# Participatory Communication

## Initiative for improving Public Health Care Services for Rural Communities' under NRHM

Christian Medical
Association of India (CMAI)

CHETNA
For Women Young people Children

## Project Goal

To enhance communities' access to quality health and nutrition services

## Objectives

To advocate for health entitlements of rural communities' through participatory communication strategy

To enhance capacity of the service providers, civil society organisations, media and Panchayati Raj Institutions (PRI) on communicating and advocating for NRHM commitments

To promote community awareness on MCH entitlements

To promote exchange of experiences, innovations, learning and challenges

To document and disseminate key processes and learning

**Project area:** Five identified blocks of five districts each in Gujarat and Rajasthan states

**Total Villages:** 1255 **Total population:** 18,89,798

Rajasthan State


### Partner Organisations in Rajasthan state

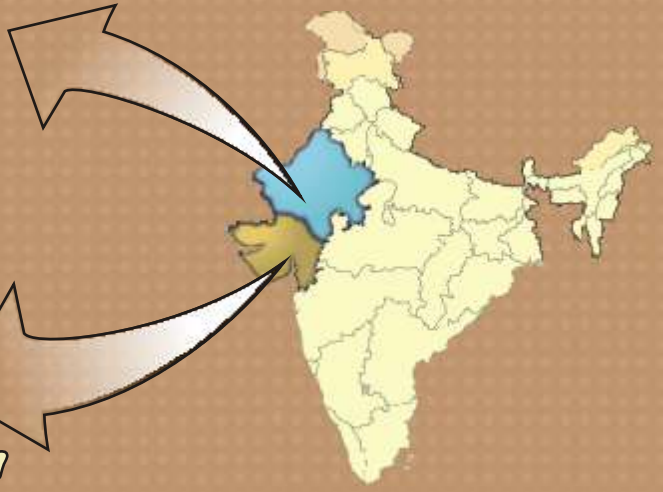
Akhil Bhartiya Gramin Utthan Samiti (ABGUS)

Active for Literacy and Environmental Renovation Task (ALERT) Sansthan

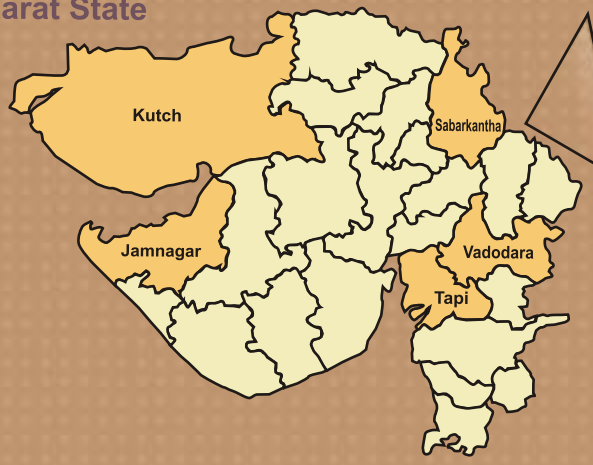
Association for Sarva Seva Farms (ASSEFA)

Society for Education Conscientisation Awareness and Training (ECAT) Bodhgram

Shikshit Rojgar Kendra Prabandhak Samiti (SRKPS)



Gujarat State




### Partner Organisations in Gujarat state

Gramya Vikas Trust (GVT)

Kutch Mahila Vikas Sangathan (KMVS)

Narottam Lalbhai Rural Development Fund (NLRDF)

Shroffs Foundation Trust (SFT)

Vedchhi Pradesh Seva Samiti (VPSS)

**Technical and Financial Support:** Christian Medical Association of India, CMAI, New Delhi, India

**A joint initiative by:** Communication for Health India Network (CHIN) partners: CHETNA, Child in Need Institute (CINI), CMAI and Rural Unit of Health and Social Affairs (RUHSA)

**Acknowledgements:** State, District and Block officials of National Rural Health Mission (NRHM), Department of Health and Family Welfare, Department of Women and Child Development, Government of Rajasthan and Government of Gujarat, community members, representatives of Community Based Organisations, Self Help Groups, ASHAs/VHSNC members and partner organisations in Rajasthan and Gujarat states, India

# Participatory Communication

Initiative for improving Public Health Care Services for Rural Communities' under National Rural Health Mission (NRHM)

CHETNA
For Women Young people Children

## Akhil Bhartiya Gramin Utthan Samiti (ABGUS)

Partner NGO for Tijara block of Alwar district, Rajasthan State, India

During the year 2009-2012, ABGUS in partnership with CHETNA implemented the "Participatory Communication Initiative for Improving Public Health Care Services for Rural Communities under NRHM" project in 206 villages of Tijara block of Rajasthan State, India.

Tijara block is extensively surrounded by Aravali hills and falls under the Mewat region in Alwar district. The population is pre-dominantly populated by Meo community with strong belief in social customs and practices which affect communities' overall health. The block has a population of 3,36,850.

The Participatory Needs Assessment revealed the need for improving communities' information access to public health entitlements, for filling in the vacant posts of ASHAs (who serves as an interface between the community and public health system) and activating the Village Health Sanitation and Nutrition Committee (VHSNCs) to ensure access to public health services. The findings also revealed that the VHSNCs were constituted but the members themselves were unaware about their membership and about their roles and responsibilities. In view of this, efforts were made by ABGUS team to have a series of consultations with the block health officials, capacity building of the key stakeholders were undertaken and regular community awareness meetings were facilitated.

## Communicating for Change

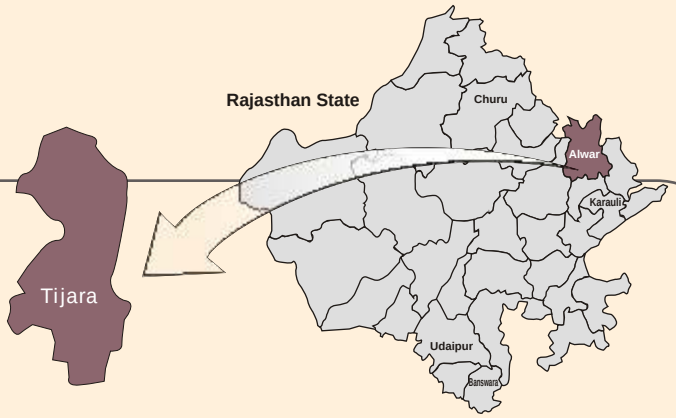
Consultation with Block Health Officials

Prior to initiating the project activities, the ABGUS team met the Block Health Officials for briefing them about the project, objectives and activities and seeking their support in implementation.

Following the Participatory Needs Assessment in 10% villages, the findings were shared and a joint planning was done to address the information

# Participatory Communication

Initiative for improving Public Health Care Services for Rural Communities' under NRHM




gaps of the communities and ensuring the delivery of services. The team collected information from the Primary Health Centres about the non-availability of ASHAs in the villages, the eligibility criteria and the procedure for selection. A series of meetings were facilitated with the Block Chief Medical and Health Officer, Block Programme Manager and Block ASHA Facilitator to take action in this matter. A total of 136 ASHAs were functioning in the year 2009. Simultaneously, meetings were held with the community members to inform about their health entitlements, and with elected representatives to ensure that the ASHAs are in place in the villages where the position is vacant. The collaborative effort resulted in recruiting more number of ASHAs in Tijara block from 136 to a total number of 169 ASHAs as of today.

## Our struggle...

Though the PRIs were oriented on health issues and in particular the Maternal and Child Health entitlements, however translating the knowledge into action was a great challenge.

## Reflections

*We learnt...*

Regular dialogue with Block Health Officials is essential to bridge the gap between community's needs and challenges in accessing the health services.

Akhil Bhartiya Gramin Utthan Samiti (ABGUS)
Chopanki, Tapukara Road, Tijara Block, Alwar, Rajasthan - 301001
Phone: 01493-243649, 513513 Email: abgusproject@gmail.com

CHETNA
For Women Young people Children

**Centre for Health Education, Training and Nutrition Awareness**
Supath-II, B-Block, 3rd Floor, Opp. Vadaj Bus Terminus, Ashram Road, Vadaj, Ahmedabad-380013. Gujarat, INDIA Phone: 91-079- 27559976/77
Fax: 91-079-27559978 E-mail: chetna456@gmail.com/chetna456@vsnl.net
Website: www.chetnaindia.org

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

# Participatory Communication

Initiative for improving Public Health Care Services for Rural Communities' under National Rural Health Mission (NRHM)

CHETNA
For Women Young people Children

## Active for Literacy and Environmental Renovation Task (ALERT) Sansthan

### Partner NGO for Gogunda block of Udaipur District, Rajasthan State, India

During the year 2009-2012, ALERT Sansthan in partnership with CHETNA implemented the "Participatory Communication Initiative for Improving Public Health Care Services for Rural Communities under NRHM" project in 151 villages of Gogunda block of Rajasthan State, India.

Gogunda block is pre-dominantly a tribal area, mountainous and degraded region with low agriculture and livestock production and high vulnerability to drought. It is located about 35 km from the district headquarters.
Majority of the villages in Gogunda are remote with scattered population. About 30-40% villages are interior most with very low connectivity to public services as they have no approach road for e.g. **Iton ka khet** and **Sevadiya** village to name a few. The communities that reside are Bhil, Gameti and Garasias. The Bhil and the Gameti communities are engaged in agriculture and as daily wage labourers in construction sites. Traditionally the Bhil communities regard 'alcohol' as holy spirit and several of them are involved in brewing and consuming illicit liquor. Typically these communities have a lower economic status, low awareness and low literacy levels.

A key to community participation is information and awareness. In view of this, efforts were made in Gogunda block to inform the community members about their health entitlements, regularly interact with them and follow-up with them to understand their concerns in seeking the public services. The block being scattered, and tribal, a variety of stakeholders and means were identified to communicate the health entitlements to the community. The stakeholders identified were Bhopas (faith healers or religious leaders), Social motivators, ASHAs and VHSNCs and the means that were used were the public fairs/festivals (both religious as well as health awareness rallies like Swasthya Chetna Yatra by the Government of Rajasthan)

## Communicating for Change

### Sensitising the 'Bhopas' (faith healers/religious leaders)

The tribal communities residing in the remote villages of Gogunda block strongly believe in 'Bhopas' who are traditional faith healers or religious leaders. Any opinion on any matter endorsed by these so-called Bhopas is religiously followed by these communities. Sensitising them on public health entitlements enabled taking them into confidence to create awareness of the tribal communities. A block coverage strategy was developed to reach out to all the 151 villages. In addition, a stakeholder mapping

# Participatory Communication

Initiative for improving Public Health Care Services for Rural Communities' under NRHM


was also done. As a result, according to the presence and their say in the decision making process, the stakeholders for different villages were identified. For the remotest villages, the Bhopas were identified and for the rest of the villages either the ASHAs/VHSNCs/Self Help Group members or the Social motivators were identified. According to their role, the stakeholders were sensitized and oriented to enable communicate the health entitlements and ensure the services.

ALERT Sansthan identified a total of 20 Bhopas from 20 remote villages, oriented them on various public health entitlements and the available public health services. The sensitized Bhopas used to regularly participate in the village level awareness meetings organized by ALERT Sansthan team. In each village, the Bhopas have religious centres wherein they meet once in a month. The monthly meeting is known as "choki" and about 100-150 community members come to meet them. This was used as an opportunity by the Bhopas to communicate to the community about the health entitlements and whom to approach and where to access the public services. On an average, the 20 identified Bhopas were able to spread awareness to more than 2000 community members of 20 villages in a month.

The other avenues that were used were participation in the religious fairs like Gangaur fair and Government of Rajasthan's one month long Swasthya Chetna Yatra (Health Awareness Rallies)

## Our struggle

The project intervention helped in building an environment of awareness on health entitlements in the tribal community and in motivating them to access the services. However, in 30-40% remote villages out of the total 151 villages, institutional deliveries is still a challenge. Owing to low connectivity, these villages do not have an approach road. A pregnant woman has to walk a minimum of 8-10 kms to reach to the main road to access the 108 referral transport services. This causes difficulty to both the pregnant women to access the services and the 108 to deliver the referral transport services on time. Efforts were made to bring this to the notice of concerned Block Health Officials. Till some action is taken, the struggle continues...

## Reflections

***We learnt...***

- In a scattered population, a stakeholder and communication resource mapping is crucial. This helps in optimizing the available resources and opportunities to reach out to the communities of the entire block.
- The sensitization and the capacity building of stakeholders needs to have a follow-up support component in-built in it. For e.g. for Bhopas, the monthly religious meetings at the religious centres were identified and for ASHAs, the monthly salary meetings/the sector meetings in the Primary Health Centre were identified where all the decision makers are available. Follow-up support helps in enhancing their confidence to report the gaps in the services and plan for addressing the same.

**ALERT Sansthan**
106, O Road, Bhupalpura,
Udaipur-313001, Rajasthan
Phone no: 0294-2420940
E-mail:alert_sansthan@rediffmail.com

CHETNA
For Women Young people Children

**Centre for Health Education, Training and Nutrition Awareness**
Supath-II, B-Block, 3rd Floor, Opp. Vadaj Bus Terminus, Ashram Road, Vadaj, Ahmedabad-380013. Gujarat, INDIA Phone: 91-079- 27559976/77
Fax: 91-079-27559978 E-mail: chetna456@gmail.com/chetna456@vsnl.net
Website: www.chetnaindia.org

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

# Participatory Communication

Initiative for improving Public Health Care Services for Rural Communities' under National Rural Health Mission (NRHM)

CHETNA
For Women Young people Children

ECAT एकट
BODHGRAM

## Society for Education Conscientisation Awareness and Training (ECAT) Bodhgram

### Partner NGO for Karauli block of Karauli District, Rajasthan State, India

During the year 2009-2012, ECAT Bodhgram in partnership with CHETNA implemented the "Participatory Communication Initiative for Improving Public Health Care Services for Rural Communities under NRHM" project in 195 villages of Karauli block of Rajasthan State, India.

The rocky, hilly terrain and the forest covered area of the block is called *Dang*. The main sources of income is mining. The block has a population of 2,88,860. In addition to the Scheduled Caste /Scheduled Tribe and Meena communities, the block is pre-dominantly populated by Gujjar communities' who are most marginalized and are demanding the status of Special Backward Class from the Government. The population is scattered. As the economy is largely dependent on mining activities, there are a variety of health problems such as silicosis, TB and respiratory problems. The society is highly patriarchal and the level of literacy is low. Besides this, the area is not well connected with roads. There are many villages where public or even private transportation is not available; villagers have to walk 5-10 kms to take transportation. This poses a problem in both communicating the available public health services and in delivering the quality services. For e.g. It is difficult for the 108 referral services to reach the interior most villages, making it further impeding for the pregnant women to access the services.

The Participatory Needs Assessment facilitated with key stakeholders revealed low awareness level of community members on Maternal and Child Health entitlements/available public services. Also they were not aware about the roles and responsibilities of ASHAs and Village Health Sanitation and Nutrition Committees (VHSNCs) which made it difficult for them to approach the concerned authorities for reporting the challenges in accessing the services. In fact even the VHSNC members were unaware of their role and responsibility. In view of this, efforts were made in Karauli block to inform the community members about their health entitlements, develop a sense of ownership to be able to participate through influencing and sharing the control over development initiatives and decision and resources which affect them.

## Communicating for Change

### Strengthening and activating the VHSNCs

Community Based Monitoring of Health Services is recognized as a national priority agenda. It aims to ensure active engagement of people in planning and monitoring the health and nutrition interventions at village level. The information generated at the village level is fed to block, district and state level planning and action. This is to ensure accountability, promote decentralized inputs for better localized planning based on the priorities identified by the community representatives.

ECAT Bodhgram was identified as a nodal agency for facilitating the VHSNC trainings at the district level. The team trained a total of 3559 members of 715 VHSNCs. This

# Participatory Communication

Initiative for improving Public Health Care Services

for Rural Communities' under NRHM


provided an entry point for interacting with the VHSNC members, taking them into confidence and orienting them about the significance of the committee, about the public health entitlements/government schemes and services and their role and responsibilities in ensuring the same. Focused efforts were done with VHSNCs of 20 villages. The idea was to ensure that the VHSNC meetings are regularly held in these villages and the members are sensitized to identify the health and nutrition issues of the community members. The regular follow-up support to VHSNCs resulted in motivating the members of these villages to report about the gaps in public health services and take necessary action. For e.g. The VHSNC member in Patoli village ensured the availability of first aid medicine in the Anganwadi centre, by reporting at the PHC. Similarly in Kiratpura village, the supply of nutritious food was regularized at the Anganwadi centre by reporting to the Child Development Project Officer (CDPO).

## 2.The Kaila Devi Fair: Using a novel idea for mass awareness on public health entitlements

Kaila devi fair is one of the most popular fairs of Rajasthan state held at the Kaila temple of Karauli. The fair is for a fortnight and is held every year in the month of March or April.

The fair is held in the honour of the diety Kaila devi (a form of Mahalakshmi, the goddess of wealth and Chamunda, the goddess of death). The fair attracts a lot of pilgrims from other states namely Uttar Pradesh, Madhya Pradesh, Punjab and Haryana apart from Rajasthan. Approximately 200,000 devotees gather during the fair. The devotees reach the the temple by foot or by lying prostate, making lines with their hands and advancing to the line drawn and repeating the procedure to reach the temple. While some eat food and take rest during the journey, others endure the rigours of rituals while fasting. Shelter houses/tents are set up which enable the devotees to have food and take rest. ECAT Bodhgram's centre in Karauli serves as a shelter house for the devotees and in support with the block health officials, provide first aid. The team used this opportunity to showcase the large size banners on the road and in the shelter houses to inform the participating devotees about the public health entitlements.

Leaflets and picture booklets on health entitlements disseminated served as takeaways to reinforce the messages. At the shelter house, the team directly interacted with more than 5000 community members resting in their shelter house and informed them about the available health services and from where to access it. Using this approach the team was able to create mass awareness to more than 15000 community members during the course of the project intervention.

Awareness efforts and follow-up has resulted in motivating the community for seeking the health services. The secondary data collected from the block reveals percentage women having three ANC check-up has increased from 67.32% out of total 7647 pregnant women in 2009-2010 to 70.60% out of 7250 pregnant women in 2011-2012 and the percentage institutional deliveries has gone up from 67.98% to 74.28%.

## Reflections

*We learnt...*

Regular follow-up and mentoring support to VHSNCs is essential for empowering them to effectively perform their role of monitoring and ensuring public health services at the village level.

Using a variety of locally and culturally relevant approaches to disseminate information on health entitlements viz. meetings/camp/public fairs/festivals.This is crucial when the population is widely dispersed.

Regular follow-up with the community members to understand their health needs enables enhancing their confidence in voicing their

ECAT एकट
BODHGRAM
Kukanwali, Kuchman city, Nagaur, Rajasthan
Phone: 01586-248919/248017
E-mail: ecatbodhgram@rediffmail.com

CHETNA
For Women Young people Children

**Centre for Health Education, Training and Nutrition Awareness**
Supath-II, B-Block, 3rd Floor, Opp. Vadaj Bus Terminus, Ashram Road, Vadaj, Ahmedabad-380013. Gujarat, INDIA Phone: 91-079- 27559976/77
Fax: 91-079-27559978 E-mail: chetna456@gmail.com/chetna456@vsnl.net
Website: www.chetnaindia.org

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

# Participatory Communication

Initiative for improving Public Health Care Services for Rural Communities' under National Rural Health Mission (NRHM)

CHETNA
For Women Young people Children

## Shikshit Rojgar Kendra Prabandhak Samiti (SRKPS)

Partner NGO for Churu block of Churu District, Rajasthan State, India

During the year 2009-2012, SRKPS in partnership with CHETNA implemented the "Participatory Communication Initiative for Improving Public Health Care Services for Rural Communities under NRHM" project in 106 villages of Churu block, a desert region of Rajasthan State, India.

The block has a population of 1,52,178. The main sources of income are agriculture and animal husbandry. The population is scattered with extreme climatic conditions hampering the mobility of people. Low literacy levels, poor access to information, restricted physical mobility, patriarchal control and a multiple burden of work are some of the realities faced by the women of this block. Women have to still follow the customs of Parda (veiling of the face) and face strong gender inequality. Despite all efforts towards social justice, women continue to be perceived as a burden and do not have a voice in the decision making process, be it in the family or at the community level. Women are not allowed to sit in the decision making forums along with the elders of the family members and in particular with the male members. Even if they are allowed, they feel hesitant to sit and freely express themselves about the matters affecting them.

For e.g. During a Participatory Needs Assessment, the male members of the community refused to involve women in the community resource mapping of health services. They quoted "idhar lugaiyon ka koi kam nahin" (here women do not have any role). Upon insisting to involve them, they said "dekhlo bitha ke, woh nahi baithengi hamare saath" (try involving them, they will not sit with us)

Due to the region's strong patriarchal structure and gender inequalities, health communication was extremely challenging. While equality for women may be a far-fetched dream in such circumstances, a few practical steps adopted in Churu block were able to improve communities' and in particular women's information access to health entitlements.

## Communicating for Change

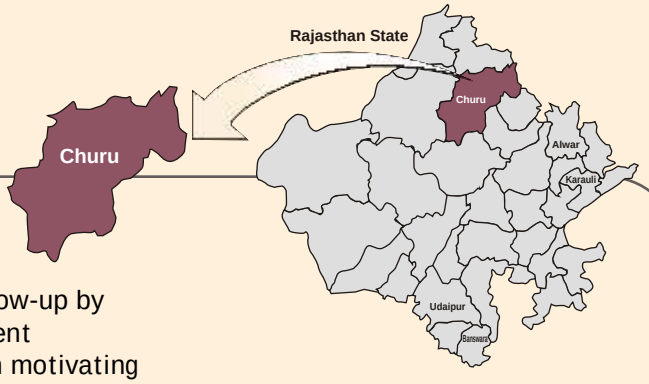
### Participation in Swasthya Chetna Yatra

In the ancient Indian tradition, groups of people going from one village to another for pilgrimage is referred to as a yatra. "Yatra literally means a journey undertaken for a noble cause."

Swasthya Chetna Yatra (Health Awareness Campaign) is an approach adopted by the Government of Rajasthan. It is a annual feature. The campaign as the name suggests stresses on health awareness in the remotest villages of the state. Free medical camps are organized during the campaign and those diagnosed with serious medical health issues are referred to the nearest district hospital.

# Participatory Communication

Initiative for improving Public Health Care Services for Rural Communities' under NRHM




In consultation with the Block Chief Medical Health Officer, SRKPS team sought the route chart of the yatra and actively participated to supplement the efforts of the yatra by disseminating additional information on Maternal and Child Health entitlements to more than 10,000 community members of 24 Gram Panchayats in approximately 50-60 villages. The SRKPS team comprising male and female members shared information on available public health services, distributed leaflets on different government schemes on maternal and child health and interacted with the community members participating in the yatra. In a strong patriarchal society, women to women dialogue and men to men dialogue is crucial. The presence of the women member in the SRKPS team helped building confidence of the community women to voice their concerns in accessing health services.

Regular awareness and follow-up by NGO partner and Government programme has resulted in motivating the community for seeking the health services. The secondary data collected from the block reveals percentage women registered within first trimester has increased from 63.93% to 75.13%, percentage women having three ANC check-up has increased from 67.32% to 75.44% out of the total 3649 pregnant women in 2009-2010 and 4395 pregnant women in 2011-2012 and the percentage institutional deliveries has gone up from 78.64% to 81.88%.

## Our Struggle…..

The block has 35 gram panchayat (local self government at the village or town level) with 17 male Panchayati Raj Institution (PRI) members (elected representatives) and 18 female (PRI) members. Although the gender ratio is balanced, in reality, the decision making is done by the husbands of the female PRI (This situation is so widespread that they are called "Sarpanch husbands"). While many "Sarpanch husbands" are sensitive to overall community needs, Maternal and Child Health issues are not their priorities. During the course of the project intervention, efforts were made to sensitize the PRI members on the health and nutrition needs of women, however due to lack of tangible benefits, convincing PRI members continues to be a struggle.

## Reflections

*We learnt…*

Regular interaction with community members and key stakeholders serves as a entry point for building rapport and creating an environment for generating interest and facilitating health awareness.

Creating a space for dialogue between Civil Society Organisations and Government officials is critical in bridging the gap between community needs and the public health care services. This was ensured by regularly attending meetings at District and Primary Health Centres. Every month these meetings take place to discuss the work progress, achievements and other administrative aspects including distribution of salary. During these meetings frontline workers, PHC and district level service providers and other administrative officials remain present. SRKPS team created space in these meetings to discuss field realities and gaps in the services. The gaps were cross checked and necessary administrative actions were taken.

Using village level meetings as a platform to voice community needs and hold government officials to greater accountability.

**Shikshit Rojgar Kendra Prabandhak Samiti**
1/129, Housing board, Jhunjhunu,
Rajasthan- 333001,
Phone no: 01592-234664
E-mail: srkpsjjn@gmail.com

CHETNA
For Women Young people Children

**Centre for Health Education, Training and Nutrition Awareness**
Supath-II, B-Block, 3rd Floor, Opp. Vadaj Bus Terminus, Ashram Road, Vadaj, Ahmedabad-380013. Gujarat, INDIA Phone: 91-079- 27559976/77
Fax: 91-079-27559978 E-mail: chetna456@gmail.com/chetna456@vsnl.net
Website: www.chetnaindia.org

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

# Participatory Communication

Initiative for improving Public Health Care Services

for Rural Communities' under National Rural Health Mission (NRHM)

CHETNA
For Women Young people Children

## Association for Sarva Seva Farms (ASSEFA)

Partner NGO for Anandpuri block of Banswara district, Rajasthan State, India

During the year 2009-2012,ASSEFA in partnership with CHETNA implemented the "Participatory Communication Initiative for Improving Public Health Care Services for Rural Communities under NRHM" project in 136 villages of Anandpuri block of Rajasthan State, India.

The district is inhabitated by tribals mainly Bhils. In 2006, the Ministry of Panchayati Raj declared Banswara as one of the country's 250 most backward districts (out of total of 640 districts). It is one of the twelve districts in Rajasthan currently receiving funds from the Backward Region Grant Fund Programme. The block has a population of 1,11,130 scattered over a large terrain. Due to extreme poverty the men migrate to the nearby cities for work. It is very difficult to contact and mobilize women, inform them and motivate them to avail health services. With low literacy and awareness levels, most of the villages in Anandpuri block were performing poorly on Maternal and Child Health indicators. There was almost no awareness on public health entitlements and the benefits of various public health schemes/ services.

The Participatory Needs Assessment revealed the need for adopting culturally appropriate communication materials and means for information. This would help in creating awareness and ownership among communities and empower them to seek better health services. In view of this, efforts were made in Anandpuri block to inform the community members about their health entitlements through a variety of stakeholders and innovative ways. The stakeholders identified were Self Help Group (SHG) members, ASHAs/VHSNCs and elected representatives. Cultural local media including use of traditional drums (used in the Indian culture in ceremonial and religious functions) were used to publicize the Maternal and Child Health Nutrition (MCHN) Day and the services available on the MCHN day. In addition, participation in the government's existing health awareness campaigns helped in disseminating information on public health entitlements.

## Communicating for Change

### Orienting the Self Help Group Members

ASSEFA has been working with the Self Help Group (SHG) members since 2003. There are about 235 SHGs who apart from income generation activities also played an active role in education committees. This served as a base to involve them to promote awareness on health entitlements. ASSEFA team oriented 45 SHGs from 22

# Participatory Communication

Initiative for improving Public Health Care Services for Rural Communities' under NRHM


villages. Each SHG has about 20 members. The orientation trainings to more than 800 SHG members from these villages focused on informing them about available public health entitlements, role of ASHAs/VHSNCs, role and responsibilities of SHGs in promoting awareness, whom to approach and where to access the services. Each of the participating SHG members took responsibility of promoting awareness in their hamlets. They informed the pregnant women to register for antenatal care, immunization, regular check-ups, benefits of Janani Surksha Yojana, institutional delivery, Post Natal Check-ups etc. Though the process of internalizing the health issues by the SHG members is slow as for years they have been only involved in income generation activities, however, the sensitized SHG members have been able to reach more than 6000 women in 22 villages and also who reside in interior most hamlets.

The multi-pronged strategy used has resulted in a gradual increase in the health seeking behaviour of the community. The secondary data collected from the block at the initiation of the project i.e 2009-2010 and the data collected towards the end of the project i.e. 2011-2012 reveals an increase in the number of total pregnant women registered for ANC, percentage women registered within first trimester has increased from 40.18% to 45.25% and the percentage women having three ANC check-ups has gone up from 64.51% to 81.84%.

## Reflections

*We learnt…*

Strengthening of VHSNCs of which SHG member is also a part is crucial to ensure communities' access to public health services.

Using different approaches to regularly disseminate information on health entitlements viz. meetings/camp/public fairs/festivals in scattered population.

Involving and sensitizing media representatives on health and nutrition issues is essential to highlight the gaps in the services.

Association for Sarva Seva Farms (ASSEFA)
Near Community Health Centre
Village: Bagidora, District: Banswara, Rajasthan - 327601
Phone: 02968-280758, 09468732198
Email: vijendradosi@ymail.com

CHETNA
For Women Young people Children

**Centre for Health Education, Training and Nutrition Awareness**
Supath-II, B-Block, 3rd Floor, Opp. Vadaj Bus Terminus, Ashram Road, Vadaj, Ahmedabad-380013. Gujarat, INDIA Phone: 91-079- 27559976/77
Fax: 91-079-27559978 E-mail: chetna456@gmail.com/chetna456@vsnl.net
Website: www.chetnaindia.org

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

# Participatory Communication

**Initiative for improving Public Health Care Services**

**for Rural Communities' under National Rural Health Mission (NRHM)**

CHETNA
For Women Young people Children

## Vedchhi Pradesh Seva Samiti (VPSS)

**Partner NGO for Valod block of Tapi District, Gujarat State, India**

During the year 2008-2012, VPSS in partnership with CHETNA implemented the "Participatory Communication Initiative for Improving Public Health Care Services for Rural Communities under NRHM" project in 40 villages of Valod block, in Gujarat State, India.

Valod block is 15 kms far from Vyara headquarter of Tapi district which is recently formed in 2007. The total population of the block is 87,127. This is a tribal population dominated block with literacy rate as low as 48% making it difficult for the community members to understand the information about the government schemes/services. The block has high incidence of malnutrition (close to 75%) and Tuberculosis.

The Participatory Needs Assessment facilitated with key stakeholders in 20% villages revealed the need for:

- Creating awareness on NRHM entitlements and the roles and responsibilities of committees constituted at the village level, viz. VHSNC, Rogi Kalyan Samiti, untied fund etc. to ensure the services
- Issuance of Rashtriya Swasthya Bima Yojana (RSBY) to community members, a health insurance scheme launched by the government under NRHM. Being a newly formed district, it had not been included in the RSBY information management system
- Communicating with pictorial materials on NRHM entitlements in local dialect, audio-video clippings and posters with relevant local pictures.

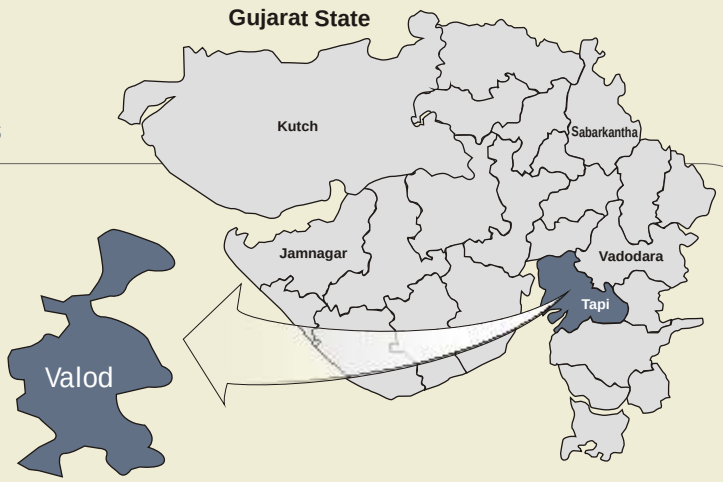
## Communicating for Change

**Advocating for the challenges faced by the community in accessing the services**

VPSS is a member of District Reproductive and Child Health (RCH) Committees, Rashtriya Swasthya Bima Yojana (RSBY) Committee, Tobacco Control Committee, TB Control Committee, PCPNDT Committee and Governing Body. Having presence in the district committee enabled the VPSS team to share the field realities viz. the gaps in health services with the concerned authorities. For example, the concern of the non-issuance of RSBY card was brought to the notice of District Officials in the District level meeting where District Collector, District Development Officer and Chief District Health Officer were present. The District Development Officer assured to review the situation and within a week, Tapi

# Participatory Communication

Initiative for improving Public Health Care Services for Rural Communities' under NRHM




district received the code and the Rashtriya Swasthya Bima Yojana (RSBY) cards began to be issued to the community members.

A Gramsabha (Village Assembly) was held under the Chairmanship of District Collector and in the presence of Assistant Collector, Tapi on 12th December 2012 in Valod block. More than 600 community members and elected representatives of 10 villages, milk cooperative members participated in the meeting. The issue of 17 severely malnourished children in two villages namely Shiker and Sydla that were identified in the Gram Swasthya Baithaks (Village health Meetings) was shared at the Gramsabha. As a result the milk cooperative societies of these two villages started providing milk once a week to all children in the 0-3 years age group at Anganwadi Centres.

The extensive use of multi-stakeholder approach for communicating health entitlements to the community members have resulted in better uptake of public health services. The secondary data collected from the block shows an increase in the percentage women registered within first trimester from 74.77% out of total 1249 registered pregnant women in 2010-2011 to 87.18% out of total 1217 registered pregnant women. Also the percentge women having three ANC check-ups has increased from 82.62% (2010-11) to 87.42% in 2011-12 and the institutional deliveries has increased from 94.10% to 99.05% in the block.

## Reflections

*We learnt...*

Strengthening of the community monitoring committees at the village, block and district level is essential. This helps in identifying the gaps and challenges in accessing the services and ensuring the public health and nutrition services.

The communication materials on health entitlements that are showcased enables informing the communities. However this has to be followed by the interaction with the community and by disseminating the leaflets which can serve as takeaways to reinforce the health messages.

**Vedchhi Pradesh Seva Samiti**
Udhyog wadi, Valod, Tapi-394640
Phone: 02625-222699/222064
Fax: 0265-220578 Email: mngovpss@gmail.com

CHETNA
For Women Young people Children

**Centre for Health Education, Training and Nutrition Awareness**
Supath-II, B-Block, 3rd Floor, Opp. Vadaj Bus Terminus, Ashram Road, Vadaj, Ahmedabad-380013. Gujarat, INDIA Phone: 91-079- 27559976/77
Fax: 91-079-27559978 E-mail: chetna456@gmail.com/chetna456@vsnl.net
Website: www.chetnaindia.org

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

# Participatory Communication

Initiative for improving Public Health Care Services for Rural Communities' under National Rural Health Mission (NRHM)

CHETNA
For Women Young people Children

## Narrottam Lalbhai Rural Development Trust (NLRDF)

Partner NGO for Khedbrahma block of Sabarkantha District, Gujarat State, India

During the year 2008-2012, NLRDF in partnership with CHETNA implemented the "Participatory Communication Initiative for Improving Public Health Care Services for Rural Communities under NRHM" project in 133 villages of Khedbrahma block, in Gujarat State, India.

Khedbrahma block, one of the remotest blocks of Gujarat, is situated in the north-eastern hilly region of the Aravallis and is densely populated by tribals. The health status of the community is poor. The location of the villages is remote, sparse and have scattered settlements resulting into poor acceptance and utilization of health services. The Government Primary Health Centres are located at least 10 to 15 kms from the interior villages. In addition, every house is over a kilometer away from the other making it difficult for the community to access health services and health workers to reach the residents. The issue is further compounded by low levels of literacy and associated myths and misconceptions about medical treatment.

The Participatory Needs Assessment revealed low levels of information resulting in poor access to services, the ASHAs/VHSNC members expressed the need to be urgently informed about the public health entitlements under each scheme and the available services and in particular needed clarity on their roles and responsibilities to ensure the services.

To address the above challenges, the NLRDF team used a multi-pronged strategy to create mass awareness on public health entitlements and devising a capacity building strategy with regular follow-up and mentoring support.

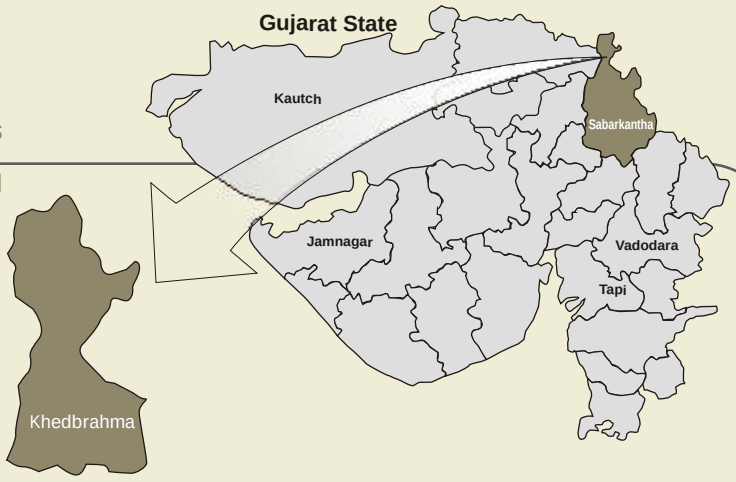
## Communicating for Change

Capacity building of ASHAs

To address the needs of the ASHAs and to build their capacities to perform their role effectively, the team facilitated a series of trainings for ASHAs. The content of the training included understanding on the public health entitlements, roles and responsibilities of ASHAs/VHSNCs and other health functionaries. This was essential since the ASHA has to coordinate with other health functionaries and to be able to coordinate effectively she needs to have clarity. The capacity building exercise was followed by identifying the existing forums for ASHAs to report the gaps, communities' concerns in

# Participatory Communication

Initiative for improving Public Health Care Services for Rural Communities' under NRHM




accessing the services and her own concerns like irregular payment of incentives. The forums that were identified were the PHC sector meetings/the ASHA salary meetings. Every month these meetings take place to discuss the work progress, achievements and other administrative aspects including salary distribution. During these meetings the frontline workers, PHC and district level service providers and other administrative officials remain present. NLRDF team created space in these meetings and supported ASHAs to communicate the gaps in services and also to share her concerns. For e.g. ASHAs from Delwada, Dantral and Lambadiya gathered courage and spoke to the health officers at PHC and with support from NLRDF team could get their incentives which was long due for the past eight months.

Empowering and motivating the communities about public health entitlements

Apart from the regular awareness meetings with the communities', the team used different opportunities to enhance information outreach. Available opportunities like public fairs and festivals (in particular the Bhadarvi Poonam Mela the fair organised during full moon day, where in thousands of devotees participate). A Poster exhibition on health entitlements were showcased. Using a "road show" approach for disseminating information on health entitlements enabled to reach out to about 9000 people in about 83 interior most villages within a span of two weeks.

The health communication processes that were adopted served as an entry point for bringing a gradual shift in realising the benefits of availing the public health care services. The secondary data collected from the block reveals an increase in the percentage women registered within first trimester from 48.10% to 65.16% and percentage institutional deliveries from 80.47% to 90.05% out of the toal no. of pregnant woment registerd for ANC in the year 2009-2010 and in the year 2011-2012.

## Reflections

*We learnt…*

Using camp approach to communicate health entitlements viz. Road show, public fairs/festivals for creating mass awareness was effective

The capacity building strategy for ASHAs/VHSNCs should include follow-up and mentoring support. This helps in enabling them to perform their role effectively and also to ensure health and nutrition services

**Narottam Lalbhai Rural Development Fund**
Behind Gayatri temple, Khedbrahma-383255,
Sabarkantha, Gujarat. Phone: 079-22202999
Email: nlrdf@yahoo.com

CHETNA
For Women Young people Children

**Centre for Health Education, Training and Nutrition Awareness**
Supath-II, B-Block, 3rd Floor, Opp. Vadaj Bus Terminus, Ashram Road, Vadaj,
Ahmedabad-380013. Gujarat, INDIA Phone: 91-079- 27559976/77
Fax: 91-079-27559978 E-mail: chetna456@gmail.com/chetna456@vsnl.net
Website: www.chetnaindia.org

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

# Participatory Communication

Initiative for improving Public Health Care Services for Rural Communities' under National Rural Health Mission (NRHM)

CHETNA
For Women Young people Children

## Gramya Vikas Trust (GVT)

Partner NGO for Dwarka block of Jamnagar District, Gujarat State, India

During the year 2008-2012, GVT in partnership with CHETNA implemented the "Participatory Communication Initiative for Improving Public Health Care Services for Rural Communities under NRHM" project in 40 villages of Dwarka block, in Gujarat State, India.

The block has a population of 1,45,651. Dwarka block is located in the western most part of India and is relatively flat at the sea level. The block is pre dominantly inhabitated by Rabari, Vagher and Dalit communities. These communities' depend on wage labour for sustenance and belong to the below poverty line. Low literacy, lack of awareness contributes to poor access to health services. Further owing to myths and socio-cultural beliefs, it is difficult to motivate the communities particularly the Rabari community to avail the Maternal and Child Health Services. Even if motivated, the community women have restricted mobility which makes it further difficult to access the services.

The Participatory Needs Assessment (PNA) revealed the need for improving information access of the communities' on public health entitlements/services, strengthening the functioning of ASHAs/VHSNC members to perform their role in communicating and motivating the communitie's about the health entitlements and ensuring the services. One of the challenges observed at the time of the PNA was that the number of ASHAs in the block was less than even 50% in a total of 42 villages. Although the National Rural Health Mission (NRHM) prescribes one trained female community health activist or ASHA for every 1000 people, there were none in many villages which had a population more than 1000 for e.g. Mulvasar. In addition, though the Maternal and Child Health Nutrition (MCHN) Day was celebrated, the benefits of the services were not reaching all particularly in the villages where ASHAs were not there.

To address the above challenges, GVT team used a multi-pronged strategy to promote community awareness and thereby enhancing their access to public health services.

## Communicating for Change

Motivating the community women to participate in the Maternal and Child Health Nutrition (MCHN) Day

Under the National Rural Health Mission, the government organizes a MCHN Day every month. During this day, pregnant women and nursing mothers are expected to receive services such as antenatal check-ups/post natal check-ups, forms are filled for availing the provisions of Janani Suraksha Yojana (JSY)/Chiranjeevi Scheme, immunization and supply of

# Participatory Communication

Initiative for improving Public Health Care Services for Rural Communities' under NRHM


Iron Folic Acid and calcium. During the MCHN day, the health service providers particularly the ANM is expected to be present and the ASHA ensures that the beneficiaries participate in the same. The interaction with the ASHAs/ANMs revealed that not all the women are participating in the MCHN day. The situation was dismal in the villages where ASHA post is vacant. The Self Help Group members and the Health Volunteers who are associated with GVT were oriented about the health entitlements and the public health services under NRHM. These Health Volunteers were the key communicators to disseminate messages on Maternal and Child Health entitlements, benefits of participating in the MCHN day and the services offered prior to MCHN day in any village. Tracking of pregnant women was done to ensure that she avails all the antenatal and postnatal services in particular. To enable the pregnant and nursing mother avail the services, the team ensured that the community women participate in the MCHN day, supported the women in registering herself to access the services and also supported ASHAs and ANM. This was regularly done with the community women to ensure that she regularly receives the services. During the course of project intervention, the team participated and observed a total of 142 MCHN days and interacted with a total of 6720 community members. The team's role was to ensure participation of pregnant and lactating women and avail services and if any problems faced, the team interacted with the health service providers to address the same. For e.g. ensuring that the form for availing the benefits of Janani Suraksha Yojana (JSY) is filled and also supporting the women in ensuring that the forms filled with the help of ASHA/ANM. In addition, the team ensured that the Iron Folic Acid (IFA) tablets are regularly supplied and vaccination is being done. The gaps and the actual reasons for not providing the services were immediately brought to notice of the concerned authorities viz. lack of stock of IFA. It is worth mentioning that the tracking and the follow-up support to the community women helped in enhancing their participation in MCHN Day.

## Our struggle....

At the time of PNA facilitated in the year 2009, the number of ASHAs in 42 villages were only 15. The team reported this issue to the Block Health Officer and to the Chief District Health Officer. Several efforts have been made both by the District Government and by the GVT team to motivate the community women to register as ASHAs, but unfortunately these efforts were not successful. One possible reason is the low literacy level of the women which poses a problem for her to fit in the criteria for the selection of ASHA (according to the government's criteria, a woman who registers herself for the post of ASHA needs to have formal education up to grade eight and should be a daughter- in- law). Even if women register, they backout due to family pressures. Not many women venture out due to lack of education and strict social and cultural norms for married women. For example in Mulvasar village, four women (two from the same village and two from the nearby village) registered for the post of ASHAs, but only one participated in the trainings by government. Three women dropped out. Despite several efforts, the number of ASHAs as of today is 30 in 42 villages.

## Reflections

*We learnt...*

Identifying the key animators to communicate the health entitlements to the community members is essential. This facilitates the process of understanding the issues related to information and accessing the services.

Regular consultations and sharing of progress of the project interventions with local health officials at the Primary Health Centre and at the Block level is essential. This helps in sharing the progress, report about the gaps identified in the services and seek their support in addressing the same.

**Gramya Vikas Trust**
Near S.T bus stand, Okha highway
Dwarka-361335, Jamnagar, Gujarat.
Phone: 02892-236551
Fax: 02892-236552
E-mail:gvtdwarka@yahoo.com

CHETNA
For Women Young people Children

**Centre for Health Education, Training and Nutrition Awareness**
Supath-II, B-Block, 3rd Floor, Opp. Vadaj Bus Terminus, Ashram Road, Vadaj, Ahmedabad-380013. Gujarat, INDIA Phone: 91-079- 27559976/77
Fax: 91-079-27559978 E-mail: chetna456@gmail.com/chetna456@vsnl.net
Website: www.chetnaindia.org

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

# Participatory Communication

Initiative for improving Public Health Care Services

for Rural Communities' under National Rural Health Mission (NRHM)

CHETNA
For Women Young people Children

## Kutch Mahila Vikas Sangathan (KMVS)

Partner NGO for Abdasa block of Kutch District, Gujarat State, India

During the year 2008-2012, KMVS in partnership with CHETNA implemented the "Participatory Communication Initiative for Improving Public Health Care Services for Rural Communities under NRHM" project in 166 villages of Abdasa block, Gujarat State, India.

Located in the western most part of Kutch district, Abdasa block with 166 villages is the largest block of the district with a total population of 153, 500. The total number of Primary Health Centres is four and there are 46 sub-centres. Literacy levels are low and to add to this the geography and socio-economic conditions further compound both the availability and accessibility of health services. Despite the launch of the National Rural Health Mission (NRHM) in 2005 by the Government of India with an objective of improving availability of and enhancing access of quality healthcare to people, especially for those residing in the rural areas, the pace of its implementation lacked necessary momentum. With a meager number of health care providers in place, accessibility was a far-fetched reality for the communities residing in Abdasa.

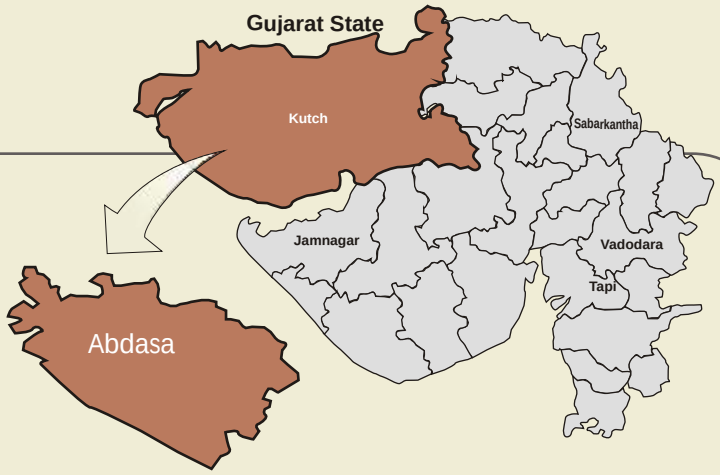
The Participatory Needs Assessment (PNA) by CHETNA's partner KMVS, Bhuj in 2009 revealed that the Accredited Social Health Activists (ASHAs), who are the critical volunteers, to work as an interface between the community and the public health system are few in number as low as 38 for a population of 1,53,000. Finding a literate ASHA as per the prescribed norms of the government and retaining her was a herculean task in this block owing to geographic remoteness/political conditions and lack of support from family and the community. In all the four Primary Health Centre (PHCs), there were no Auxiliary Nurse Midwife (ANMs) and health care providers particularly the Female Health Workers (FHWs) in the sub centres were also minimal. Even if the posts were filled, the frequent transfers, FHW's having charges of more than one sub centre affected the quality of health services and the dropout rates of ASHAs made the communities more vulnerable to health issues. Also the need for strengthening the existing ASHAs/VHSNC members was crucial to be able to perform their role effectively in such a challenging situation.

With vacant posts and lack of proper infrastructure facilities at the public health centres, how can one expect to access the health services? Lack of awareness among the community also adds to the poor accessibility of health services.

In view of this, the KMVS team made extensive efforts to address the above challenge and supported the communities' to voice their concerns to the concerned authority.

# Participatory Communication

Initiative for improving Public Health Care Services for Rural Communities' under NRHM




## Communicating for Change

### Advocacy for Health entitlements

One of the objectives of the project "Participatory Communication Initiative for improving Public Health Care Services for Rural Communities' under NRHM" was to promote community awareness on health services particularly maternal and child health services and advocate for health entitlements of rural communities through participatory communication strategy.

To address the field realities, rigorous follow-up was being done both at the block level and at the district level for filling up the vacant posts of health staff. The PNA findings were shared, series of meetings and consultations were organized between 2009 to 2011 to share the field realities and to advocate for filling up the vacant posts. It is in one of the Village Health Meetings (Gaon Swasthya Baithak) held on 30 March 2012, the community raised the issue of lack of ANC/PNC care to the Chief District Health Officer (CDHO) who was present in the meeting. The CDHO assured to look into the matter and expedite the process of recruitment. Continuous follow-up and a signature campaign by the community members of Vadsar, Chasra and Rampur Village led to the recruitment of one ANM and two FHWs in the sub-centres.

However there were many more sub-centres and PHCs where there were vacancies of health care providers. A recent interaction with the Block Health Officer, Abdasa revealed that all the PHCs now have ANMs and barring one or two sub-centres, all have FHWs, even the number of active ASHAs has increased considerably from 38 to almost double the number. The challenge now for the district government is to motivate and retain them.

For creating mass awareness on health entitlements, an audio Compact Disc (CD) was developed which had information about the health entitlements and available public services. The audio CD also had an interview of the Chief District Health Officer sharing Critical information and urging the communities' to access the public health services. Through the use of audio CD in 100 villages and four Primary Health Centres, the team could disseminate information on health entitlements to more than 26,000 people.

## Our struggle...

Perseverance pays but will this struggle translate into action by communities' accessing the services

## Reflections

*We learnt...*

Regular dialogue with communities' is essential to build rapport, understand their perceptions towards the health issues and their concerns in accessing the health services.

Creating time and space to dialogue with government officials is crucial. This helps in sharing field realities and seeking their support in addressing the same.


કચ્છ મહિલા વિકાસ સંગઠન ભુજ

Plot no 16, Yogeshwar, Opposite Gymkhana,
Ghanshyamnagar, Bhuj Kutch 370001
Phone: 02832-223311/255125/222124
Fax: 02832-251914 Email: healtunit.kmvs@gmail.com



CHETNA
For Women Young people Children

**Centre for Health Education, Training and Nutrition Awareness**
Supath-II, B-Block, 3rd Floor, Opp. Vadaj Bus Terminus, Ashram Road, Vadaj,
Ahmedabad-380013. Gujarat, INDIA Phone: 91-079- 27559976/77
Fax: 91-079-27559978 E-mail: chetna456@gmail.com/chetna456@vsnl.net
Website: www.chetnaindia.org

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

# Participatory Communication

Initiative for improving Public Health Care Services

for Rural Communities' under National Rural Health Mission (NRHM)

CHETNA
For Women Young people Children

## Shroffs Foundation Trust (SFT)

**Partner NGO for Padra block of Vadodara District, Gujarat State, India**

During the year 2008-2012, SFT in partnership with CHETNA implemented the "Participatory Communication Initiative for Improving Public Health Care Services for Rural Communities under NRHM" project in 82 villages of Padra block, in Gujarat State, India.

Padra block is 35 kms from Vadodara district, as a result of which is well-developed though it falls in the tribal belt. The population of the **block** is **2,40,000.** The population is pre-dominantly Darbar, Chauhan, Madi and Patels. The major occupation is farming and some work in industries. The community women here have low awareness level, rigid beliefs in faith healers/religious leaders and traditional customs. In addition they also have little control on decision making particularly on matters affecting their own health. This poses a problem in mobilising them for health awareness meetings and even accessing the health services.

The Participatory Needs Assessment revealed the need for communicating the health entitlements through locally appropriate media. Also there were vacant posts of frontline health workers which posed a problem and affected the communities' access to health services. For e.g. In 2009, there were only eight Female Health Workers as against 14 and though 123 ASHAs had undergone training they were not recognised affecting both ASHAs work as well as mobilising and motivating the communities' for health services.

In view of this SFT undertook efforts to address the above challenges.

A varied communication strategy was used for varied stakeholders. Traditional medium like Bhavai shows (folk dance drama) with messages on health entitlements integrated in it, public fairs/festivals and Bhajan Mandlis (Group of people who sing bhajans/devotional songs) Series of consultations with block level officials and district officials were facilitated to share communities' challenges in accessing the services.

## Communicating for Change

**Sensitizing the Bhajan Mandlis (Local Community Based Groups of people singing devotional songs)**

Apart from the regular awareness meetings with the communities', the team used different opportunities to enhance information outreach. The team identified the existing Community

# Participatory Communication

## Initiative for improving Public Health Care Services for Rural Communities' under NRHM


Based Groups for sensitizing them on health entitlements to be able to motivate communities' to access the services. In Padra block, the Bhajan Mandlis have a strong presence with minimum two mandlis in each village. The SFT team oriented about 164 Bhajan mandli members on health entitlements and available public health and nutrition services. The team took them into confidence to motivate the community members. The community people have a strong affliation to these groups and have a strong faith in them. This was used an opportunity to enhance information outreach. Through these Bhajan Mandlis, more than 1600 people could be reached out per month.

The SFT team had both male and female members. For communicating with women of Darbar communities, the presence of female member in the team helped mobilising them and motivating them for accessing the services.

The other avenues that were used were participation in public fairs/festivals. For communicating communities' concerns about accessing the health services, the team regularly participated in the meetings at the Primary Health Centre, block level and district level. This helped in building rapport with the government officials and to communicate the gaps in services and seek their support in addressing the same.

In addition the team also participated in MCHN day, Annaprashan Day (An auspicious day when complimentary food is introduced for first time to the child at the age of six months in the Anganwadi Centre).

### Reflections

***We learnt…***

Identification and orientation of key stakeholders and key communicators is essential. This helps in enhancing information outreach on public health entitlements to the communities.

Regular dialogue with concerned government officials is crucial. This helps in bridging the gap between communities' needs and public services.

संघा सद्भावाद् विकासः

**Shroffs Foundation Trust**
Kalali, Vadodara- 390012
Phone: 0265-2680703/2680061
Fax: 0265-2680370
E-mail: healthedu@shroffsfoundation.org

CHETNA
For Women Young people Children

**Centre for Health Education, Training and Nutrition Awareness**
Supath-II, B-Block, 3rd Floor, Opp. Vadaj Bus Terminus, Ashram Road, Vadaj, Ahmedabad-380013. Gujarat, INDIA Phone: 91-079- 27559976/77
Fax: 91-079-27559978 E-mail: chetna456@gmail.com/chetna456@vsnl.net
Website: www.chetnaindia.org

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

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

## 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.


CHETNA
For Women Young people Children

**Centre for Health Education, Training and Nutrition Awareness**

B-Block, 3rd Floor, SUPATH-II, Opp. Vadaj Bus Terminus, Ashram Road, Vadaj,
Ahmedabad-380013, Gujarat, India. Phone: + 91-079-27559976/77,
Telefax: +91-079-27559978 Email:chetna456@vsnl.net/chetna456@gmail.com

**Website: www.chetnaindia.org**


January 2013, Copies 500