

ABSSS 2883 Annual Report 2017-18

Submitted by:

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Basic profile

The Project have implemented by Akhil Bhartiya Samaj Sewa Sansthan, Chitrkoot (ABSSS) and supported by childfund India, have been focused on promoting access, retention & quality education. Securing livelihood, improving health status and skilled & involved youth in 40 project villages of 11 GPs of Mau block of Chitrakoot district, Uttar Pradesh..

Indicators		Male	Female	Total	Source of information / remarks
1.Demographic Indicators					
1.1	Total Population of the catchment area	16360	14738	31098	
1.2	SC Population	6193	5583	11776	
1.3	ST Population	168	142	310	
1.4	OBC population	4459	4019	8478	
1.5	General Population	5540	4994	10534	
2	Population by Agewise break up				
2.1	No. of children 0 - <1 year	485	414	899	AWW center of intervention area
2.2	No. of children 1-2 years	524	443	967	AWW center of intervention area
2.3	No. of children 3 - 5 years	807	707	1514	AWW center of intervention area
2.4	No. of children 6 - 14 year	3549	2891	6440	NPRC and concern school
2.5	No. of youths 15 - 24 year	3540	2885	6425	ADO Panchayat, Block-Mau, District-Chitrakoot(U.P.)
2.6	No. of persons aged 25 and above	8054	6799	14853	ADO Panchayat, Block-Mau, District-Chitrakoot(U.P.)
2.7	Total families	5248		5248	ADO Panchayat, Block-Mau, District-Chitrakoot(U.P.)
2.8	BPL Families(Below poverty line)	1659		1659	ADO Panchayat, Block-Mau, District-Chitrakoot(U.P.)
3	Primary school	Upper primary school		Total	
3.1	24	13		37	NPRC and concern school
3.2	0	0		0	NPRC and concern school
3.3	24	13		37	NPRC and concern school
3.4	0	0		0	NPRC and concern school

Detail of children in program:

Life Stages	Bargarh Block- Mau				Total
	Sponsored		Enrolled		
	Male	Female	Male	Female	
LS-1					
LS-2	121	160	13	12	306
LS-3	94	136	4	2	236
Total	215	296	17	14	542

Reach:

Life Stage	Adults	Girls				Boys				Total
		0-5 years	6-14 years	15-24 years	Sub-total by gender	0-5 years	6-14 years	15-24 years	Sub-total by gender	
Grants / NSPs / Emergencies	2,113		767	1,835	2,602		938	2,264	3,202	7,917
Community	4,997	1,041	1,406	913	3,360	1,563	1,718	1,116	4,397	12,754
Enrolled		432	237	135	804	434	169	79	682	1,486
Brothers and sisters of enrolled children					456				558	1,014
Parents / guar./ careg.of enrolled children	1,060									1,060
LP staff	26									26
Total	1,473	2,410	2,883	7,222	1,473	1,997	2,825	3,459	8,839	24,257

Life stage wise reached

Life Stage	Impact Group planned	Impact Group Reached	Siblings	Parents, Care givers	OTHERS
LS-1	00	624	520	3632	2518
LS-2	306	301	331	466	594
LS-3	236	116	0	94	34
Total	542	1041	851	4192	3146

In the life stage-1 we have enrolled children covered who have newly enrolled in Manikpur area. In this area we have organised health camps, awareness magic shows and also installed mini piped drinking water scheme ect.

No. of PDDs (Thematic) as per project

1. Health -Adolescent Reproductive and Sexual Health (ARSH)
2. Education- Building Basic Skills
3. Livelihood- Samyak Samridhhi (EEE)
4. CCP- SR

Project 1: Health -Adolescent Reproductive and Sexual Health (ARSH)

Background:

The adolescent girls and the women of this area are still afraid and ashamed to discuss about their problems associated with their menstrual, sexual and reproductive life. They are trapped in the social taboos, norms which are still stringent in the villages of this area. Surveys and consultations conducted by Bargarh area of Chitrakoot district (UP), and the above mentioned evidence reveal the following problems that hamper girls' education. Tradition and existing gender norms encourage families to marry daughters early.

As per a survey done by ABSSS in December, 2016 under M&E with the support of Child Fund India-

- 62.18% of adolescent girls don't discuss about their sexual and reproductive health with their friends or family members.
- 78.53% of the girls find it difficult to talk about sexual reproductive issues to their family members and
- Most of the adolescent girls who were interviewed still used clothes at the time of menstruation. They also don't have proper access to the health services neither they are able to get any counseling associated to these issues. That's why they are likely to opt for unhygienic lifestyle.
- So, they are much more prone or vulnerable to sexually transmitted diseases and reproductive tract infections leading to a poor health and social status.

- STI/RTI amongst the girls and women of this area is high along with other nutrient deficiency diseases like anemia (As per the UNICEF data, 70% of girls and women are anemic in the Chitrakoot district of Uttar Pradesh).
- Poverty and low value for girls' education incline families to remove daughters from school
- Existing gender norms allow boys to be disrespectful toward girls and devalue girls' education
- PRIs, community groups, and schools don't take initiative to protect and enforce girls' right to education
- Girls lack role models, aspiration for professional careers and sense of solidarity with other girls

Root Causes of the Problems:

ABSSS's area of intervention is situated in the Chitrakoot district of Uttar Pradesh, which is where ABSSS has undertaken community-based development and the provision of health care for over 2 years. Chitrakoot is one of the 7 districts that fall under the *Bundelkhand* region of Uttar Pradesh – where the prevalence of child marriage is significantly higher, and this fact is hidden by the state-wide averages and therefore often ignored. Early marriage produces child mothers and afflicts **inter-generational risks** of mortality, morbidity and malnutrition to young mothers and their newborns. Adolescent girls less than 15 years are five times more likely to experience maternal deaths than women 20-29 yearsⁱ.

A significant aspect of adolescence is related to psychological development. It is a critical period for the development of self-identity. The process of acquiring a sense of self is linked to physiological changes, and also learning to negotiate the social and psychological demands of being young adults.

Menstruation in our society has always been a topic on which never open discussions were held. It has always been associated with many norms and taboos. So, is the sexual and reproductive health in our Indian society? Especially when we see the rural context, **where there is less flow and acceptance of information on these issues as of the low educational status of the people.**

There is a traditional well-established notion that 'impurity' is caused during menstruation and due to this many social stigmas like not going to the temple and non-participation in a pious function is prevalent till now. There is lack of scientific/proper knowledge about menstruation, menstrual blood, menstrual hygiene and health management and other reproductive health issues due to which adolescent girls and women are more susceptible to menstruation and reproductive health issues. The girls in this area **don't have a proper knowledge about the usage of sanitary napkins during the time of menstruation** and prefer using clothes over the napkins hence increasing their risk to different diseases.

Adolescents are affected by socio-economic disparities prevailing in the area. High percentage of **anemiaⁱⁱ** (56% of females and 25% of males in the 15-24 age group were anemic), which affects their physical growth, cognitive development, performance in school and at work as well as reproduction.

As high as 47% of women and 16% men reported they have never received any information on sexual matters from anybody. A large proportion of young people (78% young women and 83%

young men) were in favor of imparting sex education or family life education to youth. The most commonly cited preferred sources for information were parents, teacher, health care providers and other professionals and friends.

It is noteworthy that over 35% of all reported AIDS cases in India occur among young people in the age group of 15-24 years and more than 50% of the new HIV infections occur also among young peopleⁱⁱⁱ

Substance abuse among young people is also a matter of concern. **Nearly 11% were introduced to cannabis before the age of 15 years and about 26% between the ages of 16-20 years^{iv}. In the age group of 15-24, 40% young men and 5% young women had ever used tobacco**, while 20% of young men and 1% of young women had ever consumed alcohol^v.

Gender roles are very distinctly defined, and adolescent girls continue to face gender based discrimination. This is evident in the declining sex ratio, incidence of domestic violence, underage pregnancy, unsafe motherhood and increasing incidence of sexual abuse, abduction and trafficking^{vi}.

Most youth preferred to marry after age 18; as many as 19% of young women aged 20-24 were married before age 15, and 49% before age 18. Domestic violence is widely prevalent within marriage, with almost a quarter young (married) women reporting that they had been victims of one or other form of physical violence at some point of time within their marriage^{vii}. 53% women and 56% men in the 15-24 age group felt that wife beating is justified under specific circumstances^{viii}. Sexual Harassment in public spaces, institutions of education, in and around home and at the workplace is a well-established fact. Child abuse, bullying and ragging are also common and more so among boys.

All the above causes are caused and compounded by deep-seated gender discrimination. Women's health and dignity are secondary concerns or not a matter of concern at all, in the region as a whole.

Location and Target Group:

The Project is located in 10 village of Bargarh cluster of Mau block of Chitrakoot district, UP. The location falls within Bundelkhand, one of the most 'backward' regions in India, characterized by a culture of feudal relations, negligible industrialization, low urbanization, and low-productivity agriculture. The nearest towns from the Project location are Chitrakoot dham and Allahabad, at a distance of around 60 km in opposite directions.

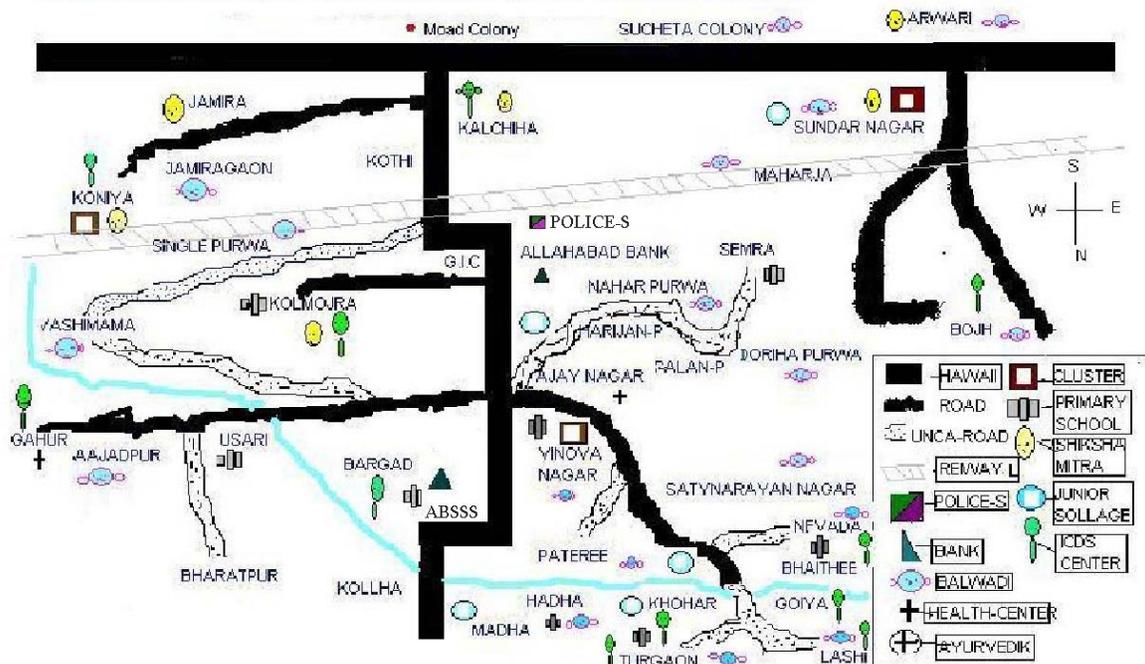
The impact group for the proposed project comprises:

- 300 enrolled adolescent girls (185 in LS-2 and 115 in LS- 3) in targeted Village of cluster Bargarh block- Mau of District Chitrakoot (U.P.).

The target group includes:

- 500 parents of school children,
- 40 school teachers, 20 headmasters/headmistresses,
- 200 youth and block and district ICDS, Health, education and panchayatiraj departments
- 300 adult women

AKHIL BHARTIYA SAMAJ SEWA SANSTHAN (ABSSS) PROJECT AREA MAP



Key strategies:

Peer Learning Approach:

In the project area ABSSS adopt the peer learning approach for build capacity of adolescent girls on MHM and SRH issues peer educator is motivating adolescent girls to adapt and maintain positive behaviours that promote health and prevent diseases through reinforcing behaviour change.

Peer education is promoting good sexual and reproductive health (SRH) among Adolescent in project area. Peer learning process is improving Adolescent's health-related knowledge, attitudes and skills as well as their access to health services. Peer education is based on the idea that young Adolescent are more likely to change their behaviour if peers they like and trust advocate for change

In ARSH & Life Skills Education The psychological push factors such as the inability to tackle emotional pain, conflicts, frustrations and anxieties about the future are often the driving force for high risk behavior. Life skills training is an efficacious tool for empowering the youth to act

responsibly, take initiative and take control. It is based on the assumption that when young people are able to rise above emotional impasses arising from daily conflicts, entangled relationships and peer pressure, they are less likely to resort to anti-social or high risk behaviors.

Peer Educators Approach:

To overcome to above mention issues among adolescents, ABSSS has been adopted peer education approach to aware & capacitate the adolescents.



The processes adopted are as follows:

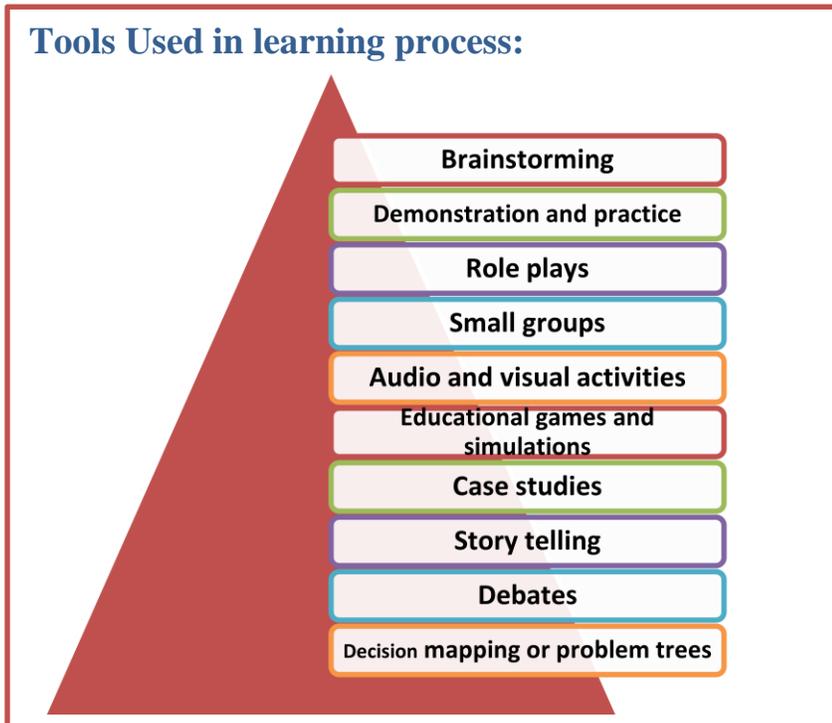
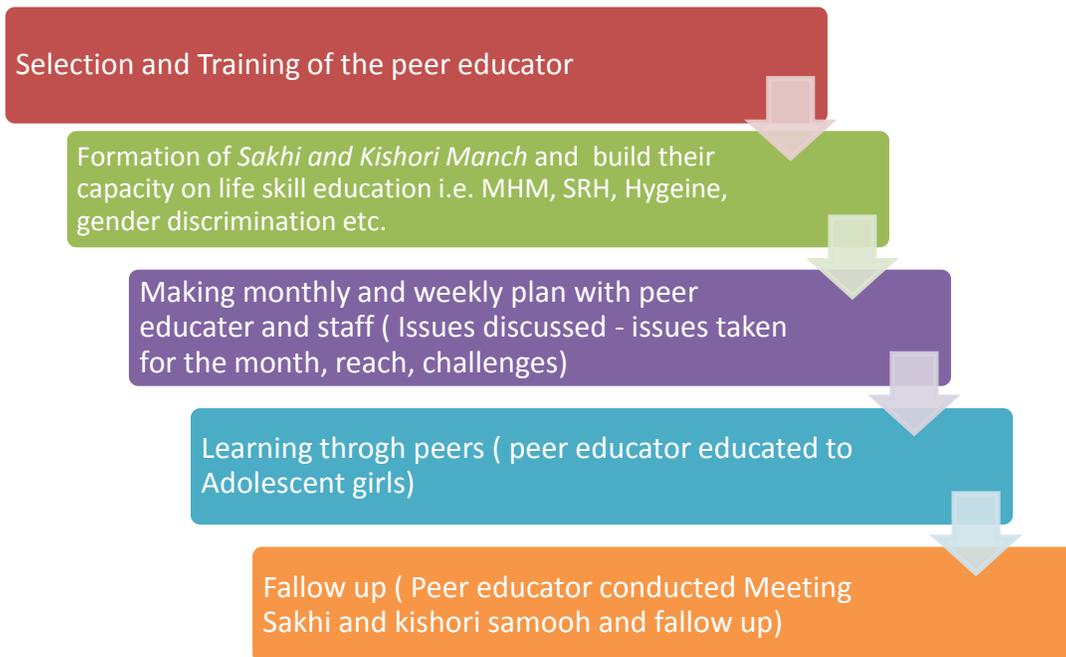
- **Firstly**, Life Skills Training was provided to main trainers as well as groups of adolescents. In this peer training approach, involves one trainer and 3-4 adolescent (forming the core life skills team) at the village level. They learn these skills through active learning and participation in training workshop program organized by ABSSS through skilled trainers.
- **Secondly**, group of adolescents (10 to 15) prepared for taking session among their peer adolescents. They further train their peers at village & school levels in these skills through the same process. They follow up with the main resource team for feedback, discussions, training material etc.
- **Thirdly**, demonstrative initiative has been applied such as Matka Vidhi, Gaddha Vidhi in MHM for safe disposable of the sanitary pad.

Following Key Life Skills are covered during the six months:

The core Life Skills is covered during peer education & sessions are:

- Self-awareness
- Empathy
- Critical thinking
- Creative thinking
- Decision making
- Problem Solving
- Effective communication
- Interpersonal relationship
- Coping with stress
- Coping with emotion
- MHM & personal hygiene
- Sanitation & Hygiene
- Knowledge & awareness about government schemes
- Access over government schemes

Learning process



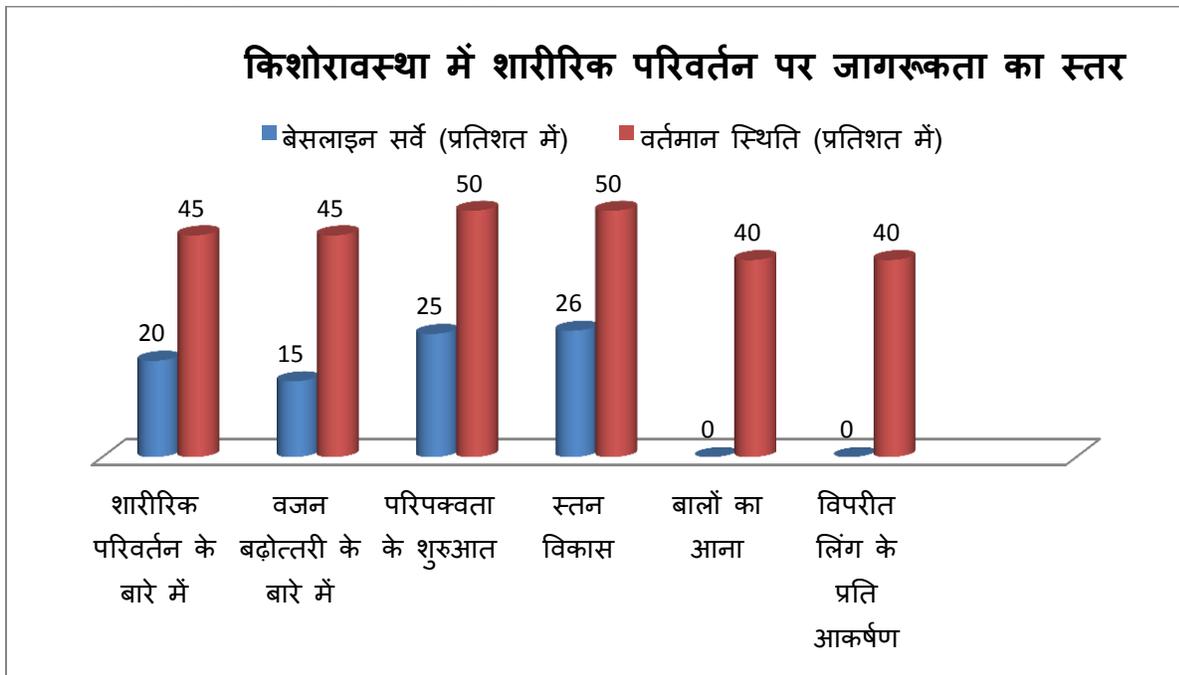
Key Interventions:

- Training of adolescents and youth on life skill module
- Conduct peer educator training on MHM SRH issues
- Organize training of young and adolescent by Peer Educators
- Home visits to sensitize adolescent girls and women on SRH and MHM issues

- Organize health camps blood test for Anaemia & check up for other vitamin deficiencies
- Conducting fortnightly session with adolescents
- Promote locally & low cost method use for safe disposal
- Strengthening of youth clubs /adolescent groups

Key Achievements:

1. 135 Adolescent girls of (Out of 115 LS-3 and 185 LS-2 girls) have increased their knowledge on MHM SRH issues through peer learning.
2. 40% of adolescent (LS-3 115 Adolescent girls) have improved knowledge on Life skills and are employing them in daily life.
3. 59 (51%) Adolescent girls of (Out of 115 LS-3 and 185 LS-2 girls) have increased their knowledge on Anaemia and others vitamin deficiencies test through health check-up
4. Peer educator developed as a change agent in the community and homes.
5. Self-confidence of Adolescent girls has been increased and now they became vocal toward the MHM and SRH Issues.



6. Established Promote locally & low cost method for safe disposal of sanitary napkins:

ABSSS has taken the initiative to promote menstrual sanitation and proper disposal of menstrual waste forward by creating awareness, encouraging every woman to use locally low cost method for safe disposal of sanitary napkin and promoting. These steps are promoting adolescent girls to use of sanitary napkins and promote **Mataka or Gaddha Vidhi** for safe disposal of sanitary napkins.

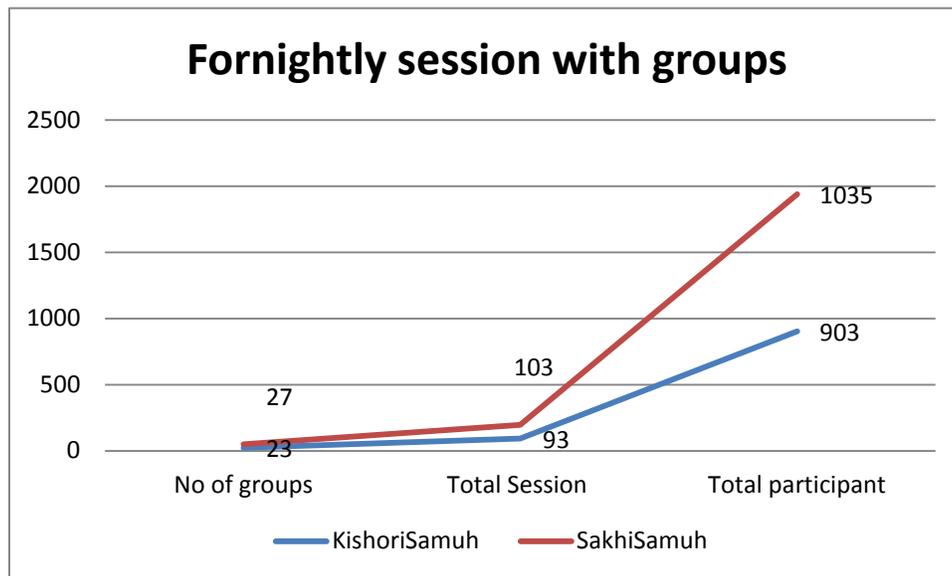
For the promotion to use of sanitary napkins ABSSS also established 22 sanitary depots in village which is managed by Adolescent (**Kishori Manch**) and Mothers (**Sakhi Manch**)

- Use of sanitary pad increased by 35% to 65% among the adolescent girls and women.
- 90 HHs established **Mataka Vidhi** and 60 HHs established **Gadha vidhi** for safe disposal of sanitary pads

7. Community engagement and empowerment through groups:

Community engagement and empowerment has been gradually increasing with the help of Adolescent Groups (*Kishori Manch*) and Mothers Groups (*Sakhi Samooh*) in project Area. These groups have been playing a key role for the upliftment of women and adolescent of the community in life skill issues i.e. MHM, SRH etc. The group members use collective wisdom and peer pressure to ensure end-Myths and taboos in the community toward the SRH and menstrual hygiene.

Mostly, Adolescent and women mobilized into groups for undertaking mutually beneficial social activities. The group provides a base for self-learning and empowerment through group dynamics to adolescent and women. The empowerment of adolescent women through groups would lead to learning not only to the individual adolescent or women and groups, but also for the family and the community as a whole, through collective action for development. In Adolescent Groups (*Kishori samooh*) and Mothers Groups (*Sakhi Samooh*) is a group where members come together with certain objectives to manage their problem and pressure by themselves.



1. 50% of the group members expressed their view effectively
2. 50% of adolescent and women adopted safe non-risky sexual behaviour
3. Developed decision making ability among the girls and women
4. Awareness generation through group meeting
5. Develop self confidence among the women.

Case Study:

Background:

Adolescent girls and women in the Project location suffer from harmful beliefs, myths and taboos about menstruation. These affect their sense of self-esteem; restrict their mobility and behaviour, and increases vulnerability to reproductive tract infections and sexually transmitted diseases leading to poor health status.

According to baseline survey done by ABSSS on January 2017 not surprisingly, 85% respondents reported that they did not know about menstruation before puberty, and the common source of information (reported by 40% of respondents) was a friend rather than the mother (21%). Notably, only 17% of the respondents got the information from a school teacher.

Around 40% of respondents chose not to answer a question on traditional practices followed during periods, and the remaining mentioned several traditional practices including:

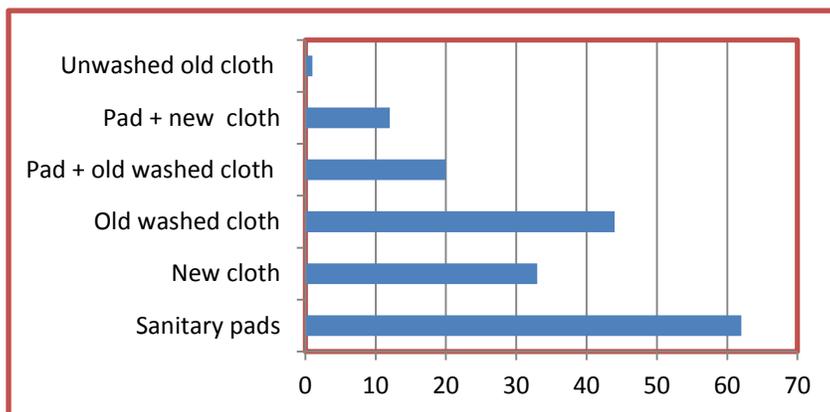
- Not going out of the house (24%)
- Not attending auspicious events (39%)
- Not visiting holy places (24%)
- Maintaining a distance from food items (13%)

The 172 respondents (55% of total respondents) who reported that they have menstrual periods deal with it in a variety of ways, as Shown in Figure 1.

While use of sanitary pads was reported by 62 respondents (36% of girls having periods), Around 35 respondents (56% of girls using pads) reported facing difficulty in procuring or disposing the pads.

Of the 172 girls who have menstrual periods, 22 (13%) said that they skip school during periods.

Figure 1: Absorbent items used during menstruation (172 respondents)



Introduction of the Central Character

Community Managed Sanitary Napkin Depot Centres:

ABSSS established low cost sanitary napkin depot centre in 22 villages which is managed by Adolescent groups and women groups. These centre ensured availability of sanitary napkins.



The Adolescent and women groups' responsibility is –

Ensure the supply chain management

Counsel community members (esp. Adolescent girls & reproductive age group women) about menstrual hygiene & management deliver important messages pertaining to the subject in various contexts (which has been discussed earlier)

Demonstrate the usage of sanitary napkins as per the need

Rules for sale and purchase: Provisions regarding the sale & purchase of the sanitary napkins were made in the event which is as following:

* The selling & buying price of the sanitary napkins will be rupees 4.00/ piece and 10.00 for 3 piece- respectively

* Every sale & purchase record will be maintained/documentated

* The work/responsibility taken by the depot holders need to be accomplished sincerely

* Deliver the learning/s received in the training to the community members during monthly meetings in villages



Locally and low cost Sanitary napkin disposal system established by HHs

The disposal of sanitary napkins, though more a health and hygiene issue, gets complicated when the waste is thrown away polluting the environment with its non-biodegradable content and inorganic components. However, in project area Locally and low cost sanitary napkin disposal system has been established by adolescent girls and women in HHs level.



ABSSS take the initiative to promote menstrual sanitation and proper disposal of menstrual waste forward by creating awareness, encouraging every woman to use locally low cost method for safe disposal of sanitary napkin and promoting. These steps are motivated adolescent girls to use of sanitary napkins and promote *Matka* or *Gaddha vidhi* for safe disposal of sanitary napkins. There are 90 *Matka vidhi* and 60 *Gaddha vidhi* of safe disposal sanitary system are established

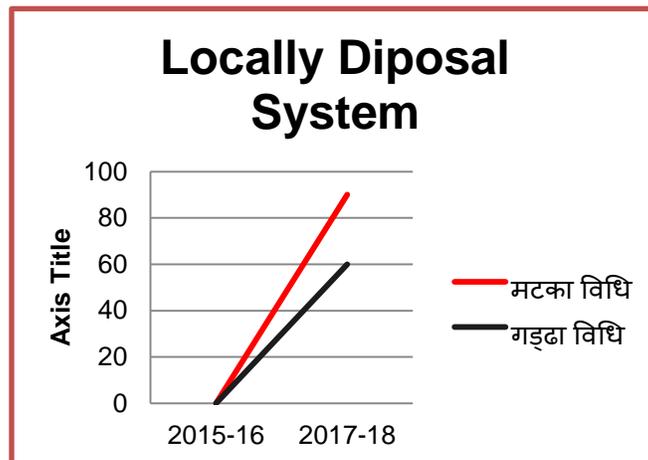
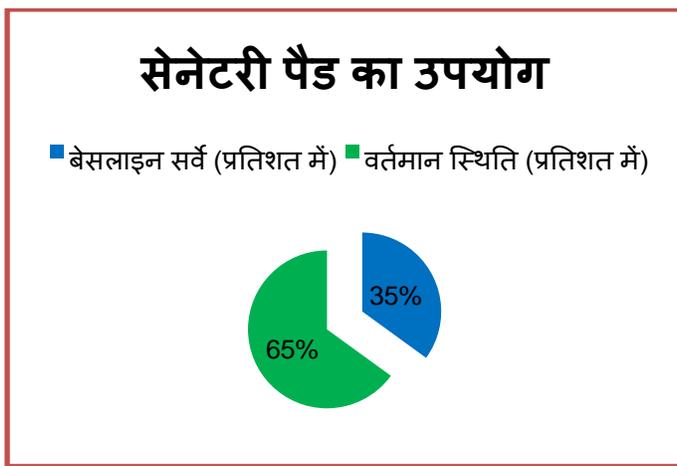
Uniqueness and Highlights of the story

Adolescent groups(*Kishori Samooh*) and Womens groups (*Sakhi samooh*) managed the sanitary depot centre and Promoted to use of sanitary napkin pad In menstruation period and motivated for established Safe disposal of sanitary napkin (*Mataka and Gadha vidhi*) in their family. Here in Project area ABSSS promoted peer learning approach for promoting awareness of MHM, SRH issues.



Awareness generation:

1. 135 Adolescent girls of (Out of 115 LS-3 and 185 LS-2 girls) have increased their knowledge on MHM SRH issues through peer learning.
2. 40% of adolescent (LS-3 115 Adolescent girls) have improved knowledge on Life skills and are employing them in daily life.
3. 59 (51%) Adolescent girls of (Out of 115 LS-3 and 185 LS-2 girls) have increased their knowledge on Anaemia and others vitamin deficiencies test through health check-up
4. Peer educator developed as a change agent in the community and homes.
5. Self-confidence of Adolescent girls has been increased and now they became vocal toward the MHM and SRH Issues



Conclusion focussing on the Way Forward

It is clear that Awareness on MHM and SRH issues among the adolescent girls and women have a significant impact on the human behaviour and creating awareness in community. Peer learning approach for promoting awareness on MHM and SRH issues also creating the environment for adolescent girls and women to come forward and breaking the silence toward the neglecting issue in the community and family.

Glimpses of the project:



Project 2: Education- Building Basic Skills

Background:

The problem is evidenced through low learning levels, low transition rate, and high absenteeism in schools. The problem is compounded by unsatisfactory relations with family-members and other adults.

2.2.1: Low Learning Levels: According to M&E survey of 300 sponsored children conducted in December 2016^{ix} (51% female and 89% aged 11 years or more), there is a wide gap in the current and expected reading and numeracy levels of children, as shown in figures below.

Figure 1: Expected and current percentage of children by grade and reading learning levels

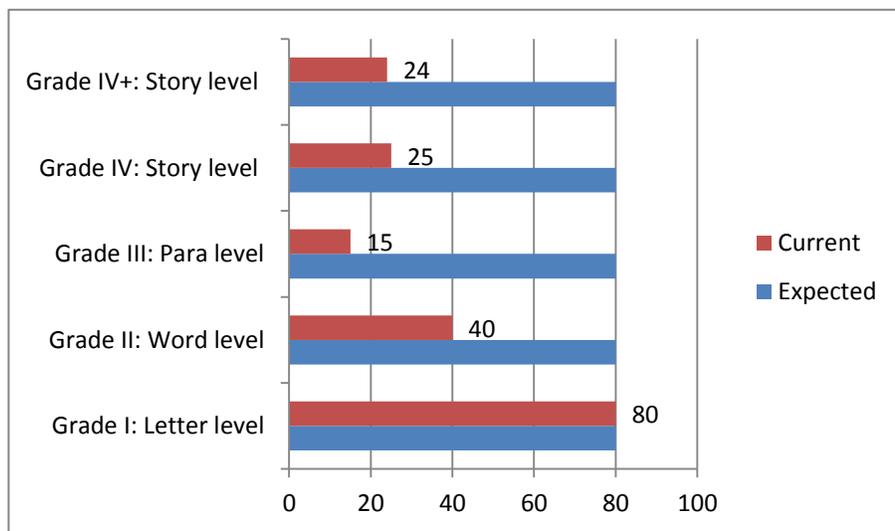
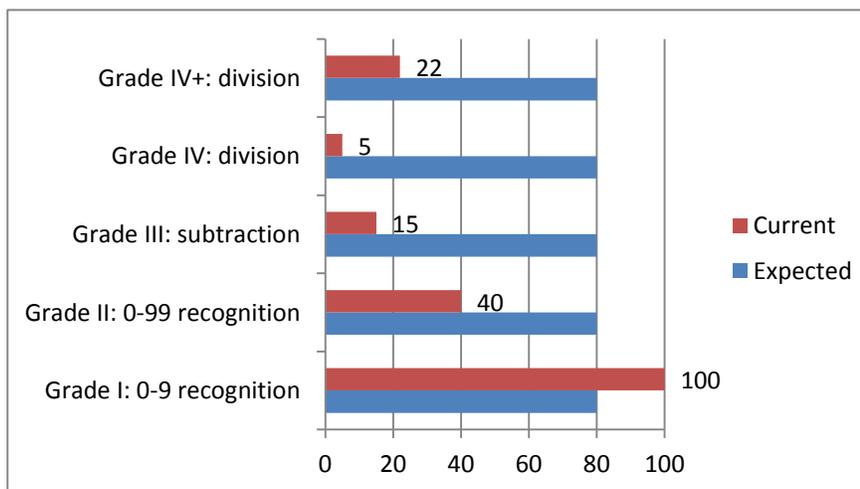


Figure 2: and percentage of children by grade and learning levels for numeracy



Though all students are expected to read, add and subtract by the time they finish Grade II, it was found that:

- 47% of students above Grade II cannot read well and
- 48% of students above Grade II cannot add/subtract well.

As 70% of children are in grade VI or higher grades, it can be reasonably expected that 70% of respondents would be able to read stories and perform division operations well. However, it was found that:

- Only 22% of surveyed children could read stories and
- Only 10% could perform division operations well.

This shows that there is a huge gap between expected and actual learning levels.

2.2.2: Low Transition Rate:

According to the a baseline survey conducted in 2016 by ABSS under the CFI project :

- 51% of children in the Project area drop out before completing five years of primary school, and
- 27% before finishing upper primary school
- Only 11% complete high school

2.2.3: High Absenteeism:

According to an ABSSS survey conducted in March 2016 under the CFI project 21% of target-group children are chronically absent and in a given period of 12 days 83% of the children were absent for 1 or more days. In the 6-10 years age-group 33% students had not gone to school for over 4 days.

2.2.4: Relations With Family-Members and Other Adults

According to an M&E survey conducted in December 2016. 15% of children reported that family-members 'do not at all' hug, praise or comfort them. Over 90% of children reported those family members 'often' or 'sometimes' set clear rules for them. However, 40% of children reported that family members do not spend time with them individually, without siblings or others.

Location and Target Group

The ChildFund India Project is located in 40 villages/habitations of Bargarh cluster of Mau block of Chitrakoot district, UP. The nearest towns are Chitrakootdham and Allahabad, at a distance of around 60 km in opposite directions.

Detail of Schools and enrolled children/Impact group:

S.No.	Village	School Name	No Students			No. of enrolled children		
			Boys	Girls	Total	Boys	Girls	Total
1	Bhauthi	UPS, Bhauti	65	60	125	9	14	23
2	Khohar	UPS, Khohar	58	63	121	4	14	18
3	Kolmajra 2nd	PS, Kolmajara II	80	71	151	2	6	8
4	Bargarh	UPS, Bargarh	0	56	56	0	12	12
5	Turgawan	UPS, Turgawa	5	6	11	5	6	11
6	Bojh	UPS, Bojh	43	85	128	2	6	8
7	Gahur	UPS, Gahur	52	66	118	4	7	11
8	Nevada	PS, Nevada	32	29	61	2	7	9
9	Hadha	PS, Hadha	38	55	93	4	6	10
10	Pateri	PS, Pateri	28	31	59	4	3	7
	Total		401	522	923	36	81	117

Target group:

The target group includes:

- The target group also includes 100 school management committee (SMC) members (1 SMC per school, 10 members per SMC), 722 parents/care-givers of school children, 20 school teachers, 10 school principals and block and district education officials.

BBS Approach in Education: ABSSS promoted the BBS program model and aiming to facilitate the acquisition of basic skills in the children who are struggling with the learning gaps. ABSSS doing special literacy and numeracy models practiced at the learning centers (Remedial classes) in the community for children with learning gaps. These centers cater to children with learning gaps – those who are already in school but are struggling with the grade appropriate curriculum This BBS model helping the children in developing literacy and numeracy skills till their age appropriate grade whichever is less so that, the children have strong basics for continuing their education.

Key Strategies:

Focusing on 10 schools in villages with the highest number of enrolled LS-II children, the Project seeks to improve their basic skills by:

- Supporting the children with learning gaps in achieving age appropriate learning levels.
- Capacitating the government school teachers in the usage on scientific teaching-learning methodologies.
- Creating an enabling learning environment in homes and communities.
-
- Advocacy with the education department and government teachers to adopt literacy and numeracy teaching best practices

Key Interventions:

- Training of master trainer for literacy numeracy and socio emotional
- Trainings to facilitators on literacy – learning material kit, etc
- Trainings to facilitators on numeracy
- Operating learning centre (Remedial) for special training to children with learning gaps
- Trainings of the facilitators on library management and conduction of reading activities
- Operating five community day care centres for siblings brother and sisters
- Home visits
- Monthly meetings with the parents for learning gaps, dropout of children and its improvement
- Formation and strengthen of children club

Key Achievements:

1. Improving Numeracy and literacy level:

The effectiveness of the remedial teaching program is analysed based on the improvement on the learning achievement and which is measured by assessment marks

a. Literacy level

- Total children in remedial centres: 214
- Baseline status
 1. **Beginner** - 13% (28)
 2. Letter level - 49% (105)
 3. Word level - 9% (19)
 4. Paragraph level- 14% (30)
 5. Story level - 15% (32)

1. In literacy level 28 children were in beginner in December 2016 (Baseline period) who is increased their literacy capacity and 38% children move to letter level, 50% children reached in word level with 6% paragraph and 6% story level.
2. 105 Children who were in letter level increased their capacity and move to 53% children in word level, 21% children in paragraphs and 10% children reached in story level in which 16% children stay in same position.
3. According to baseline survey 19 Children were in word level in which 27% children increased their capacity in literacy and move to paragraph level and 73% children stay in same position.
4. 30 Children were in Paragraph level and now 21% children reached in story level and 79% children hold their position.
5. 32 Children who were in story level 100% children maintained their capacity.

b. Numeracy level:

- Total children in remedial centres: 214
- Baseline status
 1. **Beginner** - 10% (21)
 2. **Number recognition: 1-9** - 24% (51)
 3. **Number recognition 10-99**- 43% (91)
 4. **Subtraction** - 15% (32)
 5. **Division** - 9% (19)

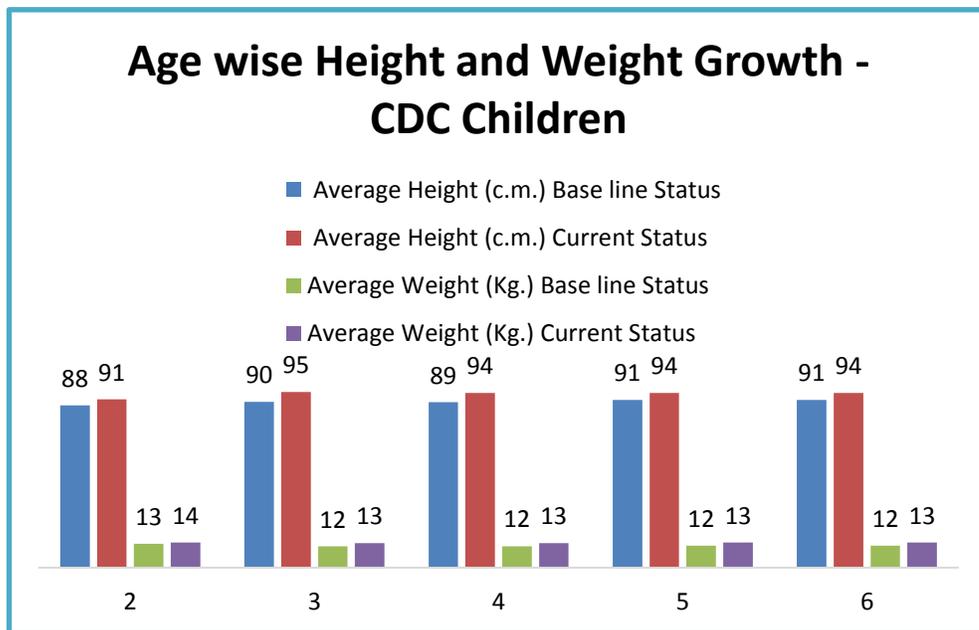
1. Impact and effectiveness indicated children reading learning performance in Numeracy level. 21 Children who were in Beginner level in baseline period now in which 46% children are in number recognition 1-9, 23% children are in number recognition 10-99 and 8% children reached in subtraction and 23% children moved to division. The above table show that 100 percent transition beginner to other level.
2. In baseline where were 51 children in number recognition 1-9 now 17% children reached in number recognition 10-99, 23% children moved to subtraction and 13% children reached in division level but 47% Children stay same level.

3. 91 Children who were number recognition 10-99 level in baseline period out of them 30% children improved their capacity and move to subtraction, 37% children improved their capacity for division level and 33 children stay in same place.
4. Out of 32 children who were in subtraction level in which 63% children improved their capacity in numeracy and reached to next division level.
5. 19 Children who were in division level maintain their capacity in learning levels

2. Community Day Care (CDC) centre:

- Total children: 131

A. Height and weight Growth of the children



Above chart show that age wise average height and weight growth of the Community day care centre children in age of 2 years,3 years, 4 years, 5 years average height growth is respectively 3c.m.,5 c.m.,5 c.m., 3 c.m., 3 c.m. and weight growth is respectively 1 kg in each ages.

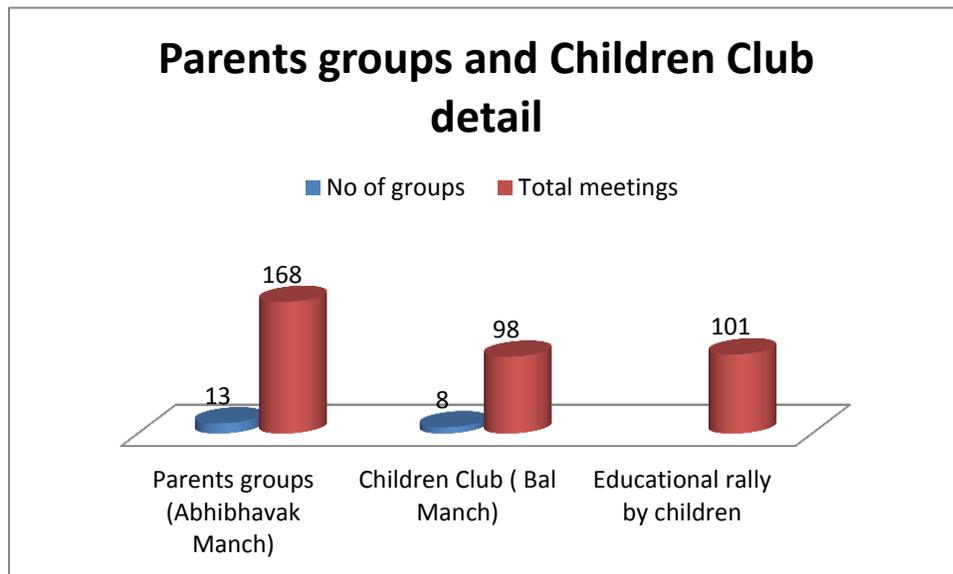
B. Social Development:

Base Line Status		Current Status			
Activities	No. Of children	Nothing Doing	Frequently Talking	Play with other children	Doing all thing
Nothing Doing	55	1	5	32	17
Frequently Talking	25			10	15
Play with other children	9			2	7
Doing all thing	1				1

Above table shows social development of the children who are participated in community day care centre are group of 2 to 6 year. Table shows that 55 children who were nothing doing in which 5 children talking frequently in peer groups, 32 children talking and playing in peer groups and 17 children are doing all things.

25 children were only capable on talking now they are doing all things in peer groups

Community engagement and empowerment Meeting with parents and Children club: Different CBOs formed and established for environment creation and peer learning among children



- 60 %of parents with increased knowledge about the emergent literacy techniques.
- 60 % of parents promoted positive relations among children.

Learning through libraries:

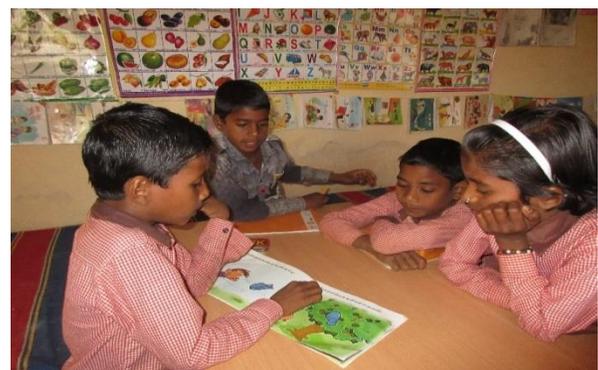
- 60 % of children regularly visiting the library.
- 60 % children participating in other development activities in libraries
- 60 % children reading the books
- 80%of teachers that adopt specific best practices at classrooms.

Case Study:

Introduction of the central character:

BBS Approach in Education:

ABSSS promoted the BBS program model and library, aiming to facilitate the acquisition of basic skills in the children who are struggling with the learning gaps. ABSSS doing special literacy and numeracy models practiced at the learning centers (Remedial classes) in the community for children with learning gaps. These centers cater to children with learning gaps – those who are already in school but are struggling with the grade appropriate curriculum This BBS model helping the children in developing



literacy and numeracy skills till their age appropriate grade whichever is less so that, the children have strong basics for continuing their education.

Uniqueness and highlight of the story:

ABSSS adopted various processes under the BBs Model for improving capacity of children on literacy and numeracy skills:



Detail of the Remedial center:

S.No.	Name of the Centre	No of children in the centre
1	Harha	29
2	Pateri	24
3	Bhauti	29
4	Turgawan	29
5	Khohar	31
6	Bargarh	24
7	Koniya	23
8	Satyanarayan Nagar	25
		214

Trainings provided

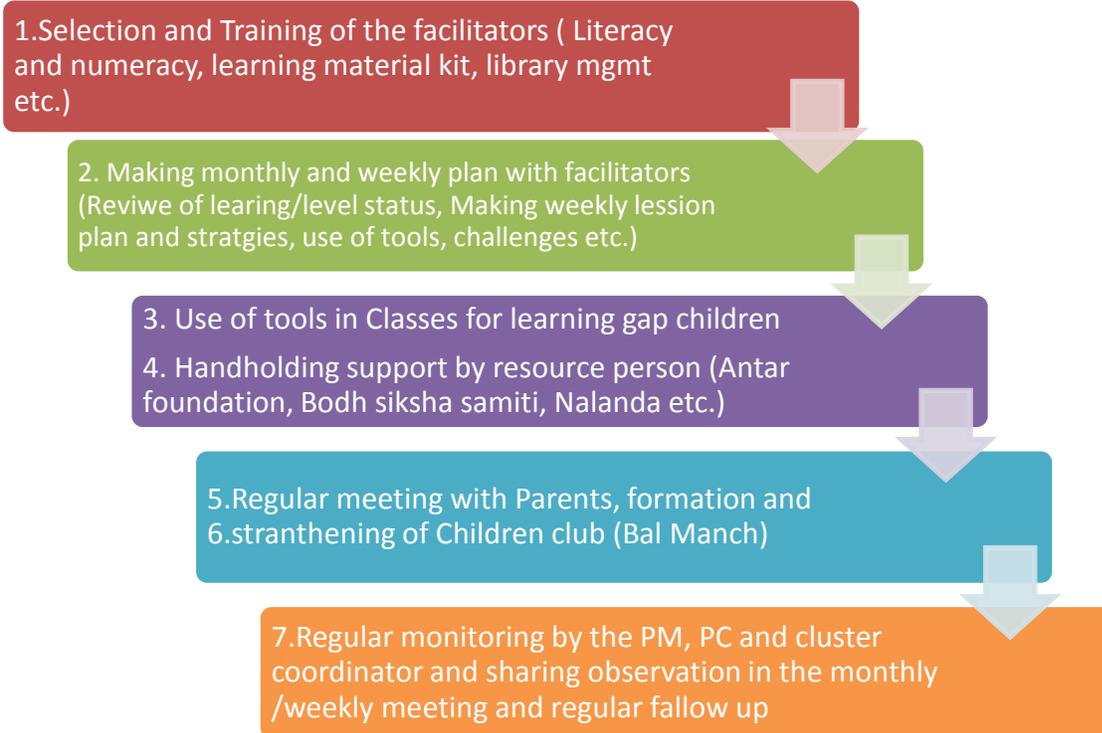
TLM Used



- literacy numeracy and socio emotional
- Numeracy training
- literacy – learning material kit, etc
- Library training

- Educational Games
- Songs
- Stories
- Eklavya/ Pratham Books

Process adopted:



1. Improving Numeracy and literacy level:

The effectiveness of the remedial teaching program is analysed based on the improvement on the learning achievement and which is measured by assessment marks

a. Literacy level

- Total children in remedial centres: 214
 - Baseline status
 1. **Beginner** - 13% (28)
 2. Letter level - 49% (105)
 3. Word level - 9% (19)
 4. Paragraph level- 14% (30)
 5. Story level - 15% (32)
1. In literacy level 28 children were in beginner in December 2016 (Baseline period) who is increased their literacy capacity and 38% children move to letter level, 50% children reached in word level with 6% paragraph and 6% story level.
 2. 105 Children who were in letter level increased their capacity and move to 53% children in word level, 21% children in paragraphs and 10% children reached in story level in which 16% children stay in same position.

3. According to baseline survey 19 Children were in word level in which 27% children increased their capacity in literacy and move to paragraph level and 73% children stay in same position.
4. 30 Children were in Paragraph level and now 21%children reached in story level and 79% children hold their position.
5. 32 Children who were in story level 100% children maintained their capacity.

b. Numeracy level:

- Total children in remedial centres: 214
- Baseline status

1. Beginner	-	10% (21)
2. Number recognition: 1-9	-	24% (51)
3. Number recognition 10-99	-	43% (91)
4. Subtraction	-	15% (32)
5. Division	-	9% (19)

1. Impact and effectiveness indicated children reading learning performance in Numeracy level. 21 Children who were in Beginner level in baseline period now in which 46% children are in number recognition 1-9, 23% children are in number recognition 10-99 and 8% children reached in subtraction and 23% children moved to division. The above table show that 100 percent transition beginner to other level.
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4. Out of 32 children who were in subtraction level in which 63% children improved their capacity in numeracy and reached to next division level.
5. 19 Children who were in division level maintain their capacity in learning levels

Glimpses of the programme:



Project 3: Livelihood- Samyak Samridhhi (EEE)

Background

The central problem addressed is *poor and non-remunerative returns earned from agriculture by target-group families.*

Clear evidence of the problem was found by survey:

- In normal-monsoon years yields of paddy and wheat, the main crops, were 20% below UP Bundelkhand averages and much below yields obtained by farmers
- After excluding paid-out costs the net returns from cultivation of paddy and wheat were only Rs 2500 and Rs 9000 per hectare (ha) in a normal monsoon year. In drought years, the farmers suffered net losses.

Poor returns from cultivation of main crops have the following serious effects:

- **Push towards wage-labour and migration:** While all surveyed families had agricultural land, for around 75% of them wage labour is the main source of livelihood. Around 25% families have at least one member who does seasonal or long-term migration. The migrants are mainly youths of LS-3 group.
- **Diminishing interest in agriculture, particularly among youth:** Increasingly, youth are disinterested in agriculture, though it has the potential of providing of a viable livelihood in their own villages.

In our Bargarh project area we got clear data about drought impact on livelihoods through an agriculture productivity survey carried out as part of the project in March 2016. The survey covered farmers of the target community. Three-fourths of them belong to SC (mainly Kol) community. The average land holding per surveyed household is 4.5 bighas or a little more than a hectare. As shown by the survey 20% of the farmers have no irrigation facility and depend entirely on rainfall. Around 55% of farmers lift water from wells for irrigation and the rest lift water from streams. Nearly half the farmers have their own irrigation pump. The majority of the farmers do cultivation in both rabi and kharif seasons. However in the current year, *a large number of farmers did not do cultivation in any season*

Key strategies

1. Enhancing Agriculture Livelihoods & Productivity:

Agriculture is major means of livelihood & subsistence in project area. To make an impact on the overall productivity of the region it is necessary to increase the technical know-how, improved seed, knowledge management, new practices of agriculture i.e. System of Rice/Root Intensification (SRI), System of Wheat Intensification (SWI), Zero Based Natural Farming (ZBNF), use of organic FYM & pest management and outreach of the program in different crops also. To bring a permanent and sustainable change in agriculture practices being followed in the region model villages would be developed where adoption of practices is high.

In this situation, it is imperative to introduce a low-input system of crops cultivation that maximizes yield potential of soil with minimal use of water and other inputs that need to be purchased (seed, fertilizers, etc) and use PoP of crops. UDAIPUR proposes to motivate and train around 50% of enrolled youth's HHs/ farmers in Mau block of Chitrakoot district.

2. Goat Rearing for Landless Families:

Landless families would benefit through livestock support i.e. goat rearing and daily wage support in the form of weeding, harvesting etc.

Goat is a most critical asset of poor families and exposes them to risks & vulnerabilities. Dry areas and erratic rainfall adversely affects main livelihoods of rural poor i.e. agriculture like Bundelkhand suffering from drought situation last 15 years.

In rural India, small farmers and landless agricultural laborers are increasingly relying on goats as one of the preferred livestock assets across the nation as they symbolize and find a solace in goat farming as complementary livelihoods due to low investment, quick growth, high liquidity and insurance for the poor, while products (milk) can be used for domestic consumption and/regular cash income, goats can also be sold in case a household faces a major expenditure or unexpected events.

3. Automobiles- Repair mechanics:

While there is no auto manufacturing units in the region, there has been a huge increase in the number of vehicles, particularly two-wheelers, creating a large demand for trained auto mechanics. Currently the demand is met through roadside repair shops and training opportunities are available only through informal apprenticeship at these units.

4. Linking producer groups to marketing opportunities by market aggregators (basically institutions involved in forward linkage):

Developing production clusters for producing significant volume of marketable surplus, Identifying and building aggregation / desegregation centers in production cluster wherever required, Linking these clusters with market players (e.g. vegetable traders, commission agents, retailers, etc.). The second part of the intervention involves linking producer groups directly to market aggregators to enable integration of the agriculture value chain and bring agri-produce through capable market aggregators directly to consumer.

5. Participation of women would be more proactive.

Therefore formation & strengthening of Women Farmers Groups (WPGs), Common Interest Group (CIGs) and Community Resource Persons (CRPs) would be initial activities of the program and thereby increase percentage in attendance and their capacity to raise voice on their problems and issues. This would increase their participation in planning and implementation as well as increase their level of awareness.

Key Intervention:

- Training and skill building for automobile repairing of 05 youths
- Training of youth on life skill development
- Technical and input support to 25 farmers cultivation main crops both Rabi and kharif
- families given support and training for vegetable cultivation
- Orientation of youths on commercial goat farm planning & management
- Rural entrepreneur through commercial goat farm

Key Achievements:

1. Enhance livelihood through promoting agriculture:

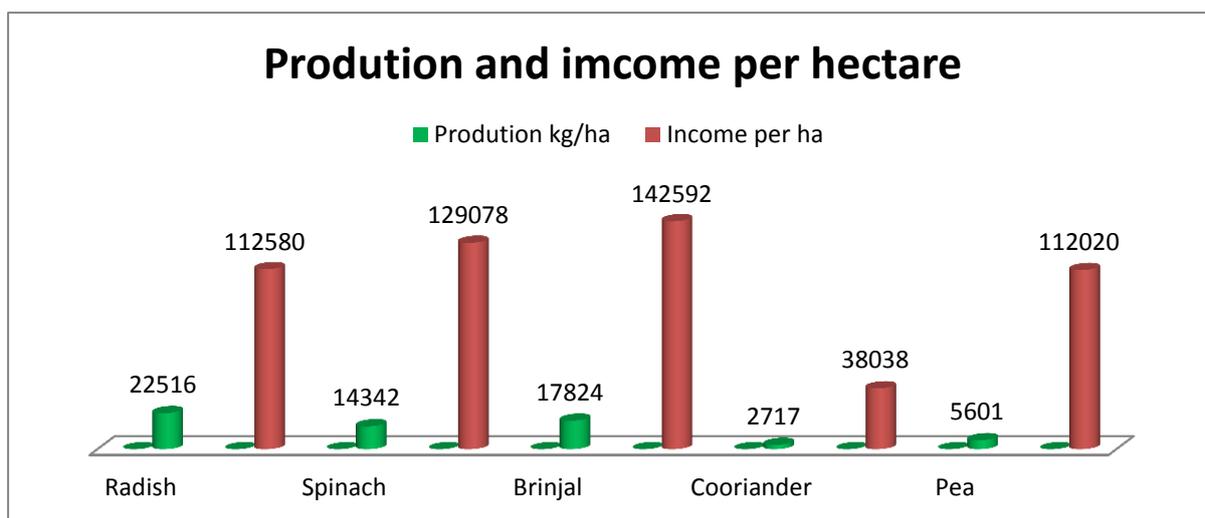
- a. According to survey done by ABSSS in 2015-2016 Yield of wheat was 1500 kg per hectare and income was Rs. 22500 per hectare, yield of mustard and income was 300 kg per hectare and Rs.9000 per hectare, yield of gram and income was 500 kg per hectare and Rs 25000 per hectare . In 2017 yield is 2395 kg per hectare and income per hectare is Rs. 35925, Mustard yield and income is 985 kg per hectare and Rs. 29550 per hectare, Gram yield and income is 800 kg per hectare and Rs 40000 per hectare under agriculture livelihood programe supported by Childfund india. please see below table-

Crop	Wheat		Gram		Mustard	
	Yield kg/ha	Income per ha	Yield kg/ha	Income per ha	Yield kg/ha	Income per ha
Baseline survey, 2016	1500	22500	500	25000	300	9000
Comprehensive district Agriculture plan, Chitrakoot	1911	28665	622	31100	449	13470
Agriculture livelihood initiative by ABSSS supported by ChildFund India 2017-18	2395	35925	800	40000	985	29550

Comparison to baseline survey yield of wheat and income increased by 160% per hectare and comparisionaly to comprehensive district agriculture plan chitrakoot yield and income of wheat increased by 125% per hectare.

Mustard yield and income increased by 328% camarisionaly baseline survey and comparisionaly to comprehensive district agriculture plan chitrakoot yield and income increased by 219% per hectare.

Gram yield and income increased by 160% camarisionaly baseline survey and comparisionaly to comprehensive district agriculture plan chitrakoot yield and income increased by 127% per hectare.



- Farmer per hectare income from radish is 112580.00, from spinach is 129078.00, from Brinjal is 142592.00, from coriander and pea respectively 38038.00 and 112020.00.
- Input support for main crop to 76 formers for Mustard, gram, and pea along with fertilizers
- Input support for vegetable crop to 47 formers for cauliflower, brinjal, spinach, pea, radish etc.
- 8 farmer cultivating *Arhar*, using *Arhar deshi* Seed which is purchasing from Apna Anusandhan Kendra, Sagar (M.P.)

Capacity building of Youths for automobile repairing



ABSSS believes that the people who are underprivileged can improve their living conditions only when they realize their potential and become self-reliant. In order to achieve this, ABSSS is committed to facilitate the setting up of micro enterprises which are completely owned by people.

The objective of this activity is to provide market-oriented skills in the Project area and encourage them to find employment or start their own enterprises to earn better livelihoods.

- 5 Youths are getting Automobile repairing training

Entrepreneur through Goat rearing

ABSSS is promoting goat-rearing programme in its target villages, the focus is on assisting enrolled children parents specially women in optimizing their livestock resources. This becomes necessary given that in these project areas, goat rearing is characterized by the use of poor breeds and unscientific husbandry practices that result in low incomes and high morbidity and mortality risks. ABSSS focuses on the induction better housing and



veterinary care, especially immunization against certain well-known killer diseases like PPR (Peste des petites ruminants). ABSSS assists poor women in goat rearing as a potential livelihood supplement. ABSSS also distribute goat to poor families with the support of ChildFund and provide improved shelter and veterinary support with handholding support of Goat Trust Lucknow (U.P.). Training a cadre of Para-vets to provide animal health care on a routine basis is also an important intervention.

Status of the goat:

Total Goat supported to HHs	Goat expired	HHs having kid from goat	Total goat+ kids
40	03	19	56

Glimpses of the programme



Project 4: CCP- SR

Communication during Jul-2017 To June-2018 (Received):

Month	WL	BL	CIL	RL	DPL	TYL	RAM	SE	RFL	CPR
Jul-17 To Sep - 17	150	150	47	41	3	53	26	1		486
Oct-17 To Dec - 17	423	423	245	66	23	277	1	5		
Jan-18 To Mar-18	185	184	81	106	43	130	35	1		
Apr 18 To Jun-18	437	437	76	180	19	63	2	1		
Total	1195	1194	449	393	88	523	64	8		486

Communication During Jul-2017 To June-2018 (Sent):

Month	WL	BL	CIL	RL	DPL	TYL	RAM	SE	RFL	Newsy Letter	CPR
Jul-17 To Sep - 17	150	30	47	30	3	78	26	1	34		482
Oct-17 To Dec - 17	334	174	237	41	21	125	1	5		8	
Jan-18 To Mar-18	207	279	47	109	37	208	28	1	55		
Apr 18 To Jun-18	415	271	103	192	27	135	9	1	19		
Departed	1	1	13	15	88		64	8	108	8	482
Total	1107	755	447	387	88	543	64	8	108	8	482

Children details:

Source of Information	Number of enrolled children						Number of sponsored children					
	Male			Female			Male			Female		
	LS1	LS2	LS3	LS1	LS2	LS3	LS1	LS2	LS3	LS1	LS2	LS3
Master List June- 2018	421	169	67	423	219	100	225	32	0	247	37	0
Latest CVS Report-	336	24	2	336	23	1	152	140	71	167	187	102

Project 4: CCP- Other

Key Achievement:

- Community people particular 29 villages of the project area have been sensitized for Child health antenatal and post natal care, Immunization, Mother health and education.
- 938 children got health test like height, weight and anemia
- Anemic children have got health services form CHC Manikpur.
- Benefits 8 families and cover 12.5 acres of lands from renovation of well.
- Secure availability of safe drinking water for 23 HHs will cover average 115 population

Glimpses of the programme:



Cross cutting issues and opportunities & Sustainability

1. Major child protection issues in your target communities:

- Child Marriage and physical abuse

Plan for addressing these issues :

- Formation and SR committee and sensitize them to children protection issues.
- Formation and strengthen of the Youth groups.
- Raising the child protection issues in gram sabha.

Challenges:

1. Most of the enrolled children cannot participate in remedial classes due to distance of the centres
2. Continuous drought situation
3. Lack of Human Resource in New enrolment area

Support required:

1. More BBS centre/support to coaching classes and ECD centre will be required to cover the maximum enrolled children.
2. Some water harvesting/conversation activities support required
3. 1500 children increase in new enrolment area. Human resource will be required

2. Enrolled children/ youth you were not able to effectively reach with consistent interventions this year.

- We reached the 80% adolescent girls but we change the things only with 50 % girls and we did not effectively reach with 50% of adolescent girls on MHM and SRH issues because we did not communicate effectively due to their myths, taboos and parents did not take interest.

3. Impact level changes for children in target communities:

- Improving literacy and numeracy capacity of the children through BBS/remedial classes
- 45% Adolescent girls increased their knowledge and improve safe health and hygiene practices through Peer learning

4. Innovations :

1. ARSH- In the project area ABSSS adopt the peer learning approach for build capacity of adolescent girls on MHM and SRH issues peer educator is motivating adolescent girls to adapt and maintain positive behaviours that promote health and prevent diseases through reinforcing behaviour change.

Peer education is promoting good sexual and reproductive health (SRH) among Adolescent in project area. Peer learning process is improving Adolescent's health-related knowledge, attitudes and skills as well as their access to health services. Peer education is based on the idea that young Adolescent are more likely to change their behaviour if peers they like and trust advocate for change

2. Education- Our area most of the children reached in 6 to 8th class and this year we operated the BBS centre (this model for the primary education) so we learned that some support classes required for the 6 to 8th classes (different model for upper primary education)

3. Livelihood- We adopted the on field suggestion and training programme for the farmers in this process we provided the suggestion and training into the field of the farmers and result of this process is that is Comparison to baseline survey yield of wheat and income increased by 160% per hectare and camparisonaly to comprehensive district agriculture plan chitrakoot yield and income of wheat increased by 125% per hectare.

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Children and community member involved in Planning and implementation:

We have involved the children and other community member for planning implementing and monitoring the projects-

1. Last year we organized the evaluation and planning meeting with community members and children for Education, livelihood and ARSH theme. The community member and children presented their view and making the plan to improve quality and quantity of the project.

2. For the ARSH them we adopt the peer educator approach and involving them to planning, implementation and monitoring, in livelihood we formed the farmer groups, goat rearing groups we organized the meeting regularly for planning and implementation. and education we formed the parent group and children club.