Moving Ahead

Making Health and Nutrition Information and Services Accessible to Adolescents in the State of Gujarat, India

CHETNA
For Women Young people Children

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Moving Ahead

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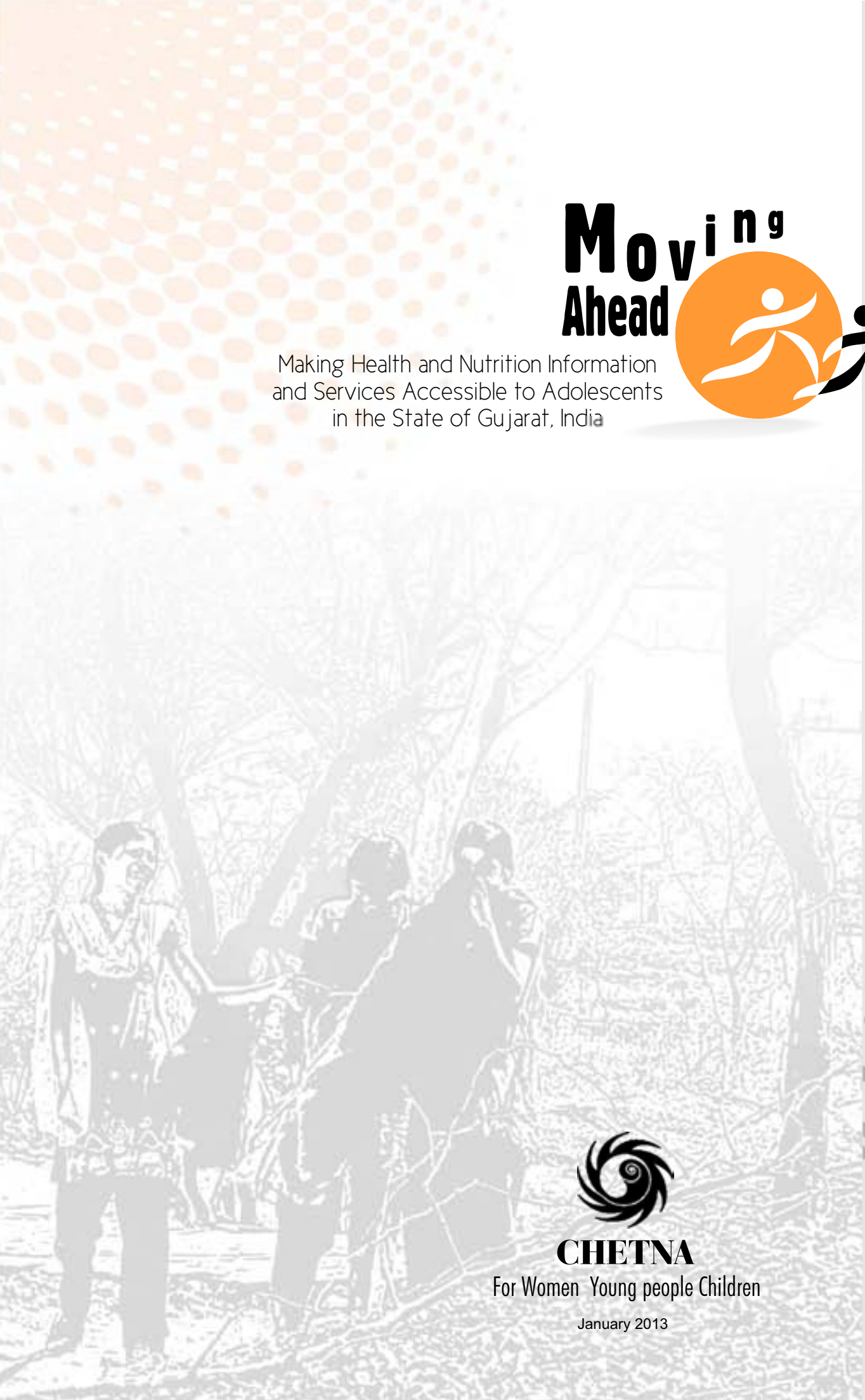

CHETNA
For Women Young people Children

January 2013

Preface

CHETNA has completed a three year action research project Making health and nutrition information and services accessible to adolescents and young people* in the State of Gujarat, India. The project was implemented through the existing government MAMTA Taruni Abhiyan** program. The project also aimed to up scale the learnings to other districts of the state, and to advocate for issues related to the health and nutrition of adolescents at the National level.

The aims of the project were successfully achieved by CHETNA, by partnering with the Government of Gujarat who generously gave access to two Primary Health Centres (PHCs) in Sabarkantha district of Gujarat State, India to implement the activities of the project.

The project was implemented in 53 villages of two blocks, Prantij (rural) and Khedbrahma (tribal) Talukas in Sabarkantha district. The above interventions were financially supported by MacArthur Foundation, USA.

It is envisaged that sharing our present experience and the lessons of this project would be useful to other stakeholders viz. Governments, CBO's, NGOS, Policy makers, Academicians, Researchers, Local bodies etc, who may be interested to either initiate or upscale any program related to Adolescents and young people or strengthening their existing adolescents programs.

The insights that emerged from interventions during the project have been greatly useful to the CHETNA team in designing their future course of action related to adolescents and young people. Their knowledge about adolescents has further deepened and their faith in the potential of adolescents has been reaffirmed.

We express our deepest gratitude to Government of Gujarat (GOG), especially to Ms. Anju Sharma (Former Mission Director, NRHM), Mr. P. K. Taneja (Principal Secretary(PH) and Commissioner), Dr. B K Patel Additional Director (Family Welfare), Dr. S.C. Vashishtha, Joint Director (MCH), Ms. Ankur Srivastav, Project Officer Adolescent Reproductive and Sexual Health (ARSH), Commissionerate of Health, Medical Services & Medical Education for supporting whole heartedly in facilitating processes at state level for partnership with CHETNA for the present project. We also would like to thank Dr. P M Patel Chief District Health Officer (CDHO), Dr. Kanoria, who took charge as a CDHO later and Dr. Makwana ,Reproductive and Child Health Officer, Sabarkantha district, Dr. Rathod Taluka Health Officer–Prantij and Dr. H S Gadhavi, Taluka Health Officer Khedbrahma, Dr. Bhavesh Parmar, Medical Officer, Primary Health Centre (PHC), Matoda; and Dr Yadav, PHC Majara and other block and district level health functionaries who supported in the implementation of the project activities and contributed to the success of the project. Also, we would like to sincerely thank the local partners from both the implementation blocks.

We acknowledge and express our appreciation to all the field staff of two local partner NGOs namely Sarwangin Gram Vikas Sanstha (Prantij Taluka) and Narrotam Lalbhai Rural Development Fund

*For the scope of this project, our focus has been mainly on making health and nutrition information and services accessible to out of school adolescent girls between the 13–19 yrs age group. Young women above the age of 19 years were not beneficiaries of MAMTA Taruni program and therefore not attending MAMTA Taruni Divas. CHETNA undertook home visits to make health and nutrition information accessible to them. This group was not included in other activities of the program and was also not included in the endline survey.

**MAMTA 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.

(Khedbrahma Taluka) who implemented the field activities at village level and the peer educators who have worked tirelessly in the field areas, without them, this positive outcome would not have been possible. Special thanks to all the adolescent girls in the villages and their parents, who were courageous to let their daughters be empowered during the course of the project inspite of the rigid socio-cultural taboos in the villages.

We are also grateful to MacArthur Foundation for financial support and special thanks to Ms. Dipa Nag Chaudhary, Acting Director MacArthur Foundation, New Delhi, for the guidance and support given to us during the implementation for the project.

We sincerely appreciate the efforts of Dr. Neeta Shah, Field Project Coordinator and Mr. Jay Patel, Project Associate, CHETNA, for transferring our vision of making reproductive and sexual health services and information accessible to adolescent in reality. Without their dedication and hard work this project would not have achieved a meaningful outcome. We thank, Mr. Anil Gajjar for his efforts in designing the health communication materials, Ms. Shradha Betai and Mr. Mukesh Mali for providing support in field interventions. We also thank all the CHETNA team members who directly or indirectly contributed in the success of the project.

We specially thank Ms. Jyoti Capoor, Development Consultant, for documenting the experiences of the project. She actively interacted with the team members and brought forward the insights that were gained from the project.

This document is an another step forward in ensuring that the lessons, that have been learnt during the project are incorporated in the National Youth policy and National Adolescent health strategy and all the other significant policy documents which, we hope, that will have a positive impact on the lives of all Adolescents and Young people in the future.

Pallavi Patel
Deputy Director
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Indu Capoor
Founder and Director
CHETNA

January 2013

List of Abbreviations

AFHS:	Adolescent Friendly Health Service
ASHA :	Accredited Social Health Activist
ARSH :	Adolescent Reproductive and Sexual Health
AWW :	Anganwadi Workers
BCC :	Behaviour Change Communication
BMI :	Body Mass Index
CDHO:	Chief District Health Officer
CHETNA:	Centre for Health Education Training Nutrition Awareness
CHC :	Community Health Centre
CORT :	Centre for Operational Research and Training
CSOs:	Civil Society Organisations
DLHS:	District Level Health Survey
FHW:	Female Health Worker
GOG:	Government of Gujarat
GOI:	Government of India
GO:	Government Organisations
HIV:	Human Immuno Deficiency Virus:
AIDS:	Acquired Immuno Deficiency Syndrome
ICDS:	Intregrated Child Development Scheme
MCH:	Maternal and Child Health
MO	Medical Officer
MoHFW	Ministry of Health and Family Welfare
MOYAS	Ministry of Youth Affairs and Sports
MHRD	Ministry of Human Resource Development
NGO:	Non Governmental Organisation
PHC:	Primary Health Centre
PIP:	Program Implementation Plan
RCH:	Reproductive Child Health
RGNIYD:	Rajiv Gandhi National Institute of Youth and Development
RTI:	Reproductive Tract Infection
RSH:	Reproductive and Sexual Health
STD:	Sexually Transmitted Disease
TOT:	Training of Trainers
WCD:	Women and Child Department
VHSNC:	Village Health, Sanitation and Nutrition Committee

Executive Summary

This process document essentially captures CHETNA's three year (December 2009-November 2012) journey while implementing their project Making reproductive and sexual health and nutrition information and services accessible to the Adolescents in the state of Gujarat, India. This was done through the existing government programme-MAMTA Taruni Abhiyan Program*, using training of peer educators and health communication as key strategies to reach out to the adolescent girls.

This project was implemented in collaboration with the Department of Health and Family Welfare and Department, Government of Gujarat. Two local field NGOs were active implementing partners in the process.

One of the important aim of the project was to scale up the learning of this project to the other districts of the state, and also to advocate issues related to the health and nutrition of Adolescents at National level. The project was funded by MacArthur Foundation, USA.

The project essentially consisted of three phases. The first phase (January, 2010- December, 2010) focused on planning. The Second phase (January, 2011 May, 2012) focussed on field Implementation of activities planned in the first phase. The third phase (June 2012-November, 2012) focussed mainly on Consolidation, Review and Evaluation of the interventions. Continued efforts on upscaling the learning of the project and advocating for adolescents' access to information and health services was also done throughout the second and third phases.

During the first phase, approvals were sought from the Government of Gujarat for finalising the Geographical area for intervention. 53 villages of two Talukas, Prantij (rural) and Khedbrahma (tribal) of Sabarkantha district were assigned by government for project implementation. Two local field NGOs partnered with CHETNA namely Sarwangin Gram Vikas Sanstha (Prantij Taluka) and Narrotam Lalbhai Rural Development Fund (Khedbrahma Taluka) in this and their team were trained to implement the field activities in these villages.

During the second phase of the project, the major thrust remained on the implementation of the project activities and to upscale some of the experiences in the State through the MAMTA Taruni Abhiyan Program.

In the beginning of the second phase, a baseline survey was conducted by Centre for Operation Research and Training (CORT), a Vadodara based research organization. The findings very clearly brought forward the fact that the adolescents needed complete and scientific information on nutrition, reproductive and sexual health.

Based on the interest of the peer educators, their learning needs and the time available to them, it was decided to train peer educators on one topic each month. Between April-December 2011 a specially designed training on Nutrition-Anaemia, Menstruation and conception, Maternal New born care, Contraceptives, RTI/STI and HIV and Life Skills education were facilitated by CHETNA. The training module used for the training of peer educators was developed by CHETNA during the inception of the MAMTA Taruni Abhiyan project. Specially designed Health Communication materials were

*MAMTA Taruni Abhiyan in English means "Campaign for the Care of Adolescent Girls"

developed and used by the peer educators and field workers, while facilitating the sessions for the adolescent girls at the village level.

Later, CHETNA team was invited as a resource team to facilitate training sessions to train the master trainers to train the Peer Educators by Department of Health and Family Welfare and State Nutrition Cell, Government of Gujarat. The master trainers were district representatives from all the 26 districts of Gujarat state. The training methods and materials used during facilitating different sessions were meticulously planned and were later replicated at the district level trainings. The trainers were given an opportunity of practicing the facilitation of the session. A total of 236 participants were trained through this process. These master trainers, in turn trained about 19,000 peer educators throughout the state. Health communication materials developed in the project are still being used by the peer educators all over the state.

The health communication materials are also being used by the urban health programmes in Ahmedabad city. On request, from the Department of Women and Child Development, Government of Gujarat, health communication messages developed in this project were adapted by CHETNA in the form of a handbook for adolescent girls for their Sabla scheme.

ASHA and Anganwadi Workers, who are the two key village level functionaries to make the reproductive and sexual health information accessible to the adolescents were especially trained on Health Communication. The training program was designed to sensitise them on challenges faced by adolescent girls and provide technical information in different topics of reproductive and sexual health. Their health communication skills were further strengthened. A total of 150 ASHAs and Anganwadi Workers were jointly trained through this process.

To assess, the progress and outcome of the field level activities and make necessary changes, CHETNA developed a monitoring mechanism which was regularly administered since July 2011. The monitoring reports were regularly generated. The information was discussed with the partners and necessary decisions were taken to strengthen the project implementation. A mid-term review was undertaken during this phase. Post mid-term review activities were undertaken based on the findings. Essentially, the activities focussed on strengthening the village level interventions.

During this phase, refresher training of peer educators, mobilising community through village level meetings with different stakeholders and several events at village level to create awareness about the program were organised and the second round of Health Education at village level was undertaken to discuss their role in sustaining the activities of the project after CHETNA's withdrawal from the project area.

During the third phase of the project, the major thrust was on Consolidation Review and Evaluation of the field level activities and systematic closure of the project.

The adolescents were given a unique opportunity to share their experiences and feelings during a consultation organised at Khedbrahma Taluka head quarters. The peer educators appreciated the learning process that they had experienced during the project. They also expressed their willingness to continue their service as peer educators in the program. They also shared the process on how they motivated

adolescent girls to participate in MAMTA Taruni Divas activities and the health education sessions. They also expressed that they found it difficult to facilitate health education sessions independently at the village level.

Further in this third phase, an endline survey was undertaken by an external researcher and the findings are documented as a separate report. These findings clearly revealed that there was a significant increase in the knowledge of the adolescent girls in the area of nutrition and reproductive and sexual health and their access to services on MAMTA Taruni Divas. The findings also revealed that the adolescent girls have also started availing reproductive and sexual health services from Primary Health Centres. During the period of 18 months, significant number of girls who availed the services from MAMTA Taruni Divas showed a marked improvement in their nutritional status, from earlier being undernourished to later having a normal nutritional status. There was a significant increase in the knowledge of the adolescent girls in the villages where the peer educators were trained by the master trainers trained by CHETNA team.

CHETNA team gained several important insights while implementing this project which are discussed as lessons and also the challenges that they faced are converted into opportunities while designing their future plans. Advocacy was an underlying thread throughout the project, several important milestones were reached which are discussed as a separate section in this document.

As part of advocacy, CHETNA, organised several National level consultations to ensure that the voices of adolescent and young people are incorporated in the formulation of National Youth policy and Approach paper for the 12th Five Year Plan document. The Government of India, who were, in a process of designing National Adolescents Health Strategy invited CHETNA team members to participate in various workshops to elicit their view point. A few of CHETNA's recommendations were that the government should ensure convergence of adolescent programme at the village level by using of existing human resources from other departments specifically from the education department to impart health messages and also support in counselling the adolescent girls for the issues related to reproductive and sexual health. CHETNA also advocated, that there is a need to address the reproductive and sexual health issues of adolescent boys also.

During this phase, CHETNA also took the opportunity to document the experiences of Civil Society Organisations working on adolescent's health across the country. This document will play an important role in designing the Adolescent Health Strategy and approaches to successfully reach out to adolescent's health. CHETNA's own experience of the present project has been included in the document. CHETNA is a member of the core committee for the finalisation of the National Adolescent Health strategy.

Based on the experience of present project, CHETNA has made several recommendations to the parliamentarians to make reproductive and sexual health services and information accessible to the adolescents. The three major recommendations are related to convergence among different schemes related to adolescent health, addressing reproductive and sexual needs of adolescent boys and immediate release of the National Youth Policy.

The insights drawn from the completion of the present project has helped CHETNA in designing its future plans. They have planned a project which incorporates the lessons that they learnt and also they have broaden the scope of the project to cover Adolescent boys too.

Project at a Glance

Goal: To improve nutrition and reproductive and sexual health status of adolescents in the state of Gujarat, India.

Objectives:

- To make nutrition, reproductive and sexual health information and services accessible to out of school adolescent girls of the state of Gujarat through the MAMTA Taruni Abhiyan* programme of Government of Gujarat (GOG)
- To up scale the learning from the pilot MAMTA Taruni Abhiyan programme to other districts of the state.
- To advocate for strategies for improving access to nutrition and reproductive and sexual health information and services at the National level.

Focus Areas

- Reproductive and sexual health of adolescents (prevention of early pregnancy through improving access to contraceptives, maternal health, menstrual hygiene)
- Reduction of Nutritional anaemia
- Substance abuse**

Geographical Outreach

- Prantij (Rural) and Khedbrahma (Tribal) Block of Sabarkantha district, Gujarat State, India
- PHCs: Majra and Balisana*** (Prantij) and Matoda (Khedbrahma)
- No of Villages: 53

Sabarkantha District

*Mamta Taruni Abhiyan which in English means "Campaign for the care of Adolescent girls"
**The baseline data indicated that adolescent girls do not consume tobacco in any form and therefore this issue was not addressed in the project.
***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.

Time Period of the Project: 3 Years

Partners:
Government of Gujarat (GOG) and
MacArthur Foundation, New Delhi

Local Field NGOs:

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

Project Design

The design of the project was essentially to demonstrate how training and health communication can be used as an important strategy in implementing MAMTA Taruni Abhiyan Programme (Health service delivery mechanism for adolescent girls at village level) to make health and nutrition information and services accessible to adolescent girls .

The Key Implementation Strategies were:

1. Developing participatory communication approaches by involving adolescents, service providers and community representatives.

2. Capacity building of local NGOs in the area of adolescent reproductive and sexual health, gender equality, health of young mothers, health communication, peer education.

3. Supporting health care providers at the village, block and district levels for smooth implementation of MAMTA Taruni Abhiyan program through participatory monitoring and constructive feedback , dialogue and discussions.

4. Creating 'spaces for dialogue and learning' among different stakeholders at village level e.g. Elected Panchayati Raj members, community members, health service providers and adolescents on an ongoing basis.

5. Documenting and reviewing the lessons learned about the strategies and approach used in the intervention blocks and facilitated the scaling up the same in other districts of the state by active consultation with the concerned government departments.

6. Forging partnership with NGOs and Government departments at the National level to discuss various approaches and strategies used to reach out the adolescents and young people to improve their nutrition, reproductive and sexual health status.

Introduction

Around 225 million (22%) adolescents aged 10-19 represent a significant segment of population in India (Census 2001). Of the total population, 12% are 10-14 years of age and nearly 10% are 15-19 years of age. Females comprise almost 47% and males 53% of the total adolescent population. Young people between the ages 10-24 years comprise of 30% of the total population.

The challenges and risks faced by adolescents and young people directly impacts their physical, emotional and mental well-being. Early marriage, early pregnancy, incomplete and/or lack of education, poor access to information related to reproductive and sexual health, poor life skills, sexual exploitation, morbidity related to risky behavior, poor nutrition, poor access to reproductive and sexual health services are some challenges faced by the adolescents and the young people in India and Gujarat.

WHO defines adolescence as the period of life spanning between 10-19 years and youth as between 15-24 years. Young people, when referred to as such, are those between 10-24 years of age. They are no longer children, but not yet adults.

Context

CHETNA implemented the project "Advocating a community- based model to Enhance Women's Access to Maternal Health Care Services in the state of Gujarat" in two blocks of Navsari district, supported by The John D and Catherine T MacArthur Foundation Grant (2005-2009). Some of the observations and data from the project indicated that to bring about changes in the maternal and child health scenario, there is a need to make concentrated efforts in the area of adolescent and young people's nutrition, reproductive and sexual health.

Some of the Relevant Data of Navsari District Highlights-

- 50% young women who were pregnant in the project area were below 20 years and 70% were below 25 years. Experiences of other NGOs of the state also indicated that about 50% of these young women below the age of 20 years became mother.
- 70% lactating women of the Navsari project area were moderately anaemic (7.9 to 9 gm/dl) and none of them had normal Haemoglobin level. Majority of these women were below 25 years of age.
- There were 30 child deaths below the age of six months reported in a period of one year in the project area. The mother's age of majority of children (27), who died were between 19-25 years.
- The women usually get themselves operated for sterilization after 2nd or 3rd child. They did not use any contraceptives to delay the first pregnancy or to keep a desirable gap between two children.
- Under the government Maternal and Child health programme special focus on Reproductive and Sexual health to young mothers was found to be lacking. Majority of young girls and boys did not have access to Reproductive Sexual Health (RSH) information and their health service entitlements.

The Demographic Profile of Adolescent and Young people of the Gujarat State Reiterates this Need.

The median age at marriage is 18 years

Adolescents in the rural area have limited exposure to mass media and about 37% of the adolescents in the age group 15-19 are not exposed to any media

35% adolescents in the age group 15-19 years reported one or more symptoms of RTI.

There is a high-unmet need for contraception among this age group

70% adolescent girls are anaemic. (56-63 girls are anaemic/1000 population)

10% adolescent girls are under weight (<35kg)

Source; Gujarat State PIP 2008-2010

Micro studies indicate that about 50% of the young women below the age of 20 years become mother.

Only 37% unmarried women had ever discussed about contraceptives with others- (DLHS 3 2007-08)

While the Navsari project was being concluded, the Government of Gujarat (GOG) was designing the MAMTA Taruni Abhiyan program in 2008-2009. GOG invited CHETNA for consultation to develop a training module to train peer educators under MAMTA Taruni Abhiyan program. CHETNA took this opportunity to highlight what they found in the field regarding the sexual and reproductive health needs of the adolescent and young people and collaborated with Government of Gujarat through their MAMTA Taruni Abhiyan program. CHETNA, thereafter developed a proposal and presented this to MacArthur Foundation and received sanction in the later part of the year 2009. This project, therefore became a mutually beneficial partnership for both CHETNA and GOG. It also became an opportunity for GOG field test the design of the programme.

MAMTA Taruni Abhiyan program

Mamta Taruni Abhiyan program is a community based intervention under the umbrella of Reproductive and Child Health Programme II, Adolescent Reproductive and Sexual Health strategy to provide health care to out of school adolescent girls between the age group of 10–19 years. It is designed to make reproductive and sexual health and nutrition services accessible to this group.

The Services Entitled to Adolescent Girls are:

- Registration of all adolescent girls who are out of school
- Weight monitoring
- Iron Folic Acid (IFA) supplement
- RTI/STI referral and treatment
- Health and nutrition education
- The married adolescents are referred to MAMTA Divas* which is organized at each village every month to provide maternal health services.
- The above entitlements are routed through the key programme implementers at the village level Anganwadi worker, Female Health Workers, ASHA and Peer Educators.
- Anganwadi Worker is responsible for distribution of supplementary nutrition to adolescent girls. She is in-charge of Integrated Child Development Scheme (Services) ICDS (Supplementary Nutrition programme) of the Department of Women and Child Development.
- Female Health Worker (FHW) and ASHA-Accredited Social Health Activist are responsible to deliver the health services. They are appointed by the Department of Health and Family Welfare.

"Peer education is the process whereby well-trained and motivated person undertakes informal or organised educational activities with their peers (those similar to themselves in age, background or interests) over a period of time, aimed at developing their knowledge, attitudes, beliefs and skills and enabling them to be responsible for and protect their own health."

*Every month the FHW organizes a health day in every village to provide maternal and child health services to the pregnant women and lactating mothers. The ICDS worker and ASHA provide support in organizing MAMTA day.

Involvement of CHETNA

CHETNA got involved in MAMTA Taruni Abhiyan programme in three different roles.

- Generating awareness about the programme: Assisted the GOG in creating awareness about the program objectives, health and nutrition entitlements for adolescent girls with village level stakeholders through collating information regarding the programme and designed a pamphlet and poster about the program activities and services entitled under the programme.

- Implemented the program activities in the villages of three PHCs of Sabarkantha district through the following:

  - Developed a training module to train the peer educators (developed prior to the implementation of the present project)
  - Designed and developed health education materials on different topics of adolescent health and nutrition to be used by the peer educators.
  - Training peer educators and frontline workers on health communication
  - Mentoring the peer educators

- Up scaling of experience: Based on experience of implementation of the programme in 53 villages CHETNA facilitated the process of Training the Trainers (ToT), who in turn trained the peer educators of other districts of the state with the use of the health communication materials developed by CHETNA for peer educators.

Geographical Area

The selection of Sabarkantha district and two blocks Prantij and Khedbrahma was done by Government of Gujarat, while the two PHCs were selected by CHETNA in consultation with Chief District Health Officer (CDHO), Himmatnagar-Sabarkantha. The selection of the blocks was combination of rural (Prantij) and a tribal (Khedbrahma) area while the PHCs were selected where the number of out of school adolescent girls was high.

Given the above criteria, Mazara PHC of Prantij block with the total 30 villages had 900 non-school going adolescent girls and Matoda PHC of Khedbrahma block having 23 villages and 1213 non-school going adolescent girls were selected for the project intervention for three years. In Prantij block, 35 percentage of girls were drop out from school at the primary level and did not pursue their studies. In Khedbrahma, 20 percentage of adolescent girls had never been to school. (Baseline Survey 2010)

Different Phases of the Project

The project mainly consisted of three phases. The First phase consisted of Pre-planning and Planning, the Second phase was of Implementation of the activities that had been planned in the first phase and the Third phase consisted of Consolidation, Review and Evaluation of the activities that were implemented in the second phase.

Apart from this, throughout all the phases efforts were done to share the learning from the intervention at both State and National level, processes related to policy formation and programme planning. (Different activities undertaken in the three Phases is diagrammatically depicted are annexed)

Phase I

Planning Phase (January - December 2010)

The three main activities that CHETNA undertook in this phase were the following:

Received Government Permission to Implement the Project in the Assigned Geographical Area

After receiving the formal approval for the project from MacArthur Foundation in December 2009, CHETNA initiated the process of getting formal permission to implement the project in one of the districts of the state in January 2010. The Government of Gujarat formally gave permission to work in Sabarkantha, a tribal district of the state in August 2010.

Meeting with Chief District Health Officer

A formal meeting of CHETNA project team with the Chief District Health Officer of Sabarkantha district took place on September 2010. At the end of the discussion, it was decided that CHETNA would work in Prantij (rural) and Khedbrahma (tribal) blocks of the district. Within these blocks, Mazara PHC of Prantij block and Matoda PHC of Kehdbrahma block were selected, which had 30 and 23 villages under each PHCs respectively. In December 2010, the villages of Majara PHC got split between two PHCs, Mazara (16) and Balisana (14) villages. Thus, the project got implemented in the jurisdiction of two PHCs and a few villages of Balisana PHC.

During the meeting, CHETNA collected preliminary information regarding names and contacts of the health care providers of the assigned PHCs, names of the villages covered by the assigned PHCs, lists of the adolescent girls who would be covered under the MAMTA Taruni Abhiyan program and the peer educators, developed by Government of Gujarat.

CHETNA team was informed that the frontline workers had started already measuring the height and weight to calculate the Body Mass Index and estimated Haemoglobin of all the enrolled adolescent girls in the program. The concerned staff members were still to be trained for the implementation of the project.

Selected the Local NGOs to Implement the Project Activities in the Project Areas

To implement day to day project activities at the village level, mapping of NGOs of Sabarkantha district was done. Initially 19 NGOs were listed. A letter was sent to each of these NGOs. Out of those, nine NGOs showed interest in working on the issues of adolescent health in Khedbrahma and Prantij blocks of the district.

Out of these nine NGOs, four NGOs had been selected based on their physical presence in the area, past experience of working on the issue of adolescent health, and a willingness to work in close collaboration with the Health Department, GOG.

All four NGOs were personally visited to learn more about their work. Information regarding their activities and necessary documents such as their annual reports, list of board members, registration information, Foreign Contribution Regulation Act (F.C.R.A) number, Permanent Account Number (PAN), number of employees etc. were collected from these NGOs. During the visit, information about the project design was shared and their expected role in the project was discussed. Based on the discussion and information collected, strengths, limitations and envisaged support required by them to implement the project effectively were reviewed.

All the four NGOs were invited to submit the tentative financial requirements to carry out the expected role in implementation of the project. Based on this information, two NGOs were invited to CHETNA for the final discussion regarding the partnership. They are Sarwangin Gram Vikas Sanstha for Prantij block and Narrotam Lalbhai Rural Development Fund for Khedbrahma block.

Training of the Selected NGO Team

During the first week of January, 2011, CHETNA facilitated a training course for field coordinators and field workers of the partner NGOs for one week, trainees learned the technical and theoretical skills necessary to implement the programme. The profile of participants that were identified to participate in the training was the result of a carefully thought-out plan. Most of the participants were young women who would liaison in their respective villages, helping the peer educators to relate to the clients of the programme and feel more acutely the issues/problems that they face each day. The training was designed in three sections.

- Sensitise participants about issues of adolescent health and development and their role as a development worker in social transformation.
- Equip the participants with technical knowledge related to adolescent nutrition, reproductive and sexual health.
- Build life skills like communication, decision making negotiation etc.
- Provide peer educators an opportunity to practice their role as a trainer.

The participants, throughout the training were introduced to information that would prove useful to them in their role as knowledgeable and skilled trainers and also help each participant in both their personal and professional lives

Baseline Survey was Undertaken to Learn about Adolescents Access to Reproductive and Sexual Health Information and Services.

While CHETNA was awaiting the formal permission and allocation of a geographical area to implement the project from the state government, baseline survey questionnaires for different categories of the stakeholders were designed. The purpose of baseline survey was –

- To learn about the prevailing knowledge among adolescents related to their reproductive and sexual health and nutrition, health and nutrition service entitlements, and their health seeking behaviours.
- To learn about the service providers, views about adolescent girls' reproductive and sexual health scenario in their areas, difficulties that they face to reach out to the adolescent girls and their suggestions to overcome these difficulties.

CHETNA identified Centre for Operation Research and Training (CORT) of Vadodara for the baseline survey and to provide support in monitoring of the program. The questionnaires developed by CHETNA were given to CORT for review and eventually jointly finalized, keeping the objectives of the project in view.

Training of Field Investigators

During November 2010, CORT organized a training of the Field Investigators for the baseline survey. They were oriented regarding the following:

- Demographic profile of the out of school adolescents.
- Developed skills of the investigators on how to interview different stakeholders to collect information and fill up the questionnaire.

CHETNA team members remained present throughout the training and provided input as and when required. The questionnaire developed for each stakeholder was reviewed and finalised and translated it in Gujarati language.

In the baseline survey, a total of 200 adolescent girls 100 each from both blocks were interviewed. The process of data collection was completed by December 2010.

Phase II

Implementation (January 2011- May 2012)

During the second phase of the project the major thrust remained on the implementation of the project activities and to upscale some of the experiences in the state through the MAMTA Taruni Abhiyan Program. The following activities took place during this phase:

Baseline Survey

The baseline data collected in phase I went through analysis. The initial analysis was discussed between CORT and CHETNA team. The findings were later documented based on our key focus areas that were menstruation and menstrual hygiene, Contraception, IFA Consumption and Anaemia. Some of the findings are highlighted below:

About MAMTA Taruni Abhiyan Program:

Only 27% of girls were aware about MAMTA Taruni Abhiyan program and were attending MAMTA Taruni Divas.

Nutritional Anaemia

- 72% of the adolescent girls were aware about anaemia. 64% and 19% girls believed that poor nutrition and non-consumption of Iron Folic Acid (IFA) tablets were the causes for anaemia respectively.

*Time piece- Red or brown colour cloth available in market which is popularly known as "time piece". It is soft, washable and made from a synthetic flannel type material.

Consumption of Iron Folic Acid Tablets

- 42% of the girls consumed IFA tablets during last month. They received IFA tablets from Anganwadi Centre, Auxiliary Nurse Midwife, ASHA etc.

Reproductive and Sexual Health

Menstruation and Menstrual Hygiene

- 92% girls in the study area had attained menarche, out of which 72% informed that they have menstruating regularly. Old cloth (37%), time piece* (54%) are used by girls during menstruation. Only 2% were used sanitary napkins. All of them washed the cloth with water and soap and 84% of the girls informed that they dry it in sunlight.

Contraceptives

- 22% of the adolescent girls had ever seen a condom with regard to the purpose of using condom, 23% mentioned that it used to prevent pregnancy, 1% mentioned that it prevents Reproductive Tract Infections and 26% said that it prevents HIV/ AIDS. While, 49% of the girls did not know the use of condom.

- Regarding the knowledge about other contraceptives, 59% were aware about oral pills, 33% were about Copper T, 62% were aware about tubectomy and only 4% were about Vasectomy. 15% were not aware about any of the contraceptive methods.

"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

RTI/STI and HIV/AIDS

- 50% of the girls were aware about Reproductive Tract Infections/Sexually Transmitted Infections and 48% were aware about HIV infections. Only 1% knew that RTI/STI increases the risk of HIV infection.
- Only 17% of the girls mentioned that a healthy looking person may also have HIV/AIDS infection.

- Among the routes of HIV infection 41% mentioned about unsafe sex, 30% mentioned about infected blood and 37% said that it can be transmitted from infected mother to her child. 30% of the girls said that using condom can help in preventing HIV infection.

Accessing Health Services:

- Majority of the girls who accessed treatment from Primary Health Centre was for general health. During December 2010, 12 girls had reported complaints related to Reproductive Tract Infection. Out of which only 3 girls accessed treatment.

*Time piece- Red or brown colour cloth available in market which is popularly known as "time piece". It is soft, washable and made from a synthetic flannel type material.

Developing Health Materials for Training

Designing and Developing Module Hum-Tum

As mentioned earlier, CHETNA has designed and developed a module Hum-Tum in local language to address the information needs of the adolescents and young people. This module was conceived, designed and developed in 2008-2009 responding to a request from the GOG during the consultation where they were trying to introduce MAMTA Taruni Abhiyan program in selected districts. In fact, the consultation was quite instrumental in CHETNA deciding to collaborate with the Government on this pilot project. In all, 6,000 copies were printed by CHETNA for GOG to be used in the pilot phase. When CHETNA joined hands with GOG for the present project, the programme got extended in all the districts of the state. The Department of Health and Family Welfare mass printed the copies to reach out to other peer educators. This module was used in training the peer educators. After which, they were equipped to impart the health information to the other adolescents in the villages. Each peer educator received a copy of this module.

The module created by CHETNA, aimed to cultivate life skills among adolescents and provide information on reproductive and sexual health to the adolescents. Life skills like communication, decision making and negotiation are described in detail which aims to empower adolescents to access reproductive and sexual health services. Gender equality is a cross cutting issue. The reproductive and sexual health information included in the module were conception, pregnancy, contraceptives, reproductive and sexual infections, violence and sexual harassment etc.

CHETNA designed and developed a range of health education materials especially to be used by peer educators to create awareness among the adolescent girls. They are briefly discussed below:

"Before the program, we did not know about the process of menstruation. During the MAMTA Taruni classes we learnt about the changes happening in our body during the adolescent phase. Now we know that menstruation is not dirty."

-Adolescent girl, Khedbrahma

Information Necessary while Growing up

Story of Ridhi Sidhi and the Apron Depicting Process of Menstruation-

A Pictorial flip book was designed to use along with apron on menstrual cycle to impart information to young girls to understand the process of growing up. The information is given in the form of story of two twin sisters, Riddhi and Siddhi. It Includes information on menstruation and guidance related to care that needs to be taken during menstruation and also highlights the need for gender equality for overall development of adolescent girls.

Prevention of RTI/STDs:

Flash cards depicting cause, symptoms and preventive of RTI/STDs. The information was given in pictorial form with minimum text.

Learning about conception and pregnancy:

A video film on process of conception, fertilisation and pregnancy was copied and given to all the peer educators. This film was developed by another NGO in local Gujarati Language which was used in this project by CHETNA

Prevention of Nutritional Anaemia and Undernutrition

1. Three dimensional poster: was developed to give a visual effect in change of the appearance of an anaemic and a non anaemic girl. From one angle, it reflects the image of a young anaemic girl, when the angle is changed, the image changes into a healthy looking girl with messages on prevention of anaemia. On the backside of the poster there is information on causes, symptoms and prevention of anaemia.

2. Rupa's Story: A large size wall poster pictorially depicts gender inequality resulting in nutritional anaemia. It discusses the need to consume nutritious food, division of labour and consumption of IFA tablets to treat and prevent anaemia.

3. Booklet on food groups: This booklet describes about different food groups and promotes messages of nutritious foods and healthy eating practices.

4. Take these small steps and keep your body clean and healthy!"- Handy booklet was developed on personal hygiene and environmental sanitation depicted with appropriate pictorials to attract the attention of the young girls from rural settings.

Peer Educators Training

Based on the initial interest shown by the peer educators, their learning needs and the time available to them, it was decided to train peer educators each month on one topic. Between April-December 2011 training on Nutrition-Anaemia, Menstruation and conception, Maternal New born care, Contraceptives, RTI/STI and HIV and Life Skills education were facilitated by CHETNA.

Throughout the course of the five allotted training sessions, CHETNA team observed two main obstacles to successful peer educator's training. The first was the shy and hesitant nature of peer educators, made review and repetition of former topics necessary at each session and reducing the training efficiency.

The second challenge was, there was a high peer educator turnover rate. This concerned the team, as successful implementation of the program required that peer educators remain present for at least one full year (all five sessions); only with consistent attendance will they be able to create a meaningful rapport with adolescents and effectively impart health knowledge. Additionally, the trainings were designed in such a manner that each health topic be interconnected.

> "I enjoyed being a part of Mamta Taruni programme. I attended all the trainings organized by CHETNA. It was great learning for me. My role is to bring adolescents to MAMTA Taruni Divas. I had to put in a lot of efforts to convince their parents."
>
> - Peer educator, Khedbrahma

Various methods, such as storytelling, structured exercises, video sessions, and practical demonstrations were used to make the trainings participatory and interesting. To develop or inculcate confidence among the peer educators the first training was on nutrition wherein the girls were taken through the experience of calculating their own Body Mass Index and clinically examining their status of anaemia. The discussion and demonstration during this session sensitised them about poor nutrition and health status and developed a rapport, a platform was created to discuss topics like menstruation and other reproductive and sexual health. Prior to introducing new topics previous topic/s were revised and peer educators experiences in imparting training at village level was shared.

Case study: Nimishaben Patel (Nutrition/Health Education/Life Skill/Decision Making)

Nimishaben, is a 19 year old adolescent girl from the village Aagiya near Khedbrahma Block. Aagiya is a very large village having approximately a population of 3000 people. It is segregated into different sections and each section of the village is occupied by one particular caste. Nimishaben is living in one such section 'Patel Falo', where 15 out-of-school adolescents are at present staying.

She has four family members, which includes one brother and her parents. She has passed her 9th standard and after which, she dropped out of school as she was not interested in perusing further studies. At present, she contributes both in the household work and also in the farm owned by her family.

Nimishaben has been regularly attending Mamta Taruni Divas for the last one and an half years. Her weight was 45 kg, when she started attending the programme. According to her, she was healthy, as her Body Mass Index (BMI) was in the 'green' zone.

She was greatly influenced by the health education sessions on nutrition and anaemia. She read the nutrition booklet thoroughly and strictly adhered to a balanced diet. She mentioned, that if she does not follow the correct diet at this stage of her life, she may also become anaemic like 'Rupa', a character from the pictorial chart developed on Anaemia for MAMTA Taruni Abhiyan Programme.

Nimishaben's mother observed the changes that her daughter was trying to bring in her diet. Her daughter demanded different kinds of grains, milk, vegetables and fruits for her meal. She was perplexed by the unusual demands that her daughter was making and therefore questioned her regarding the reasons behind it. Her daughter shared her learning with her mother, however she was not fully convinced and was afraid that her daughter would get obsessed unnecessarily.

In her house, milk, grains and pulses were easily available, however, fruits and green leafy vegetables were rarely bought by her mother. To include these foods in her meal, Nimishaben decided to shop daily for vegetables. Although her mother was not in favour of these things, she started shopping for the family daily, by convincing her father and included those items in her meal. She would go to the highway near their village to buy fresh vegetables and fruits from local vendors.

As time passed, her weight gradually increased. Meanwhile, she started regularly attending Mamta Taruni Divas and learned about sexual and reproductive health. Now, after one year, there was significant weight gain of 10 kg. She has become an inspiration for other girls of their village. The story of Nimishaben reveals that what she learnt in life skill education, she has applied practically in her life by taking appropriate decision. In her words, "MAMTA Taruni Abhiyan Program is very useful for adolescents like me. I learnt that being healthy and consuming nutritional foods is necessary for safe maternity in future. Now, to ensure good health, I eat food which I never used to eat earlier."

Training of Accredited Social Health Activist (ASHA) and Aganwadi Worker (AWW) on Health Communication

ASHA and Anganwadi Worker who are the two key village level functionaries to make the reproductive and sexual health information accessible to the adolescents were trained on Health Communication. The training program was designed to sensitise them on challenges faced by adolescent girls and provide them technical information in different topics of reproductive and sexual health. Their health communication skills were strengthened. A total of 150 ASHAs and Anganwadi Workers of the project area were jointly trained in a batch of 20-25 participants during May-June 2011.CHETNA had to also provide TA/DA for the staff, as the GOG had not budgeted this expense in their account.

Organising Different Events to Create Awareness of the Program

CHETNA organised different events to create awareness about the program at the field. Some of the events were the celebration of National Youth Day, World Health Day, and Nutrition week at the village level which gave the adolescent girls the opportunity to showcase their learning to government officials and community leaders. Details of some of the events celebrated are discussed below:

Celebration of the International Youth Day-12th August, 2011

A total of 120 young participants, including adolescent girls, ASHA workers and Aanganwadi workers from four villages were present. Key stakeholders both from district and village functionaries attended this celebration viz. Pramukh of Taluka Panchayat, Block Health Officer of Prantij, Medical Officer of Majara PHC, Sarpanch of Sitwada Group Gram Panchayat, ICDS Officer, Principal of Adarsh Primary School remained present during the event.

After providing the details regarding health and nutrition service entitlements the adolescent girls participated in a quiz organised by CHETNA team. It gave them an opportunity to showcase their learning to the stakeholders. The community members who remained present came to know about the programme activities and had ensured the participation of their daughters in the programme. A similar event was also planned in the Khedbrahma block but had to be cancelled due to unavoidable circumstances.

Celebration of National Nutrition Week

National Nutrition Week is celebrated from September 1 to 7 every year. During 2011, CHETNA and partner NGOs jointly observed a Nutrition Week in all the 53 villages of Prantij and Khedbrahma blocks with the objective to create awareness on nutrition among adolescents girls. The adolescents went through Haemoglobin estimation and Body Mass Index measurements. Nutrition awareness was created through discussions, storytelling and quiz. The girls were encouraged to take nutrition supplements as their entitlement from Anganwadi.

Monitoring and Evaluation

To assess the progress and outcome of the field level activities and make necessary changes if required CHETNA developed a monitoring mechanism which was administered since July 2011. The monitoring reports were regularly being generated. This helped in developing appropriate action plan at the field. Monitoring was done at three levels:

Firstly, the partner organisations regularly monitored their field workers regarding their field visits and the filling of the format. Secondly, the field workers in turn monitored regularly the activities of the peer educators during the MAMTA Taruni Divas and home visits. Thirdly, CHETNA monitored the program field activities by undertaking surprise field visits to counter check the filled formats they received along with the field workers. The three levels of monitoring are briefly discussed below:

A monitoring system had been developed to assess the progress and outcomes of the activities implemented at the field level. For this purpose, a format was designed, field tested and introduced to field partners after providing them the necessary training on how to fill and use it. A guideline was also developed for the field workers to rule out any errors while filling forms.

Every month, the filled forms were sent to CHETNA by the partner organisations. The data was processed and a report was generated regularly from June 2011 onwards. In addition to this, the field workers brought forward qualitative data in terms by discussing success stories, challenges and difficulties faced by them during the month.

The field workers would accompany the peer educators in her field visits and also be present in all health education sessions at MAMTA Taruni Divas. Also, guide her in all ways especially while talking to other stakeholders. In case, she has any problems, the field worker would take the appropriate action to resolve it.

According to the monitoring findings the program has reached 1633 non- school going unmarried/married adolescents through MAMTA Taruni Divas and other field activities such as Health Education sessions and Home Visits. The monitoring report also brings forward the fact that the presence of adolescents during the MAMTA Taruni Divas is low, therefore, special attention was given to motivate parents to send their daughters to access the services.

On receiving the forms, CHETNA team would plan an unannounced field visit to one of the villages mentioned in the form. The field worker would accompany them. This would gave them a fair idea of the what was required to be done further improve the outcome. During the visit, discussions with all the stakeholders was held. In case, there was an issue of frontline workers, then the issue would be discussed with the Medical Officer, and similarly depending on what comes up during the field visit, appropriate action would be taken. In addition to this, regular interactions were conducted with the designated state nodal officer by sharing with him the field observations.

Monitoring of the Access to Health Services

CHETNA has designed a card to monitor the services being delivered to the adolescents during MAMTA Taruni Divas* This card has the provision of noting down entitled health and nutrition services provided to the adolescents. The card has six pages wherein pictorial health and nutrition messages imparted during the peer education training are also printed. The card remained with the adolescent girls who carry it along with them when they came to attend MAMTA Taruni Divas activities.

Mid Term Review

A midterm review was done in the month of July 2011 with the aim to review the progress of CHETNA's efforts at the field level and develop an action plan to strengthen the field level intervention activities.

Data for the midterm review was collected from 13 villages of the project area. Seven villages of Prantij and six villages of Khedbrahma blocks.Stratified Sampling method was used to select the villages. It was decided to collect information from approx 10% adolescent girls from each block. However, during the survey, only 7.5% of the adolescent girls in each block were covered.

A structured questionnaire was designed and developed to collect information from adolescents on access to services and health education. A total of 140 adolescents were interviewed.

"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 learning with each other."

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

The Findings of the Midterm Review were:

- Majority of the girls were aware of the day on which MAMTA Taruni Divas is organised. However, in Khedbrahma, though they were attending MAMTA Taruni Divas 42% girls did not remember about the day.
- All the girls except one appreciated the services being given at MAMTA Taruni Divas. 78% adolescents from Prantij and 65% adolescents from Khedbrahma found the services useful due to the component of health and nutrition education.
- Except for one girl all the girls at Prantij and 51% of girls at Khedbrahma were receiving nutrition supplement on a regular basis.
- Haemoglobin estimation of 76.4% from Prantij and 56% from Khedbrahma girls' was done during MAMTA Taruni Divas. Majority did not remember their Haemoglobin (Hb) value. Eight and nine girls, who remembered the Hb value, had Hb less that 8 gm/dl and 8-10 gm/dl respectively.
- 88.9% adolescents of Prantij and 58.8% from of Khedbrahma adolescents received IFA tablets on the MAMTA Taruni Divas.
- The height and weight of majority of the adolescent girls was measured in both the blocks. However, the BMI measurement of all the girls was not done.
- About 89% of girls from Prantij and 94% from Khedbrahma mentioned that they received health education. However, all of them did not mention all the topics discussed during the health education classes.
- As a part of the program, a range of health education materials was distributed by CHETNA. The health materials were found in all the villages. 84.7% of girls from Prantij and 92.6% from Khedbrahma assured that the health education materials was effectively used during the session. It was encouraging that the peer educators along with field workers have made efforts to use role play and songs to impart information.

Based on the Mid Term review, a plan of action was developed and followed for the next six months. Some of the highlights of the action plan to strengthen the field intervention were:

*Mamta Taruni Abhiyan which in English means "Campaign for the care of Adolescent girls".

- Ensure participation of adolescent girls in MAMTA Taruni Divas activities by motivating the girls, their parents and service providers.
- Strengthen health education component by organising refresher training of peer educators and supporting the peer educators in facilitating sessions at the village level.
- Ensure involvement of Panchayati Raj members and other village level stakeholders to elicit their support in monitoring service delivery through MAMTA Taruni Abhiyan program.
- Strengthen/co-ordinate with the FHWs Anganwadi workers to regularly provide their services to adolescent girls e.g. measuring BMI and informing them about it.
- It was decided that the field visits of the team would be made much more structured so that each stakeholder was contacted during the visit. Necessary messages were conveyed and coordination amongst them is improved.

Post Midterm Review Activities:

Ensure Participation of Adolescent Girls in MAMTA Taruni Divas Activities

12th January, is the birth anniversary of Swami Vivekananda which is celebrated as "National Youth Day" in India. This particular day was celebrated in both the intervention blocks.

Adolescent girls from the villages where presence of the girls during MAMTA Taruni Divas was poor were invited for celebration of National Youth Day. Around 100 adolescent girls from Prantij and 40 adolescents from Khedbrahma participated during the celebration of National Youth Day.

Following activities were carried out.

- Youth rally with the slogans on nutrition and health.
- Quiz competition.
- Role-play on ideal MAMTA Taruni Divas with special focus on service entitled under MAMTA Taruni Abhiyan Program and prevention of anaemia etc,

Concerned Medical officer and other health service providers, ASHA and Anganwadi workers and school teachers were also present during the celebration.

This programme gave them an opportunity to interact with each other and also dialogue with the other service providers. Their concerns and challenges were expressed and solutions were discussed. The Anganwadi workers, ASHA and Female Health Workers were motivated to take a proactive role in mobilising the community to take advantage of services available under MAMTA Taruni Abhiyan program. The peer educators expressed the need for support from their family members in terms of giving permission to the girls attend MAMTA Taruni Divas and the educational sessions. The quiz competition provided an opportunity to peer educators to showcase their learning.

Strengthening Health Education Activities at Village Level

Keeping in view the findings of the midterm review the village level health education activities were strengthened by facilitation of discussion with stakeholders at village level, reorganising second round of health education sessions at each village and organising peer educators' refresher training.

Facilitating Discussion with Stakeholders

A special meeting with elected representative- "Sarpanch Sammelan" was organized at Prantij during March 2012. The effort was made to seek support from Panchayat members for strengthening and sustaining the program activities even after CHETNA withdraws its field activities. Total of 26 Sarpanch and Panchayat members from Prantij block remained present during the event.

At Khedbrahma, most of the intervention villages fell under Group Village Panchayats, which means that under 3-5 villages there is one Panchayat. Therefore the number of Sarpanch was only six. Therefore, they were individually contacted to discuss their role in monitoring and strengthening the implementation of MAMTA Taruni Abhiyan program.

At each village, a joint village level meeting with mothers and formal and non formal leaders were organised wherein discussion on issues and challenges related to implementation of MAMTA Taruni Abhiyan Program were discussed. These group discussions created a space for dialogue between the elected members, the community, and frontline workers like ASHAs and Anganwadi Workers. To sustain smooth implementation of the MAMTA Taruni Abhiyan program, the role of each stakeholder was discussed and they were also informed about CHETNA's withdrawal strategy.

Organising Second Round of Health Education Sessions at Village Level

From January to June 2012 at each village the field workers along with the peer educators organised a second round of the health education sessions with adolescent girls on all the topics. Apart from this group sessions with the girls, individual home visits were also made by field workers to address their queries. This strategy served a dual purpose: one was the field worker could assess the peer educator's capacity to independently handle topics at field level and also they could reply the questions that were asked by adolescent girls.

Refresher Training for Peer Educators and Facilitation of Educational Status at Village Level

Through out the project cycle the trained peer educators proved extremely useful in motivating the parents to send their daughters to attend MAMTA Taruni Divas. They proved to be effective in answering the queries of the adolescent girls after the session. However, they found it difficult to facilitate health education sessions independently at the village level.

Also, there was frequent turnover of peer educators due to migration, early marriage, family responsibility to take care of siblings, pressure of earning for the family etc. Some peer educators also left due to irregularity of payment from government.

It was observed that there were about 20 new peer educators, who joined at different points of time of the project cycle and did not receive all the structured trainings organised by CHETNA. They received orientation and on the job training by the field workers. Besides the above, the peer educators were also given a structured training of one day in May 2012. A total 50 peer educators from both the blocks (Prantij and Khedbrahma) attended the training. All the field workers also remained present during the training.

During the training, each topic was revised through the same materials that were earlier used in the previous trainings. A question and answer session was organised which provided them an opportunity to refresh and recall their learning:.

Upscaling the Efforts

One of the objectives of the project was to upscale the experiences of MAMTA Taruni Abhiyan project in other districts of the state. CHETNA, was in continuous dialogue with GOG by sharing of experiences and discussing possibility of upscaling the efforts.

Some of the components that CHETNA has been able to upscale are described below:

- Training module for peer educators
- Training methodology to train peer educators,
- Health communication materials used in imparting health and nutrition messages at village level.

The training module designed by CHETNA is being mass produced by the government of Gujarat and is being used throughout the state.

During the end of the second year of the project, based on its experience of training the peer educators, CHETNA was assigned the task to train master trainers, state-wide, by the Government of Gujarat. CHETNA's training strategy for the peer educators was repackaged as a one day training of trainer's strategy. CHETNA trained 236 master trainers. While CHETNA's project entered the final year, these master trainers, in turn had trained about Nineteen Thousand peer educators in Gujarat. These large number of educators went ahead and shared their knowledge with many other out of school rural adolescent girls in their respective villages. ASHAs remained present during the training of peer educators which provided them exposure of the programme and its various components. The peer educators used the training materials developed by CHETNA to impart health information to the adolescent girls. Some of the districts procured CHETNA's health education materials, whereas other districts reproduced the same at their level.

A separate survey was conducted to learn the efficacy of scaling CHETNA's efforts of training of peer educators in another part of Sabarkantha district. The results of the same are narrated in the Phase III of this document.

CHETNA was invited by Department of Women and Child Development to design a monitoring cum health education booklet for Sabla programme. CHETNA repackaged its health communication messages on nutrition, menstrual hygiene, personal hygiene, prevention of anaemia etc in the form of a booklet and submitted it to the department for mass printing.

Ahmedabad Municipal Corporation also purchased the health communication materials developed by CHETNA under this project, to use it in their urban adolescent health programmes. Thus, CHETNA's experience has been able reach the urban adolescent girls through different programmes in the state.

Consolidation, Review and Evaluation (June - November 2012)

Phase III

The main thrust of this phase was to review the outcome and consolidate the learning from the present project. Following activities were conducted

Consolidation

- Consultation with adolescent girls
- Documentation of experiences

Review and Evaluation

- Endline survey
- Review of efficacy of scaling up of CHETNA's efforts of training peer educators:
- Review the understanding of Peer educators about their role
- Measuring the Change in the Body Mass Index of the adolescents

Each of the above activity is briefly discussed below:

Consolidation

Consultation with Adolescent Girls

To consolidate the experiences of the project, an Adolescent Consultation was organised at the Khedbrahma district. The girls were encouraged to share their experience and bring forward recommendations to improve the implementation of the Mamta Taruni Abhiyan program.

A total of 225 adolescents participated in the consultation. They were from the project area of twenty three villages of Matoda PHC, Khedbrahma district. Government representatives from state and district also remained present. During the consultation they were encouraged to share their experiences and challenges. The girls enjoyed being a part of MAMTA Taruni Abhiyan programme. They reconfirmed that they will actively participate in the activities of MAMTA Taruni Abhiyan program. Many of them shared that, their family members were reluctant to allow them to attend activities of the MAMTA Taruni Abhiyan program. Some of them expressed, that they needed to have confidence and skill to convince their family members. Some of the thoughts shared by the adolescents, peer educators, field workers,

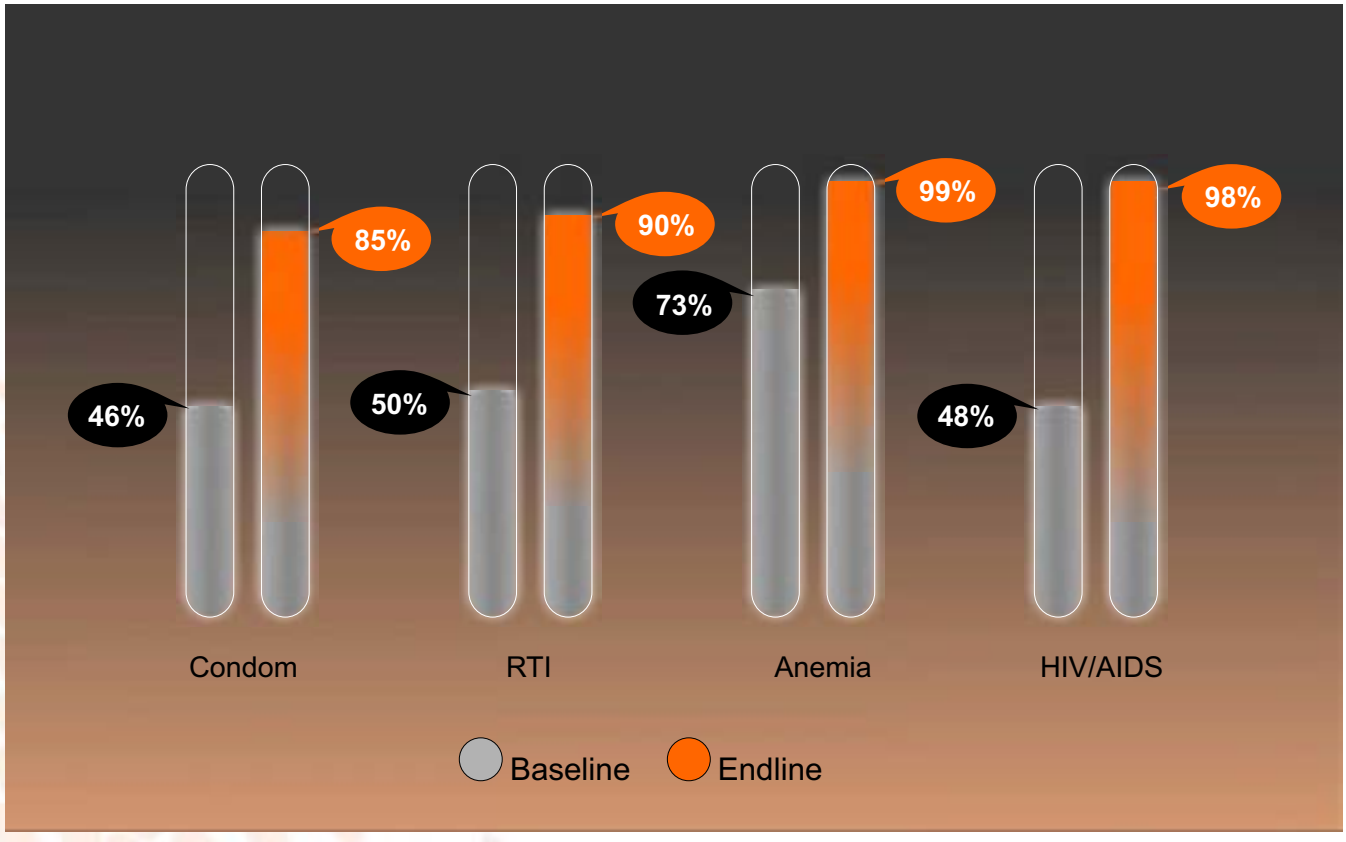
Review and Evaluation

Endline Survey:

To understand the impact of implementation of the project interventions over 18 months, a comparative analysis of its baseline and endline survey findings are briefly discussed below:

After 18 months of intervention of strategies, an end line survey was conducted with 126 adolescent girls from the Matoda PHC villages and 129 from the Majara PHC. All survey participants were within the ages of 13-19 years.

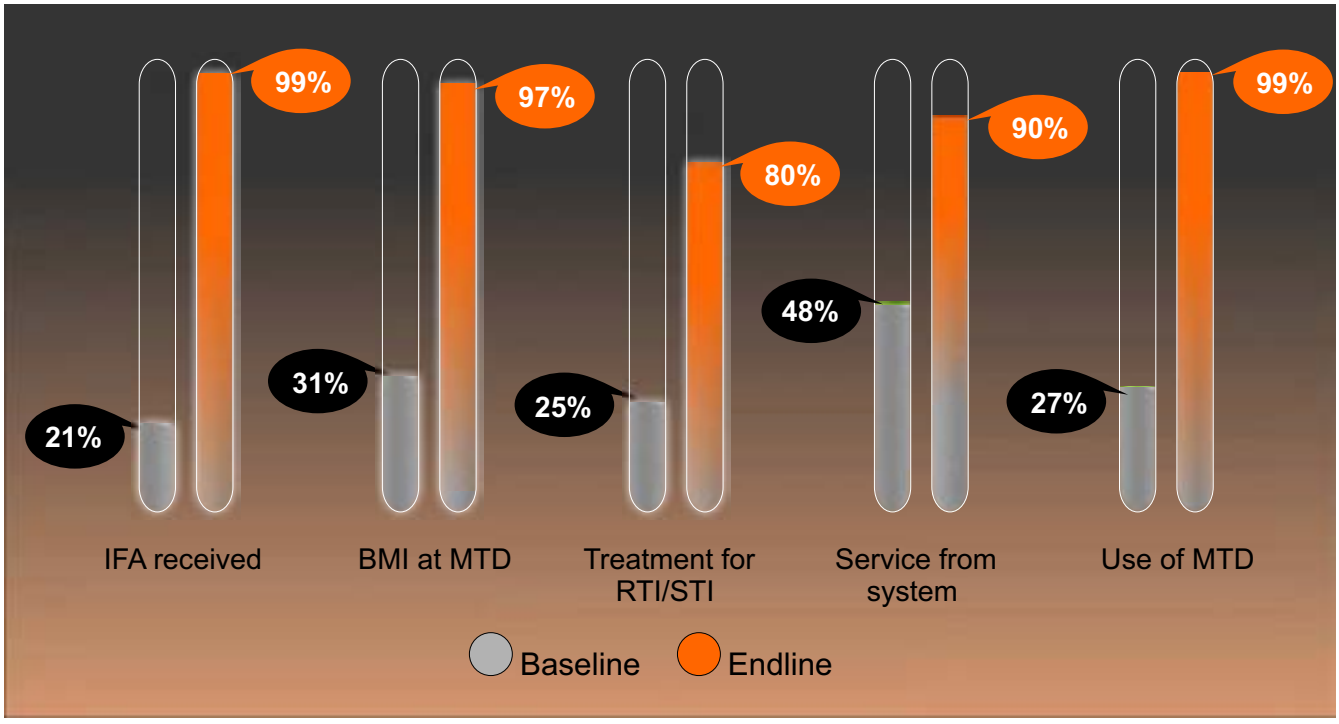
Fig 1: Increase in Awareness AmongAdolscent Girls



* The results are in %

- 85% of girls were aware about use of condoms by the Endline survey, compared to 46 in the baseline survey.
- 90% of girls were aware of Reproductive Tract Infections at the Endline survey, representing an increase of 40%.
- The percentage of girls who were aware of anaemia increased from 73% to almost a 100%.
- The percentage of girls who were aware of HIV/AIDS more than doubled, from a mere 48% to 98%.

Fig 2: Increase in Access to Services



*the results are in %

- The percentage of girls who received Iron Folic Acid tablets and supplementary food increased from 21% to 99 %
- In the endline survey, 97% of girls reported having their height and weight measured (BMI) at MAMTA Taruni Divas (MTD). This represented, an 83% increase from the baseline survey.
- In the pre- intervention phase, over September to December 2010, 12 girls reported complaints related to Reproductive Tract Infections and Sexually Transmitted Diseases, out of which only three girls i.e. 25% accessed treatment. After the intervention, 58 girls reported having complaints related to Reproductive Tract Infections and Sexually Transmitted Diseases, out of which 47 girls, which is 81% accessed treatment from the Primary Health Centre.
- The percentage of girls who reported receiving general health services from the Primary Health Centre increased from 36% to 92%.
- 99% of girls had benefited from MAMTA Taruni Divas services by the end of the intervention, compared to 27% at the beginning of it

Case Study: Laxmiben Makvana (RTI/STI case)

Laxmiben Makvana is a 17 year-old adolescent girl from the village of Oran near Prantij town. Oran is a large village which is segregated into 6-7 distinct sections and has an approximate population of 2500 people. There are around 54 out-of- school adolescent girls in this village, and Laxmiben is one of them.

Laxmiben and her family are living in the 'Chakla Vas', which lies on the outskirts of Oran. There are six members in her family including her parents, brothers and sister-in-law. They have their own farm and all the family members are engaged in farm work.

Laxmiben has studied upto 8th standard. She dropped out of school, as there were no high schools in the village and she was afraid to go alone to school in the neighbouring villages, as there were no other girl students who were also going to the other villages for schooling. Therefore, Laxmiben, felt discouraged and did not complete her schooling.

At present she helps in the household work and also works along with her family on their farm. She chooses to work on the farm, even though there is no family pressure regarding it. She is shy and introverted. She was 15 years old, when she had her periods, and also began having white vaginal discharge around the same time. She thought that white discharge was a normal part of menstruation, as she did not have the correct knowledge regarding it. She ignored it and suffered from it for one and half years.

Sajedabanu, a peer educator, is one of the most active girls of the Oran village and is keenly interested in adolescent health issues. She has been working as a peer educator ever since the Mamta Taruni Abhiyan program was initiated in her village, and has continued giving her services despite of low and delayed payment of her wages by the government. She has attended most of the trainings given on various sexual and reproductive health topics, and is a close friend of Laxmiben.

The last training for peer educators that she attended discussed RTIs/ STIs. Sajedabanu and Raxaben (field worker, SGVS) attended this session and passed on the knowledge that they had gained through the health education sessions during Mamta Taruni Divas. With the help of poster cards of RTIs/ STIs shown during the health education session, Laxmiben was able to realise that her discharge was actually a health concern. She was shy to share this information with the field worker, Raxaben, but decided to consult her close friend, Sajedabanu.

While, sharing this issue with Sajedabanu, Laxmiben told her that she had not informed her mother regarding it, as she was afraid that her family would take her to the local traditional healer, instead of taking her to the doctor. Laxmiben shared with her, that her family strongly believes in traditional treatments and more often takes her to traditional healers than to modern medicine facilities, even for minor fevers or headaches.

Sajedabanu shared all this, with the female health worker (FHW) and with Raxaben the field worker. FHW examined Laxmiben and suggested that they visit the Primary Health Centre in a neighbouring village. However, she was now faced with the challenge of how to convince Laxmiben's parents regarding it. Sajedabanu, bravely intervened and took it upon herself to convince Laxmiben's family to allow her to visit PHC for the treatment.

Sajedabnu met Laxmiben's mother and sister-in-law and spoke to them about the Mamta Taruni Abhiyan program and its services, including the information on sexual and reproductive health issues for adolescents. During the discussion, she also informed them that Laxmiben was suffering from an RTI/ STI and advised them the correct line of treatment. She was successful in convincing the mother of Laxmiben's the need to visit the PHC. Her mother, in turn convinced her husband to also agree to allow laxmiben to visit PHC for medical treatment.

Sajedabanu, took her friend to the PHC. It was Laxmiben's first visit to the PHC. Laxmiben was hesitant to share her problems with the medical officer, but was encouraged by Sajedabanu, relented, and was able to receive appropriate treatment. She was well counselled by the medical officer at the PHC.

Sajedabanu, went above and beyond, completing a follow-up visit to Laxmiben to ensure that she was taking her medicines regularly and correctly completing the treatment. Today, Laxmiben has been properly treated and her family have gained an understanding of the state-provided medical care. Laxmiben admits that, "I would have still been suffering, if Sajedabanu had not helped me. Sajedabanu is a more than a friend for me. Now, I and my family know the correct medical treatments. And, I am now also confident enough, to avoid those treatments given by traditional healers."

Review of Efficacy of Scaling up of CHETNA's Efforts of Training Peer Educators:

As discussed earlier, based on the experience of training peer educators, CHETNA trained government functionaries to train the peer educators all over the state. To learn the efficacy of this strategy, a separate survey was conducted. Data on awareness among the adolescent girls from non intervention area and CHETNA's intervention area were compared. The comparison of awareness indicators among the adolescent girls from both areas showed an equally good performance. CHETNA's training strategy which was introducing one topic every month with revision of the previous topic was particularly successful in the tribal block.

The experience firmly indicates that a well planned, pilot intervention is crucial prior to any up scaling exercise in the entire state.

Review the Understanding of Peer Educators about their Role

Structured questionnaire was introduced among 50 peer educators from both the blocks to know about the retention of knowledge among them. Of the total, 50 peer educators interviewed, 24 were from the rural block and 26 from the tribal block. Majority belonged to the 15 to 18 years of age group. Six of them had never been to school and of the remaining an equal number had left school after primary and after secondary education.

Following are the Highlights of their Responses:

- About two thirds of the interviewed Peer educators had described their role as informing community about the MAMTA Taruni Divas, motivating adolescents to avail of services at the MAMTA Taruni Divas and calculating the BMI of the girls.
- Half of them (25 out of 50) believed that it was their responsibility to organize the MAMTA Taruni Divas. Only 14 of them were of the opinion that it was their job to motivate the elders in the household to send the adolescents to the MAMTA Taruni Divas.
- Most of them reported that the ASHA and AWW workers helped them in their work. According to them, about a third of them acknowledged the help they received from the CHETNA team and the local NGO. However, they did not mention about the type of support they received from the ASHA, Anganwadi workers and the CHETNA team.
- More than two thirds of the Peer educators had an experience of a year or less and almost all of them claimed that their experience at the MAMTA Taruni Divas was good as it not only provided them with a venue to use their learning's but also to learn new things.
- All of them except three adolescents, expressed that they will continue their role as a peer educators. The three girls, who expressed their inability to continue as peer educators was because they were getting married in the near future.

"I came to know about MAMTA Taruni Divas one year ago when the field worker started coming to our village. Since then, I am regularly availing services at MAMTA Taruni Divas. I received new information about my body and health. I know about my BMI. I have received health education materials. My BMI and other health indicators are recorded in my MAMTA Taruni card."

-Sapanaben Odia, Adolescent girl,
Village- Paroya, Khedbrahma

Case study: Nandiben Jhala (Peer Educator)

Punadra is a small village near Prantij town under Majara PHC. Nandiben Jhala, is an 18 year old adolescent girl from this village, who is working as a peer educator since the initiation of this programme. She has attended all trainings on reproductive health provided by CHETNA. She has also represented Gujarat along with other young girls for the workshop- 'Know Your Body, Know Your Rights' at New Delhi, organised by Y.P. Foundation-New Delhi.

During the FGD (Focused Group Discussion) meeting in January-2012, at Punadra village, it was observed that all adolescent girls were aware of all the activities under MAMTA Taruni Abhiyan program in their village. Most of the adolescent girls actively participated in the group discussions and accurately answered all questions related to reproductive health. It was clearly noticeable, that Nandiben, was instrumental in this improved outcomes of the activities under the Mamta Taruni Abhiyan Programme in her village.

However, before the MAMTA Taruni Abhiyan Program began in her village, she was undergoing a phase of depression due to some personal reasons. She also dropped out of school and lost her self confidence. Later, she wanted to keep herself busy by doing some work, but there was not much to do in the small village, except housekeeping and farm work. It was the most difficult period of her life. During this phase of her life, the team of MAMTA Taruni Abhiyan Program was looking for out-of-school adolescent girls from the village, who could carry out the roles and responsibilities of a peer educator. She immediately responded and was selected as a peer educator of Punadra village.

She has been working for one year now, putting in continuous efforts as a peer educator without being concerned about delays in the honorarium that she is supposed to receive. She shared that her life has totally changed after being involved in the Mamta Taruni Abhiyan program. She has learned a lot of new things while working as a peer educator. Having set new aims for her life, she is looking forward to resume her studies. She considers that MAMTA Taruni Abhiyan Program has been instrumental in developing her self confidence. She feels proud to be working as a peer educator and admits that the gloominess in her life is now gone. She is looking forward to a life with new challenges.

Measuring the Change in Body Mass Index

CHETNA developed a monitoring tool MAMTA Taruni Card to record health services availed by the adolescents during MAMTA Taruni Divas and their presence during health education sessions. This card helped them to regularly monitor the services delivered by provider and received by the adolescents. At the end of the implementation of the activities during June 2012, CHETNA team collected all the Mamta Taruni Cards from the girls.

> "In the beginning, adolescent girls were irregular in attending MAMTA Taruni Divas. Today, adolescent girls have started availing services under the MAMTA Taruni Divas."
>
> -Female Health Worker, Prantij

The BMI (Body Mass Index) of adolescent girls was being tracked since the inception of the present project. The data indicates that during the 18 months of the project period significant number of adolescents moved from undernourished status to normal nutritional status.

In Prantij block, initially 28% adolescent girls were healthy which increased to 59% at end of the project. Similarly, in Khedbrahma block initially only 22% adolescent girls were healthy which increased to 58%.

Notes from the Field

The CHETNA team, who were involved in this project since its inception, were continuously monitoring the field activities. Their observations from the field are categorised into four major heads, along with suggestions

Making Health and Nutrition Related Information Accessible to Adolescent Girls

- Majority of adolescents in the age group of 10–19 years were covered under MAMTA Taruni Abhiyan Programme. Some of the adolescent girls went out of the village for their livelihoods. Therefore, it was not always possible for them to remain present during the health awareness sessions. The field workers who were appointed by CHETNA and the partner organisations, equipped the adolescents with health information during the home visits. In absence of field workers, such kind of intensive service may not be sustained.

- We recommend that ASHA being a local human resource available at the village level can play this role effectively. With this vision, CHETNA conducted a joint training of ASHA and Anganwadi Workers on health communication, however inspite of it, there is still a need to provide a mentoring support to strengthen the role of ASHA in Health communication.
- It was observed, that the Health education materials that were developed for this program were appropriately utilised during field activities. The 3-D poster on Anaemia and the DVD sessions on conception were appreciated by the adolescents/peer educators, who attended the monthly trainings. In some place, family/community opposed the DVD sessions on conception, because they thought that the contents of the topic were inappropriate for the adolescents. This indicates a need for sensitising parents to ensure optimum participation of the adolescents in the programme.
- In some villages, some peer educators worked throughout the duration of the project, as a result they underwent all the trainings, while in some villages, there was high turnover of peer educators because of irregular/less wages, lack of interest and upcoming marriage. It was observed, that there was a positive correlation of rapport of peer educators and awareness about the program amongst the adolescents and the community where the peer educators remained constant.

- The trained peer educators became a very important resource at a village level. They formed a critical link between other adolescent girls, their family members and the service providers. They played a very effective role in answering anonymous questions, motivating the parents to send their daughters for the educational sessions, making appropriate referrals to service providers, distributing health education materials and giving feedback to strengthen the implementation of MAMTA Taruni Abhiyan program.
- However, they faced major challenge in facilitating the educational sessions at the village level on their own. Majority of adolescents were still hesitant to talk about sexual and reproductive health. They needed support from the link persons appointed by CHETNA. Our experiences, indicated that there is a need to have a mature person at the village level, preferably between the age group of 20–30 years, who can take a lead in facilitating the educational sessions and the peer educator can take a supportive role.
- There is a need to utilize existing human resource at the village level to support peer educators. One of them identified by CHETNA for future, is a Prerak, who already exists in each village and are paid functionaries of Department of Education and Literacy. These social animators can be trained in the area of reproductive and sexual health and life skill education. They can also take on the responsibility of a social change maker by promoting values which empower adolescent girls and women, for example, they can promote delay in marriage, delay in pregnancy etc. Being locally available, the educational sessions can be organized by them at a time suitable to the adolescents, who are covered under MAMTA Taruni Abhiyan Program or any other adolescent programs.

Governance and Accountability

- The medical officer of Majara PHC, Prantij showed keen interest in supporting the program especially with regard to the implementation of the program. If there was any issue that emerged in the field which required his support, he would willingly intervene appropriately to resolve the issue. It was also observed in some villages where the field staff/peer educator/health service provider worked as team it was effective in creating awareness among adolescents. However, in some villages it was observed that the team of field staff/peer educator/health service provider used their expertise in pointing out each other's faults rather creating awareness among the adolescents.
- This indicates, that the governance and accountability of the team members is an important factor in achieving the expected outcomes of the project. During the on the job training, these aspects need to be strengthened.
- ASHAs in both the operational areas did not support the activities of the program wholeheartedly. The program incorporates incentives to them when they handle adolescents issues, however most of them found the program as an additional burden to the existing workload. Also, it was observed that the FHWs/AWWs focus on activities related to maternal health, adolescent health was yet not a priority to them. They are unable to understand and appreciate the connection between the two.

Mobilising Community

- Inspite consistent follow up by the field staff, in some villages Panchayati Raj members/Sarpanchs could not be motivated to take a deeper interest in the activities of the program. Therefore, their involvement remained peripheral. To ensure their involvement, focused Group meetings of adolescent and other stakeholders were organised successfully in majority of the villages. Different days were celebrated in the second year of project viz. International/National Youth day, Nutrition week etc and events organised like Sarpanch Sammelan, Adolescent's Consultation etc. These events proved to be successful in creating awareness about the program and mobilising the community to support the implementation of the project activities. The number of girls who started accessing the services of MAMTA Taruni Abhiyan program increased significantly.

Monitoring of Indicators

- The two major nutrition indicators of the project were measuring of Body Mass Index and Haemoglobin estimate. CHETNA took a lead and introduced a monitoring tool "MAMTA Taruni card". The BMI status of all adolescents was recorded in MAMTA Taruni cards by the field worker appointed by CHETNA. The ASHA and FHWs were not very keen to take up this role. Unfortunately, this tool was not made mandatory in other villages of the state.

Learnings

Over the past three years, that CHETNA implemented this project, it found several factors that played an instrumental role in successfully implementing this project, which are summarized as learning below:

Availability of Funds

Government of Gujarat had clearly indicated their commitment to the issue and this project by giving permission to CHETNA to pilot test their ARSH training strategies in the 53 villages of three Primary health centres, however the implementation of project interventions was only possible by the financial support provided by MacArthur Foundation, a funding agency who had already partnered CHETNA in their earlier project on Maternal Health in Navsari district in Gujarat 2005-2009. Availability of funds to support program interventions is an essential requirement for successfully implementing the project.

"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

Rapport with Government

One of the key factors contributing towards the success of project was CHETNA'S rapport with Government of Gujarat and Government of India over number of years working as partners on different projects, consultations, forums and alliances. Both the partners in this project respected each other area of expertise which they synergised to materialise the required outcome.

Experience of the Issue

CHETNA has been working on ARSH since early 2000s both nationally and internationally with school going and drop outs adolescents in both urban and rural set up which gave them the necessary understanding on how best this issue can be addressed at the ground level. They had already designed ARSH materials for different agencies which were already successfully field tested. Therefore, they could translate their experience easily in the project.

Being a Resource Centre

CHETNA being a Resource Centre in Gujarat State was aware of the NGOs working in different geographical areas and the kind of work that they were doing. This helped them in appropriate selection of field partners for this project. In fact one of the partners had already worked with CHETNA on a project therefore the rapport helped them tremendously during the implementation of the project.

Challenges faced

While implementing the project, several constraints at both macro and micro that were faced by CHETNA in different phases of the project implementation. They are discussed below:

Delay in Getting Permission from Government

There was a delay between the request to commence the project and the actual implementation at the field level. Formal Government permission on selection of geographical area took almost 9 months, this actually cut into the time for actual implementation of interventions of the project.

Selection of Action Area

CHETNA did not have a choice of the geographical area where the project could be implemented. The district Sabarkantha was selected by GOG. CHETNA had clearly indicated their preference in terms of working in rural and tribal blocks. The selection actual blocks was also done by the GOG. However, CHETNA was allowed to select the primary health centres in the block of their choice, where the project interventions would take place.

Selection of Field Partners

The selection of field partners got limited as not many NGOs were working in selected areas. Also of the existing ones in the areas, not many were working on the ARSH or the ones who were willing to work on the issue, limited budget became a constraint to recruit additional staff for the project. Also, it was difficult for the existing staff to give priority to this program, as they were already handling several different activities under other programs.

Training of Master Trainers

The Government of Gujarat during the implementation of the interventions wanted to upscale the peer to peer training to all their districts after CHETNA had completed their training in their project area. GOG requested CHETNA to facilitate training of trainers. This training was not planned but was taken up by CHETNA as an opportunity to upscale their training methodology in all the districts of Gujarat. The original training design was for three days, however the government could spare their staff for only one day. They wanted the training design for a day. CHETNA customised their original training design for a day without compromising on quality of the contents. They could do so because they had already field tested the design in their project area, they knew what worked and how it worked.

The finding of the endline survey done to learn the efficacy of this training strategy Implemented in non CHETNA intervention block of Sabarkantha district revealed that the training was effective. The peer educators were able retain the information. Since this effort was done in one particular district to standardise this to other geographical areas of the state demands in depth research work.

Peer-Peer Learning Methodology

The project experience of this methodology indicates that for it to be effective the peers need to have necessary life skills like self confidence, ability to motivate, knowledge themselves, before they can influence others peers. Besides, the subject knowledge under this program is socially sensitive, therefore to convince the parents of the adolescent to seek treatment was extremely challenging. Given the village's socio-cultural reality regarding the gender inequality, to discuss openly topics like Menstruation, RTI/STI etc in a household can be damaging to the reputation of the peer educator in the village, unless she is backed by the government or NGO Staff, therefore constant handholding of the peer educator was required.

Monitoring and Follow up

Intensive monitoring in terms of handholding of field staff of both NGOs and GO was required to be done by CHETNA team. The observations and suggestions that have emerged from intensive monitoring for three years of the project interventions can be categorised into four issues: Making health and nutrition related information accessible to adolescent girls; Governance and accountability; Mobilising community; and Monitoring of Indicators.

Strengthening of the Capacity of Service Providers

The field experience indicates that the capacity building of the PHC staff in terms of life skills and on adolescent health issues should be an on going exercise, so that they are equipped to handle

the issues that emerge in the field. This would be resolved by convergence of all the staff be trained at one place, so that each of the staff can find a solution for any issue that arises in the field effectively. At present, given the socio-cultural realities, the referred cases that come to PHC are handled by a male MO. Also, not all villages are geographically close to PHC, which means that the adolescents who are in many cases are working as labourer in farms has to lose a day's wage to visit the PHC, accompanied by either one of her parents. The financial loss, even for one day was deterrent to availing of services under this program. In certain cases, CHETNA team found that the existing belief system disregarding woman's health are so deep rooted that inspite of concentrated efforts by health functionaries to convince parents to let the adolescent seek medical treatment their efforts becomes futile. Usually in few instances, the mother or her mother in law has suffered over number of years suffered either a RTIs /Anaemia or both, so they feel that it quite natural for a girl to suffer too!

"In the beginning, I faced difficulty in bringing adolescent girls to the MAMTA Taruni Divas. Specially, it was challenging to convince their parents to send their daughters for Mamta Taruni Divas. But, now they realize the importance of MAMTA Taruni programme and have started sending their daughters on MAMTA Taruni Divas".

-Tulsiben Prajapati, Field worker, Khedbrahma

Broaden the Scope of the Clientele

The focus of the present project was on out of school adolescent girls. CHETNA's experience working with them reiterates that for them to avail services under this program, their parents, husband and significant others have to be persuaded as they lack the decision making power. Given the patriarchal social reality where they are not the decision makers, it is imperative that to enrol the decision makers, the government should include a health package where the adolescent boys, adult men and women sexual and reproductive issues are also addressed simultaneously.

Impact Assessment

The actual implementation took place only for 18 months, therefore it is difficult to measure the impact of the intervention as regards the Behaviour Change Communication. However, the findings of Endline survey, revealed that the correct information on key indicators was known to the adolescents of the project area.

Macro Impact of this Project

The project has to a large extent met its objectives of making the reproductive and sexual health information accessible to young people in the state of Gujarat through MAMTA Taruni Abhiyan program using training as an intervention. Some of key empirical findings are already discussed in the third phase segment of the document.

Majority of adolescents with the age group of 10-19 years were covered under the program. Those who could not attend the training sessions were reached out by home visits.

The team got an opportunity to upscale its learning about the peer educator through out the state by training the trainers. Also the materials developed under the project is being used to impart the training to peer educators, in majority of the districts of the state.

Challenges ahead

In the present time, all the stakeholders will have to take the needs of adolescents and young people very seriously on two counts that firstly they constitute 22 percent of our country's population and secondly, that they are the future caretakers of this country, and therefore to sustain their physical, mental and emotional health is no longer an option for the government and civil society but a statutory requirement Some of the suggestions are already discussed in the earlier segment however the key issue is to achieve this in the finalisation of National Youth Policy and the 12th Five Year plan where in :

Authorities need come to a common understanding regarding the age criteria of whom they consider adolescents and young people and accordingly design holistic programs, which have life skill approach irrespective of gender. The young women and men between the age group of 19-25 years do not have any programme or schemes which bring them together on any common agenda. The young woman when she becomes pregnant she gets enrolled in the maternal health programme, till than any of her reproductive and sexual health related information and services needs largely remains unaddressed. Also government needs to recognise the heterogeneity among the adolescents and young people and keep avenues to modify the schemes and programmes according to the geographical reality and needs of the adolescents and young people. .

Creating health awareness and demand generation among the adolescents and young people is the first step towards the goal however for it to get translated in behaviour change will need firstly a strong political will and commitment from all the stakeholders; secondly, interventions at the grassroots which alter their socio-culturaleconomics realities for the better and lastly, ensuring effective health services in place at the grassroots through convergence among various schemes of adolescents being offered by different departments. .

Future Plans

CHETNA is planning to continue working in the area of adolescent and young people's health in the same district. The new project designed focuses on convergence within various adolescent projects being implemented at the village level by different departments such as Health and Family Welfare, Women and Child Development and Department of Education (Adult Resource Centre) etc. The project is funded by MacArthur Foundation. CHETNA team is looking forward to take up this new challenge for the coming three years.

The lessons, that they have learnt during the present project would be weaved in the implementation design of the project, so that the implementation and impact of these interventions would be far more effective and easily assessed in terms of Behaviour Change. The scope of the project has been broadened to would include both school and out of school going adolescents and young people both boys and girls. This project has been an another positive step forward in improving the status of the adolescents and young people at the grassroots.

Advocacy Efforts

CHETNA is one of the few organisations who is working in the area of adolescent health for over more than three decades. CHETNA has demonstrated various approaches of communicating with young people and generating awareness about reproductive and sexual health among the adolescents. The present project was unique due to its design of partnering with government. It gave CHETNA an opportunity to scale up its learning through the existing government project.

Through out the project cycle CHETNA advocated for improving access to information and services related to reproductive, sexual and nutrition to adolescents by sharing the experiences generated and insights developed through this project. CHETNA was invited in various events organised by government, International development organisations at National level to share its experiences. CHETNA also organised some national level events to share its insight generated through this project and echo the voices of adolescents in the processes related to policy formation and programmatic planning. A list of events participated and organised by CHETNA team is given in Annexure 2.

Efforts were Made toInclude the Voices of Young people in the National Youth Policy

CHETNA was invited in the very first meeting organised by Government of India, wherein they had planned to review of the National Youth Policy 2003 and drafting of The National Youth Policy 2010 was discussed. Some of the views shared by CHETNA were: Ensuring participation of young people in the process of Policy drafting, need to recognize socio, cultural, economic and geographical diversity among the young people, need to review of the needs of young people as per the age group and inclusion of reproductive and sexual health needs of young people.

To ensure, that the voices of young people are included in the process of drafting of the National Youth policy CHETNA organized a National Consultation of young people. About 63 young people from 11 states of India and with diverse background of married unmarried, school going non-school going, physically challenged, HIV, Opositive, Sexually minority groups etc participated.

During the National Youth consultation the representative from the Rajiv Gandhi National Institute of Youth and Development (RGNIYD) who was responsible to draft the National Youth Policy was invited. He heard the recommendations of the youth on the last day of the consultation. He assured CHETNA that the participants of this particular consultation would be invited to the regional consultations to be organised to elicit the voices of the youth to be included in the National Youth Policy 2010*. Active involvement of media was sought to ensure that the voices of young people get covered in local newspaper, television and radio. Based on the discussions during the consultation, an advocacy brief was developed. 2000 copies of the brief were disseminated among different stakeholders in Gujarat and other states of the country and at the National levels including the Government departments, who are addressing the issues related to adolescents and young people.

Following this, CHETNA was assigned by RGNIYD to organize a focus group discussions among the various categories of the youth for the state of Gujarat and send a report to RGNIYD which would be included in the National Youth Policy 2010. CHETNA organised ten focus group discussions with 276 youth of various categories. Need to access to reproductive and sexual health information was the common need expressed by all the groups of young people. A detailed report was developed and forwarded to RGNIYD.

*Initially the Policy was known as the National Youth Policy 2010, at present it is renamed as the National Youth Policy 2012.

As a next step the first draft of the National Youth Policy was shared with CHETNA for review and comments. CHETNA team reviewed it and also circulated the document among the members of its National Youth Alliance of which CHETNA is a secretariat. The suggestions were compiled and forwarded to RGNIYD, who appreciated the effort and ensured that these suggestions would be included.

The review of the draft National Youth Policy was a witness to the fact that many of the suggestions which were included in the policy brief, report of the National Youth consultation and the report of the focus Group discussions were reflected in the National Youth Policy. They were as under:

The policy has explicitly mentioned the different categories of the youth including sexual minority group

They are: Student youth, Urban youth in slums; migrant youth, Rural youth, Youth at risk substance abuse, human trafficking, working in hazardous occupations, bonded labour, Youth in violent conflicts participants or victims, Out-of-school or drop-outs from formal educational mainstream, Groups that suffer from social or moral stigma – transgender, gays and lesbians, those afflicted with HIV/AIDS, Youth in observation homes, orphanages or prisons and differently abled.

The National Youth Policy document of 2003 covers the age group of 13-35years ,the NYP 2010 aims to cover the age-bracket of 16-30 years. It says that "It needs to be recognised that all young persons within this age-group are unlikely to be a homogeneous group, sharing common concerns and needs and having different roles and responsibilities. It is, therefore, necessary to divide this broad age-bracket into three subgroups:

13-18 years;19-25 years and 26-30 years

Under the section "Objectives of the Policy" one of the objectives of the policy discusses the health service needs of the young people. Though it does not explicitly talk about reproductive and sexual health services, it does mention the need is to stop young people from indulging in harmful sex. It narrated as follows. "Facilitate access to all sections of youth to basic health facilities and services; promote a healthy lifestyle, free of substance abuse and other unhealthy addictions, and dissuade them from engaging in harmful sexual practices."

Under the section of "Thrust Area" one of the thrust areas of the policy is "Health and Healthy lifestyle" which share concern about the sexual behaviour and risky behaviour of the youth. It suggests access to information as a policy intervention for the same.

"Promoting gender justice and equality" is another important thrust area included in the policy which focuses on the violence against the young girls. As a policy intervention, it suggests mainstream gender concerns in all youth development activities and the functioning of the agencies to bring about qualitative change in the attitude towards women, in general, and young women, in particular.

The policy advocates for the youth participation by recommending policy interventions to ensure participation of youth in local governance will be institutionalized by reserving some membership positions for them in the local panchayats and municipal bodies.

Under the section of "Key strategies for Implementation", one of the strategies, the policy does talk about is the need for the convergence among different departments and convergence with different stakeholders to ensure optimum use of the resources.

In the Plan of Action under the Health and the healthy lifestyle, the policy talks about health education and counselling for HIV and Sexually Transmitted Diseases. Under the heading preparing adolescents for facing challenges it does discuss the need for the education related to nutrition, reproductive health, HIV/AIDS and problem of growing up. The policy does not talk about the access to contraceptives.

During the review of the policy, the CHETNA team and the other experts and researchers highlighted the need to explicitly mention the need for accessing the reproductive and sexual health information and services for all the groups of the youth and were emphatic that it should not be camouflaged under the heading of HIV/AIDS. They have also suggested the need of promoting youth participation in the monitoring and evaluation of the policy and programmes. The policy has reiterated the role of youth volunteers in different capacities for different programmes, however, it fails to discuss the need for participation of youth in the monitoring and evaluation processes of different programs.

The policy at present is on the web of GOI under the heading – Exposure Draft National Youth Policy 2012.

Efforts to Include the Voices of Young people in the Drafting of the 12th Five year Plan of India.

CHETNA was involved in bringing forward the views of adolescents in the process of drafting of the 12th Five year Plan of India.

The Planning Commission of India came forward to strengthen the Civil Society engagement in planning process of the 12th Five year plan. NGOs under the network "Wada Na Todo" (Don't break your promise) took responsibility of organizing various consultations on different issues. Swaasthya, CHETNA and Smile Foundation jointly organised a consultation at New Delhi to bring in the voices of the adolescents it was decided to provide them a platform to share their views, challenges and experiences in a consultation mode on 30th November 2010. The group focused on the need for the access to reproductive health services including counselling and information to the adolescents. The Approach paper of the 12th Five year plan which is under the review process is on the web of Planning Commission which do emphasize these points.

Contribution in National Adolescent Health Strategy Processes

Recently Government of India is in process of revising its adolescent health strategy. CHETNA was invited to participate in consultation wherein the suggestions of various stakeholders were elicited. Based on its experience of working on the Mamta Taruni Abhiyan Programme CHETNA suggested that there was a need for convergence of services from different departments, which would improve the sharing of information on policies and programs. Also, improve the utilization of scarce resources across Government Departments: Inter-ministerial (MoHFW) WCD, MOYAS, MHRD, Ministry of Human Resource Development, Labour, Minority Affairs. There is a urgent need to put young people's needs on the agenda of decentralized planning processes. It is felt that, the present focus should be on utilizing the existing human resources: for example, Peer Educators, Preraks identified in Sakshar Bharat (literacy for all program), Youth Volunteers from NYKS youth clubs.

CHETNA, also contributed in the process of strategy formulation by participating in a workshop -Effective communication media workshop for young people organized by GOI and UNFPA. They are collating strategies and approaches used by Civil Society organisations to make reproductive and sexual health services and information accessible to adolescents and young people. This exercise was done to learn about the successful strategies and approaches that can be up scaled through national programmes.

Dialoguing with Parliamentarians:

To create political will towards the issue of adolescent reproductive and sexual health CHETNA joined hands with Indian Association of Parliamentarians for Population and Development (IAPPD) New Delhi. CHETNA shared the voices of adolescents and challenges faced by them at one of the meetings of IAPPD

highlighting needs for improvement in management and quality of service of reproductive health programmes. CHETNA, highlighted challenges faced by adolescents/young people and need to make reproductive and sexual health information and services accessible to them, delaying pregnancy, early treatment of reproductive tract infections and prevention of HIV/AIDS. About 50 elected representatives, policy planners participated in the dialogue.

National Stakeholders Consultation

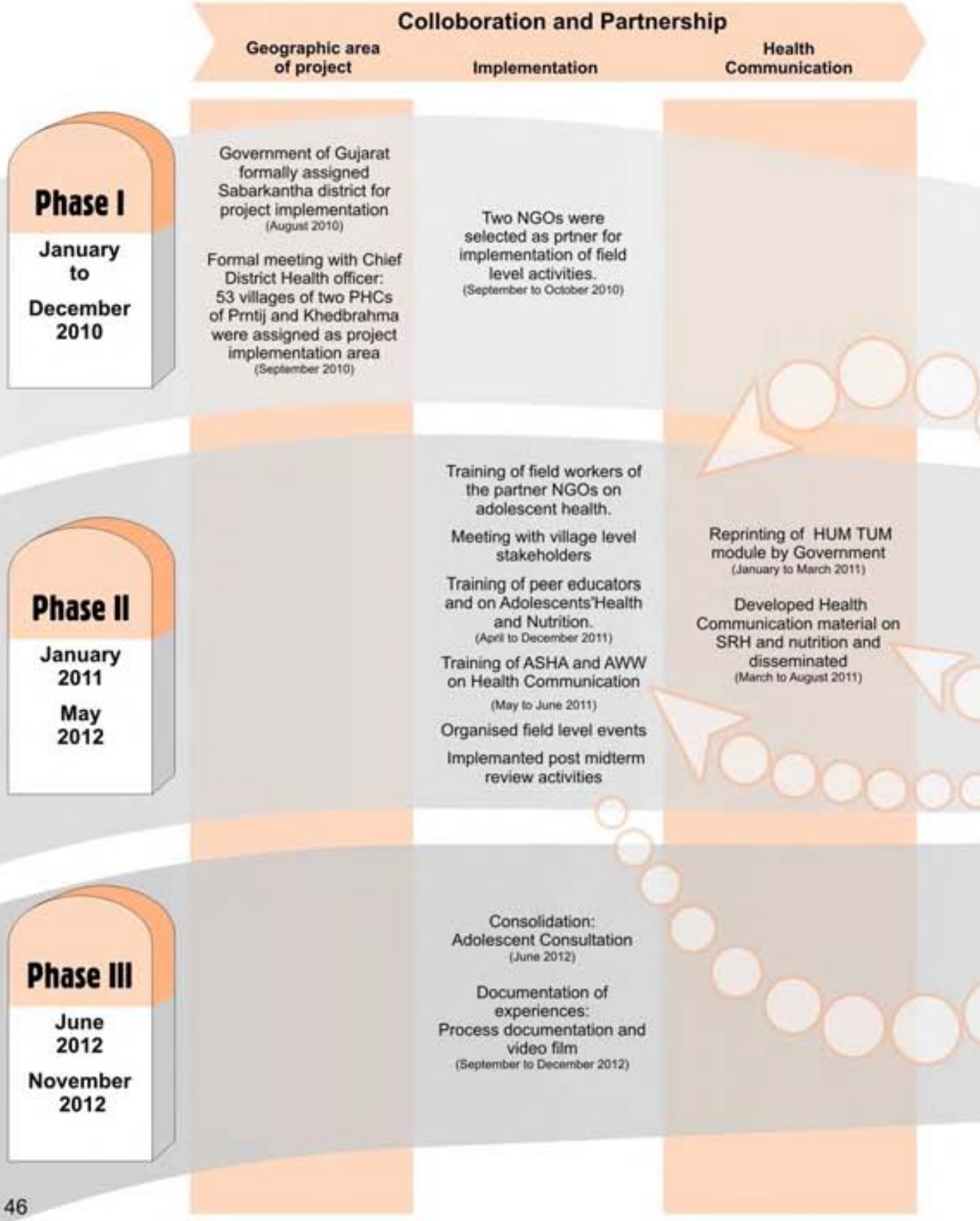
CHETNA organized a National Stakeholders Consultation on 23 August 2012 to discuss the challenges of the adolescents, young people, woman and child health and to bring forward the recommendations. This consultation was organized at a very critical juncture when several national initiatives are taking off- such as the 12th five year plan, , release of the Exposure Draft National Youth Policy 2012 (NYP), Adolescent Health and Development Programme- Sabla to make nutrition, reproductive and sexual health information and service accessible to adolescent girls(10-18 years) and develop livelihood skills; Adolescent Friendly Health Services at identified PHCs/CHCs; the Food Security Bill, the National Rural Health Mission(2), release of the National Early Childhood Care and Education Policy, Renewed National Policy for Children, Universalisation and Restructuring of ICDS etc.

A total of 84 stakeholders participated. Seventeen Members of Parliament and Members of the Parliamentary Committee on Health and Family Welfare that attended the consultation were from the Rajya Sabha as well as Lok Sabha. Four representatives were from the Ministry of Women and Child Development and the Ministry of External Affairs, Government of India. A total of nineteen journalists participated from the national print and electronic media. 44 representatives from NGOs, alliances and networks represented Young Peoples' Rights, Child Rights, Maternal Health and Rights, Women's Rights;, Food and Nutrition Rights etc. deliberated and came up with specific recommendations.

In the area of adolescent and young peoples' heath following recommendations were enumerated:

1. Release the National Youth Policy 2012 at the earliest with appropriate budgetary allocation. Design and develop implementation plans by ensuring active participation of adolescents, young people, civil society organisations, academic and research institutes to operationalize the policy.
2. Ensure that all existing health and nutrition programmes for adolescents are universalised with realistic budget allocation. These programmes are being implemented as 'pilots' for more than three decades while the trend still continues.
3. Ensure that adolescents and young people receive uninterrupted, culturally acceptable nutrition supplements from existing programmes (Mid-Day meal, Sabla etc). Counselling services must also be accessible to adolescents and young people, for nutrition, livelihoods, mental health, and reproductive and sexual health aspects. Also, ensure that married young couples receive counselling at community level.
4. Ensure provision of age-specific comprehensive education on sexual and reproductive health for in school and out of school adolescents and young people is accessible in local language through a range of communication channels.
5. Ensure that a mechanism for convergence between various departments catering to the health and development needs of adolescents is developed and executed. Inter-sectoral convergence should be ensured at the district, state and National levels. Identify the existing functionaries of Department of Health and Family Welfare, Education and Women and Child Development and develop support programmes for their skill enhancement. Allocate adequate funds for integrated services.
6. Young people and adolescents need to be involved actively in monitoring and implementation of the activities concerning their nutrition, health and development. Key indicators related to nutrition and health can be monitored by young people. For this, they need to be recognised and placed in decision making positions in various monitoring committees at village, district, state and national level. Young persons from each village also need to be included in the Village Health, Sanitation and Nutrition Committee (VHSNC).

Annexure: 1
Flow Chart: Activities Undertaken by CHETNA Under this Project



Assessment, Monitoring and Review

Baseline survey tools designed (July to August 2010)

Field investigators of CORT a technical agency for baseline survey were trained (September to October 2010)

Data collection for baseline survey (November -December 2010)

Provisional Baseline survey report (January 2011)

Final Baseline reprot (January 2012)

Mid term review of the project Action plan developed (July 2011-August 2011)

Designed monitoring tools.

Regularly Monitored the field level activities and revised plan of action (January 2011-June 2012)

- Endline survey
- Review of change in the Body Mass Index of the adolescents (July 2012-September 2012)

Final End line report (October to December 2012)

Upsacling of efforts

Facilitated training of Master Trainers for Government of Gujarat to train peer educators of Mamta Taruni program. All the district of the state procured CHETNA's health communication material to be use by peer educaters (November 2011-March 2012)

Annexure 2

National Level Advocacy Events Participated and Organised by CHETNA During the Course of the Project:

- Consultation Meeting for Youth Policy 2010 at New Delhi –1 July 2010, where in the Government of India discussed the need to review the National Youth Policy 2003 and also discussed the process of drafting the National Youth Policy 2010. CHETNA was one of the few NGOs invited in this meeting.
- Organized a National Consultation on Addressing Youth Concerns and Synthesizing Key advocacy issues at Ahmedabad during 3-5 August 2010
- Facilitated focus groups discussion of young people (rural, tribal, urban, school going, non- school going, minority youth etc.) and shared the collected information with the Rajeev Gandhi National Institute of Youth and Development (RGNIYD) who were responsible for final drafting of the National Youth Policy. (October 2010).
- Shared experiences of state level youth policy formulation of Gujarat and Rajasthan at Lucknow to support and strengthen the process of state policy formulation of Uttar Pradesh (UP). This meeting was organized by Sahiyog, Lucknow. (22 November 2010)
- Facilitated a Civil Society Dialogue on Adolescent Health- Voices of Adolescents – Key Advocacy Issues in the month of November 2010 in collaboration with Swaasthya New Delhi. 30th November 2010. It was an effort to make the voices of adolescents be reflected in the drafting of 12th Five year plan. Similar consultation for the young people was organized by other NGOs, CHETNA team member participated in the same and shared the voices of young people which came forward during the National Consultation organized by CHETNA during August 2010. (5thDecember 2010)
- Review of the draft Youth Policy was undertaken from December2010-January 2011
- CHETNA shared voices of adolescents and challenges faced by them at Indian Association of Parliamentarians for Population and Development (IAPPD) to sensitize Parliamentarians in improvement in management and quality of service of reproductive health programmes including adolescent sexual and reproductive health and HIV/AIDS prevention.
- Contributed in National Consultation for Civil Society Organization on Draft UNFPA strategy in Country Programme (23, May 2011).
- CHETNA participated in a National Consultation on Adolescent Reproductive and Health Services (ARSH)- Mapping and Developing an Operational Framework for Enhanced Access.(4-5th June 2012)
- Contributed in Consultation- Responding to needs and concerns of Vulnerable Young People in India- Expert Group Consultation on 4-5 September 2012 organized jointly by Ministry of Health and Family Welfare and UNFPA New Delhi.
- Contributed in a Workshop on-Effective communication media workshop for young people 29-30 October 2012.

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

CHETNA
For Women Young people Children

Centre for Health Education, Training and Nutrition Awareness

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About CHETNA

CHETNA* meaning "awareness" in several Indian languages and an acronym for Centre for Health Education, Training and Nutrition Awareness, is a non-government support organisation based in Ahmedabad, Gujarat. Beginning its activities in 1980, CHETNA addresses issues of women's health and development in different stages of her life from a "Rights" perspective.

CHETNA supports Government and Non-Government Organisations (GO and NGOs) through building the management capacities of education/health practitioners/supervisors/ managers enabling them to implement their programmes related to children, young people and women from a holistic and gender perspective and advocate for people centred policies and Programmes.

CHETNA develops need-based training and education materials, which are widely disseminated at the State, National and International levels.

CHETNA's Information and Documentation Centre (IDC) is a rich source of information for the needs of individuals, organisations, academicians, researchers and students.

CHETNA has been identified as a Regional Resource Centre (RRC) for Gujarat State and the Union Territories of Daman, Diu and Dadra Nagar Haveli to provide technical assistance to NGOs to improve Reproductive and Child Health (RCH), facilitate GO-NGO partnership, document and disseminate successful approaches and provide inputs to Government of India (GoI) to ensure effective implementation of policies.

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

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