

Working Together for  
*Change*  
A Report 2014-2015



**CHETNA**

For Women Young people Children



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## Message from Chairperson



I am extremely pleased to present CHETNA's report for the year 2014-15. Over the last seven years I have been witnessing CHETNA's achievements, growth and challenges. The team has demonstrated sincere commitment to bring about change in the lives of marginalised communities. It is one of the prime institutes which made efforts to bring forward recommendations to make policies and programmes people-centred.

Having expertise in training and health communication, during the year 2014-15, CHETNA built capacity at various levels of functionaries of government and non-governmental organisations to implement gender-sensitive and comprehensive health programmes, and developed strategies and approaches to bring about behaviour change.

A campaign to stop gender-biased sex selection was undertaken by ensuring active involvement of Members of Legislative Assembly and youth groups in Ahmedabad city of Gujarat. CHETNA has been a pioneer in building on the existing women's self-help group (SHG) movement to integrate key nutrition-related interventions to directly reach large numbers of rural women.

CHETNA has ensured community participation in evidence building for social accountability and advocacy for improving maternal health services. I congratulate the team for engaging in India's third Universal Periodic Review (UPR) process,

scheduled for 2016, to advocate for advancing the health and nutrition rights of women, children and young people.

I would specially like to recognise CHETNA's contribution in the formulation of Rashtriya Kishor Swasthya Karyakram (RKSK) at the national level. They are also pioneering this by rolling it out in one block of Sabarkantha district of Gujarat.

With the initiation of CHETNA Outreach, the team is getting ready to advocate and mainstream its successful approaches and strategies in other parts of the country, the South Asian region, and gradually at the international level.

I wish CHETNA all the best for its future endeavours.

A handwritten signature in black ink, appearing to read 'A. R. Nanda'.

A. R. Nanda  
Chairperson, Governing Council, CHETNA

From the

## Director's Desk

We are happy to announce that CHETNA has received the status of NGO Support Organisation by Department of Health and Family Welfare, Government of Gujarat for implementation of community processes, and a State Training Resource Centre from National AIDS Control Organisation, Government of India to strengthen the implementation of targeted interventions organisation to prevent HIV/AIDS in Gujarat.

During the year 2014-15, our thrust was to address under-nutrition and anaemia among women, children and adolescents. CHETNA demonstrated approaches to address under-nutrition at the community level through family counselling, organising various awareness events such as Poshan Mela (nutrition fair), promotion of energy-dense recipes for complementary feeding, etc. To link nutrition awareness with women's empowerment, livelihoods and agriculture programmes our team is working with women's self-help and farmer groups. In this context training modules and material were developed for Jeevika, the Bihar Rural Livelihoods Project, a Multi-sectoral Nutrition Convergence Model. Similar efforts have been initiated in the state of Rajasthan also.

In Rajasthan CHETNA demonstrated an evidence-based advocacy model for continuum of quality of maternal health care services. In this process the local community undertook social audit and raised their voices in public forums to improve access to maternal health services at village and health facility level.

To stop gender-biased sex selection in Ahmedabad city CHETNA organised public events with youth and people, and one-to-one dialogues with Members of Legislative Assembly. We reached more than 1,00,000 individuals with key messages to stop sex selection.



CHETNA is rolling out of the national scheme Rashtriya Kishor Swasthya Karyakram (RKSK) in one block of Gujarat state. In the coming year we will share our experiences which will be of great value at the state and national level.

CHETNA's training and health communication tools and case stories found a place in the international publication *Health Action for Women-Practical Strategies to Mobilise Change* published by Hesperian Foundation USA.

Without our partners it would not have been possible to reach out to disadvantaged community. We take this opportunity to thank all our partners and individuals who joined hands with us to improve the health of women, young people and children.

A handwritten signature in black ink, reading 'P. Patel'.

Pallavi Patel  
Director, CHETNA

From the Desk of Director,

## CHETNA Outreach

The past decade witnessed a convergence in human development indicators (HDI) in India and many other parts of the world. Although progress has been uneven within and between regions, developing countries like India transformed into a major economy with growing political influence. India is recognised as a major leader in key global, South-South and national initiatives.

Although there has been an improvement in maternal and child mortality indicators and literacy rates in the country, inequities like lack of adequate nutrition and healthcare for the impoverished, especially women and girls, still prevail. India's rank of 96 among 177 in the Gender Development Index indicates the need for greater investment in gender development and recognition of and addressing the social development concerns.

In the current scenario of development, implementation of social programmes have largely responded with technological remedies to specific concerns, instead of being able to influence the social determinants in the entire life-cycle of the marginalised, especially women and girls. The efficacy of social programmes is further compromised due to lack of sharing and communication of field-level experiences, and insights and experiences of local functionaries with strategic think tanks. Due to this, the benefits do not reach the larger populations. A major factor responsible for such gaps between strategy and outreach is the lack of dialogue and learning between influential stakeholders like donors, governments, field-based CBOs and NGOs.

CHETNA Outreach realizes that gaps like these can be addressed through convergence, ethical governance, capacity building at the grassroots level and by according greater priority to social development concerns.



Towards this, as a member of the Coalition for Food and Nutrition Security, CHETNA Outreach contributed to the First South Asian Conference on Nutrition at New Delhi during which CHETNA showcased its unique approaches highlighting a need for multi-sectoral and convergent action. A case was made for forging partnerships from different sectors; nutrition and food security, agriculture, gender, water and sanitation to come together to impact on India's malnutrition problem. In addition, CHETNA Outreach also coordinated and led two sessions on "Gender Equity" and "Nutrition from Nature". A need to upscale successful strategies was suggested, which can be achieved through forging multi-sectoral partnerships.

As CHETNA celebrates 35 years of community engagement, CHETNA Outreach aims to continue to advocate for multi-sectoral partnerships and up-scaling of CHETNA's successful pilots. We look forward to forge new and strengthen existing partnerships in an effort to transform the lives of marginalized women, young people and children.

A handwritten signature in black ink, appearing to read 'Indu Kapoor'.

Ms. Indu Kapoor  
Founder Director, CHETNA and Director, CHETNA Outreach  
August 12, 2015 (CHETNA Foundation Day)



## About

### Vision

CHETNA envisions an equitable society where disadvantaged people are empowered to live creative, fulfilling and healthy lives.

### Mission

CHETNA works to empower children, young people and women, especially those from marginalized social groups, to take control of their own health and that of their families and their communities.

# CHETNA

CHETNA recognizes the health, nutrition and other development needs of children, young people and women at the critical stages of life viz. children (0-10 years), adolescents and young people (11-24 years), and women (+25 years). CHETNA believes that women's empowerment is a process of reflection and action aimed at raising self-esteem, confidence and consciousness, encouraging women to access their entitlements and to improve the health and quality of community life.

## Thrust Areas

- Enhancing the value of girl children, improving access to nutrition, health, education and development entitlements
- Optimizing health and development in early childhood
- Promoting nutrition, reproductive and sexual health (including HIV/AIDS) rights and responsibilities of adolescent and young people
- Improving maternal health (reducing death, disease and disability linked to and pregnancy and childbirth)
- Building food security and improving nutrition

## A Unique Resource Organization

The activities in the area of nutrition and health, which were initiated in 1980 developed into the creation of CHETNA as a separate entity in 1984. CHETNA has evolved into a unique resource agency which provides support to Government, Civil Society Organisations, and Corporates under Corporate Social Responsibility.

CHETNA is a designated state resource centre for Department of Health and Family Welfare of the Government of Gujarat for implementing community process and capacity building of government stakeholders. As a resource centre CHETNA builds capacity of Civil Society Organisations to make health and nutrition services accessible to the people most marginalized from the public health system.

CHETNA is designated as a State Training Resource Centre by National AIDS Control Organisation (NACO) to train stakeholders of the Targeted Intervention programmes in the state of Gujarat.

## Activities of CHETNA

### Strengthening Capacity

CHETNA organises need-based training programmes for programme managers and implementers from non-governmental and government organisations as well as corporate institutions to support them to implement gender sensitive and comprehensive health programmes. As follow-up support, CHETNA provides regular mentoring for planning and demonstrating village-level strategies and approaches to ensure equitable access to health and nutrition services for the underprivileged community.

### Communicating Health and Nutrition Information

CHETNA develops innovative, interactive and creative Behaviour Change Communication (BCC) material. Based on CHETNA's rich experience of communicating with semi-literate and non-literate communities and being extensively field tested, the materials are audience appropriate and user-friendly. Several of CHETNA's materials have been printed in large numbers and used in existing programmes of the government as well as of non-government organizations.

CHETNA has been a pioneer in using traditional media to communicate health and nutrition related messages. Some of the tested and successful approaches in this are Health Mela (fair), Bhavai (a traditional form of drama), Gujarati folk songs, Poshan

Mela (nutrition fair). CHETNA also organises special training programmes on Behaviour Change Communication.

### Demonstrating Workable Models

CHETNA develops and demonstrates workable, people-centered implementation models and approaches which can be mainstreamed through existing government health and nutrition programmes at the state and national level. The team takes pride in showcasing approaches to empower community and village level committees to monitor the access and quality of services etc. CHETNA has also showcased training strategies to train a large number of frontline workers.

### Networking and Advocacy

CHETNA contributes in, and facilitates, networking to collectively advocate for people centered, gender-sensitive policies and programmes at the state and national level. CHETNA ensures that the voices of the community are reflected in formulation of policy and programmes. CHETNA has been actively involved in the formulation of the National Youth Policy, National Adolescent Health Strategy, Early Childhood Care and Education Policy and National Policy for Children.

### CHETNA Outreach

CHETNA Outreach has been initiated as an effort to take forward the learning and experiences of 35 years of working in the area of health and nutrition. This aims to extend the reach of CHETNA's activities to diverse geographical areas at the state, national and international levels by systematic facilitation, co-creation and mainstreaming of effective evidence-based models, promising practices and effective strategies towards holistic gender-sensitive approaches in health, nutrition and education through collective advocacy.

# Highlights 2014-15

## April 2014

- Identified as an NGO Support Organisation for the state by the Government of Gujarat
- Contributed at the Gujarat state meeting of National Task Force on Status of Women in India. CHETNA organised a special session with the NGOs working with marginalized groups of women

## May 2014

- Contributed at National Child Rights Meeting at India Alliance for Child Rights, New Delhi
- Contributed at The Asian Football Confederation Sports for Development Conference, Vietnam
- Contributed at Asia level Equinam, Workshop on the New Evidences supporting Equality in Maternal and Newborn Health

## June 2014

- Presented CHETNA's work on adolescent health during the launch of Rashtriya Kishor Swasthya Karyakram at Gandhinagar, Gujarat
- Contributed at the Round Table: Addressing India's Malnutrition: A National Priority, New Delhi

## July 2014

- Presented papers and showcased CHETNA's successful approaches to improve nutritional status of adolescents and children at the South Asian Conference on Policy and Practices to Improve Nutrition Security, New Delhi

## August 2014

- Identified by National AIDS Control Organization (NACO) as State Training Resource Centre for Targeted Interventions for the state of Gujarat

## September 2014

- Presented CHETNA's efforts on adolescent health and contributed to the Regional Advocacy Dialogue on Saving Maternal Lives: Calling for Support for a Right Based Continuum of Quality Care, Kuala Lumpur



## **December 2014**

- Presented CHETNA's experience related to women and children's nutrition, at the national seminar on Swasth Swachh Bharat: Aligning Actions for Better Outcome, New Delhi
- Organised a National Consultation: Agenda for Action Health and Nutrition Rights of Women, Children and Young People, New Delhi

## **October 2014**

- Presented CHETNA's work on adolescent nutrition and contributed at the Conference on Together for Nutrition 2014: Working Across Sectors for Nutrition in India, New Delhi
- Contributed at the National Consultation on Community Action for Health, New Delhi

## **November 2014**

- Contributed to the Civil Society Pre-conference Consultation and participated in the Second Conference on Nutrition, Rome, Italy
- Contributed at the Asia Pacific CSO Forum on Beijing+20 and The United Nations Economic and Social Commission for Asia and the Pacific (ESCAP), Bangkok
- Contributed to the National Consultation on Building Child Friendly Cities for 21<sup>st</sup> Century India, New Delhi
- Participated in the 11<sup>th</sup> International Conference on Population and Development, New Delhi

## **January 2015**

- Contributed at the stocktaking meeting on child rights and planning for the Universal Periodic Review (UPR) for child rights, New Delhi
- Identified as a Peer Educators Training Site for Western Region of India by Government of India
- Contributed to Nourishing India's Tribal Children Voices of Frontiers Good Practices and Policy Implication, Bhubaneswar, Odisha

## **February 2015**

- Contributed at the Round Table Event on Global Nutrition Report, Odisha
- Facilitated and presented session on Global Accountability at the Post 2015 Sustainable Development Agenda and the Global Strategy for Women's, Children's and Adolescents' Health, New Delhi

## **March 2015**

- Facilitated a session for the National Training of Trainers for Adolescent Health Counsellors, Dehradun
- Contributed at National ASHA Visioning workshop, Chhattisgarh



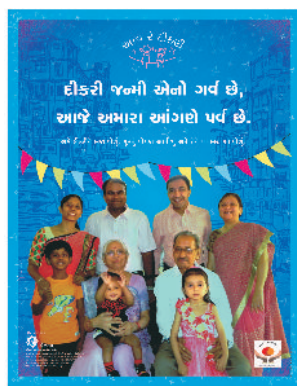
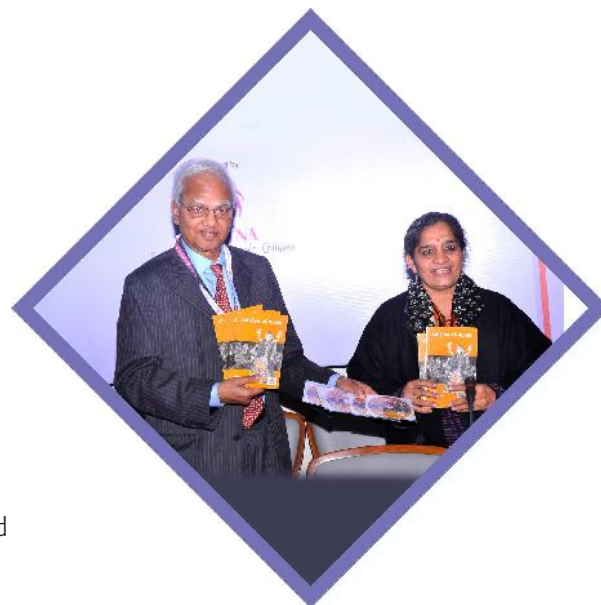
# Valuing the Girl Child



CHETNA believes that gender-biased sex selection is the worst form of violence against women as it is complete rejection of girls. CHETNA is committed to decrease gender discrimination and neglect of girls.

During 2014-15 CHETNA contributed towards reduction of the practice of gender-biased sex selection by undertaking a campaign to stop sex selection in Ahmedabad city of Gujarat. Elected representatives (Members of Legislative Assembly and Municipal Counselors), youth and media representatives were sensitized towards putting “stop sex selection” on the top of the agenda for action. Functionaries of the Integrated Child Development Scheme (ICDS) and frontline workers of the health department were trained to create awareness at community level about caring for the girl child and to discourage the practice of sex selection.

A booklet and CD with Garba songs<sup>1</sup> and posters highlighting the role of various stakeholders, audio-visual Quickies/spots (views of people on valuing the girl child), fact sheets/data on sex ratio, leaflets, pledge cards, kites (with messages of welcoming the Girl Child) were designed and widely disseminated and used during a variety of outreach events like group meetings, dialogues, seminars etc. During the year, CHETNA disseminated information about gender-biased sex selection and its socio-cultural impact to over one lakh people. The campaign and material received encouraging coverage in print and electronic media.



**The Child Sex Ratio of Ahmedabad city is 859 girls per 1000 boys; 987000 girls are missing. Sixteen out of 64 urban wards (geographical divisions) have less than 820 girls born in comparison to 1000 boys.**

(Source: Census 2011)

<sup>1</sup> Garba is a popular folk song in Gujarat and sung in praise of goddesses, especially during the Navratri Festival (a public festival when people from all walks of life dance for nine consecutive nights). CHETNA composed the girl child garbas incorporating lyrics on issues concerning girl child; gender-biased sex selection, nutrition, health, education and development for public awareness and motivate action.



# Improving Maternal and Child Health



## Social Accountability and Advocacy for Maternal Health

During this year CHETNA strengthened the capacity of partners of SUMA-Rajasthan<sup>2</sup> to advocate for quality of maternal health services through different approaches of social accountability.

Through a Citizens' Report Card (CRC) specially designed by CHETNA the project partners from 11 districts brought forward women's experiences on accessing maternal health services from village and health facility levels. The members of the Rajasthan Medicare Relief Society (RMRS)/ Rogi Kalyan Samiti (RKS) who are responsible to ensure proper functioning of hospitals were trained to use these evidences to advocate for quality maternal health services at the facility level. As a result of the advocacy, there were several positive outcomes at different health care facility levels, such as the vacant post of Medical Officer got filled, maintenance of Primary Health Centre improved, newborn babies in the health facility received blankets.

In all the 11 districts women, through their participation in Gram Sabhas,<sup>3</sup> voiced their concern to improve quality of, and access to maternal health services in their villages.

In all the 11 districts, the project partners strengthened Village Health Sanitation and Nutrition Committees (VHSNC) to develop Village Action Plans for improvement in maternal health services and to monitor functioning of the Village Health and Nutrition Day events.

Public hearing events were organised in Udaipur and in Railmagra districts through which the women demanded cleanliness of health centres, respectful behaviour from staff at health centres, stopping the demand of money for delivery services and ensuring that women who return to their natal homes for delivery receive nutrition supplementation from the Integrated Child Development Scheme (ICDS).

**A total of 69 proposals were submitted in 17 Gram Sabhas and 45 resolutions for improving maternal health services were approved by 14 Gram Sabhas in the intervention villages.**

**While several efforts are being undertaken to reduce deaths of women from preventable causes related to pregnancy and childbirth; concerns regarding continuum of quality care, particularly to the disadvantaged social sections continue.**

## State-level Advocacy for Quality of Care

The district-wise Citizens' Report Card on Maternal Health Services at the community and public health facilities developed by SUMA partners were shared with the Mission Director NRHM, Rajasthan state. As a result of this, a review of the report and physical verification has been initiated at the state level. CHETNA has been invited to join the newly constituted Rajasthan State Advisory Group on Community Action. The State Advisory Group on Community Action is formulated by the State government and it meets regularly to provide guidance to ensure community participation in monitoring of health care services at the village level.

<sup>2</sup> CHETNA, Secretariat since 2002, initiated and is anchoring the SUMA (SURakshit MATrutava)-Rajasthan White Ribbon Alliance for safe motherhood.

<sup>3</sup> Village meeting wherein the village people and elected members discuss solutions for development issues.

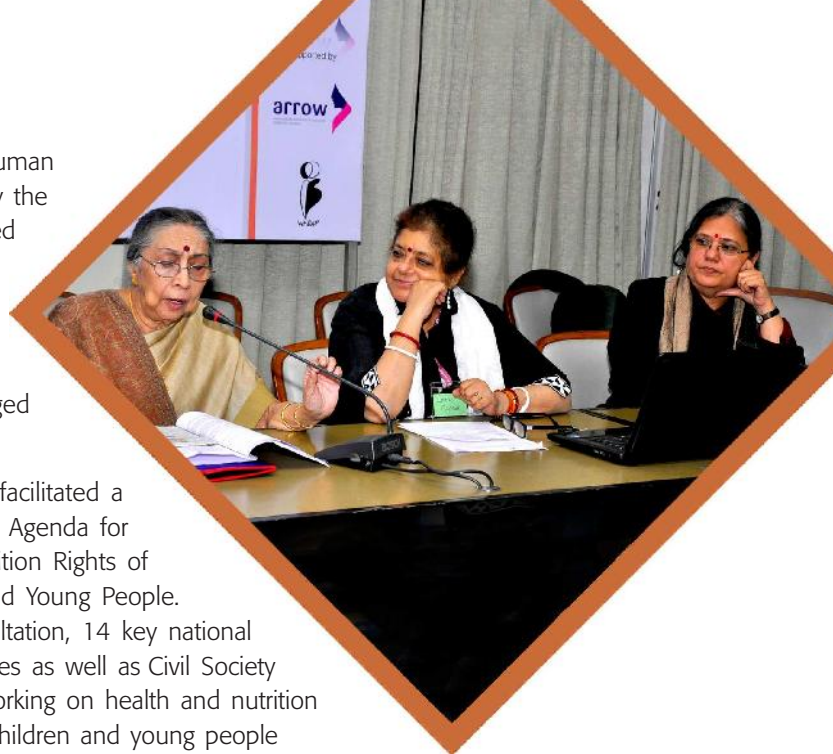


## Engaging with the Universal Periodic Review<sup>4</sup>

As a part of the Universal Periodic Review (UPR), India's human rights record was reviewed for the second time in 2012 by the UN Human Rights Council. The CHETNA team is committed to engage in and advocate for India's third UPR process which is scheduled for 2016, and advocate for advancing the health and nutrition rights of women, children and young people, particularly those from the disadvantaged sections.

In December 2014, CHETNA facilitated a National Consultation titled Agenda for Action: Health and Nutrition Rights of Women, Children and Young People.

During the consultation, 14 key national and state alliances as well as Civil Society Organisations working on health and nutrition issues of women, children and young people identified eleven issues. A broad plan of action was developed to get engaged with the Mid Term Universal Periodic Review Process, by contributing to the Civil Society Organisation report and make issue-based submissions.



### National Task Force on Status of Women in India

During the visit to Gujarat of the National Task Force on Status of Women in India, the CHETNA team facilitated a discussion and submission on status of the most marginalized women (Sex workers, minority groups, salt pan workers, migrants etc.) in the state of Gujarat. The issues raised, and recommendations made, have been submitted to the Task Force.

### Recommendations to the draft National Health Policy

CHETNA reviewed the draft National Health Policy and submitted recommendations during state-level dialogue of Community Support Organisations (CSO), and at individual level with special emphasis on continuum of quality care to the Ministry of Health and Family Welfare, Government of India.

<sup>4</sup> The Universal Periodic Review (UPR) is a unique monitoring and review mechanism of the United Nations Human Rights Council which involves a review of the human rights records of all UN member states once every 4.5 years.

## Programme for improving Access to Health and Nutrition Entitlements for Children and Mothers



CHETNA is reaching out to a population of about 2,23,000 people in 116 villages of 16 blocks across four districts of Gujarat (Ahmedabad, Banaskantha, Patan and Surendranagar) to improve access to public health and nutrition services for pregnant women, nursing mothers and children below six years of age from the Integrated Child Development Scheme (ICDS)<sup>6</sup> with National Health Mission (NHM)<sup>7</sup> through community mobilization and strengthening the capacity of service providers.

The capability of 940 ASHAs and AWWs and 412 block and district level programme officers and supervisors was enhanced for effective health communication and people-friendly approach in delivery of nutrition and health services to mothers and young children.

Health awareness activities were organised to ensure community involvement in the utilization of these services. About 88% of pregnant women, 75% of nursing mothers, 80% of mothers of children below six years of age and 7500 adolescent girls were reached out to through educational sessions at Anganwadis, Village Health and Nutrition Day events, home visits, and women's meetings.

A population of 1,41,166 was reached with the objective to create health and nutrition-related awareness through village-level campaigns, rallies, road shows, exhibitions and group discussions to commemorate special occasions such as Women's Day, World Health Day, World Breastfeeding and National Nutrition week etc.

## At the end of two years, an end-line survey brought forward the following observations

ANMs, AWWs and ASHAs are better informed about health services and government schemes and programmes. They are the primary sources of information for the mothers.

- There was a significant improvement (78%) in awareness about maternal, child and adolescent care and various government schemes and programmes for pregnant and lactating women, children and adolescents.
- 85% women reported accessing antenatal care and institutional deliveries. Increase in birth weight recording and birth registrations were noted.
- Large number of women (85%) were satisfied with services but still had concerns about quality of treatment and sensitivity of staff towards their privacy.
- The gaps in maternal care were in terms of non-receipt of Calcium and IFA tablets, the fact that a large proportion of deliveries are still taking place at private facilities, and perfunctory postnatal care.

The project has been extended to 73 villages in three more districts of Gujarat namely Rajkot, Jamnagar and Morbi.



<sup>5</sup> Pahonch means 'reach' in Hindi language.

<sup>6</sup> Integrated Child Development Services Scheme provides food, pre-school education, and primary health care to children under 6 years of age and their mothers.

<sup>7</sup> The National Health Mission aims to establish a fully functional, community owned, decentralized health delivery system with inter-sectoral convergence at all levels.



# Empowering Adolescents and Young People



India is home to 243 million adolescents (10-19 years), accounting for 21.4% of the country's population. In order to enable adolescents to fulfil their potential, substantive investments must be made for their education, health, development and other areas.

Recognising the needs of adolescents, the Ministry of Health and Family Welfare (MoHFW) has launched the Rashtriya Kishor Swasthya Karyakram.



The programme envisions enabling all adolescents in India to realise their full potential by making informed and responsible decisions related to their health and well-being and by accessing the services and support they need to do so.

<http://www.ecmo2012.com/rksklaunch.in/>



CHETNA recognizes the need to address the health, nutrition, education and other development needs of adolescents as a huge opportunity that can transform the social and economic profile of India.

The Ministry of Health and Family Welfare, Government of India launched Rashtriya Kishor Swasthya Karyakram during January 2014.

CHETNA actively contributed in the processes of developing the RKSK and participated in the launch ceremony along with the young people from different parts of India.

While the Government of India is getting ready to implement RKSK in selected districts of the country, the CHETNA team is piloting RKSK in 73 villages of Talod block of Sabarkantha district of Gujarat state. During the year 2014-15 CHETNA built capacity of the key stakeholders-frontline workers mainly ASHA, Multipurpose Workers, Anganwadi Workers and teachers to carry out various village-level activities and facilitate educational sessions on the six identified areas (Nutrition; Reproductive and Sexual Health; Injuries and Violence; Non-communicable Diseases; Mental Health, and Substance Abuse). The Village Health, Sanitation and Nutrition Committee (VHSNC) members were trained to monitor the quality of programme implementation. The CHETNA team developed need-based Behaviour Change Communication material which was provided to all the frontline workers for use in facilitating health education sessions.

The trained functionaries are reaching out to adolescent girls and boys through the celebration of Adolescent Health Day (AHD). In partnership with the District Health Department, a model AHD was demonstrated in one village by setting up line of service delivery. The CHETNA team demonstrated interactive and participatory methods of imparting health and nutrition information to the adolescents. The Body Mass Index<sup>9</sup> (BMI) of adolescents was measured and blood Haemoglobin level was estimated. A Health Card was introduced as a monitoring tool to record the services provided to the adolescents; the card will remain with the adolescents.

<sup>8</sup> A project to demonstrate convergence of adolescents' health programmes at village level in the state of Gujarat. *Sangam* means 'convergence' in Hindi language.

<sup>9</sup> Body Mass Index is a measure of body fat based on height and weight.

## From Awareness to Action



Subhash (name changed) from an intervention village does not go to school. He discontinued his studies after 8<sup>th</sup> standard in order to financially support his family. He works on daily wages as field labourer. Subhash got married at the age of 16 years. He attended an educational session facilitated by CHETNA, on physical changes during adolescent phase, during Adolescent Health Day. During the session the male and female reproductive system and its functions were discussed. This was the first time that Shbhash had received scientific information about the human body. He was keen to know about conception, which was explained to him, and he was counselled to delay pregnancy by regular use of condom. During the follow-up visit Subhash reported that he has collected condom packets from PHC and that he is regularly using these.

Interdepartmental convergence was demonstrated by the District Health and Education Departments of Sabarkantha through circulating a letter jointly signed by both the departmental officials, to organize Adolescent Health Day (AHD) in all the villages of Talod with the support of the

MPHW<sup>10</sup> and Block and Cluster Coordinator<sup>11</sup>. A yearly plan to organise the AHD in the entire block has been developed. By December 2015 CHETNA aims to reach out twice to about 10,000 adolescent girls and boys through the celebration of the Adolescent Health Days. The team will also attempt to make the Youth Friendly Health Centre active to treat the reproductive and sexual health problems of adolescents.

### Project Partners:



PUBLIC  
HEALTH  
FOUNDATION  
OF INDIA

District Health Society, Sabarkantha.

Department of Health and Family Welfare,  
Government of Gujarat.

CHETNA has been selected as a site for the Training of Trainers of Peer Educators for the states of Gujarat, Rajasthan, Maharashtra, Goa, Diu, Daman and Dadra Nagar Haveli. Five members of the CHETNA team have undergone a national capacity building training to support this.

<sup>10</sup> Multipurpose Health Worker is appointed by the Health Department for delivery of preventive and promotive health care services to the community at the level of Subcentre.

<sup>11</sup> Block and Cluster Resource Coordinators are appointed by the Education Department to support the functioning of primary schools.



CHETNA contributed towards improving adolescent girls' transition to, and retention in, secondary schools, and supporting more regular girls' attendance in school in Gujarat by engaging with parents and School Management Committees (SMC). This was one of the crucial efforts to develop strategies to bring change in the sex ratios in secondary schools.

**The recent data indicate that there are about 70 girls who study in Gujarat's secondary schools for every 100 boys. This is also a reflection of Gujarat's skewed sex ratio.** Source: Secondary Education in India, Thematic Maps: 2012-13

CHETNA facilitated this intervention in 45 villages from four blocks of Surendranagar District in Gujarat.

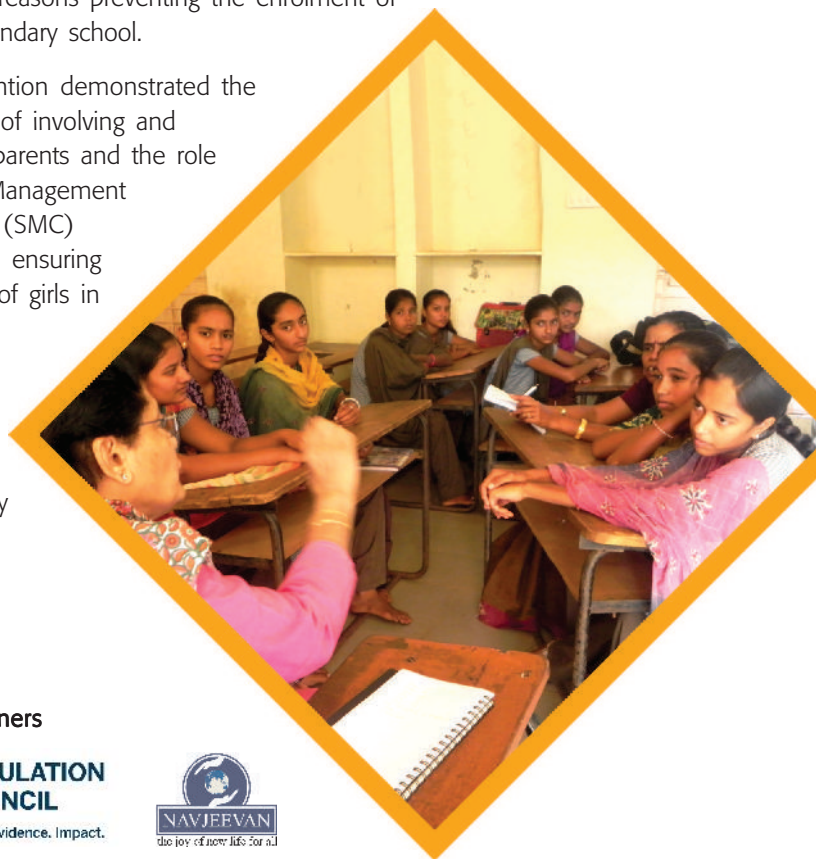
The strategies adopted in the programme were:

- Organising adolescent girls studying in 7<sup>th</sup> and 8<sup>th</sup> standards, and training them to motivate their own friends' parents to allow them to continue their primary education and get admission in secondary school and to complete the same.
- Training School Management Committee members to monitor the quality of education in the primary school.
- Provide safe transport to attend secondary school.

CHETNA developed and used appropriate communication tools to create awareness in the villages about the importance of girls' education.

During the one-year intervention, it emerged that the poor quality of education and absence of teachers were among the major challenges to the enrolment of girls in secondary schools. The provision of safe transport for girls to go out of their village to attend secondary school could not be successfully implemented due to unavailability of well-maintained vehicles at the village level, and was also not found to be a cost-effective alternative. To overcome the issue of safety, some motivated families chose the option of admitting their girls to residential schools. However families belonging to a certain caste did not agree to send their daughters to attend schools located outside the village. The tradition of early marriage of girls in a certain community was also one of the reasons preventing the enrolment of girls in secondary school.

The intervention demonstrated the importance of involving and convincing parents and the role of School Management Committee (SMC) members in ensuring attendance of girls in school, and motivating them to take admission in secondary schools.



## Project Partners



<sup>12</sup> The project was an Action Research Project designed by the Population Council, New Delhi. *Sankalp* means 'determination' in Hindi language.

# Promoting Nutrition Rights of Adolescents, Women and Children



## Advocacy for Access to Nutrition Entitlements of Adolescent Girls

Under-nutrition is a hard reality of India. India ranks at number 65 out of 84

countries in the Global Hunger Index; it has the highest incidence of child malnutrition, both wasting and stunting, in the world.

Rajasthan is one of the High Focus States of the National Health Mission. Data indicate that 46% girls and women aged 15-24 years are abnormally thin and 53.8% are anaemic (NFHS3, 2005-06). The Rajiv Gandhi Scheme for Empowerment of Adolescent Girls (SABLA) is being piloted in ten districts of Rajasthan. The SABLA scheme aims to empower adolescent girls wherein nutrition supplementation is an important component of the scheme to improve their nutritional status. The scheme is implemented through ICDS Anganwadis.

As part of this project, CHETNA initiated advocacy efforts for enhancing access to Nutrition Entitlements of Adolescent Girls. 1433 adolescent girls aged 11-18 years were interviewed in 12 villages of Kanba sector in Bichhiwara block of Dungarpur district of Rajasthan. Information related to their nutritional status, food habits and level of awareness about their own nutrition entitlements from SABLA were collected from 214 (15%) of the 1433 girls.

### Nutritional Status of Girls of 12 villages of Kanba sector, Bichhiwara block

**74%** (154/209) adolescent girls were underweight with their Body Mass Index (BMI) below normal, and **37%** (77/209) were severely thin.

**94%** (87/92) adolescent girls had some form of anaemia.

As per Indian Council of Medical Research (ICMR) recommendation of dietary allowance, the diet of adolescent girls was deficit in calorie intake (**53%**) and protein (**27%**).

**63%** of the adolescent girls (135/214) did not receive any services from the Anganwadi centres.

**48%** (103/214) girls had never visited the Anganwadi centres.

## Poshan Mela

The CHETNA team organised a Kishori Balika Poshan Mela (adolescent girls' nutrition fair) at Kanba in Bichhiwara block of Dungarpur. The Poshan Mela provided an enabling platform to 98 adolescent girls and 24 mothers to share their issues in accessing nutrition services and facilitated dialogue between adolescent girls, parents, government officials of Health and Women and Child Health Department, Panchayati Raj Institutions and state legislature on the issues of adolescent girls' access to nutrition entitlements. The report on the nutritional status of adolescent girls in Dungarpur, and demand for action to provide health and nutrition services were shared with the Member of the Legislative Assembly of the area. A commitment was made by the Member to ensure that the services become accessible to the adolescent girls.

During the Mela relevant information about nutrition was disseminated through exhibitions, games and models. Girls and mothers enjoyed learning about how to keep themselves healthy.

### Project Partners



INDIAN INSTITUTE OF HEALTH  
MANAGEMENT RESEARCH



In Gujarat every 2<sup>nd</sup> child under five years of age is undernourished. Every 3<sup>rd</sup> woman and every 2<sup>nd</sup> adolescent is undernourished; about 22% of all births are low birth weight.

(Source: NFHS-3 2005-2006)

### **SUPRABH Improving Nutrition of Young Children**

The CHETNA team is working towards improving the nutritional status of 331 undernourished children between the age of 6 months and five years from seven selected villages of Sanand Taluka of Gujarat. They are motivating family members to feed the children with energy-dense food cooked as part of their routine family diet. The team organises cooking demonstrations of energy dense food followed by one-to-one counselling of mothers and family members to support/adopt the complementary feeding practice, and to improve personal hygiene practices.

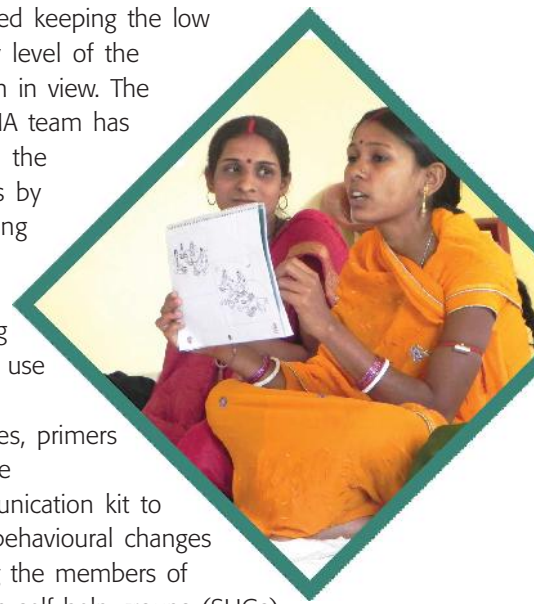
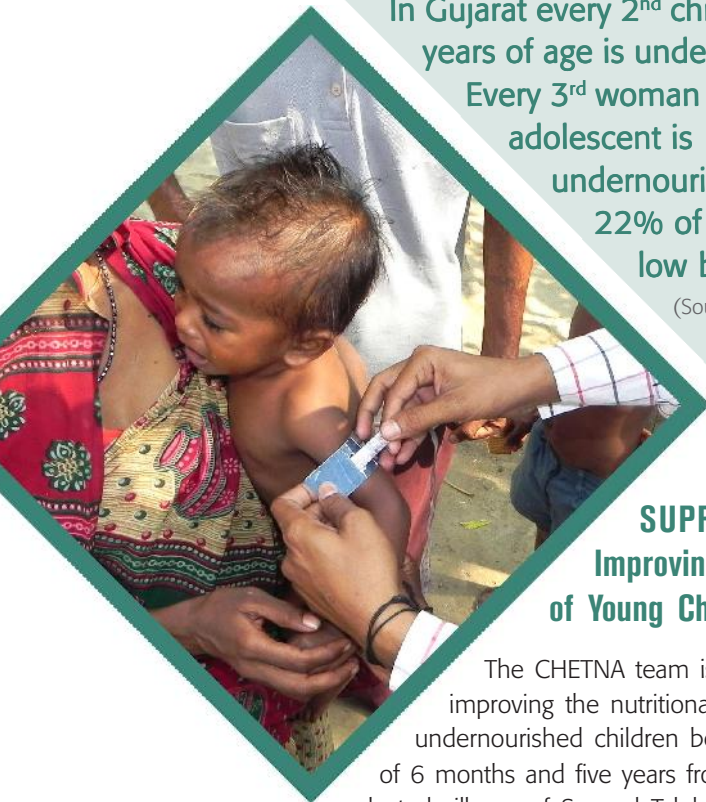
ASHA and Anganwadi Workers have been trained on health communication and are equipped with the necessary health communication material to create awareness about prevention of under-nutrition in the village.

Each child is monitored every month using the age for weight indicator. The data indicates that there is a considerable weight gain in children with normal nutritional status; however the increase in weight in the severely undernourished children is slow.

### **Building Capacity of members of Self Help Groups of Jeevika Multi-sectoral Nutrition Pilot Project**

Jeevika project (Bihar Rural Livelihoods Project) is an initiative of the Government of Bihar to improve the livelihoods in rural areas through enhancement of social and economic empowerment of rural poor. CHETNA contributed in strengthening the nutrition and food security component of the pilot by developing training modules, primers and materials for reference on behaviour change for nutrition; health and sanitation; family food and nutrition security, and convergence with government services of health, nutrition and sanitation.

The module was supported by 17 Behaviour Change Communication (BCC) materials designed keeping the low literacy level of the women in view. The CHETNA team has trained the trainers by providing hands-on training on the use of the modules, primers and the communication kit to bring behavioural changes among the members of women self help groups (SHGs) and increase community's participation in health, nutrition, sanitation and food security programmes.



## Strengthening Implementation of Weekly Iron Folic Acid Supplementation Programme

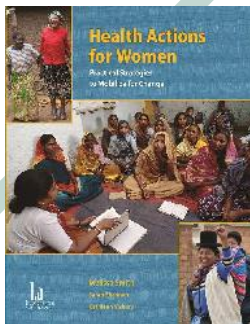
One out of every two adolescent girls in Gujarat suffers from anaemia. To combat anaemia among adolescent girls, the Health and Family Welfare Department, Government of Gujarat is implementing a Weekly Iron Folic Acid Supplementation Programme (WISP). To support this programme, CHETNA, with its partners mobilized out-of-school adolescent girls in their intervention area to ensure compliance to the WISP. During January and March 2015 a total of 2130 adolescent girls from five districts of Gujarat state were sensitised and made aware about prevention of anaemia through educational interventions. It was observed that the compliance to IFA increased from 468/2130 (22%) in January to 2126/2130 (99.8%) in March 2015.

## Communicating Health and Nutrition

Health and nutrition related communication has strong relevance for virtually every aspect of health and well-being of individual including disease prevention, health promotion and quality of life. This is because majority of the health and nutrition-related illnesses and conditions are rooted in human behaviour. There is a growing recognition about integrating health communication components in all the government health programmes.

## Capacity building for RMNCH+A

Reproductive Maternal Neonatal Child and Adolescent Health is a Government of India intervention under National Health Mission. As a part of the initiative, 155 Information, Education and Communication (IEC) Officers and NGO representatives from the identified High Priority



## Health Actions for Women: Practical Strategies to Mobilise Change

CHETNA shared its experiences related to training, health communication and case studies for inclusion in the book titled *Health Actions for Women: Practical Strategies to Mobilise Change*. This book, published by Hesperian Foundation in February 2015, has a wealth of doable, engagingly illustrated activities, strategies, and stories that address the social obstacles and practices that prevent women and girls from enjoying healthy lives. The activities are field-tested in 23 countries.

Districts (HPDs) and High Priority Talukas (HPTs)<sup>13</sup> of Gujarat, in partnership with the Department of Health and Family Welfare Government of Gujarat, were trained in the area of Behaviour Change Communication.

The training included perspective building on health and nutrition needs of a woman during the different stages of her life cycle, and importance of continuum of care. The sessions helped to strengthen technical knowledge and enhance health communication skills. The participants identified human behaviours which need urgent attention in the context of RMNCH+A, and developed action plans to change these with specific reference to the existing socio-cultural barriers.

Various communication activities were planned in the form of mass awareness, group awareness and inter-personal communication for behaviour change. During the training programme, the participants demonstrated these approaches and activities, and took constructive feedback to improve those further. It is expected that along with the frontline workers, these officers will carry out the health awareness campaigns in their respective areas. CHETNA has provided each participant with Behaviour Change Communication material which will prove useful support to impart messages at the community level during the awareness campaign organised by them.

<sup>13</sup> Banaskantha, Dahod, Dang, Kutch, Narmada, Panchmahals, Sabarkantha and Valsad.



# CHETNA as a Resource Organisation



## Supporting Implementation of the National Health Mission in Gujarat

In 2014 CHETNA has been identified by the Department of Health and Family Welfare, Government of Gujarat as State-level NGO Support Organisation (NSO) to support the implementation of National Health Mission. CHETNA had already been supporting the implementation of Mother NGO Scheme in Gujarat as a Regional Resource Centre for Reproductive and Child Health from 2004-2014.

In its role as an NSO, CHETNA coordinated and provided support to 47 Community Based Organisations (CBOs) representing 17 districts of the state. As outcome of this, action plans have been developed with the objective to bring change in the health and nutrition-related indicators at the village level. CHETNA provided mentoring support, through the year, to the CBOs to implement their action plan successfully. Government guidelines and training modules related to community processes, violence against women and adolescent health were translated and designed for the state.

## State Training Resource Centre for Targeted Interventions for AIDS Control



In 2014, CHETNA was recognised as a State Training Resource Centre (STRC) by the National AIDS Control Organisation (NACO) to support Targeted Intervention (TI) programmes in the state of Gujarat through training, on-site handholding to strengthen the operational efficiency of the Targeted Intervention programmes, and to improve the quality of service delivery. As a STRC, CHETNA is providing training support to Ahmedabad Municipal Corporation AIDS Control Society, Gujarat State AIDS Control Society, Diu Daman State AIDS Control Society, and Dadra Nagar Haveli State AIDS Control Society.

During the year in its role as STRC, CHETNA reached out to 110 Targeted Intervention Organisations across Gujarat and trained their

1126 team members. Support was extended to all the newly recruited team members in TI Organisations through 20 induction training programmes. Counsellors, Peer Educators and Outreach Workers were trained to effectively deliver quality care at the field level. The participants were provided with reference material. Learning sites are being developed to demonstrate model TI organisations for other NGOs. For the coming year CHETNA will be engaged in the training needs assessment of the TI organisations.





## New Initiatives

### Partnership for Health Education and Livelihood PAHEL<sup>14</sup>

CHETNA, along with other NGOs, has joined a multi-partnership project to ensure comprehensive development with special focus on improving the standard of living of the labourers/truckers and their families residing in villages around the Mundra port area. The issues being addressed are nutrition, health, education and livelihoods.

As part of the initiative, CHETNA is committed to create nutrition and health awareness including prevention of HIV/AIDS and reproductive and sexual illness among the community members and truckers. Efforts will also be made to improve access to health and nutrition services from the government programmes for these groups.



### Rajasthan Nutrition Project

CHETNA is extending its technical and training expertise as part of a project for empowering poor marginalized women in Banswara and Sirohi districts of Rajasthan for improved gender equitable household nutrition. CHETNA will contribute primarily towards strengthening of capacity of the project partners through improving their technical information and communication activities. Five training modules will be developed on Gender; Nutrition and food availability; Infant and young child nutrition and prevention of diarrhoea; Maternal and Adolescent nutrition; Linkages with health and nutrition services, and Financial management. Interactive communication material will be developed to support the modules. The project aims to reach out to 8000 women from 339 villages in the two districts.

#### Project Partners



<sup>14</sup> *Pahel* means 'initiative' in Hindi

# Governing Council

## **Mr A.R. Nanda** (Chairperson)

Former Secretary, Ministry of Health and Family Welfare-Government of India and Former Executive Director, Population Foundation of India  
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## **Mr Binoy Acharya**

Director, UNNATI, Organisation for Development Education,  
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Ahmedabad-380015 India

## **Dr Dileep V. Mavalankar**

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Sardar Patel Institute of Economics & Social Research Campus  
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## **Mr Dilip Surkar**

Director, VIKSAT & Vikram A. Sarabhai Community Science Centre  
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## **Prof. G. G. Gangadharan**

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## **Shri Kartikeya V. Sarabhai**

Managing Trustee,  
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## **Dr Leela Visaria**

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## **Dr Nasreen Rustomfram**

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## **Ms Razia Ismail Abbasi**

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India Alliance for Child Rights, National Secretariat  
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Near DDA Market, New Delhi 110049, India

## **Ms Shabana Azmi**

Activist and actor,  
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Mumbai-400049 India

## **Mr T.K. Balappan**

Chief Administrative Officer (Secretarial & Legal) –CEE and Secretary- Nehru Foundation for Development,  
Thaltej Tekra, Ahmedabad 380054 India

## **Ms Usha Rai**

Flat No. 207, Qutub Green Apartments  
1064/7, Dadabari Jain Mandir Road  
Mehrauli, New Delhi 110030 India

## **Ms Pallavi Patel** (Member Secretary)

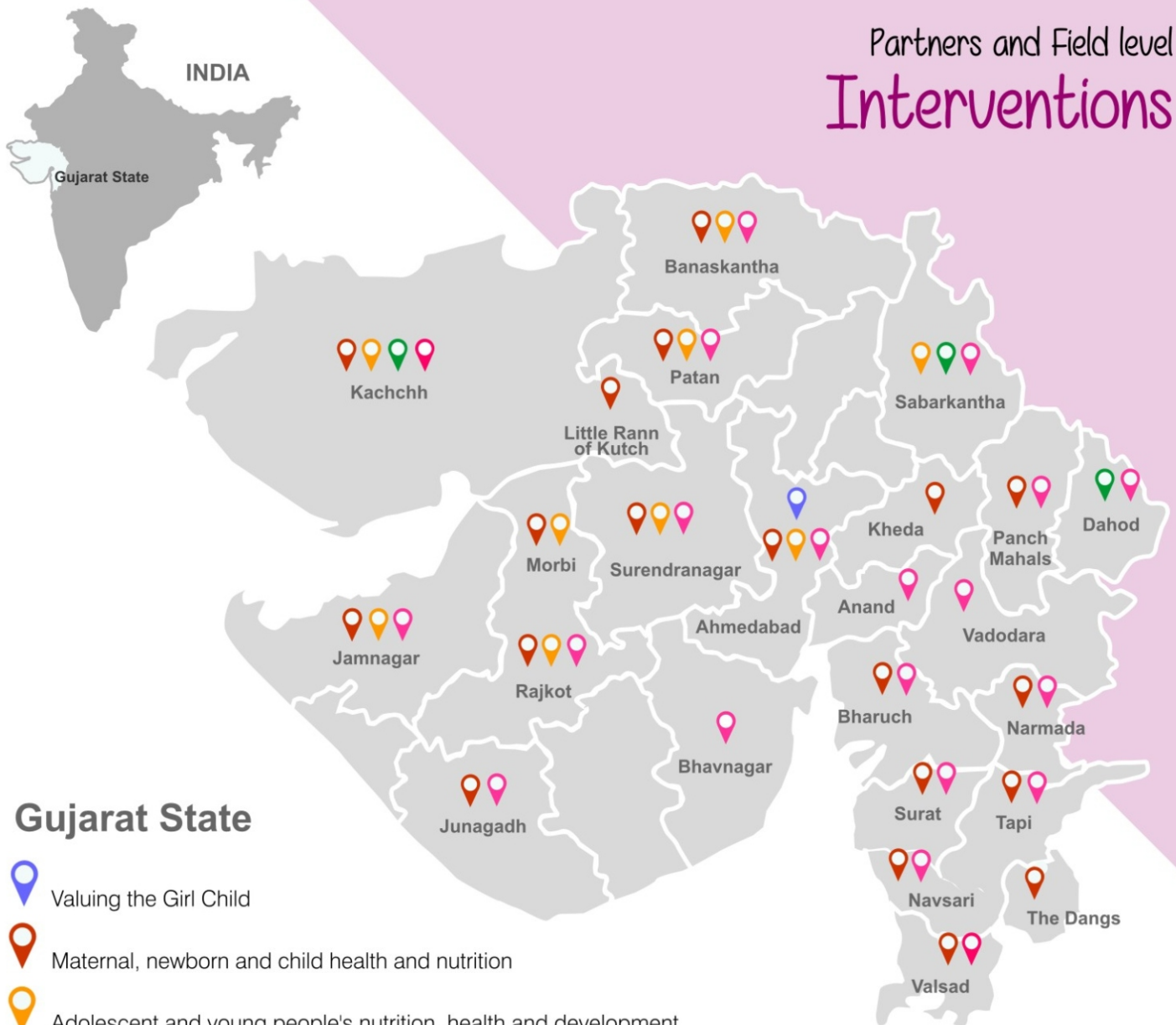
Director, CHETNA  
Supath-II, Block-B, 3<sup>rd</sup> Floor,  
Opp. Vadaj Bus Terminus, Ashram Road,  
Ahmedabad 380013 India

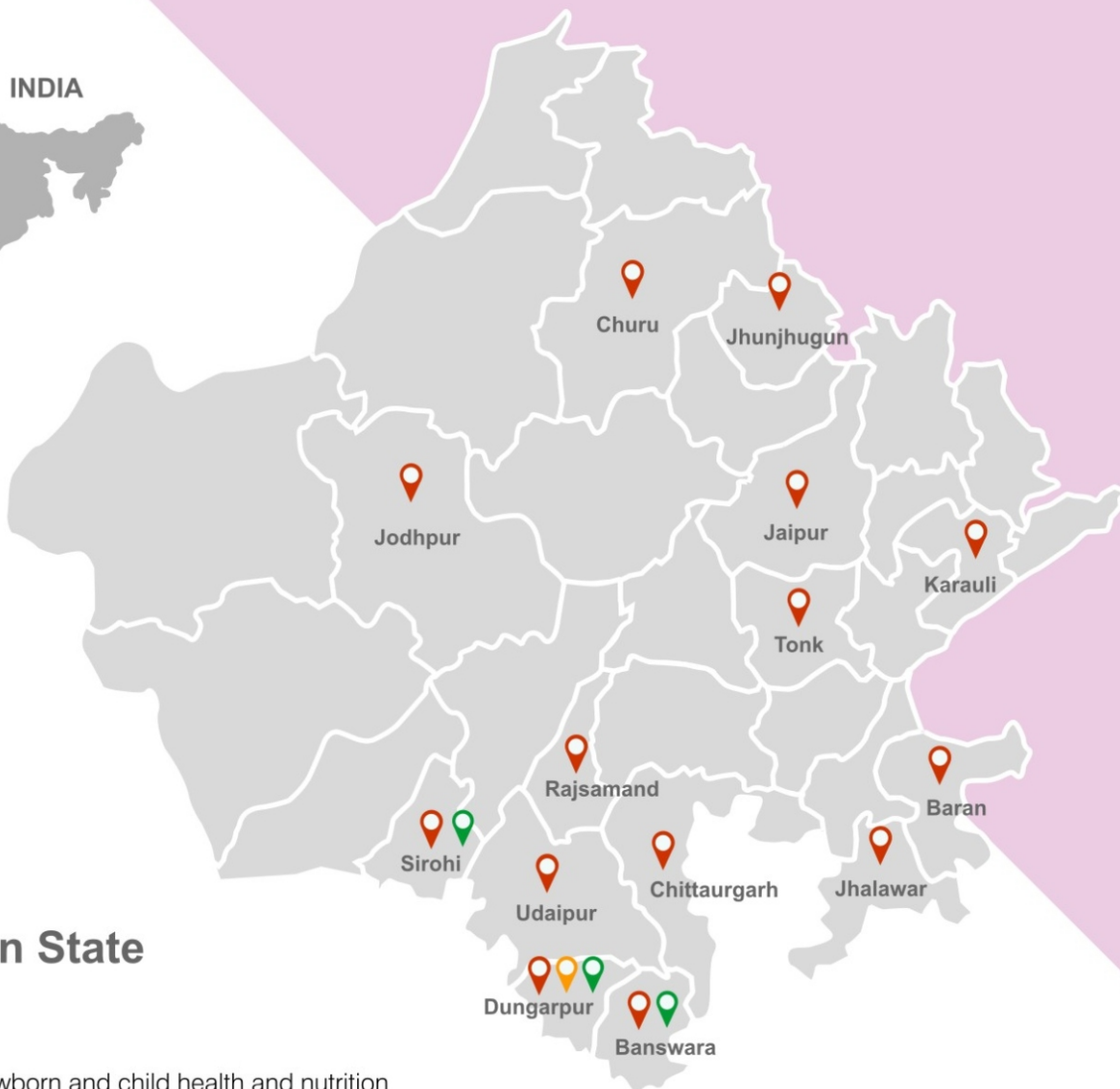
**The Governing Council meetings were organised on September 9, 2014 and March 5, 2015.**

\*CHETNA is an activity of the Nehru Foundation for Development, which is a public charitable trust, registered under the Bombay Public Trust Act 1950.



# Partners and Field level Interventions





## Rajasthan State



Maternal, newborn and child health and nutrition



Adolescent and young people's nutrition, health and development



Health and nutrition rights of children

Total: 12 Partners

## Gujarat

- Traditional folk songs of Gujarat (Garba) booklet on valuing the girl child (2000)
- Traditional Garba CD on valuing the girl child (1445)
- Three Posters on valuing the girl child and role of leaders/families/youth (1145)
- Seven Posters on breast-feeding and infant and child nutrition (7587)
- Booklet on sexual reproductive health and rights (507)
- Wall hanging (toran) on breastfeeding and child nutrition and care (501)
- Counselling cards on contraceptives (400)
- Booklet for traditional birth attendants on safe delivery and risk symptoms in a new born (70)
- Modules for trainers on child rights (74)
- World without Tears- A reader to learn about child rights in a story form (62)
- Oath card to promote secondary education for girls (7000)
- Poster on adolescent friendly health services (3000)
- Poster on services from youth friendly health centre (302)
- Hum Tum- Reference book on adolescent health and nutrition (210)
- 3 D Poster on symptoms and prevention of anaemia in adolescent girls(68)
- Wall chart story of Rupa on prevention of anaemia (54)
- Apron on menstruation cycle (923)
- Apron on male reproductive system (342)
- Booklet on foods and nutrition (16115)
- Booklet on personal hygiene (484)
- Bal Swasthya Salah Pustika- counselling pregnant and nursing mothers and parents (146)
- Manual on Complementary Foods (113)

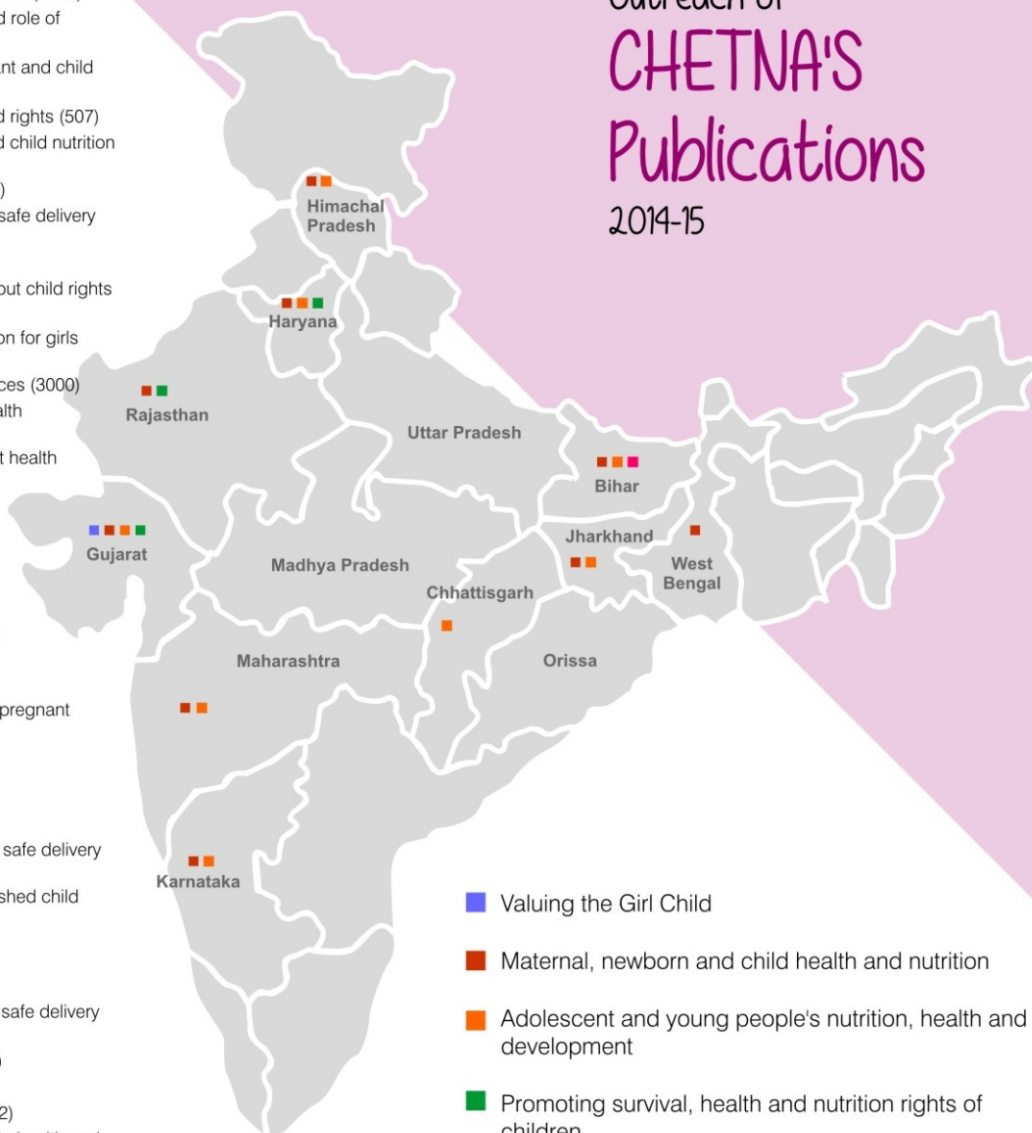
## Rajasthan

- Apron on menstruation cycle (923)
- Booklet for traditional birth attendants on safe delivery and risk symptoms in a new born (336)
- Counselling kit on severe acute malnourished child (4000)

## Other States

- Apron on menstruation cycle (383)
- Booklet for traditional birth attendants on safe delivery and risk symptoms in a new born (2)
- Apron on male reproductive systme (370)
- Personal hygiene booklet (4)
- Story of Rupa on prevention of anaemia (2)
- Hum Tum- Reference book on adolescents health and nutrition (6)
- Counselling kit on severe acute malnourished child (1)
- Counselling kit for complementary feeding (1)
- Booklet on foods and nutrition (1)
- World Without Tears (62)

# Outreach of CHETNA'S Publications 2014-15



■ Valuing the Girl Child

■ Maternal, newborn and child health and nutrition

■ Adolescent and young people's nutrition, health and development

■ Promoting survival, health and nutrition rights of children

Figures in brackets indicate number of copies.



# CHETNA's apron depicting reproductive system of male and female is being used by more than 25,000 people all over the country

Our Field Workers extensively use CHETNA's Male and Female Aprons on the reproductive system. It provides visual understanding and makes it easy for communities to understand about the functions of reproductive systems.

## **Mr. Rahul Kumar Rajak**

Project Manager Family Planning  
Association of India Murhu

We are extensively using CHETNA's Male and Female Aprons on reproductive system while training youth and adolescent boys and girls, ASHA's and our field team working on reproductive health and family planning. It proves useful to explain the process of menstrual cycle, conception, male/female sterilization. These aprons have proved extremely useful for our work.

## **Mr. V K Nair**

Sr. Officer Admin and HR  
Aragami India

CHETNA's aprons depicting the reproductive systems of male and female are being used as a training aid to provide information on reproductive organs and systems, and menstruation to adolescent girls and boys for our Jharkhand and adolescent health projects. The schematic depiction and description of the content makes the learning process easier for the target audience.

## **Dr. Aparajita Gogoi**

Executive Director  
Centre for Catalysing Change



Supported in  
organising 88  
trainings



This included making  
logistical arrangements for

**1772**  
participants



Photocopied more than  
**1,50,000**  
copies of reference  
material.



Provided  
wings to the programme team by  
organising their travel by road, rail and air.  
CHETNA team covered



**95,397**



km on the road alone in the states of  
Gujarat and Rajasthan, and much  
longer distances across the  
country through  
different means of  
transport.



The team worked day and night to assemble

**4000**

kits to disseminate among mothers of  
Severely Acute Malnourished (SAM)  
children to promote feeding of  
energy-dense food and  
ensure personal  
hygiene.

The accounts team facilitated the  
necessary financial submission for the  
projects, timely audited accounts;  
ensured payments and  
disbursement of travel  
expenses of training  
programmes and  
workshop  
participants.





# Women's Empowerment

**It is a process of reflection and action is geared towards raising self-esteem, confidence and consciousness, encouraging women to access their entitlements and to improve the health and quality of community life.**

**CHETNA-2001**



**Women's health is a personal and social state of balance and well being in which a woman feels strong, active, creative, wise and worthwhile; where her body's vital power of functioning and healing is intact; where her diverse capacities and rhythms are valued; where she may decide and choose, express herself and move about freely.**

**Source: Wah! 1993**

## Women's health





# Kutchi woman's struggle goes Int'l

Smitha Rajan

Ahmedabad: All it takes is a single step in the right direction for the way, in Kutch. This Kutchi Muslim woman's small steps to change the lives of her comrades in Kutch are less than a year long. She fought to bring state health facilities in her village and domestic violence. Her tale will be one among those stories to be featured in a travel journal being prepared by the Asia-Pacific Research and Resource Centre for Women's Studies.

The journal that will feature stories of women from 17 countries in Asia-Pacific has so far travelled through Philippines, Malaysia, Cambodia, Thailand, Laos, Vietnam, Nepal and Sri Lanka.

The Kutchi woman, Hazraben Khimabhai (48), fought to bring health care facilities to the village Tala near Aham. She also took up causes on behalf of battered women, who were victims of domestic violence. Hazraben's struggle for health care facilities is among the three stories from India and the only one from Gujarat which



Hazraben at her residence in Kutch



The journal will feature stories of women from 17 countries in the Asia-Pacific region

will figure in the journal.

Hazraben, through her efforts, helped villages get medical aid at the Primary Health Centre (PHC) without having to pay anything. "Earlier, either doctors or

nurses would be absent. When pregnant women even for delivery they would be charged even though the services were to be given for free," said Hazraben. Thanks to her intervention, the

PHC now has regular presence of nurses and doctors. Also, she has managed to get the nurse to return the money the latter had charged from the villages.

Domestic violence was another glaring problem in the village. Few women knew that there were legal remedies available for their problems. Now, such incidents have come down as there are more women who know, hence speaking against domestic violence," said the mother of five.

Hazraben who worked as an agricultural labourer now runs a grocery shop in her village apart from helping out in her farm. Speaking about the journal and why it has been chronicling women's stories of struggle, Smitha Rajan of Chetna said that it is a very rare collection about health issues that affect women and how they have tackled it.

"Through these stories we will get to know of pressing health issues in each country. These will then be used to policy makers both at the national and international level," said Rajan.

## CITY DIGEST

### Health policy consultations held

A day-long consultation on the important upcoming National Health Policy, 2015 was being carried out jointly by the Indian Institute of Public Health (IIPH) and Sardar Patel Institute of Economic and Social Research on Thursday at their Thaltej campus. The event is part of a national consultation exercise on the draft policy in which 35 participants representing medical colleges, Gujarat's health department, AMC, NGOs such as CHETNA, Deepak Foundation and Seva Rural from Ahmedabad, Surat, Baroda and Gandhinagar participated.

## NATIONAL SAFE MOTHERHOOD DAY | Say experts who also believe that government's maternal health programmes need improvement

# '122 mothers die per one lakh births in Gujarat'

Rupika Chakrabarty

Despite initiating several high profile maternal health programmes, the Government of Gujarat has failed to reach the targeted maternal mortality rate (MMR) under the Millennium Development Goal (MDG), claim experts working for the safety of motherhood across the state.

On National Safe Motherhood Day, a day spoke to a few experts on maternal health, who stated that the administration has launched a number of innovative schemes, like the Kasturba Gandhi Poshan Yojana and Bal Sakha Yojana, but it is still a challenge for migrating, marginalised women and their families to avail their benefits. "MDG has set a national target of MMR 100 per one lakh birth. But, according to the latest data released by the Registrar General of India in 2013, the mortality rate in Gujarat is

still 122 per one lakh births," said Dr. Hansika Shah, a gynaecologist who works for maternal health. The article "Maternal Health in Gujarat: A Case Study," states that despite the laudable new initiatives, such as the Chiranjeevi Yojana, training of MBBS doctors and other innovations to fill the staff vacancies, the absence of a reliable system for the registration of maternal deaths makes it difficult to measure progress.

Echoing the same opinion, a survey done by Duke University stated that the Chiranjeevi Yojana has been largely unsuccessful. "We were surprised to find that even among those who delivered at health care facilities, there were no significant reductions in household out-of-pocket expenditures for deliveries," wrote assistant professor of public policy, global health, and economics, Manoj Mohanan Duke, who led the research team.

"How do you expect a family with no financial support to run from pillar to post to get medical help under Chiranjeevi when it is so complicated?" said Sangeeta Macwan from a NGO that works for maternal health. "Doctors at times are harassed by government officers who with any economic benefits help poor people," she added.

Meanwhile, the Government also started the Manta Kits Program to provide nutritious food to mothers. Nevertheless, according to Dr. Nandini Srivastava, a member of Deepak

Foundation, women are denied this resource many a times.

In another shocking disclosure, Macwan complained that even though the 'take-home ration' is nutrition-rich, women hardly consume it since "the foods in packets are unpalatable."

Citing several causes of the high rate of maternal death, Dr. Shah claimed, haemoglobin levels not being assessed despite the fact that more than 50 percent of pregnant women are anaemic.

"After six months of pregnancy, the concerned mother should start taking nutrition supplements like iron, protein, and receive a tetanus toxoid immunization to avoid complication during delivery," said Smitha Rajan, program coordinator in Chetna, an organization that works towards safe motherhood.

"Lack of awareness and medical facilities shy away patients from treatments," she added.

The condition is gloomier in rural areas, where women are subjected to negligence and harassment. "As a result, they avoid going to hospitals and prefer to deliver their babies in houses, which increases the risk of mortality by 80 to 70 percent," stated Dr. Srivastava.

However, contrasting the facts above, an official of the health department who requested anonymity said: "Previously it was 348 deaths per lakh but now it has reduced to 122 deaths. During the recent year, it has gone down by 35 percent. We can meet the target under MDG in the upcoming year."

## INTERNATIONAL DAY OF THE GIRL CHILD

# When will the sun rise for daughters in India, asks Chetna

Chetna correspondent

The Child Sex Ratio in Ahmedabad city is 825 girls per 1,000 boys. Some of the zones, especially having CSR below 825 need special attention looking at the frightening social implications of missing girls.

Looking into the prevalent commonest issue of declining sex ratio in the state, a leading NGO in Gujarat Chetna with the Central Ministry of Women and Child Development has initiated a project: "When will the sun rise for daughters in India?" Inspiring individual and community action towards preventing sex selection."

"Since 1961, the sex ratio has been declining, and if this trend continues a day won't be far when there will be 400-500 girls per 1000 boys," said Minati Shukla, Additional Director of Chetna. She stressed on watching a movie - Matruha-



Chetna organised awareness campaign to promote the value of girl child—Aarti Nihalani

homei, to sensitise people about dangers of having less women in society. "We do not want to promote that women are needed only for marrying a man, but

also her individual contributions to the society's welfare and her dignity are to be respected," she stressed.

To generate awareness and sensitiv-

ity to prevent sex selection, pre-birth elimination of female fetus and gender discrimination from our society various participatory events were organized in city.

A paragraph was read out at a mall on gender ratios and they were also asked questions like whether 'son should not be before daughter; son should have a cell phone and daughter should not, daughter should be eating the leftover food'.

A musical chair game wherein people grab a chair after the music is switched off was organised. "Participant who got out because of not finding a chair had to explain the lyrics in music, as the lyrics was about valuing girl child," said Palak Chitaliya, a consultant to Chetna.

The lyricist opined that music has a great impact on humans, and if awareness on a social issue is conveyed through music it would make difference. "People would remember at least a few lines and

would keep humming those" said Mayank Oza, who has written 10 gurbans on various women issues for Chetna.

Oza said the issue is with the society and not with women. "Usually NGOs have close-door meetings, but such a public event will sensitise people and a certain kind of instant awareness is spreaded. The people will then sensitise other people and in this way, the impact would multiply," said Sanjay Dave, Director of Charkha, a NGO who visited the event.

It hopes these endeavours will increase public awareness and target people to play a role to prevent sex selection and spread the same message to their near and dear ones. "I have seen a lot of discrimination at my home between my daughter and son, but I try and protect her by giving her needed freedom" said Pinky Huda, a professional.

## CENSUS 2011

- Sex ratio per 1000 males
- Gujarat: 914
- Ahmedabad: 903
- Child sex ratio (0-6 years)
- Gujarat: 886
- Ahmedabad: 859

## As per sample

- Child death Ratio (0-1 years) Gujarat: 38 per 1000

## As per district level

- 18.7% girls get married below the age of 18 years.

## As per national family health

- Every 3rd woman and every 2nd girls malnourished.
- 61% pregnant ladies and 80% children below age of 3 years are anaemic

# Engagement with Media 2014-15

## CHETNA to sensitise people on gender discrimination



NGO CHETNA has organised an awareness campaign on Wednesday to sensitise people on gender discrimination issue and impact of missing girls in the society. Through the public awareness campaign, the NGO will also celebrate the 'International Day of the Girl Child' (October 11) in advance. Besides speech on 'Valuing the girl, musical chair, quiz and slogan competitions will also be held. Garba will be played on the lyrics, especially written on valuing the girl child.

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**Website: [www.chetnaindia.org](http://www.chetnaindia.org)**



**CHETNA**

For Women Young people Children

*Over 30 years*  
Working since 1980

Committed to Women,  
Young people and Children