

## Annual Report for the Year 2006-2007

### **Sahyog - School Without Walls (Girls school)**

#### Enrolment

This year the Enrolment period was extended up to August since it was observed that the girls often came for admission during the entire year. Nearly 30 students in Jarimari and 28 students were enrolled this year. The current strength of the Jari Mari school is 70 and Dindoshi is 56. This year there were more girls in the lower divisions (Jr. Primary and Priamry) than the higher divisions (middle and secondary).

This year Dindoshi school observed large number of young girls bellow the age of 11 years coming for admission. Since it was decided not to enroll girl of this age as they should be enrolled in mainstream schooling the parents were counseled by the teachers and motivated to put their daughters in formal schools.

#### Sahyog's New Venture

Sahyog with the support of Bombay Community Public Trust and Barrington Educational Initiative of Switzerland has initiated a Community Learning center for the children in the age group of 5 to 18 years in a settlement colony at Dindoshi. This resource center will serve as a common place for studies, remedial classes for various subjects, recreation and vocational training for the children from the community.

This project has been named as *Manzil*, which consists of a Library in the name of one of the late donor Dr. Pai as "*Annu Pai*" Library along with a recreation centre named as "*Khealghar*" and remedial educational classes as "*Pragati*".

A base line survey was completed before initiating the programme. The objective of the survey was to explore the profile of the children within age group of 5 to 18 years, finding no of school going and non going children, the free time apart from school timings for the children, the pattern of recreational activities among the children and the preferences for the same. The information will help to plan the activities and events for the children according to their age group, interests and time they can spare.

A recreational centre with different games and toys, promotional activities for reading and writing along with a library for those children has been functioning regularly. Nearly 40 children attend the centre and participate in various workshops and competitions.

#### Teachers appointment

There are eight part time teachers working in both the school. This year one of the teacher at Dindoshi who also happens to be an In charge was made full time with the view of developing new programme for children.

### Teacher training

This year can be marked as a crucial period, which boosted teacher's motivational level through number of informative, capacity building and participatory training programmes. The training and subsequent implementation has taken the teacher's on a different height with respect to their confidence, skills, interest, initiative, inquisitiveness and creativity.

Weekly training for the English language with the component of Grammar, reading, writing and conversational skills was conducted for the teachers through out the year.

Apart from this a three-day intensive training for Science and Math at Homi Bhabha Centre for Science Education. This was the event, which was very informative, and motivated the teacher's to practice interesting classroom teaching methods to facilitate the learning process.

### Infrastructure

The infrastructure in Jari Mari remains the same. The Karnataka Yuvak Sangh (two rooms) are used in the morning by Sahyog Stars (Sarva Shiksha Abhiyan) and Sahyog Sangharsh and in the afternoon by the Sahyog girls' school. Although, this has not been adequate this year, with the enrolment going up and the additional furniture acquired. The premises very cramped at the same time it becomes difficult for teachers to teach different groups among the same class during one lecture.

Whereas in Dindoshi following the construction of the internal walls, the school environment has improved considerably. The girls are very comfortable and happy in their new school environment, which allows them lot of place to enjoy playing, indulge in extra curricular activities and study without any hesitance and restrictions.

With a view to make the classrooms more bright and colorful volunteers of Asha for Education, painted the premises at Dindoshi with nature scenes, towards the end of the year, in December 2006. All the children were extremely happy about this pleasant change in their school environment. In the month of March 2007, with the help of Bombay Community Public Trust, an overhead tank was installed and the bathrooms/toilets repaired. As a result, the premises at Dindoshi have become very good.

### Curriculum development

One of the problems of linking up with the formal system through national open school is that it takes away our freedom to design our own syllabus. While the Secondary syllabus of the national open school is centrally governed, the curriculum for the lower levels is decided by the respective accredited schools, which offer the programme (in our case, Pratham). For the most part, they have stuck to the formal school syllabus (S.S.C board). Hence, we are unable to use the books developed by other organisations such Eklavya and Digantar as earlier used to.

However, post training at Homi Bhabha Centre for Science Education teacher's have expressed their wish to design curriculum on their own with the help of consultant and expert trustees. Therefore a meeting was planned with one of the trustee K. Sriram and Ms. Beena Choksi of Homi Bhabha Centre for Science Education in order to develop a curriculum.

Apart from this development a new subject of Marathi was introduced in the Middle division by the class teacher. The response of the students was very good as they felt the need to learn the language as it is a state language and is used in many places.

### Extra-curricular activities

Different days such as Mother's day, Teacher's day, Independence, Republic day and Eid party were celebrated in the school in which the girls participated with lot of enthusiasm.

About 15 girls from Jarimari School actively participated in writing the script and performed street plays at various places in the community for awareness of TB and addressed various myths/misconceptions related to the disease, infection and treatment to the people. Taking part in this event helped them to build their confidence.

An important highlight of this year was the organization of the annual programme after a long period. This was held on February 27<sup>th</sup>, 2007. Children enjoyed this day to the fullest even if their exams were just a month ahead.

Apart from the Annual Programme, a picnic was organized in January 2007 for all the girls of Sahyog. The older girls went to Kelve beach whereas the smaller children went to Nehru Science Centre. In all around 100 girls enjoyed the picnic.

### Mainstreaming

Establishing good contacts with Ratnam College, which is an accredited institution for National Open School, and registering girls from secondary division helped us to receive hall-tickets, marksheets and conduct exams more systematically. Linking with an institution has also reduced a lot of the administrative work and time spent on registration.

During this academic year about 19 girls appeared for secondary exams from both the schools.

### Project on dropouts

This year organisation experienced a concerning amount of drop out. Intensive follow up home visits was done to document the reason and motivate the girls to resume schooling. Analysis of the data gave a set of reasons with majority related to household problems along with shifting to village, health problems and lack of interest.

Therefore, a set of new extracurricular activities apart from play hour was introduced in the classrooms to prevent this drop out and to give break from study hours. These activities were designed according to the various skills available with the girls. These girls were given the responsibility to impart these skills to others in-groups thus making them feel valuable and continue coming to the school.

### Savings programme

A micro-savings programme initiated a year back for the girls. In this, they save Rs 1,2 or 5 every day, which is deposited with the teacher. They can withdraw the money at will, whenever they need it. This year, the activity is being formally implemented in all the school. The response has been very good and most of the girls are saving something or the other. This

has proved very motivational as all the children learnt the value of saving as that helped them with educational requirements for which they had to depend on their household unlike earlier.

Apart from this, their maths skills are also improved. Participating in this programme makes them feel very grown up and proud. Sometimes, they also use this money for emergencies in the family, which makes them feel even prouder. However, the school also ensures that the family contributes to the girls' welfare in its capacity.

## **Sahyog Sangharsh - Special School**

The two main categories of children enrolled in the programme are those with hearing impairment and learning disability or both. The main focus of the programme is to train these children to live independently by provide daily-living skills, improve communication and physical rehabilitation through exercise and play. Basic literacy and numeracy has been introduced for the older children. Some amount of vocational training skills is also included.

### **Enrolment**

The enrolment in this school is quite stable because students are usually here for a long time. The strength remained constant at about 20-25 students. We lost quite a few students due to the demolitions. Two students were transferred to other schools at their village. This include one mentally challenged student who was taken to the village and admitted in a residential special school, one multiple handicap child was sent to residential special school at Bangalore by the parents. However, in general, we are finding that integrating our students in other schools (both special and normal) is quite difficult to financial reasons, distance and in the case of 'normal' school, a great degree of prejudice.

The regular activities of the Sahyog Sangharsh programme continued as per plan. The parents meetings were organized periodically, in which various issues related to disability, rehabilitation, burn out and parent's association were addressed by the staff and resource persons.

### **Team**

The team in the Special school consists of one trained special educator, one teacher who has a experience of working as volunteer in Spastic Society of India for two years. Apart from them there are two programme assistants who also contributes in class management and imparting ADL skills, numeracy and literacy skills in the children.

Also, four girls of Sahyog come in the morning for two hours. They receive a stipend of Rs. 200 a month. This experiment has been very successful and has taken a load of the staff. We also foresee them as future assistants in the school. They have expressed that they enjoy working in the school too.

### **Training**

This year, the team made a lot of exposure visits to different organizations, which are providing rehabilitation services to the disabled. One of such visit was done to Association of

people with Disability at Bangalore for a period of 15 days. During this the staff went through all the programmes run by that organisation and presented their learnings, experiences and attempted to implement them back home. This has helped in planning activities at the center according to each child's disability and requirements.

The inputs given by the Physiotherapist visiting as intern helped the teachers to plan a yearly programme for the individual child.

As a result of visit of professionals from Ali Yavar Jung Institute for the Hearing Handicapped two separate groups of mentally challenged and hearing impaired were made in this class to facilitate the benefit of the programme.

### Documentation

We also started the process of registration with the Rehabilitation Council of India from the Social Welfare Department. As a base work the entire development of the programme was documented by the staff and a comprehensive report has been produced. However, since our programme is a community-based programme, we are not able to meet the space and infrastructure requirements. However, this may be rectified in the future.

The Report card of the children was developed with more comprehensive details of the child's improvement in various aspects such as ADL, numeracy and literacy skills. Before drafting the final format the staff went through different formats adopted by various private and BMC schools.

### Outreach and special services

The team has started a Networking project wherein staff is establishing contact with the organisations offering various rehabilitation services related to I.Q testing, medical aid, prosthetic aid, training and planning inputs for the school.

Presently, we are collaborating with the following organisations:

*National Institute for the Mentally Handicapped* (a Central govt. institute), which provides overall guidance and support. They also provide assessment services for people with learning disabilities.

*Ali Yavar Jung National Institute for the Hearing Handicapped* (a Central govt. institute), providing assessment services for the hearing impaired, free hearing aids and speech therapy services.

*Canossa Special school* for mentally challenged children of various age groups.

*Aadhar*, which is a residential rehabilitation, centre for youth above 18 years of age.

*S. G. Barve* school for mentally challenged which is a school run by BMC.

*Sulabha Special school* for mentally challenged children.

*Manav Seva Sangh* for providing assessment of the disability and their school for normal and disabled children who are orphan or have single parents.

In spite of this, we feel that we need to make more efforts to link this programme with the facilities available for the same.

## **Sahyog Stars (Sarva Shiksha Abhiyaan)**

Four classes were organized this year under this programme. In June 2006, an enrolment survey was conducted in Jari Mari for this purpose. About 80 children were enrolled. In April 2007, 60 children appeared for the annual examinations in BMC Jari Mari School for the 1<sup>st</sup>, 2<sup>nd</sup> and 3<sup>rd</sup> Std. From June onwards, they will be enrolled in the BMC School. A separate premises was rented for two of these classes as well as the clinic in Jari Mari in Muslim Society, Jari Mari. The other two classes were being engaged in the morning in the Karnataka Yuvak Sanghatana.

However, due to the situation being observed in the community wherein there are hardly any children available for this programme as almost children are of the age group which can be enrolled in the formal school the decision to discontinue with the programme was taken among trustees and staff. But enrollment of existing students in the formal school still remains our commitment

## **Sahyog Ekta**

### *Clinic*

The clinic-based activities include health check-ups for all the students in the girls' school and special school, weekly clinics specifically for the students, an ante-natal and post-natal clinic and general health clinic. The clinic is held at Jari Mari on Wednesday and Friday and in Dindoshi on Monday and Thursday. One day in a week is reserved for meeting and training. The clinic is held for two hours each day. We charge ten rupees for each visit and provide medicines for three days. Students of Sahyog, staff members and pregnant and lactating women are exempt.

We also provide free iron, calcium supplements to all women, children and adolescents (iron being supplied by the Municipal Corporation of Greater Mumbai - MCGM). We also stock oral contraceptives and condoms (also supplied by the MCGM) and provide them free of cost. The health posts are given quarterly utilization reports for the same.

The response to the clinic in Dindoshi has been quite satisfactory. There is a regular inflow of patients and this clinic has become the primary provider of services for several families. There is a degree of familiarity built due to sustained contact. The Dindoshi clinic is open to all residents of the colony. The users of the Dindoshi clinic are primarily children and women. However, because the clinic is attached to the girls' school, we get a substantial number of young girls as patients (both from our own school and others).

The Dindoshi clinic receives about 100-125 patients a month, whereas the Jari Mari clinic receives 75-100 patients a month. Of these, a significant proportion are our students or pregnant women or T.B. patients, who are treated free.

### *TB Centre*

We have been running a TB treatment centre in Dindoshi with the collaboration of the municipal corporation since last 3 years. At any given time, we have 40 patients availing services. Follow up has been quite good and that has led to the programme being more successful. Our tasks involve taking patients for investigation to the hospital, administering

drugs to those who are enrolled in the programme and following up with those who are not taking treatment regularly. The drugs are supplied by the municipal corporation, who also train the staff.

The success of the Dindoshi centre has motivated us to also start a similar centre in Jari Mari. The negotiation and discussions with the regional TB officials are being done by the health team for this purpose. This task is also supported by the secondary data gathered by the health post and its analysis about the amount of patients suffering from the disease in the area.

This year, a Masters in Health Administration Student placed with us for internship conducted a study of the patients who have/had attended the DOTS clinic at Dindoshi, which we are running in collaboration with the District T.B. Control Officer of P North ward. A data analysis of the T.B patient's record was done in which it was very heartening to note that about two thirds of our patients were women. And nearly 25 percent of the total patients were adolescents, mostly girls. Since young girls find it very difficult to seek treatment for T.B. due to the stigma and discrimination that they face. Our center is providing a very good service. We are planning to conduct a more in-depth study to understand the special needs of adolescents girls, who are suffering from T.B.

With the help of a generous donation we were able to start a protein supplement programme for needy TB patients at Dindoshi this year.

### *Reproductive Health Survey*

This year, an intensive exploratory survey was initiated by the health team to understand the percentage of home deliveries being taking place in the community along with pregnancy loss, maternal mortality, child mortality, disability in mother and child, anemia, institutional deliveries, utilization of ANC/PNC services, child immunization, family planning methods and reproductive health problems of the married women in the age group of 15-45 years.

The survey and data entry has been completed and analysis along with report writing will soon be initiated.

### *Outreach Programme*

A regular feature of the health work are meetings with women in both Jari Mari and Dindoshi. Keeping with this commitment the number of community meetings with the women were conducted by the health workers on various issues such as Calcium deficiency, Anemia, reproductive health problems and gender and health. In Jari Mari, there is a fixed schedule of meetings during the week in four different areas of the community. These meetings serve an important function of keeping contact alive with the larger community. Some amount of rights education and health education also is done.

A group of young expecting mothers was formed and series of sessions were conducted with them about ANC/PNC care, institutional delivery, care of new born, its immunization and family planning methods. The group session was concluded with an interactive session conducted by a senior nurse from the peripheral hospital of Municipal Corporation. This way we were successful to create a mutual relationship based on trust and open communication between beneficiaries and health service system.

Awareness programmes for Chikn Gunia an epidemic disease, polio, oral; breast and reproductive organ's cancer during cancer awareness week along with one on World No Tobacco day were conducted in the community.

Four women were taken for screening at Tata Memorial hospital for uterine and cervical cancer related symptoms. Out of these three women continued the treatment and one dropped out due to financial reasons.

### Lifeskills Training

The learning for life life skills programme has become an integral part of the school curriculum. This is a comprehensive curriculum that situates issues of gender, sexuality and reproductive health within the larger canvas of girls' lives. A session of 2 and half hour is held every week in both Jari Mari and Dindoshi. As part of the programme, we impart health education, some elements of sex education and information about the determinants of health. The teaching methodology is community-based, where the girls conduct surveys, do mapping exercises, interview various people and visit different institutions – clinics, banks, post-office, etc.

Two groups of girls for imparting Life skills education continued to function this year at both the schools. In one of the groups of 11 to 14 years there were 17 girls in Dindoshi and 27 girls in Jarimari School. The other group was of older girls of 14 to 18 years. In this group there were 17 girls in Dindoshi and 24 girls in Jarimari School. Therefore in all about 85 girls benefited from the programme in 2006-07.

Other classroom based activities such as games, body mapping, puzzles, drama and songs are used to impart information. The curriculum is based partly on their existing syllabus, but uses a rights-based perspective to put together the different elements.

Apart from the programme to impart life skill training in the girl's school the team of three trainers conducted a training programme for Life skill training of Urdu school teachers at Aurangabad organised by Andhshradha Nirmulan Samiti and Vaigyanik Janiva Prkalpa working for promotion of science in the school going children. This was an enriching, challenging and interesting experience for the trainers as they conducted sessions on body mapping, growth, reproductive health, Gender with respect to health and education with a relatively conservative group of teachers.

The coordination team also made an exposure visit to Institute of Health Management Pachod at Pachod village near Aurangabad, which works, on the issue of Reproductive health of adolescent married and unmarried girls along with a programme for imparting life skills education to adolescent girls. The observations and learning inspired the team to carry out the reproductive health survey.

This year, Sahyog was invited by several organizations to conduct life-skills training for their trainees or children. The Municipal Corporation invited us to conduct 'Kishori Melavas' with around 500 girls of 7<sup>th</sup> and 8<sup>th</sup> standard of BMC schools in L and G/S wards of Mumbai.

### Community Mobilisation and Advocacy

Sahyog is also part of a network of NGOs, working on education in Mumbai, through which we have raising concerns about the state funded educational programmes and problems of

specific areas such as Jari Mari and Dindoshi, which are under-served. Along with this Sahyog also is an active partner organisation in the State level campaigning for Right to Education coordinated by Avehi Abcas and conducts regular community meetings to explain the bill for the same and take suggestions from various groups.

Also a demand for the first Parents teachers association a nearby Municipal School was initiated during these community meetings and signature campaigning was carried out.

### Training

This year entire staff went through number of enriching and interesting training programmes. An information based training programme was conducted for all the staff members to impart knowledge on Human body, nutrition, Reproductive health system, conception, types of Delivery, complications during delivery, Ante natal and post natal care, Maternal mortality, Neonatal care, Immunisation, Infant mortality, 0-2 years childhood diseases etc. The doctor from Niramaya Health Foundation conducted the training.

Series of training sessions were conducted by an organization named Swayam with all the staff members. The training started with disaster management techniques in the event of monsoon floods, epidemic diseases during and after flooding, types of pollutions, trauma counseling and first aid.

### Administration

A Coordination team consisting of a coordinator and two joint coordinators carries out the overall administration and Supervision tasks. Evaluation of all the programmes was carried out by the team members themselves during staff meeting which helped them to resolve some common and programme related problems and find solutions.

This year, Sahyog received 80G certification and will soon be getting prior permission under FCRA for utilization of foreign contributions.

### Problems encountered

There has been constant threat of demolition in the community, which affects the enrollment, regularity and mental state of all the children in the school.

Space remains a problem in Jari Mari, which can be overcome only with a significant resource input, which we do not have the means for, at present. Therefore a place to accommodate more classes were decided to search nearby area i.e Yallapa Chawl of the school.

In terms of teaching, certain problem areas remain – English, Hindi at the Secondary level, Maths. However, we hope that with the intensive teacher training planned this year as well as specific inputs by the consultant from Homi Bhabha Centre for Science Education and one of the expert trustee, these issues will be resolved.

Funding is a problem because the activities are expanding at a fast pace. Although, we have not added too many staff in the past two years, more students means more expenses for materials, larger classrooms, etc.

### Future Plans

Future plans include initiating a new project in Dindoshi to set up a Child Resource Centre. This will be a Community Learning center for the children in the age group of 5 to 18 years from a settlement colony at Dindoshi. This center will serve as a common place for studies, recreation and vocational training for the children from the community.

Strengthening training programme for Life skill Education within and outside Sahyog. In order to increase the outreach of Zula and its training we need to prepare trainers for our own school girls, so that the activity of life skill education within the organization becomes a regular process even if senior trainers are out for other training assignments.

Consolidation of Health programme at Jarimari.