



Making health and nutrition information and services accessible to adolescents in the state of Gujarat, India

Introduction

Adolescents between the ages of 10-19 years comprise 22% of the total population in India. Adolescents face challenges such as early marriage, early pregnancy, poor access to information related to reproductive and sexual health, poor life skills, sexual exploitation, morbidity related to risky behaviour, poor nutrition, and poor access to reproductive and sexual health services.

The Government of Gujarat (GOG) is striving to make the health system more responsive towards enabling reproductive and sexual health services to be more accessible to adolescent girls, especially those who are out of school. Department of Health and Family Welfare has initiated Mamta Taruni Programme throughout the state to make nutrition and health services more accessible for adolescent girls.

The programme offers services to out of school adolescent girls between 10-19 years. These services include monitoring of nutritional status by measuring Body Mass Index; monitoring blood Hemoglobin levels; providing nutrition supplement, Iron Folic Acid (IFA) tablets, and Tetanus Toxoid injection; referring girls for treatment of reproductive and sexual health infections; and imparting reproductive, sexual health and nutrition information.

Objectives:

- CHETNA collaborated with Government of Gujarat to make health and nutrition information and services accessible to out of school adolescent girls through Mamta Taruni Programme¹
- To up scale the learning in other parts of the state

Partners:

Government of Gujarat (GOG)

Local Field NGOs:

Sarwagin Gram Vikas Sanstha (Prantij block) and Narrotam Lalbhai Rural Development Fund (Khedbrahma block)

Geographical Outreach



- Primary Health Centres PHCs:
- Majra and Balisana²(Prantij)
- Matoda (Khedbrahma)
- No of Villages: 53

¹MAMTA Taruni Abhiyan is a community based intervention under the umbrella of RCH-II ARSH strategy to provide health care to out of school unmarried adolescent girls.

² After 6 months of project implementation, a few of villages under the Majra PHC got transferred to Balisana PHC. However, CHETNA continued its project activities in those few villages.



Activities conducted

Raising community awareness about the programme:

A poster depicting services offered by the programme was displayed at prominent places in the villages. Folders detailing the programme activities were disseminated at the village level.

Peer Educators Training

Fifty-five peer educators were trained. They were equipped with knowledge about nutritional anaemia, menstruation and conception, Maternal and New born care, contraceptives, Reproductive Tract Infection and Sexually Transmitted Diseases (RTI/STI), and HIV. Their life skills, especially decision making, communication and negotiation, were enhanced. The shy and hesitant nature of peer educators demanded regular review and repetition of messages through refresher trainings. There was a high peer educator turnover rate due to factors such as child marriage and seasonal migration, which required CHETNA to organise trainings again for the new peer educators.



Village level Educational sessions

The trained peer educators along with the field workers imparted messages to other adolescent girls at the village level with the use of specially designed health communication material by CHETNA

Training of Frontline workers

150 key village level functionaries, ASHAs and Anganwadi Workers completed a joint training on Health Communication. They were sensitised about the challenges faced by adolescent girls, equipped with technical information on different health topics, and their health communication skills were strengthened.

Village level Events

Cluster level events were organised to give a platform to adolescent girls to showcase their learnings to block and district level government officials and community leaders.

At each village, a joint village-level meeting with mothers and formal and non-formal leaders, frontline workers was organised to discuss issues and challenges related to the implementation of the MAMTA Taruni Program.

Monitoring

The programme team regularly monitored the progress of the activities in each village, gave feedback to peer educators and frontline workers, and organised activities to strengthen field activities. Regular sharing about progress of activities, challenges and learnings at with concerned Taluka, district and the state level government officials was intrinsic part of the programme. It led to timely actions and solutions. It created a feeling of partnership and ownership among the government officials.

Upscaling the Efforts

The following components of this programme developed by CHETNA were up scaled state-wide in the implementation of Mamta Taruni Programme:

- Training module –“Hum-Tum” for peer educators is being mass produced by the government of Gujarat and is being used throughout the state



- Training methodology to train peer educators was used to train master trainers, state-wide, by the Government of Gujarat. 236 master trainers of Government of Gujarat were trained by CHETNA.

CHETNA's health communication materials developed are being used by

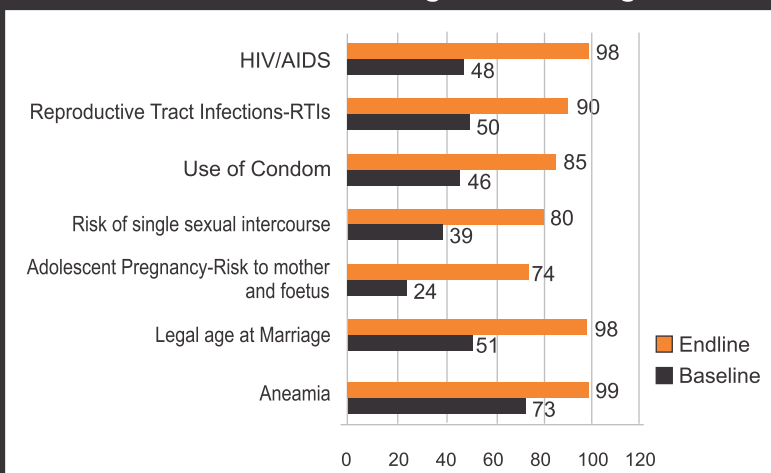
- Department of Health and Family Welfare (Gujarat State) in other districts under Mamta Taruni programme.
- Department of Women and Child Development (Gujarat State) repackaged CHETNA's health communication material in the form of a booklet which was disseminated among the adolescent girls of the Sabla programme. .
- Ahmedabad Municipal Corporation is using CHETNA's materials for Mamta Taruni in their urban adolescent health programmes.



Review and Evaluation

After 18 months of the intervention an endline survey was conducted by an independent consultant. The data are compared here with the baseline survey results.

Increase in awareness among adolescent girls

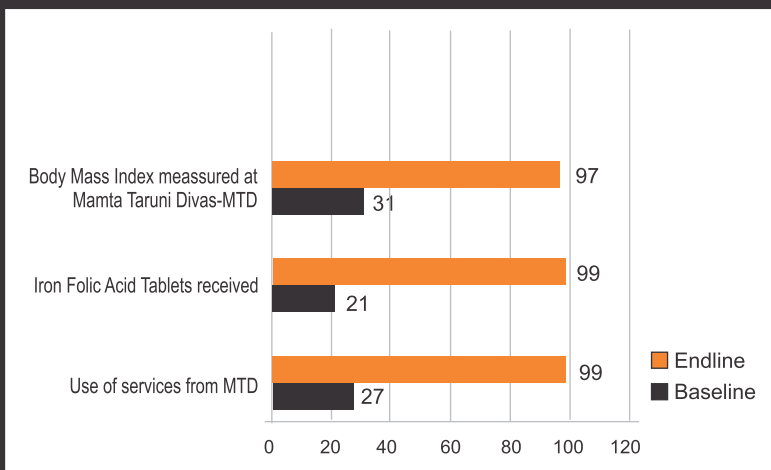


* The results are in %

There was a significant increase in the awareness about different topics related to nutrition, sexual and reproductive health. However more than 90% of adolescent girls remained unaware about the risk of conception during fertile period. A low level of awareness was noted regarding other risks involved in adolescent pregnancy (obstructed labour, Low Birth Weights and preterm baby). Also only less than 15% were aware about the high risk pregnancy.

There was a significant increase in the percentage of programme participants who accessed services from Mamta Taruni Day (MTD). There is also evidence that girls began accessing services from the Public Health System for reproductive and sexual health illnesses. In the pre- intervention phase, from September to December 2010, 12 girls reported complaints related to Reproductive Tract Infections and Sexually Transmitted Diseases, out of which only three girls accessed treatment. After the intervention, 58 girls reported having complaints related to Reproductive Tract Infections and Sexually Transmitted Diseases, out of which 47 girls accessed treatment from the Primary Health Centre.

Increase in access to services



* The results are in %

Change in Body Mass Index

The BMI (Body Mass Index) of adolescent after 18 months of intervention increased. In Prantij, a rural block 31% and in Khedbrahma, a tribal block 36% adolescent girls moved from under nutrition to normal nutritional status.

Insights

- Participation of community level stakeholders and investment in human resource development are means to achieve envisaged programme outcomes. They need to be intrinsic part of every programme with sufficient resources-human, time and finance.
- The peer to peer approach is successful only with the support of front line workers, ASHA, Anganwadi workers, and Female Health workers. They need to be trained extensively in the area of adolescent health and health communication.
- Trainings of peer educators and front line workers need to be on a regular basis. They cannot be a one time event. Turnover in peer educators is a reality. Financial allocation and human resources for the training is must.
- Active involvement of parents and village leaders in programmes related to adolescents is non negotiable. Create forums to ensure their participation by sharing information about the services offered in the programme, the progress of the change in the nutritional status of their daughters, challenges being faced in implementation of the programme, etc. Elicit their opinions to solve the challenges.
- Regularly organise events for adolescent girls to showcase their learnings. It provides them with the opportunity to be recognised by the community.
- Systematic monitoring of the nutrition and health status of adolescents and sharing the progress with their parents motivate them to let the girls continuously access the services.

Over **30** years
1980-2012
Working with Women,
Young people and Children



CHETNA

For Women Young people Children

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"I did not know about HIV/AIDS. I know now what to do to prevent HIV/AIDS. I also did not know about anaemia, I now eat green leafy vegetables, which I used to avoid earlier."

-Neelam Prajapati, Adolescent girl,
Village- Aagiya, Khedbrahma

"I regularly attend MAMTA Taruni Divas and I also make sure that adolescent girls of my street also accompany me to receive health services. We attend health education sessions and also share our learnings with each other."

-Gomatiben Vaghela, Peer Educator,
village- Ghadkan, Prantij

"In the beginning, adolescent girls were irregular in attending MAMTA Taruni Divas. Today, adolescent girls have started regularly availing services under the MAMTA Taruni Divas."

-Female Health Worker, Prantij

"CHETNA and Narottam Lalbhai Rural Development Fund provided immense support in implementation of MAMTA Taruni Divas in 23 villages of our Matoda Primary Health Centre of Khedbrahma block. Together, we have been successful in making the adolescent girls aware about different aspects related to their health and nutrition."

-Dr. Gadhavi, Block Health Officer, Khedbrahma