

ACTIONS FOR SUSTAINABLE DEVELOPMENT

2
ZERO
HUNGER



3
GOOD HEALTH
AND WELL-BEING



4
QUALITY
EDUCATION



5
GENDER
EQUALITY



Annual Report 2018 - 2019



CHETNA

For Women Young people Children





SUPPORTING THE INTERNATIONAL AGENDA FOR SUSTAINABLE DEVELOPMENT

'Transforming our World: The 2030 Agenda for Sustainable Development' was adopted at the UN Sustainable Development Summit in September 2015 at New York, USA. The agenda contains 17 Sustainable Development Goals (SDGs) with 169 targets covering a broad range of sustainable development issues. To achieve the SDGs development at local level is non-negotiable and is now well recognized.

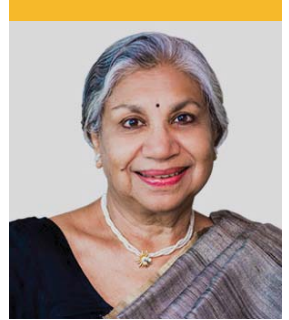
Efforts need to be made for localization of the government programmes by ensuring engagement of local leaders, effective service delivery mechanism to reach out to the last person, functional accountability mechanisms and partnership with different stakeholders to have convergence of programmes and services. CHETNA's vision and mandate, since its inception is synonymous with SDG 3: Good Health and Well being, SDG 4: Quality education, SDG 5: Gender equality.

CHETNA's approaches and strategies are designed and implemented to ensure localization of the SDGs which bring forward evidences to integrate those approaches in programmes of government, NGOs and corporate.

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MESSAGE FROM CHAIRPERSON



It gives me great pleasure to present CHETNA's efforts to improve the health and nutrition status of women, young people and children from the marginalized communities. India has achieved significant economic growth over the past decades, but the progress in health has not been commensurate. Despite notable gains in improving life expectancy, reducing fertility, maternal and child mortality, and addressing other health priorities, the rates of improvement are falling short on several national and global targets. There are wide variations in health outcomes between and across States as well as in the performance of the health systems. According to the NITI Ayog's annual Performance of Health Outcomes Index 2017-18 there is a large gap in overall performance between the best and the least performing States and Union Territories. All States and UTs have substantial scope for improvement, says the report.

CHETNA is rightly poised to contribute to the improvement of several health indices. CHETNA's two pronged strategy, a local action to demonstrate workable models on the ground and strengthen capacities of key stakeholders across sectors including communities has proved useful in registering sustainable changes at the community level. As an Apex organization CHETNA also reaches out to a wider groups through its innovative communication materials and by providing resource inputs to Civil Society Organizations, Corporate Social Responsibility (CSR) activities and to Government departments with a focus on health, nutrition and women's empowerment. The organization is alive to the impact of social determinant of health and therefore strives to build intersectoral linkages into its strategies. CHETNA constantly collaborates with state, national and global networks and alliances to advocate for gender sensitive approaches to providing health and nutrition.

I welcome your visit to CHETNA to get a firsthand experience of our special approaches and to join us in the mission for empowering women, children and young people.

A handwritten signature in black ink, reading "Shailaja Chandra".

Shailaja Chandra

Chairperson, Governing Council, CHETNA



FROM THE DIRECTOR'S DESK

CHETNA's vision and efforts towards an equitable society where disadvantaged people are empowered to live healthy lives are well synchronized with the United Nations Sustainable Development Goals (SDGs).

In the states of Gujarat, Madhya Pradesh and Rajasthan, CHETNA is using different strategies to contribute in achieving the targets of SDGs. This Annual Report is a narration of these efforts. CHETNA showcases its strategic efforts by addressing the practical challenges related to social complexity, bringing integration and comprehensiveness in programmes and policies; capacity building of accountability mechanisms of institutions such as Panchayati Raj Institutions (PRIs), Nutrition and Sanitation Committees (VHSNCs) Rogi Kalyan Samities (RKS) etc, and ensuring community empowerment and participation.

CHETNA's contribution towards SDG 2 is to reduce under-nutrition among children, young people and women by bringing change in feeding practices and ensuring diet diversification. SDG 3 talks about good health and well being which demands to take into consideration social and economic inequality, rapid urbanization, universal health coverage etc. CHETNA advocates and works towards quality of maternal and child health services, making reproductive and sexual health information accessible to the most marginalized communities and building capacity of service providers to provide HIV and reproductive and sexual health services in an integrated form. With rapid urbanization and increased use of tobacco among the young population CHETNA has initiated efforts in addressing the issues of urban health, and advocates for making schools tobacco free. Towards SDG 4 which promotes quality education CHETNA makes efforts to improve quality of Early Childhood Education in public programmes and making children ready for school. CHETNA contributes towards SDG 5 by integrating gender equality in all its programmes.

CHETNA is committed to invest in empowering the community and ensuring access to quality health and nutrition services to all. We acknowledge the support of all our partners and well wishers to actualize our vision and mission.

Pallavi Patel

Director, CHETNA

ABOUT CHETNA

Vision

CHETNA envisions an equitable society where disadvantaged people are empowered to live healthy lives.

Mission

CHETNA works to empower children, young people and women, especially those from marginalized social groups, to take control of their own health and that of their families and their communities.

CHETNA recognizes the health, nutrition and other developmental needs of children, young people and women at the critical stages of life viz. children (0-10 years) adolescents and young people (11-24 years), and women (+25 years). CHETNA believes that women's empowerment is a process of reflection and action aimed at raising self-esteem, confidence and consciousness, enabling them to access their entitlements and to improve the health and quality of life.

Thrust Areas

- Enhancing the value of girl child through improving access to nutrition, health care, and education.
- Optimizing health and development in early childhood.
- Promoting nutrition, reproductive and sexual health (including HIV/AIDS) rights and responsibilities of adolescents and young people.
- Improving maternal health (reducing death, disease and disability due to pregnancy and childbirth related causes).

- Enhancing food security and improving nutrition.

A Unique Resource Organization

The activities in the area of nutrition and health which were initiated in 1980, developed into CHETNA as a separate activity in 1984. CHETNA has evolved into a unique resource agency which provides support to Government, Civil Society Organizations, and Corporates.

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

Activities of CHETNA

Strengthening Capacity

CHETNA organizes need-based training programmes for programme managers and implementers from non-governmental and government organisations, as well as from corporates to implement gender-sensitive and comprehensive health and nutrition programmes. CHETNA provides capacity building and mentoring support for planning and demonstrating village-level strategies and approaches to ensure equitable access to health and nutrition services, particularly for underprivileged communities.

Communicating Health and Nutrition Information

CHETNA develops innovative, interactive Behavior Change Communication (BCC) material. Based on CHETNA's three decades of experience of communicating with semi-literate and non-literate communities, and being

extensively field tested, the materials are audience appropriate and user-friendly. Several of CHETNA's materials have been printed in large quantities, and used in existing programmes of the government, non-government organizations (NGOs) and corporates. CHETNA has made unique efforts towards developing gender-sensitive training modules and materials. CHETNA also organises special training programmes on Behaviour Change Communication.

CHETNA has been a pioneer in using traditional media to communicate health and nutrition messages. Some tested and successful approaches are Health Mela (fair), Yuvati Shibir (Youth consultation), Bhavai (a traditional form of drama), folk songs, Poshan Mela (Nutrition Fair).

Demonstrating Workable Models and Approaches

CHETNA demonstrates workable models and approaches which can be mainstreamed through existing government health and nutrition programmes at the state and the national level. The team showcases approaches to mobilise the community and empower them to take charge

of their own health and nutrition, as well as to access and demand quality of services from the public health system. CHETNA showcases training strategies to train large numbers of frontline workers on health and nutrition, communication, supportive supervision and monitoring.

Networking and Advocacy

CHETNA networks and advocates for people-centred, gender-sensitive policies and programmes at the state, national and international level by systematic facilitation, co-creation and mainstreaming of effective evidence-based models; promising practices and effective strategies towards ensuring comprehensive gender-sensitive approaches in health and nutrition through collective advocacy.

CHETNA ensures that the voices of the community are included in the formulation of policy and programmes. CHETNA has contributed in the formulation of the National Youth Policy (2014), Rajasthan State Adolescent and Youth Policy (2006), National Adolescent Health Strategy (2014), National Early Childhood Care and Education Policy (2013), National Policy for Children (2013), National Health Policy (2018).



CHETNA'S PARTICIPATION AND CONTRIBUTION

AT THE STATE, NATIONAL AND INTERNATIONAL EVENTS

April 2018

- Contributed to and participated in state consultation on SDGs 2030 for SRHR and Gender Equality, organised by SAHAJ, Vadodara
- Participated in meeting on Leadership Development Programme (LDP), organised by APPI, Hyderabad

June 2018

- Participated in and contributed to 4th State-level Workshop in Community Action for Nutrition, organized by Anandi, Ahmedabad

July 2018

- National Consultation on Budget for Maternal, Newborn and Child Health, organised by Centre for Catalyzing Change, New Delhi
- Hello Shakhi Programme on Gender Equality, Doordarshan

August 2018

- Participation in high-level consultation on "A Different Approach to Sustainable Development: Harnessing India's Demographic Dividend" organized by UNFPA, New Delhi
- Contribution in National Conference on Child Marriage, organized by National Human Right Commission (NHRC) - SAIEVAC New Delhi
- Participated in and contributed to Youth Insight: Informing Policies on Health, Gender and Well Being, organized by the YP Foundation, New Delhi
- Participated in National Workshop on Universal Health Coverage, organized by SEWA at New Delhi

September 2018

- Participated in and contributed to Orchha Summit: Game-changing Innovation, Integration, Initiations for RKSK and Participatory, Learning and Action (PLA) organized by NHM, MP and UNFPA
- Participation in 73rd United Nations General Assembly in New York, USA

October 2018

- Expert discussant at a high-level consultation on A Differential Approach to Sustainable Development: Harnessing India's Demographic Dividend, organized by UNFPA, New Delhi
- Consultation on Voluntary Sector CEO leadership Forum organised by VANI, New Delhi
- Presentation and contribution in Marginalized Adolescent Girls' Agency in Empowerment - For Self and Community - Strategies and Models organized by VACHA, Mumbai
- Facilitated a session with blind girls on health and nutrition, at Blind People's Organization, Ahmedabad

November 2018

- Participation and contribution in Nourishing School project partners workshop, organized by ASHOKA India, Ahmedabad.

December 2018

- Participated in Partner Forum-2018 -Partners for Maternal, Newborn and Child Health (PMNCH), organized by Department of Health and Family Welfare, Government of India

January 2019

- Contributed in National Seminar on Violence against Women – Rural health sector responses. organized by SWATI, Ahmedabad
- Participated in Born Learning Campaign fellowship for Developing Capacity on Early Childhood Education – 1st Cycle, organized by Centre for Learning Resources Pune and United Way Bengaluru, at Bengaluru
- Participated in workshop- Enrich the Leader in You, organized by AMA, Ahmedabad

February 2019

- Contributed experience in Access to Contraceptive Services in Gujarat: Issues and Challenges, in Consultation on Gender, Health and Women's Issues in Gujarat: Implications for SDGs 3 and 5, organized by SAHAJ in Ahmedabad
- Participated in Improving Child Nutrition in Reference to 1000 Days Approach, organised by GoG Department of Health and Family Welfare.
- Gujarat State Consultation with District Official on Preparing State Action Plan to End Child Marriage and Adolescent Empowerment, organised by UNICEF Gujarat
- Regional Consultation on the Status of Adolescent Health, organised by YP Foundation and Population Foundation of India at Mumbai

March 2019

- Participated in and contributed to National Consultation on Community Action for Health, organised by AGCA Secretariat-PFI, New Delhi

HIGHLIGHTS



Geographical Coverage
21 districts 540 villages



State, National and International
Over 32 events and advocacy dialogues



Trainings and other Educational Events
Over 4,468 Participants



Health Education Material Distributed
1,50,000 copies



Most popular throughout country
Booklet on Menstruation



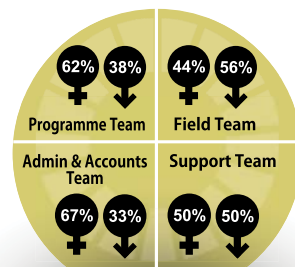
Travel by road, rail and air.
83,799 km



Visitors to www.chetnaindia.org
Over 9,841



CHETNA's Post Reached on Facebook
95,878 People



Our Team Profile
93 Members

ADVOCATING FOR CHANGE

Advocacy for Quality of Care in Maternal and Newborn Child Health

India has witnessed a significant reduction in maternal and child mortality over the last few decades. There has been an increase in coverage of maternal and child health services. To continue the gains of this momentum, there is a need to ensure quality of care, along with universal coverage. Rajasthan is among the high-focus states of National Health Mission and has demonstrated significant progress in terms of enhancing access to maternal health services. The Maternal Mortality Ratio has declined from 244 per 100,000 live births (2013) to 199 per 100,000 live births in 2017. While more and more women are accessing maternal health services there is a need to focus attention on quality in order to sustain this momentum.

SuMa Rajasthan White Ribbon Alliance for Safe Motherhood, anchored by CHETNA since 2002 is advocating for continuum of quality maternal health services.

The campaign titled “What Women Want” was initiated by the White Ribbon Alliance at





national and global levels. In Rajasthan, SuMa implemented a state wide campaign-Hamari Awaz Suno from April 2018 to March 2019.

Responses with respect to quality, equity and dignity in maternal health care were collected from 6972 women, from 22 out of the 33 districts of the State. 50 per cent of the women demanded regularity in service delivery; 21 per cent asked to maintain dignity, respect and equality in service delivery, 21 per cent asked to have service providers round the clock available at the facilities to provide timely service.

The responses were disseminated through district and state-level dialogues in the presence of elected representatives, members of the District Panchayat, members of the Legislative Assembly,

district and state level officials from Department of Health and Family Welfare and Department of Women and Child Development, and media representatives. Women who participated in the campaign shared their stories and asked for quality and respectful maternal health services.

More than 50 stories related to the campaign were covered in the state and district-level print and electronic media.

To create sensitivity towards respectful and quality maternal health care, a community level campaign, Hamari Awaz Suno was organised by the SuMa members in the districts.

Partners



Participation in the 73rd United Nations General Assembly (UNGA) Processes

As a secretariat of the White Ribbon Alliance, Rajasthan, CHETNA contributed in the White Ribbon Alliance's (WRA) maternal health-focused events at the 73rd United Nations General Assembly held in New York in September 2018.

The invitation was extended as India won the global challenge of submitting "Asks" of more than 9000 women on quality maternal health services through Hamari Awaz Suno Campaign initiated by White Ribbon Alliance India (WRAI). During the visit, WRAI's successful efforts to support women's demands for quality reproductive and maternal health were highlighted to ensure that they reach the global community of leaders and activists.

Community Action for Health

The Ministry of Health and Family Welfare (MoHFW) formed the Advisory Group on Community Action (AGCA) in 2005 to provide guidance on community action initiatives under the National Rural Health Mission (NRHM) at the national level. The AGCA comprises eminent public health professionals associated with major NGOs. The Population Foundation of India (PFI) hosts the Secretariat for the AGCA. The group advises on developing community partnership and ownership for the Mission, provide feedback based on ground realities, to inform policy decisions and develop new models of Community Action for Health (CAH), and to give recommendations for further adoption and extension to the national and state governments. CHETNA as a member of the AGCA attended three meetings and participated and contributed in the National Consultation on Community Action for Health organized the Secretariat in March 2019. The consultation provided a platform to showcase the state-level initiatives of CAH. Some of the experiences shared were about accountability mechanisms to achieve Sustainable Development Goals; the importance of community engagement in health system strengthening; leveraging resources by Rogi Kalyan Samitis (RKSSs) to improve services through elected representatives and corporate houses, and scaling up social audit of health services.

As a member of AGCA, CHETNA was invited to contribute in the Common Review Mission (CRM) to evaluate the NHM activities in Assam State. CRM is a yearly review of the NHM activities by a group comprising experts/senior government officials, consultants, civil society members and development partners.

Action Seminar for Approved State Programme Implementation Plans

Along with the key state and district level health officials of Gujarat, CHETNA participated and contributed in developing a state-level comprehensive implementation plan reflecting the NITI Aayog indicators to address the challenges of public health, in September 2018.

Participation in the National Health Assembly and People's Health Assembly

Health is a fundamental human right. Across the world, there have been various campaigns to achieve health for all. One of the most important milestones in these campaigns is the Declaration of Alma Ata of 1978. The year 2018 marked the 40th anniversary of this declaration. However, there is still a long way to go in achieving the goal of Health for All. The People's Health Movement (PHM), is bringing together all the movements and campaigns working towards this goal. Jan Swasthya Abhiyan is the people's health movement in India for achieving universal health care for all regardless of caste, creed, gender, race or sexual orientation.

CHETNA, along with representatives from 22 states, participated in the third National Health Assembly, held in Raipur, Chhattisgarh in September 2018 with the motto, "The time to make health and healthcare a fundamental right is now!" The Assembly brought together activists, academicians, people's movement and



Jan Swasthya Abhiyan
People's Health Movement-India



members of civil society organizations to mobilize action towards setting health as an important political agenda. CHETNA actively participated in the discussion on gender dimension of health; challenges for access to medical products; social processes and conditions influencing people's health; strengthening of the health system; human resources for health and health system; emerging issues in women's health, child health and nutrition, etc. The event ended with drafting of People's Health Manifesto which was presented in People's Health Assembly in Bangladesh.

CHETNA participated in the Fourth People's Health Assembly which was organized in Savar, Dhaka Bangladesh during November 2018. Over 1400 health activists from 73 countries across all regions participated. During the assembly participants evaluated and analyzed current processes and policies impacting health and healthcare at global, regional and local levels; shared the experiences regarding health

around the globe and planned strategies to meet the new threats as well as existing challenges related to health. The discussions focussed on several issues related to gender justice and health; environment and ecosystem health; food and food sovereignty; trade and health; equitable health systems; war and conflict, occupation and forced migration.

The Assembly ended by drafting a declaration which highlighted its vision of a world in which equity between and within countries is achieved, and health for all is a reality. It reaffirmed that health results from social, economic and environmental justice. It demanded that governments, international financial institutions and the United Nations agencies including the World Health Organisation (WHO) be accountable to people, and equitable public health systems that are universal, context-appropriate, integrated and comprehensive – not discriminatory, disempowering, private and for profit. The declaration also included demands related to all the themes discussed during the Assembly.

PARTNERSHIP TO OPERATIONALIZE

BETI BACHAO BETI PADHAO SCHEME

The Beti Bachao Beti Padhao Scheme (BBBP) is a flagship scheme of the Government of India which aims to ensure survival and protection of the girl child by convergent action for improving child sex ratio and girl's education. CHETNA supported the operationalizing of BBBP scheme in four districts of Gujarat—Ahmedabad, Gandhinagar, Mehsana and Patan.

A participatory rapid appraisal was conducted in all the four districts to understand factors leading to increased vulnerability of girls. Gender score card on 6 domains i.e. Survival, Health, Nutrition, Education, Protection, and Schemes was prepared for all the four districts. Round tables and one-to-one meetings were held in all the four districts to facilitate the process of developing district-level annual action plans.

Based on learning needs, a module was prepared for training of Gram Panchayats for developing BBBP-focused Gram Panchayat Development Plan. Out of 100 Gram Panchayats

with lowest Child Sex Ratio as per 2011 census, 25 Gram Panchayats in each district were identified. CHETNA facilitated trainings of 101 Gram Panchayats of 13 blocks. A total of 523 Panchayat members, ASHA, ANM, AWW and teachers participated. As a result action plans were developed to include BBBP issues in Gram Panchayat Development Plan.

To support the observation of National Girl Child Day, CHETNA team supported the Gram Panchayats to organise felicitation of girls and their parents.

CHETNA also extended support to districts in implementation of the campaign to celebrate Girl Child Week, National Girl Child Day and International Women's Day.

Partners **unicef**
Gujarat



PROMOTING EARLY CHILDHOOD EDUCATION

- ACTIVATING CHILD'S DESIRE TO LEARN

4 QUALITY EDUCATION



Born Learning Campaign

Everyday life is a learning experience for children. Born Learning is a public engagement campaign that helps parents, grandparents and caregivers explore ways

to turn everyday moments into fun learning opportunities. As part of this, one of the initiatives undertaken by CHETNA was to strengthen the Early Childhood Education (ECE) component by providing a safe and conducive environment and learning opportunities for holistic development of children between three to six years of age in Anganwadi Centres (AWCs) of Sanand block, Ahmedabad district of Gujarat. Prior to intervention 775 children aged between 3-6 years were assessed to find out about their developmental milestones. The assessment revealed that maximum children had achieved milestones related to language, social and emotional development; and physical development. More than 80 per cent of children had low proficiency in pre-reading and writing skills.

According to the weight-for-age criteria, 6 per cent children between the ages of 6 months to six years were severely underweight, and 17 per cent were moderately underweight. A health camp was organised to diagnose and treat minor ailments. To create awareness among the parents about nutrition, Poshan Mela (Nutrition Fair) was organised wherein information was imparted through participatory games.

Initially infrastructure of all the Anganwadi centres was strengthened, and they were made child friendly. Mural art was done to create a joyful learning environment. Anganwadis were equipped with Early Childhood Education (ECE) kit material. The ECE module developed under the project was used to train the Anganwadi workers. They were also provided mentoring support during actual pre-school education classes at AWC. Mothers' participation was ensured in these activities which helped them to learn about the developmental progress of their children, and also encouraged them to carry out those activities at the family level. Various days were celebrated to give socio-cultural exposure to children. During the year, Children's Day, Navaratri, Holi, Independence Day etc. were celebrated where parents and children participated enthusiastically.

Partner



Getting Ready for School

PAHEL

CHETNA has undertaken a project, PAHEL in 29 Anganwadi Centres (AWCs) of 17 villages of Mundra block in Kutch District of Gujarat. This aims to improve the component of early childhood education so as to prepare children to enter primary school with confidence.

As part of the project, a baseline study was carried out to learn about the developmental milestones, viz. language,; social and emotional development; and cognitive, motor development of the children between the ages of 3-6 years, and pre-reading and pre-writing skills of children between the ages of 4-6 years. The result indicated lowest score, among all the age groups, in cognitive development skills which included maths and science. Poor score was noted in pre-reading and writing skills.

Child-friendly infrastructural changes were carried out in AWCs and mural art was done on all the walls. To regularise pre-school activities in the AWC, AWW and helpers were trained and were provided mentoring support. Out of the total children (232) who completed 3 years of age in June 2019, 60 per cent registered in AWC and were going through the pre-school activities, while the remaining took admission in private pre-schools. In each Anganwadi, Mothers' Groups were formed who actively involved themselves in the pre-school activities being done in AWC. They also meet once a month where they go through educational intervention related to health and nutrition aspects of mother and child.

The endline survey data indicated significant increase in the score of indicators related to

language development, motor development, social and emotional development. However, the change is still considerably poor in the indicators related to cognitive development and pre reading and writing.

The project also aims to improve the quality of life of the truckers who are working in the premises of the partner company. As a part of



this component, awareness activities are being organized and they are mobilized to take timely treatment from the mobile medical van. More than 80 per cent truckers participated in the awareness activities organized at a regular interval.

Partner



Mundra International
Container Terminal Pvt. Ltd.

Western Regional Consultation on Quality Childcare



To realize the triple dividend of childcare for working mothers, young children, and child-care workers, a global child-care campaign by Women in the Informal Economy Globalizing and Organizing (WIEGO), has initiated an international advocacy initiative to influence national governments and the International Labour Organisation (ILO) to accept and promote greater public investments in quality child care services, to guarantee income security from birth to old age, to increase women's participation in the labour market and create decent work opportunities for care providers.

Childcare has long been recognized as an integral need for all women workers, especially those in the informal economy who work long hours and who do not get access to labour protection rights like maternity leave or benefits. Childcare is even more relevant today as a global

issue due to the demographic dividend, declining female labour force participation, rapid urbanization and migration, and the rise of nuclear families.

The Lok Swasthya SEWA Trust, CHETNA and FORCES network organised a two-day Western Regional Consultation on Quality Child Care as a Right for All Workers in July 2018, in Ahmedabad. Organisations representing the states of Gujarat, Rajasthan, Madhya Pradesh, and Maharashtra participated in the consultation to plan a strategy and an action plan for the Western region. The consultation ended with a set of recommendations as listed below.

- Formulating and branding of the six demands of the campaign initiative (Quality child care is a right for all; Full day, free, quality, holistic and integrated early childhood care for all; Integrated health services, nutrition, water and sanitation; Education and safe spaces for children up to six-years old; Maternity entitlements for all women; Trained child-care personnel and protecting their right of minimum wages, insurance etc.)
- Preparing information material/ kit at central level, as well as in local languages
- Sensitizing employers in unorganised sectors about workers' right to quality child care services
- Sensitizing newly-wed couples, and pre-marital sessions for couples about child care
- Explore various crèche models

A western region working group has been formed which will take the process ahead.

IMPROVING ACCESS TO MATERNAL AND CHILD HEALTH SERVICES

SNEHA

The fast pace of urbanization has led to increased proportions of urban poor.

The health indicators of this segment of population are worse than those in rural areas. Ineffective outreach and weak referral system limits the access of urban poor to health care services. Social exclusion and lack of information and assistance at the secondary and tertiary hospitals makes them unfamiliar to the modern environment of hospitals, thus restricting their access. The lack of economic resources inhibit/ restrict their access to the available private facilities.

CHETNA reached out to 3465 households, and a population of approximately 13,900 in one of the urban poor settlements in Ahmedabad city, Gujarat, with the objective to improve nutritional status of children between 6 months to 5 years of age; to increase access to antenatal and post-natal care; use of contraceptives; to improve awareness about menstrual hygiene, and reduction of tobacco usage.



Out of 734 children between the age groups of 6 months to 5 years screened for nutritional status, 174 (24 per cent) were underweight. Haemoglobin (Hb) estimate of pregnant and lactating women (500) and adolescent girls (407) indicated that 35 per cent women and 58 per cent of adolescent girls are anaemic. 30 per cent adolescent girls were undernourished according to Body Mass Index.

The underweight children were fed supplementary food for 2 months. The children between the ages of 1-3 years were fed one-fourth, and children between 3.1 to 5 years were fed one-third Recommended Daily Allowance of calories, protein, fat and iron. Families of these children were counselled to feed home-based nutrition-dense food. A special session on recipe demonstration was organised for parents of these children. In a period of 6 months 42 per cent children shifted to normal nutritional status as per the age-for-weight criteria.

In the intervention area, tobacco chewing is

common among the adult women and adolescents girls and boys. Women continue chewing even during pregnancy. Intense efforts are being made to motivate women and girls to



quit tobacco consumption. The celebration of International Women's Day focused on creating awareness on ill effects of tobacco chewing and ways to quit.

A Nutrition Fair was organised at the community level, to create awareness on nutrition, care during pregnancy, importance of breast feeding and complementary feeding. These women were informed about their Hb level and were advised to take Iron Folic Acid Tablets regularly and improve diet intake. Adolescent Health Fairs were organized for creating awareness on their bodily changes, importance of nutrition and prevention of anaemia, menstrual hygiene, etc.

Partner  **HDB** FINANCIAL SERVICES

Niharika Gained Weight

Niharika is a two-year old, moderately undernourished child. She used to go through cycles of illness and loss of weight. Her diet pattern indicated that she was addicted to eating packaged food made up of starch, high in salt and sugar. Her intake of home-cooked food was minimal. SNEHA team met her mother and enrolled her in the supplementary food programme. Initially it was difficult to feed the child supplementary food and home-cooked food. Continuous visits, and counselling motivated her parents to take interest in feeding of their child. The mother was regularly informed about increase in weight of her child which motivated her to take interest in feeding her child. She could observe increase in appetite and decrease in episode of illness in her child. At the end of six month Niharika's weight increased by more than 2 kg and she achieved a normal nutritional status. Today she is eating home cooked food, like roti, sabji, dal, rice etc



VATSALYA

CHETNA's Vatsalya project completed its three years of intervention which was planned to bring improvement in nutrition and health condition of pregnant women, lactating mothers and children below five years in Rajula block, Amreli district, Gujarat.

Community participation was the key strategy of the project. Efforts were made to create awareness about health and nutrition among the community so as to mobilise them to access the services from the public health system. At the community level, Vatsalya Samvaad with women, men and adolescents were organised in every village every month. For mass awareness Poshan Mela (Nutrition Fair), celebration of important days like breast feeding week, nutrition week, women's empowerment, national youth day, etc.; wall painting, and recipe demonstrations were organised.

At the service delivery level, CHETNA invested in strengthening activities of Village Health and Nutrition Day (VHND). Maximum participation of pregnant



women, lactating mothers and children below five years was ensured, and major input was given in counselling the women on importance of early registration of pregnancy; care during pregnancy, and ante-natal check up; exclusive breast feeding for six months; initiation of complementary feeding after six months, importance of personal hygiene, etc. These efforts played a vital role in improving the access to health services. To improve the health awareness and counselling skills of the frontline workers, special trainings on health communication were organized. Regular dialogue with the block and district-level officials helped to understand the challenges related to access to services, and to reach timely solutions. In each village, Vatsalya Mitra were trained, who supported the initiatives to create awareness at the village level, and to ensure that women and children access services from public health system.

Our Health in Our Hands a mass campaign was organised in all the intervention villages. It was planned to cover maximum outreach of all age groups.

It included a procession which covered the entire village and a series of performances based on four different scripts. The topics covered were nutrition; maternal and child health; prevention of anaemia; immunization; menstrual health and, personal hygiene, malaria etc. Approximately 35,000 people participated in the campaign.

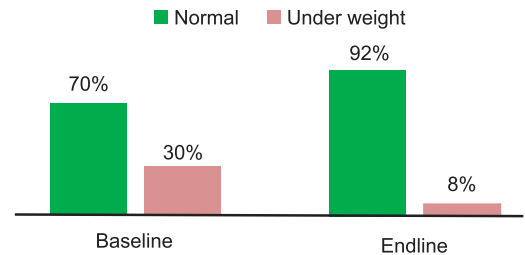
The children were regularly screened to track their nutritional status, and health check-up camps were organized every year to rule out any illness, especially among the children.

Prior to intervention, a baseline survey was done. The end-line results indicate improvement in institutional deliveries; reduction in under-nutrition among the children below five years; increase in early registration of pregnancy, increase in antenatal check-up, and improvement in breast-feeding practices.

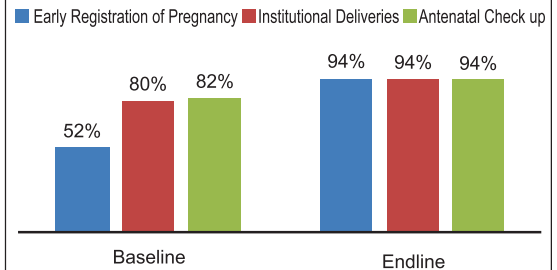
Partner



Change in Nutritional status of Children under the age of five years



Improvement in Access to Services





INTEGRATING SEXUAL AND REPRODUCTIVE HEALTH AND HIV SERVICES

The link between sexual and reproductive illness and HIV is well-established. Both of these have common and immediate root causes such as unprotected sexual intercourse; a lack of access to services; poverty; cultural and gender norms; inequality; and social marginalization.

Provision of integrated SRH and HIV services can enable clients to receive a range of quality services at the same time and in the same place.

CHETNA is making efforts to link HIV and SRH services to decrease vulnerability and ill-health in three districts of Gujarat namely Ahmedabad, Surat and Sabarkantha. Vulnerability to poor SRH is further exacerbated for those whose rights are violated due to stigma and discrimination especially the Key Populations (KP), Men having sex with Men (MSM), female sex workers (FSW), transgenders (TG).

The assessment of current scenario of SRH and HIV health service delivery at the district hospitals and Community Health Centres was shared through a State consultation among the key stakeholders of Government and NGOs.

Around 300 service providers namely doctors, nurses of district hospitals and Community Health Centres (CHC) and counsellors were trained on integration of involvement of Key Population as resource persons in training provided great opportunity for the service providers to understand the challenges of availing the services.

The partner organisations created awareness among KP about the SRH services and its integration with HIV so as to mobilise them to avail services from government health facilities.

Awareness material on 13 different topics related to SRH and HIV was developed as a resource for the counsellors and the KPs. At present onsite support is being provided to 40 health facilities in all three districts to enable integration of SRH and HIV services.

Partners

UNFPA
New Delhi



SACHETJIJIS ARE TRANSFORMING THEIR VILLAGES

Madhya Pradesh, one of the high-focus states of the National Health Mission has shown significant progress in reduction of maternal and infant mortality over the last few decades. However, the figure is still higher than the national average. Child, young people and women's nutrition indicators are also poor.

CHETNA is part of a multi-stakeholder partnership project to bring change in the health and nutrition indicators in 7 blocks of Madhya Pradesh. As a thematic partner for health and nutrition CHETNA empowers local women's institution (Self Help Group) developed by State Rural Livelihood Mission and local NGOs. At the village level, change makers called Sachetjijis are designated by equipping them with knowledge to advocate accessibility of services from the

delivery, training of frontline workers, ensuring the inclusion of health and nutrition issues in village development plan and dialogues with line departments are being carried out.

Rajpur Block, Barwani District

In Rajpur block, along with empowering Sachetjijis, special efforts are being invested in linking them with Panchayati Raj Institute which is a village-level unit of self government. This is a vehicle to bring back to the people the power that belongs to them, and in turn leads to social-economic transformation. To actualise the power of democratic decentralisation, and devolving power to the people demands active participation of people in terms of their direct involvement in decision making, implementation of development programmes, and monitoring and evaluation of the same.

The Sachetjijis are expected to trigger changes and sow the seeds of change in Panchayats by participating in the Gram Sabha and its decision-making processes, advocating, and monitoring the decisions taken in Panchayat, and mobilising the community to access health and nutrition services from the public health system. In the past two years, CHETNA has trained 176 Sachetjijis through a perspective-building module around the thematic areas of Health and Nutrition. They actively participate in Gram Sabha meetings and collaborate with standing committee members of the Gram Panchayat to execute the decisions. There is an increase in participation of women in Gram Sabhas, wherein they actively voice their concerns.

public health system. Cluster-level federations are being created for upward and horizontal linkages and engagement with Village Organisations and Village Health, Sanitation and Nutrition Committees. To strengthen service



CHETNA along with other project partners facilitated process of Village Development Plans in 73 villages highlighting the issues of health, nutrition and education.

To strengthen the service delivery 321 frontline workers, ASHA, Anganwadi Workers and Auxiliary Nurse Midwives are trained to sensitise them about their role. As a result a good collaborative engagement at village level can be seen among these frontline workers. Their coordination with Sachetjijis helps them to get support from the community.

The concept of the kitchen garden and use of iron vessel for cooking has become very prominent in the area. The frontline workers and Sachetjiji are able to motivate parents to get their children enrolled in Malnutrition Treatment Centre. 91 percent of pregnant women reported hospital deliveries.

This is a story of Indrapur Village, Palsur cluster, Rajpur Block, Barwadi District, MP. I visited Indrapur village along with our team members. The villagers along with the Panchayat members, Sarpanch, young people and our Sachetjijis were sitting in a Panchayat office. Subject-wise actionable points of Village Development Plan were showcased on the wall. Actions taken were tick marked. Our conversations were extremely satisfying. They have ensured that the vacancy of the post of Medical Officer in the nearby PHC was filled up and that all the deliveries take place in institution. Madhya Pradesh Government has extended the PHC timings till 4:00 PM. The Sachetjijis are making efforts to let the community know about this change so they can access the services. A 30-35 year-old Sachetjiji, trained by CHETNA, was sitting with the education material given to them. When I asked her if she would like to share the information with us, she confidently explained about menstrual hygiene, in the presence of male Gram Panchayat members. She urged that women and girls should be allowed to enter the kitchen and temple during menstruation.

Pallavi Patel Director CHETNA



Saksham

Since the year 2018, CHETNA has been strategically implementing efforts, in collaboration with State Livelihood Mission, an initiative of Government of India focusing on poorest of the poor panchayats, to uplift them through a multi-dimensional approach. In Madhya Pradesh, CHETNA is working in 420 villages of 6 blocks namely Amarapur, Samnapur, Manawar, Petlawad, Thandla and Sondwa of Dindori, Dhar, Jhabua and Alirajpur districts respectively.

Prior to actual implementation, Community Needs Assessment (CNA) and Public System Gap Analysis (PSGA) was conducted. 436 women participated in Focus Group Discussions; interviews were held with 148 frontline workers and 144 public health and nutrition centres were visited.

Highlights from the CNA and PSGA in six blocks of Madhya Pradesh

- Socio-cultural practices impact age at marriage and despite awareness about the legal age, girls and boys are married early.
- Women and girls are overburdened with work which involves drudgery, particularly fetching water several times in a day.
- Food intake by women is grossly inadequate—they usually eat two meals a day. The food basket is narrow as the meals include only two food groups—cereal with either vegetables or pulses. Milk and milk products are rarely eaten, and non-vegetarian foods are a rare treat, during festivals or when guests arrive. There is lack of diet diversity.
- Most families migrate during the lean season.
- Initiation of breast feeding continues to be delayed largely to the third or fourth day.
- Complementary feeding is significantly delayed, usually to after age of 12 months or more. There is lack of consciousness about complementary foods.
- Access and availability of health and nutrition services is limited. Connectivity, transport, human resource and infrastructure limitations persist.

A 37-member team has initiated interventions in 155 villages covering a population of 2,30,334 individuals from 51,015 households/families. The team members were oriented for field implementation of project activities. A total of 281 women leaders (Sachetjiji) from 128 villages have undergone training on nutrition, food security, gender equality, maternal health and family planning. With hand-holding support they have started organising educational sessions with members of SHG.

The CHETNA team trained frontline workers, ASHA, ANMs and AWW (531) on technical aspects of health and nutrition, and their role in community mobilisation to increase access to public health services. At village level the Sachetjiji and CHETNA team members are extending support in strengthening the village health and nutrition day.

To facilitate upward linkages, the team has initiated participation in Village Organisation (VO) meetings and meetings of Cluster Level Federations of SHGs to orient them on their role for supporting the intervention at the village level.



Partners



EMPOWERING ADOLESCENTS

CHETNA Supports Sabarkantha District to Make RSKS Implementation a Reality

CHETNA, with active support from the District Health Society Sabarkantha implemented the Rashtriya Kishor Swasthya Kariyakram (RSKS) in Talod block of Sabarkantha District, Gujarat, from 2013-2016. The RSKS guideline mandates organizing Adolescent Health Day (AHD) every quarter at the Anganwadi Centre, or during Village Health and Nutrition Day. However, this limits the scope and reach of the programme. Hence, CHETNA worked in close coordination with Department of Education and the Department of Health and Family Welfare to organize AHD at school level. Using the school infrastructure helped to impart health and nutrition related messages to school going, non-school going, married and unmarried adolescents, teachers and families from a common platform.

During the year 2017-18 and 2018-19 CHETNA was invited as resource team for conducting Training of Trainers (ToT) at district level. The ToT was aimed to reach out to large number of school-going adolescents in the entire district through health education sessions facilitated by medical professionals. Capacity-building workshops on nutrition, anaemia and Reproductive Sexual Health; menstrual hygiene; life skills and substance abuse (tobacco) were conducted for medical officers of all blocks of Sabarkantha district, and school teachers. 215 doctors and 160 school teachers were trained, who now facilitate sessions on these topics in 942 schools, reaching out to 92000 adolescents.

Sabarkantha is one of the districts which have made the RSKS, a flagship programme of Government of India, a reality at the implementation level.

Making Rural Schools Tobacco Free

Tobacco use is the leading single preventable cause of deaths worldwide. Each year an estimated seven million deaths are attributed to the use of tobacco. India is the third largest tobacco producing nation and second largest consumer of tobacco world-wide.

The MPOWER policy package can reverse the tobacco epidemic and prevent millions of tobacco-related deaths

Monitor tobacco use and prevention policies

Protect people from tobacco smoke

Offer help to quit tobacco use

Warn about the dangers of tobacco

Enforce bans on tobacco advertising, promotion and sponsorship, and

Raise taxes on tobacco.

In Gujarat, 14.2 per cent of men, 0.7 per cent of women and 7.7 per cent of all adults currently smoke tobacco. 27.6 per cent of men, 10.0 per cent of women and 19.2 per cent of all adults currently use smokeless tobacco. 12 per cent of young people (15-24 years of age) use smokeless tobacco.⁽¹⁾

(1) Global Adult Tobacco Survey- India 2016-17, Report

The Cigarettes and Other Tobacco Products Act (COTPA) 2003, was enacted by the Indian Parliament to give effect to the Resolution passed by the 39th World Health Assembly and WHO Framework Convention on Tobacco Control urging the member states to implement measures to provide non-smokers protection from involuntary exposure to tobacco smoke.

CHETNA has undertaken the task of ensuring effective implementation of COTPA 2003 in upper primary and secondary rural schools of Ahmedabad district of Gujarat. It aims to make 20 per cent (168) schools of Ahmedabad district tobacco free by fulfilling the 11 criteria of a tobacco-free school. To fulfil these criteria the support of the principal and teachers is must. In majority of the schools, teachers themselves are addicted to tobacco chewing, and therefore not interested in implementing the 11 criteria.

After the training of the school teachers on criteria of tobacco-free schools follow up visits in 85 schools were made throughout the year. Among them eight schools are ready to be declared as "Tobacco Free School" soon.

CHETNA advocated with the health department to display a signage board which says,

"Consumption and selling of any tobacco products within the 100 yards of school premises is an offence and is punishable up to Rs. 200/". All the schools have since then, put up the same.

Partners



Participation in National Conference on Tobacco or Health – Tobacco-free Generation

CHETNA participated in the National Conference, hosted by Salaam Mumbai Foundation, Healis, Act India and Tata Memorial Hospital. The conference gave space to discuss the best practices of tobacco control, latest research, and advocacy for tobacco control in India. A discussion was generated around addiction and policy advocacy with a special focus on WHO Framework for Convention of Tobacco Control. More than 180 countries came together and signed for framework for tobacco control, India being one of them.



Marginalised Adolescent Girls' Agency in Empowerment for Self and Community Strategies and Models

Interventions which aim to improve life of adolescent girls require a shift from visualising them as a beneficiary of health and development programmes to engaging with them as agents of change for their own individual and collective empowerment.

CHETNA presented its work in the area of adolescent health and nutrition with special focus on empowerment at western region consultation

organised by VACHA, Mumbai. Adolescent girls from the NGO's project area had a separate discussion about their challenges, and NGO leaders discussed the strategies and models they are using in implementation of the project. The consultation generated discussion and experience sharing on issues such as early marriage, empowerment, violence against women, health and nutrition and education.

National Conference on Child Marriage

Children in many parts of India continue to be forced into marriage despite a decade-old law banning girls under the age of 18 and boys under 21 from marrying. The Constitution of India directs the Indian state and society to protect and safeguard children against exploitation, and moral and material abandonment. In August 2018, CHETNA, as a member of the CSO coalition which is being anchored by Alliance for Child Rights, participated in the curtain raiser for the two-day National Conference on Ending Child Marriage in India. It was also a part of the actual consultation organized by the National Human Rights Commission in Collaboration with South Asia Initiative to End Violence Against Children (SAIEVAC).

The conference provided an opportunity for government authorities and officials from the Ministry of Women and Child Development, National Commission for Protection of Child Rights and State Commissions for Protection of Child Rights; professional experts, and social and civil society forums to join hands in assessing the overall issue and situation of child marriage. It also endeavoured to assess the challenges as

well as the opportunities, to reach common commitment in bringing about the change India and its children require and deserve.

The stakeholders jointly revisited the issue of child marriage from the human rights perspective; reviewed the existing legal and policy frameworks and their application; identified gaps, analysed the National Plan for Children 2016 from the perspective of ending child marriage, and discussed strategic interventions to end child marriage.

The consultation ended with a call for a national action plan on ending child marriage, and set a time target to achieve this. It asks for action to evaluate and understand the magnitude of impact of child marriage on both boys and girls through gender-specific studies with respect to SDG-4 and SDG-5; recognizing that child marriages are symptomatic of ingrained gender, social, and economic inequalities against girls below the age of 18 years. It also asks to evaluate, understand, and recognize the correlation between child marriages and trafficking of children, especially girls, the risks posed by, and the impact of limited resources, frequent natural and man-made calamities, migration, etc.

CAPACITY BUILDING EFFORTS OF CHETNA

Training on Gender and Nutrition

Azim Premji Philanthropic Initiatives (APPI's) and Government of Orissa (GoO) programmatic interventions complement the nutrition-related national and state programmes through a multi-sectoral approach with a goal of reducing stunting, wasting and underweight across the state, with a special focus on tribal districts. Under this programme, an Odisha Multi-sector Nutrition Action Plan (ONAP) has been rolled out.

Its guiding principles include enhancing existing health and nutrition interventions; supporting Government policies and processes; making the approaches sustainable by boosting the capability of community networks, and promoting gender equality by working with men and women, boys and girls so that women/girls have more control over their bodies, nutrition, diet and health.

CHETNA was invited by APPI to facilitate Gender and Nutrition Training to sensitize the team to look at women and girls beyond their role as mothers and future mothers and therefore carriers of malnutrition across generations, and to build in this understanding while planning and monitoring interventions.

During the training the participants got an opportunity to review their own perspective, the social norms and their interventions from a gender perspective. The participants went through the approaches and historic perspective to women's development i.e. Women in Development (WID), Women and Development (WAD) and Gender and Development (GAD). The training programme ended with participants developing individual and programmatic action plans to make their interventions gender sensitive.

Building Capacity of Community Health Workers

Ambuja Cement Foundation (ACF), the CSR arm of Ambuja Cements Ltd has a nationwide project Sakhi. Under this health and sanitation intervention, a group of well-trained women health-care volunteers known as Sakhis have been delivering preventive and promotive health services to underprivileged communities, as well as facilitating the access to preventive, promotive and curative services in 194 villages across Maharashtra, Gujarat, Himachal Pradesh and Uttarakhand.

CHETNA trained 20 Sakhis of Himachal Pradesh on non-communicable and life-style related diseases management especially diabetes, blood pressure, and cancer so as to ensure early diagnosis and treatment. Special focus was given on importance of nutrition and exercises to remain healthy. Together the Sakhis revisited their own understanding of what it means to be healthy by relating it with the socio-cultural aspects which are responsible for the delay in diagnosis and treatment of diseases of women and girls.

Developing Rural Youth as Development Professionals

A four-day module on health and nutrition with special focus on social determinants of health was facilitated during the Certificate Course on Development Management (CCDM), an initiative of the Aga Khan Rural Support Programme, India (AKRSP-I). The students were equipped with technical knowledge on health and nutrition and its relevance in context of rural and tribal communities so as to develop a need-based comprehensive intervention.

CELEBRATIONS

National Nutrition Week

National Nutrition Week celebration was started by the Central Government in India in 1982. The campaign was started to spread awareness and encourage the people as a society, to understand the importance of nutrition and adopt a healthy, sustainable lifestyle. The theme for National Nutrition Week 2018 was “Go Further with Food”.

CHETNA observed National Nutrition Week in 18 intervention villages and 8 urban slums of Gujarat state, and 12 villages of Madhya Pradesh. Poshan Melas, rallies and village meetings were organised to disseminate messages related to healthy food to more than 3500 people.

World Breastfeeding Week

About two-fifth (42 per cent) of children born in the last 5 years were breastfed within 1 hour of birth, as recommended. 55 per cent of children under the age of six months are exclusively breastfed, which means the remaining 45 per cent children are non-exclusive breastfed and hence at risk, which is an important reason for infant morbidity and mortality. (NFHS 4-2015-16)

World Breastfeeding Week (WBW) is observed from August 1 to 7 every year to encourage and support breastfeeding in an effort to improve the health of babies around the world. The week aims to spread awareness about the importance of breastfeeding for the mother and the child. The theme of WBW for the year 2018 was Breastfeeding: Foundation of Life. CHETNA celebrated WBW in 27 villages of Gujarat state wherein more than 1500 pregnant and lactating mothers participated.

Celebration of International Women's Day

CHETNA team along with 250 urban and rural women celebrated the International Women's Day on 8 March. The theme for the year was Think Equal, Build Smart, Innovate for Change.



GOVERNING COUNCIL

Ms. Shailaja Chandra

Chairperson (w.e.f August 2019)
F 6/3 Vasant Vihar,
New Delhi-110057

Mr. Binoy Acharya

Director- UNNATI, Organisation for
Development Education,
G-1 200 Azad Society,
Ahmedabad-380015

Dr. Dileep V Mavalankar

Director
Indian Institute of Public Health
Opp. Air Force Head Quarters
Gandhinagar-382042, Gujarat

Mr. Dilip Surkar

Director, VIKSAT and VASCSC
Nehru Foundation for
Development, Thaltej Tekra,
Ahmedabad-380054

Prof. G.G. Gangadharan

FAIP, PhD, MoM
Director, M. S. Ramaiah Indic Centre
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Bengaluru-560054

Ms. Indu Kapoor

Founder Director (Emeritus) CHETNA,
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Ahmedabad-380004

Padma Shri Shree Kartikeya V. Sarabhai

Managing Trustee, Nehru Foundation
for Development (NFD) and Director,
Centre for Environment Education
(CEE), Thaltej Tekra,
Ahmedabad-380054

Dr. Nasreen Rustomfram

PhD, Professor and Dean Students'
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TISS (Tata Institute of Social Sciences),
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Dr. Prema Ramachandran

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Ms. Razia Ismail

Convenor, Women's Coalition Trust
India Alliance for Child Rights (IACR)
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Padma Bhushan Ms. Shabana Azmi

Activist and Actor,
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Juhu, Mumbai-400049, Maharashtra

Mr. T.K. Balappan

Chief Administrative Officer
(Secretarial & Legal) CEE and
Secretary Nehru Foundation for
Development, Thaltej Tekra,
Ahmedabad-380054

Ms. Usha Rai

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122017

Dr. Leela Visaria

National Professor & Former Director
Gujarat Institute of Development
Research (GIDR) 604 Maan (One),
Near Vijay Cross Roads,
Ahmedabad 380009

Member Secretary (Ex-officio)

Ms. Pallavi Patel

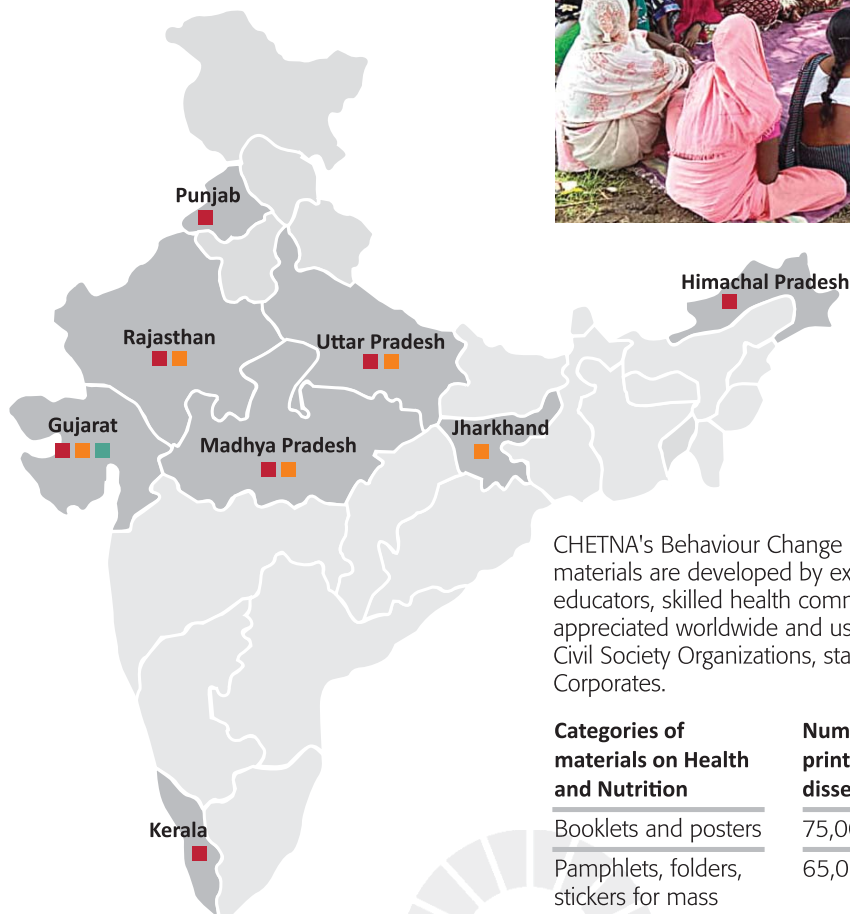
Director CHETNA
SUPATH-II, Block-B, 3rd Floor, Opp.
Vadaj Bus Terminus, Ashram Road,
Ahmedabad 380013

29th Governing
Council Meeting of
CHETNA
25-10-2018

30th Governing
Council Meeting of
CHETNA
13-3-2019



OUTREACH OF CHETNA's PUBLICATIONS 2018-19



■ **Women and Children**
■ **Young People**
■ **HIV**

CHETNA's Behaviour Change Communication materials are developed by experienced trainers, educators, skilled health communicators. They are appreciated worldwide and used in programmes of Civil Society Organizations, state governments and Corporates.

Categories of materials on Health and Nutrition

Booklets and posters

Pamphlets, folders, stickers for mass awareness

Other products

Total

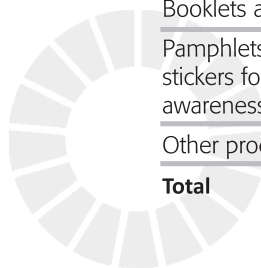
Number of copies printed and disseminated

75,000

65,000

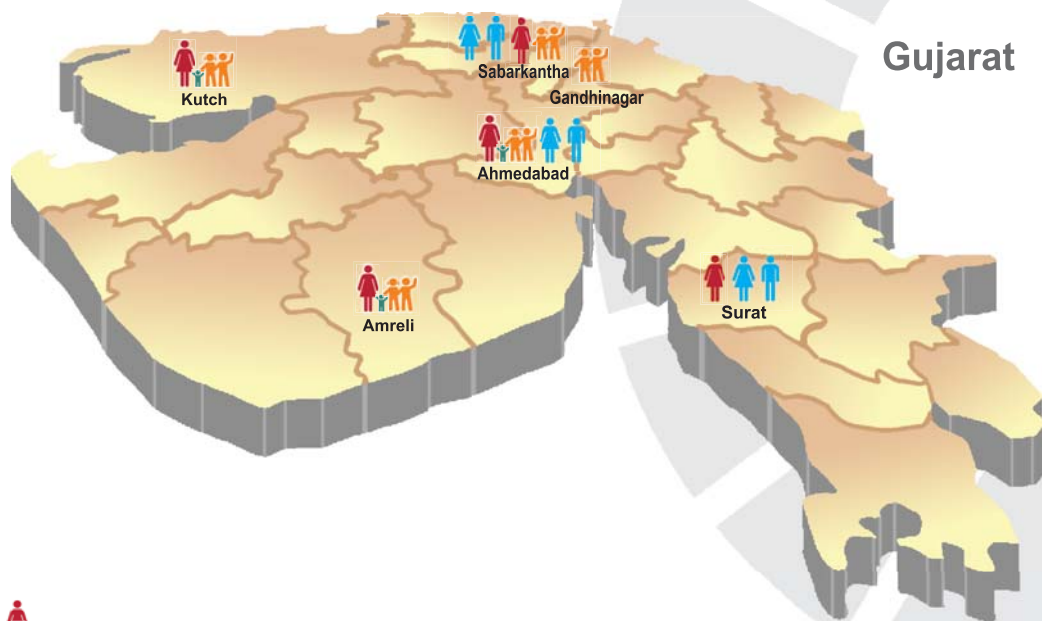
10,000

1,50,000





GEOGRAPHICAL OUTREACH

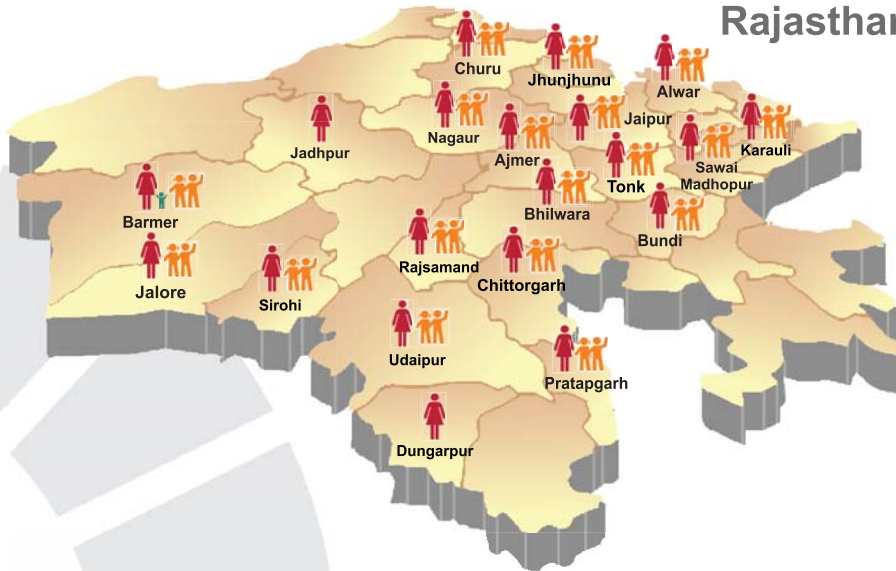


 Improving Maternal Child Health & Nutrition

 Empowering Adolescents

 SRH/HIV Integration

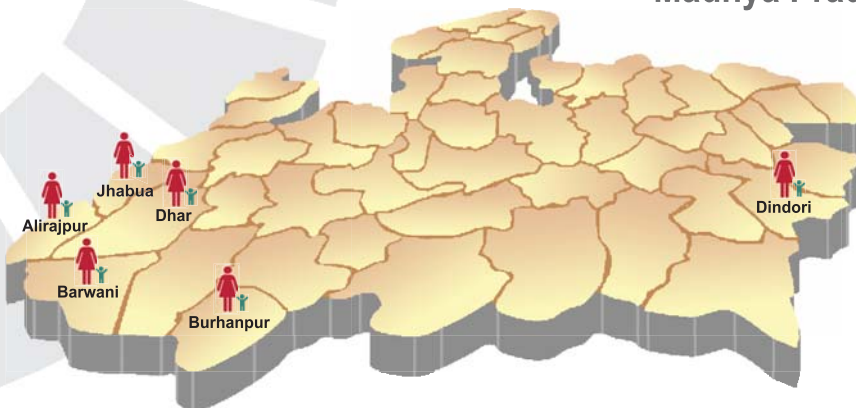
Rajasthan



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

 **Empowering Adolescents**

Madhya Pradesh

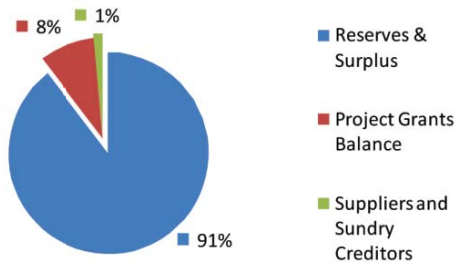


 **Improving Maternal & Child Health & Nutrition**

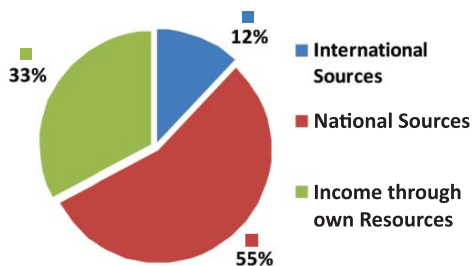
CHETNA* Financial Highlights

Abridged Balance Sheet as of March 31, 2019

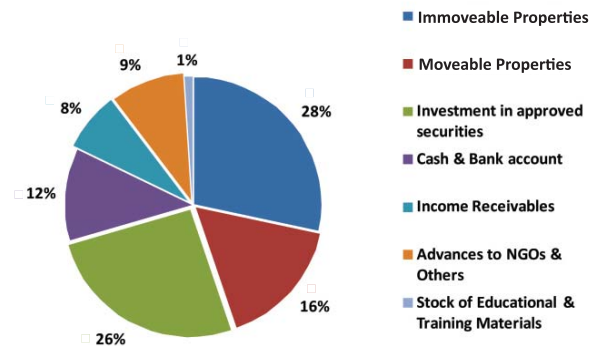
FUNDS AND LIABILITIES	(Rupees in Lakh) 31.03.19	%
Reserves and Surplus	791	91%
Project Grants Balance	70	8%
Suppliers and Sundry Creditors	12	1%
TOTAL	873	100%



FUNDING SOURCES FOR RECURRING AND NON-RECURRING EXPENSES	(Rupees in Lakh) 31.03.19	%
International Sources (Foreign Contribution)	72	12%
National Sources	329	55%
Income through own Resources	196	33%
TOTAL	597	100%



ASSETS	(Rupees in Lakh) 31.03.19	%
Immoveable Properties	247	28%
Moveable Properties	144	16%
Investment in approved Securities	225	26%
Cash and Bank account	101	12%
Income Receivables	66	08%
Advance to NGOs and Others	81	09%
Stock of Educational & Training Materials	09	01%
TOTAL	873	100%



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

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

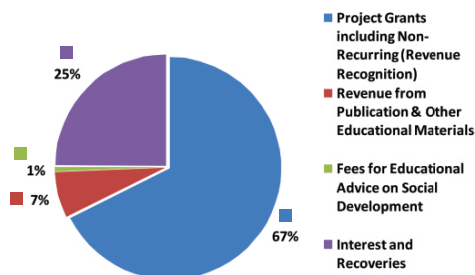
Abridged Income and Expenditure Statement for the year ended on March 31, 2019

Our Financial Supporters (2018-19)

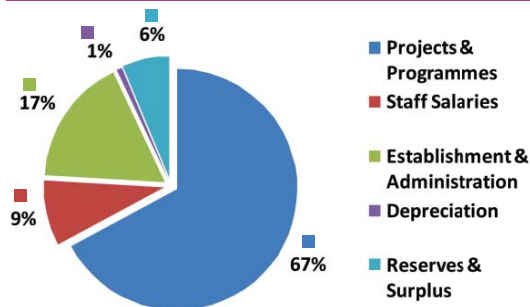
- Action for Social Advancement (ASA), Bhopal
- Aga Khan Rural Support Programme (AKRSP) (India)
- Ambuja Education Institute, Kolkata
- Ashoka Innovators for the Public, Bangalore
- Azim Premji Philanthropic Institute (APPI) Bangalore
- Centre for Catalyzing Change(C3), New Delhi
- Gujarat Pipavav Port Limited (GPPL), Amreli
- HDB Financial Service Limited, Mumbai
- Mundra International Container Terminal Pvt Ltd, Mundra Kutch
- Narotam Sekhsaria Foundation and Salaam Mumbai, Mumbai
- Transforming Rural India Foundation, New Delhi
- United Nations Population Fund (UNFPA) New Delhi
- United Nations Children's Fund (UNICEF) Gujarat
- United Way Baroda


D.N. Surati
Chief Accounts Officer
Nehru Foundation for Development
October 2019

	(Rupees in Lakh) 31.03.19	%
Project Grants including Non-Recurring (Revenue Recognition)	401	67%
Revenue from Publication and Other Educational Materials	44	7%
Fees for Educational Advice on Social Development	04	1%
Interest and Recoveries	148	25%
TOTAL	597	100%



	(Rupees in Lakh) 31.03.19	%
Projects and Programmes including Non-recurring	401	67%
Staff Salaries	052	09%
Establishment and Administration	102	17%
Depreciation	004	01%
Reserves and Surplus	038	06%
TOTAL	597	100%



ENGAGEMENT WITH MEDIA 2018-2019

विशेष ग्राम सभा आयोजित



सरकारों ने समीपवर्ती ग्राम पंचायत भूला के अंतर्गत सेवा केंद्र में मंगलवार को मजदूर दिवस पर विशेष ग्राम सभा का आयोजन कर पंचायत के अंतर्गत सभी ग्रामों में किया गया। सचिव हेमंत जलवा ने बताया कि मजदूर दिवस के उपलक्ष्य में ग्राम पंचायत भूला में विशेष ग्राम सभा आयोजित की गई। ग्राम सभा में महिलाओं को स्वास्थ्य, गर्भवती महिलाओं को होने वाली समस्या व

उनके बचावों के बारे में जानकारी दी। ग्राम सभा में पंचायत अधिकारी केतन ओझा ने सरकार द्वारा प्राप्त कर के बारे में जानकारी दी। ग्राम सभा में ग्राम सभा के अंतर्गत सभी ग्रामों में किया गया। सचिव हेमंत जलवा ने बताया कि मजदूर दिवस के उपलक्ष्य में ग्राम पंचायत भूला में विशेष ग्राम सभा आयोजित की गई। ग्राम सभा में महिलाओं को स्वास्थ्य, गर्भवती महिलाओं को होने वाली समस्या व

78 प्रतिभागियों ने प्राप्त किया प्रशिक्षण

राजपुर (नि. 78)। नुस्खार को चेदना संस्था द्वारा संचालित परिवारजन के अंतर्गत स्वास्थ्य, पोषण और कौशल एवं निम्नोदारी को लेकर ऑनलाइन कार्यकाल, अगला, आशा सहयोगी और एएनएम दिवसीय क्षमतावर्धन प्रशिक्षण स्थानीय बीओजेएफ भवन हुआ जिसमें 18 गांव की 16 आशा, 12 एएनएम, 39 कार्यकर्ता, 11 आशा सहयोगी सहित कुल 78 प्रतिभागियों को प्रशिक्षण के दौरान नेत्रुल कौशल, बचपन कोशल पर बात की गई। चेदना संस्था से भवन मकान कोशल पर बात की गई। चेदना संस्था से भवन मकान कोशल पर बात की गई।

CHETNA



How 'Didis' & 'Sakhis' Ushered in Health & Education to MP's Nimar Region

The quality of food cooked at home has also improved with women maintaining kitchen grew vegetables in

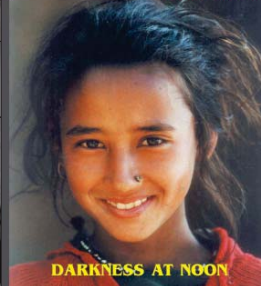
by Usha Rai

इमारियां विश्व मांसिक धर्म दिवस की छवि परी

राजपुर: ताबुलाता इमारियां ग्राम भात आयायन अंश-धर्म मांसिक धर्म दिवस की छवि परी। ग्राम सभा में महिलाओं को स्वास्थ्य, गर्भवती महिलाओं को होने वाली समस्या व

In the tribal belt of the Nimar region groups are asserting themselves Sakhis, in community health and the districts of Bhubaneswar

Health FOR THE MILLIONS



DARKNESS AT NOON

Empowering Adolescents

Adolescents

राजपुर: ताबुलाता इमारियां ग्राम भात आयायन अंश-धर्म मांसिक धर्म दिवस की छवि परी। ग्राम सभा में महिलाओं को स्वास्थ्य, गर्भवती महिलाओं को होने वाली समस्या व

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Sharing of Best IMPROVING M AND CHILD H



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

2014-2017

Centre for Health, Education, Training and Nutrition Awareness (CHETNA)
Website : www.chetnaindia.org
Founder of the Organization : Ms. Indu Kapoor, Ms. Pallavi Patel and Ms. Meenakshi Shukla

Coverage/Geographical reach : The project was initiated in 2014 in eleven districts of Rajasthan-Dungarpur, Udaipur, Sirohi, Jodhpur, Rajasamand, Chittaurgarh, Jhunjhunu, Tonk, Jhalawar, Karauli and Baran. The efforts spanned over 83 villages, 28 Sub Health Centres, 11 Primary Health Centres (PHCs) and Eight Community Health Centres (CHCs)

च के लिए प्रदेश में स्वास्थ्य धार की दरकार

Health Ministry India News



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