SMILE Asia Project
(Supporting Maternal and Child Health Improvement and
Building Literate Environments)

2009 ACCU-LRC Model Literacy Project for Women
SMILE Asia Joint Monitoring Mission in Cambodia

24 – 26 June 2009
Phnom Penh, Cambodia

Organised by
Asia-Pacific Cultural Centre for UNESCO (ACCU)
and
Cambodian Women’s Development Agency (CWDA)
2009 ACCU-LRC Model Literacy Project for Women, SMILE Asia Joint Monitoring Mission in Cambodia

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CHAPTER I : Introduction

1. Introduction

2. Background

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1. Introduction

The Asia-Pacific Cultural Centre for UNESCO (ACCU) and the Cambodian Women’s Development Agency (LRC Cambodia) jointly organised the ACCU-LRC Model Literacy Project for Women, SMILE Joint Monitoring Mission in Cambodia from 24 to 26 June 2009 in Phnom Penh, Cambodia.

2. Background

The Literacy Resource Centres for Girls and Women (LRC) Programme was launched in 1994 by ACCU in cooperation with UNESCO and its Member States in Asia and the Pacific region, in order to meet the needs for literacy education, especially for girls and women, and to contribute to the achievement of “Education for All (EFA)” in Asia and the Pacific. At present, 18 organisations in 17 countries are members of the ACCU-LRC Network.

The LRCs, established and managed by the member organisations of the ACCU-LRC Network, are promoting literacy and non-formal education (NFE) through various activities such as materials and curriculum development, training, networking, information sharing and advocacy. While each LRC conducts different activities responding to the local needs, it is expected that the ACCU-LRC Network will contribute to achieve the goals of EFA, Education for Sustainable Development (ESD) and the United Nations Literacy Decade 2003-2012 (UNLD) in Asia and the Pacific region.

In 2007, ACCU started a new model project called “Supporting Maternal and Child Health Improvement and Building Literate Environments (SMILE)” in collaboration with the LRCs. The SMILE project is particularly targeting illiterate and neo-literate mothers, with a focus on mothers’ influential roles in families and communities. The project aims to contribute to acquisition and sustainability of women’s literacy skills and creation of literate environments through improvement of health conditions of mothers and children.

LRCs in Bangladesh, Cambodia, Lao PDR, Nepal, Pakistan and the Philippines are currently implementing the SMILE project targeting neo-literate women at the community level.

3. Objectives

The overall objective of this Monitoring Mission was to enhance capacities of LRCs in effective implementation of the SMILE project as a model literacy project in the region.

The Monitoring Mission participants reviewed on-going project progress in terms of project output and outcome. The participants developed specific indicators to be used in the project’s monitoring and evaluation (M&E) based on their experiences of the project implementation.

Specifically, the following outputs were expected at the end of the workshop:

(1) M&E indicator for the SMILE project implemented by each LRC
(2) Feedback from the participating LRCs includes the significant aspects of the SMILE project
4. Proceedings

**Brief Proceedings of the Day 1**
*(Wednesday, 24 June 2009)*

## 1. Opening Session

### Opening remarks

The workshop was opened by Ms. Hun Phanna, Acting Director of Cambodian Women’s Development Agency (CWDA). She welcomed all participants to the opportunity in Cambodia. She spoke of the importance of SMILE Asia project as a good approach to address maternal and child health issues in Cambodia as well as in some other developing countries. Moreover, she mentioned that the project fits well with learners of literacy classes to gain their knowledge and practice in their daily lives. She ended her speech by expressing her special thanks to ACCU for organising this monitoring mission in Cambodia.

Followed by Ms. Hun Phanna, Mr. Kuoch Kou Lom-A, Deputy Director of Department of Non Formal Education (DNFE) Cambodia, extended his great pleasure to be in the workshop and welcomed all participants from seven countries. He mentioned that maternal and child health issue in Cambodia is one of the great concern in the country judging from the data of Cambodia Demographic and Health Survey which was conducted in 2005. Then he concluded that SMILE Asia project will address these issues.

After the speech of Mr. Lom-A, Ms. Sun Lei, Education Programme Specialist from UNESCO Phnom Penh office expressed her pleasure to join the meeting. She mentioned that according to UNESCO EFA Global Monitoring Report (2009), there are 776 million adult illiterates in the world, and two-thirds of them are women. She emphasised that learning must not be received just through formal education but also through non-formal education and she spoke that UNESCO took a lead in promoting activities which outline the importance of all kinds of education at any stage of life. She also pointed out that UNESCO celebrated literacy day throughout the world, and in 2008, the theme was focused on literacy and health. The health concerns cannot be adequately addressed unless literacy finds a central place for public health policies and strategies. She ended her speech by saying that SMILE Asia project will contribute to improve the situation of women particularly living in rural area for their better life by providing alternative opportunity to get access to knowledge and skills that relevant and useful to them.

Finally, Ms. Shibao Tomoko, Director of Education Division of ACCU, stated that all of the participants gathered together to this workshop to learn from each other of the SMILE Asia project particularly considering progress which we have made, difficulties we have faced, and how to improve the quality of the project.

Moreover, she added that as it is important how to monitor and evaluate to show the achievement of project objectives and goals, in this workshop, participants would develop specific indicators reflecting their own experience. She ended her speech by wishing for the success of this joint monitoring mission and thanking all staff members of CWDA for their arrangement and hard work to be a host of this workshop, and also other participants to join this workshop.
■ Introduction of SMILE Asia Project
Ms. Sayaka Tsutsui, programme specialist from education division of ACCU introduced SMILE Asia Project by using power point. (Please refer to Chapter II)

2 Orientation of the Monitoring Mission in Cambodia
■ Orientation
In the workshop orientation, Ms. Shibao (ACCU) briefly explained our three-day schedule ahead, objectives and expected outputs of the workshop. All participants were proposed to share their activities, lessons learned, and outputs of SMILE project based on their experience in each country. Especially our main tasks to be done were to develop specific indicators to be utilised for monitoring and evaluation (M&E) for participating LRCs to implement their projects.

What we would have learned through our discussion and the indicator we developed on the first day were reflected on the second day field visit to the project site in Prey Veng province and Phnom Penh city as simulated monitoring tools. On the third day, what we would see and learn from the field was reflected to finalise our SMILE Asia indicators, and in that afternoon, each country gave their presentation by using developed indicators.

■ Ice Breaking and Self Introduction of Participants
Ms. Tsutsui (ACCU) started the ice breaking session. Each participant was handed out a piece of paper and colour pencils and asked to draw the picture of the ‘most significant change’ or ‘change we are expecting to have in the future’ of SMILE Asia project in one minute. Then, by using the drawn picture, each participant will introduce themselves to get to know each other.

Some participants draw pictures of mothers and children with happy faces after they improve their literacy skills and gain their knowledge on health as the most significant change. Others draw pictures of future aspirations that family members and community will be also happy with smiley faces that their health and hygiene situation will be improved after mothers participated SMILE projects. Finally, Ms.Shibao concluded the session by showing her picture of one heart which means everybody has a good heart through SMILE Asia project.

3. – Session# 1: Finding SMILE Indicator for M&E
■ Presentation by each LRC
For the first session, we had presentation by each LRC (3 min each) focusing on 1) Updates on SMILE Project achievements, and 2) SMILE Project M&E practices and experience.

1)  Presentation by LRC Pakistan
Presentor: Ms. Ismat Niaz and Mr. Asher David
Ms. Niaz and Mr. David introduced their SMILE Asia project activities in 2009. They provide education to their targeted group including 300 families and also to the local leaders. They started to collect staff members, local leaders and community members to encourage networking and communication with headquarter staff members. Furthermore, they conduct workshop and skills training, finalise MCH books and develop IEC materials for local people. Additionally, two books are in the process of production. Regarding M&E, they have a monthly meeting for reviewing the practices and attitudes.

2) Presentation by LRC Bangladesh
Presenter: Mr. Nafiz Uddin Khan and Mr. Rashedul Islam
Mr. Khan and Mr. Islam said that the LRC in Bangladesh has recently developed training manuals of SMILE Asia project and they will be distributed. They have also developed curriculum and provided supplementary materials on maternal and child health to mothers studying at 60 CLCs, and learners share those information at family level.

Regarding M&E, they have two objectives, to collect the information from the field and each CLC committee, and to monitor activities. They concluded that they have some lessons learned about literacy, and building a structure of maternal and child health.

3) Presentation by LRC Philippines
Presenter: Ms. Myrna Barracoso Lim and Mr. Ian Phillip Zurita
Ms. Lim and Mr. Zurita said - LRC in the Philippines has accomplishments in the project in advocacy and social mobilisation, courtesy calls, dialogues, consultation, meetings from municipal to Barangay level.

Regarding project steering committee meeting, they said that determining of needs and demands by identified groups, mothers and families are significant.
About recruitment, selection and training of Barangay (village) health workers and adult facilitators were in the mid-September. Their initial actions were to identify the specific target in Barangays municipality, through the active participation of the municipal mayor as for the capacity training workshop of Barangay health workers and community-based partners. They have always given top priority for staff members to develop and increase competency and conducted basic trainings for their facilitators.

4) Presentation by LRC Lao PDR
Presenter: Mr. Somsy Southivong and Mr. Sithai Khotsimuang
Mr. Southivong and Mr. Khotsimuang introduced their project which was implemented in two CLCs in different districts. There are seven female learners in one district, and twenty in another district. They selected teachers and health workers from each village based on their survey, and after their selection, they established the committee. Then, CLC instructs them the objectives and backgrounds of the project for making the stakeholder to understand the project. After that, the committee and the project is acknowledged by the district governor.

During the first phase, they provided training materials selected from different partners including the Ministry of Education. They have also provided trainings to all relevant people including village teachers, health workers and teacher voluntary networks. Concerning monitoring, they would like to see how the learners’ skill in writing, reading has been improved in the meantime to find out their weak points to be improved in the next phase. As their organisation has just started the project, this workshop could be their valuable learning opportunity.
5) Presentation by LRC Nepal
Presentor: Ms. Samjhana Bajracharya and Ms. Jamuna Bajracharya
Ms. S Bajracharya and Ms. J Bajracharya presented that they have two project areas and six CLCs in each.
Their activities include providing health service, conducting needs assessment, developing literacy curriculum and learning materials, utilising existing materials, building capacity of CLC managers, facilitators and community health workers, conducting of literacy classes, and advocacy.
Concerning monitoring, they have regular monthly meetings for facilitators to share their information on progress of literacy programmes and improvement of learners’ skills based on their documents, regular supervision by CLC committee members and social mobilisers. For evaluation, they analyze the project documents, progress reports from facilitators and workshop, and training reports and discuss with CLC members, facilitators and learners to assess the impact of project activities.

6) Presentation by LRC Cambodia
Presentor: Ms. Hun Phanna
Ms. Phanna introduced SMILE activities in their country. About project achievements, they have organised training workshop for facilitators on “Mother and Child Health” before the project assessment among the targeted group.

The material has not been published yet, however, they have contacted to other agency such as government – MCH center. At the community level, they ask the health centre to have health check-ups for mothers and organize mothers’ groups.
In total, they have 250 mother learners. Concerning M&E, they have project coordinators to monitor the group and to collect updated information on mother and child from their facilitators. For the output, they receive monthly reports from each site.

■ Introduction to Indicators and M&E
Ms. Shibao explained the project life cycle in order to give more information to all participants on indicators and M&E. According to her presentation, first, we need to know the problem and then, analyse and assess the context. Then after that, we can set up the objectives with indicators. When we set up these objectives, we should be careful in making them feasible as you can not address all the problems for millions of illiterates. The next step is that we need to identify the strategies for the projects and select project manager or other materials of the project. It is very important that we establish the structure with the M&E system built in the project design.

■ Principles of M&E Indicators
The resource person of this meeting, Mr. Chu Shiu Kee, Senior Specialist of UNESCO Institute for Statistics and former UNESCO Representative to Viet Nam, concluded the morning session by explaining us principles of M&E indicators. First, he made comments for the presentation by each LRC that having partnerships with government and other organization as presented is very important for sustainability of the project.
Furthermore, he also emphasized that we also need to design the plan so that we can implement our own plan and monitor and evaluate the project finally.

There are some steps to follow Problem identification: nature of problem (quantitative/qualitative), source and context, source of information, strategy and gathering information, triangulation. Analysis -such as target groups perspective etc. Assess context -cultural and traditional factor - influent institution, resource availabilities and social and political factors, and finally setting objectives - identify and shared goal, define strategic objective, establishing concrete results, setting quantitative and qualitative, and identify specific indicators to show the achievements of the results.

4. Session # 2: SMILE Project Objectives and Indicators
-based on the objectives of the SMILE Asia project and outputs of the Nepal JCBW (2008)-

Introduction by Mr. Chu
Firstly, Mr. Chu explained to us the objective of this meeting that we develop our indicators to utilise for our M&E.

To decide what we would like to monitor, first, we have to recognise the objectives of the project. In case of SMILE project, there are three objectives as followings.

1. To improve women’s literacy situation
2. To build the literacy environment at home and in the community
3. To improve the health condition of mother and children

He emphasised the importance of setting objectives of the project in terms of M&E.

On M&E, to see what is happening, and what has been changed, he also mentioned that we can not directly skip to the conclusion, but it is essential to have the specific indicator with absolute figures and data. Following shows the process when we do M&E.

1. Identifying aspects and targets to be evaluated
2. Defining relevant and feasible indicators
3. Determining sources and data required
4. Working out data gathering channels, methods and tools
5. Implementing M&E, developing indicator, analysing and interpreting

He distributed a guide book for the reference of all participants. In that guidebook, we could see the information on how to analyse data and indicators. If we are interested, we can find out more methods, techniques and concepts from this book.

Then, participants were told what they would do during this meeting to develop SMILE indicators into monitoring tools;

1. To identify data required for various SMILE indicators and possible sources of the data
2. To propose and discuss what is the best way to obtain such data in term of;
   - Which data channel to tap into?
What data gathering method to use?
What kind of tools to design?
How to go about the SMILE M&E
Select key questions to test during the field work

**Group discussion**
Based on those suggestions, participants were divided into following three groups.
- Group 1: Maternal and Child Health
- Group 2: Literacy Environment
- Group 3: Literacy Skills

**Plenary Group Discussion on Indicators**
After one hour group discussion, there was a reporting back session from each group as followings.

1) **Group 1 (Maternal and Child Health)**
The group focused on issues as followings.

- Are those listed in the provided indicator are related to the SMILE project?
- How many of mothers have some problems?
- How many of learners are pregnant women?
- To recognise malnutrition children, do we have to analyse the children’s growth by comparing a child’s weight with other children?

Then, they concluded that they would try to catch up these elements from the field trip on the next day.

2) **Group 2 (Literacy Environment):**
First, the group discussed how they can actually utilise provided indicators, and they considered it is better to start asking from individual facilitators and learners during their field visits. Therefore, they prepared following questions to ask on the next day.

- How many CLCs with reading corners and libraries are there in the community?
- How often do people visit there for their readings?
- Do mothers have interests in educating their children?

**Group 3 (Literacy Skills):**
The group focused on the needs assessment of their targeted population for M&E. Therefore, they raised following items to add in the indicator.

- Attendance rate of learners
- Dropout rate of learners
- Completion rate of learners

As the way of organising and conducting literacy classes are different in each country, the group considered it is also better to add following items.

- Number of SMILE classes conducted
- Actual number of hours for SMILE classes
- Cost per learners
Based on what we discussed and the indicator we developed on the first day, we visited Prey Veng Province and Phnom Penh city for the field visit and did the simulated monitoring. Schedule and the detail of the visit is shown as below.

1- Prey Veng Province is located at the East of Phnom Penh Municipality. When we travel along the National Road No.1 from Phnom Penh to Svay Rieng province, we will stop in the down town named Kor Andoeuk market about 90 Km, and we turn right and travel about 25km a long the path we reach to CfP’s branch office situate in Cham Commune, Kampong Trabek district. In Cham Commune CfP run SMILE Asia project in 4 villages.

2- CWDA field situated in Sangkat Prey Veng, Saks am peo and Dangkor it has 25km from Phnom Penh. CWDA selected 2 villages for monitoring visit which are Kvet and Kamrieng villages. Participants will visit literacy classes and meet with learners and mothers group.

### Schedule of the Field Visit

<table>
<thead>
<tr>
<th>Time</th>
<th>Activities</th>
<th>Participants</th>
<th>Facilitator</th>
</tr>
</thead>
<tbody>
<tr>
<td>7:00</td>
<td>Leave hotel to Prey Veng province</td>
<td>all participants</td>
<td>CWDA and CfP</td>
</tr>
<tr>
<td>7:00-9:30</td>
<td>Arrive at CfP branch office</td>
<td>all participants</td>
<td></td>
</tr>
<tr>
<td>9:30-9:45</td>
<td>Little welcome with chief of commune and orientation of field visit from</td>
<td>all participants</td>
<td>Men Thary CfP’s Director and Chief of Commune</td>
</tr>
<tr>
<td></td>
<td>CfP’s Director</td>
<td></td>
<td></td>
</tr>
<tr>
<td>9:45-9:50</td>
<td>Break participant into 2 group</td>
<td>all participants</td>
<td>CfP’s Director</td>
</tr>
<tr>
<td>9:50-11:00</td>
<td>Group I go to visit Rolous village meet with target group and village leader</td>
<td>all participants</td>
<td>Lead by CfP staff and Health worker and field teacher</td>
</tr>
<tr>
<td></td>
<td>Group II go to visit Prosdacl village meet with target group and village</td>
<td>all participants</td>
<td>Lead by CfP staff and Health worker and Field teacher</td>
</tr>
<tr>
<td></td>
<td>leader</td>
<td></td>
<td></td>
</tr>
<tr>
<td>11:00-12:00</td>
<td>Back to branch office meet with post literacy women and see exhibits of</td>
<td>all participants</td>
<td>Lead by CfP staff and Health worker and Field teacher</td>
</tr>
<tr>
<td></td>
<td>handicrafts and report</td>
<td></td>
<td></td>
</tr>
<tr>
<td>12:00-13:30</td>
<td><strong>Lunch</strong></td>
<td>all participants</td>
<td></td>
</tr>
<tr>
<td>13:30</td>
<td>Go back to Phnom Penh to visit CWDA’s CLC</td>
<td>all participants</td>
<td>CWDA</td>
</tr>
<tr>
<td>13:30-15:30</td>
<td>Arrive CWDA’s field and visit 2 villages</td>
<td>all participants</td>
<td></td>
</tr>
<tr>
<td>15:30-17:30</td>
<td>Group I visit literacy Class in Kvet village and meet with learner</td>
<td>all participants</td>
<td>Lead by CWDA staff and facilitator</td>
</tr>
<tr>
<td></td>
<td>Group II visit literacy in Kamrieng village and meet with learners and</td>
<td>all participants</td>
<td>Lead by CWDA staff and facilitator</td>
</tr>
<tr>
<td></td>
<td>chief of village</td>
<td></td>
<td></td>
</tr>
<tr>
<td>17:45</td>
<td>Back to hotel</td>
<td>all participants</td>
<td>CWDA</td>
</tr>
</tbody>
</table>
1. **Session#4: Reflection and sharing of the Field Visit**
   In the morning time, first, we had a session to share what we observed and learned from the field visits.

   First, concerning literacy classes, there were some suggestions from participants that it is better that they have both preliminary and post tests, and keep attendance sheet and portfolio to regularly check learners’ and facilitators’ progress for monitoring.

   Regarding literacy environment, some participants were impressed by their activities in Prey Veng province that facilitators visit learners’ houses to suggest them to come back to the literacy class as some of them cannot attend because of their works. During these visits, facilitators can also observe the hygiene situation in each family and give them some advice.

   Some participants emphasise the importance of learning materials. As literacy skills are not only for learners but also for her family members and friends, it is emphasised that learners should have their own learning materials to bring back home. However, because of limitation of budget, CWDA has not developed the original learning materials yet, but they utilise materials which government has already developed. It is also suggested from participants that CWDA has some partners to work with or learn from. Besides, if CWDA has partner organizations to work with, it is also possible that CWDA will train their partners because they have already trained in terms of literacy.

2. **Session#5: Finalising SMILE Indicators for M&E**
   By reflecting what we discussed and what we observed from the field to finalise our indicator, participants mainly discussed the following three topics.

   ■ **Learning Materials**
   Following points were added to the indicator in terms of learning materials

   - How many materials were developed in SMILE project?
   - How many materials were distributed to learners in SMILE classes?
   - Learners’ material ratio
   - How many learners use learning materials and gift package at home?

   Some participants emphasised once again the importance of distributing materials for each learner so that they can bring them back home. Because learning materials are not only used by learners but also by their family members and friends and give impacts to them, it is essential to distribute materials to all learners. Moreover, it is also significant to know how they utilise those materials.

   ■ **Literate Environment**
   Following issues were raised by participants concerning literate environment.
   - How often learners use libraries or reading corners in CLCs under the SMILE project?
   - How many families of SMILE learners read books, newspaper, and other reading materials at home?
- How many SMILE learners read out stories to their children?

Most participants agree that community resources will promote more literate environment, therefore, frequencies in using these resources in the community and at their homes were added to the indicator. Participants also considered using other learning materials such as TV, newspapers, and magazines which learners and family can enhance their literacy skills. Moreover, to see how learners can create literate environment on their routine basis, it is also significant to know how many of learners read out stories to their children.

Maternal and Child Health
In terms of maternal and child health, to monitor how they can decrease their health issues through SMILE classes, followings topics were pointed out by participants.

- How many SMILE learners reduce malnutrition incidence at their homes?
- How many SMILE learners practice family planning at their homes?
- How many SMILE learners immunise their children?

Based on this session, Mr. Chu and ACCU finalised the indicators. (See Chapter II)

3. Session # 6: Preparation of the presentation using developed indicators—individual work by each LRC
For the remaining time of the morning session, each LRC was suggested to prepare for the afternoon presentation by using developed indicators.

All presentations should be made;
1. to attract donors*
2. by using the developed indicator as a monitoring tool to show the achievements
3. by showing the specific data because it is important to show their potential donors

* In this session, each LRC members must play a role to be a donor of other LRCs. They were distributed handmade ten 1,000 Cambodian Riels (10,000 Riels in total) and expected to decide how much money they will donate for other LRCs after they hear all the presentations.

4. Session#7: Presentation of each LRC – Evidence based presentation using indicators
In accordance with the above principles, each LRC made evidence based presentation. (See Chapter II)

5. Session#8: Reflection of the presentations
After all presentations, the floor was open to all participants for questions and answers. First question among participants was about their partnership because all LRCs mentioned about their cooperation with government and other organisations in their presentations. Some LRCs agree that their governmental organisations are always ready to support their projects. For example, in the Philippines, they will dispatch some staff members for the training of their facilitators. Moreover, it seems that without their approval, they can not work for the project even if the community leader agrees with the implementation of the project. Therefore, it is very important for each LRCs to have partnerships with their government. In the meantime, they also can work with other organisations and enhance their relationships.
Then, there was a question raised about language to be used in their learning materials because there are minority people in each country. Some LRCs has already developed materials in their main mother tongue only, but they mentioned that they still have options to use both languages in the future. Others developed materials in both languages to meet the needs of their targeted local people.

Regarding the targeted people of SMILE literacy classes, the question was asked for each LRCs whether they have plans to include literate people in the future. Most LRC answered that they do not include literate people at this moment, but they have no reasons to segregate them and some of them will welcome them because they can contribute and play an important role in their classes.

6. Closing Session
After all presentations, each LRC members were asked to donate their handmade riel funds to the donation box of each LRCs. Each LRCs received funds as follows.

- Bangladesh: 10,000KHR (Khmer Riel)
- Cambodia: 10,000KHR
- Lao PDR: 9,000KHR
- Nepal: 11,000KHR
- Pakistan: 9,000KHR
- Philippines: 11,000KHR

Regarding Nepal, Pakistan and the Philippines, LRC donors mentioned that they donate much more funds to these countries because the way they maintain the project, their collaborative work with partners attracted their donors. Moreover, in case of the Philippines, their organic farming activities which will be the income generation and poverty eradication also fancied their donors. For the rest of the countries, they regarded they were equally the same.

As concluding remarks, Ms. Shibao reiterated once again it is important to have the project designs with built-in M&E and she wished all participants’ great success in their projects and their safe journey on the way back home.
CHAPTER II : Presentations and Group Work Activities

Theme 1: Recent Activities of LRCs in 6 Countries

Theme 2: Introduction to Indicators and M&E by Ms. Shibao, ACCU

Theme 3: Developing Indicator into Monitoring Tool by Mr. Chu, Senior Specialist UNESCO Institute for Statistics EMIS Specialist

Theme 4: Introduction to SMILE Asia Project by Ms. Tsutsui, ACCU

Theme 5: SMILE Indicators
1. Recent Activities of LRCs in 6 Countries

1) Presentation by Dhaka Ahsania Mission (DAM), Bangladesh

Welcome
Bangladesh Literacy Resource Centre (BLRC)
Dhaka Ahsania Mission

Name of the Project:
Supporting Maternal & child health
Improvement and building Literate Environment

Objectives of the Project
- Improve women's literacy situation
- Build literate environment at home and in communities
- Improve the health condition of mothers and children

Activities of the Project
- Needs Assessment
- Develop Capacity of Facilitators
- Develop Literacy Curriculum
- Develop Learning Material
- Develop Training Manual
- Organize Post Literacy & Continuing Education Programme
- Organize Reading Writing Competition

Activities cont.....
- Provide Literacy Promotion Gift Package
- Establish Libraries
- Organize Lesson Learnt Workshop
- Monitoring & Evaluation
- Documentation

Monitoring & Evaluation
Approach of M&E
- Central Monitoring Unit
- DAM Regional Office
- CRC Committee
- Ganokendra Management Committee
M&E cont……

Techniques

- Participatory
- Indicators set by different level
- Diagnostic
- Scope of compliance

M&E cont……

Type of indicators

- Quantitative
  - Numerical
  - Percentage
- Qualitative
  - Positive or negative
  - Advance or backward

Thank You
ACCU – LRC Model Literacy Project for Women, SMILE Joint Monitoring Mission in Cambodia, 24-26 June 2009, Hotel Goldiana, Phnom Penh, Cambodia

Presented by: Cambodian Women’s Development Agency (CWDA), Literacy Resource Center (LRC), Cooperation for Prosperity (CfP), Cambodia June 2009

Supporting Maternal and Child Health Improvement & Building Literate Environment (SMILE) Project phase I

Capacity building of CLC/facilitators and community health workers

- Training Workshop on Maternal and Child Health
- Training of CLCs Facilitators and Health Workers
  - Orientate the facilitator on how to integrate SMILE project into existing programs
  - How to coordinate effectively with health institutions
  - Provide information on maternal and child health issues and gender and drug abuse
- Facilitator training focusing on:
  - Teaching different learning techniques for more effective literacy classes
  - Utilizing relevant supplementary learning materials.

Objectives of the Project

- To improve women’s literacy situation in the community through integrated literacy classes
- To build literate home and community environments promoting literacy and reading activities
- To improve the maternal and child health situation of the community people

Activities undertaken

- Made needs assessment
- Collection, selection and development of literacy materials on the theme of maternal and child health
- Capacity building of CLC/literacy facilitators and community health workers
- Conducting literacy classes
- Organizing mothers’ groups
- Strengthening of CLC/CIC resource centers
- Awareness raising activities
- Monitoring and Evaluation

Situational study and needs assessment

- Existing program and learning environment of the target communities were studied.
- Learning needs assessment through discussion with CLC members, Chief of village, facilitators, women leaders, project officers, female community members etc.
### Development of Learning Materials and Utilization of existing materials
- Collection of existing women’s literacy primers, text books and other materials
- Identification of the contents covered by the materials to fulfill the learning needs

### Literacy Classes Process
- Literacy classes of level I II III
- Create post literacy classes
- Trained facilitators/contract teachers in different teaching methods and learning activities by cooperating with DoEYS

### Organized mothers’ groups
- Organization of 9 Mother’s groups in the CLCs
  - Management and process activities
  - Group management saving/contribution money & loan scheme
  - Learning from each other through sharing experiences and discussion
  - Explain to village health agents on health promotion activities

### Strengthening of CLC/CIC
- Provide documents and reading materials related to maternal and child health issues and others issues in the community relevant to the CLCs
- Promote the CLC/CIC and encourage the people in the community to access and read documents and materials in the CLC/CIC.
- Explain to CLC/CIC volunteers to record documents of materials that they need.

### Mobile library/ home visit activities
- Instruct the facilitators how to counsel and provide information to mothers through home visits about child health care for daily use and how to solve problems by themselves
- Bring reading books in iron boxes to villages for mother to read and learn about health

### Monitoring and Evaluation
- Regular monthly meeting of facilitators for sharing progress of literacy programs and learners as well as CLC activities and documentation.
- Regular supervision of the literacy programs by the CLC Committee members.
- Monitoring of literacy classes, trainings and orientation programs at the community level.
- Study of project documents, progress reports from facilitators. Discussion with the CLC members, facilitators and learners to assess the impact of the project activities.
Lessons learnt

- Integration of literacy with the problems and needs of the target group in the literacy activities assures the effectiveness of the project.
- Supporting the local authority is an effective way to encourage the community development committee to manage the community by themselves and to participate in the program.
- Utilizing existing resources is very important for making the program cost more effective and more successful.

Remaining Issues/ Challenges

- Due to the limited terms of the project periods, the learners are lacking opportunities to continue their education.
- Learning and reading by learners themselves outside of the literacy at home and in community has only changed a little bit change because they are too busy with their work.
- Learners have limited access to the information they require to solve their problems as the literacy classes and facilitators cannot solve all the problems.
- Lack of proper information dissemination system in Prey Veng due to its location near Vietnam is another issue in project effectiveness.
- Due to limited time the gift package and publishing materials have not yet been completed.
- Due to the limited budget for the facilitators, mobilizers and volunteers, it is difficult to mobilize their expertise for long periods as they have to work other jobs to support themselves, however they are interested in the CLC activities.

Weak areas of LRC to be strengthened

- Limited resource materials in the resource centre
- Limited technical personnel
- Limitation of programs which could not meet the needs of the target people and network partner
- Lack of management capacity among field level personnel
- Difficulty in frequent supervision and monitoring
- Limited cooperation from district and commune level

Strategies to strengthen the LRC’s capacity

Below are some possible strategies to strengthen our LRC:
- Continue to conduct capacity building workshops for facilitators and women leader groups.
- More financial and technical support from ACCU and UNESCO to support the LRC.
- The LRC should be equipped with more relevant resource materials.
- The LRC should have an efficient manager and IT personnel to provide training in different areas.
- Establish strong coordination and cooperation among network members and institutions to develop the system of exchange programs as well as exchange of materials.
Thank You
SMILE Joint Monitoring Mission in Cambodia Phnom Penh, 24-26 June 2009

SMILE PROJECT in Laos

Presented by Somsy Southivong
Sithai Khotsimeuang

INTRODUCTION

• Literacy Rate in Laos

<table>
<thead>
<tr>
<th>Year</th>
<th>Total</th>
<th>Male</th>
<th>Female</th>
</tr>
</thead>
<tbody>
<tr>
<td>1995</td>
<td>60.2%</td>
<td>73.5%</td>
<td>47.0%</td>
</tr>
<tr>
<td>2001</td>
<td>68.7%</td>
<td>77.0%</td>
<td>60.9%</td>
</tr>
</tbody>
</table>

Source: MOE, 2001

SMILE Project in Laos

• A 2005 National Survey conducted by National Census Centre
• Maternal Death: 405/10.000 LB
• Infant Mortality: 70/1.000LB
• Communicable diseases, malnutrition and reproductive health are the major disease burden problems in rural areas.
• Malaria, diarrhea diseases and acute respiratory infection the common cause of child mortality.

Introduction (Cont...)

• Limited resources for health services.
• Project sites, many people can not reach their full potential in adulthood because of inadequate and inappropriate health care.
• Lack of proper nutrition and high rate in mortality and morbidity in their early childhood.
• Poor access to clean water and unavailability of latrines.

Objectives

• To improve the current situation of literacy in corresponding with maternal and child health education, piloting in two villages (in Vientiane Province).
• To create literate environments: by promoting reading activities performed at home and in communities.

Target groups

• Vientiane Province:
  - In Vangvieng District
  - CLC-Phonsoung: 27 learners (all female).
  - In Hom District
  - CLC-Vangluang: 25 learners (all female)
Outline of project activities

1. Village survey.
   - Selecting the targets: villages/CLCs, learners, and volunteer teachers.

2. Orientation
   - NFEDC coordinated with Vientiane Education Service along with Hom and Vangvieng District Education Bureaus.
   - Provide project orientation with village committees and learners in two CLCs.

Outline of project activities (cont...)

3. Preparing the curriculum and learning materials.
   - Collect and select learning materials from ACCU resources, adapt into Lao context.
   1. Baby's Food for good health (a booklet)
   2. Mother's Milk Is Best for Your Baby (a stand)
   3. Nutrition (a card game)
   4. Let's Wipe Out Worms For A Healthy Body (a poster)

Outline of project (cont...)

4. Organizing volunteer teachers, health workers, and NFE officers.
   - Revise the background of the project.
   - Adult learning.
   - Technique of teaching adult learners.
   - Maternal and child health issue.
   - Plan of the project in Phase 2.

Outline of project (cont...)

• 2. Orientation
   - NFEDC coordinated with Vientiane Education Service along with Hom and Vangvieng District Education Bureaus.
   - Provide project orientation with village committees and learners in two CLCs.

Outline of project (cont...)

– Collect materials from health resources/organizations, that are ready to use:
  1. Take care of pregnant women.
  2. Building toilets.

Next activities (Phase II)

• Conduct literacy programme.
• Provide primary health care services.
• Establishing library/reading corner.
• Organizing reading activities.
• Conducting monitoring and evaluation.
• Reporting the implementation of the project.
Output of the project

- The Committee at Provincial, District and Village Levels have understood the objectives of the project
- 47 adult learners will start learning at 2 CLCs
- The prepared curriculum and learning materials will be used
- The teachers and health workers have been trained and ready to teach

Thank You for Your Attention
4) Presentation by National Resource Center for Non Formal Education (NRC-NFE), Nepal

SMILE Joint Monitoring Mission in Cambodia Phnom Penh, Cambodia, 24-26 June 2009

National Resource Center for Non Formal Education (NRC-NFE)

NRC-NFE/ LRC Nepal

- Established in 1995 as an NGO.
- Developed as LRC in 1996
- Has been working for NFE and CLC promotion

Objectives of the Project

- To improve women’s literacy situation in the community through integrated literacy classes
- To build the literate home and community environments promoting literacy and reading activities
- To improve the maternal and child health situation of the community people.

Project Areas

Activities under the SMILE Project

Situational study and need assessment

- Existing situation and learning environment of the target communities were studied with special attention to health problems.
- Learning need assessment through workshop and discussion with CLC members, social mobilizers, facilitators, trainers, project officers etc about the health of the people.

Development of literacy curriculum

- Based on the learning needs and literacy level of the target learners literacy curriculum integrating maternal and child health education developed
- The curriculum included basic maternal and child health issues such as pregnancy and pre natal care, safe motherhood, post natal care, child care, nutrition, immunization, common diseases, responsible parenthood, family planning etc.
Development of Learning Material and Utilization of existing materials

- Collection of existing women literacy primers and test books and other materials
- Identification of the contents covered by the materials to fulfill the learning needs
- Development of supplementary material entitled "Matri Shiksha Sraavya Sichya" (Maternal & Child Health Education) - Compiling all the necessary information regarding the maternal and child health based on the curriculum
- Utilization of the book in literacy classes together with the existing literacy primer "Ravanka Betona Sadhuko Lagi Sichya" and other learning materials including
  - AJD materials
  - Mother's Box
  - Mother's Milk is best for your baby (stand card)
  - A Balanced Diet (Rotating pos-graph) etc.
- "Maternal and Child Health Handbook" developed by the family Planning Association of Nepal was purchased and utilized.

Capacity building of CLC/Club managers, facilitators and community health workers

- Orientation programs at community level to orient on
  - Project activities and implementation mechanism
  - How to coordinate effectively with health institutions/workers for getting support
  - Maternal and child health issues existing in the community
- Facilitators training with focus on:
  - Conducting literacy classes more effectively using appropriate teaching-learning techniques
  - Integrating need based and
  - Utilizing relevant supplementary materials.

Conduction of literacy classes

- Literacy classes of level II
- Conducted by the trained facilitators following different participatory approaches and different teaching and learning activities.

Provision of primary health care services

- Service from Community Health Service Centers operated by the government.
- Encouraging learners to get health services from the Community Health Service Centers which have facilities of
  - measuring blood pressure, weighing, pregnancy test, immunization, temporary family planning etc.
- Providing necessary information and guidance to the learners to solve their problems related to maternal and child health such as

Regular health services in the CLCs

- Cycle ambulance for emergency services to take patients to hospitals/health posts
- First Aid Box set up to provide regular primary health care service for community people
- Providing Family Planning contraceptive & other necessary medicine to the women.

- Regular Health Camps in CLCs
- Health check up and medicine distribution for treatment the expectant mothers and new born babies free of cost
- Weight & height measurement of children
- Distribution of nutritious food for malnourished children, pregnant women and new mothers.
Health education
- Issue based session in literacy classes, women groups.
- Discussion programs for community people and functional groups.

Organizing mothers’ groups
- Orientation to the facilitators on:
  - Group formation process,
  - Group management and saving & credit scheme.
- Organization of Mother’s groups in the CLCs/Clubs to:
  - Continue their learning through sharing and discussing.
  - Conduct community health promotion activities.

Development of gift packages
- Orientation to the facilitators on preparing various levels of gift packages in the forms of continuing learning materials.
- Transformation of the skills & knowledge on preparing gift packages to the learners in the classes.
- Preparation of gift materials by the learners and exchange among their friends.
- Gift packages became means of sharing information and messages they learned in their creative expressions.
- Such gift materials have been the supplementary materials as well.

Strengthening of CLC Resource Center
- Documentation of reading materials related to the maternal and child health issues to the CLCs and Clubs for their resource centers.
- Display of attractive, informative and useful materials.
- Organization of discussion sessions for the learners with the help of local volunteers.

Awareness raising activities
- Different awareness raising activities like video show, street drama, talk programs, exhibition etc.
- Organizing them in different local occasions.
- Organization of meeting and discussion program on maternal & child health issues for group members and learners.

Mobile counseling / door to door program
- Orientation to the facilitators & social mobilizers on maternal & child health issues and solutions to them.
- Providing counseling service to the needy persons by them.
- Taking advantage of “Hotline Service” developed by Family Planning Association of Nepal which provide counseling service through telephone.
Continuation of health services through health camps in the CLCs in Rupendehi and Kapilvastu

<table>
<thead>
<tr>
<th>CLC</th>
<th>Mahalubani</th>
<th>Tendiha</th>
<th>Rajpur</th>
<th>Pataliya</th>
</tr>
</thead>
<tbody>
<tr>
<td>No. of Pregnant women served in Health Camps during 2019-2020</td>
<td>34</td>
<td>21</td>
<td>26</td>
<td>17</td>
</tr>
</tbody>
</table>

Total = 128 Pregnant women are benefited.

Outcomes and Impacts of the project
- Improvement in literacy level of women learners through 5 literacy classes.
- Reading and learning habits among learners and community people developed.
- Discussing problems among group members and in the CLC resource centers.
- Visiting health service centers for their healthcare.
- Exchanging gift packages among themselves to greet on different occasions.

Challenges
- The materials available are mostly in Nepali language which are difficult to understand for the non-Nepali speakers. bpy, making use of existing materials for some cases is also not applicable.
- Due to the limited terms of project periods, the learners are lacking opportunities to continue their education.
- Learners have very limited access to the information they required to solve their problems as the literacy classes and facilitators could provide limited information to the learners.
- Due to the limited quotas and budget for the facilitators, mobilizers, and volunteers, it is difficult to mobilize their expertise for a long period. As they are not paid permanent staff, they have to go for their jobs however; they are quite interested in the CLC programs.
- Political instability
- Problem of least Shredding during class.

Monitoring and Evaluation
- **Monitoring**
  - Regular monthly meeting of facilitators for sharing progress of literacy programs and learners as well as CLC activities and documentation.
  - Regular supervision of the literacy programs by the CLC Committee members and social mobilizers.
  - Monitoring of literacy classes, trainings, and orientation programs in the community level by NBC-NFE.
- **Evaluation**
  - Study of project documents, progress reports from facilitators and workshop/training reports.
  - Discussion with the CLC members, facilitators and learners to assess the impact of the project activities.

Indicators on SMILE Program
- Reading Skill
- Writing Skill
- Calculation
- Application of knowledge
- Taking care of children
- Taking care of pregnancy
- Health Checkup (how often they visit doctor, immunization, etc)
- Food Habits
- Discussion programs organized in group (no. of participant in discussion, no. of discussions)
- Gift Package exchange among learners (how informative and applicable, no. of learner exchange gift package

Need Identify on SMILE Project
- SMILE Project was implemented collecting more data like
  - pregnancy test,
  - weighing of the babies,
  - family planning facility,
  - child bearing age group,
  - new mothers,
  - new born babies infants,
  - age at marriage,
  - Immunization status of children,
  - Nutritional status of children,
  - Ante-natal care
  - Practices of child delivery and Counseling service done through the supervisors, social mobilizers and facilitators.
SMILE Project in Second Phase

- Extend 3 more areas for the project
- Collection, Selection and development of literacy materials on maternal and child health
- Orientation and Training for CLC Members, Literacy facilitators and community Health workers.
- Conduction of Maternal and Child Health based literacy class and Contact session
- Conduction of Health Camp and Primary Health Care Services
- Strengthening of CLC Resource Center
- Organization of different learning activities
- Organization of Mobile Library for Reading Promotion
- Development of Case Stories and Sharing
- Development of Gift Package and distribution
5) Presentation by Pakistan Girl Guides Association (PGGA), Punjab Branch, Pakistan
**Learning Needs Identified**

<table>
<thead>
<tr>
<th>Content Area</th>
<th>Learning Needs</th>
</tr>
</thead>
<tbody>
<tr>
<td>Maternal Health</td>
<td>Prenatal complications in pregnancy</td>
</tr>
<tr>
<td></td>
<td>Antenatal &amp; Postnatal care</td>
</tr>
<tr>
<td></td>
<td>Food and Nutrition</td>
</tr>
<tr>
<td></td>
<td>Birth spacing – use of contraceptives</td>
</tr>
<tr>
<td>Child Care</td>
<td>Growth monitoring, Infant care</td>
</tr>
<tr>
<td></td>
<td>Immunization/Common Diseases</td>
</tr>
<tr>
<td></td>
<td>Malnutrition</td>
</tr>
<tr>
<td></td>
<td>Childcare management</td>
</tr>
<tr>
<td></td>
<td>Wearing practices</td>
</tr>
<tr>
<td>Health Issues</td>
<td>HIV/AIDS, Drug addiction, Fertility, Sexually transmitted diseases</td>
</tr>
<tr>
<td></td>
<td>Reproductive health</td>
</tr>
<tr>
<td>Literacy</td>
<td>Basic &amp; Past Literacy, skills training</td>
</tr>
<tr>
<td>Gender</td>
<td>Gender rights, empowerment</td>
</tr>
</tbody>
</table>

**Activities Implemented**

- Selection & Survey of Target Population, data collection, report writing.
- Selection of venues, staff and committee members.
- Training of staff, partner NGO personnel and local leaders.
- Curriculum development on learning needs in consultation with partner NGOs and medical and paramedical staff of two 3-day material development workshops at LRC. A package of 3 books and IEC material developed.
- Preparation of gift packs.
- Commencement of classes, developing learners, teachers profiles and making of mothers compile cards and child growth cards.
- Networking with Basic Health Units.
- Networking with NGOs and MCC.
- Monitoring, quarterly review meetings and periodic reporting.
- Skills training for motivation of learners.
- Establishment of reading corners at LRCs and learning homes.
- Inauguration, gathering of women, mothers and children organizers.
- Communities motivated to take initiative.
- Available material provided to communities.
- Process & specific materials produced for target groups.
- Exhibitions held for skills promotion.

**Material Developed**

- Women & Child Health
- Healthy Women & Healthy Children
- Child Benefits
- Health Photo
- Gift Pack Bags
- Project Brochure
- Children's T-shirts

**LRC & CCC Activities**

- Mothers in Nutrition Session & Making Cards with Health Messages

**Good process & Outcomes**

- Baseline survey and identification of knowledge and health practices, potential learners, existing BHUs and consultation with paramedical workers resulted in developing curriculum, selecting staff, venues, local leaders and establishing networks – With the outcome of starting the CLCs in time.
- Material collection on MCH and consultation with medical/paramedical staff has resulted in need based curriculum development.
- Material development workshops organized to adapt and develop new learning and IEC material with joint efforts of literacy personnel, writers, partner NGO members, artists and paramedical staff.
- Training of staff, community members is a good process as it results in capacity building and understanding of project objectives and plan implementation, monitoring and reporting etc.
- Monthly review meetings at LRC/NGO offices and field visits are important to monitor the activities and receive feedback of learners and staff.
- Establishment of mothers clubs and reading corners promoted literate environment at home and communities.
- Utilization of gift packs proved good source of interaction of LRC/NGO with learners and their children generating motivation and continuous involvement of mother learners and facilitators.
**Indicators & Strengths**

- Number of learners registered: pregnant women, mothers of 0-6 years children
- Number of MCH clubs formed
- Number of mother-family members and children
- Number of orientations/refresher sessions organized for project staff
- Number of MCH meetings held
- Average attendance of learners in SMILE classes and other activities
- Number of learning materials developed
- Level of completion of book contents by learners in phase-1 for assessing literacy level.

**Indicators & Strengths**

- Capacity building of staff & target group
- Partnership developed with other NGOs
- Strong networking
- Trained staff with specific material development skills
- CLC providing information & training
- Material prepared by mother greeting cards, key messages, children corners and income generating skills training.

**SMILE CLC Activities (Mothers Learning Skills & products prepared on display in Exhibition at LRC)**

- Making of greeting cards, book marks by mother learners at CLC

**Gift Packs**

- LRC has developed the Gift Pack & added materials for children which were distributed to the learners
- Social Organizers arranged small events in the MCH Club in which mothers received the attractive gift packs
- The gift packs include T-shirts, coloring books, color pencils, soap, powder, face towel, comb, toothbrush, toothpaste, biscuits etc.
- Learners are encouraged & well motivated: they use the bags for keeping their books & children kits.
THANK YOU
From PGGA-LRC Pakistan
SMILE Project Team!!!
“Supporting Maternal and Child Health Improvement and Building Literate Environments”
(SMILE Mindanao Project)

Supporting Maternal and Child Health Improvement and Building Literate Environments
(SMILE Mindanao Project)

MINDANAO

Land of Beauty and the Philippines’ “FOOD BASKET”

The SMILE – Mindanao is a highly innovative project integrating
1. Women Literacy
2. Promoting a Literate Environment integrating there in Organic Vegetable Farming;
3. Maternal-Child Health
4. Partnership Building

Today, the interest, encouragement and motivation of the mothers and their own families and communities have promoted family literacy in action.

PROJECT Objectives

1. To conduct two (2) Mothers’ Literacy Learning classes serving 50 mothers with children from 0 to 6 years old, in an identified Barangay of the Municipality of Parang.

2. Develop, enhance and improve the literacy and post-literacy skills in order to ensure the acquisition of new knowledge and skills as mothers of their growing families and be active partners in the promotion of family literacy.

The Organic Vegetable Backyard Plots have also become a family garden with the whole family assisting, enabling families to enjoy nutritious food fresh from their gardens and earn income from the sales of excess vegetable harvest.

Communal Plots in the village, a garden of the whole learning class, also became a venue for solidarity, unity and peace building where Christians, Muslims and Indigenous Peoples, families of the mother beneficiaries work together in tending the garden.

6) Presentation by Notre Dame Foundation for Charitable Activities, Inc., Women in Enterprise Development (NDFCAI-WED), Philippines
The Project is now being implemented in 3 Municipalities in 6 Barangays

Parang ARMM
Shariff Aguak ARMM
Libungan North Cotabato

PROJECT Updates:
3. To train the mother/participants on Organic Farming of vegetables and crops, with emphasis on improving their reading, writing and numeracy as competency skills in farming and enterprise/livelihood activities.

4. To organized the target mother beneficiaries into a “Mothers’ Organization” as a support group for collective efforts and actions for civic engagement.

Recruitment, Selection and Training of Barangay Health Workers (BHWs)/Adult Facilitators

- As early as mid-September, initial actions were made for the identification of the specific target barangays of the Municipality, through the active participation of the Municipal Mayor Abo, were made and subsequently the identification of the Barangay Health Workers to be contracted as the Adult Facilitator of the SMILE Project.

Capacity Training Workshop of Barangay Health Workers (BHWs) and Community-based Partners

- The Foundation has always given top priority for staff development and competency-based trainings of its Adult Facilitators. It conducted a three (3) day Live-In Capacity Building Training Workshop.

Instructional Materials Development and Distribution of Learning Materials and Required Forms.

- All learners were provided with complete set of learning materials and modules such as:
  - notebooks
  - sharpeners
  - ballpens
  - pad paper
  - pencils
  - craft envelop long
  - erasers
  - bag
  - Learning Modules

- The Foundation developed forms based on its long years of experiences in the implementation of literacy projects. These forms include:
  - Accomplishment Report
  - Progress Report
  - Attendance Sheet
  - Daily Time Record
  - Acknowledgement Receipt
The SMILE Mindanao Project provided the following medical first aid kits to all mother learners of the project and also provided medical equipment to the Barangay Health Centers of Magsaysay and Nituan.

**Mothers’ First Aid Kit**
- Nasal Aspirator
- 2 pcs Feeding Bottles
- Ice Bag
- Hot Water Bag
- Thermometer
- Breast Pump
- Alcohol and cotton

**Health Center Medical Equipments**
- Nebulizer
- Blood Pressure Kit
- Weighing Scale (Pocket Spring Balance and Floor Type)
- Forceps
- Scissors
- Thermometer
- Alcohol
- Bondage
- Cotton
- Betadine

**Monitoring and Evaluation**

The following scope covering the monitoring and evaluation are as follows:
- Learners learning progress
- Efficiency of the Barangay Health Workers
- Effectiveness of learning approaches applied
- Impact of the project in the community.

**Skills Training on Food Processing and Balance Diet**

The Notre Dame Foundation for Charitable Activities, Inc. Women in Enterprise Development (NDFCAI-WED) conducted skills training on food processing and balance diet to all Smile Mindanao Project beneficiaries.

**Training on Organic Vegetable Garden**

Series of Trainings were made on organic vegetable gardening in partnership with

*Department of Agriculture and Fisheries – DAF ARMM*

- Serving the two barangays of Magsaysay and Nituan
- The Municipal Agricultural office has provided seeds, technical assistance and organic fertilizer to the Smile Project beneficiaries.

**Distribution of Gardening Tools**

Relative to the organic vegetable backyard garden, we have provided garden tools for the mothers and Communal garden tools comprising of
- heavy duty wheel borrow
- gardening hoe
- spades
- rakes