



# Empowerment for Sustainable Change



**CHETNA**

For Women Young people Children

A Report  
2015-2016



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## Message from Chairperson



With the global commitment to Sustainable Development Goals (SDGs), the need to address the broader and social determinants of health has been explicitly expressed. The nutrition and health status of people is the foundation of well-being. I strongly believe that all stakeholders, be it public, private, corporate, people's organisations and people, need to join hands and closely work for achieving SDGs. An inclusive, gender-sensitive and comprehensive approach is the need of the day.

Even as we see an increasing trend of consciousness about nutrition and health, certain social segments continue to remain excluded and vulnerable. More attention, therefore, is needed to ensure equitable access to public health and nutrition services.

Health and nutrition communication plays a pivotal role so that the communities are conscious, informed and empowered to access their entitlements, adopt healthy practices and progress towards their health and well-being.

CHETNA's efforts over the past 35 years have demonstrated that participatory approaches which are contextual and gender-sensitive have shown changes which are sustainable. During the last year CHETNA showcased field-level approaches which are people centred. CHETNA is investing

its efforts in empowering the local institutions such as self-help groups, women's groups, adolescents and parents to take actions so that they can voice their challenges and access the services from the public health system.

In its strategy to link the local with the national level, CHETNA facilitated a workshop on the theme 'Ensuring Continuum of Quality Care for Healthy Lives and Well-being' at an international conference titled Education as a Driver for Sustainable Development. This provided a platform for NGOs to showcase their models of empowering adolescents for healthy lives, community-based approaches for improving maternal and newborn health, and addressing social determinants for improving child health.

I congratulate the team for their efforts and commitments, and wish them all the success to come up with innovations in coming year.

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 at CHETNA celebrated our 35<sup>th</sup> Foundation Day on 12 August 2015. With a strong base of working in the field of development, we strongly believe that any solution to improve the health and nutrition status of women, young people and children cannot evolve in a social vacuum. We are dedicated to enabling a meaningful change to transform the lives and futures of every member of the community, especially those who are marginalised. We take up challenges to create opportunities to bring innovations and uniqueness in all our activities. Our team has derived inspiration to bring about change from the people's unlimited knowledge, and their struggle to create an equitable society. Our experiences highlight that the investment of resources towards empowerment of community is non-negotiable in any development programme.

We advocate the creation of new pathways by developing partnerships between the organisations working on livelihood, agriculture, health, food security and education to initiate joint interventions to bring sustainable changes in the lives of people. During the year 2016, we took up one such initiative wherein we joined hands with organisations working in areas of agriculture and livelihood. As a part of this intervention women change agents at the village level are

created to bring change in the nutrition and health practices within the family and in the community. In the coming year, we are going to take this process ahead in more than one geographical area.

The focus of many of our programmes during the year 2016 has remained on behaviour change. Successful and sustainable behaviour change demands time, human and financial resources. It is important to realise that information which is received by people is generally processed through a social lens on which the action is totally dependent. The information gets synthesised based on peoples' exposure to life, their selective perceptions, prior experiences and beliefs which have come in existence from the social cultural norms.

While deeply investing our efforts in field interventions, we also feed our experiences from these into the national and international levels by participating in conferences, making presentations and sharing of experiences, and developing training modules to be used in national government programmes, etc.

We take this opportunity to thank all our partners and well-wishers, and we look forward to take up new challenges and innovations.

Pallavi Patel  
Director CHETNA



## From the Desk of Director CHETNA Outreach



In early 2016, around 200 countries agreed on a global indicator framework as a starting point for the 2030 agenda and the Sustainable Development Goals (SDGs). The SDGs are a call for action to end poverty, protect the planet and ensure that all people enjoy peace and prosperity.

Recognizing the interconnectedness of achieving the 17 stated SDG goals and also working towards achieving the World Assembly Targets<sup>1</sup> (WHA) to be achieved by 2025, CHETNA has been steadfastly working on several issues related to more than one stated goal.

The SDGs recognize eradication of hunger as a stand-alone goal, and not just a component of the larger objective of eliminating poverty. As the second goal, hunger and nutrition is at the forefront of every development agenda and will now be given the priority it deserves. The uniqueness of the goal is that it expands the purview of "hunger and nutrition" to include food security and sustainable agriculture, both of which play an equal part in understanding and effectively combating hunger and malnutrition.

While Millennium Development Goals (MDGs) have been successful in reducing poverty across many parts of the world, the gains in hunger and nutrition are not as promising. This is true for India, which was able to achieve only a 15 per cent reduction in malnourishment over 15 years.

The prevalence of undernourishment or food insecurity in India's population is a grim reminder of the necessity of continued action. Indeed, India is home to one-fourth of the world's undernourished, one-third of all malnourished

children and one-third of the world's food insecure population.

Recognizing that India needs many more individuals and organizations working on the issues of hunger, nutrition, gender equality and health equity, CHETNA Outreach was initiated to upscale and mainstream the activities of CHETNA at the national and international level.

As an initial step, CHETNA has documented its gender-sensitive organizational journey in form of a book<sup>2</sup>, and also hopes to launch a course on 'Gender-Sensitive Leadership Programme for Transformative Health' in 2017. We are eagerly looking forward to forging partnerships with diverse stakeholders in India and across the globe in order to positively contribute to achieving the SDG goals.

A handwritten signature in black ink, which appears to read 'Indu Capoor'.

Ms. Indu Capoor,  
Founder Director, CHETNA and Director, CHETNA Outreach.

<sup>1</sup> 40% reduction in child stunting; 50% reduction in anemia in women; 30% reduction in low birth weight; no increase in child overweight; increase rate of exclusive breastfeeding to at least 50%; reduce and maintain childhood stunting to less than 5%.

<sup>2</sup> The book titled 'A Shared Destiny: My Journey with CHETNA' is available on; <http://www.amazon.in/dp/9332703957>

# About CHETNA

**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 recognizes the health, nutrition and other developmental 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 through improving access to nutrition, health care and education
- Optimizing health and development in early childhood
- Promoting nutrition, reproductive and sexual health (including HIV/AIDS) rights and responsibilities of adolescents and young people
- Improving maternal health (reducing death, disease and disability-linked 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 Organizations and Corporates (Corporate Social Responsibility).

## Activities of CHETNA

### Strengthening Capacity

CHETNA organizes need-based training programmes for trainers, 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. CHETNA provides mentoring support 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 three decades of 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 are 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; successful among these are Health Mela (fair), Poshan Mela (nutrition fair), Bhavai (a traditional folk theatre form of Gujarat), and folk songs. CHETNA also organises special training programmes on Behaviour Change Communication.

### Demonstrating Workable Models and Approaches

CHETNA demonstrates workable models and approaches which can be mainstreamed through existing government health and nutrition programmes at the state and national level. The team showcases approaches to mobilise the community and empower them to take charge of their own health and nutrition, as well to access and demand quality of services from the public health system. CHETNA also





showcases training strategies to train large numbers of frontline workers on health and nutrition, communication, supportive supervision and monitoring. CHETNA has made unique efforts towards developing training modules which have a strong component of gender equality.

### **Networking and Advocacy**

CHETNA networks and advocates for people-centred, gender-sensitive policies and programmes at the state and national level. CHETNA ensures that the voices of the community are reflected in the 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. During the year 2015-16 CHETNA contributed in the process of the Universal Periodic Review which is a unique mechanism of the Human Rights Council (HRC) aimed at improving the human rights situation, on the ground, of each of the 193 United Nations Member States.

### **CHETNA Outreach**

CHETNA Outreach has been initiated as an effort to take ahead 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.

### **Coming together, staying together and working together...**

A retreat was organised during the month of June 2015 to collectively learn, and understand CHETNA. The retreat provided a platform to revisit and reaffirm CHETNA's Vision,

Mission and Values; understand the uniqueness of CHETNA's approaches: empowerment, participatory, gender-sensitive, people-centered, comprehensive, life cycle, and valuing traditional knowledge and practice, and to discuss CHETNA's plan of action for the next five years. The retreat provided the time and space for CHETNA's 35 team members to be together to learn, enjoy and better understand each other.

Dr. Usha Jumani a management consultant in organization development facilitated the retreat.

# Highlights

**April 2015**

Contribution at the National Citizens' Hearing 'Nothing for us without us' organised by The White Ribbon Alliance, New Delhi.

**May 2015**

Chaired a session on Economic, Social and Cultural Rights focussing on Health during Universal Periodic Review (UPR) regional-level

**July 2015**

Contributed at the 'National consultation on increasing commitment and accountability to combat acute under-nutrition: A Framework for Action' by Action Against Hunger, Coalition for Food and Nutrition Security, UNICEF and Freedom from Hunger Trust, New Delhi.

**November 2015**

- Contributed to the 9<sup>th</sup> Common Review Mission for the state of Haryana.
- Chaired a session on Health at the International Conference on Gender Equality organised by Gender Park, Kerala.
- Contributed at the Global Youth Meet 2015, organised by Health Related Information Dissemination Amongst Youth (HRIDAY) and Public Health Foundation of India, Vishakhapatnam.

**December 2015**

- Contributed at the National Conclave on Food and Nutrition Security organised by International Food Policy Research Institute (IFPRI) and Anandi, Ahmedabad.

**August 2015**

Celebrated CHETNA's 35<sup>th</sup> Foundation Day, Ahmedabad.

- Presented experience on Education for Complementary Nutrition: Challenges and Dilemma.





# 2015-16

## June 2015

Contributed at the meeting to develop a Communication Strategy for Rashtriya Kishor Swasthya Karyakram (RKSK) programme organized by UNFPA, UNICEF and Ministry of Health and Family Welfare, New Delhi.

## September 2015

- Organised State-level consultation on Adolescent Nutrition, at Udaipur.
- Contributed in drafting the framework for the proposal on 'Law on Early Childhood Development' organised by Mobile Creches, New Delhi.
- Initiated Peer Educators' Training of Trainers for RKSK for the state of Gujarat, Rajasthan, Maharashtra, Goa, Diu, Daman and Dadra Nagar Haveli.

## October 2015

- Made a presentation on Social Accountability for Maternal Health at the Global Maternal Health Conference, organised by the Maternal Health Task Force, Mexico.
- Contributed at the sub-group meeting on health organised by the Population Foundation of India, New Delhi.
- Contributed at the country meeting to draw up strategic recommendations for a National Plan of Action for Children organised by India Alliance for Child Rights, New Delhi.

## January 2016

- Facilitated three workshops on 'Ensuring Continuum of Quality Care for Healthy Lives and Well-being' at an International Conference on Education as a Driver for Sustainable Development Goals organised by CEE, Ahmedabad.

## February 2016

- Contributed to Women's Nutrition, Role of Ayurveda at the Global Ayurveda Festival, organised by Centre for Innovation in Science & Social Action (CISSA), Kerala.
- Contributed in the panel discussion on State of Nutrition Financing in India, organised by Coalition for Food and Nutrition Security (CFNS) and Results for Development, New Delhi.
- Contributed at the Early Childhood Care and Development (ECCD) Policy Conference, organised by Bala Mandir Research Foundation (BMRF), Chennai.

## March 2016

- Made a presentation in workshop 'Engendering Leaderships in Organisations', organised by PRIA, New Delhi.
- Presented experience on adolescent health in the National Consultation on Adolescent Health organised by Pramukhswami Medical College, Karamsad.

workshop organised by Working Group for Human Rights, Pune.

## Education as a Driver of Change for Sustainable Development Goals

### Ensuring Continuum of Quality Care for Healthy Lives and Well-being

In September 2015, a set of Sustainable Development Goals (SDGs) were mutually agreed upon by the nations. It was realized that for achieving this development path, wide-scale societal transformation is necessary. In this transformative process, education has been recognised as a driver of change for facilitating the effective implementation of the Sustainable Development Goals. It is believed that education for Sustainable Development empowers learners to transform themselves and the society they live in.

To deliberate upon the specific role of education, a three-day international conference was organized at the Centre for Environmental Education in Ahmedabad in January 2016. The conference brought together global experience and expertise to highlight and strengthen the role of education in realizing the SDGs. It was an opportunity to build upon the learnings and recognize Education as a key enabler. During this conference, CHETNA organised workshops to deliberate upon the role of education for achieving Goal 3 of the SDGs which is to “Ensure healthy lives and promote well-being for all at all stages”.

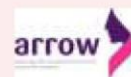
In this regard, three workshops were organised for sharing evidence-based practices, workable models, strategies and approaches that will contribute to global wisdom towards a shared vision. The workshops provided an opportunity to dialogue and discuss the scalability and challenges related to approaches of improving health and well-being of the marginalised communities. The outcome of these workshops was in the form of recommendations towards achieving the SDGs. The discussions in the workshop on Goal 3 focused on following themes:

- Empowering adolescents for healthy lives
- Community-based approaches for improving maternal and newborn health
- Addressing social determinants for improving child health.

In each workshop, the speakers specifically discussed the recommendations relevant for the theme. The recommendations that emerged in the workshops regarding the three selected themes were widely disseminated. Recommendations are available from CHETNA.



#### Partners





# Improving Maternal and Child Health



**Despite long-standing global and national commitments to reducing maternal mortality, India still has to work intensively in this area. The target for the Millennium Development Goals (MDGs) has remained unfinished worldwide. Although maternal deaths worldwide have decreased by 45% since 1990, 800 women still die each day from largely preventable causes before, during, and after the time of giving birth. Within India, the risk of death is disproportionately high among the most vulnerable segments of society due to geographical variation, class, caste and gender inequality.**

**Sustainable change in the maternal health scenario demands focus on eliminating significant inequities that lead to disparities in access and quality of services. It requires action to break down political, economic, social and cultural barriers that women face in accessing the interventions that can prevent maternal mortality. It requires involvement of multiple stakeholders and accountability for maternal mortality. CHETNA is contributing in improving maternal and child health by using various strategies and approaches which includes advocacy for continuum of quality care, making service providers accountable to ensure quality and timely maternal services, and demonstrating approaches of community mobilising, as well as strengthening the existing programme service deliveries in partnership with State governments.**

## **Advocating for Change**

### **Advocacy for Continuum of Quality Care**

In the state of Rajasthan CHETNA is advocating for continuum of care and quality of maternal and newborn health.

The continuum of care is highlighted as a core principle of programmes for maternal, newborn, and child health and as a means to reduce the burden of maternal deaths, neonatal deaths and children who die between the ages of one month and five years. Continuity of care is necessary throughout the lifecycle (adolescence, pregnancy, childbirth, the post-natal period, and childhood) and also between places of care giving (including households and communities, outpatient and outreach services, and clinical-care settings).

Through its state-level network SuMa<sup>1</sup>, CHETNA as a secretariat, advocates for Continuum of Quality Care from the public health system in the state of Rajasthan. To achieve this, partners are committed to strengthen the facility-based monitoring committees Rajasthan Medicare Relief Society (RMRS)<sup>2</sup> which is constituted to contribute in development of the health facility. To play their assigned role effectively, partners from 8 districts organised 11 orientation workshops for 16 facility-based planning and monitoring committees at Primary Health Centre (PHC) (9) and Community Health Centre (CHC) (7) levels. Through these 110 RMRS members were oriented about their roles and responsibilities, especially regarding monitoring visits of the facilities, taking women's feedback on quality of services, making action plans for improvement in maternal health services, etc.



### As an outcome of these efforts

- Nine RMRS committees (3 CHC level and 6 PHC level) from six districts started conducting their meetings regularly.
- Thirteen RMRS committees took the initiative of filling up of vacant posts of doctors; ensuring hygiene and sanitation of the facility as well as the labour room; initiating delivery services at the Primary Health Centre, accelerating the process of construction of new building of the facility, etc.
- In Chittorgarh district (Kapasana Block) women reported the problem of delay/no response by 104 ambulance driver. The RMRS Secretary committed to take immediate actions.
- Five SuMa partners are now members in the facility-based planning and monitoring committees (RMRS) at 8 facilities.

To strengthen democratisation, partners ensured participation of women in the Gram Sabhas to put forward their recommendations for strengthening of health services. 744 women participated in 16 Gram Sabhas held in 8 districts, and 201 women submitted 25 proposals on maternal health issues. The newly-elected leaders of the Panchayat have also expressed interest in addressing the health concerns of women and communities. Appropriate action is taken based on the proposals made by the women.

Some of the actions taken during 2015-16 include allocation of funds for repair of Anganwadi centres; allotment of land, funds and starting construction work of sub centres; filling up of vacant post of the medical officers, ANMs; improvement in the approach road to Anganwadi Centre etc.

**The partners' skills for evidence-based advocacy on maternal health are developed by training them in assessing public health facilities, writing case stories, preparing short and effective advocacy messages, preparing videos, use of social media and making proposals at the Gramsabha.**

<sup>1</sup>SuMa Surakshit Matrutwa Gathbandhan – Rajasthan White Ribbon Alliance for Safe Motherhood

<sup>2</sup>RMRS aims to provide various diagnostic and treatment facilities at nominal cost to general patients, and free of cost to very poor (B.P.L) and dependent patients.



सुमा - राजस्थान सुरक्षित मातृत्व गठबंधन

**CHETNA, along with SuMa members and Panchayat members, participated in the National Consultation/ National Citizens' Hearing 'Nothing for us without us' held at New Delhi in April 2015. During a discussion and presentation at the plenary session, the need for attention to continuum of quality care, including post-natal care, and mechanisms for uninterrupted supply of Iron Folic Acid Tablets was highlighted. They also highlighted issues such as the need to address nutritional deficiency anaemia and investments in empowering communities to demand accountability. Action was assured by the officials from the Ministry of Health and Family Welfare.**

## Advocacy for Quality of Care in Maternal, Newborn Health in Rajasthan

The quality aspect in maternal health care has received recognition at the policy and planning levels of the national health programmes with the launch of the National Rural Health Mission (NRHM). While NRHM has made efforts to address lacunae associated with quality of maternal care in the public health system, there is much scope for improvement.

SuMa partners in three blocks from Dungarpur, Udaipur and Rajsamand districts are making efforts to advocate for Quality of Care on three aspects viz. Human Resource, Budget and Infrastructure. CHETNA as the SuMa Secretariat supported the partners in building their capacity for advocacy by using the

evidences generated at the block level. A series of capacity-building events were organised in this context.

- In collaboration with White Ribbon Alliance India (WRAI), partners were trained on quality of care for maternal and newborn health wherein unavailability of human resource and transportation in health care services were identified, and an action plan for advocacy on these issues was prepared.
- A workshop on budget tracking was organized in partnership with the Centre for Budget and Governance Accountability (CBGA), WRAI and Budget Analysis and Resource Centre through which seventeen SuMa members representing 13 different organizations from 15 districts of Rajasthan got an opportunity to enhance their knowledge of key budgeting processes.

From meetings with concerned district-level health department officials, SuMa partners realised the need to operationalise the quality assurance units set up to monitor quality of health services.

The partners, with guidance from CHETNA, went through systematic learning of public health facility assessment. Following this, they have decided to assess 31 facilities in May-June 2016.

SuMa called for a state-wide campaign coinciding with Safe Motherhood Day. 13 SuMa members of 11 different organizations representing 13 districts of Rajasthan will be organising awareness campaigns to ensure commitment from key stakeholders like the elected representatives, media, health department officials, and Panchayat representatives to ensure quality maternal health services.

### Partners





## Showcasing Approaches to Improve Maternal and Child Health and Nutrition

CHETNA is showcasing field-level approaches to improve maternal and child health and nutrition services in the state of Gujarat. These interventions are as a part of CHETNA's partnership with Corporate Social Responsibility (CSR).

**PAHONCH** means 'reach' in Hindi language.

This intervention aims to strengthen Village Health and Nutrition Day (VHND) which is a platform to converge the services related to health and nutrition. It also ensures joint planning and execution of the services from Department of Health and Family Welfare and Department of Women and Child Development. With the support of front-line workers, CHETNA demonstrated a model VHND at the village level.

Health awareness activities like home visits, counselling, community awareness campaigns such as Poshan Melas (interactive nutrition fairs), breastfeeding and infant and child-feeding awareness campaigns were organised to mobilise the community to access health and nutrition services from government programmes. During a period of one year, there has been an increase in the participation of women and children in VHND.

Thirty eight Poshan Melas to create nutrition awareness were organised at the community level, where more than 900 community people participated. These included pregnant and nursing women, other community women; elected Panchayat representatives, mothers-in-law, members of mothers' groups, members of village Health, Sanitation and Nutrition Committee etc. The messages about the nutritional needs of a woman at different stages of her life and health, and consumption of locally available foods was the highlight of the Poshan Melas.



**During the year a total population of approximately 1,20,000 in 73 villages (Rajkot, Morbi and Jamnagar districts of Gujarat state), including 1046 pregnant women, 1035 nursing mothers, 3784 children between 0- 6 years, and 2224 adolescent girls between 11-18 years were sensitized and made aware about health and hygiene, and nutritional needs.**

The Department of Women and Child Development appreciated CHETNA's approach of Poshan Mela. This was found to be the most effective method for community awareness. They organised Poshan Melas in all the villages of three districts with support from CHETNA.

A total of 1495 (67%) adolescent girls participated in the two-day intensive training which enhanced their information and awareness about bodily changes including physical, mental and emotional changes; reproductive system and menstruation process; menstrual hygiene; and how to promote healthy behaviours and to have control over their own health and nutrition concerns.

Partners



Department of Women and Child Development, Department of Health and Family Welfare

## Partnership for Health Education and Livelihood: PAHEL

Along with other partners CHETNA has joined a multi-partnership project to ensure comprehensive development with special focus on improving the quality of life of the labourers, truckers and their families residing in villages around the Mundra port area.

Project area: Mundra, Baroi, Nankapaya, Moptakapaya, Dhrub, Samagagoga, Navinal and Zarpara) of Mundra Block in Kutch District of Gujarat state.

The purpose is to ensure that the communities, especially women, children, and young people in identified villages have better access to public nutrition and health services, and that truckers and labourers working at the Mundra International Container Terminal (MICT) Campus are better informed about healthy behaviours. The initiative covers a population of about 44400.

Preliminary situation analysis conducted in the project area revealed a low-level of information and knowledge among the communities regarding their nutrition and health entitlements and services. A two-pronged strategy was used wherein efforts were made at the community level to mobilize them to access services, and build capacities of Anganwadi Workers (AWW), Accredited Social Health Activists (ASHA), Female Health Workers (FHW).

The CHETNA team ensured that growth grading of the children becomes a regular activity across all Anganwadis of the PAHEL Project. Following this, the mothers of the children were informed about the status of their children, and counselled about complementary feeding and personal hygiene.

Poshan Melas were organised at the village level to create awareness about maternal and child nutrition. A breastfeeding awareness campaign was organized in all the villages wherein pregnant women and nursing mothers participated. The messages regarding immediate and exclusive breastfeeding for six months were conveyed.

CHETNA joined hands with the Department of Health and Family Welfare and Women and Child Development to improve the

implementation of Village Health and Nutrition Day (VHND) and facilitated health education and counselling of mothers in five wadivastars (outskirts of village).

More than 100 out-of-school girls were trained on, the CHETNA team organised a two- day training related to menstruation, nutrition, body parts, life skills, etc. for more than 100 adolescent girls.

The truckers of MICT reside in three colonies in the Mundra city. The team reached out to about 120 truckers with health education material and counseling on communicable diseases such as malaria, skin infections etc. Information on prevention of HIV/AIDS was also imparted. As a result of imparting information on their entitlements, the truckers started availing the health services from local health facilities; primary health centres and community health centres.

During the next phase of the project, CHETNA will continue its efforts at promoting health and nutrition awareness, and advocate for improvement in service provision. CHETNA is also looking forward to further empower the community with vocational and life-skills trainings.

### Partners



Department of  
Women and Child  
Development,  
Department of  
Health and Family  
Welfare





## Gender and Social Assessment for Expanding Access to IUCD Services in Gujarat and Rajasthan

The Government of India launched the Family Planning Programme in 1952. Birth control pills, condoms, sterilization, Intra Uterine Contraceptive Device (IUCD) are the most commonly practised family planning methods in the country. The year 2010-11 ended with 34.9 million total family planning users at the national level. The percentage of users had shown a decline as compared to the preceding years, it fell from 35.6 to 34.9 million. Social factors such as reluctance, traditions and socio-cultural beliefs remained the major constraints for adoption of a small family norm. Female literacy, age at marriage of girls, status of women, strong preference for male child, and lack of male involvement in family planning also influenced use of family planning methods.

There was recognition at the national level for the need to revitalise the family planning programme and revise its strategies. In 2008, the Government of India incorporated Post Partum Intra Uterine Contraceptive Device (PPIUCD) services in the country's family planning methods. EngenderHealth is providing technical assistance to the State and District health systems in Rajasthan and Gujarat for insertion of PPIUCD. In this process EngenderHealth recognized the need to bring about sustainable behaviour change for the use of contraceptives. The myths and perceptions around IUCD persisted and this they feared affected the acceptance of services. In this context CHETNA provided support in carrying out a social assessment to learn about gaps between goal and reality, and to improve efficiency and effectiveness of acceptance of PPIUCD. The assessment brought to the fore the community's and service providers' perspective towards the use of PPIUCD.

Data for the assessment was sourced from interviews of service providers and front-line workers, and Focus Group Discussions with mothers-in-law, women and men. The data indicated that sterilization is the most favoured method in

both states. The need to invest in counselling and behaviour change communication was expressed by a number of providers and health administrators for a variety of reasons. Follow up of the women, after insertion, was a challenge in both states. The community members reported that sizeable number of women get the IUCD removed after 3-6 months because of infection or some side effect.

One of the common barriers was the perception that "Men do not get satisfaction in sex after a woman adopts an IUCD."

The fear among the women of being marginalized if they did not produce a son, as well as the existence of low self-esteem came out quite clearly. At times women wait for the third male child before adopting any contraception.

The discussions with the members of the community clearly revealed that promoting informed and voluntary decision making would require sustained and intensive efforts. The community norms did not allow a woman to take any decision related to her mobility, her use of household resources, the number of children she would like, or when she wants to have them etc. The joint family system still prevailed and this put most of the decision making in the hands of the elders of the family like the mother-in-law. Additionally, the system of early marriage clearly created an age aberration regarding decision making in the household. These were serious barriers to decision making regarding the contraceptive choice of the woman. To increase acceptance of family planning methods there is the need to facilitate training on gender sensitivity among service providers, and at the community level, campaigns to create awareness about valuing the women are required.

Partner



EngenderHealth  
For a Better Life

# Promoting Nutrition Rights of Women and Children





**Undernutrition among children and mothers is a critical area of concern in India. The National Family Health Survey 2005-06 (NFHS 3) observed that the proportion of children who are stunted increases rapidly with the child's age from birth to 20-23 months. When the child reaches 18-23 months, which is typically when most children are weaned off the breast milk, 30% of children are severely stunted and one fifth are severely under weight.**

**It is proved that undernourished mothers give birth to low-birthweight babies. The low-birthweight babies are prone to infections which further result in weight loss. If they are not exclusively breast fed it results in diarrhoea. The majority of the Severely Acute Malnourished (SAM) children have a history of low birthweight and infection of diarrhoea and upper respiratory tract infection. It has also been observed that children are breast fed upto two years without proper complementary feeding.**

## **Improving nutritional status of children in Gujarat**



The SUPRABH project was initiated by CHETNA to improve the nutritional status of children in seven villages of Sanand Taluka, Ahmedabad District, Gujarat. CHETNA focused on counselling and awareness building approaches to address undernutrition amongst children.

### **Objectives**

- Identify moderately and severely undernourished children
- Manage undernourished children at the village and family levels
- Create awareness among family members and village-level stakeholders about prevention of undernutrition among children.

A total of 1,113 children between the ages of six months to five years from the seven villages were screened to learn about their nutritional status. As per the weight for age criteria, 322 (29%) of the children were observed to be undernourished; out of which 53% were severely undernourished and 47% were moderately undernourished. There was not a significant difference noticed with regard to gender. However, in some families, discrimination in feeding the girl child was observed. Early marriage and early pregnancy was also common in these villages.

To inculcate the practice of complementary feeding, Behaviour Change Communication (BCC) materials were developed, and extensively field-tested for use during the individual and group counselling sessions.

After counselling the mothers of undernourished children, the mothers and grandmothers of neighbouring houses were personally counselled as well. This helped in creating a positive and supportive environment for the mothers who had undernourished children. Health Camps were organised in all seven villages

**CHETNA provided technical support to the Adivasi Vikas Trust for its nutrition programme in Narmada and Bharuch districts of Gujarat. Training of stakeholders, developing health communication material, organising awareness campaigns and activities at the community level were some of the initiatives under this. The percentage of undernutrition will continue to decrease as appropriate nutrition and hygiene practices are accepted and maintained.**

treat worm infestations, anaemia, Upper Respiratory Tract Infections and diarrhoea.

After one year and eight months of intervention, the SUPRABH project was evaluated in March 2016. The results indicated that out of 322 children monitored, 44.8% of children now fell in the 'normal' nutritional status (as per weight of age criteria). Only 18.6% were severely undernourished. 84.3% of children had shown an increase in weight, though not all of them were in the 'normal' category. However, this was an important indicator that children were being fed more appropriately.

The majority of the caretakers (94.7%) now have a better understanding about the importance of breastfeeding, as compared to 36.5% prior to the intervention. They have also become well-informed about complementary feeding intervals.

Hygiene practices have also significantly improved; while only 10% reported using soap to wash hands after defecation, at the baseline; this increased to 80% after the intervention.

It is clear that SUPRABH has brought nutritional and hygienic changes among children and caretakers. These behaviour changes, if sustained, will surely continue to improve the nutritional status of children.

**Partners:** TATA Motors and Department of Health and Family Welfare, Department of Women and Child Development, Ahmedabad district.

## Rajasthan Nutrition Project

Geographic reality and isolation, and poor coordination prevent access of many families to the health and nutrition services. To overcome this inequality, the Rajasthan Nutrition Project links health, nutrition, gender and agriculture to connect more poor women with available services. CHETNA is a technical partner for this project for the two implementation agencies – Pradan in Sirohi, and Vaagdhara in Banswara district. During the year, CHETNA contributed towards strengthening of capacity of the project partners to building capacities of women leaders of Self Help Groups for their role as Community Nutrition Advocates (CNAs).

Four modules were developed for trainers; these were on Nutrition; Gender and Food Availability; Infant and Young Child Nutrition; Adolescent and Maternal Nutrition Health and Linkages with Health and Nutrition Services. Communication materials such as picture cards and flipcharts were developed to support the CNAs to reach out to 8000 women and their family members. CHETNA facilitated four Training of Trainers programmes for the 15 partner-team members, and provided handholding support to training of around 80 Community Nutrition Advocates.

Through this training CHETNA promotes participatory and dialogue-based nutrition education among the CNAs, and advocates promotion of nutrition-sensitive agriculture and locally-grown nutritious grains and vegetables.

### Partners





# Empowering Adolescents



**Adolescents are powerful agents to bring about sustainable change in their own life, and that of society. Empowering this group can help break the cycle of lack of awareness and poor health and nutrition status. Empowered adolescents can take a lead in taking decisions related to their own life, access services, protect themselves from teenage pregnancy, and build healthier futures.**

**Adolescents today are at tremendous risk, and the costs of not investing in them are going to be very high. Over the last three years CHETNA has undertaken a programme with adolescents, which was being implemented in 73 villages of Talod block of Sabarkantha district of Gujarat.**



The word sangam means 'convergence'. The Sangam project was initiated with an aim to achieve the national goal of advancing adolescents' reproductive and sexual health, and empowerment through enhancing convergence among

government's current programmes and schemes at the village level to optimize the utilization of human resources and increase accessibility of quality reproductive and sexual health information and services to adolescents. The project was implemented based on the three broad strategies of Rashtriya Kishor Swasthya Karyakram (RKSK). The RKSK, (National Adolescent Health Programme) was launched on 7 January, 2014. It aims to comprehensively address the health needs of the 243 million adolescents across the country.

The frontline workers, Female Health Workers, Anganwadi Workers, ASHA and school teachers were trained with the use of the training modules developed under the RKSK to successfully implement the following strategies:

- Community-based interventions by creating awareness among the adolescents about health and nutrition. These included organising an Adolescent Health Day (AHD) every quarter, ensuring Weekly Iron and Folic Acid Supplementation and Menstrual Hygiene Scheme
- Facility-based interventions wherein focus was on strengthening of Adolescent Friendly Health Clinics.
- Convergence within Health and Family Welfare programmes and with other departments/schemes especially those of the Department of Women and Child Development, Human Resource Development, and Youth Affairs and Sports.

The project completed its final implementation phase and has entered in an evaluation phase. During the project period CHETNA has been able to demonstrate all the three strategies of RKSK.

Educational sessions were organised at the community level on all the priority areas of RKSK (nutrition; reproductive and sexual health; non-communicable diseases; substance misuse, injuries and gender-based violence, and mental health) with special focus on nutrition and reproductive and sexual health. Adolescent Health Days (AHD) were organised regularly in all villages wherein all the school going, non-school going, married and unmarried boys and girls participated. The Adolescent Friendly Health Centre (AFHC) in the area was activated with a specially designated area, and trained team, and equipped with health communication material.

The AHD was an important platform for convergence of services at the village level. During AHD, the Body Mass Index of each adolescent was measured, haemoglobin estimate was done, Iron and Folic Acid tablets were distributed, and the adolescents with reproductive and sexual health problems were referred to the AFHC, and counselled for prevention, and completion of treatment.



One of the unique features of CHETNA's effort was the active involvement of schools. CHETNA brought in the Department of Education and trained teachers on basics of health and nutrition related to adolescents, and counselling. With this added component CHETNA has been able to initiate health and nutrition education sessions in the schools.

To document the experience of the adolescents themselves, CHETNA organized a workshop with 49 adolescent girls and boys from the intervention villages, wherein they shared their own real-life stories, and how the Sangam Project facilitated changes in their life. Their stories were documented in the form of comic narratives.

CHETNA got a platform to mainstream its learnings as it was selected as a National Training Partner by National Health Service Resource Centre (NHSRC) for training of Master Trainers for Peer Educators under Rashtriya Kishor Swasthya Karyakram programme. Five regional-level trainings were conducted by CHETNA for the states of Rajasthan, Maharashtra, Goa, Gujarat and Dadra Nagar Haveli. 141 participants including medical officers, block health officers, district level officials and district program managers were trained on the Peer Educators RKSK module.

As the formal closure of the project, a final dissemination meeting was organized by CHETNA at the district

level to share the intervention activities, challenges faced, and recommendations. The District Development Officer (DDO) Sabarkantha, Chief District Health Officer, Block Health Officer, several other district and block team members remained present during the meeting.

The Department of Health and Family Welfare, Government of Gujarat has invited CHETNA to support government to roll out RKSK in the state. This will be a great opportunity to scale up the learnings.

#### Some learnings from the project:

- For the successful implementation of any adolescent health programme, convergence within and between different departments is crucial and non-negotiable.
- Wherever there are a large number of the adolescents in school, one cannot compromise in involvement of the schools for implementation of adolescent health programmes, RKSK in particular. CHETNA's initiative of involving the Department of Education at the district level needs to be taken up also at the state level, to ensure smooth convergence at the village level.
- Adolescents are a mobile and diverse population and one size does not fit all. Different approaches should be planned to reach out to these diverse groups—school going, non-school going, married-
- unmarried, rural and urban, migrants etc. One-to-one contact, group discussions, educational classes are some approaches which need to be planned.
- Make health information and counselling accessible at a village level by building the capacity of the frontline workers and other young leaders.
- Peer educators approach may not be ideal to disseminate information at the village level. For long-term sustainability frontline workers from different departments need to be given the responsibility to impart information.

**Partners:** District Health Society Sabarkantha, Department of Health and Family Welfare, Government of Gujarat



# CHETNA as a Resource Organisation





## Supporting in Implementation of National Health Mission in Gujarat

CHETNA has been identified as an NGO Support Organisation (NSO) for Gujarat State to extend technical and capacity-building support to GO-NGO partnership for implementation of components of the National Health Mission.

During year 2015-16, CHETNA supported 63 NGO partners who are working in 1032 villages covering a population of 20,52,971. This population is served by 54 Community Health Centres and 102 Primary Health Centres. Support was also provided to 14 NGO partners to implement a pilot in eight municipal corporations to train 375 Mahila Arogya Samitis.

CHETNA reviewed achievements and challenges of NGOs in enabling access to maternal health services in their geographical areas, and supported in developing an evidence-based plan.

Based on the learning needs expressed by partners CHETNA built their capacity in the area of evidence-based planning, maternal and child health, participatory training methodology, Health Management Information System, etc. As a follow up, the partners organised training of frontline workers; mobilised community to access maternal health services; supported organisation of Village Health and Nutrition Days, and organised health camps in partnership with the local health facilities. They also did individual tracking of pregnant women to learn about their access to health services.

As a result of these efforts the NGOs in their geographical area, during the period of one year, showcased improved access to maternal health services. The data indicates 77% early registration of pregnant women, 77% three Antenatal checkups, 91% institutional deliveries. 79% of the women who delivered received three Post-natal checkups, and there



was no maternal and child death registered. However there were 132 still births reported, which is 21% of the expected death rate. This demands attention.

### Mahila Arogya Samiti

At the request of the Urban Health Department, Government of Gujarat, a pilot for building capacities of trainers of Mahila Arogya Samiti (Women Health Committees) was anchored by CHETNA. More than 3500 Members of 350 Mahila Arogya Samitis of 29 wards of Municipal Corporation and 37 Urban Primary Health Centres were trained through this initiative. During the training the participants articulated learning needs and their concerns; they got opportunity for reflection and analysis, and developed strategies for change.

Keeping in mind the local reality of availability of time with women, CHETNA developed a three-phased training module. Each module is of two to three hours duration, to be imparted over a period of two days. A training-learning kit for trainers and MAS members has also been developed to generate awareness and to mobilise community to access services.

To gain first-hand experience, CHETNA built capacities of members of 25 Mahila Arogya Samitis in Juna Vadaj ward of Ahmedabad Municipal Corporation. The members of MAS prioritised their areas of concern, which ranged from poor access to maternal health, lack of water facilities, violence against women, and alcoholism etc., and they developed plans to bring changes.

## Community Action for Health

Community Action for Health is a key strategy of National Health Mission (NHM) which places people at the centre of the process of ensuring that the health needs and rights of the community are being fulfilled. This allows them to actively and regularly monitor the progress of the NHM interventions in their areas.

During the pilot phase of community-based monitoring and planning a set of guidelines and tools, along with a training manual, were developed for implementing organizations and programme managers. One of the key recommendations of the pilot phase was the need to simplify the process and tools which would enable effective scaling up. Subsequently, the Advisory Group for Community Action (AGCA) team developed the Programme Managers' Guidelines and User Manual for Community Action for Health. A Trainers Manual is also required to help States roll out the implementation of Community Action for Health processes.

CHETNA drafted the following modules:

- Training manual to train Village Health Sanitation and Nutrition Committee and PHC level planning and monitoring committees.
- State and District level module.
- Orientation Workshop for State, District, Block and PHC level stakeholders.

The same, after the review by the AGCA members, will be used across the country.

### Partner



## Rising for Revolution

One Billion Rising is the biggest mass action in human history to end violence against women. The campaign, launched on Valentine's Day 2012, began as a call to action based on the staggering statistic that 1 in 3 women on the planet will be beaten or raped during her lifetime. With the world population at 7 billion, this adds up to more than ONE BILLION WOMEN AND GIRLS.

CHETNA, along with the NGO partners, coordinated events of awareness raising among college youth, women and men with respect to stopping violence against women and girls. The partners made efforts to integrate the theme in their existing programmes. More than 2000 youth, women and men participated in various events that were organised.





# Governing Council

**Shri A. R. Nanda** (Chairperson)

Former Secretary, Ministry of Health and Family Welfare, Government of India and Former Executive Director, Population Foundation of India  
D-290, 2nd Floor, Sarvodaya Enclave  
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**Mr. Bharat Pathak**

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Nehru Foundation for Development,  
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**Ms. Shabana Azmi**

Activist and actor,  
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Chief Administrative Officer (Secretariat & Legal) CEE and Secretary Nehru Foundation for Development,  
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**Ms. Pallavi Patel** (Member Secretary)

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During the year  
CHETNA's Governing  
Council met on 10<sup>th</sup>  
September 2015 and 9<sup>th</sup>  
March 2016.

CHETNA is an activity of the NFD, which is a public charitable trust, registered under the Bombay Public Trust Act 1950.



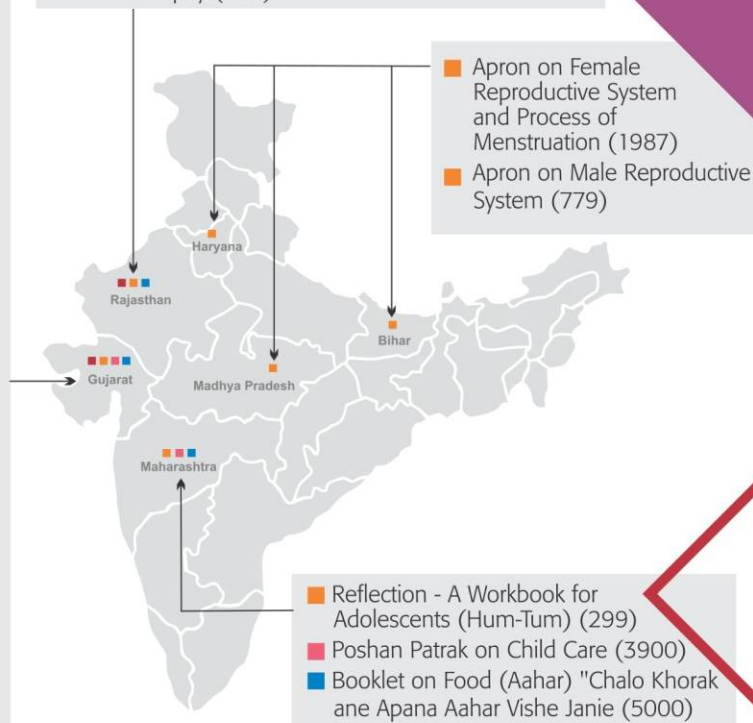
# Outreach of CHETNA'S Publications 2015-16

## Gujarat

- Picture Book on Maternal Health Entitlement (4410)
- Pahal on Newborn Care (3000)
- Birth Preparedness Calendar (2585)
- A set of Folders on Family Planning (1129)
- Scarf - One Billion Rising (400)
- A set of 7 posters on Breast feeding (245)
- Booklet on Family's Responsibilities for Pregnant women (221)
- Flip Book on Counselling for Mothers' and Children's Health & Nutrition (83)
- Adolescent Health Card (10200)
- A Workbook for Adolescents - Hum-Tum (429)
- 3-D Poster on Prevention of Anaemia (246)
- Poster on Mamta Taruni Programme (213)
- Apron on Female Reproductive System and Process of Menstruation (110)
- Apron on Male Reproductive System (80)
- Flip Book on Growing Up for Young Girls (53)
- Pamphlet on Girl Child (5000)
- Traditional folk songs of Gujarati (Garba) booklet on Valuing the Girl Child (1526), CD (1251)
- A set of Posters on Girl Child (551)
- Poshan Patrak on Child Care (500)
- A Set of Posters on Health and Nutrition (257)
- 3-D Poster on Malnutrition (212)
- Nutrition Booklet (9784)
- Booklet on Personal Hygiene (2911)
- Manual on Complementary Food (1089)
- Sticker on Dast se Bache (1150)
- Booklet on Food (Aahar) (1000)
- Sticker on HIV (1000)
- Booklet on Dast se Bache (500)
- Booklet on HIV/AIDS (500)
- Folder on Sarpanch ni Bhumika (213)

## Rajasthan

- Picture Book on Maternal Health Entitlement (2510)
- Pahal on Newborn Care (1000)
- Booklet on Mahavari Ki Jankari (200)
- Apron on Female Reproductive System and Process of Menstruation (122)
- Nutrition Booklet (1010)
- Booklet on Bimariyon se Bachane ke Chhote Chhote Upay (200)



Figures in brackets indicate number of copies less than 50 copies are not mentioned.



## CHETNA'S New Publications 2015-16



### Quit Tobacco Now... an Educational Kit

In India due to use of tobacco-

- every minute 2 people and
- every year 10,00,000 people die.

There is an increase in rate of tobacco consumption among youth. CHETNA has developed an educational kit to create awareness about health and economic related ill effects of tobacco consumption.



### Mahila Arogya Samiti Kit

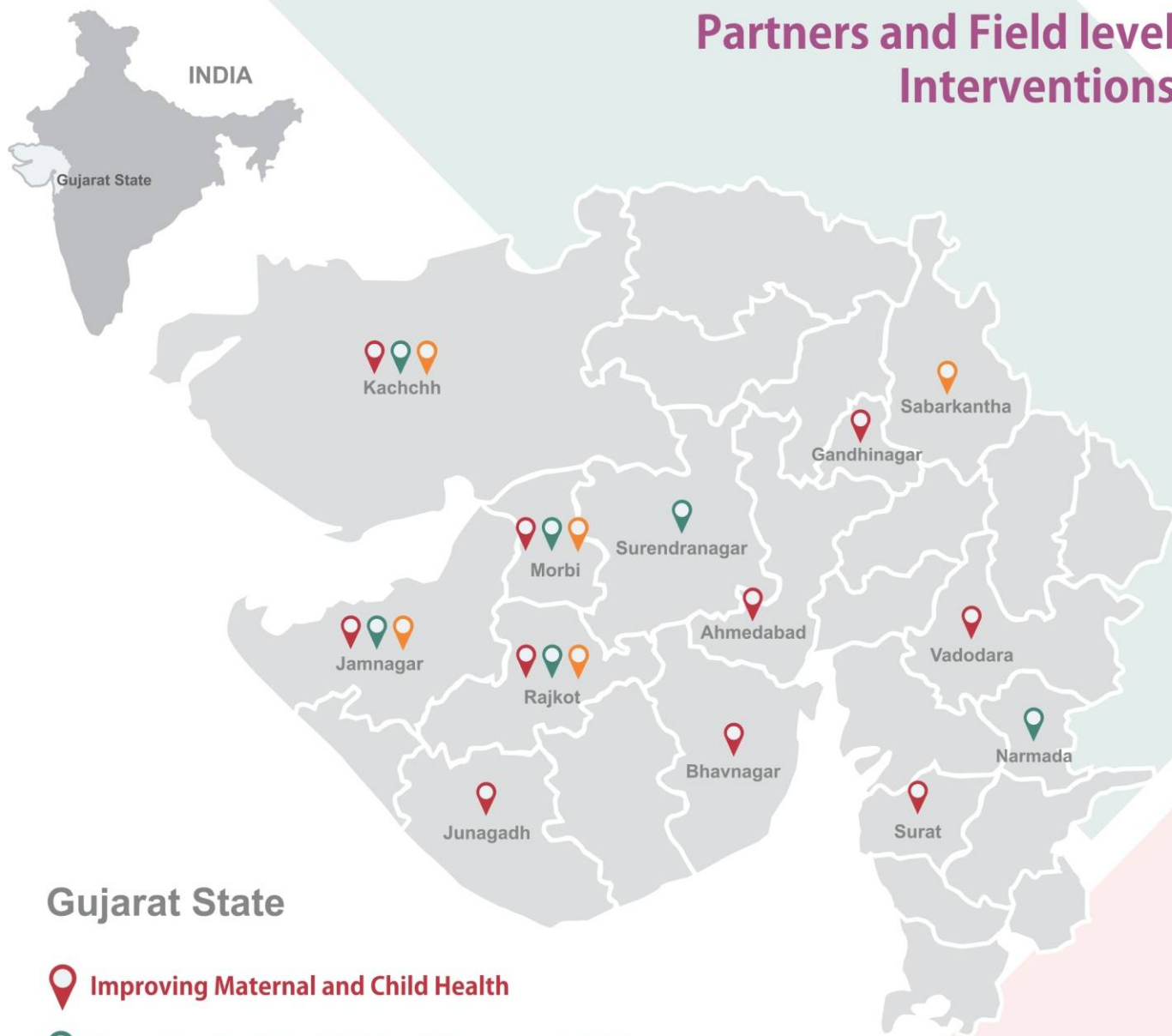
Due to rapid increase in urban poor population several issues related to health, sanitation, hygiene, water and nutrition have emerged which require immediate attention. Mahila Arogya Samiti (MAS), i.e. committees of women, have been formed in urban slum areas to enable people to take collective actions on the same. In order to train MAS members, kits have been developed for trainers and for MAS members. These kits contain flip charts, booklets and cards which convey key information in pictorial format.



### Information Booklets/ Pamphlets

- Personal Hygiene
  - Diarrhoea
- HIV-AIDS/Sexually Transmitted Diseases (STD)
  - Maternal health
- Dengue and Malaria, Jaundice and Typhoid
  - Skin diseases

## Partners and Field level Interventions



### Gujarat State



Improving Maternal and Child Health



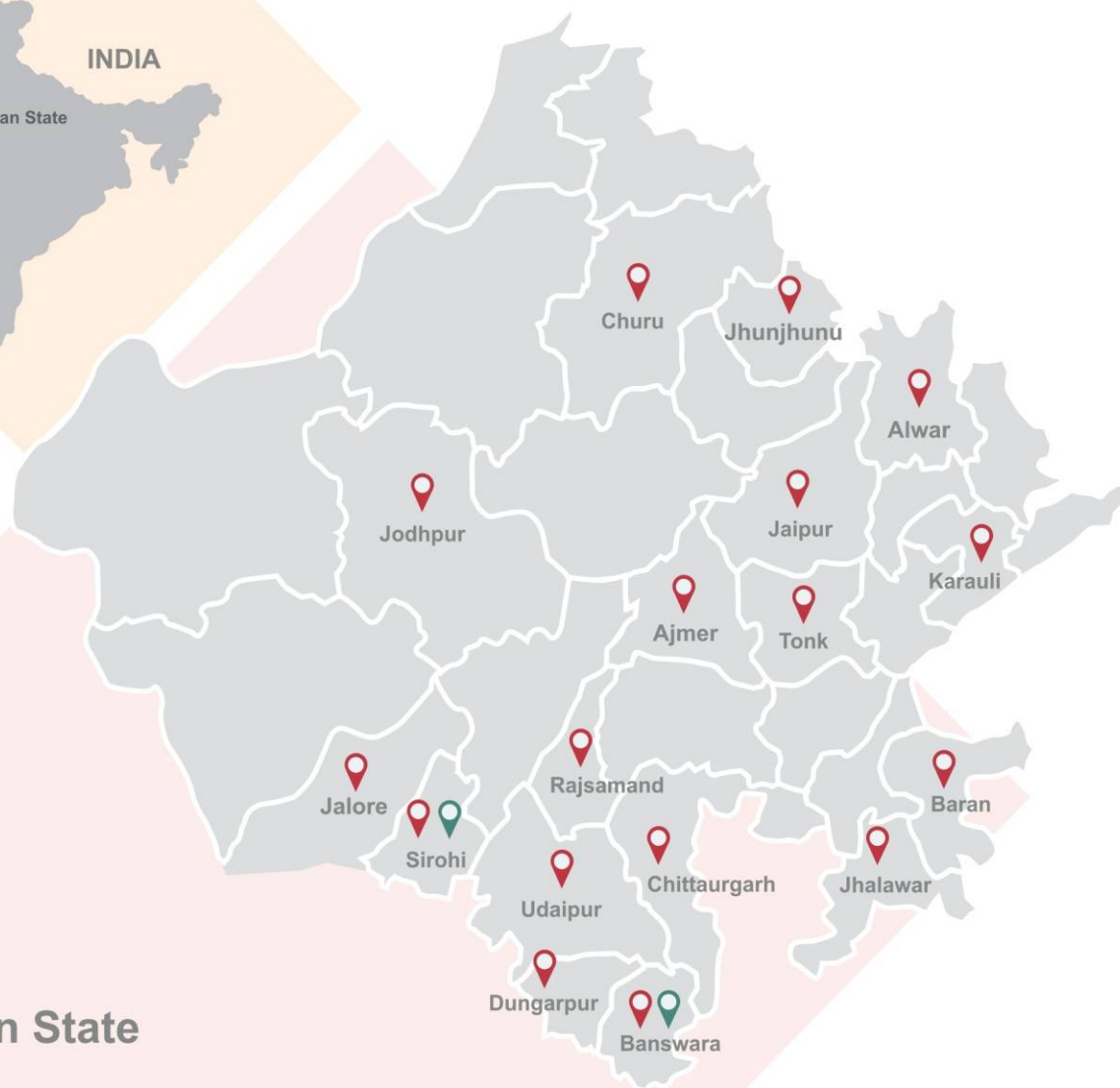
Promoting Nutrition Rights of Women and Children



Empowering Adolescents

Total: 78 Partners





## Rajasthan State

 Improving Maternal/New born and Child Health

 Promoting Nutrition Rights of Women

Total: 17 Partners

CHETNA's guest house was restored and re-inaugurated on its Foundation Day, 12<sup>th</sup> August. The heritage home, with all modern amenities, is developed as a place where past meets future. We welcome our partners and guests to stay at our heritage home.



## Critical Support: CHETNA's Administration and Account team



The accounts team regularly furnished the programme team with financial information about their projects; facilitated the necessary financial submissions for the projects; timely audit of accounts, and ensured payments and disbursement of travel expenses during training and educational events.

The team supported in organising trainings and other educational events; this included making logistic arrangements for 1300 participants.



The team is dedicated in ensuring our publications reach on time all over the country. More than 100 parcels were dispatched.

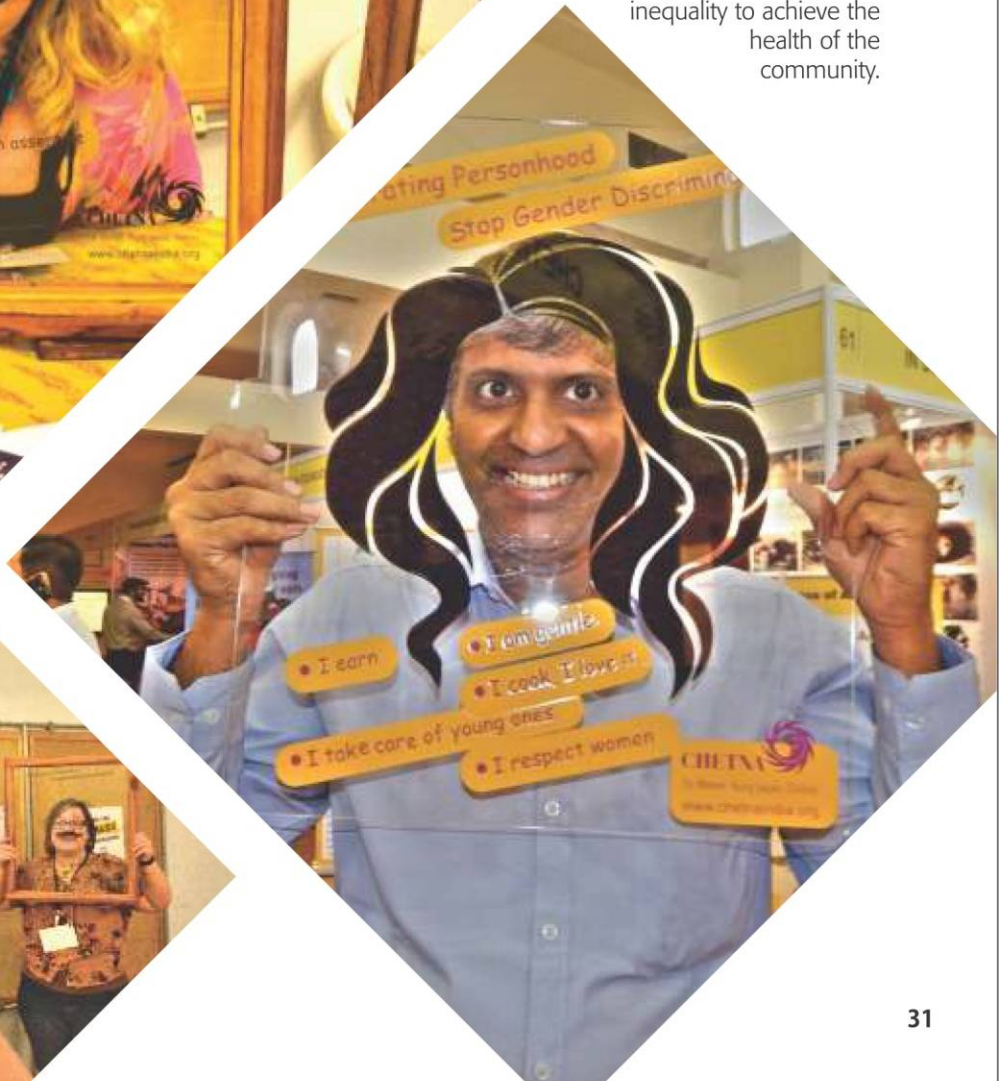


The support team provided wings to the programme team by organising their travel by road, rail and air. The CHETNA team covered 98500 kms by road alone in the states of Gujarat and Rajasthan, and much longer distances across the country were covered through different modes of transport.



# Stop Gender Discrimination

Gender Discrimination is one of the social determinants of the health. CHETNA introduced an activity- Celebrate Personhood- Stop Gender Discrimination, which aimed to sensitize the participants about addressing the issue of gender inequality to achieve the health of the community.





## લાખણી ખાતે સલામત માતૃત્વ દિવસ નિમિત્તે શિબિર યોજાય



તસ્વીર : દેવજી રાજપૂત

લાખણી (દેવજી રાજપૂત): ૬૨ વર્ષ ૧૧મી એપ્રિલને સલામત માતૃત્વ દિવસ તરીકે ઉજવવામાં આવે છે. જે અનુસંધાને ચાલુ વર્ષે ૧૧મી એપ્રિલ ૨૦૧૫ના રોજ લાખણી તાલુકામાં તાલુકા આરોગ્ય કચેરી દ્વારા ઉત્સાહભરે ઉજવણી કરવામાં આવેલ.

જેમાં તાલુકા આરોગ્ય અધિકારી ડૉ.પી.આર.મોદી, તાલુકા ડેવજી સુપરવાઈઝર ડી.વી.પરમાર,

ટી.બી.કે.કે. ચેતના સંસ્થાના સુપરવાઈઝર અશોકભાઈ તેમજ અન્ય સ્ટાફની હાજરીમાં મોટી સંખ્યામાં સગર્ભા માતાઓએ આ શિબિરમાં ભાગ લીધો હતો.

આ ઉજવણી મારફતે મહિલાઓ અને બાળકો આરોગ્ય સેવાઓ તથા પોષક સેવાઓ સુધી પહોંચે તેમજ આરોગ્ય જાગૃતી કેળવણી તે હેતુ સાથે આ શિબિરનું આયોજન કરવામાં આવેલ.

## મેલે મેં વિધાયક કો બતાઈ બદંતજામી

મહત્તર ન્યૂનકલ્પ

જનરલિયા વિકાસ સંસ્થાન ઇવં વિકાસ સંસ્થાન માંદા વ ચેતના સંસ્થાન અભ્યુદયવાદ કે સંયોજન મેં રુક્ષવાર કો કલ્પા સંનિપર સ્કૂલ મેં કિશોરી બાલિકા મેલ્લ લગ્ના. મેલે મેં પાદરહી ગંવ કી સંગીતા સ્થાદી ને વ્યવસ્થાઓ કે નામ પર હો રહી ઓપરશીકલ્પાઓ કો બતાવા.

સંગીતા સ્થાદી ને કહા કિ ઉન્ને ઉપમા ઓર હલ્લા કે પેક્ટ પિલ્લે જુલ્દાઈ માહ મેં નહીં મિલ્લ રહે હે. ના હી પોષાહાર દિયા જા રહા હે. મીઠા હલ્લા પસંદ હે લેલિયન નહીં દિયા જા રહા હે.

ઉમ્મે કહા કિ નચ્થરા, હાહલરી ગાંવો મેં તો કેદ્ર નહીં હોને મેં કિશોરીયો કો વોઈં પાચડા નહીં હો રહા હે. ઉમ્મે કાર્યાક્રમ મેં કહા કિ સ્કૂલો મેં હેલ્થ ચેકઅપ થી નહીં હો રહી હે. હમે લેકર વોઈં વાડાં થી નહીં બનાવ ગપ હે જો નિગમાનુમાર હોને ચહિયુ. ઉમ્મે કહા કિ વે સ્વંક કા હોટ મેટ રોગનાર શુરુ કરના ચહતી હે, કેંક અકાઉટ હોત્તમે કી રૂચા હે. કિશોરી મેલે મેં મોજુદ



કલ્પા, કિશોરી મેલે કો સંકેષ્ટિત કરતે વિધાયક લેવેદ્ર કરતા.



કલ્પા સંનિપર સ્કૂલ મેં ડાયોગિટા કિશોરી મેલે મેં લેવેદ્ર સ્થાવરી.

વિધાયક લેવેદ્ર કરતા, કિશોરીયા પ્રાજ્ઞા રાયા લેવે, પેડો માંદા નિદેશક લેવેલ્લત્ત વ્યાસ, રમીલ વ્યાસ, કુશળા વ્યાસ, સ્વીટીડીઓ રશિકલ્પ મેહતા, ડી. કે.કે. મોડુ, ડી. નીરમ, પ્રધાનાચાર્ય રમલ્લત્ત ડામોર, મોનિકા ચૌહાન, શીલ્પા દામ્મ મીઝુલ થે.

રાજસ્થાન પત્રિકા

12

## કિશોરી બાલિકા પોષણ મેલા આજ

હુમ્મર કિશોરી બાલિકા પોષણ મેલા શુક્રવાર કો રાજકોષ ડયાલિ કનવા મેં સુવહ દસ મેં એક બજે રાક મરણા. કાર્તિક શાહ ને બતાવા કિ મેલે મેં વાનવા સેવટર કે બાહ ગાંવ કો કિશોરી બાલિકાઓ ઓર ડાંકે માતા-પિતા કો અપની બાત કહને કા મોકા મિલેણા. સાથ હી મેલે મેં પ્રદર્શની ઓર હેલ કે માધ્યમ મેં કિશોરી બાલિકાઓ કો અપની સેવકે-ચનાને, યાના-પાન ઓર સ્વચ્છ-સાફાઈ કે બારે મેં જ્ઞાનકરી દો જાણી.

### પહેલાં ગુડ ન્યૂઝ

#### ગંભીરપુરામાં કિશોર સ્વાસ્થ્ય કાર્યક્રમ યોજાયો

તસીદ: તલોદ તાલુકાના ગંભીરપુરા ખાતે તાલુકા ડેવજી સુપરવાઈઝર દ્વારા તાજેતરમાં પ્રાથમિક શાળામાં ભણતા 10 થી 14 વર્ષના બાળકો અને 15 વર્ષના કિશોર-કિશોરીઓના સ્વાસ્થ્યની ચકાસણી કરવા ચેતના સંસ્થા દ્વારા કાર્યાક્રમનું સ્થાપન કરવામાં આવ્યું હતું. જેમાં 100થી વધુ કિશોર-કિશોરીઓના સ્વાસ્થ્યની ચકાસણી કરી ડેવજી સુપરવાઈઝર ડી.વી.પરમાર દ્વારા આરોગ્યલક્ષી ખબરો અપાઈ હતી.

### પોઝિટિવ ન્યૂઝ

#### 73 ગામોની કિશોરીઓને આરોગ્યલક્ષી તાલીમ અપાઈ

રાજકોટ / કેઈન ઈન્ડિયા, આરોગ્ય વિભાગ અને ચેતના સંસ્થા દ્વારા રાજકોટ, મોરબી, જામનગર જિલ્લાઓમાં 73 ગામોની કિશોરીઓને આરોગ્યલક્ષી તાલીમ આપવામાં આવી હતી. 2 દિવસ ચાલેલા કેમ્પમાં 10 થી 19 વર્ષની કિશોરીઓને તાલીમ અપાઈ હતી. તાલીમમાં વધતી ઉંમર અને શરીરની જરૂરિયાત, પોષણ, આરોગ્યને મજબૂતની સમજ મળી રહે તે માટે જરૂરી તાલીમ અપાઈ હતી. મોરબી જિલ્લાના ટંકારા તાલુકાની હમીરપર, કેરલા, લાલપર, સેંદાપર, જામનગર જિલ્લાના મીઠોઈ, ચેલા, માનસેર ગામોની કિશોરીઓ તાલીમમાં જોડાઈ હતી.

### કોટો સ્ટોરી

કિશોરી અવેચ

#### 150 વર્ષ જૂની હેરિટેજ હવેલીનું રિસ્ટોરેશન



બાંબા સમયથી અમદાવાદની ઓળખ સ્થા કોટ વિસ્તારમાં 'હેરિટેજ વારસો' સ્થાનો વિષય બની ગયું છે અને હેરિટેજ પ્રત્યેની સંવેદના પરાવતા લોકો ખનોમંબન કરી રહ્યા છે કે ભવિષ્યમાં આ વેબરી વારસો જાળવણી કે કેમ? જૂના શહેર વિસ્તારના સુપર સ્થિત નાઈવાડામાં એક 150 વર્ષ ઉંમરનો જૂની હવેલીનું સુદર પ્રસ્થાન સંપન્ન થયું છે. કિટી હેરિટેજ સેન્ટરના સુહાગચાળી, ઈન્ડીયન ઈન્સ્ટિટ્યૂટ ઈપ્સલો પટેલ દ્વારા કલાત્મક ડીઝાઇન અને લાકડાનું ભાવકામ પરાવતી આ હવેલીને તેનું જુજરમાન સ્વરૂપ પુનઃ અપામું છે. બાળકો અને મહિલાઓના ધોષાસ અંગે કાર્યરત ચેતના સંસ્થા હવેલીમાં તેમની ટ્રેઈનિંગ હોસ્ટેલ ચલાવશે અને સુપરવાર ચેતનાના સ્થાપના કિને જ આ હવેલીમાં ગુણપ્રવેશ વિધિ કરાશે. હેરિટેજ કામ કોટ વિસ્તારમાં કોમર્સિયલ ઓપરેશનની અરાજકતા સામે મ્યુનિ.ની ખેલશી નીતિ છોડી વારસાની જાળવણી કરે તેવી લોક વાગણી પ્રવર્તે છે.



# Engagement with Media 2015-2016

## Sex Ratio: Gujarat slips to 22nd position across India

Tribal belts & rural parts of state fare better than urban counterparts; Ratio in Tapti higher than national average

**Ahmedabad:** The sex ratio in Gujarat has slipped to 943 in 2011 from 950 in 2001, according to the Census of India.

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## Postnatal care in state beset by deficiencies

Takes News Bureau

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## Villages to be free from open defecation. Really?

Water availability more important than constructing toilets, say experts

Gargi Raval @gargir

Not long back Prime Minister Narendra Modi had said that toilets are more important than temples. Today his finance minister reiterated the same by making an announcement to construct more toilets.

After launching the

Swachh Bharat Mission on Mahatma Gandhi's birth anniversary on October 2, last year, the central government is aiming to make the country clean by the year 2019. The focus is now on freedom from open defecation.

In the Union Budget presented by finance minister Arun Jaitley on Monday Rs8,000 crore was allocated for the Swachh Bharat Mission. The aim is to free villages from open defecation.

After announcement of the

scheme by Modi, awareness programmes and sanitation related events were held rigorously across the country. This time, the government has gone a step ahead and the finance minister has announced a special package.

"This is for the first time that such an announcement has been made in the Union Budget. But implementation is of more importance. There is also need to promote awareness regarding usage of toilets," said Manvita Baradi,

director of Urban Management Centre.

Many experts are working in the sanitation sector to feel behavioural change and water availability will aid the scheme. "Constructing toilets will not change the behaviour. Water problem is the biggest concern, if there is no water then the toilets would be of no use," said Indu Kapoor, founder and director of Chetna who is working in Gujarat, Rajasthan and several other states for the last 35 years.



**BASIC NEED**

## Where are the girls of Kuber Nagar?



## GIRL POWER

# Gujarat to felicitate over 2,000 mothers with girl child

District officials asked to contribute from their pocket for gift amount

More K.R. Narayan

Over the next few days, over 1,000 mothers in the district will get a bouquet from their pocket for the gift of a girl child and then hand over a token amount as gift.

Officials have been asked to contribute money voluntarily from their own pocket for the scheme. District officials showed unanimous support for the scheme.

The special scheme to laud women who have given birth to a girl child has been launched with the aim of arresting the declining sex ratio. The scheme was launched on January 12, World Daughter's Day and will continue till February end.

Ahmedabad is the first district to launch such a scheme where government officials will go house-to-house to personally felicitate each mother with a financial incentive. District development officer Dave said, "There are 2,200



Ahmedabad district development officer Bhargavi Dave (C) with a mother (Anshu Dave) with district health officer Dr Shilpa Yadav

mothers who have given birth to girl children in eight talukas, between April and November 2015.

We will felicitate each mother." The programme was launched from District Inhabitant's Welfare Vil-

## CELEBRATE THE BIRTH OF GIRLS

DDO has written to village sarpanchs to support the scheme. The letter, signed by the collector and district health officer, states sarpanchs should ensure all pregnant women take the help of 108 ambulance and reach hospitals for their deliveries.

It also says women of a village should visit the home where a girl child has been born to celebrate the occasion. The sarpanchs and other members have also been asked to do the same.



lages and inaugurated by DDO Dave and district health officer Dr Shilpa Yadav on January 12. Mothers

child and did not to discriminate between the sexes. They were also encouraged to ensure the health of the girl child and to educate her."

"We want to make the birth of a girl child an occasion which is celebrated and thereby improve status of girls in society," said Dave.

Commenting on the scheme, Navinbhai Shukla, additional director of Chetna, who is working on the issue of declining sex ratio said, "The government's step is appreciable. But giving more money will not make a big difference. It will be spent. Instead, the government needs to come up with long-term strategies like taking the responsibility of education of the girl child or even providing health. Girls should also be celebrated for their fathers sake."

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