



Engage, Entrust, Empower


Annual Report 2017-2018





CHETNA

For Women Young people Children

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Message from Chairperson

Nutrition is a vital pre-condition for achieving majority of the Sustainable Development Goals (SDGs). Today, the unsolved problem of low birth weight, high prevalence of under nutrition in the children, chronic energy deficiency among women and adolescent girls are a cause of concern for everyone. To bring about the requisite change in this situation, the key stakeholders- that is the government, civil society and corporates, need to work towards inter linkages amongst the development issues.

CHETNA's educational interventions focusing on importance of breast feeding, initiation of timely complementary feeding, dietary diversity and introduction of hygienic feeding practices have demonstrated change in the child feeding practices and thereby showing improvement in the nutritional status of children.

CHETNA's vision of empowering the community and its experience of working in the area of nutrition for more than three decades will play a crucial role in coming years in improving the nutritional status of women, adolescents and children. This would be achieved through local solutions and use of collective wisdom of the community to link the issues around agriculture, health, livelihoods, and women's empowerment. I further see CHETNA playing an important role in creating a platform for diverse stakeholders to develop workable strategies and approaches to contribute in the national goal of making India free from undernutrition.



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

A R Nanda,
Chairperson, Governing Council, CHETNA

From the

Director's Desk .-{}-.



2017-18 adds one more year in our journey in the development sector. We are committed to bringing change in the lives of the marginalised community. We do this by demonstrating the links between micro and macro, between conditions and causes, and operate at the two ends of the spectrum - at the community level and at the programme and policy level. This year, CHETNA contributed to the civil society reports on India's Progress of Sustainable Goal-3 that is "Ensure healthy lives and promote well-being for all at all ages". This was coordinated by Women 2030 and 'Wada Na Todo Abhiyan'- a national campaign working towards accountability.

CHETNA, consolidated its 17 years' experience of empowering the community for social accountability, strengthening the existing monitoring mechanism and working with Gram Panchayats to improve access and quality of maternal health services. This effort is being shared at the state and national levels.

CHETNA envisages behaviour change as the key enabler and fundamental to sustainable development that would bring change in the nutritional status of children and women. In

CHETNA's intervention projects, nutrition education and counselling of parents receive center stage. CHETNA organised a state level dialogue with key stakeholders from NGOs, Government and corporates to exchange experiences to make the existing nutrition programme comprehensive.

CHETNA's experience of implementing Rashtritya Kishor Swasthya Karyakram (RKSK)*, in one of the blocks of Sabarkantha district of Gujarat, demonstrated convergence with education department to improve adolescents' access to health information and services. This strategy is mainstreamed throughout the district by the district health society. The health service providers who are trained by CHETNA are imparting health education to more than 22000 school going adolescents.

We take this opportunity to thank all our partners and well-wishers for their support and guidance to actualize our dreams.

A handwritten signature in black ink, appearing to read 'Pallavi Patel'.

Pallavi Patel
Director CHETNA

*The national adolescent health programme

From the Desk of

Director CHETNA Outreach

It is a reality that wherever field based interventions inform policy and programmes, they are more likely to succeed. CHETNA has been playing this bridging role of sharing voices from the field with policy makers since its inception in 1984. Through CHETNA outreach, we systematically share our learnings of our evidence based field interventions to have a meaningful impact.

This is enabled through policy and programmatic advocacy interventions with diverse stakeholders including governments, foundations, NGOs, Universities and Corporates. We hope to continue to share our learnings in the coming years in close collaboration with our partners and other State, National and international networks and coalitions.

It is widely recognised that nutrition security can only be achieved if efforts of diverse stakeholders working in sectors of food, agriculture, water and sanitation and livelihoods work together. This demands closer collaboration between GOs/NGOs/CBOs working in the diverse sectors. CHETNA, which has always believed in convergence, has initiated work in Madhya Pradesh sharing its experience of over 30 years and expertise in the area of Gender & Nutrition. It is working in close collaboration

with partners from other fields / sectors and recognising the critical role of rural women in achieving this. In this endeavour it is building capacities of self help groups creating health & nutrition awareness.

The national level advocacy for convergence of multiple stakeholders and accountability continues through its presence and participation in national forums.

We are eagerly looking forward to forging new partnerships and strengthening our existing ones which will contribute to achieving the SDG goals particularly in the area of gender equality, health and well being for all; and above all Sustainable food and nutrition security particularly for marginalised communities

My book showcasing the organization development of CHETNA over 30 years entitled: "A Shared Destiny: My journey with CHETNA" earlier published in English was translated into Gujarati language. Both these books are available at CHETNA.



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 (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, 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 due to pregnancy and childbirth related causes).
- Enhancing food security and improving nutrition.

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.

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 which provides capacity building support to Government, Civil Society Organizations and Corporates on health and nutrition issues. CHETNA is a member of National Advisory Group for Community Action (AGCA) and National ASHA mentoring group and a member of Gujarat, Rajasthan and Madhya Pradesh 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 corporate to implement gender-sensitive and comprehensive health and nutrition programmes. 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 Behavior 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 quantities, and used in existing programmes of the government, non-government organizations (NGOs) and corporates. CHETNA has made unique efforts towards developing gender sensitive training modules and materials. CHETNA also organises special training programmes on Behaviour Change Communication.

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 (Mela), Bhavai (a traditional form of drama), folk songs, Poshan Mela (nutrition fair).

Demonstrating Workable Models and Approaches

CHETNA demonstrates workable models and approaches which can be mainstreamed through existing government health and nutrition programmes at the states 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.

Networking and Advocacy

CHETNA networks and advocates for people-centred, gender-sensitive policies and programmes at the state, national and International level 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 and nutrition through collective advocacy.

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 (2014), Rajasthan State Adolescent and Youth Policy (2006), National Adolescent Health Strategy (2014), National Early Childhood Care and Education Policy (2013), National Policy for Children (2013), National Health Policy (2018).



CHETNA's Participation and Contribution ·-{}-·

at the National and International Events 2017-18

April 2017

- Contribution at the "National Dialogue on Quality, Equity and Dignity for Improved Maternal Health to commemorate National Safe Motherhood Day 2017, New Delhi.
- Session on Nutrition & Health - Summer Bridge Course at Lokbharti University, Bhavnagar.

July 2017

- Contributed in White Ribbon Alliance (WRA) Global Strategy of Kathmandu, Nepal.
- Contributed in Developing Monitoring tools for Sexual & Reproductive Health Services organized by Common Health, Chennai.
 - CHETNA Retreat
 - CHETNA Alumni Reunion

May 2017

- Contributed in endline workshop of Rajasthan Nutrition Project, Udaipur.



August 2017

- Celebrated International Breast Feeding Week. More than 10,000 community members participated.



June 2017

- Presented experiences at the "National Consultation on Rajasthan Nutrition Project (RNP)", at New Delhi.
 - CHETNA's Annual Team Meeting.



September 2017

- Celebrated National Nutrition Week. More than 5000 Community members participated.

October 2017

- Contributed at National Common Review Mission of National Health Mission (NHM) Assam and New Delhi
- Contributed and participated at the 11th World Congress on Adolescent Health at New Delhi
- Contributed at the Women's Health and Rights Advocacy Partnership (WHRAP) Regional Evaluation Partners Meeting at Kathmandu

November 2017

- Organized a two day training on "Gender Discrimination and Effects of Violation on Women" in collaboration with Gender Resource Centre (GRC) and State Resource Centre for Women (SRCW), Ahmedabad.
- Shares CHETNA's experience as a part of discussion on social determinants of maternal health co-sponsored by NIHCAN & University of British Columbia (UBC).

December 2017

- Organized State level workshop to share efforts made for social accountability at Jaipur, Rajasthan.



January 2018

- Participated at the National Consultation on Community Action for Health (CAH!) New Delhi
- Participated in Pratigya Campaign to facilitate a workshop to address gender inequality within the context of safe abortion and gender based sex selection, Jaipur.
- Panelists shared views on importance of girl child in Hello Sakhi - Doordarshan Ahmedabad

February 2018

- Contributed at the state consultation on State Health Budget 2018-19 and public health issues organized by Jan Swasthya Abhiyan, Jaipur.
- Organised Cancer Awareness programme for CHETNA Team. Material co-sponsored by MIH Can and University of British Columbia (UBC)

March 2018

- Celebrated International Women's Day by organizing Kishori Sammelan.



•-•-• Being together to achieve the Vision and Mission of CHETNA

CHETNA organized a retreat to update the team members on the global, national and state health and nutrition scenario and develop CHETNA's future strategy and to provide a forum to share and learn about their current projects. A total of 55 team members participated in the retreat. Some of them were recently recruited.

The retreat began with sharing of personal dreams for themselves and their communities and linkages with the organizational vision and mission. The session on CHETNA's story inspired several team members on how perseverance leads to growth of an organization.

The team identified future health and nutrition related issues to be addressed by CHETNA and the strategies to be adopted. CHETNA will continue its efforts to enhance availability and access to nutritious food and entitlements to vulnerable populations across life course by empowering them. The common strategies to be adopted would be awareness building, capacity enhancement, networking and advocacy. CHETNA in partnership with multiple sectors including, livelihood, agriculture, panchayat, education, water and sanitation etc design and implement interventions to demonstrate comprehensive models.



The retreat provided an opportunity to share their challenges and learn mitigation strategies from each other. The structured exercises on team building and leadership facilitated learning in an interactive way.

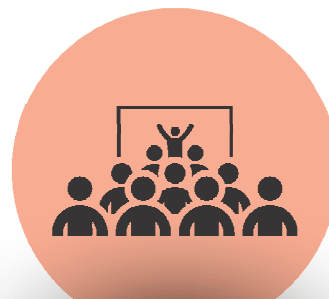
Highlights



Geographical Coverage
36 districts 1930 villages



State, National and International
Over 20 events and advocacy dialogues



Trainings and other Educational Events
Over 75000 Participants



Health Education Material Distributed
77764, copies



Most popular through out country
Female & male reproductive system



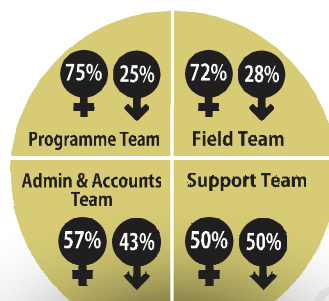
Travel by road, rail and air.
68,890 km



Visitors to www.chetnaindia.org
Over 10000 Peoples



CHETNA's Post Reached on Facebook
52267 Peoples



Our Team Profile
96 Members

Advocating for Change

Contribution to the National level processes related to Review of Sustainable Development Goals (SDGs)



The Sustainable Development Goals (SDGs), were universally adopted in September 2015 after extensive intergovernmental process led by the United Nations (UN). The high level Political Forum of the UN, a central platform for review and follow up of the SDGs, took stock of implementation of the SDGs during July 2017. Along with 44 countries, India opted for making a Voluntary National Review

(VNR). As part of the VNR, at the national level, various processes took place. CHETNA contributed to the VNR in various capacities.

Ministry of Statistics, Planning and Implementation being one of the Nodal Ministries for the SDGs have developed Measurement Framework for tracking and monitoring of the progress of nationally defined SDGs and its associated targets with the support of the ministries and departments implementing various targets. The ministry took an initiative and sought comments and views from the general public and experts on draft national indicators framework for further improvement.

In this context CHETNA participated at the national consultation - "National Indicators on the SDGs". This consultation provided opportunities to contribute suggestions on the initial Draft National Indicators Framework especially related to Goal 3 - Ensure healthy lives and promote well being for all at all ages.

CHETNA contributed in the civil society reports on India's Progress of Sustainable Goal-3 coordinated by Women 2030 and Wada Na Todo Abhiyan- a national campaign working towards accountability.

During the national consultation on Sustainable Development Goals through the Gender Lens organised by Women 2030, National Alliance of Women (NAWO), Mahila Dakshata Samiti and Department and Centre for Women Studies and Development Panjab University, CHETNA presented the review of the progress of sustainable Goal 3 from a Gender perspective.



Advocacy for Quality of Care in Maternal Newborn Child Health •-{}-•

India has made groundbreaking progress in reducing the maternal mortality ratio (MMR) by 77%. In 1990, it was 556 per 100 000 live births while in 2016 it has reduced to 130 per 100 000 live births. It is heartening to note that India is moving towards achieving the Sustainable Development Goal (SDG) target of an MMR below 70 by 2030. This calls for celebration and recognition of all efforts made in this direction.

Rajasthan, one of the high focus state of the National Health Mission (NHM) has shown 22% reduction in Maternal Mortality Ratio – a reduction from 244 in 2013-14 to 199 in 2018. In order to achieve the target of MMR of less than 100 per 100,000 births, attention to quality and dignity in health service is crucial.

SuMa-Rajasthan [CHETNA is the secretariat of SuMa (Rajasthan White Ribbon Alliance for Safe Motherhood)], has been advocating for Quality of Care in Maternal and Newborn Health Services in Rajasthan at the state and district levels by getting engaged with key influencers such as media, elected representatives and leaders of civil society organisations.

A report capturing voices of more than 1.5 million women of India about their 'ask' for respectful and quality maternal health care services was released on National Safe Motherhood Day. This report was released during the dialogue on "Quality, Equity and Dignity for Improved Maternal Health" by Shri J P Nadda, Minister of Health and Family Welfare, Govt. of India, who also was the chief guest at this event. SuMA brought in the voices of women from Rajasthan. SuMA shared these efforts at the global WRA meeting at Kathmandu, Nepal.



Key influencers among the district and state level department of medical, health and family welfare, Government of Rajasthan were engaged through state, regional and district level dialogues. Evidence from the review of 32 public health facilities from three districts of Rajasthan was shared at a zonal workshop organised with the Department of Medical Health and Family Welfare, Government of Rajasthan. More than 70 key state and district level health officials from Udaipur, Dungarpur, Banswada, Chittorgarh, Pratapgadh and Rajsamand participated.

Three district level advocacy dialogues brought together Members of the state assembly, Minister, Public Health Engineering Department (PHED), District Magistrate, Zilla Pramukh of the Panchayati Raj Institutions, Chief Medical Health Officer of the district and members of the Panchayats. These events brought forward an action plan that included, filling up the vacancies of human resource, plan to improve the infrastructure, service delivery, and involvement of Panchayat members in monitoring of the quality of maternal health services at the facility level.

The state level dialogues were held with the Members of the Legislative Assembly, the Honourable Health Minister and SuMa members to engage them to influence the decisions for Quality Maternal Newborn Child Health Services.

Health is one of the key subjects devolved to the local self governments or Panchayati Raj Institutions. The elected members of the three tiers of Panchayat are the key influencers for quality maternal health services. Based on this maxim - state level dialogues and meetings were held with the Honourable Minister for Rural Development and Panchayati Raj, Shri Rajendra Rathore and concerned government officials of health and rural development. As a result, in partnership with State Institute of Rural Development, Jaipur, advocacy dialogues with Zilla Pramukhs and the Pradhans of all the districts of the state have been planned to influence quality of care in maternal newborn child health services.

Partners:



A Shared Destiny: My Journey with CHETNA

The book written by Ms. Indu Capoor - A Shared Destiny: My Journey with CHETNA, in English and Gujarati languages was launched at the Gujarat Literature Festival and Ahmedabad Book Fair in Ahmedabad. During the two launch events – the eminent speakers were Mr. Kartikeya Sarabhai, Managing Trustee NFD, Esther David an Ahmedabad based Author, Mr. Binoy Acharya, Director Unnati, Dr. Usha Jumani, Development Consultant and Dr. Jayanti Ravi, Commissioner of Health, Medical Services & Medical Education and Ms. Rupa Mehta, Head of Programme, Doordarshan



Women's Health and Rights Advocacy Partnership-South Asia (WHRAP)



The commonality of women's health and rights issues across South Asia laid the foundation of the Women's Health and Rights Advocacy Partnership in 2002 which culminated in 2017. WHRAP- South Asia, positions itself as an international partnership with a regional voice. The partnership brings together women led organisations from Bangladesh, Pakistan, Nepal and India, and other civil society actors for evidence based advocacy on Sexual and Reproductive Health and Rights (SRHR). The partnership has facilitated and contributed to processes aimed at improving quality of life of marginalised women in South Asia through strengthened civil society engagement and accountability for health governance. Submissions on Continuum of Quality Care (CQC) were made to the draft national health policy in 2015 which have been included in the national health policy 2017.

In the fourth and final phase of WHRAP(2014-17), in the implementation areas, CHETNA worked towards increasing demand and access for Reproductive Health Services at the community level especially amongst women. Approaches used were - capacity enhancement of SuMa partners, mobilising women/communities, engagement with Gram Sabha and engagement with facility based oversight mechanism known as Rajasthan Medicare Relief Society (RMRS).

The results of the four year interventions have been documented and disseminated at the state and national levels. 'Uthe Kadam Badlav Ki Or' in Hindi and Empowering Communities for Social Accountability in English.

Operationalising RMRS in 17 public health facilities (2014-17)

- The member of RMRS taking action to improve maternal health services increased from zero to 14.
- The number of RMRS conducting monitoring visits increased from 8 to 15

- The number of RMRS visiting labour room and maternity ward increased from 6 to 16.
- The number of RMRS including CSO members increased from zero to 9.

ARROW Malaysia provided enabling platforms to the partners at different levels to disseminate advocacy approaches and learnings. During the regional partners meeting at Kathmandu, Nepal, results were shared and evaluation process discussed. It reemphasised the advocacy approaches used by partners - which is to make the voices of people reach the policy formulation, to bring changes at the local level by strengthening the existing monitoring mechanism, involvement of media and elected members.

During the regional dialogue, the evolution of WHRAP from its pre inception phase was shared and the development and growth of WHRAP as a regional voice was celebrated. CHETNA shared the efforts made with Gram Panchyats to improve the access and quality of maternal health services.

Partners:



Improving Access to Maternal and Child Health Services

PAHEL



Since 2015, PAHEL is being implemented in eight villages of Mundra Taluka in Kutch District of Gujarat state. PAHEL, aims to empower the adolescents girls and women, by equipping them with vocational and life skills along with information about their bodies and how to remain healthy. Interventions are also made to enhance access to health and nutrition services from the public health system. Information and Education activities were also implemented with truckers and labourers working at the campus of Mundra International Container Terminal Private Limited (MICTPL).

During the year, various community level events and campaigns were organized such as the International Breastfeeding Week, the National Nutrition Week and the National Girl Child Day. The purpose of celebrating these events was to create health and nutrition related awareness at the community level.

A total of 722 women and girls participated in vocational skill training courses. In some villages, the Sarpanch provided sewing machines at no cost to the trained women. 96% of the 722 women and girls trained, reported that after the training they have been able to contribute in the family income. From amongst these, selected women and girls went through leadership training who later became PAHEL Mitras to extend support for the community level programme activities.



The PAHEL Mitras reached out to 314 pregnant women and 387 children under the age of two years and motivated them to access the public health services regularly. The PAHEL Mitras also discussed the importance of food and nutrition.

The component of Early Childhood Care was strengthened at the Anganwadi level. This was done by training the Anganwadi workers and providing mentoring support to develop and implement the plan of action. CHETNA provided support to implement the action plan which also included ensuring enrolment and attendance of children.

104 truckers, who are linked with MICT, were provided information on different themes by organising health education events. Additionally, two health diagnosis and treatment camps were organised for truckers.

Partner:



Mundra International
Container Terminal Pvt. Ltd.

PAHONCH – means access. The overall goal of PAHONCH – the project, is to improve the health and nutrition status of women, youth and children by ensuring active community participation. PAHONCH is being implemented in 73 villages of Jamnagar, Morbi and Rajkot Districts of Gujarat, India.

Gram Baithaks – Village Open House Meetings were organised in all the 73 intervention villages to elicit support from the community and from the village Sarpanch, Anganwadi Workers and Accredited Social Health Activists (ASHAs).

CHETNA conducted several extensive health and nutrition awareness programmes. The focus was to mobilize the community to access health and nutrition services from the

Village Health and Nutrition Day (VHND). CHETNA conducted numerous awareness activities in which 3000 community members participated.

Youth groups were formed. These groups consisted of girls and young women between the age of 14 to 24. As a result, a total of 73 adolescent groups were formed with a membership of 1342. Of these, 260 members were selected to work as mentors at the community level. These mentors were trained to become effective communicators and to work as youth leaders in their villages. These trained young mentors then adopted five to ten families, where there were pregnant women, nursing mothers or children between 1-5 years. They counselled these families for early and exclusive breast feeding, complementary feeding, immunisation and accessing health and nutrition services.



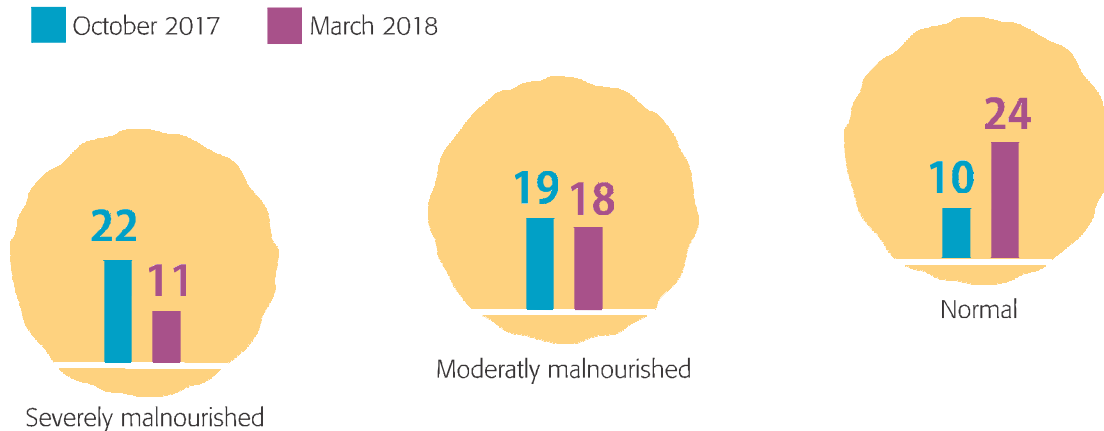
Stories for Change

CHETNA facilitated a two day workshop at Ahmedabad on 6th and 7th March 2018. Girls (50) from rural areas wrote their life stories resulting in a comic book. On 8th March, 2018, a total of 30 stories were shared at a state level event. These stories focused around issues of discrimination against caste, gender, poverty, plus highlighted the young girls' struggle for their education, their challenge to try and break the caste barriers, navigate through social taboos around menstruation, take action to improve their nutrition and work to generate income.

Nutrition Centre at Rajawadla –Wankaner Morbi, Gujarat

A special nutrition centre at Rajawadla village was initiated. A total of 53 undernourished children, between the age of 1 to 5 years were enrolled at the centre and families were actively engaged in efforts to improve their nutrition status. For the next six months, the mothers of the enrolled undernourished children, contributed by preparing energy dense food made from locally available ingredients and distributed amongst those enrolled. Concurrently, the mothers were counseled about personal hygiene, immunization and complementary feeding.

Change in nutritional status of undernourished children (October 2017-March 2018)



The number of severely malnourished children halved –from 22 to 11; the number of healthy children doubled—from 10 to 24.

Partner:





NIROG- Improving Access to Health and Nutrition Services, was implemented in eight villages of Choryasi Taluka–Suvali under Surat District, Gujarat. A baseline conducted in November-December 2016 indicated that 32% of the 843 children below the age of five years were undernourished as per the weight for age criteria. The access to health and nutrition services was found to be limited especially for the families from the migrant and Halpati communities.

The project strategy therefore was to educate and mobilise communities to adopt healthy practices, access their entitlements and strengthen capacities of service providers. This would eventually lead to increased access to services and improvement in health and nutrition status of women, children and adolescents particularly of migrant and Halpati communities.

Anganwadi Workers, ASHAs and ANMs were trained and mentored to counsel parents and adolescents. These front line workers were equipped with communication kits. The kits included messages related to Infant and Young Children Feeding Practices, common illnesses amongst children and water and sanitation. During the Village Health and Nutrition Day (VHND), it was ensured that the mothers are counselled followed by home visits to reemphasize the messages. This would eventually bring the desired behaviour change in child feeding practices and personal hygiene.

Nutrition and Health education activities were organised with school going and out of school adolescents. Two Nutrition Fairs were organised in eight Government Primary Schools. The Fairs had 800 children participating. Interactive activities, games and discussions were held on gender equality, food and nutrition. At the community level, exhibitions were set up on maternal and adolescent health



Improvement in nutrition status of children

A total of 624 children between the age of one month to five years, were enrolled in the programme. Of these, 390 were healthy, 145 moderate and 55 were severely undernourished and 34 were obese.

Nutritional status of 67% (419/624) children was monitored regularly and their care givers were counselled. Some children left the programme due to migrating parents.

Out of 145 moderately and 55 severely undernourished children, 102 and 44 children were with the project on a regular basis. Amongst the 70% (102/145) moderately undernourished children, weight gain was observed in 91% (93/102) and a total of 47% (44/93) children became healthy. Amongst the severely undernourished children 36% (16/44) gained weight thereby eight of the sixteen children moved to a healthy status.

Partner:



Hazira LNG & Port

Social Performance in Action





India is rapidly becoming urbanised. By 2030, around 40% of the country's population will live in urban areas. The health system needs to gear up to address this accelerated need and the community needs to be made aware about the preventive health care and timely accessing the primary health care services. CHETNA's urban health project is working towards improving health of mothers, children and adolescents of eight urban slums of Vasna ward of Ahmedabad city through the approach of continuum of quality care. The project has entered its second year of implementation.

The project aims to increase access to antenatal and post natal care, usage of contraceptives, decrease under nutrition amongst the children between the ages of six months to five years, improve awareness about menstrual hygiene and reduction of tobacco usage. Currently, the project caters to 100 pregnant women, 450 lactating mothers and reaches out to approximately 1800 boys and 1900 girls.

At the community level, mass awareness through puppet shows, street plays and exhibition were carried out on prevention of tobacco consumption, importance of contraception as well as HIV/AIDS. Concurrently, to monitor the access to maternal and child health and nutrition services, a monitoring tool has been introduced. In order to strengthen the system, capacity building of frontline workers on Health Communication and Counseling has been done. Mahila Arogya Samitis (MAS) are urban community-based women's groups that serve as local institutions for health planning and action. They work closely with Accredited Social Health Activists (ASHAs), or government health workers, and public health institutions to increase uptake of government health services. They can bridge the gap between people's needs and service delivery. Capacity building of 187 MAS members, helped strengthen their roles and responsibilities. These women members are addressing their community level problems focusing on hygiene, cleanliness, safe drinking water and regularize health service delivery by sharing the challenges with the concerned departments through regular follow ups. They have been able to get the drinking water and drainage problem solved through Ahmedabad Municipal Corporation.

Partner:  **HDB** FINANCIAL SERVICES





Transform Rural India Initiative

The project aims to transform villages into places of equal opportunity by creating quality of life conditions for living in villages, especially in the bottom 100,000 villages. In this multisectoral initiative, organizations working in the areas of Health & Nutrition, Education, Governance and Livelihoods have come together. Under this initiative, in Madhya Pradesh, activities are spread across 237 villages in the three districts Jhabua, Barwani and Burhanpur. In the year one of the project, 120 villages are to be covered.

The project envisages behaviour change as the key enabler and fundamental to sustainable development. The core of this project is community sensitisation and triggering a

comprehensive change process. This is done by building capacities of the marginalized and their collectives; especially the Self Help Groups, leading to empowerment. Selected members of the SHGs who are known as Sachet-jiji (enlightened woman) are trained on various aspects of health and nutrition.

CHETNA's expertise in health & nutrition has been harnessed to develop locale specific quality training contents and Information, Education Communication (IEC) materials through a collaborative partnership. Perspective building modules have been developed adopting pictorial cards for their easy facilitation. During the year, a total of 391 Sachet-jijis from all three blocks were trained on

importance of gender equality, nutrition, care during pregnancy, lactation and family planning. They have initiated transferring their learning amongst other members of their SHGs in their villages.

The pre and post results of the trainings indicate significant change in the knowledge of Sachet-jijies. All Sachet-jijies have shown increase in knowledge regarding gender equality, cooking methods, danger signs during pregnancy and importance of spacing methods.

The trained Sachet-jijies have started initiating actions such as attending the Village Health and Nutrition Day to ensure delivery of quality services, motivating pregnant women for early registration as well as informing the women about schemes especially Janani Suraksha Yojana. The Sachet-jijies of Khaknar block have noted maximum actions. 331 women have purchased iron vessels for cooking. More than 400 kitchen gardens have been established at the village level. In some villages the Sachet-jijies have become contact points for community concerns.

ASHA/ANM/Anganwadi workers are the key community health care leaders who hold the responsibility to deliver quality health care and nutrition related services to the rural population. They act as the interface between the community and the public health system. During the year, 375 frontline workers - Anganwadi Worker, ASHA & ANM (AAA) have been trained to strengthen their role in health communication with handholding and mentoring support by the project team during Mangal Divas and Village Health and Nutrition Day (VHND). In all the three blocks, 92 Village Health Sanitation & Nutrition Committees (VHSNCs) have been activated.

In Barwani district the team has initiated efforts to form Village Development Plan.

Change Maker

Vanita-jiji is a 32 year old tribal woman from Jhirmiti village of Dedtalai block of Burhanpur district MP. She is considered as one of the best Sachet-jijis. She stated that the training she received has been a life changing experience for her and she is now committed to change her village. She was facilitated at an event in which government officials were also present. She has also become a contact point in her village for her village community.



Partners:



VATSALYA



Since 2016-17, the Vatsalya Project has been implemented in 11 villages of Rajula block, Amreli District, Gujarat. In the year 2017-18, Vatsalya Project has been extended to include 11 new villages – taking the number to 22 villages.

A situational analysis survey was conducted in the new 11 villages to know about communities' perception regarding health, hygiene and nutrition, gender and access to government services.

The survey covered a total population of 16494 from 2914 households from the project area. The survey results indicated that the major social and financial decisions were being taken by elder people or male members of the family. It also indicates that the girls usually dropped out of school after standard 8. The results also indicated that the awareness about government services and schemes related to health and nutrition was very low. People migrated to other regions in search of livelihood opportunities.

The project aims to improve nutritional and health status of pregnant and lactating mothers and children below 5 years. The key strategies of this project are seeking community participation, male involvement, improving the access to health and nutrition services from public sector, along with the involvement of Panchayats.

Achievements

After a year of intervention:

- Reduction of severely underweight children from 28% to 12% and similarly reduction of moderately underweight children from 72% to 46%.
- 22% increase in breast feeding practices including exclusively breastfed for first 6 months.
- Early registration of pregnant women increased from 65% to 93%.



International Women's Day Celebrations

From twenty two villages, 450 participants joined the International Women's Day celebrations which aimed to commemorate the women power and acknowledge the contribution of women leaders who have contributed remarkably to bring change in their villages. Along with the village leaders, dignitaries from Department of Health and Family Welfare, Women and Child Department, and Police Department were present. Key representatives of APM Terminals too participated in the programme.

The celebrations had a cultural programme and a debate competition. At the celebrations, trophies were awarded to the students for their extraordinary performance in academic and sports. The young participants sketched their dreams – their sketches were then exhibited. The invited guests also shared their views about women empowerment and paid their respects to all the women leaders. The slogan "healthy women –healthy India" was chanted by all.

Partner:





Promoting Nutrition Rights of Women and Children



A round Table on “Leadership for a Nourished Gujarat”

Eradication of extreme hunger and poverty is a critical agenda of Corporate Social Responsibility (CSR). A roundtable was organized by CHETNA to provide a platform to key CSR stakeholders and NGOs, to share and discuss their strategies and approaches to combat under nutrition in the state of Gujarat. The discussion commenced by landscaping the situation of under nutrition in Gujarat. This was followed by showcasing various community based approaches and strategies undertaken by NGOs. The round table concluded with recommendations for policy and programmatic levels.

Policy level Recommendations:

- Nutrition component should be integrated in policies of agriculture, health, rural/tribal/slum development, environment, water and sanitation, education and gender. State Food and Nutrition Commission should actively lead the process.
- Ensure community participation in policy formulation, its implementation and its review.

Programmatic level

- Synchronize existing data on nutrition and develop standardised method of data collection to learn about prevalence of under nutrition among women and children.
- Nutrition programmes must be designed and implemented keeping “Empowerment of the Community” at its core rather than continue with the “welfare approach”.
- Adequate budget to be allocated for capacity building, nutrition education and counselling in the existing government programmes.
- Include indicators of social determinants of nutrition in all the existing programmes and monitor these and ensure timely corrective measures.

Partner:



An initiative by Government of Gujarat

Round table on “Developing Strategic Directions” for Coalition for Food and Nutrition Security

The Coalition for Food and Nutrition Security (CFNS) is a group of policy and program leaders committed to fostering collaboration and evidence-based advocacy for improved programs to achieve sustainable food and nutrition security in India.

The CNFS initiated a process of revisiting the strategic directions and program priorities by holding a series of roundtables with its members and key development partners with an operational framework for next three to five years.

CHETNA actively contributed in this process and advocated for the strategic solutions for combating

undernutrition which are locally accepted, community centric and sustainable. It was also emphasized the need to advocate for comprehensive approach to address the issue of under nutrition by ensuring multiple stakeholders and government divisions.

Brainstorming meeting to initiate CNFS Gujarat state chapter

The coalition is in a process of initiating state chapters so as to ensure presence and advocacy at the state level. CHETNA has expressed interest to support the CFNS in initiating the Gujarat State Chapter. In this context, CHETNA organized a brainstorming meeting of NGOs and Government representatives of Gujarat. The group endorsed the need for initiation of Gujarat chapter which will provide platform for discussion and sharing of experiences to contribute in the process of making Gujarat under nutrition free.





Nourishing Schools Partnership (NSP)

NSP is being implemented in the state of Rajasthan. The focus of this project is to prevent the vicious cycle of intergenerational malnutrition by engaging school age children, between 9 to 14 years, studying in 4th to 9th grade in government and government-aided schools. The intervention aims at building their change making abilities so as to improve their own nutrition and nutrition of their family and communities.

CHETNA, Ashoka India and seven NGOs of Rajasthan, have partnered to implement the project in 32 schools. As a part of the baseline survey, Hemoglobin estimation and Body Mass Index of 3000 children were calculated. The data indicated that 50% of students were moderately anemic, 14% were mildly anemic and 27% of students were severely anemic. As well, 12% of students were severely thin. About 70% of the students reported that they did not use soap to wash hands after defecation.

After the baseline survey the school teachers were trained to use the educational tool kit to create awareness amongst the children. Approximately 2500 school children were equipped with information about basics of nutrition, importance of healthy food habits and role of personal hygiene and environmental sanitation to improve their health and nutritional status. Based on a brief review of the project, the partners were getting ready to share their challenges and learning and strengthen the component of community participation.



Meeting for National Youth Alliance –Way forward

The National Youth Alliance (NYA) is an initiative that seeks to create an alliance between policy makers, people who work with youth and young people themselves. NYA aims to bring together diverse experiences from across the country particularly lessons learned in the health scenario, including reproductive and sexual health, nutrition and development that would influence the formulation of effective programmes and policies. The alliance was formed in 2004. CHETNA was the secretariat from 2006 to September 2018.

The core members of the NYA analysed the present policy and programmatic health and nutrition scenario for youth and adolescents of the country to finalise its future role and strategy. Decisions taken during the meeting were that NYA will continue as an informal platform with involvement and representation of young people and it can continue its role of advocacy with special focus for improvement of quality of adolescent programme implementation. NYA will promote and advocate successful approaches which have integrated health and nutrition with other development issues.

CHETNA as the secretariat undertook a process of electing a new National secretariat. We congratulate PLAN India as the next secretariat for the National Youth Alliance.



Empowering Adolescents

In 2015, building on its commitment to a continuum of care approach under the National Reproductive Maternal Newborn Child Health + Adolescent Health (RMNCH+A) strategy, the MoHFW launched Raashtriya Kishore Swaasthya Karyakram (RKSK) to replace the ARSH programme. RKSK's vision is that all 'adolescents in India are able to realize their full potential by making informed and responsible decisions related to their health and well-being, and by accessing the services and support they need to do so.' The programme calls for a paradigm shift beyond sexual and reproductive health (SRH) to include non-communicable diseases, nutrition, mental health, substance misuse and injuries and violence. It employs clinic- and community-based service provision models, as well as demand generation activities. It was launched with a special focus on 213 districts across the country.

During 2012-2016, CHETNA, in partnership with the Gujarat Government implemented majority of the components of the RKSK in Sabarkantha district of Gujarat. This intervention strategy focused on -

- System strengthening by re-allocation of roles and responsibilities, building capacity of the frontline workers mainly, ASHA, Anganwadi Workers and Female Health Workers and from the education department school teachers to



improve the delivery of reproductive and sexual health services including information dissemination and counseling.

- Capacity building of members of the Village Health, Sanitation and Nutrition Committees (VHSNCs) to monitor the implementation of the adolescent health and nutrition related activities at the village level.
- Create a human resource at the village level that can disseminate nutrition, reproductive and sexual health related information amongst the adolescents and counsel them for behavior change.

An evaluation of the project was done by Indian Institute of Public Health Gandhinagar and the results have been documented.

Outcome

The training of frontline workers was evaluated by using a Pre and a Post test tool. The results indicated that amongst ASHAs and AWWs, there was an increase in knowledge for all the topics taken up during the trainings.

ASHAs

- 80% were found to be well versed with information related to nutrition and reproductive health.
- 65% were found to have accurate knowledge about physical, mental and emotional changes that occur during the adolescent phase; as well they better understood about the multiple factors responsible for adolescents not accessing the services from public health system.
- The respondents believing that masturbation is normal increased from 20% to 80%.
- More than 70% could give accurate answer related to Non Communicable diseases.

Anganwadi Workers

- More than 85% could give correct answers related to nutrition and reproductive health of adolescents.
- More than 70% gained knowledge about Non Communicable Diseases (NCDs).
- 55% mentioned the need to bring changes to one's lifestyle so as to prevent NCDs.

Post training, ASHAs and AWWs mentioned that providing sufficient time and privacy during counselling were prerequisites for an effective counselling process.

In terms of gains in adolescent knowledge and health practices, the endline assessment of the project stated that more adolescents in the intervention block were aware

about the adolescent programme. Knowledge about Anaemia and Weekly Iron Folic Supplement (WIFS) programme and compliance with IFA (Iron Folic Acid) tablets intake increased. There was increase in use of sanitary napkins and majority that is 85% of the school going girls continued to go to school during menstruation. Contraceptive knowledge significantly increased amongst out of school girls and boys. There was an increase in awareness about RTIs/STIs (Reproductive Tract Infection / Sexually Transmitted Infections) among older school going girls and out of school boys and health seeking for RTIs/STIs also showed improvement. Adolescents displayed ownership for the program and volunteered for Body Mass Index (BMI) calculation and weight measurement. They expressed the need for more school sessions on sexual and reproductive health.

The AWWs' knowledge was somewhat limited to their areas of work and ASHAs did not offer any referral services. The topic of non-communicable diseases was new for all the frontline workers and it was felt that inculcating this knowledge into practice would require sustained efforts and stringent monitoring. Though there was improvement in knowledge of adolescents on components of RKSK, the overall knowledge of Anaemia and Adolescent Friendly Health Centre (AFHC) remained low at 30% and attendance at Adolescent Health Days (AHDs) was 46% for out of school adolescents. Health seeking for menstrual disorders, particularly dysmenorrhea continued to be poor.



During the year 2017-18 CHETNA was invited as resource team for conducting training of trainers (ToT) in Sabarkanta District, Gujarat. The ToT was to focus on creating awareness amongst the school going adolescents on three components of RKSK namely – Nutrition, Reproductive and Sexual Health including Menstruation. In all, four trainings were organized resulting in capacity building 130 Masters Trainers (Medical Officers) so that they could facilitate educational sessions at the school level. The behaviour change materials used by CHETNA under the SANGAM project were provided to the Medical Officers to be used during the school sessions. Currently, the Medical Officers are actively involved in facilitating sessions at the school level. In the coming year similar effort will be done for the component of Mental Health and Substance Misuse.

Sharing of Experiences

The experience of CHETNA was shared at the Experience Sharing - Learning Workshop organized by the Technical Support Unit- on behalf of Adolescent Health Division of Ministry of Health and Family Welfare at New Delhi.

CHETNA advocated for convergence with Department of Education and inclusion of teachers as an important stakeholders to reach out to school going adolescent girls and boys. CHETNA also highlighted the need to revisit the approach of peer educators. It was recommended to bring in a group of young people between 20-24 years, as key stakeholders who would receive health and nutrition information and these young people would then volunteer as health educators at the village level.

The Technical Support Unit is compiling best practices. CHETNA's implementation model document has been included as one of the best practices.

Participation at the 9th Asia Pacific Conference on Reproductive and Sexual Health and Rights - APCRSR

CHETNA team participated and presented experiences related to advocacy for continuum of quality care in the state of Rajasthan and adolescent health at the conference themed - Leave No One Behind! Justice in Sexual and Reproductive Health

Poster presentation:

1. Demonstrate Convergence for Improving Adolescents' Reproductive and Sexual Health (RSH) and Enhance Empowerment in Gujarat, India.
2. Reducing under nourishment amongst adolescents girls through entitlements and education, in Gujarat, India.

CHETNA's contribution in developing Professionals

CHETNA facilitated a four day module on health and nutrition with special focus on gender equality. This module was conducted for the Certificate Course in Development Management (CCDM) of the Aga Khan Rural Support Programme, India – AKRSP (I). The CCDM was launched in 2016, for graduate tribal youths of Gujarat and Madhya Pradesh. Till 2018, CHETNA has facilitated this module for three batches of CCDM.

#Women and Girls Speak about menstruation

CHETNA collected voices of 596 women and girls between the age of 13 to 35 years from five districts of Gujarat on Menstruation and, myths, beliefs, restrictions and practices around it. Focus group discussions were carried out among the men and adolescent boys.

Key Responses

- Women and adolescent girls reported that they learnt about menstruation from their mother or elder sister but were unaware about the biological process of menstruation. Only 6 respondents reported to have received information about menstruation from an ASHA.
- 87% of the respondents stated that they used cloth during menstruation which is the commonest absorbent used. Of these 75% of women and girls used cloth called a - "Time Piece" made from flannel . This is a dark red colored cloth available in the market at a low cost and is reusable. This cloth can be washed and dried in the sunlight in the open. 23 % did report that they dry this cloth inside the bathroom or in dark rooms where there is no sunlight.
- Girls expressed concerns about disposal of menstrual absorbents. Girls, during menstruation, do face restrictions related to mobility and consumption of food. Many girls and women condemned the social norms attached to menstruation however they are compelled to follow these norms due to social pressure within and outside their families.
- The men reported that this was the first time someone had discussed about menstruation with them.
- Schools were not equipped to address menstruation related needs of the girls. Of the 18 high schools visited, 17 reported that, in case of emergency, they did not keep menstrual absorbent (cloth or sanitary napkins) for the girls. Only one high school had menstrual absorbent for girls if needed in an emergency.



- Girls usually go back home to change the menstrual blood absorbent or continue to wear the absorbent for longer hours.
- The teachers reported that they were not trained in topics related to Menstrual Hygiene Management or any aspect of adolescent health.

Recommendations

- Any programme directed at improving menstrual hygiene must adopt a comprehensive approach, include various facets of menstruation and multiple stakeholders. To ensure sustainability of intervention, the teachers, ASHAs and AWWs need to be trained and equipped with learning material.
- Health education is emerging as a critical component of menstrual hygiene management programmes. This should expand from personal hygiene and management of pads to accurate and complete information including social aspects and body literacy. Education must be provided to girls as well as boys; women as well as men and should begin before the onset of puberty.
- Inculcate self confidence in challenging some of the customs and practices such as the notion of 'pollution'. This would indirectly have an effect on these customs and myths and allow her to feel free to discuss menstrual matters without any inhibitions.
- More and more girls are now being enrolled in school. Establishment of girl-friendly spaces in schools would be an effective approach.
 - Range of education materials can be made available.
 - Facility to counsel girls related to menstruation or other health and nutrition related aspect.
 - Menstrual blood absorbents can be made available for girls in case of emergency.
 - Facility for disposal should be given in the toilet to maintain privacy.
 - A full size mirror can be provided in school so the girls can comfortably observe whether their cloth is soiled or not.
- Women and girls should be provided with choice of absorbent to be used- sanitary napkin, flannel or any other. Since women and girl chose "Flannel" its availability can be increased.

Training of Ahmedabad Municipal School Teachers on Menstrual Hygiene

CHETNA imparted training to 1200 municipal school teachers on technical and social aspects of menstrual hygiene. The effort was to help break the age old taboos and myths related to menstruation and equip the girls through their teachers with scientific information and importance of hygiene during menstruation.

These trained teachers were expected to impart information to more than 60,000 students in their schools. A special illustrative training and education material developed by CHETNA was used and disseminated during the training. This effort was done as a part of the Ahmedabad Sanitation Action Lab (ASAL) project of Urban Management Centre (UMC) and Ahmedabad Municipal School Board.

Tobacco

Each year, worldwide, use of Tobacco kills a huge number of people. It leads to premature deaths. In India 45% of men and 7% of women between 15-49 years of age use some form of tobacco. The most common form of tobacco consumption among men is chewing paan masala or gutkha (15%), followed closely by smoking cigarettes (14%) and bidis (13%)¹. The initiation of consumption of tobacco starts as early as 10 years. Keeping the health hazards of tobacco consumption in view, CHETNA has initiated efforts in prevention of tobacco consumption amongst the adolescents and implementation of COTPA Act² in rural schools. A set of 10 posters were designed on various aspects of tobacco consumption, its ill effects and the importance of prevention. The project is being implemented in secondary and higher secondary schools of Gandhinagar and Ahmedabad districts in Gujarat. The objective of the project is to sensitize key stakeholders about the ill effects of tobacco consumption and implementation of Cigarettes and Other Tobacco Products Act (COTPA) and to make schools Tobacco Free. The project aims to cover 20% of upper primary schools in the first year in Ahmedabad district along with 10% higher secondary schools in Gandhinagar district.

Two trainings were organized by CHETNA to train 68 master trainers of Ahmedabad and



Gandhinagar districts. The master trainers of Ahmedabad then rolled out trainings at block level. A total of 603 teachers from 10 blocks of Ahmedabad were trained on ill effects of tobacco consumption and COTPA act. Participants were provided an educational kit which they can use while imparting information about prevention of tobacco use with students. The kit highlights tobacco addiction and its health hazards and information on COTPA act.

To implement the learnings, drawing and essay competitions were organized at school level in which 3700 students from eight schools participated.

A set of 10 posters were developed on various aspects of tobacco consumption, its ill effects and the importance of prevention.

1. National Family Health Survey -4, 2015-16.

2. The Cigarettes and Other Tobacco Products (Prohibition of Advertisement and Regulation of Trade and Commerce, Production, Supply and Distribution) Act

Partners:



Governing Council

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Mr Dilip Surkar

Director, VIKSAT & Vikram A. Sarabhai Community Science Centre Nehru Foundation for Development, Thaltej Tekra, Ahmedabad 380054 India

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Director, M. S. Ramaiah Indic Centre for Ayurveda and Integrative Medicine, A unit of Gokula Education Foundation (Medical) New BEL Road, MSR Nagar Mathikere PO, Bengaluru 560054 India

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Shri Kartikeya V. Sarabhai

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Activist and actor, 702 Sagar Samrat, Green Fields, Juhu, Mumbai 400049 India

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Ms. Usha Rai

Senior Media Consultant, D-1948 Palam Vihar, Gurgaon-122017, India

Ms. Pallavi Patel (Member Secretary)

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

During the year CHETNA's Governing Council met on 19th August 2017 and 14th March 2018.

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 2017-18



- Women
- Young People
- Children
- Other



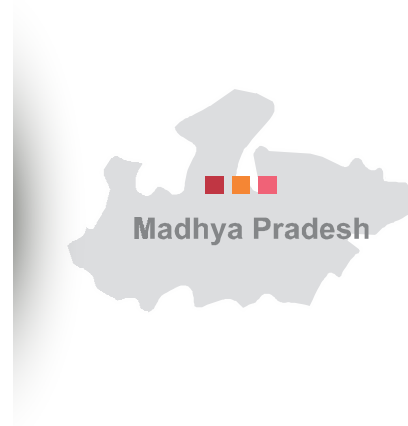
Gujarat



Rajasthan



Delhi



Madhya Pradesh

Gujarat

- Booklet on Government Scheme on Health & Nutrition for Children & Adolescent (2500)
- Pamphlet on Breastfeeding (2000)
- Pamphlet on Danger Signs during pregnancy (500)
- Booklet /Pamphlet on Care during Pregnancy (800)
- Anaemia and Women's Health Kit (450)
- Picture Book on Maternal Health Entitlement (150)
- Flip Book on Counselling for Mothers' and Children's Health & Nutrition (79)
- Folder on Anaemia (7500)
- Booklet on Menstruation (1760)
- Reflections - A Workbook for Adolescents (800)
- Flip Book on Growing up for Young Girls (640)

- Apron on Female Reproductive System and Process of Menstruation (301)
- Fact Sheets on Sexual and Reproductive Health & Rights (292)
- Apron on Male Reproductive System (190)
- Story on Prevention of Anaemia (200)
- Booklet on Nutrition/ Hygiene (12600)
- Booklet on Personal Hygiene (7100)
- Pamphlet on Prevention of illness (5000)
- Poster: Child Health and Nutrition (2000)
- Flip Chart on Child Care & Food (60)
- Booklet - New Born Care (55)
- Sticker on Health, Nutrition, Hygiene and HIV/AIDS (23400)
- Manual on Health and Nutrition (600)
- Quit Tobacco Now - an Educational Kit (600)

Rajasthan

- Birth Preparedness Calendar (852)
- Flip Book on Counselling for Mothers' and Children's Health & Nutrition (60)
- Booklet on Personal Hygiene (636)

New Delhi

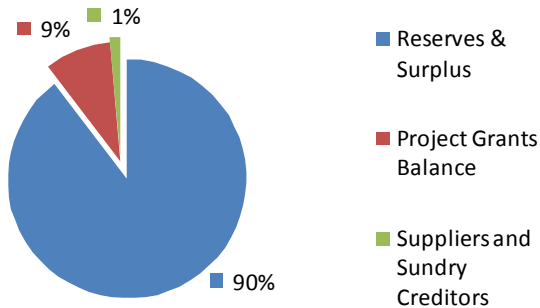
- Apron on Female Reproductive System and Process of Menstruation (450)

M.P.

- Booklet on Menstruation (242)
- Apron on Female Reproductive System and Process of Menstruation (244)
- Booklet on Nutrition (200)
- Booklet on Personal Hygiene (200)

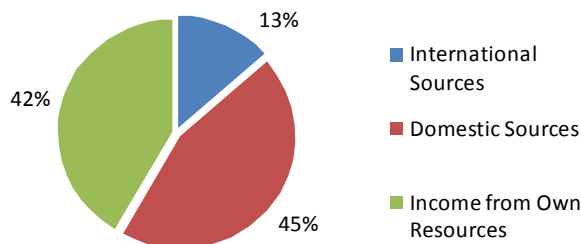
Copies less than 50 are not included.

FUNDS AND LIABILITIES	(Rupees in Lakh) 31.03.18	%
Reserves and Surplus	749	90%
Project Grants Balance	75	9%
Suppliers and Sundry Creditors	12	1%
TOTAL	836	100%



FUNDING SOURCES FOR RECURRING AND NON-RECURRING EXPENSES

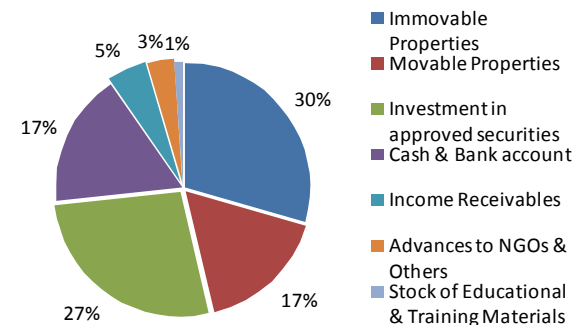
	(Rupees in Lakh) 31.03.18	%
International Sources (Foreign Contribution)	73	13%
National Sources	243	45%
Income through own Resources	226	42%
TOTAL	542	100%



CHETNA* Financial Highlights

Abridged Balance Sheet
as of March 31, 2018

ASSETS	(Rupees in Lakh) 31.03.18	%
Immoveable Properties	247	30%
Moveable Properties	140	17%
Investment in approved Securities	225	27%
Cash and Bank account	144	17%
Income Receivables	43	05%
Advance to NGOs and Others	28	03%
Stock of Educational & Training Materials	09	01%
TOTAL	836	100%



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

Donation to CHETNA is exempted u/s 80G(5) of the Income Tax Act 1961

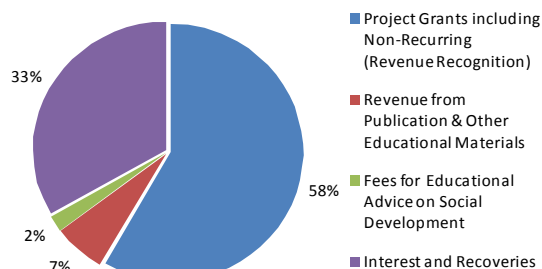
Abridged Income and Expenditure Statement for the year ended on March 31, 2018

Our Financial Supporters (2017-18)

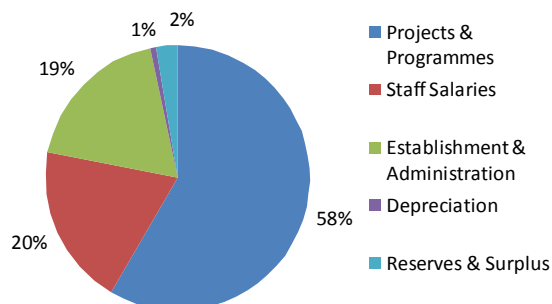
- Aga Khan Rural Support Programme (India) - AKRSP (I)
- Ambuja Education Institute
- ARROW, Malaysia
- Ashoka Innovators for the Public, Bangalore
- Azim Premji Philanthropic Initiative (APPI)
- CAIRN Energy India Pvt Limited, Haryana (Vedanta Limited)
- Centre for Catalyzing Change (C3), New Delhi
- Coastal Salinity Prevention Centre (CSPC)
- Gujarat Pipavav Port Limited, Gujarat
- Hazira LNG Pvt Limited, Hazira
- HDB Financial Service Limited, Mumbai
- Mundra International Container Terminal Pvt Ltd, Gujarat
- Narotam Sekhsaria Foundation and Salaam Mumbai Trust, Mumbai
- State Health Society (Urban Health), DHFW, GOG
- Transforming Rural India Foundation, New Delhi


D.N. Surati
Chief Accounts Officer
Nehru Foundation for Development
October 2018

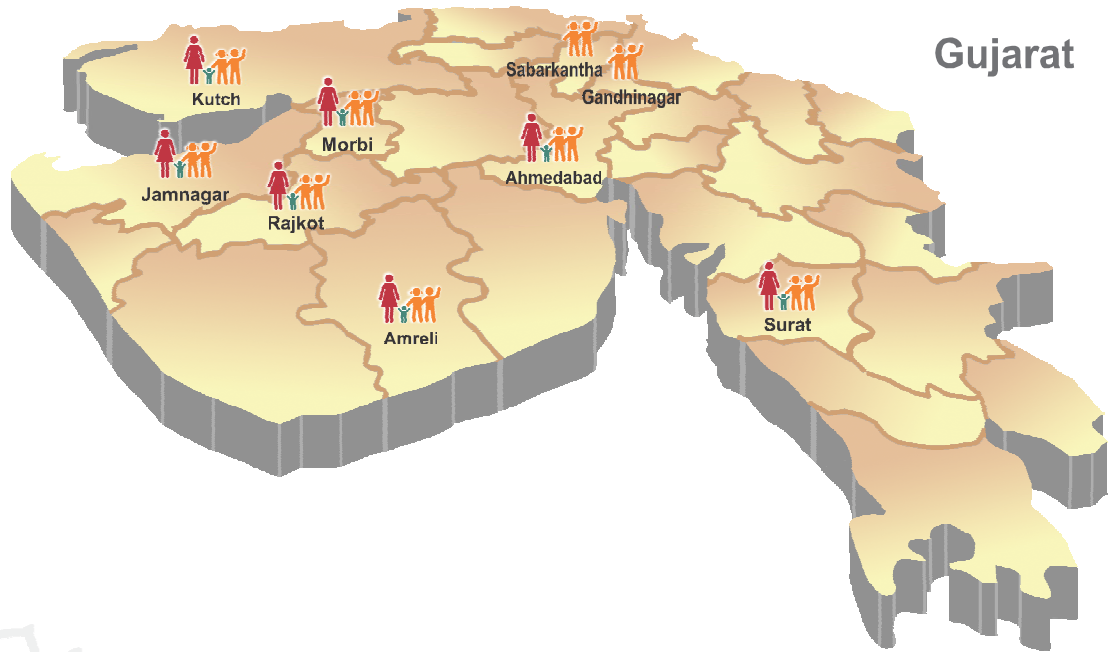
INCOME	(Rupees in Lakh) 31.03.18	%
Project Grants including Non-Recurring (Revenue Recognition)	316	58%
Revenue from Publication and Other Educational Materials	35	7%
Fees for Educational Advice on Social Development	11	2%
Interest and Recoveries	180	33%
TOTAL	542	100%



EXPENDITURE	(Rupees in Lakh) 31.03.18	%
Projects and Programmes including Non-recurring	316	58%
Staff Salaries	107	20%
Establishment and Administration	101	19%
Depreciation	004	01%
Reserves and Surplus	014	02%
TOTAL	542	100%



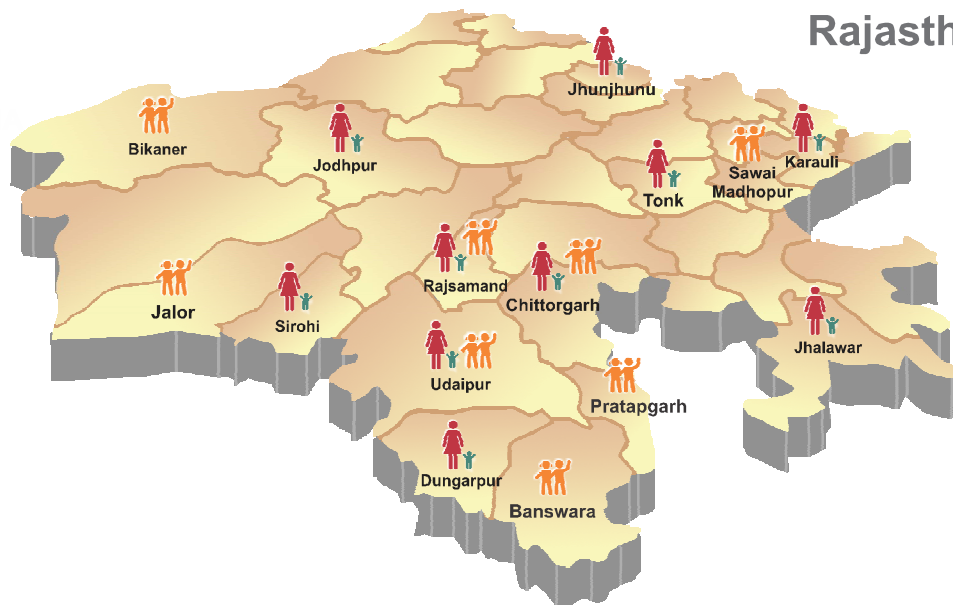
Geographical Outreach



 Improving Maternal Child Health & Nutrition

 Empowering Adolescents

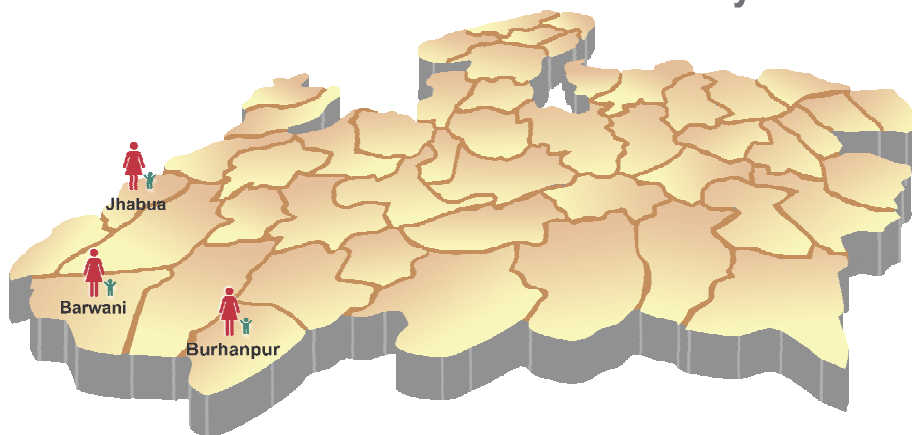
Rajasthan



 **Advocacy for Quality Maternal, Newborn and Child Health Services**

 **Empowering Adolescents**

Madhya Pradesh



 **Improving Maternal & Child Health & Nutrition**

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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