

# Acknowledgement



Dear Colleagues and Friends,  
Greeting from Mamta Samajik  
Sanstha, Dehradun,  
Uttarakhand, India

We take this as a great  
opportunity to share with you

the Final Report of our Project "Adolescent girls  
self sufficient support project" which was carried  
out in two blocks of Uttarakhand i.e Vikasnagar,  
Dehradun and Ghat, Chamoli for the period of 3  
years 2009-2012.

We are extremely grateful to our project partners  
and stakeholders who have been instrumental to  
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most backward block Ghat of border District  
Chamoli and tribal/minority dominated block  
Vikasnagar, District Dehradun.

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We look forward to your continued Support &  
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Thanking you,

**With Regard**  
**J.M. Singh**  
**Chief Functionary**



**Thank You TPAK JICA for kind Support**





# Introduction & Background

In traditional societies like India, adequate attention is not paid to the transitional period between childhood and adulthood. During this very crucial period of adolescence, shift towards physical and mental maturity is underway and the teenagers acquire their gender identity and adulthood roles.

It has been estimated that girls up to the age of 19 comprise about one-quarter of India's population. This population group receives less nutrition, health care and education, and lesser opportunities in life as compared to boys.

There are very few options available for them and thus they are trapped in the cycle of early marriage, pregnancy and childbearing.

Poor nutritional status, early and frequent pregnancies and reproductive health issues lead to difficulties in present as well as future. One key example is Anemia, which is one of the primary causes of the maternal mortality in the country and is associated with health and nutritional challenges faced by these girls in early life. Nutritional deprivation, increased iron demand for adolescent growth, excessive menstrual losses are the contributing factors.

To highlight another problem, the society & school system is not very supportive with regard to imparting reproductive and sexual health education. On paper, sexual and reproductive health education exists in the curriculum but the teachers are often uncomfortable and ill equipped

to effectively impart knowledge. As a result, most adolescent girls have little knowledge of menstruation

Besides problem related to medical and health, there are plenty of social issues as well. Generally the girls are conditioned to accept male domination and discrimination against the girl child is there, particularly in teenagers.

The above are just a few examples of the challenges faced by adolescent girls in India. More issues are highlighted by the following data facts (Source Govt. of India, UNICEF for the national data/ Govt. of India & Baseline survey conducted by the MSS for the state level data)

- Early marriage: Despite evidence to show that the age at first marriage is on the rise in the country, NFHS 2 data reveals that a large proportion of women in India marry before the legal minimum age of 18 years.
- Female mortality: Female mortality rates are higher in females, compared to males in the 15-24 years bracket.
- Disadvantage to rural adolescents and girls in education: In the 15-19 years age group, 25 per cent of adolescents in rural areas and 10 per cent in urban areas are illiterate. School enrolment figures have improved but gender disparities persist. Girls account for less than 50 per cent of enrolment at all stages of schooling. Rural girls are the most disadvantaged.

The State of the World's Children 2011: Adolescence - An Age of Opportunity & NFHS, Govt





- Malnutrition, underdevelopment: Adolescents in rural India, especially girls, consume fewer nutrients than the recommended daily intakes. More than 70 per cent of girls aged 10-19 years suffer from severe/moderate anemia and this high prevalence is a major contributing factor towards higher-age specific mortality.
- Crimes against adolescent girls: Incidences of crimes amongst adolescents have also increased. Crimes against girls range from eve teasing, abduction, rape, and violence. Most rape victims are in the age group of 14-18 years.
- The Sex ratio in Uttarakhand is 963, but in the 0-6 age group this ratio was 886. About one fourth of women in the state are underweight and about half (46%) suffer from Anemia.
- Lack of Education - Nearly 27 percent of the female adolescents are illiterate. Lack of literacy and reduced opportunities puts them at a disadvantage, in terms of lack of awareness on reproductive health issues and their consequences.
- Of the total adolescent girls in the state of Uttarakhand, 10 percent of girls in the age group 10-14 years and 63 percent in 20-24 years age group are married. Early marriage of girls culminates in teenage pregnancy and pregnancy-related complications are higher in adolescent, resulting in higher rate of mortality for the mothers and their newborns.
- As per the baseline survey conducted by the MSS (In two settings Dehradun and Chamoli the following facts have come to light -:
  - Majority of Girls left the school in class 8th to 10th, reflecting the restrictions that are started to be imposed as soon as the girls grow older.
  - Only 3% of the girls were having a daily bath, the majority (62%) were having bath only 2-3 times a week. About half the girls did not have access to a separate bathroom.
  - Approximately 70% of the girls were not aware about the ways in which HIV / AIDS spreads and 80% of the girls were not aware about the ways in which HIV / AIDS does not spread.
  - Only those respondents have the knowledge about menstruation who were having these cycles
  - Almost all of the respondents who were having monthly cycles experienced one / multiple feelings from i.e. Fear (60%), Restlessness (65%) and Shame (54%)
  - Majority were using cloth pieces for management of menstruation and less than 1/4th were using clean cloth

At least 90% of the girls were unaware about govt. welfare schemes.

Census 2011  
June 2009  
April 2010





## Brief about the Project

The above situation necessitated a comprehensive intervention package comprising of strengthening of service delivery to adolescents through adolescent friendly health services and mobilizing adolescent girls through their capacity building and enabling environment

The Adolescent Girls Self-Sufficiency Support Project in Vikasnagar (Dehradun) and the Health camp and mobile centre for health, hygiene and gender improvement among women in Ghat (Chamoli) were aimed at the girl's realizing their full potential and ability thereby leading to a healthier life styles and greater contribution in the community.

These projects are joint initiatives of Terra People ACT Kanagawa (TPAK) and Mamta Samajik Sanstha, with support of Japan International Cooperation Agency (JICA).

The projects were implemented from May 2009 to March 2012 in Vikasnagar and from March 2010 to February 2012 in Ghat

We covered 20 villages of the Vikasnagar Block, District Dehradun and 40 villages of the Ghat Block, District Chamoli in the state of Uttarakhand.

It is pertinent to point out that the projects build upon the previous work of the MSS spanning almost two decades, The MSS has made considerable



inroads into a community that is socially conservative and economically backward.

The projects focused on adolescent girls between ages 10-19 years of age, and aim to equip them with enough knowledge, skills and confidence to impact their own future while influencing the lives of families and communities.

The main purpose is to provide adolescents with relevant and accurate information, education, health care services, vocational training leading to social uplift, capacity enhancements, economic security and secure environments. As a result these girls will make a smooth transition from childhood to adulthood and also develop into aware, responsible and productive citizens.





## Overall Goals -:

- The overall goal of the Adolescent Girls Self-Sufficiency Support Project in Vikasnagar (Dehradun) was - Adolescent girls in the project area will gain self-confidence enabling them to mature into women who can make appropriate life choices.
- The overall goal of the Health camp and mobile centre for health, hygiene and gender improvement among women in Ghat (Chamoli) was - Women in target area improve capacity of dealing with problems and take part in mainstream of social activity.

The main strategies of the projects have been directed towards the following-:

- Reducing gender inequalities and raising community awareness
- To empower the girls through educational programmes and skill development
- Improve the levels of nutrition, health and hygiene (especially personal hygiene and menstrual practices) among adolescent girls.
- To increase the awareness about the various welfare schemes being run by the Govt. and community mobilization to increase the uptake of these schemes.

## KEY ACTIVITIES

- Establishing Gender Resource Centre
- Organize Adolescent girls groups
- Develop Peer Educators
- Organize Male Support Groups
- Hosting Fairs and Health education campaigns.
- Vocational training and health education campaigns
- Vocational training and career guidance
- Holding Sewing classes for income-generating
- Bridging government and women's groups





## A Paradigm Shift

- It was realized early on that it will be detrimental for if we fail in acknowledging and leveraging the role that men can play. In fact, women's rights will remain an uphill struggle until men buy into the arguments for gender equality. Recognizing this fact, the project laid due emphasis on building awareness and support among men. It did so through enlisting the support of male coordinators, who conduct meetings in every village and encourage parents to register their girls in the programme.
- The main objective was to make men understand that both sexes need to have equal access to opportunities, resources and rights
- Though the project was primarily for women and girls, never was the idea forgotten that both men and women need to be equally gender sensitive for the society to prosper.
- Also it was important for sustainability of the project to ensure the involvement of the Male members of the families.

The aim ultimately is to promote the well being of the entire community



## Summary of the Key Project Activities : (Vikasnagar)



- Baseline and End line surveys
- Established a Gender Resource centre and Sub Gender Resource centers in 20 project villages
- Organization of Adolescent girl groups and developing peer educators with special focus on gender equality and income generation.
- Sensitization of male support groups and community mobilizer groups to promote awareness and gender equality.
- Conducting health education and exhibition campaigns.
- Training adolescent girls for Income generation activities through vocational trainings.
- Promote awareness regarding health, hygiene and menstrual hygiene through fairs and camps
- Setting up of stalls in local trade fairs to provide a marketing forum for the products made by the girls.
- Organizing periodic camps for medical checkups and promoting health and nutrition awareness
- Conduct periodic meetings and trainings - Capacity building for peer educators and review meetings.



- Hemoglobin testing and providing Iron and Folic acid supplementation as required
- Awareness regarding T.T. Vaccination and providing the same.



## Summary of the Key Project Activities :(Ghat)



- Baseline and End line surveys
- Organization of Adolescent girl groups and developing peer educators at the village level with special focus on leadership and gender equality.
- Establishing a library for Adolescent girls and conducting meetings and reading sessions aimed at gender issues, life skill development and vocational guidance
- Running a mobile centre for conducting health education and exhibition campaigns & conducting awareness campaigns.
- Fortnightly meetings to address gender issues, health and hygiene (especially menstrual hygiene) and Quarterly experience sharing and review meetings
- Conduct Life skill capacity building campaigns for peer educators and review meetings.
- Organizing health camps for checkups and promoting health and nutrition awareness
- Hemoglobin testing and providing Iron and Folic acid supplementation as required
- Awareness regarding T.T. Vaccination and providing the same.
- Exposure Visits to Dehradun and other places
- Sensitization regarding and facilitating the uptake govt. welfare schemes





## Consolidated Statement of Activities (Vikasnagar) (Period 3 Year)

Activity Name	No. of Activities	No. of Beneficiaries
Medical Camp Conducted by Indian Doctors	8	1243
AG Health Mela	29	4178
Iodine Test		1792 Houses
Iron Folic Consumption	3 Years	1112 Girls
Community Meetings	236	7685
Peer Educators Training	14	391
Vocational Trainings	22	540
PE Review Meeting	9	481
Male Support Group Meeting (Beside Regular Village Level Meetings)	7	222
Training of Health Workers	8	249
Training on Girl's And Women's Right	3	144
Kushal Kishori Kyari (AG Kitchen Garden)		582
Medical Check Up By Foreign Doctors	12	541

## Consolidated Statement of Activities (Ghat) (Period 2 Year)

Activity	No. of Activities	No. of Beneficiaries
Initial training for PE at Ghat	1	31
Capacity development trainings at GRC	5	138
Mobile Centre Activities	40 (Villages covered)	3628
Life skill fairs	4	232
Health Camps by foreign doctors	3	411



## A New Concept

In the Vikasnagar project, a Gender Resource Center (GRC) with a network of Sub Centers in each project village was established aimed at building the leadership capacity of Young Girls and Peer Educators so that they can be catalysts for change. The GRC provided the beneficiaries with training related to health, hygiene and livelihood creation. It also created awareness through rights based approach.

In the GRC the Peer Educators selected by the project were trained on various life skill programmes and were responsible for leading change by further training girls in their villages.

Every village has a Gender Resource Sub-centre. The belief behind the sub-centre is to establish ownership, create a centre that 'belongs' to the village community so that once the project winds up, the community continues to implement the work.

Some sub-centers are located in buildings offered by the community; others are located in the same building as the village Anganwadi centre [Anganwadis are Government sponsored non-formal schooling centers for children in the 0-6 age group. They also act as child-care and mother-care centers].

Each sub-centre comprises of one GRC coordinator, two peer educators, one instructor and around 20 to 30 girls. In addition, there are four sector coordinators who are responsible for mobilization in five villages each. As training and



activity focal point, the GRC and the Sub Centers are key components of the programme. Training of Peer Educators covered topics ranging from leadership development, vocational skills, health, hygiene and gender issues.



# Brief Snapshot of Key Activities

## 1. Medical Camps



The objective of these camps was to provide medical check-up, prescription and referrals from the specialist to the girls and their family those who were not able to access treatment due to various reasons (either due to lack of finance or lack of knowledge). The Doctors from the Indian Medical Association who participated in these medical camps were specialists in fields like medicine and gynecology. Doctors from Japan and England also performed medical check up on the Adolescent girls. During these medical camps a card was made for the adolescent girls in which the all the details regarding their health were recorded. These cards were kept for the follow up of the girls in future.

## 2. Vocational trainings



To make these girls and women self employed and self dependent various vocational trainings were organized in which they were taught to make valuable useful materials with very small investments. Under this project the girls were trained in different things like sewing, embroidery, craft work, beauty culture, candle making, soft toys, glass paintings, bag making, detergent, jewelry making etc. The training was also given by Govt. commission for rural industries (Khaadi Gramodhyog Aayog). These vocational trainings helped the women and girls achieve their dreams and fulfill their ambitions.



### 3. Sensitization /Training on Domestic Violence



To curb the domestic violence, the government has started various schemes. But due to lack of awareness women can not take benefit from them. To make them aware regarding their rights, we conducted trainings on domestic violence with the help of state Women Cell and Women helpline etc. The President and the Secretary of the State Women Cell and Sub Inspector from the police department were the resource persons. The main focus was on information about the Domestic violence Act and various forums available for women's complaints. The adolescent girls also got an opportunity to visit these departments and have interaction with the government senior officials.

### 4. Organizing Male Support groups



As outlined above, the project also targeted male members of the society to promote gender equality. The project organized male support group in each project village. Regular trainings and meetings were held to make them realize that the girls have potential and if they get chance they can do anything. The target audiences were village representatives, Opinion leaders and respected persons of the villages. They further spoke to the parents of the girls and convinced them to send their girls at the Gender resource centre for their better future. As a result of the same, number of girls attending the GRC increased substantially.



## 5. Mobile Centre



Every month a mobile center activity was conducted in the Ghat block of District Chamoli. The centre covered village to village so as to spread awareness among the villagers about health, hygiene, gender issues, government schemes and life skill development related issues. The main areas covered through posters exhibitions, Flash cards, newsletters, handouts, songs, talk etc were health, hygiene, nutrition, gender issues, government programmes and schemes and life skill development etc. We have covered all 40 villages 2-3 times during the project period. We targeted all girls' colleges of the Block Ghat also through mobile centre activity.

## 6. Community sensitization meetings



To elicit support from the community for the project, community sensitization meetings were conducted in the villages. In these meetings the parents were sensitized about the project and they were requested to send their girls in the GRC for all round development. Besides this, information regarding health and hygiene was also provided. In these meetings beside the project staff, the village pradhan(Leader), ASHA (NRHM link worker), Anganwdai worker(The Ministry of Woman worker of Women and Child Development, ICDS Deptt.), ANM(Health Deptt.) and other important people participated as facilitators and resource persons.



## 7. Adolescent Girls (AG) Health Mela (Fair)



The project organized AG Health Melas (fairs) in the project villages. In these mela, the Haemoglobin, temperature, weight, height was measured and if needed, the girls were given the iron tablets, TT vaccination etc. Beside these, the iodine testing of salt was also done.

Other activities included poster exhibitions, some games, and information dissemination regarding their health, hygiene by involving them in some play, songs and other cultural programs. In these melas the products made by the girls in GRC like shawls, Bags, jewelry, candles etc were also displayed

## 8. AG Kitchen garden and consumption of Iron Folic acid



In the camps and fairs organized by the project, Haemoglobin testing was performed and more than 1500 girls were tested and provided necessary advice. The haemoglobin testing showed that almost all girls were anemic. The most probable cause of anemia is poor nutrition. According to the base line survey, the majority of the women were neither aware of the symptoms of anemia nor knew of preventive measures. The AG project made the girls aware about this aspect.

We gave the girls deworming medicines and also motivated the girls to eat green vegetables and for that purpose their parents were requested to provide them a small space for the kitchen garden where they can grow vegetables for their family.



The government also distributes free iron and folic acid tablets, but people are unaware of this scheme. Therefore, with the support of the health department, our project facilitated the uptake of this scheme and as a result, many girls have improved hemoglobin values in comparison with the first checkup.

## 9. Iodine testing:



The project, through community meetings, AG mela and AG meetings at GRC centre made efforts to spread awareness among the people about the importance of iodine in the table salt. The staff visited door to door and checked the salt used in the houses by iodine testing kit. They also motivated the villagers to use iodized salt.

During the project we covered 1792 Households. As a result many of these people have started

using the iodine salt and based on their demand, the shopkeepers have also started to sell the iodine salt in their shops.

## 10. Training of health workers:



Under the project, we also trained community based health workers. The trainers and health specialists from Medical colleges, Japan, TPAK senior officials and volunteers, St. Stephen Hospital, New Delhi, Red Cross Society, Dehradun and EMRI 108 ambulance service etc. gave training to the girls in their respective expertise. The trainers from the St. Stephen's Hospital taught the girls about all the aspects of Adolescent age covering various physical, mental, emotional, behavioral and social changes. These trainers also taught the girls to help their peers and themselves



to deal with these changes. The trainers from the Red Cross Society covered the aspect of first responders in accidents and First Aid. EMRI 108 demonstrated the facilities provided by in the state in respect to free ambulance services and other useful information related to health. Beside this the Japanese doctors and mid wives gave training in pregnancy management and midwifery to the mid wives and Traditional birth attendant of the villages.

## 11. Establish and running a library for Adolescent Girls:



Under the project, a library was established at 40 villages of Ghat and was well equipped with resource material related to health, nutrition, hygiene, RCH, gender issues, life skill, vocational guidance and government schemes etc. This library was managed by the Peer Educators and at the

closing time of the project, local ASHA (Health Volunteer) and Aganwadi worker (Women and Child Development) were handed over the library books and given responsibility to continue the library in their respective villages. The girls were issued these materials for reading and discussions and this was followed in the fortnightly meetings

## 12. Development and Usage of IEC Material:



During the project, various IEC (Information, Education and Communication) materials were developed and used extensively. These included life skill kits, flash cards, posters and booklets, pamphlets, Video Films and Project songs CD.

The projects also disseminated and shared its achievements and challenges by means of a quarterly newsletter which was published regularly.





# Impact - (Vikas Nagar Project)

## Indicator Comparison (Baseline and End line surveys)

Topic / Issue	Baseline Status	End line Status	Remarks
Girls going to school	18%	58%	Marked Improvement
Girls were eating their meals after all other family members had finished their meals.	65%	46%	Moderate Improvement
Girls getting the same amount of food as their brothers	47%	100%	Marked Improvement
Girls having a daily bath	16%	22%	Slight Improvement
Girls having bath 2-3 times a week	67%	76%	Slight Improvement
Girls Washing their hands before cooking/ eating food	77%	100%	Moderate Improvement
Girls not aware about the ways in which HIV / AIDS spreads	68%	27%	Marked Improvement
Girls not aware about the ways in which HIV / AIDS does not spread	60%	30%	Marked Improvement
Girls not aware about the ways in which TB spreads	68%	15%	Marked Improvement
Girls aware about DOTS programme for TB Control	18%	85%	Marked Improvement
Girls consulted in any of the family matters	18%	37%	Moderate Improvement
Girls who had knowledge about menstrual cycles	92%	100%	Slight Improvement
Girls using pads for menstrual cycles	2%	31%	Moderate Improvement
Girls using clean cloth for menstrual cycles.	25%	67%	Marked Improvement
Girls having Knowledge about Tetanus toxoid vaccine	28%	100%	Marked Improvement
Girls having Tetanus toxoid vaccine	7%	95%	Marked Improvement
Girls unaware about anemia and as well as what should be done to prevent it.	76%	23%	Marked Improvement
Girls aware about govt. welfare schemes	4%	83%	Marked Improvement
Girls that have ever benefited from any government scheme	0	65%	Marked Improvement

The percentage of girls who reported various form of benefit from the project is as follows:-

- Increased knowledge about Health/Nutrition 96%
- Increased involvement in programs 97%
- Gained knowledge about govt. schemes 67%
- Improved self confidence -98%
- Gained leadership quality 100%





# Impact - (Ghat Project)

## Indicator Comparison (Baseline and End line surveys)

Topic / Issue	Baseline Status	End line Status	Remarks
Girls attending school	79%	85%	Slight Improvement
Girls were eating their meals after all other family members had finished their meals.	19%	13%	Slight Improvement
Girls having lesser quantity of food as compared to their brothers	21%	10%	Slight Improvement
Girls having a daily bath	3%	11%	Slight Improvement
Girls having bath 2-3 times a week	62%	86%	Slight Improvement
Girls not washing their hands before cooking/eating food	17%	5%	Moderate Improvement
Girls not aware about the ways in which HIV / AIDS spreads	70%	6%	Marked Improvement
Girls not aware about the ways in which HIV / AIDS does not spread	80%	20%	Marked Improvement
Girls not aware about the ways in which TB spreads	75%	4%	Marked Improvement
Girls aware about DOTS programme for TB Control	4%	90%	Marked Improvement
Girls not allowed venturing out independently from their homes.	46%	23%	Moderate Improvement
Girls consulted in any of the family matters	17%	43%	Moderate Improvement
Girls who had knowledge about menstrual cycles	61%	100%	Moderate Improvement
Girls using pads for menstrual cycles	21%	31%	Moderate Improvement
Girls using clean cloth for menstrual cycles.	24%	95%	Marked Improvement
Girls aware about any methods of contraception while in the end line about 69% of the girls were aware about one or more contraceptive methods.	0%	69%	Marked Improvement
Girls unaware about anemia and as well as what should be done to prevent it.	90%	0%	Marked Improvement
Family members who wanted the girls to just to be married and settle down.	75%	36%	Marked Improvement
Girls unaware about govt. welfare schemes	90%	11%	Marked Improvement



## Voices from the field Case Studies

### 1. Name: Jubeda Age: 18 years Village: Shekhowala



Jubeda lives in the village of Shekhowala. She has six brothers and two sisters. Though her parents agree to their studies, they were unable to continue higher studies. Only one brother studied further, but he also couldn't find any job. After finishing school, Jubeda remained at home, doing household work and taking care of her younger brother and sisters. Then one day, the Sector Coordinator the project of her village came to her house and told Jubeda and her parents about the Adolescent Girls' Project of MSS. Her parents allowed the sisters to join the Centre. That was the turning point of Jubeda's life. While still continuing with household work, she started going to the GRC established by the MSS at Premnagar. There, she learnt about health and hygiene. She was also trained in vocational skills and earn her livelihood. With the support of MSS, she learned stitching, bag making, beautician work. Besides this, she also underwent Khadi Gramodhyog Aayog Training. Everything was going on well in Jubeda's life but unfortunately her mother died and, thereafter, her brother put restrictions on her, and did not allow her to go to the training. Then her Sector Coordinator and a member of the Male Support Group went to her house and talked to her father and brother. After

that, she was allowed to join the Centre again and to become a part of MSS.

### 2. Name: Tabasum Age: 19 years Village: Kunjagrانت



Tabasum lives in Kunjagrانت village. Among all the girls in her village, she was the only one who got the chance to go through higher studies. She did her studies privately, so most of the time she remained at home

doing household work.

Then one day Mrs. Beena Walia, Project Coordinator (Gender Resource Centre Head) of Adolescent girls' Project came with the Sector Coordinator to her village. She wanted to teach the girls some work through which they could develop themselves and make their future bright. So the MSS organised a health fair in the village and informed all the villagers about it. In this fair she gave information about the project and encouraged all the village girls and their parents to join it.

After that, Tabasum's parents allowed her and her sisters to join the project and go to the Gender Resource Centre. That was the turning point of her life. At the GRC, the project appointed one teacher, two peer educators (PE) and one village coordinator. They choose her for PE. It helped develop her personality and improved her confidence level. Tabasum has undertaken many



trainings at the Gender Resource Centre like Basic Health worker training, State women cell training on domestic violence, First Aid training. For self-employment she has taken training of bag making, artificial jewellery making, beautician work, stitching work etc. After all these trainings she encouraged all the girls of her village to join school for further studies and GRC for their upliftment. MSS supported and gave her new direction in life. Now everyone in her village knows her by name for which she is very thankful to MSS.

**3. Name: Vinita**  
**Age: 19 years**  
**Village: Majri**



Vinita comes from Majri village. She studied till the 10th standard. Very few girls in her village went to school for further studies and there was no additional scope for girls to learn some professional course. Then MSS

introduced the Adolescent Girls' Project for girls in her village in the age group of 10-19 years and opened one Gender Resource Centre for girls training. They gave training on different topics like: health, capacity building training, vocational trainings, health staff trainings etc. at their Premnagar Training Centre. After joining the project, Vinita was selected as a Peer Educator by all the girls at GRC and participated in various AG meetings, Community sensitisation meeting,

health fair, Medical camp etc. She would share whatever she learned from the centre with other girls of her village so that they could also learn something. Vinita has never gone outside of her village, but with Mamta Sanstha she has gone on a trip to Delhi where she saw many historical places like Redford, Lotus Temple, Kutub Minar etc. At the Gender Resource Centre, Mamta Sanstha gave different trainings including health training like St. Stephen's training and first aid training of Red Cross, Health worker training, whereby she came to know about the various diseases. It helped to make their village a healthy one. MSS also supports her in her studies. After this, with her studies, she started work at home for self-employment and she started teaching the other girls as well. She shared the knowledge and experience which she gained from different trainings in GRC with the other girls of her village.

**4. Name: Sunita**  
**Age: 19 years**  
**Village: Badripur**

Sunita is a 19 years old girl of Badripur village, her family consists of 7 members, 2 brothers and 3 sisters and her parents. She studied till 5th class and thereafter she was forced to give up her studies due to their poor financial condition, though she still wants to continue her study. Her father is a farmer and the sole bread earner of the family and all her younger siblings are studying.

MSS came to her rescue 3 years back and under the training provided by MSS. She learnt stitching, beautician, weaving and making woollen shawl. It was like an eye opener to the family and





particularly for Sunita as she could stand on her own feet and earn some money to meet her family ends meet. Now she earns 1000-1500 per month which she save some in the bank and the remaining she use it to meet the expenses for household maintenance. Sunita proudly mentions her 1st train journey with the members of MSS to Maharashtra for a workshop held for Adolescent upliftment and her experience at the city.

The govt. project called Udaan provide them knowledge about health and hygiene, but it is held only once in a week and that too for just an hour. She suggests that there has to be more govt. schemes for the betterment of her village.

Her aspiration for the future is that she wants MSS to organize more training on painting, fashion designing more of micro finance project as that would make her life more secure and independent. She also said that MSS always keep her under its wings as MSS has been the greatest blessing to her life in spite of her parents' pressure on her for marriage, MSS has taught her to be strong and self reliable and also craved her future.

### **5. Name: Suman** **Age: 19 years** **Village: Badripur**

19 years old Suman is a member of the project run by MSS called the Adolescent Girls self sufficiency support. Due to her poor health she had to quit her studies after 8th class, after which she had to spend her whole day at home cooking for the rest of the family and doing all the household chores. She always wanted to do something new and go forward in her future but after her father past away her chances of fulfilling her dreams to go out of the

village shattered, and talks about her marriage arrangement were going on among her 2brothers and her widowed mother.

Suman reveals how adolescent are not recognized in their society, they were just a girl who will be married of when they attain puberty, and continue to labor under their husband and their in laws with no respect and no self rights.

After becoming a member of the AGs run by MSS she learn stitching and beautician work, now she can sit at home and earn some money with the ladies coming over to her place to clean up their eye brows and also get their suits and salwar stitched. Suman is happy and satisfied with her work and proud to be a member of MSS project, she look forward to getting more opportunities and trainings through MSS that make her life secure and also earn respect from her in laws after her marriage.

### **6. Story of Manisha** **Age: 14 years** **Village: Badripur**



Manisha is a 14years old girl of Badripur village her family consists of 7 members. Whose father was a driver but he quits the job and started living life like an insane, he does all the worships and rituals and keeps himself busy at unnecessary rites and rituals



without having a thought of going out and earning for his children and looking after their welfare he was hostile to his children when he wasn't given food to eat.

Manisha's mother left the house and went to Meerut to earn some money for the family but ended up living with another man she is pregnant with another man's child, now she never came back to her children she has abandoned her family. Manisha an innocent adolescent with full of energy and dreams was discovered by MSS, she was given training on stitching, beautician, artificial jewellery making. MSS also paid for her admission and books. She said that MSS is like her parent who meets all her needs and necessities.

Like other children during their leisure time Manisha does not go to the play ground or go for any extra tuition but she goes out to the rough jungle to collect fire wood and sell it in the local market and during off days she goes to the neighbor field and carry hay for them, with the little amount of money she earns she helps her elder sister Anjali in buying food for the family.

"MSS has given me so much" says Manisha, "but I still want MSS to provide me with more training and keep supporting me so that in future I can be a strong and independent lady, I can earn money and look after my father and my younger siblings. I love my mother but I don't want to be like her and I will never be like her" Young Manisha wants to be married when she attains the right marriageable age but since both her parents are not capable so choosing her groom she said she will marry the

man who will keep her happy and also support her in her all her endeavours'.

## **7. Name: Darshan Lal**

### **Age: 72 years**

### **Village: Shishambada**



Designation: State President/Head of Boksa Tribe in Uttarakhand

Darshan Lal belongs to a very backward tribe, the Boksa community. He has been representing this tribe

as its President since 1940. The tribe, especially their girls are very backward in every field. Darshan Lal wanted to do what he could for the development of the adolescent girls. He was very glad when the Mamta Samajik Sanstha started the AG Project in twenty villages of Vikasnagar Block. In fact, MSS opened a GR centre in each village. Through this Darshan Lal also got a chance to serve the girls for their development which he considered to be the greatest achievement of his life. Whenever MSS organised any meeting or training, he always attended them. He encouraged the girls and their parents in the community meetings to send their girls to the GRC Centre, so that the girls could acquire information about different important issues. He always liked to work for the benefit of society with great enthusiasm. He felt proud that due to AG project the girls of his community were becoming aware and that they had knowledge that they could do their own work





at home and earn their livelihood at the same time. In future also he intends to work on for the development of the girls.

**8. Name: Mr Gaffar Ahmed**  
**Age: 46 years**  
**Village: Dharmawala**  
**Occupation: Village Pradhan**

Gaffar Ahmed is a village Pradhan who has been with MSS as a male support group member for the past two years. He always attended the male support group meetings organised by MSS, whether in his village or at the GRC Premnagar. He gave his full support to the Sector Coordinators in running the project. Besides helping out in opening the Centre, he helps out in whichever way he possibly can. Being a village representative, people listen to him. So, besides the male support group meetings, he also encourages the parents in the village level meetings to cooperate for the well-being of their girls. Through this project, he has witnessed the rise in confidence and skills of the girls and he is proud to have been one of the factors behind the success of the girls. Gaffar Ahmed also pledges to all girls in his village, that he will bring the ways of employment to them.

**9. Ray of Hope :**  
**Story of Neema,**  
**Alka and others**  
**Different Villages of Ghat**

Ghat Block of Chamoli is having very difficult geographical conditions. This makes the role of the

Peer Educator all the more important. These girls break the orthodox mentality of the society and venture out. The peer educator of Village Aala, Miss Neema is one of them. She is the role model for other girls. She covers 20 Km by road and 5 Km by foot to reach the GRC. She participated in all the meetings and other activities of the project. Beside that she with other girls did a cleanliness and hygiene campaign. She is known as a good leader among the girls of village, as someone who is willing to do anything for the welfare and development of the girls. The dedication of Neema can be inferred from the fact that to participate in the AG program at Ghat, she travels 25 Km by foot.

The Peer Educator Alka of Village Kurud is also an inspiration for other girls. A girl studying in 12th standard, she is not only brilliant at studies but she participated in AG Project with full enthusiasm. Without caring the orthodox mentality, she did all the activities of the project. After seeing her dedication, enthusiasm and perfection, now the whole village is supporting her. Alka wants to become a Doctor. She says that after joining the Mamta Samajik Sanstha, she developed a willingness to do something for the benefit of society.

Beside them, the peer educators like Priyanka and Deepa of village Sema, Nanda and Monika of Village Bijar, Bindi and Rekha of Village Chaka, Reena and Vinita of Village Pharkhet not only provide a ray of hope for the AG Project but we can see a better future from their eyes.



## Activities of Mamta Samajik Sanstha

MSS is a nonprofit, secular and registered society in Uttarakhand, India working since 5th February, 1992. We visualize a healthy society where children, women and disadvantaged people of weaker section get equal opportunity to grow and exercise their rights in terms of having better access on all essential services. Our mission is reaching un-reached people with right message, right service at the right time.

### Main Projects so far:

Reproductive Child Health, TB, HIV, Micronutrients, Adult Literacy, Diversified Agriculture, Water and Sanitation, Women Empowerment, Gender Sensitization, Vocational Trainings, Leadership and Skill Development of Community Groups and so on.

### Activities of Terra People ACT Kanagawa/ TPAK, JAPAN

This organization was established in 1993 by three residents of Kanagawa, Japan. After visiting an orphanage with over 2000 children in Ayutthaya, Thailand they felt the need to help these people get back on their feet. Currently we have active projects in three countries.

These are:

Thailand (Hill tribe area and remote area): Building

schools & dormitories, funding scholarships, Planning school farm lunch project.

Myanmar (Shan-State, hill tribe villages): Building day care centre & dormitories, funding scholarships, supporting water/ electricity infrastructures

India (Uttarakhand State, village of scheduled tribe): Coordinating project for independence of women (JICA Partnership Program)

### ABOUT JICA

Japan International Cooperation Agency (JICA) implements Official Development Assistance on behalf of the Governments of Japan. JICA India Office works in partnership with the Government of India (GOI), towards achieving the GOI's objectives through various JICA schemes. Presently JICA is collaborating with NGOs through a scheme called "JICA Partnership Programme (JPP)".

JPP is a technical cooperation Programme implemented by JICA to contribute towards the social and economic development at the grass-root levels, in collaboration with partners in Japan, such as NGOs, Universities, Local governments and public corporations. TPAK- Mamta Project for Adolescent Girls Self Sufficiency Support is also one of the JICA Supported project under JPP Schemes.

