

# KALANJIYAM TRUST

*Working together for a better future*



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**ANNUAL REPORT**  
**YEAR 2022**

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## I. Background

Kalanjiyam is a Chennai based NGO registered under the Indian Trust Act working Tamil Nadu since 2006.

### **Our Vision and Mission**

**“Kalanjiyam envisions an energized and empowered community, that can take part in its own development, is able to mobilize and organize itself and take actions to ensure quality education, improved health and overall well-being of all its members.”**

**Mission** is to create an impact in a core set of areas:

- Building skills and capacity of communities
- Socio-economic development
- Improving access and quality of education
- Improving health and well being
- Improving knowledge and awareness

### **Geographic areas of coverage**

Our community development activities are focused in Kancheepuram District in Maduranthakam and Lattur Blocks, , Virudhunagar and Chennai, while our Information, Education and Communication efforts are targeted to reach wider audiences across Tamil Nadu and India.

### **Participatory model of community development**

We have evolved a participatory model of community development by forming a village committee comprising of local village members to take forward and drive the development of the villages.

Young men and women from local communities who are interested in community development are recruited and trained to implement the model programs which are interlinked and designed to lay a strong foundation for an empowered, informed and a healthier society.

Each of our areas of work given below is part of a chain, intertwined and geared towards the achievement of our long term goals.

- Provide a strong foundation in primary education that can then transition into high school education and increase the likelihood of college education for all children
- Build awareness and knowledge in communities on health and social issues
- Promote a healthy community by health education in pre-natal child development as well as prevention of common health issues
- Empower young people with training to earn a better livelihood as well as information to build the life skills

## II. Education Programs

Educational status is well known to be an underlying determinant for improved economic and health indicators at the community level. Interventions for addressing improvements in educational status need to address individual, school level and community level factors as well as the existing barriers at all these levels. With this framework, Kalanjyam interventions have focused on creating enabling school environment, providing additional staff to ensure appropriate learning outcomes in primary school level, introducing co-curricular and extra-curricular programs, ensuring school regularity and addressing barriers such as non-availability of transportation and availability of hygiene and sanitation facilities in the school premises. At the community level we also work with the parents, to advocate on the value of education and successful completion of schooling. We also provide scholarships and educational aid to deserving students, which will ensure their retention in school / prevent drop outs.

Over the years, we have been working with government primary, middle and high schools in urban and rural areas of Kancheepuram, Namakkal, Madurai and Virudhunagar districts.

### A. Placement of Para-Teachers

Many rural primary schools have only one teacher for all five primary classes. The teachers often travel considerable distances to come to reach the school, having poor or no access to transportation facilities. To alleviate this, we have evolved a system to place locally recruited young women in the schools as para-teacher, to support the teacher. These para teachers are oriented and provided basic training on working with children and peer based learning approaches. Para teachers will not act to replace school teachers, they only play an assistive role and work under the Headmaster / teachers and help with the curricular activities in the classroom.



Between 2007 and 2022 we have worked with 35 primary, middle or high schools, where Kalanjyam placed one or more para teachers and support the salary and welfare of these teachers. There was a pause in implementing this program in rural schools, during the COVID

pandemic period when government schools were closed. However from 2021 this program resumed and we restarted this program.

In 2022, with support from AASAI and a number of individual donors, we restarted this program in 20 schools (16 primary and 4 middle schools), under a new model of partnership that was forged with the school and community. Under the new model, Kalanjyam supports 50% of the salary of the para teacher and community contributes the remaining 50%.



The para teachers have been provided training and guided to support the school teachers in imparting the school syllabus and learning outcomes among the students. Foremost, the para teacher ensures school regularity; if children are absent, they approach the families to identify cause and help to find solutions to have children come to school with regularity.

The para teacher provides the support to pay greater attention to the children, ensuring that children are dressed neatly, maintain personal hygiene, follow discipline in class, are attentive and learning. The para-teacher focus on strengthening students in basics of Tamil, English and arithmetic. They train the students to read using phonetic sounds, flashcard and game to make them more involved in learning.



For Maths. they make them do addition, subtraction, multiplication and also teach place value using a game of dice. Students improvement are assessed through periodic assessments. Parents meetings are also facilitated and **important** points are discussed with the parents help them understand the child's progress and support required from them. In addition to the curricular support the para teachers help to pay attention on any health problems that children were facing.



### **Feedback a rural school Headmistress**

*Mrs Mary, HM of Malacheri panchayat union primary school: 'I am working as a single teacher for more than one year. I have a total of 30 students studying from 1<sup>st</sup> to 5<sup>th</sup> classes. The government conducts many meetings, requests reports and I have to go to Kanchipuram to collect uniforms, note books and other materials for the school. However since I am the only teacher, I have much difficulty in managing the classes and taking care of these requirements.*

*After hearing about the support provided by Kalanjiyam Trust through the Block Education Officer, I met with Ms. Malliga and submitted an application requesting for placement of a para teacher in my school. Within a week, I received the confirmation and was asked to identify a teacher from the local village. Ms. Malliga also helped me and we identified Ms. Susheela who has completed Diploma in Teaching and was willing to join as a full time para teacher in the school. Kalanjiyam supports 50% of the salary and other support is mobilized from the community.*

*Since Susheela joined, she has supported me in conducting classes and when needed for going to collect school materials as well. Slowly, I have trained her and she is able to teach classes 1 to 3, so I can focus on 4<sup>th</sup> and 5<sup>th</sup> students. As I have to travel one hour to reach school daily, I have given the responsibility of opening the school in the morning, so that the school can start on time.*

*I am really thankful to have this support and I am able to focus on the government requirements as well as ensure the required level of attention to the students.'*

In 2022, Kalanjiyam appointed a drawing master to take drawing lessons in all the project schools.

We have seen that including drawing enhances the children's interest and creativity tremendously. So based on our previous experiences and suggestion from the school teachers, the drawing class were initiated from this school year.



To motivate the students, an inter-school drawing competition was conducted among the 20 project schools.

The top three students selected for best drawing from each school then took part in the second level competition conducted in Kalanjiyam training center. The top three winners were provided prizes and all students who participated were given certificates.



## *B. Provision of Cycles*

Reaching school in rural areas is a major challenge for students, starting from middle school. The available transportation options are usually few, not regular and less than 10% of families have a vehicle, so the majority of students walk to school, located 3 kms to 6 kms from their village. This takes time away in morning and after school, such that students miss breakfast and / or become tired after they return, so unable to complete homework / other school work at home.

To address this issue, Kalanjyam introduced a van service to local middle and high schools starting in 2008. In 2012, the government of Tamil Nadu introduced stringent policy for tightening school van services and increased the taxes. While the van service was discontinued, we started a new initiative of providing bicycles to students from 6<sup>th</sup> class so they can use this till they complete 12<sup>th</sup> class. Till 2021, we have provided 385 cycles to students and in 2022 we provided bicycles to 40 students. This program has been supported through AASAI and individual donors.

The key success of this program is that all students are completing 8<sup>th</sup> standard and moving on to high school and there are no drop outs in the villages covered through this program.



## *C. Educational scholarships and Aid*

We support students to continue their school education or go to college through scholarships based on merit and assistance / aid based on family economic situation. In 2022 we have provided scholarships to 20 students to continue schooling and 35 students to join / continue college.

**Educate to Graduate Program:** With support from Share and Care Foundation, USA we are implementing the Educate to Graduate (E2G) program, through which we provide partial tuition support to deserving students based on merit, for pursuing a professional course. The students are selected from low income and socio-economically disadvantaged families including from single parent families and/ or whose annual family income is below 150,000 (about 2200 USD)

and without the support they will discontinue their education. Additionally we provide mentoring and leadership development opportunities to supported students, so that they can excel in studies, prepare for their future and become role model for others in their families, workplace and communities. In 2021-2022 the E2G program has supported 31 students

**How Manju went above and beyond the call of duty as a Nurse:**

M.Manju hails from a lower economic family, her father is a farmer whose earning is approximately Rs.6,000/ month; mother is a house wife & her first younger brother discontinued his studies after 10th std and the other younger sibling wrote his class XII exams could not make it to college as he had failed in the exams. Growing up, she struggled to buy school books and other requirements for school. Her father's income from agricultural work, did not give any hope for her to continue her higher studies.

When Manju's application for E2G support was approved, she and her family were overjoyed for otherwise they would not be able to support her college education. She received Rs.40,000 per year for four years through the E2G program and completed the Nursing course. Manju is now a health nurse and works at Sree Balaji Medical College and Hospital in Chennai.



Through the E2G program interactions, she has understood the importance of girl child's empowerment. She is thankful for the project support and exposure. If not for this, she would have been married and settled like other girls in the village. Manju's tells us "I wanted a career that would ensure some job security. Nursing is hard work both physically and mentally but it is also extremely rewarding when you have the privilege to work with most vulnerable people who expect your care and concern with professionalism. All of these leads to their speedy recovery which gives me job satisfaction", says Manju. Manju earns double her father's income in her present job (Rs.12,000 per month)

Manju feels that the E2G leadership and motivational sessions inspired and helped her. She was part of the first line of defense against Corona virus when she was in-charge of the children in the Pediatric ward. She saw many children suffering and their parents struggling to care for them. During this time she applied the learnings from E2G workshops, on networking and social responsibility. Through the hospital, she mobilized resources and referred parents who needed financial support for advanced treatment.

When Manju completed her class XII exams, she was not much aware of Nursing course. But today she is grateful to the E2G program for supporting her which has enabled her to play a role in bringing about positive changes in lives of her patients.



## *D. Happy Schools Project*

Happy School project supported educational programs in three primary schools in south Chennai as part of the CSR under Ford Motor Pvt Ltd. The following activities were conducted in 21-2022:

**Special Needs Children:** The project served 57 students in total with different diagnosis such as Intellectual Disability, Autism Spectrum Disorder, Autism, Cerebral Palsy, Down syndrome, MR, Mild MR, Dwarfism, ADHD, Hearing impairment, Intellectual syndrome, Speech problems, Dyslexia. The trained staffs worked with the special needs children for improvements gradually taking help from a child development professional engaged by the project.

**Remedial Education:** A total of 117 students were engaged for remedial education. These students were managed by Para-teachers who were guided by the child development specialist. Few techniques used in the project were sight words, picture identification, moral stories, flash cards, clay writing, digital learning, etc., to achieve their expected level of competency in core academic skills. The primary aim of remedial education was to assist underperforming students, having some minor learning disability, or came from disadvantaged family backgrounds. The para teachers provided one-on-one intensive language and mathematics instruction, and helped to improve their overall academics performance.

**Other Activities:** The project also supported educational aides, health and hygiene, co-curricular and extra-curricular competitions and programs for parents. Drawing competition were conducted for both Special need & remedial students. An overall count of 120 students (43 special needs and 77 remedial) participated in this competition in their respective schools by their project teachers. Each class two participants won first & second prizes and rest received participation certificates.



### **Impact of the program**

Ramya is a 10-year-old student with intellectual disability. During the start of the academic year, her academic abilities were as follows. she identified English letters, but hesitated to recognize whole words even if she already knew them until they were spelled out by someone else for her. She found it difficult to identify Tamil letters. She could write numbers up to 20 but had difficulty counting objects. She also found it difficult to identify numbers beyond 10 without help. When asked to place particular number objects, she forgot when to stop.

The special educator and para teachers developed an action plan to help to learn English, Tamil and Math and worked with her over the course of the year. Ramya started grasping words quickly and with the help of pictures and learnt basic grammar. She was introduced to simple two words and three words sentences along with pictures. She also unscrambled the words on a digital whiteboard after each lesson. She started to write Tamil letters in rice and then on the wall and then in her notebook. She counted spoons, crayons coins and other things at her home.

After the interventions she was able to read simple sentences with familiar words in English and is able to match them with pictures. She makes fewer errors while counting. She identifies three shapes – triangle, square, and circle and can add small single-digit numbers with minimal prompts.

### **Feedback from Mothers**

*“After attending projects workshops for parents, I have learnt the things I shouldn’t do while communicating with my daughter and how I should handle her. After following the recommendations, my daughter has started controlling her anger better. When we were staying inside home because of the lockdowns and schools were closed, the regular online classes helped my daughter develop interest to sit and learn. She has started trying to use words to communicate. Now that the schools have opened, she is improving more.”*

*‘One of my children among the triplets had issues in Toileting, where she always wanted our help, though my other two daughters were able to do their daily activities on their own, I attended Lalitha mam’s session and after her guidance and tips on helping her in toileting, now I have trained her and I can see a little improvement, I am sure I can train her to do all the ADL’s on her own very soon. Thanks to the project’*

### **E. Lighthouse Project**

Project Lighthouse was implemented in Government Higher Secondary Schools in south Chennai as part of the CSR under Ford Motor Pvt Ltd. The activities described below were conducted in 21-2022.

The project aimed to strengthen and empower girl students and ensure successful completion of their schooling and a degree by building up various support systems to sustain the empowerment. The target group for the project selected girl students from 8<sup>th</sup> through 12<sup>th</sup> standard and their parents in the four schools of Chennai: The project works with 400 girls from low income, unskilled occupation of parents, single parent/or no parents, parents with disability, academically good performer, and those recommended by school teachers / HM,. The Key Objectives of Lighthouse project are:

- Empower students and alumni through curricular, scholarships, life-skills and mentoring programs
- Increase the learning outcomes of the late bloomers through remedial by enabling them to acquire minimum basic knowledge of Math's, English and Tamil
- Train and empower parents through skill building to be self-reliant to contribute towards the development of their children and the community at large
- To facilitate the process of Alumni to become change agents and increase their involvement in school improvements
- Bring sustained changes and create enabling school environment through engagement Headmaster, school teachers, various schools associations and school clubs

The Project had provided alumni scholarship to the tune of Rs.15,03,855/-benefitting 64 students. These Scholarships were aimed at motivating children towards higher education. The Lighthouse project reaches out to needy students to help them pay for their education through scholarships, and this year supported additional students by paying college fees up to Rs. 30,000/- to students who couldn't afford to pay their share (20%).

### **SKILLS TRAINING FOR ALUMNI**

Young minds are the most productive and creative in the society, due to their physical and intellectual capability. But in real scenario, most of them are unable to utilize their potential in an appropriate way due to lack of guidance and motivation. Lighthouse Project realizing this came up with a skill training for 72 Alumni. The trainings focused on the following areas; Motivational talk on Interpersonal Relationship, Personality Development, Resume writing & Facing interviews Motivational talk on Girls Empowerment & Art Therapy, Script Writing Workshop, Documentary Film Making, Resume Writing Online Workshop and Computer course on MS-office.



As an outcome of the training the alumni used their learning to create a documentary on their parents who had received livelihood support through the project. During the culmination of Alumni Skills Training Programme, the students creations were displayed through a Slide Presentation.



## PEER MENTOR TRAINING

Lighthouse Project involved project alumni and College passed out students in peer mentorship training in order to build change agents in project schools and communities and to make the initiative sustainable in the respective schools. So far, 45 students have been trained as peer mentors, with 14 of them currently mentoring others.

### **Sangeetha's Journey of Successful Peer Trainer**

Ms. Sangeetha is one among them as well. She comes from a low-income family and has overcome numerous obstacles. Father works as a driver and her mother works in a private concern in the maintenance department. The family's overall income is insufficient for their day-to-day survival. Sangeetha learned about the project when she was in class IX at Chennai Higher Secondary School, Taramani.

The Project provides social exposure and life skills education to impoverished children. It offered equal emphasis to every needy kid, was introduced to her by her class teacher and seniors. Sangeetha's enthusiasm and participation in the Project Team's awareness and mentoring sessions were also observed and monitored by the team. She never missed a single class, and she readily took on many responsibilities and participated in all of them without missing a beat. She has developed a lot of confidence and her stage fright has decreased as a result of these sessions. She was able to handle awareness workshops for her juniors and share her knowledge with her peer groups at college as well as individuals around her due to the knowledge she gained from the sessions. She considers skill to be more vital than information.

Sangeetha is now a role model for some of her students and peers, who seek her advice and guidance since they believe she is the best person to provide proper training in handling sessions. She shared about a proud moment where she had to handle a session on Decision Making to the Project's Livelihood beneficiaries, her mother too was part of the Training participants.



**Kalanjiyam Official with Livelihood Beneficiaries**



**Study Materials Distribution**

### III. Health programs

Kalanjiyam is implementing programs to promote health and well-being among the communities we serve. These include working on health of children in the schools, women and children in local communities and other specific target groups. .

#### A. Hygiene and Sanitation

Lack of hygiene and sanitation facilities in schools is a main reason for drop outs among girl children. Providing for these facilities has been an important focus of Kalanjiyam activities since 2009. Kalanjiyam also supports the placement of sanitation workers who are local individuals from villages are identified for the upkeep and maintenance. The schools are provided all the cleaning materials / provisions and their job is to ensure proper use and maintenance, by cleaning a minimum of three times a day.



This program is very successful and has immediate and long reaching benefits. The school teachers and children have taken ownership of this program and there is heightened awareness about hygiene and sanitation in the project schools.

After the COVID period the schools have re-opened and the Kalanjiyam placed sanitation workers have resumed their duties.

Since school year started, the project team has begun to do assessment of needs for upkeep of the toilets and sanitation facilities in all project schools. Each school toilet was evaluated and action plan was made for improving the upkeep. The teachers and students were also involved in the process of developing an upkeep plan.

New initiative was conducted to promote good hygiene practices among the children wherein stars are awarded for good and bad turn out respectively throughout the month. Hand washing program was continued, and all schools are provided with monthly supply of soap. The Para teachers ensure that all children wash hands with soap before lunch and after toileting. The 20 project schools have also been provided with drinking water filtration systems (RO systems) in schools and additional drums for water storage in the class rooms were provided.

This program is funded through a corpus fund supported by individual donors committed to improving hygiene and sanitation practices among school children.



## ***B. Right Information Community Health (RICH)***

Ensuring the health and wellbeing of rural populations in this context while challenging, is much needed and taken up through the Right Information Community Health (RICH) program, supported by Share and Care Foundation, USA. The main objectives of RICH program are to provide basic / first health care and referrals at the door step of our villagers, provide them correct and timely information on health care concerns, create better understanding of person health and empower communities to take preventive and proper actions for their health concerns.



### **Reaching out to the unreached areas**

The RICH program reaches out to remote villages that have poor access to health care, where no public transportation is available and basic health care is scarce. Sometimes villages are identified based on the discussions with the Panchayat leaders and the health problems that are prominent. Anyone with an ailment be it young, middle aged or old, men, women and school children come to consult with the doctor. The mobile health aims to provide education, counselling and medicines for their ailments and more importantly diagnosing various diseases and referring them for further treatment and check-ups. Medicines generally claimed for fever, headaches, joint pains, back pain, gastritis and more commonly for fungal infections.

The RICH team comprises of nurses and para-health / outreach workers and driver and assistant who are all identified from the local community where the program is implemented. During the visit, the mobile clinic is stationed at a common place in the village; the para- health worker mobilizes the community and the nurse does the health checkup, counseling and medicines are provided free of cost.

In 2022, the RICH program has conducted camps and served communities from 30+ villages in Lattur and Maduranthakam Blocks of Kancheepuram district.:

- Primary care, advice, counseling and treatment to 3790 rural community members
- Health education, counselling and health check for 336 adolescent school going girls
- Health checkup, basic vitals and counselling on antenatal and post-natal care and infant and young child feeding practices for 270 pregnant or lactating women



**Bringing health care to the door steps:** Sowmya (25 years) lives in Poikainallur village. The nearest government medical facility is 15 km and a private clinic about 6 km from the village. There is no bus facility from the village so the community members have to walk the distance or use private transportation. Sowmya, came to the RICH clinic with her three year old child who was sick with high fever the last few days. The nurse and outreach worker checked the child, provided some over the counter medicines and counselled her on how to take care of a child with high fever, to prevent seizures. Following the visit, the RICH outreach worker followed up with Sowmya, who informed them that her child had recovered and thanked them for the care and guidance.

**Mrs.Sasikala**, 40 yrs. Who was a beneficiary of RICH clinic shared " The mobile clinic is a boon to the people like me in rural villages. It is very difficult to walk to hospitals to the other areas, whereas, the nurses who visit, provide us with needed education and medicines, they enquire about our health, issues faced and special attention is given to adolescent girls, pregnant women and young mothers."

### C. Screening for Cancer:

As part of this program, we have started awareness and referral linkages for cervical and uterine cancer, which are one of the most common cancers among women.

As a first step, our RICH team of Nurses and Outreach Workers met with the Medical Officer of the local Public Health Center (PHC) in Pavunjur (the nearest town) to learn about these cancers and about the existing government programs for screening and treatment.

The Village Health Nurse (VHN) conducted training for the Kalanjiyam field staff, to prepare them for implementing the program.

Awareness programs were conducted in 16 villages of Lattur and Maduranthakam blocks. A total of 540 reproductive aged women were reached and provided education and counselling. Out of these, 36 women were symptomatic and came forward for screening or check-up.

The staff nurse of the RICH program organized and took the women to the PHC, in four batches. Following the check-up, three were referred to tertiary care center in Chengalpattu for further investigations. The program provided the necessary assistance and the RICH nurse accompanied the women to Chengalpattu Government Hospital and supported the women throughout the investigations. The three women were found negative and were asked to come back for a check-up after six months.



#### ***D. Health Camp for Adolescent Girls:***

The RICH mobile clinic nurse and outreach worker conducted health camps in a large all girls higher secondary school. A total of 336 girls were provided comprehensive checkup and advice and counselling on reproductive health issues. They were also provided with packet of 10 sanitary napkins as a way of encouraging them to improve their personal hygiene particularly during menstruation. The team also conducted session on personal hygiene, nutrition and basic communicable diseases. Due to COVID these sessions could be conducted only for limited period after schools reopened.



The nurse in the RICH clinic **Ms. Tamilselvi** reports “the women in their reproductive stage have a common problem of abnormal discharge. After the checkup and education and based on the symptoms we refer them for further check –ups and scanning at the nearby hospitals”. She also explained that adolescent girls are educated on Menstrual Health and hygiene.” She is very happy to hear from the people that because of the RICH mobile clinic services the basic health care needs are taken care of.

**Referrals:** One of the critical priorities for the RICH team is to provide the appropriate referral for patients who need specific care and treatment. The most common diseases for which referrals were provided include: TB, seizures, pregnancy related complications, cardiac disease, diabetes. The project outreach workers followed up and helped these patients and ensured that they followed the treatment course without fail.

**Making a difference to Effective Linkages:** Sudha (name changed), in 10th standard was having a recurring seizure. Though she had been to many doctors, the frequency of seizures was not reducing and prevented her from going to school. During the health camp the RICH clinic nurse met with Sudha and her parents and took her full history. As her parents not literate and could not navigate through the advice of doctors, the RICH outreach worker accompanied them for follow up checkup with a specialist in the private sector. After two visits to this specialist and new treatment plan and medication, she started to feel better. Within one month, Sudha was able to return to school and focus on preparing for her exams.



#### ***D. Services to Pregnant and Lactating women:***

Awareness for pregnant women is a very critical to ensure good outcomes of pregnancy. One of the main components of the program is provision of pre-natal, antenatal and post-natal care in the form of medical check-ups, consisting of guidance on managing a healthy lifestyle and the provision of counselling on physiological changes during pregnancy, nutritional requirements, and overall care required during and after pregnancy. The outreach workers of the project, inform, empower and support the pregnant mothers to be conscious of their health needs and that of their babies' by following the guidance provided.

In 2022, the RICH program served 270 pregnant or lactating women from 52 villages across Lattur block and provided education and counselling on antenatal care, routine check-ups and diagnostics to be done, required nutrition, delivery planning, post-natal care and care of the new born.

Among the women, 128 women were served from the ANC period and 142 from post-natal period.



Awareness on pregnancy, post-natal care, and infant and child feeding was not optimal, and confounded by many myths and misconceptions. The women were met once or twice every two months and were all assessed for basic vitals, BP, height and weight and immediate health concerns. The Antenatal care women were also counseled on care of themselves and the child, nutrition related information, and critical messages on breastfeeding of infant after birth. The lactating women were counselled on the key issues related to nutrition, breastfeeding and also about the safety measures to be taken during the use of water and uncooked foods.



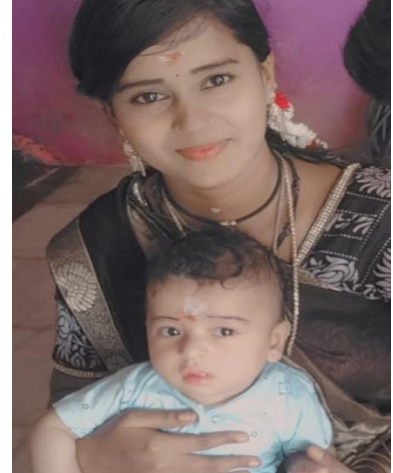
All women were educated on the do's and don'ts and also tips on how to resolve specific health problems.

Among the lactating women the emphasis and focus were on exclusive breast feeding, introduction of complementary foods from the 6 months and helping to troubleshoot the challenges they were facing.



### **Hemalatha's Success Story**

Hemalatha, 22 years is a beneficiary and has completed Engineering degree through Kalanjyam scholarship. When she was two months pregnant, the RICH team visited and she was yet getting the ANC check up at the health center. The nurse and outreach worker did a basic checkup and provided advise and counselling on the care to ensure good pregnancy outcome.



Following this, she got the antenatal checkups and she is a happy and healthy mother who gave birth to a baby boy weighting 2.8 kgs at birth. She expressed that she was very thankful to the RICH team for counselling during pregnancy, after birth and care of the baby. Hemalatha stated, “The nurse and outreach worker visited me periodically, they checked my health card and referred if I had taken required scans. I am grateful for proper advice on healthy diet that prevented her from being anemic “. She explained that her every day's diet chart was inclusive of lot of vegetables, fruits especially pomegranate and dates; and she never failed to include greens in her food intake. Her Hemoglobin count was on track and the butterfly exercise and daily stroll enabled her to have a safe delivery.

“The nurse also taught me about breastfeeding and how to ensure good latching and feeding by the baby and how to clean the breasts before nursing the baby.” After birth of her baby, she immediately started breastfeeding and for the last four months has been giving exclusive breast feeding and avoided water and all other baby food. She explained that once her baby is six months ‘ I will start giving dal, mashed vegetables and fruits as I understand that the baby will this additional nutrition for proper growth.”

‘The nurse comes to meet many other women who are pregnant or had a baby in our village; I think what they are doing is very important, as many women do not have enough awareness on these issues and do not even follow advice of a doctor. When the nurse comes home and explains and talks to us in detail, we are able to understand better and start to do what is right. The repeated follow up and counselling really is good and this helps to get most to women to adopt the healthy and correct practices. Some women in our village were able to avoid getting a C-section, by taking proper care during the pregnancy as they were advised by the nurse. The women in our village have been greatly benefited by this program, and we thank you wholeheartedly.’

## IV. Life skills and Livelihood Programs

A key area of focus Kalanjiyam includes: as strengthening adolescent and youth, so as to provide life-skills and empower them to adopt healthier behaviors. We have been successfully working with Adolescents / young women in rural areas to improve both life-skills and livelihood skills.

### A. Livelihood Training Program through Tailoring Training



Since 2015, Kalanjiyam has been implementing skill training program, Jyothi Tailoring Center, with support from AASAI. The aim of Jyothi Tailoring Center is to strengthen women to develop skills, to increase self-confidence and enable them to support their families for improving livelihoods. The center is run by dedicated team of community members Mr. Elumalai, senior tailor with more than 20 years of experience, and assisted by Ms.

Nandini, a local woman trained and nurtured to become a proficient tailor, and supervisor Ms. Malliga who oversees the program.

Since inception the center has trained 280 women from 17 villages in Kanchipuram district. A total of 38 women have been provided tailoring machines as a loan and the women pay monthly installments for ownership of the machines. The initial investment from Kalanjiyam was about Rs. 40,000 and subsequently the sewing machines purchased (32) were bought using the money repaid by the women who were provided the machines. Another 47 women who were trained in the center, have purchased a tailoring machine on their own.



Of the women trained till now, 52% are employed in part time or full time tailoring work at garment companies; about 30% of the women continue to go for wage labour and are earning some income from tailoring work in and around their village taking small orders for stitching saree blouses, petticoats, salwar kameez, or men's attire. In the year 2022 the center has trained 30 women through two batches at this training center.

In addition to the training on tailoring, awareness programs are also conducted for the women enrolled in the program. Local Village Health Nurse (VHN) conducted sessions on women's health issues including prevention and screening for non-communicable diseases.



*Sumathi and her husband Sekar live in Nesappakam village. 'My age is 40 and my husband is 48. He works as a Mason and I work in 100 days scheme and stays at home during rest of the time. I have two kids, son is doing his college and daughter is in class 9. The salary we get isn't enough and it is very difficult for us run the family, however we are also unable to go to company.'*

*'I had an Idea of learning new work, at that time a camp happened in Nesappakam, Wherein I came to know Kalanjiyam trust is conducting Tailoring program. So I joined to learn Tailoring. In the beginning I learnt the basics including threading needle, oiling the machine, sewing buttons and maintenance of machine. Then straight stitching and controlling the peddle, which I was able to control only after two weeks. I expressed my interest in stitching the blouse when I was asked about my first piece of sewing. With the help of old dresses I learnt to stitch pillow cover, trouser, in-skirt, shirt and salwar.'*

*'I received Tailoring machine through Kalanjiyam and agreed to pay monthly installments as I cannot afford to pay the full amount at one time. After the household chores I stitch nighties, lungi and blouses and am able to make an income of Rs 2000 to Rs 2500 per month. Many of the women from the class have gone to companies, but they have to work from 8 am to 7 pm and earn 12000 per month, depending on how many garments they stich. It is not possible for me to go for such work, as I have many family commitments.*

*I am happy that I am make more earning than before, and able to do the work in my time, based on situation at home. I am satisfied with this, but If more opportunities are available then I will be able to earn more and this will be helpful.'*

## ***B. Life-skill program for Adolescent girls***

The ongoing program for adolescent girls called 'Vanavil' meaning 'Rainbow' in Tamil focuses on building essential life skills among adolescent girls in our villages. The goal of the Vanavil project is to enable these young women to gain self-awareness, social and emotional coping skills for



building their internal assets and other life skills required for better decision making, managing problems/ conflict and facing realities of life.

In 2022 the project reached about 250 adolescents, both boys and girls between 13 and 17 years. Sessions were conducted on the following issues: reproductive health, self-awareness and self-confidence, gender based values, substance use

### *C. Other Livelihood Support*

We have supported a number rural families for improving their livelihood options.

Naggaiya is 55 years of age and resides in Chinna Venmani village in Lattur block. His family comprises of his wife, two daughters and a son. He and his wife work as Dobhi (washerman) and help in organizing weddings, religious ceremonies and festivals in their village. The income from these sources is not regular and sufficient, so they also work as wage laborers as part of NREGA scheme where they get work for 100 days in the year. Their son who is 25+ years, did not complete schooling and only does odd jobs. Overall the combined income varied between 3000 to 5000 per month, barely sufficient to meet their basic needs. Of his daughters, one is married and living elsewhere and his second daughter, who completed diploma in Nursing (supported by Kalanjiyam scholarship), is not able to work continuously due to personal health situation.

In 2020, Naggaiya was diagnosed with heart disease and had to undergo heart surgery. Following this he was unable to work for almost one year and during this time the family struggled to make ends meet. Naggaiya was not able to continue working as a dobhi, so he came up with the idea to set up an iron shop and approached our team with his proposal.

After understanding his situation, Kalanjiyam supported him to purchase all the required tools and materials and in setting up the shop in a strategic location which would allow him to have a steady monthly income.



Naggaiya and his family are now extremely happy, with their iron shop in Pavunjur town, 5 kilometers from his village. He is able to pay the nominal monthly rent for the space and manage his family's everyday basic needs. He is confident about building his customers in the coming months, and expects to make at least 6000 pe month, which is almost two times more than his family earned previously. Kalanjiyam team continues to guide and support Naggaiya's family, to run / manage the iron shop and help his second daughter to find a suitable placement as a nurse.

Similar to above, we have supported other families for setting up petty shop in the village, through which the families are able to improve their monthly income.



*Kalanjiyam team and communities thank you for your contributions and encouragement.*

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