



CHETNA

For Women Young people Children

A Report 2016-2017

Reaching the Unreached

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Message from Chairperson



Globally the health of individuals is recognised as an integrated outcome of ecological, socio-cultural, economic and institutional determinants. With its rapid economic growth along with prevailing economic inequalities India is facing a double burden of disease and malnutrition. Both under nutrition and over nutrition prevail side by side. With several safety-net health insurance programmes in place for high-risk population, there is still high out-of-pocket expenditure.

The socio-cultural norms in India promote gender inequality which limit women's and girls' access to quality health services and contribute to avoidable morbidity and mortality, particularly among women and marginalized communities throughout their life-course. The reality is that women are still dying giving birth, children under five are born underweight and dying before their fifth birthday. High prevalence of TB, HIV-malaria, diarrhoea and respiratory tract infections are some other realities for which the country needs to take proactive measures towards more effective health and nutrition service delivery, and community awareness.

With major health and development related policy and programmes of India in place, the need for today is to make the health programmes more gender responsive

which will ensure physical, mental and social health of all. It is critical to invest in empowerment of under privileged communities, especially women, through creating health and nutrition related awareness. Without bringing in the gender equality dimension it may be impossible to bring about change in neonatal, Infant and under - five mortality rates. Our society needs to recognise the value and worth of a girl child, so that the expected changes in the health and nutrition scenario could be brought about with appropriate policies and programme implementation including introduction of state of the art technology.

CHETNA is making sincere efforts to integrate the gender equality dimension into all its programmes and activities and advocates for the same at the national and state levels. I congratulate the team for their sincere efforts, dedication and commitment and wish them all the best for the 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**



At the global level, while the Sustainable Development Goals (SDGs) promote the maxim of Leave No One Behind, it is also a reality that marginalised communities all over the world experience health inequalities. It is these communities who bear a disproportionate burden of disease as a result of structural, social, and cultural barriers. Geographical isolation, financial barriers, and poor health literacy are some factors that impede their effective utilisation of health services. This group also lacks awareness about their health care entitlements, limiting their access to healthcare.

During the year 2016-17 CHETNA, made tireless efforts to mobilise the most marginalised population to access the health care services from the public health system. Efforts to create spaces and platforms for women to articulate their experiences and solutions to improve quality of care took the form of campaigns; participating in Gram Sabha (village council) meetings; opportunities to dialogue with Members of Legislative Assembly (MLAs) and media. Through active engagement with the government we built the capacity of frontline workers to strengthen their role in providing essential information on health, nutrition and sanitation for improving the utilization of primary health care delivery system by the community. CHETNA has made pioneering efforts to build the capacity of Facility Management Committees especially the Rogi Kalyan Samiti and Village

Health, Sanitation and Nutrition Committee to monitor and make quality health care services more accessible at the village and facility level.

In order to address gender inequality and the patriarchal norms which play a major role in restricting women from accessing services, CHETNA made efforts to initiate discussion at the family level about gender equality, and role of all members to maintain respectful behaviour towards women and girls.

CHETNA believes that to ensure women's empowerment, the issue of a woman's subordinate status in the family, class, caste, religion, or society needs to be addressed. CHETNA strives to support women and women's groups to understand their self-worth and potential to take action to gain control over their own, their family and communities' health.

We take this opportunity to thank all our partners and well-wishers who have showed faith in us, and joined hands with us to achieve our collective dream of changing the health and nutrition scenario of marginalised communities.

A handwritten signature in black ink, which appears to read 'P. Patel'.

Pallavi Patel
Director CHETNA





From the Desk of Director CHETNA Outreach

The Indian Constitution provides a powerful mandate for human rights in its Preamble, Fundamental Rights and Duties, and specific provisions for affirmative action. The government has instituted laws and policies protecting the rights of girls and women, including a ban on dowry, pre-birth sex determination and child marriage.

CHETNA celebrates the progress made by India in advancing the rights of half of its children in the last three decades, since we began in 1980. According to the National Family & Health Survey (NFHS 2015-2016) teenage pregnancy has halved in the last 10 years, and the percentage of girls married as children decreased from 47% to 27%. More girls are going to school than ever before. More schools now have girls' toilets and menstrual management facilities.

However the need for gender-sensitive education cannot be overstated as girls in India still lag behind boys in almost every indicator. They are less likely to be born, less likely to be taken to doctors when they are sick, less likely to go to school and less likely to graduate from secondary school and university.

While India has made significant strides in several fields, the improvement in the malnutrition scenario is worrisome.

India faces the serious escalating double burden of malnutrition with a large undernourished population, as well as growing numbers of overweight and obese people contributing to an increase in Non Communicable Diseases (NCDs).

Nutritional status is a reflector of living conditions of a society, and is the simplest and the most inexpensive, sustainable and direct marker for assessing the development of the population of a Nation. Indian girls are more likely to be anaemic than Indian boys, but also fare worse than the global average for anaemia.

With a need to address all the above, CHETNA has been mindful to integrate gender concerns in all its policies and programmes. My book "A Shared Destiny: My Journey with CHETNA" documents CHETNA's journey of becoming a gender-sensitive organisation. We eagerly look forward to sharing our experience over three decades with leaders, for building a just and equitable society.

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



About CHETNA



CHETNA recognizes the health, nutrition and other developmental needs of children, young people and women at the critical stages of life, viz. children (Birth-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, enabling them to access their entitlements and to improve the health and quality of 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).
- Enhancing 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 CHETNA as a separate activity in 1984. CHETNA has evolved into a unique resource agency

Vision: CHETNA envisions an equitable society where disadvantaged people are empowered to live 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.

which provides support to Government, Civil Society Organizations and Corporates.

CHETNA is designated as the State Resource Agency for the Department of Health and Family Welfare of the Government of Gujarat for implementing community processes and capacity building of government stakeholders. As a resource agency, CHETNA builds capacity of Civil Society Organizations to make health and nutrition services accessible to the most marginalised people from the public health system.

CHETNA is a member of National Advisory Group for Community Action (AGCA) and National ASHA mentoring group. It is also a member of Gujarat and Rajasthan State AGCA.

Activities of CHETNA

Strengthening Capacity

CHETNA organizes need-based training programmes for programme managers and implementers from non-governmental and government organisations, as well as from corporates to implement gender-sensitive and comprehensive health programmes. As a follow-up, CHETNA provides capacity building and mentoring

support for planning and demonstrating village-level strategies and approaches to ensure equitable access to health and nutrition services, particularly for underprivileged communities.

Communicating Health and Nutrition Information

CHETNA develops innovative, interactive and creative Behavior 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 mass produced in large quantities, and used in programmes of the government, non-government organizations (NGOs) and corporates.

CHETNA has been a pioneer in using traditional media to communicate health and nutrition messages. Some tested and successful approaches are Health Mela (fair), Yuvati Shibir (Adolescent girls' camp), Bhavai (a traditional form of drama), folk songs, Poshan Mela (nutrition fair). 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 the national level. The team showcases approaches to mobilise the community and empower them to take charge of their own health and nutrition, as well as to access and demand quality of services from the public health system. CHETNA showcases training strategies to train large numbers of frontline workers on health and nutrition, communication, supportive supervision and monitoring. CHETNA has made unique in-roads towards developing gender-sensitive training modules and materials.



Networking and Advocacy

CHETNA networks and advocates for people-centred, gender-sensitive policies and programmes at the state, national and international level. CHETNA ensures that the voices of the community are included in the formulation of policy and programmes. CHETNA has contributed 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 (UPR) which is a 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 learnings 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 ensuring comprehensive gender-sensitive approaches in health, nutrition and education through collective advocacy.

Highlights 2016-17



April 2016

- Celebrated Safe Motherhood Day at field sites in Gujarat and Rajasthan.



May 2016

- Presented CHETNA's experience of implementing a project on Child Nutrition at the Workshop on Innovative Health Initiatives/ Projects organized by National Health Systems Resource Centre (NHSRC) New Delhi.
- Contributed at the State Consultation on Adolescents organized by Sandhan, Jaipur.



June 2016

- Participated in the launch of the Global Nutrition Report at New Delhi.
- Contributed at the Western Region Consultation organized by the National Human Rights Commission for Universal Periodic Review (UPR) at Mumbai.
- Contributed in the State Consultation on Development Opportunities for Tribal Children in Gujarat, organized by Indian Institute of Management (IIM) Ahmedabad.



August 2016

- Celebrated CHETNA's Foundation Day.
- Participated in the 4th Annual Conference and Exhibition of NGOs, Civil Society and Development Partners at Mumbai.



September 2016

- Contributed at the National Consultation on Unchain Voluntary Sector: Enabling Regularity Reforms for the Voluntary Sector, at New Delhi.



- Presented a paper on Increasing Girls' Transition and Retention to Secondary Education through Adolescent Girls' Group, and facilitated workshop on Gender Equality and Empowerment at the International Conference on Education for Sustainable Development (ESD) for Children and Youth organized by Centre for Environment Education, (CEE) Ahmedabad.

October 2016

- Participated in, and showcased CHETNA's work and publications at BRICS Civil Forum, New Delhi.
- Contributed in the Conclave on Innovation Pathways for Last-mile Linkages for Children and Women organized by IIM Ahmedabad.

November 2016

- Presented experiences at the Gender Reflection Meeting organised by Freedom From Hunger Trust, in New Delhi.

December 2016

- Presented experiences of working with Panchayats of Rajasthan in Regional Policy Dialogue organized by ARROW, in Malaysia.
- "A Shared Destiny: My Journey with CHETNA" book launched at Malaysia.
- Contributed in Second Round Table on Developing Strategic Direction, organized by Coalition for Food and Nutrition Security, New Delhi.



January 2017

- Presented a paper on Our Voices Our Choices: Her Story from Rajasthan, at Prince Mahidol Award Conference with the theme Vulnerable Populations at Risk for Disrespect and Abuse, at Bangkok.

February 2017

- Co-organised the western region Laadli Media and Advertising Awards with Population First at Ahmedabad.
- Presented experiences at Regional Consultation on Community Action for Health, organized by the Advisory Group on Community Action, in collaboration with the Ministry of Health and Family Welfare, in Mumbai.



March 2017

- Presented CHETNA's experience of using comics as a development communication medium for self-expression of adolescents at a consultation organized by NHSRC, New Delhi.
- Celebrated International Women's Day at CHETNA field sites.



A Shared Destiny: My Journey with CHETNA

CHETNA organised a seminar on Engendering Organisational Leadership in New Delhi. The seminar preceded the book launch of Indu Capoor's book "A Shared Destiny: My Journey with CHETNA". The seminar was moderated by Mr. Kiran Karnik, Trustee, Nehru Foundation for Development.

The speakers included Ms. Anuradha Das Mathur, Founding Dean, The Vedica Scholars Programme for Women; Dr Rajesh Tandon, Founder-President, PRIA;

Ms. Poonam Muttreja, Executive Director, Population Foundation India, and Mr Kartikeya Sarabhai, Managing Trustee, Nehru Foundation for Development.

The report of the seminar is available at CHETNA.

Ms. Indu Capoor received an award for "Citizen for Better Health" in Healthcare category, presented by Healers of India Awards, which is an initiative of Apollo Hospitals in collaboration with Network 18.



Advocating for Change



Advocacy for Continuum of Quality of Care in Maternal, Newborn Child Health in Rajasthan

CHETNA in the capacity of the Secretariat of SuMa (Rajasthan White Ribbon Alliance for Safe Motherhood) observed National Safe Motherhood Day, along with partners. A state-wide campaign on women's right to quality and respectful maternity care was undertaken in 13 districts of Rajasthan. 1342 women had a dialogue with District Magistrates, Block Development

Officers, elected representatives of the Panchayat, and presented the "Women's Call for Action" a compilation of women concerns in accessing maternal health services from the public health system. The same was submitted and discussed with the Health Minister, and the Women and Child Minister, Government of Rajasthan. As a result a 10-point programme, to be implemented at health facilities through the Quality District Assurance Committee, was announced.

Partners:





Strengthening of Facility-based Mechanisms

Rajasthan Medicare Relief Society (RMRS)¹ is a management committee formed at the health facility level under the National Health Mission, having a membership of community representation. Seventeen facilities of nine districts were strengthened so as to enhance coverage, access and effective utilization of health care services. The committees have developed their plan of actions to improve the quality of care at Primary Health Centres and Community Health Centre.

Partner: **arrow** 

Women articulating their needs in Gram Sabha

To create spaces for women's participation, articulation and expression about quality and continuum of maternal care the partners took a significant step by ensuring women's participation in Gram Sabha (Village Council). During the year 2016-17, in 42 Gram Sabhas of 14 districts, more than 1500 women participated, made 125 proposals related to filling all the vacant posts of service providers, and access to quality and respectful maternal health services. Actions are being taken on more than 50% of the proposals.

¹Rajasthan Medicare Relief Society is formed at all hospitals having 30 beds or more, including Community Health Centres (CHCs) and Primary Health Care Centres (PHCs).

Engaging with the Universal Periodic Review (UPR)

The UPR is a State-driven process, under the auspices of the UN Human Rights Council, which provides an opportunity for each country to declare what actions they have taken to improve the human rights situations in their countries, and to fulfil their human rights obligations.

National and regional level consultations were organised as part of the preparation for the 27th Session of the UPR at the UN Human Rights Council in Geneva, where India's progress on the recommendations of the earlier session was reviewed. CHETNA participated in a national round table organised by the Working Group on Human Rights, and contributed to the joint submission highlighting the human rights situation in the country. As a member of the sub committee on health, it also submitted a report on the right to health. CHETNA also made independent submissions on maternal health and adolescent health to UPR.

Community Action for Health

Community Action for Health (CAH) 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. It allows them to actively and regularly monitor the progress of the NHM interventions in their areas. As a member of National and State-level Advisory Group on Community Action for Gujarat and Rajasthan CHETNA contributed its experience of training of the Village Health, Sanitation and Nutrition Committees (VHSNCs) at the Training of Trainers in Gujarat, and the western region consultation which aimed to developing a state action plan. In the state of Rajasthan, CHETNA shared its experience of working with Panchayati Raj to improve the quality of maternal health services.

CHETNA's involvement with National Human Rights Commission

Initiated in 1993, India's National Human Rights Commission (NHRC) addresses various human rights issues including the Right to Health. The Commission organised regional consultations and seminars as part of the process of submission of its independent paper to the UN Human Rights Council, based on the review and assessment of the existing ground situation in 27th session of UPR. During the western region consultation, and a national conference on the right to food, CHETNA contributed its experiences, and the ground reality of health and nutrition status with special focus on under-nutrition among children and women; declining sex ratio of children and adolescents; high maternal, neonatal infant and maternal morbidity, and poor access to health and nutrition services to women, young people and children in the states of Gujarat and Rajasthan.

As a member of the Drafting Committee, CHETNA contributed in reviewing and redrafting the norms for Nari Shuraksha Kendra (Protection Home for Women) for the state of Gujarat.

Improving Access to Maternal and Child Health Services



Activities undertaken in field interventions

CHETNA, in partnership with companies, under Corporate Social Responsibility has undertaken interventions to improve health and nutrition indicators of maternal, child and adolescent health in villages of 7 districts of Gujarat. These interventions are done in close collaboration with Department of Health and Family Welfare, and Department of Women and Child Development, Government of Gujarat. In all these interventions the objectives of the projects are to:

- Ensure access to quality health and nutrition services to women, children and adolescents to the most marginalised communities.
- Create health and nutrition awareness among different sanctions of the community.
- Empower youth to take care of their health and that of the community.





PAHONCH

73 villages of Rajkot, Jamnagar and Morbi districts.

- During regional consultation on Safe Motherhood 250 pregnant women, and nursing mothers presented their demands and concerns in accessing the services from the public health system to the government officials.
- Educational interventions and training of non school-going adolescent girls brought about a change in their eating pattern.
- International Women's Day was celebrated with 400 girls by organizing Kishori Mela (Adolescent Girls' Fair). PAHONCH activities were included in a Coffee-table book published by Gujarat Corporate Social Responsibility Authority, Government of Gujarat.

Partner:



PAHEL

7 villages of Mundra Taluka, Kachchh districts.

- Counselling of parents of under-nourished children.
- Anganwadis were made "child friendly" and equipped with Early Childhood Education (ECE) material, and Anganwadi workers were trained to use it.
- The project ensured better access to maternal and child health services to migrants and socially excluded population by getting the Village Health and Nutrition Day in their proximity.

Partner:



DP WORLD

Mundra International
Container Terminal Pvt. Ltd.





NIROG

8 villages of Choryasi Taluka of Surat district.

The intervention villages being in an industrial area there is a presence of migrants from UP, Bihar and Orissa. The most marginalised community is the Hadpati (tribals).

Situational analysis survey revealed that 20 percent of children under the age of five years are moderately under-nourished, and five percent were severely undernourished; 66 percent adolescents were found to have Body Mass Index (BMI) that was less than normal.

Partner:  **Hazira LNG & Port** 
Social Performance in Action

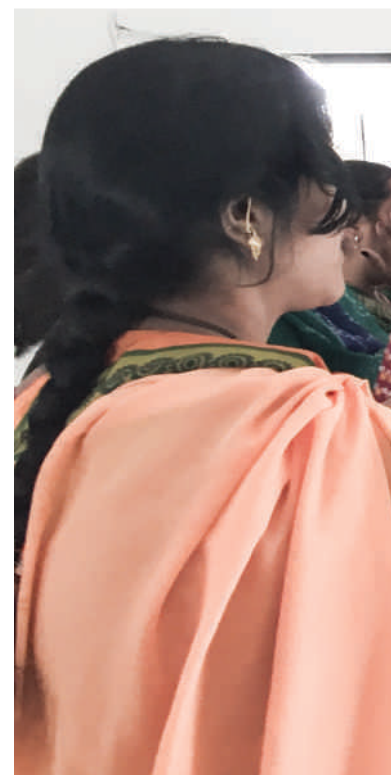
VATSALYA

11 villages of Rajula block, Amreli district.

- Situational analysis survey was undertaken with 2914 households. As per the age-for-weight criteria, 35 percent children below the age of six years, and 74 percent adolescents, both boys and girls, were observed to be undernourished. Gender inequality, class and caste differences prevail, which have direct and indirect effect on access to health and nutrition services.
- An Advisory Committee, with membership of key stakeholders of the community was formed to regularly discuss the progress, challenges and local solutions.
- Nutrition fairs and educational meetings were organised with men, women and adolescents.
- Trained Vatsalya Mitras (adolescent volunteers) regularly monitored the nutritional status of children, pregnant women and lactating mothers, and guided them to access services from the public health system.

Partner: Gujarat Pipavav Port Ltd.


APM TERMINALS



SNEHA: Working for, and with Urban Poor

8 urban slums of Vasna, Ahmedabad city.

Project Sneha has been initiated by CHETNA to improve the health of the urban poor. The implementation strategy aims to improve household knowledge, care-giving and care-seeking decision-making skills related to improvement of maternal, child and adolescent health, and prevention of childhood illnesses through the adoption and practice of positive health behaviours. The project will reach out to a primary group of 3700 people which includes pregnant women, lactating mothers, children below six years, and adolescent girls and boys.

Partner:



Transform Rural India

Transform Rural India (TRI) is an initiative to transform the villages, especially the bottom 100,000 villages, into places of equal opportunity by creating better quality of life conditions for living in villages. The initiative is based on the belief that communities' own initiative and aspirations need to be the central in the process of transformation. CHETNA is partnering as a Thematic NGO (T-NGO) and is collaborating with Action for Social Advancement and Aga Khan Rural Support Programme (India) in the pilot initiative in 125 villages in the three blocks of Burhanpur, Jhabua and Barwani districts. As a thematic partner, CHETNA offers its expertise in training and mentoring change agents in the thematic issues around health and nutrition.

Community Needs Assessments and Gap Analysis of the Public Health System in all the three areas indicate slow awareness about preventive and promotive health, poor access to public health services, long distances of healthcare facilities from the villages, preference of private over public services etc.

Partners:



Promoting Nutrition Rights of Women and Children

Nourishing Schools

CHETNA anchors the project Nourishing Schools in the state of Rajasthan. An initiative of Ashoka Innovators for the Public, this project leverages schools as a hub to improve the nutritional status of children by introducing nutrition-health education in rural schools. A comprehensive educational tool kit is being developed, to be used on a pilot basis in 32 rural schools, in partnership with the Department of Education and seven Non-Government Organizations (NGOs). It also aims to build change-making abilities of children to improve their own nutrition and that of their families and communities. Eventually the initiative will cover 1400 schools across the state.

The nutritional status of children aged 9 to 14 years, from 4th to 9th standard, is being assessed and information about their food habits, and health and hygiene practices are being collected. The educational tool kit will be introduced in school by training school teachers.

Partner:



Rajasthan Nutrition Project

The Rajasthan Nutrition Project made efforts to link health, nutrition, gender and agriculture in order to connect more poor women with available health and nutrition services. The project was built on the growing women's Self-Help Group (SHG) movement in Rajasthan to reach 8,000 women of 670 Self Help Groups (SHGs) from 330 villages. Located in the primarily tribal areas of Banswara and Sirohi, the project served populations at high risk for under-nourishment, stunting, and maternal and infant mortality.

CHETNA, as a resource agency, provided support in developing training modules and communication materials to impart information among the SHG members. CHETNA's efforts and insights were shared at a project dissemination meeting organised by Freedom from Hunger India Trust in New Delhi and Jaipur.

Partners:



Empowering Adolescents



Re-visioning Adolescent's Well-being, Fulfilling their Aspirations

.On International Youth Day and CHETNA's Foundation Day a consultation was held with partners across Gujarat, Rajasthan and Madhya Pradesh, to discuss the persistent challenges faced by adolescents, and recommendations to bring change.

After examining the striking facts and figures related to adolescents' health and development, CHETNA's learnings from two major interventions in Gujarat were presented. Along with issues related to health and nutrition, violence against young girls; early marriage; limited opportunity for education and livelihood for girls; mental and emotional health of youth, surfaced strongly. The group expressed concern that large numbers of youth from Rajasthan migrating to the cities of Gujarat, and to Mumbai face a huge challenge in accessing health and nutrition services. This is a neglected area which demands attention. Decreasing sex ratio of adolescents was also brought up as an issue of concern, which demands an understanding of the causes, and need for urgent action. The group strongly recommended that a platform needs to be created to work collectively on issues related to adolescents in order to generate synergy

and evidences which can be used for advocacy to make programmes adolescent-centric.



Tobacco Control Programme in Schools of Gandhinagar District, Gujarat State

CHETNA initiated a project in secondary and higher secondary schools of Gandhinagar District, Gujarat State to make schools tobacco-free and ensure effective implementation of section 4, 5 and 6A and B of the Cigarettes and Other Tobacco Products Act (COTPA). To achieve this, the project aims to increase awareness of teachers, students, local NGOs, frontline workers, police, SHG groups, etc. about the ill effects of tobacco, and about COTPA.

Twenty five master trainers were trained, who will build capacity of other teachers at Block level. CHETNA aims to cover 318 secondary and higher secondary schools of Gandhinagar district.

Partners: Narottam Sekhsaria Foundation and Salaam Mumbai Trust



School Health and Hygiene Initiative

A School Improvement Programme is being implemented by NGOs in Halvad, Bharuch and Bhuj. The programme challenges teachers to understand, accept and include children of all backgrounds and abilities in the classroom, and help them to understand how children learn and develop. The School Health and Hygiene Awareness programme was initiated to address the absenteeism among children due to illness.

CHETNA joined hands with this initiative by training 173 Community Facilitators who act as a link between the school and community, and 12 Field Officers who organise health awareness classes with children and community. As a result, parents understood the link between good health and academic performance of their children. Children have started making efforts of keeping the nails cut and washing hands before eating.

Partner: Reach to Teach – Gujarat

Adolescents Take Charge of Their and Their Communities' Health



CHETNA in partnership with Urban Management Centre (UMC), built capacities of adolescents as change-agents in seven urban slums and 11 Municipal Schools of Ahmedabad city. Equipped with knowledge, interactive communication skills and material, these change agents imparted messages and encouraged their family members and community to adopt healthy personal habits and use of toilets. They contacted approximately 3500 adolescents and 3000 community people in the intervention areas.

CHETNA trained teachers of municipal schools on health, cleanliness and menstrual hygiene. CHETNA was a member of the trainers' team, along with the Urban Management Centre. An illustrative booklet developed by CHETNA explaining the process of menstruation, and hygiene during menstruation was mass produced to disseminate among school-going adolescent girls of Ahmedabad Municipal Schools.

Partner:



CHETNA as a Resource Organisation

CHETNA as an NGO Support Organisation (NSO)

CHETNA is recognised as a NGO Support Organisation by the Department of Health and Family Welfare, Government of Gujarat since April 2014.

In this role, CHETNA supported 45 Non Government Organisations for implementation of various components of National Health Mission (NHM).

To ensure regular ante-natal checkups, institutional deliveries, and immunisation, the frontline workers were trained to strengthen their role of service delivery.

Outcome in the intervention area of partners

88% early registration of pregnant women

81% three antenatal checkups

90% total deliveries

82% institutional deliveries

82% of the women who delivered received three post-natal checkups

89% live births received BCG against TB

Coverage: 678 villages, 13, 29,157 population of 55 Primary Health Centres.

At the behest of the Department of Health and Family Welfare, 14 NGOs were trained as trainers to train Mahila Arogya Samitis in eight Municipal Corporations. Following this, 12,506 members of 1200 Mahila Arogya Samitis from 65 wards of eight Municipal Corporations and 67 Urban Primary Health Centres were trained.

Partners: 45 NGOs, Department of Health and Family Welfare and Department of Urban Health, Government of Gujarat.



Special Efforts : Hamari AWAG (Awareness on Women's Health and Gender Equality)

To increase acceptance of family planning methods, CHETNA in partnership with Engender Health, implemented a campaign in 14 districts of Rajasthan to create awareness on social issues impacting women's health and access to contraception. The campaign, through partners, reached out to 2011 families, and 5015 newly-married couples; pregnant and lactating women, mothers-in-law, husbands, etc. The campaign ensures involvement of Panchayati Raj Institutes and frontline workers. Over a thousand women participated in 15 Gram Sabhas (local governance meetings), and submitted proposals for action to promote value of women and girls. 149 new-born girls and their mothers were publicly felicitated.

As a part of the campaign Saas-bahu sammelans (large joint meetings of mothers-in-law and daughters-in-law) were organized to enable dialogue on reproductive health, gender

and contraception, and also to promote a feeling of sisterhood.

Partners:



CHETNA partnered with Population First to support the process for reviewing the print and electronic media for selection of western region Ladali Media Award. The award honours, recognizes and celebrates the efforts of those individuals in media who highlighted pressing gender concerns.



Governing Council

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

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

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Director, CHETNA
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During the year CHETNA's Governing Council met on 15th September 2016 and 22nd March 2017.

Critical Support

CHETNA's Administration and Account Team



The administration team provided wings to the programme team by organising their travel by road, rail and air. The CHETNA team covered about 70,000 km by road alone in the states of Gujarat, Rajasthan and Madhya Pradesh, and much longer distances across the country were covered through different modes of transport.



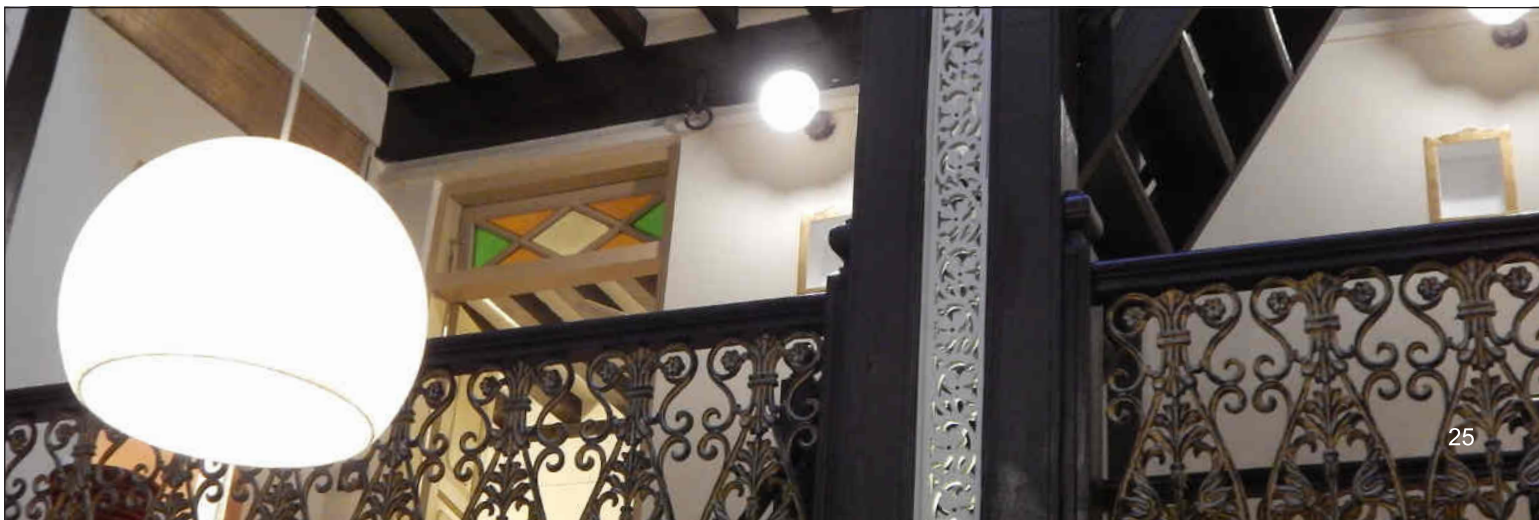
The team supported in organising trainings and other educational events; this included making logistic arrangements for about 1000 participants.



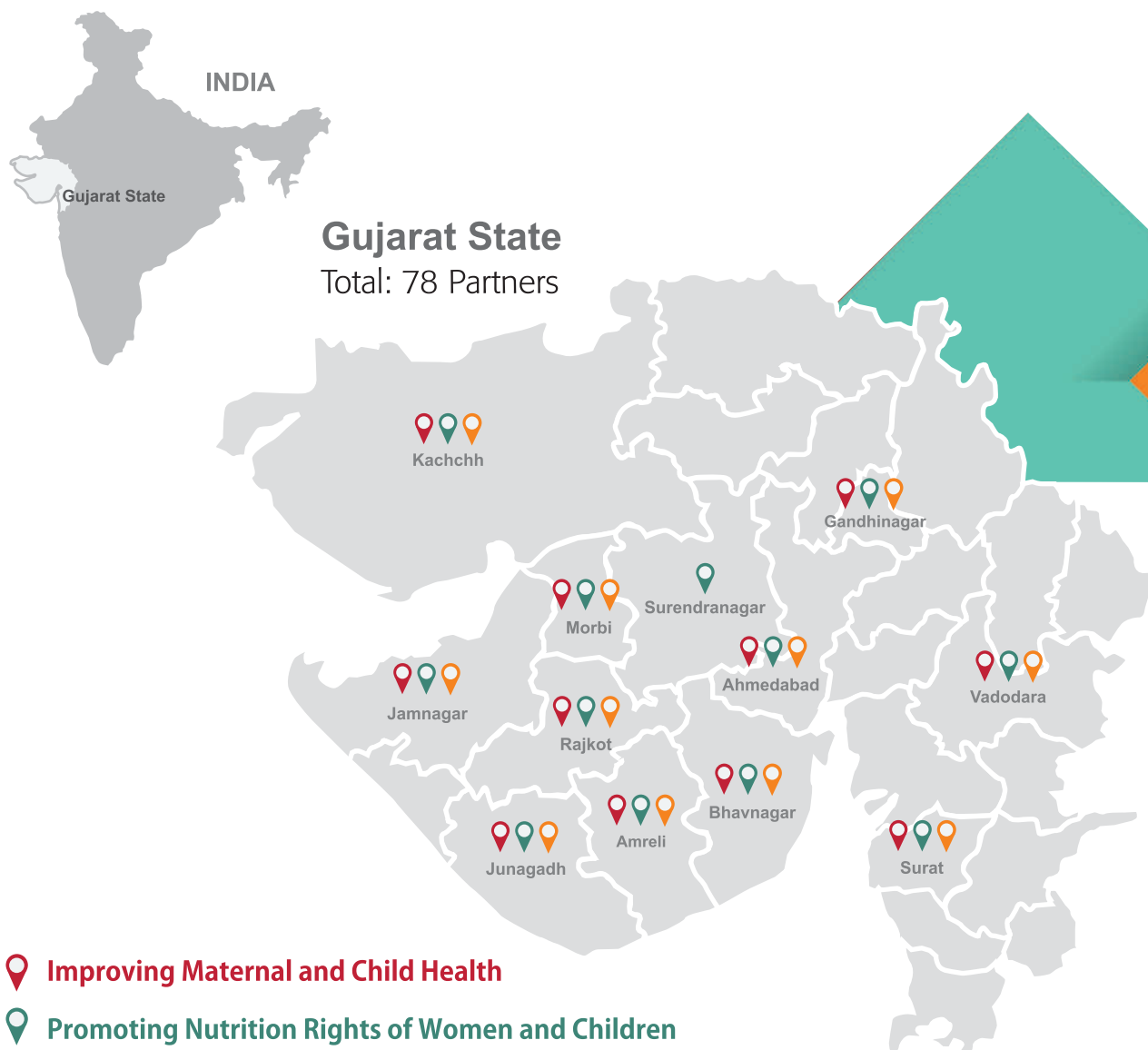
The team is dedicated in ensuring our publications reach on time all over the country. About 100 parcels were dispatched.



The accounts team regularly furnished the programme team with financial information about their projects; facilitated the necessary financial submissions for the projects.



Partners and Field-level Interventions



- Improving Maternal and Child Health
- Promoting Nutrition Rights of Women and Children
- Empowering Adolescents

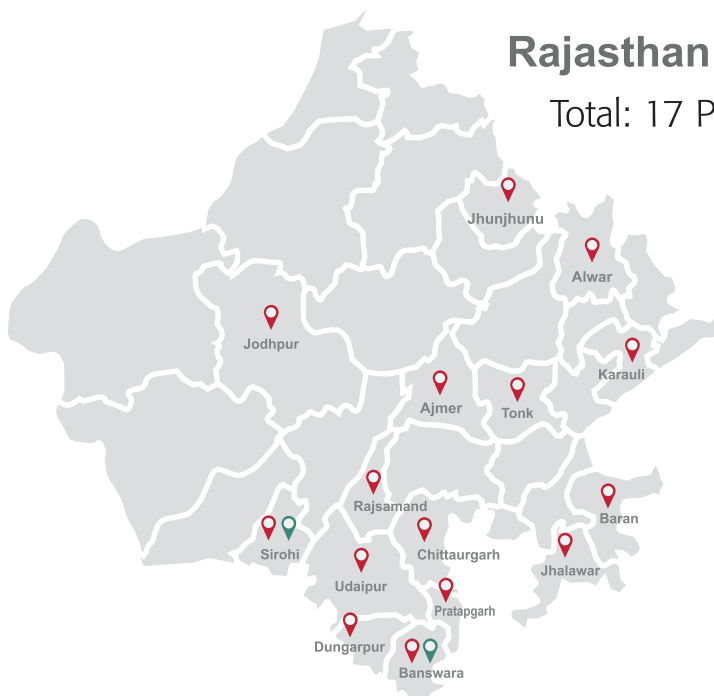


INDIA

Rajasthan State

Rajasthan State

Total: 17 Partners



 Improving Maternal/New born and Child Health

 Promoting Nutrition Rights of Women

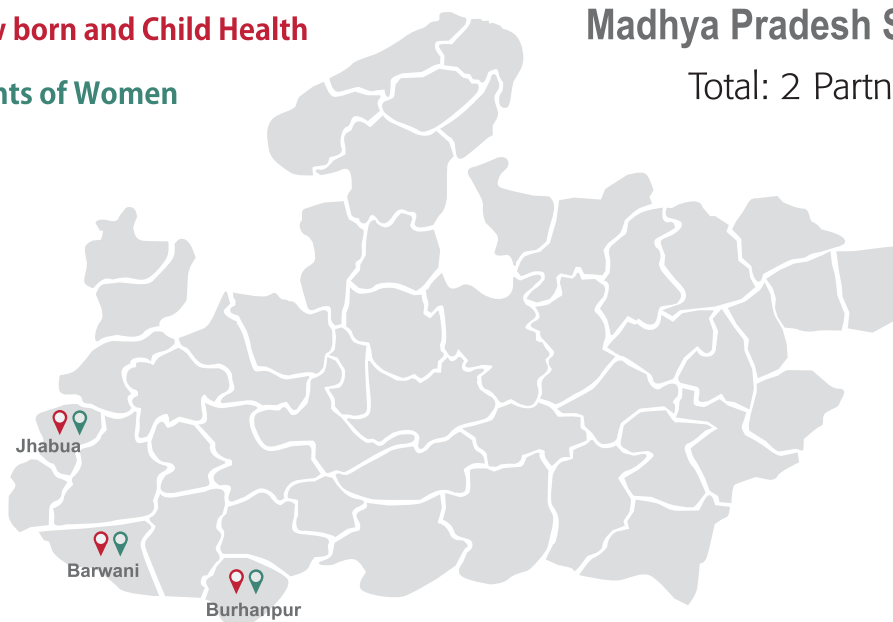
Madhya Pradesh State

Total: 2 Partners



INDIA

Madhya Pradesh State



Outreach of CHETNA's Publications 2016-17

Gujarat

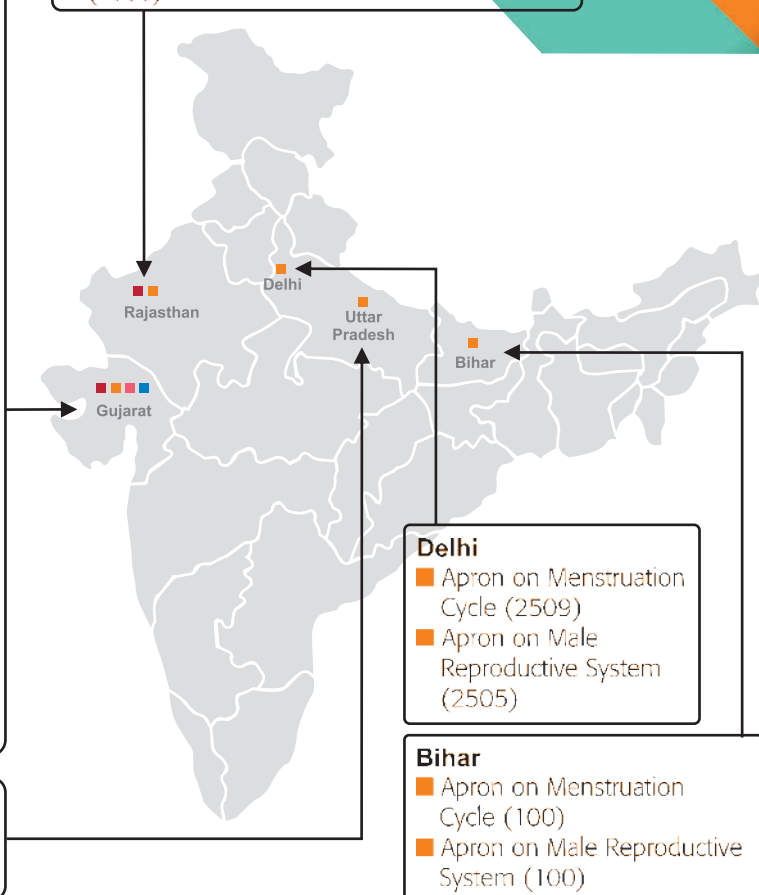
- Mahila Arogya Samiti Kit (for Members-3500)
(for Trainers - 500)
- Pamphlet on Breast Feeding & Nutrition (2500)
- Pamphlet on Breast Self Examination (2034)
- Birth Plan Calendar (1638)
- Picture Book on Maternal Health Services Entitlements (1604)
- Flip Book on Counselling for Mothers' and Children's Health and Nutrition (189)
- Booklet on information of Menstruation (11500)
- Pamphlet on Nutrition Fair (2000)
- Charter on Respectful Maternal Health Care (1000)
- Flip Chart on Breast Feeding & Nutrition (700)
- A Workbook for Adolescent (Hum-Tum) (517)
- Apron on Menstruation Cycle (293)
- Apron on Male Reproductive System (267)
- Flip Book on Growing Up for Young Girls (215)
- Fact Sheet on Sexual & Reproductive Health & Rights (55)
- Booklet on Nutrition (1633)
- Booklet on Personal Hygiene (1260)
- Folder on Prevention of Skin Infections (500)
- Manual on Complementary Feeding (394)
- Educational Kit on Water and Sanitation (160)
- Stickers - Personal Hygiene (5000)
- Booklet on Health & Nutrition Scheme (3260)
- Quit Tobacco Now - an Educational Kit (1250)
- Pamphlet on Sex and Gender (1000)
- Pamphlet on Prevention of Typhoid and Jaundice (1000)
- Rural Youth- Call for Space (Comic Book) (500)
- Manual on Health & Nutrition (165)

Uttar Pradesh

- Apron on Menstruation Cycle (1125)
- Apron on Male Reproductive System (275)

Rajasthan

- Kit on Awareness for Women's Health and Gender (5050)
- Posters on Health and Nutrition Services delivery facilities (750)
- Apron on Menstruation Cycle (3322)
- Apron on Male Reproductive System (2995)
- Flip Charts on Prevention of under nutrition (2050)
- Charter on Respectful Maternal Health Care (1000)



Delhi

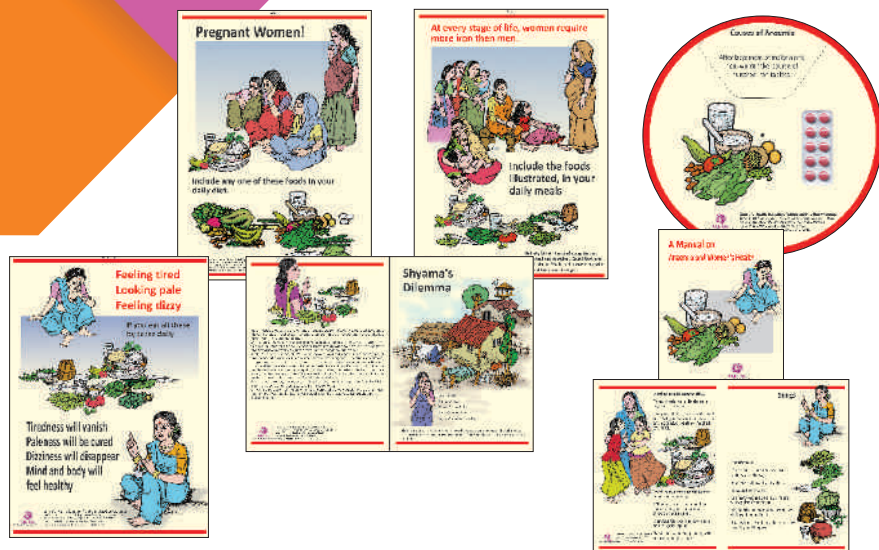
- Apron on Menstruation Cycle (2509)
- Apron on Male Reproductive System (2505)

Bihar

- Apron on Menstruation Cycle (100)
- Apron on Male Reproductive System (100)

CHETNA's New Publications 2016-17

Anaemia and Women's Health Kit



Iron deficiency Anaemia is the most common nutritional disorder observed among women and girls in India. To a large extent, women's secondary social status is responsible for this condition. In an effort to prevent nutritional anaemia, this kit is developed to be used by the frontline workers to create awareness among women, adolescents and men.

It is available in Gujarati and Hindi languages. It can be reproduced in other regional languages on request.

Kit on Awareness for Women's Health and Gender

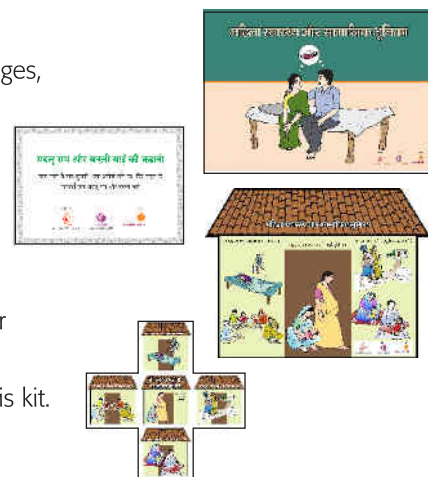
Considering the poor literacy level and limited experience of women and men in villages, CHETNA developed a communication kit under the Hamari AWAG campaign. This kit, prepared by the trainers, includes Flip Chart, Story Cards, Game, Apron on Menstruation Cycle, and Digestive System, packed in a cotton cloth bag.

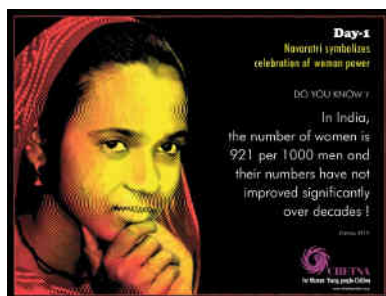
This kit was further developed in the form of small booklets and games for community women and men.

This kit has been prepared to help interact with women and men in villages about health, reproductive process and pregnancy of women, gender determination, gender equality and conception.

Any partner organization willing to work on these topics in the community can use this kit.

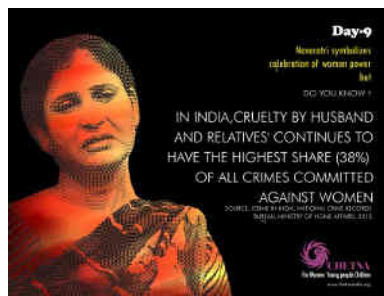
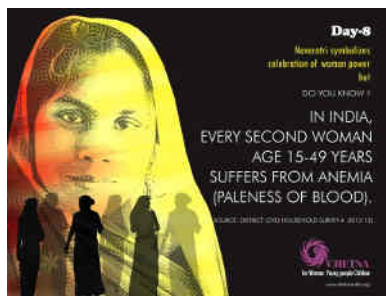
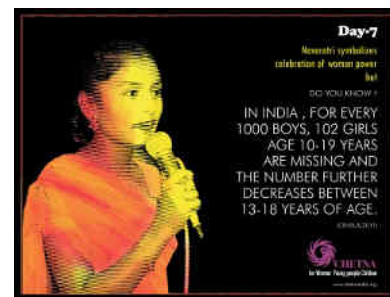
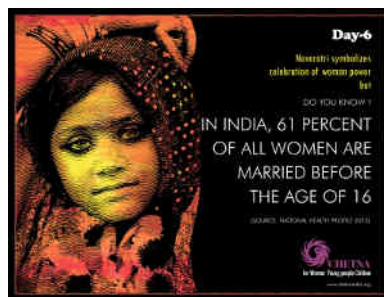
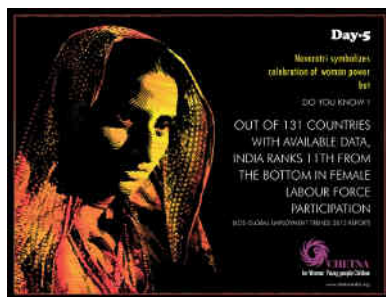
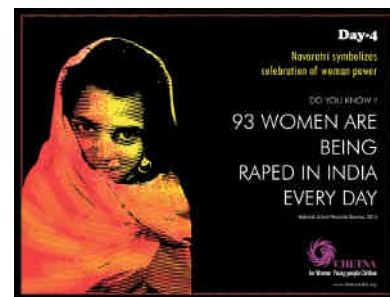
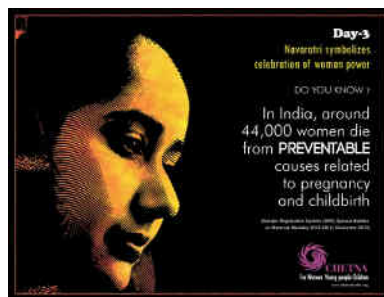
It is available in Hindi language. It can be reproduced in other regional languages on request.





Awareness campaign on Women's Status in India

The Navratri festival in India celebrates womanhood. CHETNA campaigned to enhance awareness on women's status in India through social media. About 18,000 people were reached through facebook.





Reaching Community through CHETNA's Health & Nutrition Education Material



Engagement with Media 2016-2017



Project on menstrual hygiene launched

DNA Correspondent @dnamedabad

Ahmedabad: The Urban Management Centre (UMC) in collaboration with Ahmedabad Municipal School Board has launched a research project 'The Ahmedabad Sanitation Action Lab (ASAL)'. The project, which was launched last week, applies innovative methods to reach out to adolescent girls in municipal schools of Ahmedabad and spread awareness about menstrual health and hygiene.

The Urban Management Centre had organised six training workshops for teachers in Safai Vidyalyaya in March. As part of the programme, animated videos and informative booklets, designed by Centre for Health, Education, Training and Nutrition Awareness (CHETNA) were used as mediums of instruction. Over 200 municipal school teachers were part of the training programme. Around 1,300 municipal school teachers and 60,000 students are expected to be instructed



Municipal school students at a workshop

about the importance of personal hygiene and maintenance of school cleanliness.

"Some girls don't even know what menstruation is until they get their first period. This happens basically due to lack of education and menstruation being considered a taboo and termed 'shameful' or 'dirty'. Girls are so humiliated about even getting their periods that they don't ask anyone for a sanitary napkin, which leads to infections and other serious health complications," a municipal school teacher said.

CHALLENGING TIMES, THE TIMES OF INDIA

City colleges and schools open up to #Indiableeds

Apna Vilasam
@dnamedabad

Fighting hygiene for female students and staff members is not a demand that is readily met in all educational institutions of the city. A dean, assistant

professor currently they have the facility of a sanitary napkin vending machine in the ladies room. "I think this is a basic need. We have also given one such machine to a government school. In fact, we are not that the attendance to the school has gone up ever since the machine was installed," she says.

Krishna Pandey, a visiting professor to MRC Science College, who also pursued her bachelor's and master's degrees from the same college, says that the ladies room had a sanitary napkin dispenser for three years now. "We have got students who travel from villages nearby, need a clean ladies room, just as some sports women of the

college. There are lockers in the ladies room and a space to rest on them the day if they need," she says. Pandey adds that there is a separate tub for disposing sanitary napkins and everyone who uses the ladies' room does their bit to keep it clean.

Atul Patel, an architect and the director at Lal School of Architecture, says that their recently would remain from the management to install a sanitary napkin dispenser in their campus. "Staff members require these facilities as much as the students. We are now working on the roof and looking for a space up, that will be the dispenser," she says. She adds that for the girls and staff members,

VARIETY

A sanitary napkin vending machine at Central University of Gujarat



Menstruation cartoon strips educate young girls on campus

being stress-free and comfortable when they are in college will result in maintaining not just and around the city visit the campus which are now available in many languages. However, having sanitary napkins handy is one thing and having a proper disposal system is another. Falgun Patel, part of a city-based NGO, says that, besides the empowerment of women, says that there are two things we have to think about. "I have nothing against the use of sanitary napkins but, on everyone often it and do we have proper disposal system everywhere?" she asks.

Shilpa Jain, a fourth-year BEd student, says that the teachers and the rest of the campus are dotted with special dustbins called 'sanipots' installed by a company that designs hygiene systems. "Initially there were not cleaned regularly, but now these are maintained well," she says. She adds that STD is open to conversations and there is a lot of staff support.

Spotlight on capacity building at CEE

Innovators' meet culminates with discussions on patents and IPR on Friday

By Chiranjeev Ghoshal

Ahmedabad: The final day of three-day event 'Innovation powered: Innovators' meet' organised at Centre for Entrepreneurship Education (CEE) and Innovation Hub (IHC) on Friday. Several representatives from various sectors like, Education, Industries, technical, paper work and business were present for meeting and discussion on an innovative project.



One of the speakers at the session

"There are various things that need to be considered in this innovation project, that needs to be solved and the solution needs to be a product or a service. Many start-ups need to be supported in financial, technical, business, social and other aspects," said Kishore Jain, Director, CEE.

The speaker of the session at IHC, the Indian Institute of Management, Ahmedabad, said that innovation is a process of creating new ideas, products, services, and business models. It is a process of creating new ideas, products, services, and business models. It is a process of creating new ideas, products, services, and business models.

34% delivery points in state non-functional

P. Srinivas
@dnamedabad

JALPUR: While government is making efforts to arrest maternal mortality rate (MMR) and infant mortality rate (IMR) to an extent 5%, of delivery points in the state are non-functional on the other hand.

The state has 1,066 delivery points, out of which only 1,047 are functional. Around 696 are non-functional, mostly sub-centres and primary health centres (PHCs), are non-functional.

The MMR in Gujarat was 56 per 1,000, as per annual health survey 2012-13.



Pregnant women in rural areas face problems due to these non-functional sub-centres.

Alkesh Desai, Minister, Jalpur said, "Non-functional delivery points will certainly affect maternal health in rural areas. As a result, these women will either go for deliveries at home or private health facilities."

He said complications in home deliveries will result in

the number of deliveries taking place. Sub-centres undertaking three or more deliveries per month have been identified as delivery points. PHCs (non-DT), QACT and community health centres, out of which only 1,047 are functional. Out of 1,177 PHCs (non-DT), only 41 are functional. Similarly, out of 1,047 PHCs (DT) are functional.

According to health directorate officials, the reason for delivery points not functioning in the state is transfer of staff to other districts (ASDA).

Over **35** years
Working since 1980

Committed to Women,
Young people and Children



CHETNA

For Women Young people Children

Centre for Health, Education, Training and Nutrition Awareness

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