor. There was no single case child marriage reported during the project period. Moreover, the mentors of the clubs were enrolled as child line volunteers and oriented about their role as volunteers.

Nursery raising and tree planting by the adolescents were very much appreciated and supported by the villagers. The adolescents were very enthusiastic in establishing nurseries and planting seedlings. This has to continue.

Sustainability: Mentors have been motivated to collect fees from the parents for to continue the clubs. ARCOD has to facilitate the process as there is scope for collecting fees from the parents to continue the club for mentors' honorarium. The adolescents are very motivated to continue the clubs even the funding from ARCOD is stopped.

Summer exposure trips were very much enjoyed by the adolescents. 95% of them had not gone out of their Taluk. Both exposure trips were very much appreciated by the adolescents. These trips energized the children to gear up in their studies and other activities of the clubs. The staff team's ability to organize such large scale trips is very much appreciated.

Sanitation: The clubs were very effective source of sensitizing the community about the usage of toilets. All the 60 clubs were active in this mission and achievement of the mission will be seen from the data pertaining to the toilets

ANNEX G: Review of Reports and Documents of ARCOD Project

These were physically verified and reviewed during the assessment process by the facilitator

No	Document	Remark
I	Adolescent Project	
1	List of clubs and their details	Block and village wise these are documented When there is any change, dropout is recorded.
2	Attendance Register	The Attendance is maintained on daily basis Names of girls are written in blue and boys in Red. Monthly assessment of attendance is calculated and reported during the review 85% of the adolescents of the villages are members of the village and
3	Club activities Register	Daily and other special activities and Any important results are recorded Photos and other charts are also collected preserved.
4	Monthly Test score Register	The test on academic subjects are given and that is documented to monitor the progress
5	Club Mentor 's Daily Diary	Mentors hand written what they plan on daily basis and what they carried out in the diary.
6	Club Mentor's Report	This is consolidated report on the club activities.
7	Feedback Documents	Feedback from club members and their parents are received and recorded
8	Parents Meeting Minutes	This monthly meetings procedure is recorded. As minutes and signature of all is recorded. That was discussed and planned were recorded. About 28-35 parents attended these meeting in an average.
9	Stake Holders Meeting Minutes	Quarterly Stakeholders meeting procedures were documented and the members signed with Designation. The headmaster signed The minutes documented what was the agenda, What was discussed and what was decided.
10	Petitions	Different petitions filed related to the community were documented <ol style="list-style-type: none"> 1. Petition for building school compound wall in 6 schools in the following villages : Karadikkal 6; Anchetti ; Chenn ulla kurukai; Pevanatham; Kotaiyur and Azhenatham 2. Petitions for building toilets in individual houses. Official petition form with the detail of the family. 3. Also subsidiary for the building from govern application .

B Home based Care for Pregnant and Postnatal Mothers. (Lactating mothers)

	Documents	
1	VHW register of ANC women	The details of the ANC in the area of VHW Demographic detail, pregnancy detail, EDD and all needed for follow up at the health centre, like the registered number. If she is a visitor came to her mother's place for delivery and so on.
2	VHW register of PNC women	Demographic detail of PNC, whether she was followed from Pregnancy or a new mother returned after delivery at her mother's place.
3	Review meeting report	Every month there is a review meeting with The coordinator. This is recorded properly and the details can be viewed and assessed
4	Case studies	Special cases, activities are recorded These are good samples for special effort