

COMMUNITY SEVA CENTRE

**ANNUAL REPORT
2010-2011**

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**COMMUNITY SEVA CENTRE
PUDUCHERRY-ANNUAL REPORT
2010-2011.**

Helping to Grow...

Growing to Help...

FROM THE DIRECTOR'S DESK

I am delighted to submit the Annual Report of **Community Seva Centre** for the year 2010-2011. This annual report carry out our Organization's development work done for the poor, downtrodden, Abandoned, neglected, backward, ignorant community of tribal development and mainly focusing on overall development of the Child. The actions carried out in this year were having the aim of concentrating mainly on the quality education of the children with good health and secured surrounding. As far as the CCF project concerned we have extended our service to 16 villages and this year CSC concentrated on the development programs for the 1097 who been enrolled and in that 871 children been sponsored and welfare of its families.

This year's health program was concentrated mainly on awareness about general health care, T.B, Malaria, Family Planning & HIV/AIDS diseases. The HIV/AIDS patients provided with nutritious food everyday through project. Along with that, the immunization & nutritional status of <5yrs old children was confirmed 100%.

Women were made aware about ORT/ARI, reproductive health and importance of safe drinking water for the family.

Under nutrition program the enrolled families benefited by the trainings and awareness on balanced diet, PD Hearth, low cost nutritious food preparation. The needed families were provided with free vegetable seeds with training on how to maintain kitchen garden.

In the Early Child Care Development (ECCD), mother's meets were conducted every month and childcare practice awareness was given in pre

schools. For pre-school workers 10 days residential training were provided in the child care for effective growth of children and cooking equipments for mid day nutritious meals. Extra curricular activities were encouraged through free summer camp for rural poor children, celebration of annual day and exposure trip.

To encourage women empowerment and economic growth that the Community Seva Centre formulated 281 SHG in Puducherry, 50 SHG in Kalvarayan Hills. Regular trainings on capacity building, leadership quality, income generating activities, importance of SHG records maintenance given through various programs & exposure trip. The livelihood activities extended to 258 more CCF families through LEEP grand / loan and activity training. The federation expanded its activities to Kalvarayan hills tribal people of Villipuram district Tamil Nadu state. Compared to last year's statistics, overall health, education and economic status of the people was improved and it's useful to 3000-4000 more beneficiaries of the project area.

Each and every pages of this report has our gratitude for the assistance and service rendered by funding agencies, which have contributed much valuable support to the Community Seva center. I take this opportunity to release this Annual Report as a meager achievement towards the welfare of large miseries of our community. And expect the same kind of help and co-operation from the people and organizations who helped us directly and indirectly to continue our service.

Introduction:

Community Seva Centre is a social service organization serving for the poorest of the poor in the villages of Ariyankuppam Commune in Pondicherry UT and Kalvarayan hills in Tamilnadu since 1993, covering nearly 64 contiguous villages. We are working for development of women, children and youth in order to improve socio, economic and health condition in our target villages. Community Seva Centre serving the community by serving the people who are in need, who need helping hand to rose and awake for the better tomorrow.

BACKGROUND OF THE ORGANISATION:

Community Seva Centre is a non-governmental organization registered under Indian society act of 1860 and started serving the society from then. It is purely service oriented NGO, not influenced by any political party or communal organization, believes in equality. Community Seva Centre is mainly affiliated to CFI International USA for the development of children, and their families and Community. It has a partnership with state and central government, the Bryan Guinness charitable trust UK, CINI –India , GOAL-Ireland, MJS –France, University, Medical colleges of Pondicherry,

GEOGRAPHICAL AREA OF WORKING:

Community Seva Centre is working in 16 villages for the overall development of the community people in the target village.

Distribution of Population in Operational Area (Is it match out of AIIMS Site updatation)

Total Population : 8.58 lakhs

Urban Population:5.26 lakhs

Rural Population: 3.32 lakhs

Number of families in the target area : 10967

Target Population : 58303 thousands

Male : 29127 Female : 29109

MAJOR ESTABLISHMENTS: The community Seva Centre is established various program in placed at Puducherry and Kallvarayan Hills of Vilupuram district of Tamil Nadu. The organization is implemented around 18 pre-school centres for under 5 year children, promoted around 281 women & Men SHGs trained them for MFI program among SHG members, developed Village knowledge Centre where the community can access all kind of information towards development, established the vocational Training centre like Tailoring Centre and Computer Education Centre towards create better environment for employment among youths, Continue the support for around 888 children through sponsorship program in Pondicherry Union territory. Running of Primary

School, Residential home for senior citizen home, Home for orphanage children in the tribal area of Kalvarayan hills,

The Community Seva Centre is progressing with the following objectives:-

OBJECTIVES:

- To promote and arrange sponsor for children to render help for education Of Children and there by promote the welfare of the families.
- To help the economically, socially weaker Sections.
- To start and commence all Socio Economic and advancement programmes
- To take over, merger, amalgamate, aide, control, manage, administrate the Institutions or units organization those who are having similar objects.
- To render help to free training centers for tailoring embroidering housekeeping, knitting, small savings Literacy, Social education Child care, Sanitation, Computer IGP etc., for girls and restitutes.
- To set up small scale units under self-employment scheme to educate youths and girls.
- To affiliate and maintain close liaison with the other similar social service organizations both in and out of India and to act as an agency to the supporting organization.
- To engage in social service activities aimed at to promote the living condition and general welfare of the poor without discrimination of race, community, cares, of creed.
- To create housing project through helping institutions.
- To develop agriculture and environmental growth wasteland development and run co-operative agriculture society.
- To conduct research and training in folk arts and ancient medicines
- To encourage and form self Help Groups among women and Men.
- To work for the welfare and upliftment of the poor Tribals and their children in Kalvarayan Hills.

HEALTH & SANITATION:

Health is the general condition of a person in all aspects. It is also a level of functional and/or metabolic efficiency of an organism, often implicitly human.

At the time of the creation of the World Health Organization (WHO), in 1948, *health* was defined as being "a state of complete physical, mental, and social well-being and not merely the absence of disease or infirmity.

Sanitation is the hygienic means of promoting health through prevention of human contact with the hazards of wastes. Hazards can be either physical, microbiological, biological or chemical agents of disease. Wastes that can cause health problems are human and animal feces, solid wastes, domestic wastewater (sewage, sullage, greywater), industrial wastes, and agricultural wastes. Hygienic means of prevention can be by using engineering solutions (e.g. sewerage and wastewater treatment), simple technologies (e.g. latrines, septic tanks), or even by personal hygiene practices (e.g. simple hand washing with soap).

IEC ON IMMUNIZATION, FAMILY PLANNING AND NUTRITION

Information, Education and Communication on Immunization, Family Planning and Nutrition was organized in our target villages. Participants gained knowledge on importance of immunization and period of immunization, different types of family planning methods such as Temporary and Permanent and importance of nutrition and how to prepare the nutritious food with low cost. 40% of the participants are following the temporary method of family planning. Mother behaviour has been changed in low cost preparation. 60 participants participated and gained knowledge on the IEC programs.

REGULAR WEEKLY MEETING AMONG PEER GROUPS

Regular weekly meeting for peer groups (adolescent girls, adolescent Boys and SHG's) were provided to strength peer groups socially and psychologically.4 representatives from each peer groups were participated and gained and updated their knowledge on Reproductive and Child Health, Personal hygiene, Immunization, Family Planning, HIV/AIDS and Nutrition in regular meeting. This program helps them to share their problems. Through these they are implementing the same with the peer groups and identified 8 RCH patients and referred them to the GH by the peer educators.

Awareness on Personal Hygiene

Participants participated in Awareness on Personal Hygiene and gained knowledge on importance of maintaining personal hygiene and causes due to lack of maintaining personal hygiene. Participants gained on

Good Personal Hygiene

Good hygiene is important in taking care of you physically as well as emotionally. People often have infections because they don't take good care of themselves physically, which can lead to emotional difficulties as well. To avoid physical problems associated with poor hygiene, consider the following ideas to keep yourself clean:

Dental Care

The mouth is the area of the body most prone to collecting harmful bacteria and generating infections. In order to have and maintain good oral hygiene, it is critical to visit your dentist at least every six months. In some cases, your dentist may recommend every four months, depending on how much tartar builds up on your teeth and how often you need to have it removed. To keep your teeth free from tartar build-up and tooth decay, make sure you visit your dentist as frequently as he or she recommends. This will ensure your teeth and your mouth stay healthy and strong.

Brushing Your Teeth. For best results, invest in an electric toothbrush. Crest and Oral B both make excellent electric toothbrushes designed to clean your teeth and gums. Regardless of the type of toothbrush you use, make sure you brush your teeth at least two times per day, if not after every meal. This will help minimize the amount of bacteria in your mouth which leads to tooth decay, and will help you maintain a healthy, happy smile.

Flossing Your Teeth. In addition to regular brushing, it is critical to floss your teeth at least once a day, usually before you go to bed. This will enable you to reduce plaque in the more difficult to reach places—between teeth and at the back of your molars. Flossing also keeps your gums healthy and strong, and will help protect your mouth from a variety of diseases that could eventually cost you your teeth.

Physical Care

Cleanliness of Your Body. Taking a bath or shower once daily is very important to ensuring your body stays clean. Cleaning your body is also important to ensure your skin rejuvenates itself, as the scrubbing of your arms, legs, and torso will slough off dead, dry skin and help your skin stay healthy and refreshed.

Washing Your Face. It is important to wash your face at least once a day to remove all dirt and grime that you have come in contact with during the course of the day. This will keep your face freer from wrinkles and pimples, which are the result of clogged pores. Using some sort of moisturizer will also ensure your face stays rejuvenated and fresh.

Trimming Your Nails.

Keeping your nails trimmed and in good shape is also important in maintaining good health. Going to a professional to learn proper nail care will help you get on the right track to trimming your fingernails as well as toenails. Proper trimming techniques will also help you avoid hangnails and infected nail beds.

Washing Your Hands

Before Meals. It's important to have clean hands before you sit down to eat. Washing with hot water and soap will clean your hands so that they do not carry bacteria to your family and friends as you pass the bread!

After Restroom Use. To ensure you don't carry fecal or other bacteria to other parts of the body or to other individuals, you will want to wash your hands after every time you use the restroom. Make sure you wash your hands immediately afterward—don't touch your nose or mouth to avoid unnecessary illness.

Before Preparing Food. Washing your hands before you prepare food is very important to ensure you don't spread bacteria to your food. Wash them with hot, soapy water for at least 2 minutes before you begin working with food, particularly poultry or red meat. This will keep your food free from bacteria, and will ensure your food is healthy to serve once it's cooked!

After Preparing Food. Again, washing your hands for at least 2 minutes with hot, soapy water after you have prepared food (and before serving) will ensure you don't carry bacteria with you, thus potentially infecting you or others.

Good hygienic habits are easy to begin and maintain. Starting with a few of these ideas will help you start on your way to developing good hygiene for both you and your family. Personal hygiene includes washing hand with the help of soap, wearing clean clothes, cutting nails, washing hairs, taking bath twice a day, brushing teeth twice a day etc. Participants had knowledge on maintaining personal hygiene through IEC materials and IEC Movie.

LIFE SKILL EDUCATION FOR ADOLESCENCE:

Life skill education for adolescence has been organized in our target village through this program adolescence were shine up in different skills like

Communication and Interpersonal Skills

Interpersonal communication skills

- Verbal/Nonverbal communication
- Active listening
- Expressing feelings; giving feedback (without blaming) and receiving feedback

Negotiation/refusal skills

- Negotiation and conflict management
- Assertiveness skills
- Refusal skills

Empathy

- Ability to listen and understand another's needs and circumstances and express that understanding

Cooperation and Teamwork

- Expressing respect for others' contributions and different styles
- Assessing one's own abilities and contributing to the group

Advocacy Skills

- Influencing skills & persuasion
- Networking and motivation skills

Decision-Making and Critical Thinking Skills

Decision making / problem solving skills

- Information gathering skills
- Evaluating future consequences of present actions for self and others

- Determining alternative solutions to problems
- Analysis skills regarding the influence of values and attitudes of self and others on motivation

Critical thinking skills

- Analyzing peer and media influences
- Analyzing attitudes, values, social norms and beliefs and factors affecting these
- Identifying relevant information and information sources

Coping and Self-Management Skills

Skills for increasing internal locus of control


- Self esteem/confidence building skills
- Self awareness skills including awareness of rights, influences, values, attitudes, rights, strengths and weaknesses
- Goal setting skills
- Self evaluation / Self assessment / Self-monitoring skills

Skills for managing feelings

- Anger management
- Dealing with grief and anxiety
- Coping skills for dealing with loss, abuse, trauma

Skills for managing stress

- Time management
- Positive thinking
- Relaxation techniques

 This program helps adolescence to decide their life in the future.

HEALTH CAMP FOR ADOLESCENCE AND MOTHERS

Health camp has been organized for the adolescence and mothers. Through this health camp around 640 mothers and adolescence were benefited. 42 adolescence were identified who is having regular white discharge and referred to local PHC for treatment, 6 RTI infected cases has been identified and referred to local PHC for treatment.

WORLD HAND WASH DAY

Hand washing with soap is among the most effective and inexpensive Ways to prevent diarrhea diseases and pneumonia, which together are Responsible for the majority of child deaths. Every year, more than 3.5 million children¹ do not live to celebrate their fifth birthday because of diarrhea and Pneumonia. Yet, despite its lifesaving potential, hand washing with soap is seldom practiced and not always easy but we promote World Hand Wash day which helps participants the importance of Hand Wash and way of hand wash. This program insists participants the importance of personal hygiene. The hand wash must be with the help of soap is the best hand wash and reduces the causes of health issues. Around 260 participants participated and gained knowledge about the importance of Hand Wash.

PRE-MARITAL COUNSELING SESSION

Two hundred and sixty adolescent participated and gained knowledge through this session. Times are changing and so are we .With our hectic lifestyles and ever mounting pressure to reach our goals and expectations, there is a need for some form of guidance to help us with what sometimes seem like insurmountable issues.

Some common issues we face today include:

- difficulty in relationships
- balance between work and home

- managing the stresses of an accelerating pace of life
- handling problem children
- managing conflicting cultural values
- handling cultural differences
- managing issues of repatriation
- depression
- loneliness
- anxieties and fears
- study -related problems
- meeting parental expectations
- Poor self-esteem or self confidence issues
- finding meaning in life
- handling ageing parents
- handling conflict situations

We are usually unaccustomed or uncomfortable discussing our personal issues with our family members or friends. And since we are not able to deal with the problems on our own, they grow until they assume a life of their own and begin to affect our day-to-day behavior in ways that can be surprisingly debilitating! This is when we can take the help of a trained professional to help resolve and deal with our problems/issues. That's why we planned to have premarital counseling sessions for adolescent girls in our target villages. Pre-Marital Counseling session helps adolescence for Physical, Psychological and Social Preparedness before and after marriage. This program helped adolescence to bring their problems before and after marriage and to find out the solution for their problems in future. 260 participants were participated and gained knowledge on their problems and how to tackle that.

Training for Health Workers on RCH and Communication Skill

Training on RCH through application of various communication methods provided to 60 Health workers of Sub centers and Anganwadi teachers and they gained knowledge on RCH in terms of symptoms and causes Through this training participants were trained on how to organize meeting with mothers and

caregivers for giving training on Personal hygiene, overall development of the children, Immunization, Environmental hygiene, home based care to the children, immediate first aid in case of child infection etc.

Training for Health Workers on Antenatal and Post Natal Care

Through this training 30 Health workers from sub-centre and anganwadi teachers participated and gained knowledge on Pre-natal care includes which include on Prenatal care is a program of care for a pregnant woman before she gives birth to her baby. Most women begin their prenatal care in the first trimester of pregnancy. Several tests are performed during these visits. Tests performed during the first visit include blood tests to check blood type, Rh factor, anemia, and immunity to several diseases including rubella (German measles) and hepatitis B. Urine tests to check for sugar and protein as signs of diabetes and kidney changes, respectively, are also performed.. Subsequent visits will include the collection of urine samples to continue to check for sugar and proteins, measuring blood pressure, measuring weight to make sure the expectant mother is gaining enough, listening to the fetal heartbeat (typically after 12 weeks) and checking the size and position of the uterus and fetus. The doctor can also perform various tests to check the fetus for birth defects.

Prenatal care consists of much more than just monitoring the mother's diet and weight. Keep in mind that during pregnancy it is not just the health of the pregnant woman that must be watched, but also the health of the unborn baby. Maternal difficulties such as diabetes (which can develop as a result of being pregnant even if diabetes was not present before), insufficient weight gain, and high blood pressure, if gone untreated, can be harmful to the fetus and we also give knowledge on post natal care which include

The mother is assessed for tears, and is sutured if necessary. Also, she may suffer from constipation or hemorrhoids, both of which would be managed. The bladder is also assessed for infection, retention and any problems in the muscles. The major focus of postpartum care is ensuring that the mother is healthy and capable of taking care of her newborn, equipped with all the

information she needs about breastfeeding, reproductive health and contraception, and the imminent life adjustment. Some medical conditions may occur in the postpartum period, such as Sheehan syndrome and peripartum cardiomyopathy. In some cases, this adjustment is not made easily, and women may suffer from postpartum depression, posttraumatic stress disorder or even puerperal psychosis.

Psychological

Early detection and adequate treatment is required. Approximately 25% - 85% of postpartum women will experience the "blues" for a few days. Between 7% - 17% may experience clinical depression, with a higher risk among those women with a history of clinical depression. Rarely, in 1 in 1,000 cases, women experience a psychotic episode, again with a higher risk among those women with pre-existing mental illness. Despite the wide spread myth of hormonal involvement, Rather, these are symptoms of a pre-existing mental illness, exacerbated by fatigue, changes in schedule and other common parenting stressors.

Capacity Building for Community Level Stakeholders:

Capacity Building programme was done for Community Level Stakeholders on Personal Hygiene, Nutrition, Prenatal and Postnatal care. By this program participants gained and trained on the concept of Personal hygiene, nutrition, Pre and Post natal care and their communication skill has been developed to implement the same in the field level.

EXHIBITION, SENSITIZATIONS AND STIGMA REDUCTION ON HIV/AIDS

Two Exhibitions were conducted in schools on HIV/AIDS. Five fifty students participated in this exhibition and gained knowledge in causes and prevention of HIV/AIDS through wall posters, film show, and advocacy and through IEC materials

LIFE SKILL EDUCATION FOR YOUTH

Through this program the youths from target village oriented on life skills education such as decision making and problem solving, communication skills through which youth had developed a capacity on how to make a decision, how

to solve their problems and how to communication should be developed when communicating with others

WORLD AIDS DAY

It was observed December 1 each year, is dedicated to raising awareness of the [AIDS Epidemic](#) caused by the spread of [HIV](#) infection. It is common to hold memorials to honor persons who have died from HIV/AIDS on this day.

World Aids day program was observed in project area. More than 320 members were participated in this program and gained knowledge on causes and prevention of HIV/AIDS, Care and support given to the infected cases and also about the referral services. In this program stake holder from Positive network participated as a resource person. Through script, awareness songs and opinions of various important personalities about the HIV/AIDS, Causes and prevention method was imparted

CONDOM PROMOTION-PROCUREMENT, DISTRIBUTION AND DEMONSTRATION

To meet urgent need of prevention and control of HIV/AIDS Particularly among vulnerable population, activity of Condom promotion was being done in 4 target villages for the youth and parents.320 participants participated and gained knowledge on condom promotion. Demonstration on Condom usage was provided by the staff of Pondicherry AIDS Control Society and condoms were distributed in all project area.

TRAINING ON HIV/AIDS REDUCTION TO SCHOOL TEACHERS

Prevention strategies of HIV/AIDS, and in this regard, teachers are expected to play a major role in the provision of information to promote awareness leading to behavioral change among students.

The teachers' knowledge and perception about the disease will influence how they are able to perform this role. It is against this background that we sought to assess the knowledge

Training on HIV/AIDS reduction provided to 60 school teachers in our target villages. Teachers trained in concept of HIV/AIDS reduction to children's through pregnancy and the care and support what has to be provided to the affected children

REFRESHER TRAINING TO COMMUNITY ORGANISORS ON HIV/AIDS

Training on HIV/AIDS provided to 30 community organizer includes crèche teachers and volunteers in our target villages. Community organizer trained in concept of HIV/AIDS causes and prevention of HIV/AIDS and the care and support has to be providing to the affected people

IEC PROGRAM ON MALARIA AND TUBERCULOSIS

Information, Education and Communication program was organized for the different target groups such as Mothers, SHG Members, Pregnant Mothers and other family members and they oriented on Causes and Prevention of Malaria and Tuberculosis. In this program 1150 participants were participated and gained knowledge on causes and preventive method for Malaria and Tuberculosis and maintaining environmental as well as personal hygiene to prevent the diseases. Through IEC materials they came to know about the different way of preclusion system of Malaria and the referral services for tainted person for Tuberculosis.

POSITIVE DEVIANCE HEARTH

Participants initially oriented on concept of

- Identifying Solutions to Community problems within the Community
- Asset based approach based on existing resources
- Home based rehabilitation and practice which having a goal of

Enable communities to reduce their levels of malnutrition in a sustainable way, using their own resources & Prevent malnutrition of future generations

- Positive Deviance hearth program organized in two different villages for 15 days. 50 participants includes malnourished child mother and caregivers were participated and gained knowledge on personal hygiene, Nutrition, Overall Development of the Child, Environmental hygiene, preparation of low cost nutritious food, in order to develop their child physically and mentally. Before that we had positive inquiry which dealt with
 - Feeding Practices
 - Caring Practices
 - Hygiene Practices
 - Health Care practices of community people and based on the findings Positive deviant families were identified and we came to understand attitude, behaviour of towards their nutritional activities

A hearth session was planned for Malnutrition children and their mothers for twelve days. After having it, once in fifteen days, we monitored growth monitoring chart of every child very carefully

WORLD BREAST FEEDING WEEK

OBJECTIVES of WORLD BREASTFEEDING WEEK

- To draw attention to the vital role that breastfeeding plays in emergencies worldwide.
- To stress the need for active protection and support of breastfeeding before and during emergencies.
- To inform mothers, breastfeeding advocates, communities, health professionals, governments, aid agencies, donors, and the media on how they can actively support breastfeeding before and during an emergency.
- To mobilize action and nurture networking and collaboration between those with breastfeeding skills and those involved in emergency response.

RATIONALE

- Children are the most vulnerable in emergencies – child mortality can soar from 2 to 70 times higher than average due to diarrhoea, respiratory illness and malnutrition.
- Breastfeeding is a life saving intervention and protection is greatest for the youngest infants. Even in non-emergency settings, non-breastfed babies under 2 months of age are six times more likely to die.
- Emergencies can happen anywhere in the world. Emergencies destroy what is 'normal,' leaving caregivers struggling to cope and infants vulnerable to disease and death.
- During emergencies, mothers need active support to continue or re-establish breastfeeding.
- Emergency preparedness is vital. Supporting breastfeeding in non-emergency settings will strengthen mothers' capacity to cope in an emergency.

With this concept and goal of this program, Lactating Mothers, Pregnant mothers were oriented on Importance of exclusive feeding and the causes like weight loss, malnourishment, diarrhea due to lack of breast feeding. And also they oriented about basic things of as **Breastfeeding** is the feeding of an infant or young child with breast milk directly from female human breasts (i.e., via lactation) rather than from a baby bottle or other container. Babies have a sucking reflex that enables them to suck and swallow milk. Most mothers can breastfeed for six months or more, without the addition of infant formula or solid food.

Human breast milk is the healthiest form of milk for human babies. There are few exceptions, such as when the mother is taking certain drugs or is infected with tuberculosis or HIV. Breastfeeding promotes health, helps to prevent disease, and reduces health care and feeding costs. Artificial feeding is associated with

more deaths from diarrhea in infants in both developing and developed countries. Experts agree that breastfeeding is beneficial, but may disagree about the length of breastfeeding that is most beneficial, and about the risks of using artificial formulas.

Exclusive breastfeeding for the first six months of life and then supplemented breastfeeding for at least one year and up to two years or more. While recognizing the superiority of breastfeeding, regulating authorities also work to minimize the risks of artificial feeding.

MOTHERS AND COMMUNITY MEETING ON GROWTH MONITORING AND SENSITIZATION OF DEWORMING:

Participants briefly oriented about the human parasites viz., hookworm, pinworm, roundworm, tapeworm and whipworm and their life cycle, their entry points, preventing them from getting contracted etc. Still, the world is full of parasites that there are chances of acquiring them however clean you are. For instance, a simple lick from your pet, a barefoot walk on your lawn, a swim in a reservoir or a pool with untreated water or negligence on your part to wash hands thoroughly before eating/preparing food after gardening or unwashed salad or untreated drinking water/milk/fluids or under cooked meat or school going children in your family can get you the eggs/larvae of these parasites.

UNICEF report of “The state of the world’s children 1998” says that about 1.5 billion people have roundworms, making it the third most common human infection in the world, whipworm infects 1 billion people, including nearly one third of all children in Africa and more than 1.3 billion people carry hookworm in their gut. Hence the picture is very clear; the chances of these parasites creeping inside ourselves are very high.

Worm infestations often cause serious health problems and impact a child’s ability to attend and perform well in school and another UNICEF report says

researches have shown that regular deworming can substantially increase school attendance and significantly improve a child's ability to learn in school. Eventually the growth rate and weight gain of children who are regularly de-wormed is pretty higher than who those who aren't. Hence regular deworming is the best solution for many of the childhood illnesses.

Now the pertinent question arises; participants also oriented on deworming duration .Especially you should have a fair knowledge on deworming frequencies when there are school going kids or thumb sucking toddlers at home..

Now, the answer to the question is that in most cases, deworming once every six months is sufficient. But, if you suspect/notice that your child is getting worms more frequently, then deworming your child/whole family more frequently as deemed appropriate by your primary health practitioner may be necessary. Except tapeworms (as in the case of pinworm or whipworm infection), a second dose may be necessary after two weeks or 73-75 days after the first dose to break the life cycle/to kill the migrating larval forms of these parasites.

In any case, deworming the whole family twice a year is necessary. Mebendazole/albendazole in suspension or chewable tablet form/Liquid form is the conventional drug of choice and the side effects too are few and those side effects that there are, are usually caused by dead worms being expelled from the body, rather than by the drug itself.

By this program 260 mothers gained knowledge on monitoring chart and the importance of growth monitoring chart and deworming and causes due to lack of deworming

SUPPLEMENTARY NUTRITION:

Supplementary Nutrition Programme is provided to children below 6 yrs of age, pregnant and nursing mothers and adolescent girls of low income group to improve health and nutritional status with 300 feeding days in a year. Supplementary nutrition was provided to the pre-school children as a regular. 360 children are benefiting through regular supplementary meals. Child health

status has been increase through regular meals and nutritional refreshment at the evening.

TRAINING FOR SERVICE PROVIDERS ON NUTRITION

30 service providers include crèche workers and anganwadi workers trained in concept of nutrition includes Varieties of Nutrition, Food pyramid, preparation of low cost nutrition. This program helps them to implement in the field and to provide counseling to the pregnant mothers and lactating mother and parents through parents meeting and community meeting.

PROVISION OF KITCHEN GARDEN:

Vegetables occupy an important place in our daily life particularly for vegetarians. Vegetables are the only source to increase not only the nutritive values of foods but also its palatability. For a balanced diet, an adult should have an intake of 85 g of fruits and 300 g of vegetables per day as per the dietary recommendation of nutrition specialists. But the present level of production of vegetables in our country can permit a per capita consumption of only 120 g of vegetables per day.

Kitchen Garden Considering the above facts, we should plan to have program called promotion of kitchen garden through which participants should produce our own vegetable requirements in our backyards using the available fresh water as well as the kitchen and bathroom wastewater. This will not only facilitate prevention of stagnation unused water which will be hazardous to our health through environmental pollution, but can be useful for successful production of our own requirement of vegetables Cultivation in a small area facilitates the methods of controlling pests and diseases through the removal of affected parts and non-use of chemicals. This is a safe practice, which does not cause toxic residues of pesticides in the vegetables produced and participants also being oriented on

Kitchen Garden Site Selection:

There will be limited choice for the selection of sites for kitchen gardens. The final choice is usually the backyard of the house. This is convenient as the members of the family can give a constant care to the vegetables during leisure and the wastewater from the bathrooms and kitchen can easily be diverted to the vegetable beds. The size of a kitchen garden depends upon the availability of land and number of persons for whom vegetables are to be provided. There is no restriction in the shape of the kitchen garden but wherever possible rectangular garden is preferred to a square one. With succession cropping and intercropping, five cents of land would be adequate to supply vegetables for an average family of four to five persons.

Land preparation:

Firstly a through spade digging is made to a depth of 30-40 cm. Stones, bushes and perennial weeds are removed. 100 kg of well decomposed farmyard manure or vermicompost is applied and mixed with the soil. Ridges and furrows are formed at a spacing of 45 cm or 60 cm as per the requirement. Flat beds can also be formed instead of ridges and furrows.

Sowing and planting:

Direct sown crops like bhendi, cluster beans and cowpea can be sown on one side of the ridges at a spacing of 30 cm. Amaranthus (meant for whole plant pull out and clipping) can be sown after mixing 1 part of seeds with 20 parts of fine sand by broadcasting in the plots. Small onion, mint and coriander can be planted/sown along the bunds of plots.

Seeds of transplanted crops like tomato, brinjal and chilli can be sown in nursery beds or pots one month in advance by drawing lines. After sowing and covering with top soil and then dusting with 250 grams neem cake so as to save the seeds from ants. About 30 days after sowing for tomato and 40-45 days for brinjal and chilli and big onion the seedlings are removed from nursery and transplanted along one side of the ridges at spacing of 30-45 cm for tomato, brinjal and chilli and 10 cm on both the sides of the ridges for big onion. The plants should be

irrigated immediately after planting and again on 3rd day. The seedlings can be watered once in two days in the earlier stages and then once in 4 days later.

The main objective of a kitchen garden is the maximum output and a continuous supply of vegetables for the table throughout the year. By following certain procedures, this objective can easily be achieved. The perennial plants should be located on one side of the garden, usually on the rear end of the garden so that they may not shade other crops, compete for nutrition with the other vegetable crops.

The adjacent to the foot path all around the garden and the central foot path may be utilized for growing different short duration green vegetables like Coriander, spinach, fenugreek, Alternant era, Mint and A cropping pattern, which may prove helpful for kitchen garden under Indian conditions (excepting hill stations) is suggested below.

Perennial plot

Drumstick, Banana, Papaya, Tapioca, Curry leaf and Agathi. It may be observed from the above crop arrangements that throughout the year some crop is grown in each plot without break (Succession cropping) and where ever possible two crops (one long duration and the other a short duration one) are grown together in the same plot (companion cropping).

Economic benefits of gardening

Gardeners feed their families first and then sell, barter or give away surplus garden foods. In certain contexts, however, income generation may become the primary objective of the home garden. In any case, it is counterproductive to impose the nutrition objective to the exclusion of the income generation objective, since in most contexts they are linked and compatible.

The potential economic benefits of home gardening include the following:

Gardening gives dual benefits of food and income generation;

Gardens provide fodder for household animals and supplies for other household Needs (handicrafts, fuel wood, furniture, baskets, etc.); Marketing of garden Produce and animals is often the only source of Independent income for Women.

50 families were benefited by getting seeds includes brinjal, green leaves, bitter guard, chilly, Tomato etc., Through this program the vegetables has been used from Kitchen garden and the health status of the beneficiaries families has been improved

FOOD MELA ON LOW COST

Participants from women self help groups and adolescent girls group participated in food mela and prepared low cost nutritious food and through these program participants came to know about the importance of nutrition and preparation of low cost nutritious food. Participants came to know the different varieties of low cost nutritious food

ECCD

ECCD Committee Meeting

The ECCD Committee is a volunteer forum that brings representatives from all sectors in the child care community together. Our purpose is to discuss issues, make plans and to advocate on behalf of young children, families and the early child care community. It also supports professional development opportunities for child care providers and care teachers.

ECCD management committee was organized every month in the pre-school centre and project having 13 management committee each committee have 7 members include Panchayath Leader, SHG, Childfund India parents, parents of children in the crèche, Youth club, pre-school Teacher. Problems and issues were addressed by ECCD Management committee and lot of things which it has done astonishingly as it gave financial support to clean crèche centre and play ground where most of the children access for playing and it has supported to form kitchen garden

Regular Parents Meeting for Mothers and Caregivers

Project has conducted a regular meetings with the parents and care givers on growth monitoring chart, personal hygiene, environmental hygiene, period of Immunization, water and sanitation , causes of health issues for deworming, Malaria, Tuberculosis, Teaching methodology, preparation of low cost nutritious food.

Quality improvement for ECCD and ICDS centre

Anganwadi Quality Improvement Program is to develop ECCD and Anganwadi centre with the following indicators such as

- Class Room Process
- Learning Levels
- Community participation and
- Infrastructures development

And in which 10 Anganwadi centers and 13 Pre-school centers have been assessed.

BASIC EDUCATION

School Based Quality improvement

5 Schools has been assessed from our target village. Based the assessment the needs of the schools has been satisfied like providing books for the library, providing sports material, teaching materials, Drinking taps for the schools. 50 slow learners reading level has been improved through Reading Improvement program. Through these program more than 1500 students has been benefited.

Special Coaching in Maths, English and Science for High School Children

Through these program 150 board exam students has been benefited through evening tuition. 4 teachers were taken car of evening tuition centers especially for Maths, English and Science subjects

Global Action Week:

Global action week celebrated in our project area to improve the Education standard of every child and make dropouts to come for the schools with the objective of Education for all. More than 300 children 100 mothers and youth were participated. In this program through conduct the sports, competitions for drawing and easy, cultural program. Quality education has been explained to the parents.

Capacity building on Local Resource Mobilization (CSR)

Capacity Building on Local Resource Mobilization provided to project staffs. Through this program staff came to know OF how to mobilize resource for community development through CBO's and networking with the developmental organization.

Educational Support for performing and needy girl children

Educational support was provided to 46 girl children. Four drop out children from the school was identified and counseling was provided to them. For that child educational support were provided to buy books, uniforms and learning materials.

CHILD AGENCY

Developing IEC Material

Information, Education and Communication material on Care and support on HIV/AIDS, Malaria, Personal Hygiene, Immunization and tuberculosis developed and provided to the various community level stake holders. This program helps community level stakeholders to get to know of various information on various health issues

Awareness program on UNCRC for community Service providers

Awareness program on UNCRC for community service providers was being given and they had being oriented them on role of UNICEF, policies evolution and rights of children.

The UNICEF mission is to advocate for the protection of children's rights, to help meet their basic needs and to expand their opportunities to reach their full potential. UNICEF is guided in doing this by the provision and principal of the convention on the Rights of the Child. The government has been framed the rule in the year 1989 for child RIGHTS and PROTECTION and implemented in the year 1992 .This rule will be applicable for children who are between 0-18. The program explain the child rights such as Right to survival, Right to Protection, Right to Participation and Right to Development. In this program 30 Anganwadi workers are participated and gained knowledge on UNCRC.

Addressing Female infanticide and girl child discrimination

In the parents meeting and self help group meetings, we addressed about Female infanticide and gender equity

on Gender equity

Socially constructed roles too often thwart the potential of girls and women. Discrimination denies them health care and education. It hides information that they can use to protect themselves from HIV/AIDS. Discrimination robs girls and women of the power to make decisions, to earn a living and to be free from violence, abuse and exploitation. Often it deprives them of any legal protection.

Community seva centre is committed to leveling the playing field for girls and women by ensuring that all children have equal opportunity to develop their talents. We work to ensure that all babies receive the best start to life through gender-sensitive, integrated early childhood care. We work so that all children are afforded quality education, one that prepares them for a productive life.

By recognizing and addressing discrimination against girls and women, success in the fight against all forms of discrimination -- class, race, ethnicity and age -- will become more likely, and more lasting. We have learned that entire societies develop when girls and women are enabled to be fully contributing community members.

For that we have a program called awareness on gender equity in which 30 adolescence and youths were participated and gained knowledge on the importance of gender equity and equal rights has to provide for both male and female and there should not be gender discrimination.

Translation & supply of Child Protection policy to CBOs

Child Protection Policy is provided for various CBO's like Children's club, Adolescent Club, Child Well Being Committee and SHG's to promote the Child rights and protection. Community Seva Centre (CSC) is committed to the well-being of the children it serves. One of the core values of the organization embraces the "intrinsic worth of each child." The Mission refers to creating "...an environment of hope and respect for needy children..."

CSC strives to create positive environments in which children grow up amidst respect, hope and social justice. Recognizing the inherent worth of each child, CSC accepts its responsibilities to protect children from harm, to promote children's rights and to ensure children's healthy development.

The agency continually examines, develops and implements standards and programs designed to protect children from abuse, neglect, harassment and exploitation by staff, sponsors and others with whom they have contact.

This Child Protection Policy document is composed of three parts. The first part is the organization **Policy**. The second part is the **Standards** section, which has six sub-sections:

- Organization Awareness & Advocacy
- Recruiting and Screening of Personnel
- Program Planning
- Sponsorship
- Regional Training and Support
- Allegation and Incident Management

The third section is the annex that includes the Interaction Child Protection Standards for Child Sponsorship Agencies and the Interaction Task Force Report on the Prevention of Sexual Exploitation of Displaced Children. These have been incorporated into CSC's policy Through this program around 462 CBO's members has been benefited.

Addressing Child Labour in Hotels, Bars and in other service industries

50 child labours identified by this program and counseling provided to them to continue their education 12 children are continuing their education through correspondence.

Child Rights Convention for child federation

13 village children club leaders, Secretary and Treasure of children club were participated. Children oriented about the Child rights and Child Protection. This activity which aimed of all children is developed at five levels. Learning to know, Learning to do, Learning to live together, and Learning to be .Federation Members oriented about their role and responsibilities.

Training to AWW on Understanding of UNCRC

Anganwadi and Pre-school workers were trained in rights and protection of children Pre School

Exposure

Community Seva Centre organized an Exposure cum study tour for the children. The children were taken to yercaud. Children were really enjoyed with fun games and with entertainments.

Sponsors Day Celebration

Sponsor day was celebrated with the objective of remembering sponsors and children also gave a gratitude to their sponsors. Children were enjoyed by participating in various competitions like sports and cultural program. Prizes were distributed to all the children and through cultural program children expressed their individual talents.

Formation & Strengthening of Youth federation

Youth federation was formed and they were being oriented on roles and responsibilities of youth members. 60 youth were participated and gained knowledge on youth activities.

Child consultation meet

This program helps child to discuss their personal problems and family problems in their peer group meetings and to solve the problem through Children federation. More than 300 children were benefited out of this program.

Supply of sport & Play material for children club

Sports and Play material provided to 15 children Club in our target villages. This program helps them to Develop their individual talents by having Play Materials which include carom board, chess board, Cricket ball and bat, volley ball, food ball and use it very effectively. More than 300 children Benefited by this program.

CONCLUSION

With great pleasure, we thank all the people who have extended their Co operation and support to our organization to achieve this goal this year. This achievement is not a single man's show but the result of the excellent Team work performed by the staffs under the guidance of our able President Sr.Xavior Mary. We will be ever grateful to all individuals, the organizations, Government Departments, for their generous contributions and support extended to our organization in helping the poor and downtrodden, for their growth and enlistment. With the same team spirit, we enter into the New Year with great confident of achieving more for the welfare of poor suppressed people of the Community. Before conclude, I once again extend our warm greetings to all the well wishers of our organization and request them to be with us this year too and guide us in our efforts in helping the growth of poor and suppressed people of the Community.

Thanking you,
Yours Sincerely,

A.K.NEHRU
Director,
COMMUNITY SEVA CENTRE