A Report 2013-2014

Looking Ahead

CHETNA

For Women Young people Children

CONTENTS

From the Director's Desk

In the journey of over 30 years of CHETNA, the year 2013-14 is an important landmark. Two important shifts were introduced.

CHETNA Outreach was formally launched in April 2013, which will upscale and mainstream CHETNA's evidence-based approaches and publications to impact nutrition, health and education policies and programmes at the national, regional and international levels. Ms. Indu Capoor, Founder Director of CHETNA, is providing leadership to CHETNA Outreach.

There is a change in the leadership. I formally took charge as the Director CHETNA in May 2013 and am pleased to present the 2013-14 annual report. During the year our activities ranged from making changes in the policy environment for women, young people and children to empowering communities to access health and nutrition services from public health facilities.

In the year 2013-14, at the national level, Youth Policy, Adolescent Health Strategy, Policies for Children, Early Childhood Care and Education and Right to Food Security Act were launched. As a member and secretariat of different networks, CHETNA actively contributed in processes related to formulation of these policies and advocacy for their implementation.

The year 2013-2014 was also noteworthy as CHETNA co-organised a national consultation on Prioritising Women's Nutrition: An Agenda for Action in India, where the key stakeholders agreed that gender equity and women's empowerment are critical to improving nutritional status of women and children and the policies and programmes must reflect this. In 2013-14 we launched a strategy for effective implementation of Mid-day Meal (MDM) programme in Gujarat. We also demonstrated improvement in nutritional status of Severely Acute Malnourished (SAM) children by counselling mothers on infant and child feeding at the Malnutrition Treatment Centre (MTC). In the next year we are aiming to demonstrate the same at community level.

We have been advocating for better access to quality maternal health and nutrition services by monitoring the accessibility, by organising public dialogue and by building capacity of women leaders to make the public health system accountable. In the next two years we will be working towards strengthening health facilities and village-based monitoring committees, namely Rogi Kalyan Samiti at the Community Health Centre (CHC) and Village Health, Sanitation and Nutrition Committee (VHSNC) at village level. In the area of adolescent health, with the launch of Rashtriya Kishor Swasthya Karyakram (RKSK) we have initiated a process to demonstrate its implementation in Gujarat. We are also supporting adolescent girls' transition to and retention in secondary education by building parental and community engagement.

We are in the process of finalising our vision document for the coming three years. We look forward to working with you all to bring about positive changes in the lives of women, young people and children.

Ms. Pallavi Patel
Director, CHETNA

From the Desk of Director of CHETNA Outreach

It has been 34 years since CHETNA initiated its activities as a support and resource organisation, striving for *an equitable society where disadvantaged communities are empowered to live healthy lives*. We have been advocating for health and nutrition rights for all, in partnership with state, national and international organisations and networks. The capacity building efforts of the frontline service providers and community stakeholders continue to be our key strategy. Over the three decade journey, we have gained expertise and experience in developing and advocating for gender-sensitive and comprehensive health and nutrition initiatives.

In an increasingly interconnected world we realise that the problems faced by us at the local level are similar to those faced by communities at the global level. We also recognise that the challenges faced by us cannot be solved in isolation. The developmental needs of marginalised communities are of the magnitude that no one institution or organisation can address on its own. They require a pooling and sharing of knowledge and resources across institutions, disciplines and continents.

Recognising this, **CHETNA Outreach** was conceived in response to the need for bridging gaps through convergence, upscaling and advocacy. Initiated in April 2013, its mission is to upscale and mainstreaming effective models, document promising practices and strategies and collectively advocate for gender sensitive, and comprehensive programmes and policies.

The first step…

Towards achieving the mission, the first task undertaken was to develop a concept note and map the concerned stakeholders at state, national and international level. This complimented CHETNA's effort towards developing a strategic plan (2014-18).

Reinforcing partnerships: We consolidated our relationships with our earlier partners and forged several new partnerships.

Consolidating learning: Being a board member of ARROW, Malaysia, for six years and by leading CHETNA for over thirty years, I contributed to preparing their resource kit by sharing insights, particularly on 'nurturing partnerships'. This was launched at the 7th Asia Pacific Conference on Reproductive and Sexual Health and Rights (APCRSHR) in January 2014.

Experience sharing: Sharing of CHETNA's educational innovations with a variety of stakeholders was satisfying, as it enabled the systematic consolidation of the experience through critical reflection and analysis.

With a vision to upscale our pioneering educational innovations, I shared CHETNA's experiences of empowering children through BalMitra (Child Friend) and adolescents through Mamta Taruni Divas (Adolescent Health Day).

Responding to the current issues: Recognising that technology plays a very important role in the current era, I presented a paper, "Technology and its impact on cultural practices", at the M.S. University, Vadodara, in December 2013. The paper recommended strategies for equitable use of technology.

Strengthening collaborations

CHETNA has been tirelessly working in the area of nutrition from its inception in 1980. This year I also contributed as a task force member of the Coalition for Food and Nutrition Security, which was successfully formally registered in January 2014.

As an ASHOKA Associate Fellow for more than a decade, I was invited to the ASHOKA Globalizer Summit in May 2013 and ASHOKA's future forum during June 2013, which brought together 170 fellows from diverse backgrounds, with a purpose to collaborate and commit to collectively transform the future. Following this, CHETNA has reached out to several fellows working in the educational and agricultural sector to seek integrated solutions for ensuring Food and Nutrition Security for all.

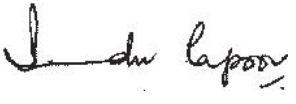
Towards advocating for maternal health, experiences of CHETNA were shared at a policy consultation at the national level in April 2013 and at the Women Deliver Conference in May 2013. These were instrumental in forging partnerships with diverse individuals and stakeholders.

Expanding horizons: An invitation to the Asia Pacific Civil Society Forum on International Conference on Population and Development (ICPD) beyond 2014, gave an impetus to CHETNA's Outreach mission. It was an exciting opportunity to contribute in the preparation for the 6th Asia and Pacific Population Conference hosted by the United Nations Economic and Social Commission for the Asian and Pacific (UNESCAP) and United Nations Population Fund (UNFPA). Ministers, senior policy makers and parliamentarians from 47 countries – in all around 500 country delegates and civil society representatives and United Nations representatives attended the five-day conference in September 2013. Chaired by the Secretary, Department of Health and Family Welfare, Government of India (GOI), the conference focused on reviewing the challenges in the implementation of Programme for Action (POA) of ICPD in the Asia Pacific region and deciding the priorities for Development beyond 2015.

Way ahead

CHETNA Outreach envisages consolidating, reviewing and showcasing CHETNA's work over three decades, leading to evidence-based models and approaches. We aim to widely share our expertise, resources and experiences and upscale field tested models.

We look forward to actively engage with you in this exciting journey.



Ms. Indu Capoor
Founder Director, CHETNA & Director CHETNA Outreach
July 2014

Highlights of 2013-14

April-2013

Organisational changes

- Initiation of CHETNA Outreach Director, Ms. Indu Capoor

May-2013

Organisational changes

- Ms. Pallavi Patel
  Director, CHETNA
- Ms. Minaxi Shukla
  Additional Director, CHETNA

August-2013

- Advocated for release of the National Youth Policy. Media Coverage in six national media.

September-2013

- 19th Governing Council Meeting.
- Contributed in Asia Pacific Civil Society Forum on ICPD beyond 2014.
- Contributed in 6th Asia Pacific Population Conference.
- Contributed in the Regional Dialogue on Adolescents in Nepal

December-2013

- Jointly organized National Consultation with GAIN: 'Addressing Women's Nutrition-Setting priorities for Action in New Delhi
- Contributed in processes related to development of annual Curriculum for Early Childhood Care and Education - New Delhi.

January-2014

- Participated in 7th APCRSHR in Philippines and presented four posters
- Participaed in launch of National Adolescent Health Strategy.
- Co-organised of National Consultation: 'Our Health Our Choices' with UNFPA and World Comics.

June-2013

- Designed & developed material to counsel the mothers for appropriate infant and young children feeding practices.

July-2013

- Mamta Taruni Card - a tool to monitor the services accessed by the adolescent girls, designed by CHETNA was adopted and mass printed by Government of Gujarat to use in its Mamta Taruni Programme all over the state.

October-2013

- Contributed in National Consultation on Revision of training related to Integrated Child Development Scheme (ICDS).

November-2013

- Participated in International Family Planning Conference in Addis Ababa, Ethiopia.
- Contributed in Women Deliver Conference at Malaysia.

February-2014

- Reconstructed website of National Youth Alliance and uploaded
- Contributed in the national Consultation Approaches and Model for Community based management of Children with Acute Malnutrition

March-2014

- 20th Governing Council Meeting.
- Made presentation at National Convention on Maternal Health: Agenda for second generation priority in maternal health.
- Contributed in National Communication Planning Workshop on RMNCH+A at Bhubneswar.
- Compiled information about activities of Non Government Organizations working on issues related to adolescent and young people's health, nutrition and development.

Improving Maternal and Child Health

As CHETNA, we advocate to improve the health of mothers by increasing stakeholders' engagement at the state, regional, national and international levels by identifying challenges and finding solutions to prevent maternal mortality, to increase access to health services to mother, newborn and child. We mobilise communities, empower women to demand quality maternal health services and support them to access services of public health programmes. We work with the government to improve the quality of public health services by strengthening the capacity of frontline workers and demonstrating a sustainable model of intersectoral convergence for nutrition and health services for women and children. These efforts are being made through the Women's Health and Rights Advocacy Partnership (WHRAP)*-South Asia, SUMA-Rajasthan White Ribbon Alliance for Safe Motherhood and other projects related to maternal and child health undertaken by CHETNA.

In India, every year about 56,000 women, that is one every eight minutes, die in childbirth. This accounts for 19% of maternal deaths around the world; 70% of which can be prevented.

Advocating Continuum of Quality Care (CQC)** by Empowering and Engaging Women

During the year 2013-14, in the states of Gujarat and Rajasthan, we monitored the accessibility and quality of maternal nutrition and health services in 54 villages of Rajasthan and 28 villages of Gujarat State.

In Rajasthan, the monitoring report was shared at meetings held with Civil Society members from nine districts, the officials of the National Rural Health Mission (NRHM) and of the Department of Women's Empowerment, Government of Rajasthan, and with the Chief District Health Officials of Dungarpur, Udaipur, Rajsamand, Banswara and Chittorgarh Districts.

In response, Rajasthan Government decided to open a sub health centre in Balwada village of Dungarpur district on a priority basis, issue a Government Order to provide Rs.500 as maternity benefit during 7th to 9th month of pregnancy and introduce Inventory Management of all facilities through the health system.

In Gujarat, in partnership with JANPATH (Secretariat of the Saltpan network) evidence related to poor accessibility of health and nutrition services in Saltpan areas was presented at a state-level dialogue organised among elected representatives and the Department of Health and Family Welfare. As a result, the Saltpan Workers' Network and the officials of the health department jointly developed an action plan for maternal health and nutrition service delivery in the Saltpan area(s).

In both the sates, eight public dialogues with the block and district level stakeholders, including the health officials, Panchayat representatives and the media were organised. More than 800 women and men participated in the dialogues.

As a result, in Gujarat, vacant posts of a medical officer and a lab technician in Primary Health Centre (PHC) of Panchmahal district and post of three nurses a PHC of Kutch district were

*WHRAP brings together women NGO partners from India, Bangladesh, Nepal and Pakistan who are committed to strengthening civil society to effectively advocate for Sexual and Reproductive Health and Rights(SRHR), especially safe motherhood and young peoples' SRHR at the local, national and regional levels.

**CQC means ensure Quality Care across a woman's lifecycle – from preconception to pregnancy to post-partum/ post-abortion to menopause – and across various locations – home, community and health facilities.

filled up. Drop-back facility to mothers who delivered children in health facilities was also regularised in Kutch district.

In Rajasthan, payment of maternity benefit was regularised in two PHC areas of Dungarpur and Banswada districts and cleanliness of labour room improved in both the PHCs. Demand for informal payments stopped in CHC of Rajasamand and Chittorgarh districts and the Medical officer of a CHC of Chittorgarh district was nominated to participate in midwifery training so as to ensure skilled birth attendance in public health facilities.

CHETNA presented a paper "Beyond Institutional Deliveries" at a plenary in National Convention on Maternal Health: Agenda for second generation priorities in Maternal Health Programming held in New Delhi-during March 2014.

In the year 2014-15 we plan to strengthen the functioning of village and facility-based monitoring committees like Rogi Kalyan Samiti (RKS) and Village Health, Sanitation and Nutrition Committee (VHSNC) to advocate for continuum of quality care. During January-March 2014 an assessment was conducted covering 78 villages in13 blocks of 11 districts of Rajasthan State. Information was collected regarding maternal health services and functioning of Village Health Sanitation and Nutrition Committees (VHSNCs) and Rajasthan Medicare Relief Society (RMRS).

Discussions were held with more than 700 women regarding their experiences in accessing maternal health services.

305 Members of VHSNCs &

74 Rajasthan Medicare Relief Society **(RMRS)members of**

12 Primary Health Centres (PHCs) and 7 Communuity Health Centres (CHCs) were interviewed.

These members along with representatives of partner CBOs observed Village Health and Nutrition Days; assessed Sub Health Centres (SCs); PHCs and CHCs. CHETNA has prepared report cards highlighting strengths and the gaps and enhance partners' capacity for conducting evidence based advocacy.

CHETNA as a Regional Resource Centre

Mother NGO Scheme initiated by the Ministry of Health and Family Welfare, Government of India (GoI), aims to enhance access to Reproductive and Child Health Services in underserved areas. CHETNA is accredited as Regional Resource Centre (CRRC) for Gujarat state and has been playing a crucial role in strengthening technical knowledge, developing evidence- based planning and project cycle management skills of NGOs.*

During the year 2013-14 the programme activities were implemented through 59 NGOs in 437 underserved villages of 15 districts of Gujarat State, covering a total population of 6,05,611 through 59 NGOs.

Coverage - 2004 onwards...

780,970 Population

22 Districts:

90 FNGOs

97 PHCs

22 MNGOs

667 Villages

573 Village Health Workers

229 Sub Centres

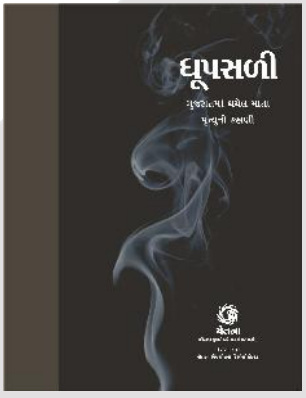
*Mother NGOs (MNGOs) are responsible for providing guidance and mentoring a cluster of field NGOs in their geographical area. Field NGOs(FNGOs) implement the programme activities at the village level and Service NGOs(SNGOs) deliver health services.

Community Action for Health

The Department of Health and Family Welfare, Government of Gujarat, initiated the process of implementation of Community Action for Health (CAH), a key component of the National Health Mission. We actively participated and contributed in the State Visioning Workshop for rolling out CAH in the state. Our significant contribution was at two levels. At state level, we supported the government to finalise the structure, implementation plan and its guideline. At the community level, we strengthened the capacity of the NGOs to strengthen the role of VHSNC members in monitoring the functioning of maternal health programmes.

Understanding Reasons of Maternal Deaths

As a part of our activities, the partner NGOs collected information to understand reasons of maternal and infant deaths in their implementation areas. During the year 2011-12 the partners collected information about death of 18 mothers from their project area. Majority of deaths took place in hospitals and among women during their first pregnancy. The information was documented under title- "Dhupsali" (incense stick) and disseminated widely in the state.



CHETNA made a presentation of its efforts - *Advocating Continuum of Quality Care by Engaging and Empowering Women* at the national consultation on 'Role of Civil Society and Faith Based Organisations'. The consultation was organised by the Coalition of Reproductive Maternal Neonatal Child Health+ Adolescents (RMNCH+A) in January 2014. During the discussion CHETNA advocated for availability of information related to maternal deaths in public domain. The Mission Director, NRHM announced to make the report on Maternal Death Reviews conducted by the Ministry of Health and Family Welfare, GoI, available in the public domain.

Programme for Improving Access to Health and Nutrition Entitlements for Children and Mothers

PAHONCH is a partnership project of CHETNA with Government of Gujarat. It aims at improving access to public health and nutrition services for pregnant women, nursing mothers and children below six years of age through Integrated Child Development Scheme (ICDS)* and National Health Mission (NHM)**.

Area of implementation:

5 Districts:

16 blocks

115 villages

The programme promotes community awareness on nutrition and health entitlements, enhancing capacities of service providers and community based groups and demonstrating a sustainable model of intersectoral convergence for nutrition and health services for women and children.

During the year 2013-14, we trained 67 middle level managers and supervisors from ICDS and Health departments as trainers for training frontline workers. We equipped them with technical information and interpersonal communication skills. These trainers in turn trained 473 ASHA workers and Anganwadi workers (AWWs) on community based nutrition and health awareness and ensuring provision of nutrition and health services on Mamta Divas.

The trained ASHAs and AWWs created awareness about and counselling on nutrition and health entitlements, among community members. The village-level awareness and education activities were conducted in 38 villages across four districts of Gujarat. A total of 11,020 women and adolescent girls participated.

The field observations based on service deliveries at 101 Mamta Divas across four districts of Gujarat were shared in monthly district level meetings to discuss solutions and ways to implement them.

To understand maternal and child care services a baseline survey was conducted in implementation area. Information was collected from 302 mothers of 17 villages from four districts in Gujarat State. The information was used to design training of ICDS and health functionaries and community awareness activities.

- Less than a fourth of the mothers were aware about all the three components of maternal care and services (antenatal, natal and postnatal care).
- 62 % mothers received Iron Folic Acid (IFA) tablets, 58 % received counselling on breast feeding, 30 % received supplementary food and less than 13 % mothers received counselling on contraception.
- Only 56 % were breast fed within an hour of birth, of which half were exclusively breast fed.

CHETNA contributed in the National Consultation on Revision of ICDS Training organised by Ministry of Women and Child Development, Government of India.

*ICDS, a government of India Flagship programme, provides comprehensive child development services to children below six years of age, pregnant and lactating mothers.

**The National Health Mission aims to improve the availability of and access to quality health care to people, especially the marginalized women and children.

Empowering Adolescents and Young people

Every fifth person in India is an adolescent (10-19 years) and every third is a young person (10-24). This huge population needs to be provided with opportunities to harness their optimum potential and enjoy healthy lives.

Convergence of Services at Village level to Improve Health of Adolescents

We at CHETNA have undertaken a three-year project to demonstrate comprehensive adolescent health and empowerment programme through convergence of services of different schemes and programmes of government related to adolescents' health and nutrition at the village level.

A baseline study was conducted in the intervention block (Talod) and control block (Idar) of Sabarkantha district by the Indian Institute of Public Health (IIPH),Gandhinagar, our partner responsible for monitoring and evaluation of the programme.

We have adopted guidelines and training modules for frontline workers of Rashtriya Kishor Swasthya Karyakram (RKSK) to showcase its implementation at village level.

We envisage training Anganwadi Workers, ASHAs and Female Health Workers of Department of Health and Family Welfare, school teachers and Preraks- a social animator from Department of Education, to strengthen their technical knowledge regarding adolescent reproductive and sexual health, Social Behaviour Change and life skills. To ensure that the voice of community is heard, VHSNC will be strengthened to monitor implementation of different adolescent health and nutrition-related schemes and programmes at village level.

Highlights of Baseline Study:

Sample size:

Girls 632

Boys 638

Age:10-24 years

87 % married boys were aware about any contraceptive, most common being condom (92%). However, only 28% were currently using condom.

About **50 %** girls were aware about weekly Iron Folic Acid tablets and Mamta Taruni Day.

86 % married girls were aware about any contraceptive, most common being oral contraceptive pills (71%). Only 15% were currently using oral contraceptive pills.

More than **50 %** girls consumed supplementary food provided through Mamta Taruni Prgramme.

32 % of married boys were addicted to tobacco.

During January to March 2014, we initiated village level contacts with ASHAs, AWWs and VHSNC members and initiated training of Preraks. Educational sessions on food, nutrition and anaemia for adolescent girls and boys were organised in 37 villages, in which 367 girls and 198 boys participated. By September 2014, we envisage completing training of all the frontline workers of Talod block.

Reaching out to adolescent boys…

Digvijay Pruthivi Singh Makwana, 21, is a student of B.A. (3rd year). In his free time he plays the role of Prerak in Umedani Muwadi village of Talod block. He motivates community to attend adult education classes of the Lok Shikshan Kendra set up by the Department of Education. He also helps in writing literacy related slogans on the walls of his villages.

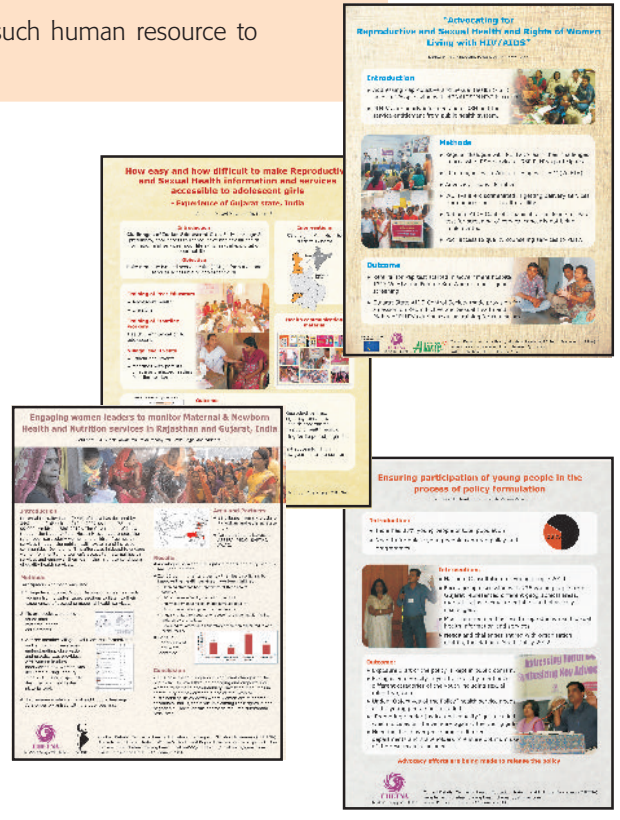
In February 2014, he went through training on reproductive sexual health and life skills organised by CHETNA. He was an enthusiastic learner and asked questions during the training. The training helped him to overcome his hesitation to talk about reproductive health with friends. He voluntarily joined CHETNA to bring change in the life of adolescents. During the last two months, he facilitated sessions with boys on nutrition and anaemia. He strongly advocates for changing risky behaviour among adolescent boys.

There are many enthusiastic Digvijays in villages. We need to tap such human resource to bring about social change.

CHETNA at 7th Asia Pacific Conference on Reproductive and Sexual Health and Rights (APCRSHR) in Philippines

Five members from CHETNA, participated in the 7th APCRSHR held in Philippines in January 2014. The team presented posters on -

- How easy and how difficult is to make Reproductive and Sexual Health information and services accessible to adolescent girls - Experience of Gujarat State, India.
- Ensuring participation of young people in the process of policy formulation.
- Engaging women leaders to monitor Maternal and Newborn Health and Nutrition services in Rajasthan and Gujarat, India.
- Advocating for reproductive and sexual health and rights of Women Living with HIV/AIDS.



Our Health Our Choices- Consultation with Adolescents

A national consultation with adolescents was organised on 5 and 6 January 2014, jointly by UNFPA, World Comics India and CHETNA. In all 30 adolescents and young people from 11 states of the member organisations of the National Youth Alliance participated in the consultation. CHETNA developed reference material and co-facilitated the event.

The young people shared their feelings, experiences, challenges and dreams and familiarised themselves with the National Adolescent Health Strategy also known as Rashtriya Kishor Swasthya Karyakram (RKSK).

They learnt about the six strategic priorities of RKSK-nutrition, reproductive and sexual health, gender based violence, non-communicable diseases, substance misuse and mental and emotional health. They revisited their life experiences in terms of the challenges they faced with regard to each of the strategic priority. In small groups they shared their stories, experiences and related feelings, which got depicted in the form of a comic strip. The six selected stories were presented by representative participants at the formal launch event of the RKSK in January 2014 as an expression of concerns and recommendations of adolescents for the implementation of the RKSK.

As a member of the review committee, CHETNA reviewed and provided inputs for and modules developed for RKSK for the Peer Educators, ASHAs and Female Health Workers. We are proud to mention that our approach of training peer educators has been adopted in RKSK, which was to organising short trainings at regular intervals spread over a loner period instead of training them in a single stretch.

Participation in launch of National Adolescent Health Strategy

When the National Adolescent Health Strategy –RKSK was formally launched on January 7, 2014, at New Delhi in presence of delegates of state governments, researchers, academicians and civil society organisations, CHETNA represented the National Youth Alliance and presented commitments of civil society organisations to implement RKSK.

Website for the National Youth Alliance was launched in February 2014. www.youthalliance.in

Mapping of Civil Society Organisations Working in the Area of Adolescent and Young People's Health and Developmentin India

We conducted a desk review, including online research, to identify organisations that work on adolescents and youth issues. Details of about 1500 NGOs from 28 states and seven Union Territories are included in a handbook we have prepared. It will prove as a useful resource in connecting with organisations and working together towards healthy future of adolescents and young people.

Advocacy for Release of the National Youth Policy

Since 2010, CHETNA as a secretariat of the National Youth Alliance is involved in processes related to drafting and incorporating the voices of the young people in policy and advocating for release of the National Youth Policy. During the year 2013-2014 we made focused effort to get the long pending National Youth Policy released. At the national level we used two key strategies, first to have a one-to-one dialogue with parliamentarians, the concerned officials from the Ministry of Health and Family Welfare, Youth Affairs, and Planning Commission and other key stakeholders for the release of the policy and the second was demanding for the release of policy though media to generate public awareness.

We developed an advocacy brief appealing for the release of the National Youth Policy in English and Hindi languages and widely disseminated it among diverse stakeholders, members of the National Youth Alliance and media to appeal for the release of the policy on August 12- the International Youth Day. Six national level media covered the appeal on August 12, 2013. Our efforts had positive impact and at long last, the policy titled" National Youth Policy 2012" was released.

Engaging parents to promote girls' transition to secondary education

SankalP

We are making efforts to raise awareness of adolescent girls, their parents and other community members about the economic and social benefits of secondary education for adolescent girls, and convince parents to ensure a secondary education for their daughters. The project is being implemented in 45 villages of 4 block of Surendranagar district of Gujarat state.

In each village we have formed adolescent girls' groups. These girls learn to communicate and negotiate with their own and that of other girls parents regarding their education. We have revived and supported School Management Committees (SMC) to act as an interface between parents and teachers and demand accountability. We are reaching out to parents through community wide campaigns regarding the importance of girls' secondary education. Specially designed and developed information materials emphasising importance of girls' education have been widely disseminated at the community level. A booklet on girls' entitlements related to education was distributed to 1012 parents.

As a result of our efforts out of 1491 girls in 7th, 8th and 9th class in the intervention area, 1288 girls moved to the next consecutive class in the academic year 2014-15. Majority (73%) got admitted from primary to secondary school. The reasons observed for drop out are that parents deny continuing their daughters' education; there is lack of confidence among girls due to poor performance and fear of failure in 9th standard. In the future we are aiming to build capacity of the SMC members and organise teacher's training to create an enabling learning environment for the girls.

I never wanted to study after class seven. When the didi (the facilitator) asked about my dream I thought I should become a teacher. I drew a picture of a teacher andI pasted on the wall of my house. When my father saw it, he was surprised. From that day my father provided me all the support to make my dream come true. - Adloescent girl

Partners:

POPULATION COUNCIL
Ideas. Evidence. Impact.

NAVJEEVAN
the joy of new life for all

Promoting Survival, Nutrition, Health and Education Rights of Children in India

Contributed at national and state level towards planning for effective implementation of the policies related to children.

India has 472 million children comprising nearly 40 percent of the country's population (Census 2011). This is an enormous human resource, deserving significant investment and a protective environment.

The year 2013-2014 was an important year for child rights as the Government of India announced two policies: the National Policy for Children (NPC) and National Early Childhood Care and Education. In addition, it also announced the Right to Food Security Act.

The members of the India Alliance for Child Rights (IACR), including CHETNA, came together in May 2013 to discuss the current situation and provisions in the National Policy for Children like laws related to rights and justice for children, survival rights, ending violence against children, right to education and learning, investment for children and the way forward.

As a member of the National Early Childhood Development Alliance, in July 2013 we contributed in developing a concept paper on rights of young children and strategy for advocacy of Early Childhood Development (ECD). It highlighted inclusion of children in the age group 3-6 years under Right to Education. The participants felt that this needs to be debated and we should promote joyful learning.

In September 2013, we participated and contributed in discussions during the national consultation on "Bottom–up Approaches to framing legislation for the under sixes" at New Delhi. The consultation highlighted the need for a law which would give children under six years the Right to Early Childhood Development, and enable parents, communities and democratic institutions to play a strong role in nurturing and protecting of children by provision of financial resources and appropriate systems and structures.

The GoI submitted the 3rd and the 4th combined report of United Nations Convention on the Rights of the Child (UNCRC) to the UN Committee. As a member of the India Alliance for Child Rights, in September, we contributed in the review processes of the GoI's report on progress made on actualizing UNCRC. As a follow-up action plan, we organised a state review meeting for Gujarat in September 2013 to share the issues concerning children in the state.

As a member of national working group of *Forum for Crèche and Childcare Services* (FORCES), along with other members we advocated for the young people's concerns in the general election 2014.

CHETNA facilitated the session on *Countering Gender Discrimination and Negative Gender Stereotype: Women Empowerment and Effective Policy Responses* at a state level consultation on the status of implementation of the Pre Conception, Pre Natal Diagnostic Technique Act in Rajasthan in March 2014.

Taking the Nutrition Agenda Ahead

In India about a one-third of newborns are born with low birth weight, 43 percent of children under the age of five are underweight and 48 percent stunted. 52 percent of women and 74 percent of children are anaemic*. At CHETNA we recognise that cycle of poor nutrition is perpetuated across generations. Young girls who grow poorly become stunted women and are likely to give birth to low birth weight infants who become prone to infections resulting in continuing the vicious cycle of under-nutrition throughout the life.

During the year 2013-14 we undertook two projects, one is designed to strengthen the functioning of Malnutrition Treatment Centres (MTCs) in Dungarpur in Rajasthan and another to strengthen the implementation of Mid-day Meal programme in Gujarat.

Capacity Building of Mothers in Malnutrition Treatment centre

In this intervention project, the undernourished children get nutritional treatment at Malnutrition Treatment Centre (MTC). The children stay at this centre for minimum of ten days along with their mothers or another family member. Prior to the commencement of activities, information about the existing child feeding practice was collected through focus group discussions and individual interviews.

The paramedical team of the MTC was equipped with knowledge and skills to communicate with mothers to convince them for appropriate infant and young children's feeding practices.

A specially designed set of counselling cards, games and puzzles emphasising importance of breast feeding and complementary feeding were used to counsel mothers during their stay at MTC. Demonstrations were organised for energy dense complementary feeding recipes. Each mother at the time of discharge was given a kit, which included a card highlighting details about the follow-up schedule. Items like recipes, nail cutter, soap were also included in the discharge kit to encourage mothers to continue cooking energy dense food for children and to maintain personal hygiene.

During July- December 2013, we visited families of 44 children who were discharged from the MTC. Marked difference was observed among the mothers who had received counselling. They were feeding energy dense food and maintaining hygiene during feeding. They were aware of the follow-up visit dates. Some of them had already made follow-up visits to the MTC.

Based on the experience of working at MTC Dungarpur, the state-level training of trainers (TOT) was organised. At present there are 27 trainers trained who can continue the process of training the paramedical team of other MTCs in Rajasthan.

*NFHS III, 2005-06

Highlights of focus group discussions and interview of 55 women with children below 5 years: Common Practices

- Discarding colostrum, prolonged breast-feeding without appropriate complementary feeding.
- Late initiation of complementary food (11 months). Children are given biscuits as complementary feed.
- Abrupt discontinuation of breast-feeding during illness.

Making a difference….

Surta,18, Kankradara village of Dungarpur block in Rajasthan, gave birth to a baby girl after one year of her marriage. She had an institutional delivery at Community Health Centre. The birth weight of the child was 1.5 Kg. Breastfeeding was initiated one day after delivery. The child was fed prelacteals-cow / goat milk. Complementary food was not started even after six months. Surta reported that the child had frequent diarrhoea and vomiting episodes and was not able to crawl.

In November 2013, the 10-month-old child was referred to the MTC from pediatric ward of the government hospital of Dungarpur. She was admitted for 14 days at the MTC. After nine days,she started gaining weight.

During her stay at MTC, Surta attended regular counselling sessions imparted by paramedical staff. After the discharge, Surta continued breast feeding the child and also fed energy dense complementary foods like Khichdi, Dalia, Halwa, etc. to her child, four times a day, as demonstrated in the MTC. During first follow up in March 2014, it was observed that the child's condition was stable.

November 2013

March 2014

Integrating Nutrition Education to strengthen Mid-day Meal Programme in Gujarat State

Through this intervention we reached out to about 1500 school children of class VI and VII and about 3000 stakeholders including teachers, MDM coordinators, members of school management committees, cooks, parents and panchayat (local self governance) members.

We have initiated a one-year School Nutrition Education project in October 2013, which aims to implement Mid-day Meal (MDM) programme through integrating Nutrition Education in the primary schools of Gujarat. The project is being implemented in 15 primary schools in Khedbrahma block of Sabarkantha district.

During the initial six months of the programme we focused on developing common understanding among the teachers (30), MDM coordinators (32), cooks and helpers about nutritional needs of school age children and importance of MDM Scheme, provision of food supplement, programmatic structure and role of each functionary in effective implementation of MDM programme. We sensitised district level officials about the importance of practical knowledge of nutrition and health in school and trained teachers to impart nutrition education through participatory approach. Children's participation was ensured by involving them in measuring Body Mass Index (BMI) in schools. We regularized meetings of School Management Committees (SMCs) constituted under Right to Education Act to ensure participation of parents and to monitor implementation of MDM activities.

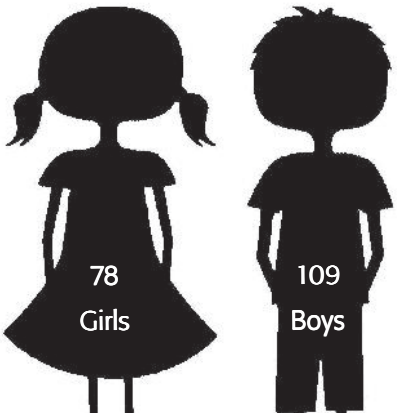
In the next six months we envisage to organising nutrition campaign (Poshan Melas) with children in the project schools.

What is cooked today in school?

"Now we have more parents visiting schools and inquiring about what is cooked in the school."

- a school teacher of Paroyavillage, Khedbrahma block of Sabarkantha district in Gujarat

Nutritional Status of class VI and VII aged 11-13 years



99% The boys and girls were undernourished having their Body Mass Index (BMI) value less than 18.5.

As per the WHO standard,

65% boys and **61%** girls were moderately anemic (Hb between 8.00 to 10.9 g/dl)

34% boys and **38%** girls were severely anemic (Hb below 8.00 g/dl).

National Consultation-Prioritising Women's Nutrition: An Agenda for Action in India

In December 2013,a multi-stakeholder consultation was jointly organised by Global Alliance for Improved Nutrition(GAIN) and CHETNA in New Delhi to highlight the status of women's nutrition and the objective was - assess the gaps and to identify future directions in terms of new approaches required, specially with a view to convergence of different sectors and identify an advocacy plan. The programme was attended by nutritionists, technical experts, representatives of NGOs and grass-roots organisations, activists, government officials / bureaucrats and academicians. A total of 14 presentations highlighting the policy response and gaps and the extent to which the current policy response addressed women's nutritionwere made during the consultation. Institutional structures at the society and public system levels were also re-examined. Presentations were made on the need and scope for inter-sectoral convergence like water and sanitation, health, etc. and community action. Social determinants affecting women's nutrition particularly drudgery and overwork were also discussed.

CHETNA compiled information under the title "Addressing Women's Nutrition: A Life Cycle Imperative" as a background paper. As an outcome of the consultation, a policy brief highlighting recommendations was prepared for government and civil society organisations.

Recommendations

1. Women's nutrition need to be a focus beyond the instrumentality of women as child bearers or influencers of child/inter-generational nutrition. Women need to be valued for the sheer fact of womanhood and hence their nutrition need to be a matter of focus of public policy, mainstream discourse and resource allocation.

2. Much has been written about the need for a dedicated house for nutrition beyond health, women and child development or agriculture. But another ministry dedicated to nutrition might perpetuate the vertical silos and fail at bringing the determinant sectors together. Hence the resounding demand is to revive the very important PM's committee.

3. There is need for a strong unified voice from diverse sectors. The Coalition for Sustainable Nutrition Security in India (Nutrition Coalition) under the stewardship of Prof. Swaminathan has made tremendous progress. But the High Level Committee on Nutrition under the leadership of the Prime Minister, has only met once in seven years showing the low priority accorded. Hence closing the loop is important. The Nutrition Coalition and Civil Society Organisations need to reach out to the Prime Minister's Office through regular meetings and action agenda.

Sexual and Reproductive Health and Rights (SRHR)

Koshish

Working Towards Better SRHR of People living with HIV (PLHIV)

People living with HIV (PLHIV) often experience greater vulnerability to illnesses related to Sexual and Reproductive Health (SRH) than others. Their needs are more complex and they face many barriers in accessing SRH services depending on their gender, age, legal status.

We joined hands with India HIV/ AIDS Alliance, Delhi to implement a three-year project in five districts of Gujarat aiming to improve the sexual and reproductive health and rights of the PLHIV. The project was implemented in five districts of Gujarat state. In this project we built the capacity of networks of the PLHIV, key population (KP) organisations, civil society organisations (CSOs) and other relevant stakeholders to advocate for SRHR of PLHIV with decision makers.

During the initial phase of the project, through community consultations, we identified three advocacy issues, to ensure Pap Test for screening of cervical cancer among women living with HIV (WLHIV) above the age of 30 years, delivery of WLHIV at nearby government hospital without discrimination and SRHR based counselling services. During 2013-2014, we organised four state-level dialogues with decision makers of Gujarat State AIDS Control Society (GSACS). A total of 69 community members participated and shared their concern and challenges faced while availing services related to Pap test and delivery of a child.

In response of these events, GSACS organised a special sensitisation session for doctors and counsellors of Anti Retroviral Treatment (ART) centres and regularised Pap Test at district level. Referral from ART centres for Pap Test was streamlined. Up to 1450 WLHIV and female sex workers (FSWs) underwent Pap Test during August 2013-January 2014.

For the WLHIV, district hospitals of Palanpur, Bharuch and Himmatnagar started delivery facility from August 2013. By March 2014, 21 CHCs in five districts had started performing normal delivery of WLHIV.

Special advocacy efforts to make SRHR-related counselling discrimination free, especially for female sex workers and man having sex with man(MSM), resulted in GSACS making provision for a session on 'SRHR of PLHIV' in regular trainings of counsellors in both state training institutes. The Gujarat State Network of People Living with HIV/AIDS(GSNP+) has initiated facilitating these sessions.

We interviewed 750 MSMs in January 2014, out of which 621 or 83% found improvement in the attitude of counsellors and counselling services. Positive experiences while availing SRH services at government health facilities were also shared by community members.

To create awareness among stakeholders and general population about the importance of sexual reproductive health and rights of PLHIV and KPs, candle light rally, session on SRHR of PLHIV with nursing staff and consultation with WLHIV were organised in all the five districts on 1^{t} December (World AIDS day) and 8-9 March (International Women's Day). Around 32 partner NGOs and 300 people working in different areas of social sector joined this rally to show their support to the programme.

The project was successfully completed in March 2014.

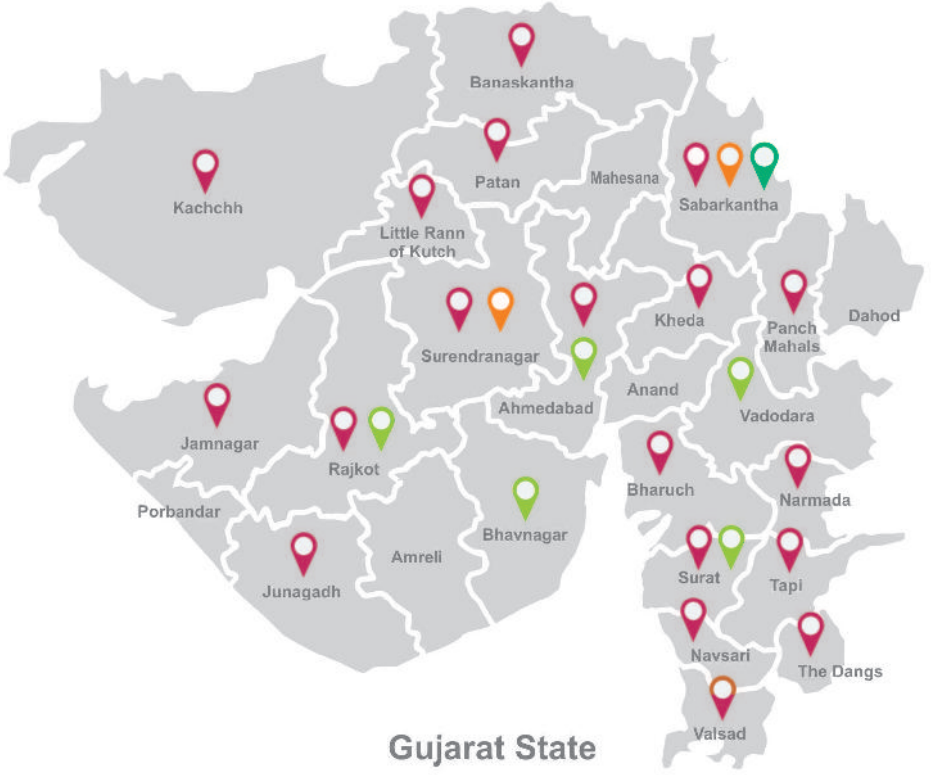
Our Field level Interventions with Partners

Maternal, newborn and child health and nutrition

Adolescent and young people's nutrition, health and development

Health and nutrition rights of children

HIV/AIDS and reproductive and sexual health rights



Our Partners in Gujarat

Maternal, newborn, child health and nutrition

- Aashara Sansthan, Panchmahls
- Ahmedabad Women's Action Group AWAG, Kutch
- Ashadeep Foundation, Panchmahls
- Cohesion Foundation Trust, Patan
- Dhruva BAIF, Dang & Valsad
- Gayatri Shikshan Samaj, Junagadh
- Gram Seva Trust, Navasari
- Gujarat Voluntary Health Association (GVHA), Ahmedabad
- INRECA, Narmada
- Jagrut Mahila Sangathan, Kheda
- JANPATH- Little Rann of Kutch.
- Naisargik Trust, Banaskantha and Patan
- Navchetan Gram Vikas Seva Samiti, Junagadh
- Navjeevan Trust, Rajkct
- Rural Unit of Development Management Institute (RUDMI), Surendranagar
- Sewa Rural, Bharuch
- Shri Jayshree Nathji Eduction Trust, Junagadh
- Shri Sarvodaya Mahila Udhyog Mandal, Jamnagar, Okha
- Social Action for Rural and Tribal in Habitants of India, SARTHI, Panchmahal
- The Siddhi Mahila Hastakala Audyogik Sahakari Mandli Ltd., Panchmahls
- Utkarsh Foundation, Panchmahls
- Valsad Raktdan Kendra, Navsari
- Vanita Shishu Vihar, Palanpur, Banaskantha
- Vedchhi Pradesh Seva Samiti, Surat & Tapi

Adolescents and Young people's nutrition, health and education

- Gujarat Vidhyapith, Ahmadabad
- Indian Institute of Public Health (IIPH), Gandhinagar
- Navjeevan Trust, Surendranagar

Health and Nutrition rights of Children

- Narottam Lalbhai Rural Development Fund. Khedbrahma, Sabarkantha

HIV/ AIDS and Sexual and Reproductive Health and Rights

- Akhand Jyot Foundation Ahmedabad
- Article 39 Division of Centre for Legal Aid and Rights (Gujarat Branch), Ahmedabad
- CHARKHA, Ahmedabad
- District Level Networks for People Living with HIV DLNs Ahmedabad, Rajkot, Bhavnagar, Surat and Vadodara.
- Gujarat State Network for People Living with HIV, GSNP+, Surat,
- Lakshya Trust, Vadodara
- Nokhu Aakhu, Vadodara, Rajkot and Bhavnagar
- Patan Network of People living with HIV, Patan
- Sahyog Mahila Mandal, Surat
- Sakhi Jyot Sangathan, Ahmedabad
- State HIV Positive Women Forum

Our Partners in Rajasthan

Maternal Health

- Akhil Bhartiya Gramin Utthan Samiti (ABGUS), Alwar
- ASEEFA, Banswara
- Center for Rural Properity and Research (CRPR), Tonk
- Gram Vikas Nav Yuvak Mandal, Laporiya, Tonk
- Gramin Rajya Avam Prashikshan Sansthan, Karauli
- GRAVIS, Jodhpur
- Jan Shikshan Evam Vikas Sansthan, Dungarpur
- Jatan Sansthan, Rajsamand
- Navachar Sansthan, Chittorgarh
- Prayatn Sanstha, Jaipur
- Seva Mandir, Udaipur
- Shikshit Rojgar Kendra Prabandhan Samiti (SRKPS), Jhunjhunu
- Shrushti Seva Samiti, Udaipur
- Gramin Rajya Vikas avam Prashikshan Sasthan (GVPS) Karauli

Our Governing Council Members

Shri A.R. Nanda (Chairperson)

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Additional Director,

Foundation for Revitalisation of Local Health Traditions (FRLHT) and Medical Director, I-AIM Healthcare Centre
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Women's Coalition Trust India Alliance for Child Rights (IACR) National Secretariat
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Mumbai-400049, Maharashtra, India

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Ahmedabad-380013, Gujarat, India

Meetings of CHETNA's Governing Council

During the year 2013-14 two Governing Council meetings were held at Ahmedabad under the Chairpersonship of Shri A R Nanda on September11, 2013 and March 5, 2014. In each of these meetings 9 members remained present. The Governing Council suggested to make a strategic plan of CHETNA emphasising its vision and strategy to address issues related to women, young people and children.

Looking Ahead

CHETNA Outreach
For Women Young people Children Building Partnerships for Change

CHETNA Outreach

The Mission of CHETNA Outreach is to systematically upscale and mainstream effective models, promising practices and strategies and collectively advocate for gender sensitive, comprehensive programmes and policies.

Taking our knowledge further

CHETNA Outreach consolidates and extends the benefits of CHETNA's experience of working with disadvantaged and marginalized communities in India and aims to bring together the widest possible range of stakeholders to co – create solutions to the problem of transforming short term goals into comprehensive systems of development. It also aims to work as a catalyst for ensuring that policies become programmes that have a positive impact on the lifecycle of a woman, beginning from birth, and that a gender sensitive and comprehensive approach forms the cornerstone of all policies and programmes.

Reaching out for change

CHETNA Outreach seeks partners for dialogue, collaboration and co-creation of comprehensive, gender-sensitive approaches to issues of concern related to women, young people and children. It also seeks opportunities to support corporations to contribute to the socio economic development and the well being of local communities by creating synergies in our work towards development goals and to actively dialogue with parliamentarians and policy makers so that the concerns of the marginalized communities are reflected in the policies and programmes.

Up scaling & Mainstreaming

CHETNA Outreach aims to adapt comprehensive practices and approaches to benefit the most marginalized populations, using the phenomenal body of knowledge and success stories that have been tested by CHETNA through successful pilot programs.

CHETNA Outreach aims for the majority of states to adapt and develop transcreated and culturally sensitive behavioural change communication materials that work.

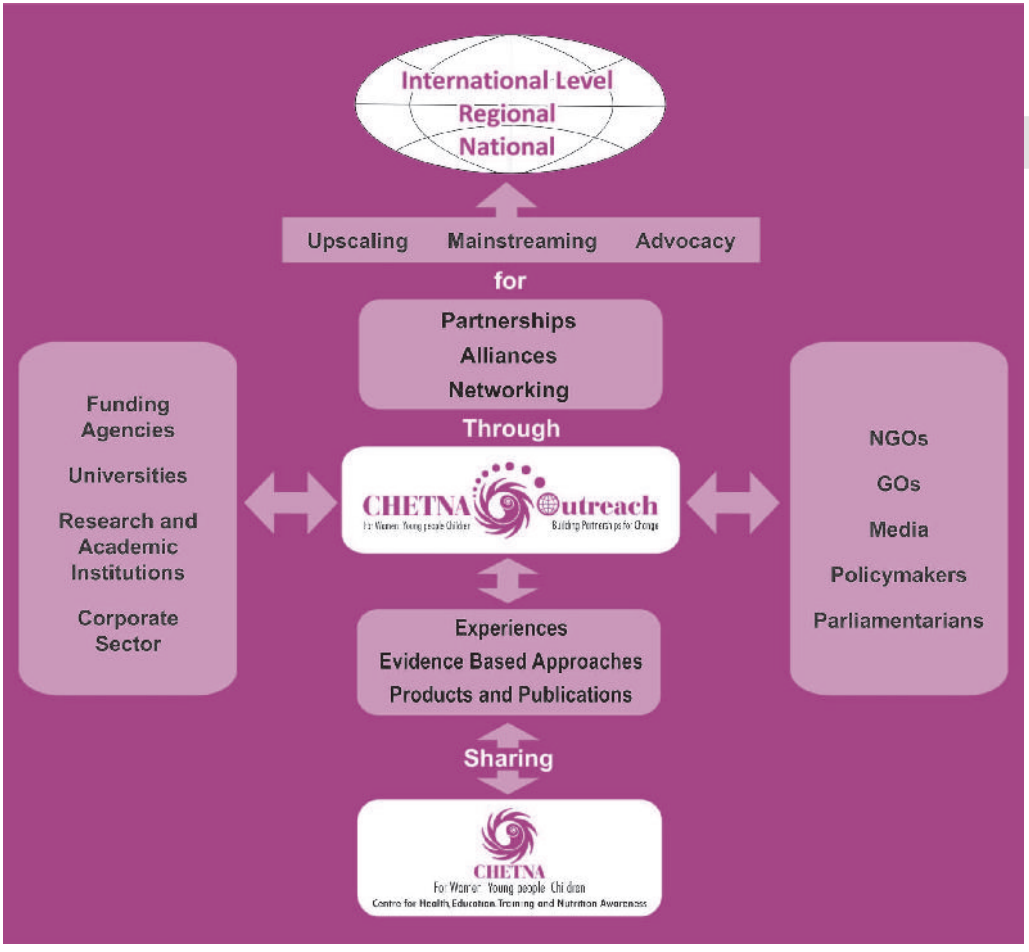
Strategies: CHETNA Outreach

CHETNA Outreach's strategies build on the vast storehouse of experience and expertise developed by CHETNA over three decades. Health education, effective communication strategies and advocacy for the least heard voices are strong points in CHETNA's award winning work. By examining, documenting, sharing and building on field tested models, CHETNA Outreach envisages to work with multiple stakeholders across sectors to share, document, debate and dialogue on the best ways to scale up approaches at state, national and international levels.

CHETNA Outreach encourages a think-tank approach and utilizes media, including social media, to elicit support for the efforts of its field based partners. CHETNA Outreach seeks to work in partnership with the widest spectrum of stakeholders to bring about change for women, children and young people.

CHETNA Outreach Leadership

CHETNA Outreach falls within the governance of the CHETNA Governing Council. Leadership is provided by Ms. Indu Capoor, Founder Director of CHETNA. With more than 30 years of experience in nutrition, health education, community development, organisational management and strategic international policy, Ms. Capoor heads up a team of committed and experienced social scientists, nutrition and health educators and medical/public health professionals.



Bringing CHETNA to the world

Through partnerships CHETNA Outreach aims to reach out to diverse geographical areas, at state, national and international levels, by systematic facilitation, co-creation and mainstreaming of effective evidence-based models, promising practices and effective strategies to achieve development goals through collective advocacy, towards holistic gender sensitive approaches in health, nutrition and education.

Outreach of CHETNA's Publications 2013-14

Counseling kit for complementary feeding (50 Copies)

Newsletter for maternal and new born health and care, Pahel (1000 Copies)

Picture book for maternal health entitlements (350 Copies)

Report on maternal death review, (1000 Copies)

Information on Government Schemes (5000 Copies)

Booklet on foods and nutrition

Manual on Complementary Food (1284 Copies)

Multi Coloured Posters child health and nutrition (1025 Copies)

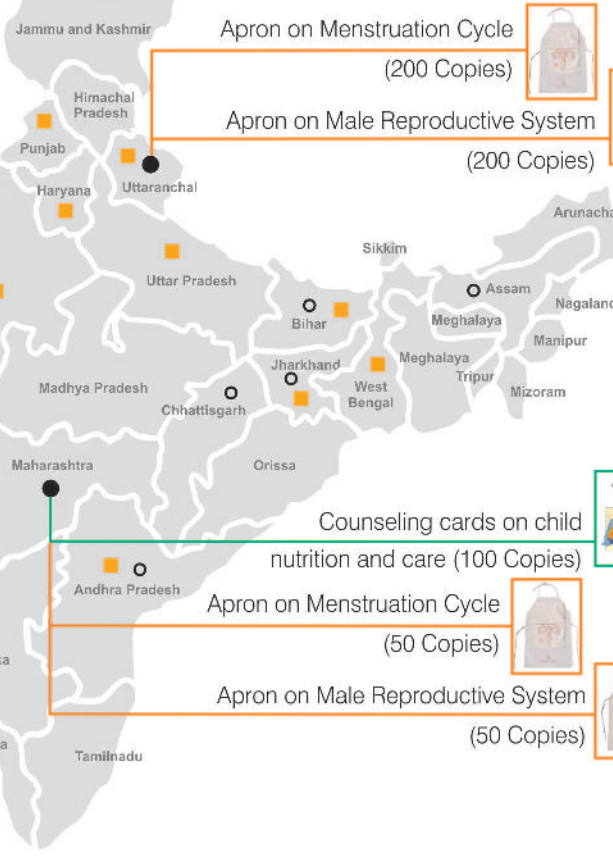
Newletter for maternal and new born health and care, Pahel (2600 Copies)

Set of 8 posters to increase enrolment and retention of girls in secondary school (24000 Copies)

Scheme booklet related to education (4000 Copies)

Training schedule for VHSNC (Gujarat) (1000 Copies)

Counseling cards on child nutrition and care (1000 Copies)



Apron on Menstruation Cycle (200 Copies)

Apron on Male Reproductive System (200 Copies)

Counseling cards on child nutrition and care (100 Copies)

Apron on Menstruation Cycle (50 Copies)

Apron on Male Reproductive System (50 Copies)

■ Advocacy brief for release of National Youth Policy Young people folder (1000 Copies)

○ Dissemination of publications less than 50 copies related to maternal, adolescent and child health and nutrition

Adolescents and Young people's Health and Nutrition

Rashtriya Kishor Swasthya Karyakram (RKSK) is announced on 5th January 2014, which aims to train the peer educators and the frontline workers in the area of adolescent nutrition and reproductive health. The programme is initiated in selected districts all over the country. CHETNA has developed Behavior Change Communication material which can prove useful for peer educators in imparting messages to adolescents.

Poster on Prevention of Anaemia (3D)

Aneamia contributes to significant number of maternal deaths among adolescents and young women between the age of 15-22 years. CHETNA has designed a poster to enhance awareness on prevention of anaemia among this group. The three dimensional poster, available in Hindi language reflects the image of a young girl who is anaemic; and by changing the angle of the poster the image changes into a healthy looking girl with messages on prevention of anaemia. At the back of the poster, messages are given for prevention of anaemia keeping social determinants of health in view.

Apron on Female Reproductive System

Apron of female reproductive system visually depicts the functioning of reproductive system emphasizing process of menstruation. It can prove useful tool to initiate discussion on menstrual hygiene and prevention of reproductive tract infections.

Apron on Male Reproductive System

Apron on Male Reproductive System visually depicts functioning of male reproductive system. It also provides information on correct use of condom and on Non Scalpel Vasectomy (NSV). It can prove useful for initiating discussion on responsible sexual behaviour.

Both these aprons are available in Hindi, English and Gujarati languages.

Nutrition, Health and Education of Children

Bal Swasthya Salah Pustika - Child Health Counselling Book

Counselling has become one of the important health communication channels to ensure behavior change and is recognized in the existing Reproductive, Maternal, Neonatal, Child Health and Adolescent Health (RMNCH+A) programme of the government. Keeping this in view CHETNA has designed a counseling book for the frontline workers which can prove useful in ensuring access to maternal and child health and nutrition services from the government programmes. It helps to inculcate healthy feeding practices for pregnant women, nursing mothers, infants and children and encourages parents to initiate timely home made complementary feeding of children.

The book is presented with colourful and attractive illustrations to make the counseling interesting. It is available in Hindi and Gujarati languages.

My Rights, My Responsibilities- Learning to Teach Child Rights

The Constitution of India accords rights to all citizens in the country. Children are citizens too, having the rights. Recognizing children as the paramount asset, the Government of India announced a National Policy for Children in 2013. As a signatory of the United Nations Convention on the Rights of the Child, Government of India has committed to make every right for every child a reality. Orientation and awareness among all concerned stakeholders is therefore crucial. CHETNA has developed this Trainers' manual on Child Rights. It provides basic information about child rights with participatory activities to make learning interesting. The manual comprises of seven training modules - Understanding the Child, Why Child Rights - including Indian and United Nations Perspective of Child Rights, Child's Right to Survival, Development, Protection and Participation, Child Rights - Programming and Advocacy. These modules can be effectively integrated in pre-service or in-service training programmes for teachers, programme planners, managers and coordinators. The training manual comes with a companion Guide, as a Resource Book to provide material that can be used by the trainer/facilitator during the training, consisting definitions, statistics, case studies, activities and more.

A World without Tears – a Picture Story for Children on Child Rights

Story telling is a well known way of learning, especially for children. *World without tears* is an attractively developed story book to enable children to learn and understand what rights are and the rights of children, while encouraging them to spread awareness about children's rights as well as initiate action in their communities. The story takes them to a world where all children are cared for and protected, have equal opportunity to grow and develop and participate actively to create a just, fair and harmonious society. The story book is illustrated with sensitive and inspiring drawings by children.

Our Engagement with Media (2013-14)

CHETNA successfully shared its views and released Press Notes in 21 national and state-level electronic and print media on issues related to maternal health, enforcement of PCPNDT Act, undernutrition and appeal for release of National Policy.

Wilful neglect sniffing life out of Guj's infant girls?

SRS for last 3 years shows infant mortality among girls higher than boys

Smitha R @smitha

Ahmedabad: The womb is not the only place where girls in Gujarat die, it seems. Those who manage to escape sex-selective abortion are being pushed to death through what can only be termed as wilful neglect. For, the sample registration system (SRS) for the last three years has shown up an interesting trend.

The overall Infant Mortality Rate (IMR) in the state is on the ... fant mortality among girls can only be attributed to wilful negligence towards their health.

Smita Bajpai of CHETNA, an NGO that works ... hear about a male child being abandoning. A female is not as desired as the male. So it is obvious that families and parents tend to be casual about the health of the girl child. Hence ... much without proper investi-

SORRY FIGURES

	Total IMR	Male	Female
2010	44	41	47
2011	41	39	42
2012	38	36	39

Contraceptive use rises in rural areas of Gujarat

Some Good News On International Day For Action On Women's Health

Runa Mukherjee Parikh | TNN

still limited.

However, the awareness of contraceptives is on the rise with an increase in its users, from 65% to 67%. "Non-reversible methods of contraception are preferred to reversible methods with female sterilization being the most prevalent form at 41.5%," says Smita Bajpai, project coordinator, Chet- ... ed the temporary method of spacing children — intra uterine contraceptive device or IUCD. A total of 2,956 women accepted permanent sterilization. Interestingly, the state policy provides more compensation to men, but the report indicates only 129 men accepted this method during 2008-13. Men still find it difficult to accept

ZEENEWS.com

Release National Youth Policy, demands Gujarat NGO

Ahmedabad: The Centre should release the final National Youth Policy at the earliest so that joint programmes related to this section of the population are implemented by departments concerned, a city-based NGO has demanded.

"We have written a letter to the Union Ministry of Youth Affairs to release the National Youth Policy as soon as possible," said Pallavi Patel, Director, Centre for Health Education, Training and Nutrition Awareness.

"The draft NYP is ready for one year. If the policy is released early, joint programmes can be undertaken by various departments of State and Central Governments," she said.

According to the draft policy, many Central Ministries such as Human Resource Development, Rural Development, Women's Welfare, Environment, Health, Labour and Industry have significant components of their policies and programmes that are relevant to young people.

"Keeping this in view, inter-sectoral approach is imperative for dealing with youth-related issues. The NYP 2012, consistent

Falling MMR is good news for Gujarat

Stats show maternal mortality has come down to 122 from 148

In state, motherhood still risky for many

AHMEDABAD, MONDAY 24.03.2014 dna ahmedabad

Malnutrition survey hits roadblock

Govt changes parameters to judge malnourishment, tells authorities to start the survey afresh

The government had instructed all the municipal corporations to carry out an extensive survey in urban slums to assess malnourishment among children

NATIONAL SAFE MOTHERHOOD DAY | 9 of 80 deaths from April-Dec were related to maternity

'Expectant moms need timely health care'

DNA Correspondent

Nine maternal deaths were reported from six districts of the state between April and December 2012. While per se the figures may seem too miniscule to warrant attention, they are indeed shocking when compared to the maternal mortality rate of Gujarat. The state has a maternal mortality rate of 148 death per 1,00,000 live births, i.e. an average 1.48 maternal deaths per 1000 live births. NGOs working in this area believe delayed access to quality health care is a major cause for the deaths.

However, the maternal deaths tracked by CHETNA and its 10 NGO partners found that in six districts of the state, for 2,502 live births nine maternal deaths were reported. "If the average of 1.48 maternal deaths per 1000 live births is taken into consideration, the maternal death for 2,500 live births should have been around 3. Instead, it is 9 which is a significantly high figure," said Smita Bajpai, programme officer with CHETNA.

Of these nine deaths, five were reported during pregnancy, one during delivery and three after delivery. All the deaths were reported from rural areas of Ahmedabad, Banaskantha, Kheda, Jamnagar, Tapi and Navsari.

In all, the partner NGOs tracked 80 deaths of women in nine districts. "Maternal deaths contributed more than 11% (9 out of 80) of women's death in the reproductive age-group. Majority of these deaths were among tribal women and at a younger age. In-depth analysis showed that one of the main causes for death was delay in accessing care and quality of care. Anaemia also emerged as a common underlying cause affecting pregnancy outcomes," said Bajpai.

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> —Smita Bajpai, CHETNA

The Centre had called for formation of a Maternal Death Review Committee in every district to monitor maternal deaths. A health department official, in charge of the same, said that committees for each state had been formed and monthly and yearly reviews were being conducted. On being asked about the major cause for maternal death, he said that it would be difficult to pinpoint one cause. "But usually it has been seen that post-partum hemorrhage is often the leading cause of maternal deaths across the country and this should be true for Gujarat too," said the official.

Over 30 years
1980-2014
Working with Women, Young people and Children

Vision

CHETNA envisages an equitable society where disadvantaged communities are empowered to live healthy lives.

Mission

To empower children, young people and women, especially from marginalized social groups, so that they become capable of gaining control over their own, their families' and communities' nutrition, health and well-being.

CHETNA
For Women Young people Children

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