



Annual Report 2019 - 2020

Empowering Community for Change

Equality • Nutrition • Health

Places and People Where CHETNA Worked

3

States: Gujarat,
Rajasthan,
Madhya Pradesh

27

Districts

39

Blocks

1146

Villages

11

Urban Dwellings of
Ahmedabad City

41,774,868

Total Population
Reached

1621

People's Organisations
(Mahila Arogya Samiti-MAS,
Women's Self Help Groups-SHG,
Village Organisation -VOs, Cluster
level Federations-CLFs)

823

Schools

8524

Change Champions
Trained:

SHG leaders, SHG members,
VO members, CLF members, school
teachers, students, PRIs and CSO
workers

1468

Frontline Workers Trained
(ASHA, ANM, AWW, Para medical
workers, Medical Officers)

35

Events to Amplify
Voices of
Vulnerable People

59

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Message from Chairperson

In the last 15 years India has increasingly achieved progress in improving several indicators related to maternal and child health health. These are two important indicators by which the overall progress of a country or a state is judged. On the side of achievements there has been a decline in maternal and infant mortality across India but more noticeably in states which were low performing earlier. There has been a sharp increase in institutional deliveries, and a lowering of fertility rates in almost all states. Even so, the differences in achievements between and within states continues to be very high. It is this gap that CHETNA has tried to bridge in a small way through its programmes in different states and districts. The goal of reducing malnutrition and stunting among young children and anaemia among adolescent girls remains elusive and is not being achieved as fast as is needed. Nutrition too is one of the main thrust areas of CHETNA.

The recent health crisis caused by the COVID 19 pandemic has unfortunately exacerbated the old challenges of reducing poverty, undernutrition and compromised health in specific population groups. The poorest and the most vulnerable people have been affected disproportionately by the pandemic, which includes women, children, older people, persons with disabilities and migrants. Unfortunately, during the pandemic, access to essential health care services has suffered, which may push the attainment of the Sustainable Development Goals beyond 2030.

There exists a huge difference in the way things functioned in pre-COVID times and now. The old plans and strategies will need to be re-envisioned to see that our efforts actually reach the marginalised communities. We have incurred losses when we compare with past

gains but instead of lamenting that, it is an opportunity to overcome obstacles by making special efforts to do things differently. Our success will lie in working as a strong catalyst and building partnerships to bring all stakeholders together.

While we appreciate the work done by CHETNA during 2019-2020, the post-pandemic period will pose several new challenges which must be anticipated and provided for. A renewed effort has to be made to not only continue with earlier functions but to collect data on our projects that lends itself to being evaluated. Only then would we be able to demonstrate which of our many strategies hold the maximum promise. CHETNA must now embark on a parallel avenues which leads to conducting good research that narrates the outcomes of different strategies based on quality data and objective analysis. If we can facilitate a process which leads to independent evaluation of what made a difference (or did not,) it will open a new way of working. This has the support of the Governing Council and CHETNA must now find ways to see that it gets implemented.

I am sure the team will take up the challenge and work with dedication and determination to achieve its vision. My best wishes to CHETNA for continuing efforts in these difficult times. But it is an opportunity to make a difference.

Keep up the good work!

Shailaja Chandra

Chairperson, Governing Council, CHETNA



From the Director's Desk

We are happy to present our accomplishments and efforts to improve nutrition and health indicators especially of women, young people and children of the disadvantaged communities. The outcomes of our efforts are expressed in the form of stories narrated by the stakeholders.

Thousands of women and girls have come forward to bring change after participating in CHETNA's campaign on breaking the silence of social taboos around menstruation in Gujarat, Rajasthan and Madhya Pradesh. The young people have demanded to improve access to health and nutrition services and information, stop early marriage and discrimination, better livelihood options during YouthBol campaign undertaken by CHETNA in the state of Rajasthan.

The urban slum project of Ahmedabad city demonstrated an increase in uptake of Antenatal Care, institutional delivery, immunisation services and use of contraceptives etc. In the state of Rajasthan, CHETNA took an initiative to train the service providers of public health facilities on respectful maternal care and advocated for institutionalisation of such initiative.

CHETNA has invested in early childhood development. While providing attention towards children's physical, mental and social

health CHETNA has ensured that they receive nutrition, stimulation, safe environment and love. Counselling of parents about exclusive breastfeeding, timely introduction of complementary feeding and early childhood education have shown an improvement in the cognitive skills, language development, pre reading and pre writing of the children between the ages of 3-6 years.

In the state of Madhya Pradesh, CHETNA has empowered women leaders in 500 villages, who have started bringing changes in their villages by ensuring that their voices reach in Panchayat Action Plan. They are committed to make their village healthy and nourished.

While I write this, the COVID 19 pandemic, sadly has pushed the marginalised community of our project area in a web of poverty, drudgery, undernutrition and poor health, making the situation more complex and challenging in the coming years.

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), Poshan Mela (Nutrition Fair). Yuvati Shibir (youth Camp), Bhavai (a traditional form of drama), and folk songs.

Demonstrating Workable Models and Approaches

CHETNA demonstrates workable models and approaches which can be mainstreamed through existing government health and nutrition programmes at the states and the national level. The team showcases approaches to mobilise the community and empower them to take charge of their own health and nutrition, as well as to access and demand quality of services from the public health system. CHETNA showcases training strategies to train large numbers of frontline workers on health and nutrition, communication, supportive supervision and monitoring.

Networking and Advocacy

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

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

Celebration of CHETNA's Foundation Day

CHETNA team and CHETNA ambassadors (those who have in the past been with CHETNA) brought alive the culture of Gujarat, Rajasthan, Madhya Pradesh, North East, Kerala, Nepal, and West Bengal, by performing dances and songs. Songs and plays were performed on developmental issues related to third gender, women's empowerment, safer sex, tobacco addiction, etc. The celebration ended by everyone dancing together in colourful traditional costumes.

Before the Foundation Day, a two-day capacity-building programme was organized for the team to get sensitized about various development issues. The team got a chance to understand the diverse and broad aspirations of development for the well-being of the poorest of the poor. The team went through interactive exercises which helped them to better understand meaning of development which is about fundamental human values. The field teams of all the three states--Gujarat, Rajasthan and Madhya Pradesh--got an opportunity to interact with each other and discuss their challenges, and solutions to mobilizing the communities, and to ensure that they receive their health and nutrition entitlements.



CHETNA' S Participation and Contribution at State and National Events

April 2019 to March 2020

- Contributed in state-level workshop on Menstrual Hygiene Management organized by Tata Trust and Coastal Salinity Prevention Cell-CSPC, Ahmedabad

April 2019

- Contributed to consultation on India's Vanishing Girls – Revisiting Civil Society Response Against Sex Selection, organized by ADF India's Vanishing Girls Campaign and the Girls Count Coalition, New Delhi
- Presented CHETNA's Experience of Gender Centric Policies—Adoption and implementation in a Round Table on Advancing Women Leadership in the Voluntary Sector: Creating safe and equal workspaces for all women: organized by VANI and UN Women, New Delhi

May 2019

- Contributed in National Consultation on Gender and SDGs organized by Jagori, New Delhi
- Participated in Social Impact Forum organized by CSR Corporate, Mumbai
- Contributed in Nutrition Partner Meet, organized by Nutrition International and IPE Global, and Department of Women and Child Development, Gandhinagar

February 2020

- Participated in Child Care Campaign Meeting organized by SEWA, FORCESS, Mobile Creches and Save the Children, New Delhi
- Participated in training on Community-based Management of Malnutrition for ICDS and Volunteer Organisations organized by NIPCCD New Delhi

January 2020

- Contributed in National Convention on Building a Civil Society Coalition, organized by OXFAM, New Delhi
- Participated in Conclave on Collaborative Framework for Localizing Sustainable Development Goals organized by TRIF, New Delhi

December 2019

- Participated in discussion on Prevention of Acute Malnutrition at Nutrition Lab, Delhi organized by Vihara Innovation Network and Children Investment Fund Foundation CIFF, New Delhi
- Contributed in the district-level celebration of World Menstrual Hygiene Day organized by District Health Department, Sabarkantha

May 2019

- Contributed to and participated in Round Table Discussion: Girls and Young Women: Negotiating Agency, Choice and Consent, organized by Anandi, Ahmedabad
- Contributed in state-level meeting on National Education Policy organized by Child Right Collective Gujarat (CRCG)

June 2019

- Participated in Outlook Poshan Awards, organized by Outlook Group and Project Concern International (PCI), New Delhi

August 2019

- Participation in the state level consultation of CSOs, organized by OXFAM, New Delhi
- Participated in consultation meeting: The Comprehensive National Nutrition Survey (CNNS), organized by the Coalition for Food and Nutrition Security, New Delhi

November 2019

- Resource speaker in live telecast of "Hello Sakhi" programme on Nutrition, by Door Darshan, Ahmedabad
- Contributed in meeting with State Cabinet Minister of Women and Child Development Gujarat for prevention and treatment of malnutrition among children, Gandhinagar

September 2019

- Contributed in 5th Annual General Body Meeting of The Coalition for Foods and Nutrition Security, New Delhi

October 2019



Maternal and Child Health

Advocating for Change

Advocacy for Quality Maternal Health Services

Saving Mothers' and Newborns' lives is one of the national priorities. The Government of India is committed to achieve SDG 3 and several efforts are being made to enhance access to health services. While there is an overall increase in access to health services across the country; to maintain this momentum there is a need to ensure quality, equity and dignity in service provisioning.

Observing National Safe Motherhood Day

A week-long statewide campaign to observe National Safe Motherhood Day was carried out during April 2019. Twenty seven trained Maternal Health Champions organized workshops on quality maternal health services in 10 districts of Rajasthan. More than 500 elected members, both women and men, of the Panchayats participated in discussions related to birth preparedness and complication readiness, the 'Three Delays', and maternal health entitlements from the public system. They pledged to organise women's health assemblies in their Gram Panchayat.

Building Capacities for Respectful Maternity Care

Since July 2019, support is being extended to the Ministry of Health and Family Welfare to introduce Respectful Maternity Care at LaQshya designated facilities. Three facilities - Zanana Hospital Ajmer; Yagya Narayan Hospital, Kishangarh, and Amrit Kaur Hospital, Beawar were identified for intervention. A team of trainers from SIHFW-Rajasthan and SuMa Secretariat CHETNA participated in the national-level training of trainers on Respectful Maternity Care in September 2019. 143 service providers of the three facilities were trained, who developed action plans to implement Respectful Maternity Care in their health facilities. Posters on Birthing Positions were developed by CHETNA and shared with the facilities, to be displayed in labour rooms and wards.

Some of the actions taken include display of posters of birthing positions in the labour room; use of an upgraded labour room which had been unutilized; display of Respectful Maternity Care Charter; placing a complaint box in the labour room area, etc.

The project progress was reviewed at a National Meeting organized by the White Ribbon Alliance India, in March 2020. The baseline survey findings were presented and the partners shared the progress made to strengthen Respectful Maternity Care in three states of India.

Partners:



¹ The Three Delays model : Maternal mortality is associated with delays in: 1) deciding to seek care 2) reaching the healthcare facility and 3) receiving care.

Improving Access to Maternal and Child Health

SNEHA

SNEHA Educational and community-based Intervention in an urban poor area of Ahmedabad City

All over the world the level of urbanisation is expected to increase in times to come. According to the UN World Urbanisation Prospects 2018, it is expected that by 2050 India's urban population will be 53%. With rapid increase in the urban population there is an urgent need to take into consideration issues related to health, nutrition, education, hygiene, etc.

CHETNA completed three years of intervention in eight slum pockets of Vasna ward of Ahmedabad City. The project reached out to nearly 3500 households and a population of about 10,000 people. The project focused on the timely access to maternal and child health and nutrition services to achieve the best health outcomes.



From 2018-2020, time and resources were invested for engagement with different stakeholders of the community. It is these people who play a critical role in achieving an effective continuum of quality of care. At the household and community level, awareness was created about importance of healthy pregnancy and self-care; recognition of complications; importance of institutional delivery, and seeking timely health services. At the facility level efforts were made to strengthen the capacity of the health service providers to improve the access to quality health services. Mahila Arogya Samitis (MAS) were activated and trained to take charge of resolving health and the environment related issues of their area with the Ahmedabad Municipal Corporation (AMC).

At the end of the three-year intervention, women in the reproductive age group have shown an increase from 65% to 85% in knowledge about contraception and its availability from the public health programmes. Increase was noted in access to contraceptives from 13% to 42% by lactating mothers. The number of women who exclusively breast fed their children for 6 months, increased from 50% to 90%. Knowledge about reproductive and sexual health in adolescent boys and girls increased from 20% to 63%.

The intervention strategy was expanded to three more slums of Vasna ward, and reached out to 1652 households, which included 536 pregnant and lactating mothers, 1100 children from birth to 5 years, and 1500 adolescents.

A total of 122 pregnant women and 414 lactating mothers were interviewed to understand their knowledge and practice on pregnancy-related information, child birth, child feeding practices, and immunization. This revealed that 10% of the women delivered their child at home, while only 65% of the children had taken all the required vaccines (complete immunization). Nearly 20% of the children access Anganwadi services for pre-school education and nutrition. 50% of the children between 0 to three years were undernourished, and 45% of children between 3 to 5 years were undernourished.

In an effort to mobilize the community and encourage their active participation, mass awareness activities like Poshan Mela, and Bhavai were organised. To bring change in the nutritional status of children,

"We submitted a complaint about drainage leakages problem to AMC and this was resolved. We have been able to get concrete road and light pole in our area."

Parvatiben Sargara and Laxmiben Chavada
MAS member

"We extend support to arrange transportation when a woman starts labour pains, and also to access supplementary food from the Anganwadi."

Kiranben Bathwara MAS member

home visits, nutrition counselling and recipe demonstration of home-based nutrition-dense food like groundnut laddu, bajra khichadi, and jaggery rice were carried out. Undernourished children were referred to the Child Malnutrition Treatment Centre. Regular antenatal check-up of pregnant and lactating mothers was carried out by the gynaecologist.

Dhaval is gaining weight....

Dhaval Bharatbhai Dantani a 3-year-old child living in intervention area with his parents and three siblings, was severely undernourished. During the home visit, the CHETNA team counselled his parents and advised them to visit the Child Malnutrition Treatment Centre (CMTC). His mother regularly attended the nutrition meetings, so she was aware about her child's condition. His father, a casual labourer was not ready to stay at CMTC for 14 days. With the team efforts and his mother's determination, Dhaval was admitted to CMTC for 14 days. His weight increased by 1 kg, and there was significant change in his eating habits. He is still undernourished but his weight is increasing gradually.



Empowering Adolescents

Rashtriya Kishor Swasthya Karyakram (RKSK)

Building Capacity on Counselling Skills of Health Care Providers

There are 253 million adolescents in the age group of 10-19 years in India. They are susceptible to several preventable and treatable health problems, such as early and unintended pregnancy; unsafe sex leading to STI/HIV/AIDS; nutritional disorders like malnutrition, anaemia and obesity; alcohol, tobacco and drug abuse, mental health concerns, injuries and violence.

This young group requires timely and appropriate nutrition, education, counselling and guidance so that they can grow to be emotionally and physically healthy individuals in later stage of their life. To ensure holistic development of adolescents the Ministry of Health and Family Welfare launched Rashtriya Kishor Swasthya Karyakram (RKSK) in 2014. CHETNA implemented RKSK, in close collaboration with the Sabarkantha district health department for three years. As a part of this intervention CHETNA trained all the health service providers of the district on counselling skills for adolescent health.

CHETNA proposes to reach adolescents in their own environment, such as in schools, families and communities. Community-based interventions such as counselling and awareness help to bring change in social and health-related behaviours.

CHETNA believes that counselling skills are particularly important and appropriate for services providers as they have to personally interact with the adolescents, CHETNA trained 100 medical officers and paramedical staff of Banaskantha district of Gujarat to strengthen their counselling skills on various issues of adolescent health and nutrition. The objective of the training was to provide opportunity to discuss special needs of adolescents with respect to nutrition, sexuality and reproductive health, and to understand the feelings and perceptions of adolescents. The participants, practiced their counselling skills through role plays. They were equipped with Behaviour Change Communication material developed by CHETNA.

Resource material as a support for the changing world of adolescent reproductive and sexual health

Access to reliable information about reproductive and sexual health in local languages is a concern. Young people are not fully aware about their reproductive and sexual rights and entitlements. Addressing reproductive and sexual health needs of adolescents needs to be given high priority. They need to be empowered to say no to unsafe sex, early marriage and unwanted pregnancy.

To empower the young people, CHETNA has developed a set of booklets covering 13 different topics, including bodily changes; sexuality; contraceptives; reproductive and sexually-transmitted infections including HIV; maternal health; abortion; safe sex, gender-based violence, etc. This material, presented in simple language, can be used by the counsellors and frontline health care providers, and also used for the self-learning by the adolescents. It can be made available in regional languages.



Making Schools Tobacco Free

The tobacco epidemic is one of the biggest public health threats the world has ever faced, killing more than 8 million people annually around the world. Global Adult Tobacco Survey -2 (GATS 2) revealed that 28.6% (266.8 million) of adults in India aged 15 and above currently use tobacco in some form. Among the adults 24.9% (232.4 million) are daily tobacco users and 3.7% (34.4 million) are occasional users.

The age at initiation of smoking among daily smokers aged 20-34 is 18.9 years, and the age of initiation of smokeless tobacco use among daily smokeless tobacco users is 18.8 years.

The World Health Organisation emphasises that present and future generations must be urgently protected from the devastating health, social, environmental and economic consequences of tobacco consumption and exposure to tobacco smoke.

CHETNA has initiated the efforts towards prevention of consumption of tobacco products, and effective implementation of COTPA (Cigarettes and Other Tobacco Products Act) 2003 in government schools of rural areas. The project is being implemented in upper primary and secondary schools of Ahmedabad district of Gujarat. The main objective of the project is to make schools and villages tobacco-free, by educating local stakeholders about the ill effects of tobacco consumption, and sensitizing policy makers about the importance of urgent implementation of COTPA.

340 teachers were trained on the ill effects of tobacco products, and how to make schools Tobacco Free. Discussions were also carried out on the COTPA 2003 and its effective implementation.

Examination of oral hygiene of students during School Health Programme was advocated with Health Department of Ahmedabad district. As a result a letter was issued from the Health Department to the Medical Officers to put this in action. The Medical Officers took the initiative to carry out oral hygiene examination in all the schools; tobacco awareness sessions were also organized during the School Health Programme. Teachers and students took a pledge to make their schools tobacco-free. As per COTPA 2003 all the primary schools (1024) received a signage board showcasing the information "Consumption and selling of any tobacco products within the 100 yards of school premises is an offence and is punishable up to Rs 200/-".

CHETNA presented its experience in this area during the National Workshop on Tobacco Control Programme organized by the Salaam Mumbai Foundation and Narottam Sekhsaria Foundation at Mumbai on 15th and 16th July 2019.



Partner :



Using Bhagoriyaa traditional fair to make health and nutrition information accessible to the young people

Tribal people have their indigenous social and religious norms, moral yardsticks and tribal heritage that they strive to preserve. In Madhya Pradesh their unique traditions and vibrant culture comes alive in the Bhagoriya festival which is celebrated few days before Holi (onset of the spring season). It is a celebration of life and love, as the tribals with colourful costumes enjoy the festival with their local music and dances. As the name suggests 'Bhag' means 'run' in Hindi. One of the traditions is that during the festival of Bhagoria, young people choose their partners and elope with them. Eventually, they are formally accepted as man and wife by the families and community.

During 2019, CHETNA used this platform to make health and nutrition information accessible to young people through interactive tools and games. Keeping the appropriateness of the festival in view, young people were explained about the reproductive system and use of contraceptives. More than 400 youth got a chance to learn about the same.

Urban Poor Adolescents Demand Attention

Undernutrition; early marriage; violation of their reproductive rights; and poor access to their health and nutrition entitlements are the hard-hitting realities of the urban poor adolescents. Adolescents associated with CHETNA's project SNEHA which is being implemented in urban poor area of Ahmedabad city reiterated these realities.

School dropout or incomplete primary education is very common among the adolescent girls. These girls, from a very young age, start supporting their mothers who mainly work as domestic help in the neighbourhood. The girls become responsible for taking care of their younger brothers and sisters. Early marriage and pregnancy is common. Having no access to contraceptives, girls usually get pregnant after 2 or 3 months of marriage.

Prior to CHETNA's intervention the girls had never approached the Anganwadi centre to access their entitlements related to health and nutrition services, and information. They were found to be consuming tobacco which they felt helped them relax after long hours of physical labour. These girls did not get a chance to learn about their bodily changes in a scientific manner.

Out of the 956 adolescents whose Body Mass Index was measured, 23% were undernourished. Gender-wise there was not much difference in nutritional status, however boys were found to be more undernourished than girls. Out of 658 adolescents, more than 50% adolescents were anaemic. Among the adolescents, girls in the age group of 15-19 years were more anaemic.

During one-year period, CHETNA organised two educational interventions with adolescents. They started accessing and consuming supplementary food packets named as "Purna Shakti" from the Anganwadi. A few of the girls (29 out of 520) who consumed tobacco are in process of quitting it.



Partner:  HDB FINANCIAL SERVICES

Stories of Change



"I am Ashmita, staying in Keshwani Nagar, Ahmedabad, Gujarat. I was married young at 13 years. Mukesh, my husband works as a security guard in a housing society. I am fond of him. Initially I was shy and scared in my in-law's family. My mother-in-law welcomed me and supported me. Slowly I shed my inhibitions and become comfortable and happy. I bond well with my mother-in-law just like a mother-daughter duo.

I conceived three years after my marriage. I delivered a baby girl. My family members welcomed her. We named her Jhanvi.

Jhanvi used to cry a lot, she used to remain hungry, I thought I was not getting enough breast milk. CHETNA teams guided me to put her on my breast frequently and taught me the correct position of holding the baby while breast feeding.

I could feed my Jhanvi well, she does not cry, her weight is increasing and she plays happily."

Three young women change makers from CHETNA's intervention villages speak about breaking of the culture of silence around menstruation.

"When the discussion about our bodies started. I was uncomfortable when they talked about our genitals and how do periods come. I was not sure why they discussed this issue which is dirty and polluted.

We use to giggle when they wore the cloth apron and showed us the pictures. It was for the first time that I got to know our womb, and menstruation.

We started discussing menstruation wearing the cloth apron. We were shy at first but then we shed our inhibitions. Now we can talk about menstruation with other women and young girls. The silence around menstruation has finally broken. Our own families and some families in our villages have taken initiative to stop treating girls as untouchable during menstruation." (Kandu, Anita and Sumitra)

Sachetjijis , Kadvi, Bobalwadi, Eakadbara villages, Barwani district, Madhya Pradesh



"My name is Samdi and I live in Katwad village of Sondwa, Alirajpur, Madhya Pradesh I am a member of Saheb women's group. We collect our savings and give credit to members during their need. I volunteered to learn about health and Nutrition be a Sachetjiji ("conscious sister") of my village.

I learnt about food, the importance of eating three coloured foods - white, green and orange - and how man - woman discrimination affects health of women. I also learnt about periods and that it is our strength which helps babies develop in womb . We are not polluted during periods.

I confidently show picture cards given by CHETNA and share then with other members of my group. I try to make our meals colourful by adding vegetables. I grow vegetables in Poshan Vatika.

I also talk to pregnant women to eat well and mothers of young children to breast feed and initiate complementary feeding after six months. I motivate them to avail services from the Anganwadi centres. Women listen to what I say and I feel very happy when a woman, who earlier refused, now takes services from the centre."



"Hi! I am Jaya and I'm 18 years old. I stay in Keshvani nagar, a slum of Ahmedabad, Gujarat. I have studied till 5th standard. I have two elder brothers and one younger sister. I got engaged last year. I work as housemaid and also sell vegetables.

I participated in CHETNA's meeting on ill effects of tobacco. I got to know about its harmful effects. I realized how tobacco spoiled a person's life. I used to spend at least Rs.50/- every day to eat tobacco pouches.

I was scared to death when the CHETNA team took me to visit photo exhibition on oral cancer. I never thought that tobacco could be so devastating to us. Patriotism rose and I pledged to quit tobacco. When I used to get the urge I chewed gum instead. I am not addicted to tobacco now; it has been almost a year. Two of my friends have also stopped chewing tobacco."



Sachetjiji – Building Women's Leadership

Sachet... Ek Sanchi Pahel is an effort to empower communities to use their democratic power, and linking them to Panchayati Raj Institutions (PRI), a governance mechanism responsible for the overall development of the village. In the three-year process, village-level change-makers called Sachetjijis have played an important role in triggering discussions on and around health and nutrition issues on various platforms such as. Self Help Groups (SHGs), Village Organisations (VOs), Cluster Level Federations (CLFs), Village Health Sanitation and Nutrition Committee (VHSNC), Standing Committees (SC) and Gram Sabha (GS). They have been instrumental in influencing, advocating, and monitoring the change processes.

Rajpur Block Barwani District

CHETNA, played a prime role in building capacities of the frontline workers, PRI members and Sachetjijis, in developing perspectives around the thematic areas of Health and Nutrition. The year 2019-2020 was notable in terms of delivering perspective-building modules; capacity development of service providers; strengthening Panchayati Raj Institutions and Standing Committees for Health and Nutrition issues, and providing hand-holding support to all the categories of stakeholders to play their role effectively.

To sensitize the community, CHETNA organised awareness-generation activities in all 78 villages, in which 4395 women, men, adolescents, youth and elderly people participated. A number of monthly community meetings, nukkad natak, and sessions on health and nutrition using health communication material were organised. In collaboration with Block Health and ICDS departments. Swasthya Melas (Health Fair) and Mahila Swasthya Shivirs (Women's Health Camps) were organised, wherein 2203 people participated.

Sachetjijis from all the villages went through the training programme on different topics of health and

Sachetjiji are Taking the LeadSome Highlights

- Need for four new Anganwadi Centres in Temla, Negalwadi and Dilwani villages was raised in the respective Gram Sabhas by VO members and Sachetjijis. As a result the Panchayat financed the construction of an Anganwadi in Negalwadi; and two Anganwadi centres in Temla, and one in Dilwani were financed by the Department of Women and Child Development.
- Need for construction of four Anganwadi Centres in Gusgav, Bobalwadi, Kadvi, and Bhorwarda villages was raised in 2018 in the Gram Sabha. After constant follow-up, the construction was completed in 2019 with joint finance from ICDS department and Panchayat.
- In Padala village the Sachetjiji and VO members proposed in the Gram Panchayat to have one more Anganwadi centre in the village so as to make the services accessible to all the children. The Sachetjiji let the Panchayat and ICDS department to build the centre on her land. Today the centre is functional.
- Vacancies of ASHA in Jalkheda and Ekalbara villages were filled up after the issue was raised in the Gram Sabha, and necessary action taken up by the Panchayat at the Block level.
- In Kadvi and Jalkheda village 108 ambulance had not been able to reach all the hamlets in the village due to poor road accessibility, especially during the monsoon. The Sachetjiji demanded the proper maintenance of the road which was taken up by Panchayat, and now the accessibility of 108 services is ensured.

nutrition. These trained women have organised around more than 1400 meetings with members of Self Help Groups to disseminate the information they received during the training. They mobilised the women of the village to participate in the Gram Sabha, and to raise issues related to health and nutrition. With support of the Block team, the Sachetjijis coordinated with Gram Sarpanch, Gram Sachiv and Gram Panchayat members to strategize coordinated efforts to achieve the Village Development Plan. Together they addressed the issues related to village-level maintenance of Anganwadi Centre and Gram Arogya Kendra; shortage and non-functioning of medical equipment, vacancy of service providers etc.

In coordination with the Block Health Department 23 Village Health, Nutrition and Sanitation Committees (VHNSC) were reformed as per National Rural Health Mission (NRHM) guidelines, and the Sachetjijis' names have been added as committee members. This has strengthened the identity of the Sachetjiji as an important community member for bringing change. To strengthen the quality of maternal health services, the frontline workers, ASHA, Anganwadi Workers and ANM of the intervention area were trained. The ASHAs went through a special training to strengthen their role as a health educator and motivator to mobilise the community to access the services.

Story of Lata Asharam–Sachetjiji of Indrapur village

Indrapur is a village where 24x7 Primary Health Centre is located. As per the standard, a 24x7 PHC needs to provide at least 6 hours of OPD, and 24x7 labour room services. However the skilled health service providers were not remaining present at the PHC during the night shift. Sachetjiji Lata Asharam took the lead and put forward this issue in the Village Organisation (VO) meeting, and this was then presented in the Village Health Sanitation and Nutrition Committee (VHSNC). The committee wrote an application and a group of 20 women including the Sachetjiji, VO members, SHG members, VHSNC members, pregnant women and the CHETNA block team presented the matter to the Block Medical Officer (BMO). The BMO called an emergency meeting and passed an order for the appointment of an ANM within 24 hours.



Saksham

Saksham-MP was initiated in August 2018, and aims to contribute in improving the health and nutrition indicators of 420 villages from 6 Mission Antyodaya (MA) Blocks namely Amarpur, Samanpur, Manawar, Petlawad, Thandla and Sondwa, Dindori, Dhar, Jhabua and Alirajpur districts in Madhya Pradesh. MA is a framework initiative of Government of India to focus on poor Panchayats and uplift them through a multi-dimensional approach. Strategically Saksham is focusing on health transformation through community leadership. Sachetjijis--women leaders from the women's Self Help Groups accredited by the State Rural Livelihood Mission (SRLM) are trained on health and nutrition issues. In second year of the project CHETNA increased its reach from 150 to 314 villages.

Madhya Pradesh, in the process of shifting its focus from facility-centric care to preventive and promotive aspects of health care targeting the major determinants of child mortality in the State has initiated the Dastak Abhiyan. Activities undertaken in Dastak Abhiyan include identification of Severally Acute Malnourished (SAM) children; screening of childhood anaemia; and children with visible congenital defects; creating awareness and counselling about health and nutrition messages, and referral to concerned facilities.

CHETNA reached out to 194 children, 125 women, 34 men, 54 adolescents in 19 villages from three Blocks. Extensive efforts were made to counsel the parents to access the services from the public health and nutrition programme, and messages related to infant and young child feeding were spread.

Ratri Chuopal: Dialogue with community members at night

In 8 villages of three blocks Ratri Choupals were organised to have a dialogue with the community members and the village leaders about different aspects of health and nutrition. Around 600 people participated in this activity.

During the year around 500 women leaders--Sachetjijis, members of the Village Organisations (VO) and CLF participated in training on various aspects of health and nutrition. The trained Sachetjijis have started observing the quality and continuity of Village Health and Nutrition Days (VHND), and mobilising the community to avail health and nutrition services. Initiatives are taken to bring change in the service delivery system. Based on a submission by Village Organisation, a Primary Health Centre (PHC) which was newly constructed but was not functional since last 4 years has been made operational. Demands have been made for availability of ANM at Sub Health Centres and 108 ambulance at the PHC.

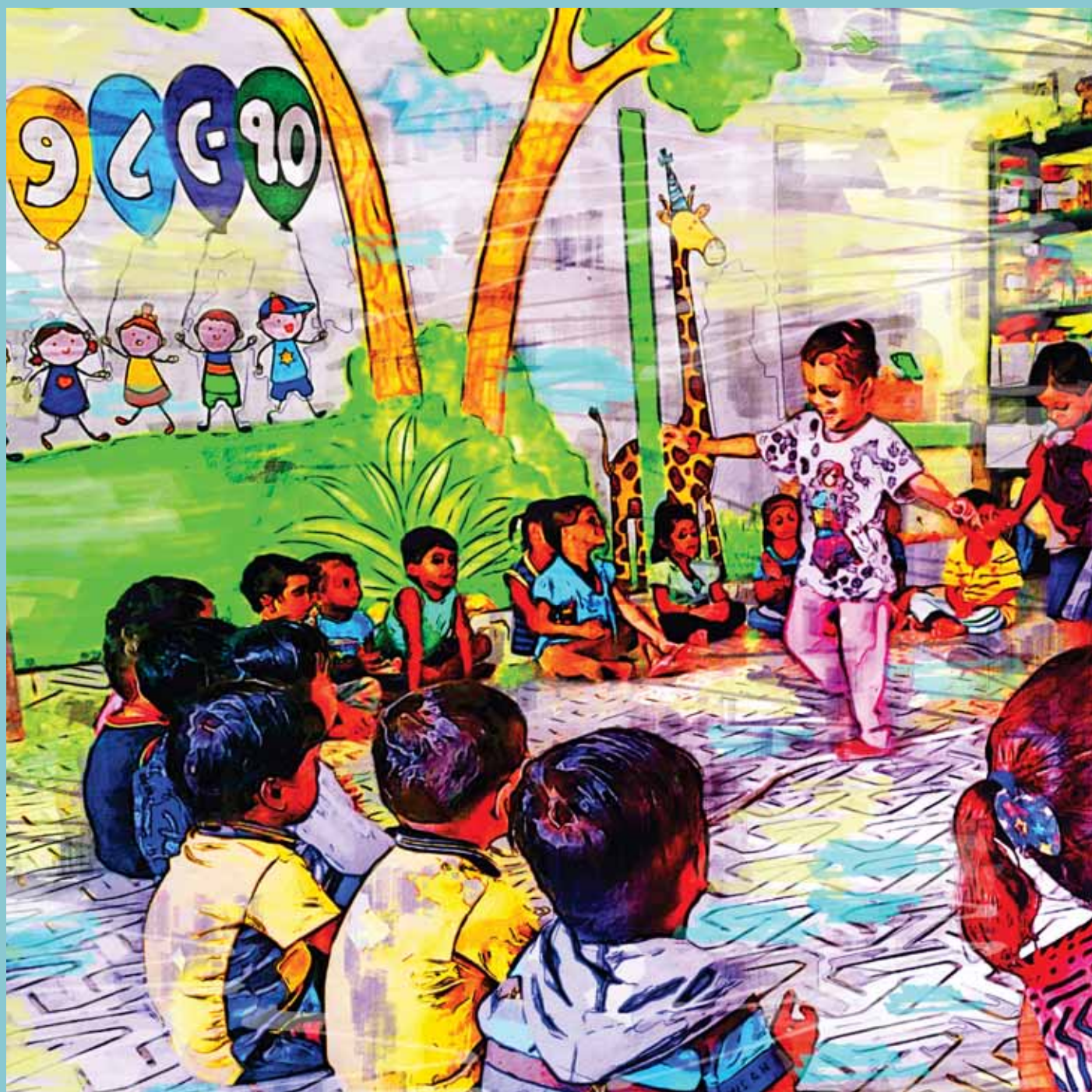
A joint training on communication, counselling and coordination was organised for frontline workers (427 participants), ASHAs (172), AWWs (176) and ANMs (79). CHETNA team provided handholding support to this cadre to strengthen the service delivery through Village Health and Nutrition Days (VHNDs). As a result of this the gap in women receiving the first Ante Natal check-up has reduced from 13.7% to 9.2%, and 4th ANC has reduced from 22.2% to 15.3%. Immunisation of children has also increased.

121 Village Health, Sanitation and Nutrition Committees (VHSNCs) are activated. Sachetjijis are made members of these committees. The Committee have developed plans to better equip the Gram Arogya Kendras which is a State Government initiative to provide health services at the community level.

Village Health Plans (VHPs) are developed in all the intervention villages with active participation of Sachetjijis and Village Organisation members, and these are being submitted in their respective Gram Sabhas.

Partner:





Promoting Early Childhood Education

Enhancing Access to Child Health, Nutrition and Early Childhood Education Services in Barmer District, Rajasthan

CHETNA is implementing a project in Barmer district of Rajasthan to improve the health and well-being of mothers and children in the age group of 3-6 years. The project is being implemented through 50 Nand Ghars (Anganwadi Centres of Integrated Child Development Services) located in 32 villages of Baytu, Gundamalani and Sindhari blocks.

Some of the key findings that emerged from the initial situational study indicated that:

- Out of 1227 children under 3 years who were surveyed for nutritional status 18% were found to be moderately underweight and 13% were severely underweight. Out of 1046 children between the age of 3 to 6 years, 7% were severely underweight and 25% were moderately underweight. According to Body Mass Index 68% girls were under nourished.
- Irregular timings of the Nand Ghar and the fact that some of the Nand Ghars were closed for a long time was a reality which affected the delivery of the six designated services under the ICDS.
- Development milestones (language development, social and emotional behaviour, mathematical, motor, pre-reading and pre-writing skills) were assessed for 1340 children between the age of 3-6 years. The children performed very well in social behaviours and motor development. They had difficulties in pre-reading and writing skills, and identification of numbers and alphabets.
- The survey of adolescent girls showed that the majority discontinued studies if the secondary school was not available in their own village; and they did not have any exposure or access to health and nutrition information.

In the initial stage of intervention a community mobilization approach was adopted which helped to ensure participation of communities to take action to bring change in the existing situation of Nand Ghars. At the end of six months all Nand Ghars were functional; remained open

from 10.00 am to 2.00 pm. Hot cooked meals were being cooked by Self-Help Groups for children between 3-6 years. Special effort was made to distribute homemade therapeutic food to moderately and severely underweight children.

To bring sustainable change in the feeding practices, extensive counselling of parents was done during home visits on early initiation of breast feeding, exclusive breast feeding, and initiation of complementary feeding. This was also discussed during the Village Health and Nutrition Day.

CHETNA developed a module on Early Childhood Education (ECE), and trained the Anganwadi Workers and the helpers to organise different ECE activities keeping the developmental milestones of children in view. ECE kits were provided and ECE activities are conducted regularly for at least 2.5 hours daily at every Nand Ghar. With regularisation of Nand Ghar activities the attendance of has increased in all the Nand Ghars.

Groups of young girls between the ages of 14 to 24 years were formed in every village. These girls are receiving information about their bodily changes, health and nutrition every month through ASHA and ASHA Sahyoginis who are trained by CHETNA to facilitate these sessions.

Community engagement and awareness programmes are a regular feature of the project. Mass awareness activities are being organised on various themes through use of traditional media, nutrition fairs, nukkad nataks, etc. Different festivals were celebrated with active participation of parents and village leaders. Folk musicians from the local community were actively involved to create awareness about the services of ICDS.

Partner:  Foundation

Making a positive difference in the lives of young children

PAHEL



Since 2015 CHETNA has undertaken a Community Health and Nutrition Programme (PAHEL) in Mundra block of Kutch District of Gujarat. During 2019-20, the project made efforts to strengthen Early Childhood Education activities of 37 ICDS Anganwadis, and to empower the adolescents to take care of their present and future health and nutritional status.

Early childhood or pre-school age is the period when a child goes through its the most rapid phase of growth and development. In addition to the development of cognitive skills, the foundations for social skills, self-esteem, perception of the world, and moral outlook are established during these years. Knowing that young children's needs are unique, Anganwadi workers were trained to think and understand from the perspective of a young child. The hands-on training was done by demonstrating activities which help to motivate children to get involved, and make learning fun. These included arts and crafts, storytelling, physical exercise, educational games, etc. All the anganwadis were equipped with the Early Childhood Education kit, and play corners were set up. The Anganwadi Workers went through the practice sessions using the kit material. Mentoring support to Anganwadi Workers for carrying out activities with children was given for six months by the CHETNA team.

Brief educational-cum-pleasure excursions were organised regularly for the children, which helped to add reality to learning experiences. It provided exposure to educational experiences other than the regular school environment. The children were taken on their village tour, to public facilities e.g. Public Distribution shops, post office, etc.

Grow it, Learn it and Eat it

To provide children with an opportunity to learn and experience about food and nutrition CHETNA converted 13 Anganwadis to nourishing Anganwadis by developing Poshan Vatikas in their premises. The idea was to involve children in growing food plants so as to develop healthy food habits, and healthy preferences for foods, healthy attitude towards food which they will carry for life.

Plantation of tomato, bottle gourd, fenugreek, green chilies, coriander leaves, and brinjal was done.

Between August 2019 and January 2020, the total yield from 13 Anganwadi centres was 70 kg tomato, 60 kg bottle gourd, 85 kg brinjal, 30 kg fenugreek leaves, 22 kg green chilies, and 18 kg coriander leaves. These vegetables were used for meals being cooked at Anganwadi Centres. This was an opportunity to promote diversity in their diets.

Learning about health food and junk food

A special visit to vegetable and fruit vendors was organized for children of Anganwadi Centres to learn about different locally-available vegetable and fruits. Following this, back in the Anganwadi children learnt about healthy food and junk foods, and how these acts on our body, through interactive learning methods.

"Children in our Anganwadi are learning importance of fresh vegetables and nutrition through Poshan Vatika. They feel proud when they eat their own produce vegetables." Anganwadi Worker.

Knowing their bodies and learning vocational skills

During the year 350 non-school going girls went through vocational courses. Along with it they went through health and nutrition sessions. These girls are on their way to economic empowerment and healthy lifestyle.

Caring for health of truckers working for DP World

The truckers were mobilised to take treatment for their health concerns from mobile health van services given by DP World. CHETNA team organised awareness sessions with them for the preventive aspects of health while they are waiting for their turn for the medical consultation. CHETNA organised an eye check-up camp for the truckers in coordination with Kutch Comprehensive Rehabilitation Centre, a Unit of Blind People's Association (BPA) Ahmedabad. Total 100 truckers participated.

Partner:



Mundra International
Container Terminal Pvt. Ltd.



Born Learning Campaign (BLC)

BLC was initiated to provide a safe and conducive learning environment for overall development of children between three to six years of age at the Anganwadi Centre, and to prepare them for school readiness. In 2018 the project activities were initiated in 10 Anganwadis of Sanand block of Ahmedabad district of Gujarat, which was scaled up to 20 more Anganwadis during 2019-20. The children aged 3-6 years of 30 Anganwadis went through went through Early Childhood Education (ECE) activities in accordance to the curriculum of ICDS-Gujarat. The Anganwadi Workers and the helpers went through 3 cycles of training in ECE activities which included all the domains of development, at the Anganwadi centres. During these sessions the Anganwadi workers and helpers got familiar with theoretical concepts and activity-based Early Childhood Education. They learnt how to convert their Anganwadi into an inviting learning space and how to welcome the children; they also got familiar with physical development milestones, creative development activities, etc. Various activities were carried out with children to help them identify their own self; know about their family and their surroundings, and cleanliness and hygiene.

Various festivals were celebrated along with parents to bring cultural and religious harmony, and be sensitive to diverse social behaviour, morals, customs and ideas. Mothers' meeting are held every month wherein the progresses of their children in early childhood education were shared. They were also made familiar with the health and nutrition aspects of early childhood development. Mothers were welcomed to participate when the ECE activities were being carried out at the Anganwadi Centre.

Individual developmental assessment of children was done to assess changes in the child's cognition, communication, behaviour, social interaction, motor and sensory abilities, and adaptive skills after the initiation of the project activities. The performance assessment was categorised in three categories: Low, Average and High. At the end of one year, a major change was noted in language development and cognitive development. There was 30% increase in the High proficiency group in language development, leaving only 4% children in the Low and Average categories. More than 50% increase was noted among children with high cognitive skills. The Baseline survey had indicated

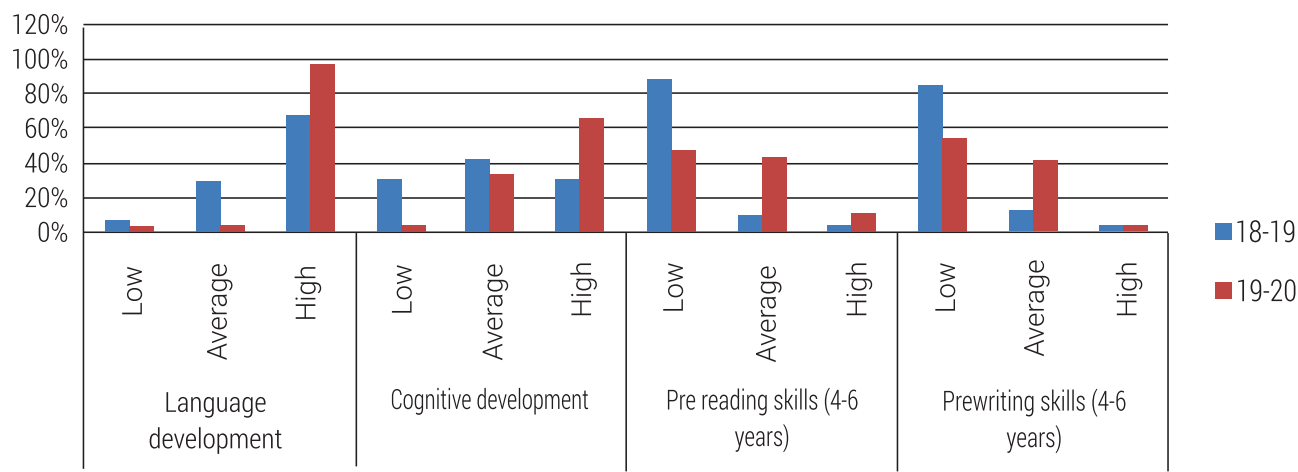
Preksha likes going to anganwadi centre...

Our four year old daughter Preksha has been going to Anganwadi centre of village since she was 2 years. CHETNA team came to our home and showed us several activities that we can do with Preksha. Both of us enjoyed doing these activities with her. Now with Preksha we are also enjoying and are happy to see her growing well.

Jayesh Vaghela, Preksha's father, 28 years, Vaghjipura, Sanand, Ahmedabad.

that more than 85% of children had low proficiency in pre reading and writing skills, but after the intervention more than 50% children moved from the Low to Average categories.

Comparison of the domains of development in children (3-6 years)



Integrating Sexual and Reproductive Health and HIV Services

To develop a sustainable and replicable approach for providing integrated Sexual Reproductive Health and HIV (SRH/HIV) services, CHETNA implemented the project in three districts of Gujarat, namely Ahmedabad, Surat and Sabarkantha from July 2018 to December 2019.

As a part of this project service providers (Medical Officers, counsellors of Integrated Counselling and Testing Centres (ICTC) went through the process of capacity building to understand the needs, and to work out a strategy for provision of integrated SRH/HIV services, especially to the key population female sex workers (FSW) and men who have sex with men (MSM). Efforts were made at the ground level to disseminate information on sexual and reproductive health to the key populations, and mobilize them to access SRH services,

To learn about an enabling environment of integration of SRH/HIV service provision, CHETNA selected 40 health facilities in all three districts--14 in Ahmedabad, 19 in Surat and 7 in Sabarkantha districts. All 40 facilities have ICTC Centres, of these, 7 have Antiretroviral Therapy (ART) centres, 13 have Sexually Transmitted Infection (STI) clinics, and all 40 centres provide Parent To Child Transmission (PPTCT) services.

At the end of one-and-half year some noteworthy outcomes were :

- At all the HIV counselling centres the clients received counselling on SRH.
- There was 29% increase in HIV testing of the women who came for Maternal Health services.
- 255 FSWs and 1888 Women Living with HIV underwent Pap smear test in all three districts.
- 72 MSM underwent screening for anal cancer in Ahmedabad district.



In December 2019 a project experience dissemination workshop was organized at Ahmedabad to share the outcomes, discuss the challenges, and the sustainable strategy to ensure integration of SRH and HIV services in the public health system. The participants included representatives from UN agencies (UNAIDS and UNFPA), GSACS, Civil Society Organizations, Community Based Organizations, Community Members, and TI Outreach workers. A total of 56 participants actively participated and shared their views. To make integration a reality, the topmost needs that emerged included need to bring changes in the health delivery system, data collection, and convergence between the department of health and family welfare and Gujarat State AIDS Control Society (GSACS).

Partners: **UNFPA**
New Delhi



Campaign for Social Change

#REDઅચ્છાહૈઅભિયાન

Campaign on breaking the silence of menstrual taboos and crossing the border

A step ahead

About 52% of the total population of women in India are in the reproductive age, and most of them experience menstruation. Since centuries people across societies have felt uncomfortable about discussing menstruation.

A study done in 2017 by CHETNA in 5 districts of Gujarat, revealed that women and girls want a change in the social norms of discrimination during menstruation. In February 2020, an incident in Bhuj, Kutch district of Gujarat, girls were reportedly forced to strip to “prove” that they were not menstruating. CHETNA understood that the time has come



to promote—loudly— the breaking of menstrual taboos and beliefs and take some concrete steps for this. Keeping this in view **#REDઅચ્છાહૈઅભિયાન Campaign on breaking the silence of menstrual taboos and crossing the border... A step ahead”** was planned.

The Campaign started on 5th March and ended on 8th March which is International Women's Day the concept of a 4 day campaign signified the norm that all the DOs and DON'Ts, including the taboos are practised in the first three days of menstruation, and from 4th day, daily routine is allowed.

CHETNA along with partner organisations conducted the village-level campaign in Rajasthan, Gujarat and Madhya Pradesh. Through this campaign, CHETNA reached out to 5000 women, men, adolescent girls and boys from 142 villages of 24 blocks of 15 districts and 2 urban slums.

After discussing the challenges faced during menstruation, the women shared the changes they would like to bring in this situation. They were eager to break the silence and were ready to reform the social norms; however many of them do not have courage, as yet, to enter a temple during menstruation. Some of them mentioned that they would eventually like to bring change in such religious norms too.

More than 850 women were willing to get their photographs clicked with a placard showcasing what change they would like to initiate, and gave permission to share these on social media.

YOUTHBOL Campaign in Rajasthan

The YouthBol campaign was initiated at a pan-India level to listen to the voices of young people, understand their aspirations, and respond to their needs which would then become an integral part of the policy formulation, and in designing of programmes and schemes. CHETNA was one of the 31 NGOs who participated in the YouthBol campaign which was organised all over the country, reaching out to 1, 10,092 youth. Health emerged as the top priority. 36% of young people associated health and well-being within the larger context of enabling factors like education, job opportunities, environment and socio-economic condition of individuals. CHETNA along with partner organisations reached out to 5613 boys and girls in the age group of 10 -24 years in Rajasthan, to collect their views.

Most “ASKS” of the youth from Rajasthan were:

- Access to health services in rural areas
- Information on healthy living
- Provision of good quality food for all at schools
- Better education and livelihood training
- Information on government programmes
- Stopping early marriages
- Stopping discrimination
- Stopping alcohol and gutka shops

Partner: Centre for Catalysing Change India



Festival of Women Power

CHETNA`s #Kirunsttheworld Online Poster Competition

On the occasion of International Women's Day, 8th March 2020, CHETNA organized a festival of women power, and a celebration of women empowerment by announcing the results of CHETNA`s #Kirunsttheworld poster competition which was held during 26th January to 26th February 2020. This was the first attempt to engage with Women's Empowerment and Design and initiate dialogue among people and artists. 39 people -15 men and 24 women participated. A total of 50 posters were submitted online. The entries were from Assam, Gujarat, Maharashtra, Madhya Pradesh, New Delhi, Uttar Pradesh and Rajasthan. The three best submissions were awarded cash prize and certificates.



“Let your imagination flow, think of a world where women and girls are empowered, where their skills, knowledge are valued, where they are free to move, where they can decide for themselves”

Extending Capacity Building Support to Partners

To achieve the Sustainable Development Goals efforts need to be made for localization of the government programmes. This can be done by ensuring engagement of local leaders, and effective service delivery mechanism to reach out to the last person.

All over the country Women's Self-Help Groups (SHGs) have proved to be an effective means for social, political, and economic empowerment. The SHG members play the role of change makers and facilitators to avail services related to health, nutrition and education from the public sector. They also get more politically engaged. Together these have proved their potential to hold public service providers accountable and demand what is rightfully entitled to their own-self and that of their community.

This model of empowering local women has been adopted by many Civil Society Organizations. CHETNA with its extensive experience in training this cadre has provided this support to other organizations.

Training of Change makers

CHETNA trained 110 SHG members of Aga Khan Rural Support Programme, India (AKRSP-I) in Khaknar block, Bhurhanpur district in Madhya Pradesh. They were trained on issues of early marriage and domestic violence and its effects on women's health; prevention of nutritional deficiencies, communicable diseases, etc. They will lead the process of making accessible the health and nutrition entitlements of women and children of their village, and address the issues related to gender inequality.

Similar efforts were done in Raheli block, Sagar district in Madhya Pradesh for Transfer Rural India. The change makers were trained on food security, and nutrition security care during and after pregnancy, family planning, etc.

Training Leaders for Wel-Netrutva Programme

CHETNA trained 150 Self Help Group members of Wel-Netrutva programme a CSR initiative of Welspun being implemented in 70 villages of Valsad district of Gujarat. The programme aims to empower the women members to take care of their own health, nutrition and wellness, and that of their family and community.

These women were equipped with three specially designed flipbooks covering 12 main topics related to nutrition and its importance, nutritional requirement of women in the life-cycle, personal hygiene, care during pregnancy and lactation, breast feeding, reproductive health, family planning, breast and cervical cancer, etc. The training initiated a dialogue on reproductive health within the families of the SHG members. One of the women members reported that she talked about bodily changes during adolescence and menstruation cycle with both her daughter and son who are in a stages of late adolescence. She is convinced of the need to promote gender equality.

Celebrations of Important Days, Weeks and Festivals

CHETNA celebrated World Breast Feeding Week and National Nutrition Week in campaign mode with rural and urban communities to generate awareness about breast feeding and complementary feeding to improve the nutritional status of children below five years, adolescents and women in the reproductive age. More than 10,000 people participated in various activities organized by the team at the village level.

Festivals were celebrated throughout the year with the communities, especially with children and their parents, to express happiness, get connected with each other, and value our culture and heritage.

Governing Council

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Chairperson (w.e.f August 2019)
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New Delhi -110057

Mr. Binoy Acharya

Director- UNNATI, Organisation for
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Ms. Razia Ismail

Convenor, Women's Coalition Trust
India Alliance for Child Rights (IACR)
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Mr. T.K. Balappan

Chief Administrative Officer (Secretarial &
Legal) – CEE and Secretary- Nehru
Foundation for Development, Thaltej
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Dr. Leela Visaria

National Professor & Former Director
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Member Secretary (Ex-officio)

Ms Pallavi Patel

Director Centre for Health, Education,
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SUPATH-II, Block-B, 3rd Floor, Opp. Vadaj
Bus Terminus, Ashram Road,
Ahmedabad 380 013.

31st Governing Council
Meeting of CHETNA
03-08-2019

32nd Governing Council
Meeting of CHETNA
20-03-2020



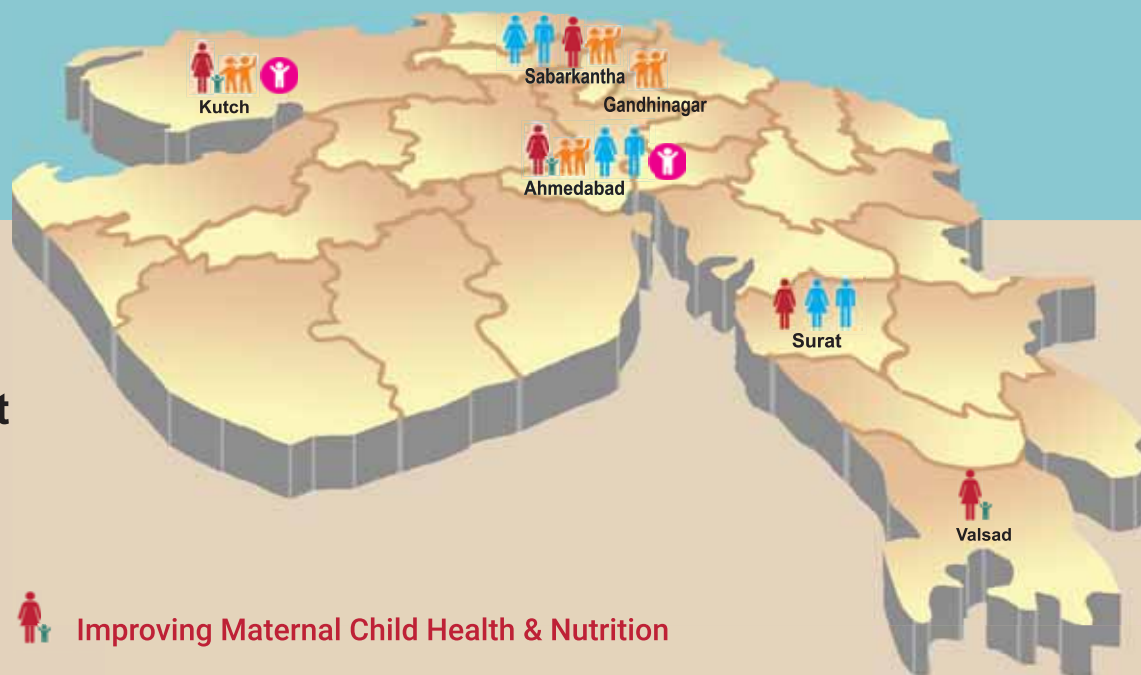


INDIA

Geographical Outreach

2019-2020

Gujarat



Improving Maternal Child Health & Nutrition



Empowering Adolescents



SRH/HIV Integration



Early Childhood Development and Education

Rajasthan




 Advocacy for Quality Maternal, Newborn and Child

 Empowering Adolescents

 Early childhood Development and Education

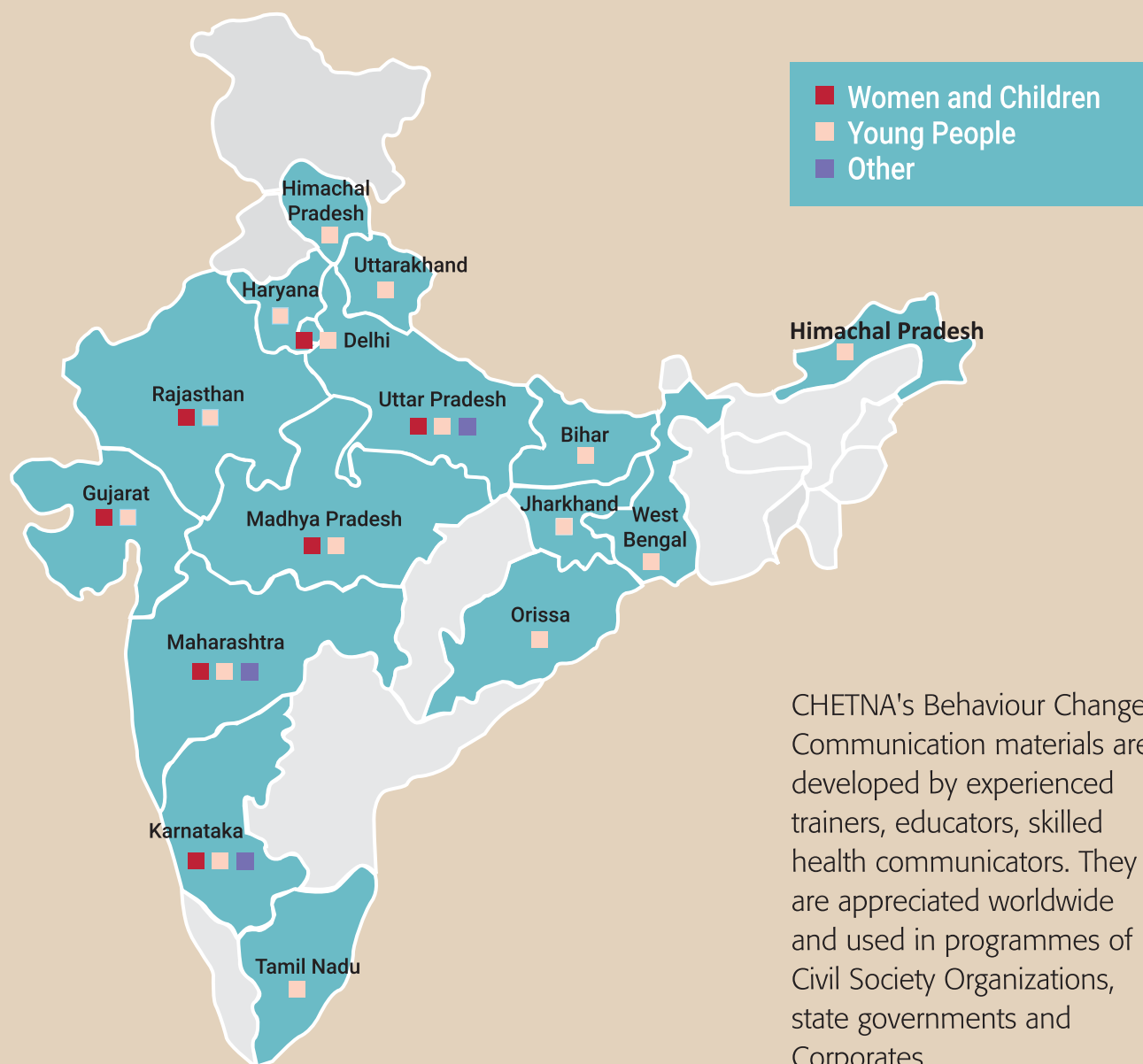
Madhya Pradesh



 Improving Maternal Child Health & Nutrition

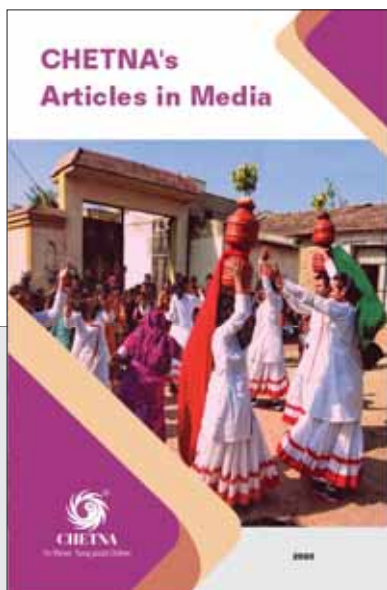
 Empowering Adolescents

40,000+ Copies of CHETNA's Material Travelled to 16 States in 2019-20

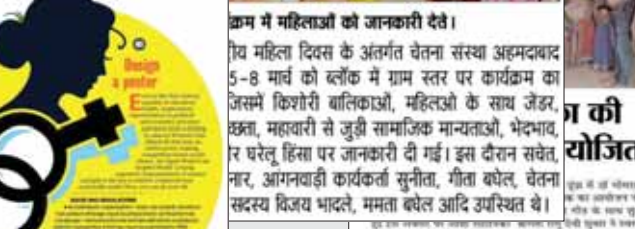


Engagement with Media 2019-2020

During the year 2019-2020 CHETNA's interventions in the state of Gujarat and Rajasthan on adolescent health, maternal and child health and nutrition and tobacco addition prevention got coverage in national print and electronic media. 13 articles were published which were compiled in the form of booklet for wider dissemination.



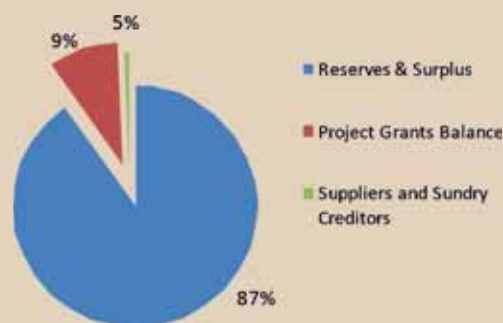
News in media of English-11, Hindi-25, Gujarati-4



CHETNA* Financial Highlights 2019-2020

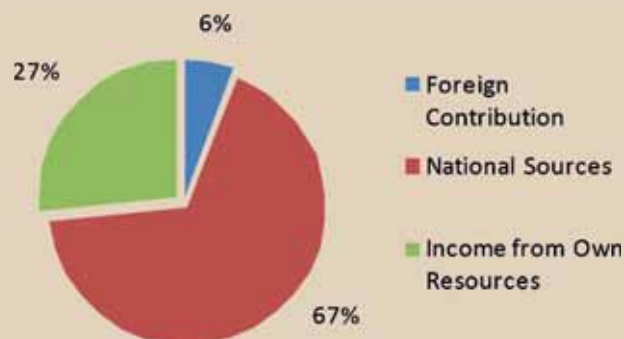
(Rupees in Lakh)

FUNDS AND LIABILITIES	31.03.2020	%
Reserves and Surplus	784	90%
Project Grants Balance	81	9%
Suppliers and Sundry Creditors	4	1%
TOTAL	869	100%



(Rupees in Lakh)

FUNDING SOURCES FOR RECURRING AND NON-RECURRING EXPENSES	31.03.2020	%
International Sources (Foreign Contribution)	35	06%
National Sources	404	67%
Income through own Resources	160	27%
TOTAL	599	100%



Abridged Balance Sheet as of March 31, 2020

(Rupees in Lakh)

ASSETS	31.03.2020	%
Immoveable Properties	247	28%
Moveable Properties	144	17%
Investment in approved Securities	154	18%
Cash and Bank account	164	19%
Income Receivables	95	11%
Advance to NGOs and Others	62	07%
Stock of Educational & Training Materials	3	00%
TOTAL	869	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, 2020

Our Financial Supporters (2019-20)

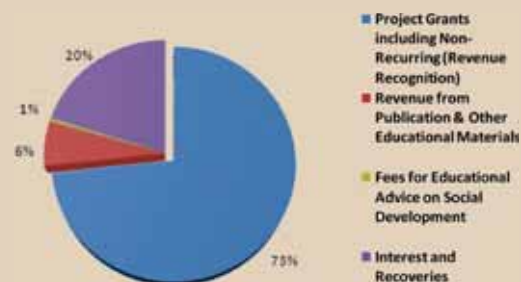
- Ambuja Education Institute, Kolkata
- CAIRN Foundtion, Gurugram (Haryana)
- Centre for Catalyzing Change (C3), New Delhi
- Gujarat Pipavav Port Limited (GPPL), Amreli
- HDB Financial Service Limited, Mumbai
- Mundra International Container Terminal Pvt Ltd, Mundra Kutch
- Narotam Sekhsaria Foundation and Salaam Mumbai, Mumbai
- Transforming Rural India Foundation, New Delhi
- United Nations Population Fund (UNFPA-) New Delhi
- United Way of Bengaluru
- Welspun Foundation for Health & Knowlege, Valsad



D.N. Surati
Chief Accounts Officer
Nehru Foundation for Development
October 2020

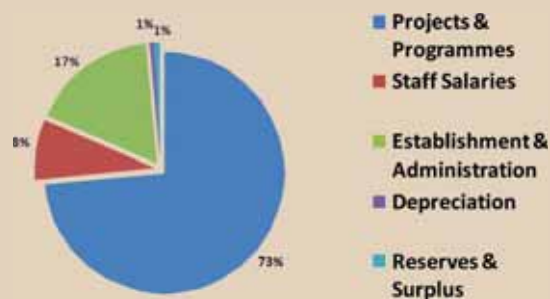
(Rupees in Lakh)

INCOME	31.03.2020	%
Project Grants including Non-Recurring (Revenue Recognition)	439	73%
Revenue from Publication and Other Educational Materials	37	6%
Fees for Educational Advice on Social Development	3	1%
Interest and Recoveries	120	20%
TOTAL	599	100%



(Rupees in Lakh)

EXPENDITURE	31.03.2020	%
Projects and Programmes including Non-recurring	440	73%
Staff Salaries	48	8%
Establishment and Administration	102	17%
Depreciation	5	1%
Reserves and Surplus	4	1%
TOTAL	599	100%



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