

Striving For a Healthy Future



CHETNA

For Women Young people Children

Annual Report 2020-21



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Message from Chairperson

The year ending March 2021 had seen a raging Covid-19 pandemic affecting the whole world and with it- the

governments, organisations big and small, communities and families. Leaving no one untouched by the turbulence of unforeseen events, people struggled to overcome daily fears of bringing infection into the house and the workplace. CHETNA's management, staff and field workers too came face to face with the sudden reality that their support to hundreds of women and children in rural areas and slums needs to be kept on hold for the time being. A new reality surfaced as the plight of the migrants left bereft of daily earnings was for everyone to see. In all this CHETNA learnt one lesson. Come what may, life had to go on and gaps had to be filled as best possible. The most vulnerable and voiceless sections of society – women and children – required even greater attention from those familiar with their living conditions and who had maintained close connections over the years. CHETNA made every effort to find ways to reach out to vulnerable groups and despite many challenges, the fortification of their health, nutrition and well-being could not be discontinued. CHETNA decided to swim through uncharted waters and the organization established new benchmarks for helping those in need. The biggest contribution CHETNA could make was to care enough.

The Governing Council of CHETNA reviewed progress online in its meetings held on 28th October 2020 and 24th March 2021 and took note of the experiences encountered and of the urgent needs. Covid had exacerbated undernutrition among women, children

and adolescents and demanded even greater attention. Using its experience, the organisation persevered to change child feeding practices and prevent undernutrition under the aegis of Poshan Vatika. Urgent attention was also required to counsel families to confront anaemia among women and adolescent girls. CHETNA made efforts to involve the Gram Panchayats and Self-Help Groups (SHG) to help improve access to maternal and child health services at the village level. The effort has shown promise and has the potential to be up scaled. With the active involvement of the SHGs, the challenges of health and nutrition have received priority in the Village Development Plan.

During the year 2020-21 CHETNA made an effort to collect information of the effect of Covid-19 on the urban and rural poor communities and document it. A fact sheet developed with the support of Dr. Visaria, a member of CHETNA's Governing Council has been uploaded on the website and has also been published in a local English newspaper. The data has been sent for publication by a journal which is presently under peer review. This was in response to the Governing Council's advice to document, share and disseminate the outcomes for wider public information and benefit.

Alongside CHETNA also undertook an observational study in Ahmedabad city to assess compliance with the Section 5 and 6 of COTPA 2003, (The Cigarettes and other Tobacco Products Prohibition of Advertisement and Regulation of Trade and Commerce, Production, Supply and Distribution Act.) The study was published in English and Gujarati newspapers. Later Municipal Corporation ensured that there was a bin available at every paan shop so that customers do not spit in the open. This was absolutely crucial during the pandemic.

As we present this Annual Report, I along with all members of CHETNA's Governing Council applaud the countless efforts every member of the team has made during very difficult times which are recounted in this report. We encourage the team to now reinforce the efforts and work with even greater energy and vigour.

Let us hope the worst might be over if we take sufficient precautions as a society and as individuals. Only then can we look forward to a new India- a country which despite many challenges has shown great resilience. Despite many lost lives and foreboding that India could never overcome Covid-19, the

country has successfully improved on key indicators like immunisation, maternal and infant mortality and institutional deliveries. That said, CHETNA remains alive to the scourge of malnutrition which continues to affect vulnerable groups. CHETNA has therefore, notwithstanding the setbacks caused by Covid, made renewed efforts to document the experience and to share it through its training programmes, awareness building and working with households to better as many lives as possible.

On behalf of the Governing Council members and myself, we wish the very best to Team CHETNA and express the hope that every individual working in the organisation will overcome ongoing obstacles and display the initiative and resourcefulness the situation demands.

My best wishes to everyone as hopefully, we start a new phase.



Shailaja Chandra

Chairperson, Governing Council
CHETNA

From the Director's Desk

Nature is a great leveller, they say, and so was the Covid-19 pandemic! It spared no one. And yet, there's no denying that the poor and the marginalised, with whom we work, bore the brunt of the economic and health crisis. The sheer magnitude of the challenge facing us, left us confused, but our team was spirited and determined to ensure the safety of the people in the rural and urban slum areas of their projects. The next few days, we brainstormed, discussed, strategized and in no time got back to our fields with new hopes and enthusiasm. Our collective efforts paid off and we were able to reach out to our people and address their pandemic related issues.

The team relentlessly worked to ensure that timely relief supply was provided in their respective villages. Awareness about the Covid -19 virus and the related safety precautions for prevention was one of the main areas of our work. Our material on the same, was published in more than 10 regional languages and has helped more than 1,50,000 people.

We took up the challenge of developing training modules during the lockdown in local languages on various aspects of Covid 19 and initiated virtual training of our own team members, frontline workers of government and other Non Government Organisations. We extended support to the Panchayats for the safe return of migrants by connecting them with the NGOs on their route and provided accommodation and food from the community kitchens. Once the lockdown was lifted, we initiated the implementation of the project work, keeping the Covid guidelines in mind. The women leaders trained and mentored by us, played a crucial role in mobilising the community to follow the Covid guidelines thereby ensuring their safety.

We did face the virus up close as it hit our homes too, with some of our members contracting the illness, but never getting discouraged, never giving up and continuing to stay positive and enthusiastic.

I take this opportunity to thank each one of them and their families for their courage, commitment and enthusiasm. Our gratitude to all our donors who trusted us and supported us in our endeavours.

Team CHETNA stands tall and yet humbled!



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 (0-10 years old), young people (11-24 years old) and women (+25 years old) at the critical stages of their lives. 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 improve their health and the quality of life.

Thrust Areas

- Enhancing the value of girl child by improving access to nutrition, health care, and education.
- Optimizing health and development in early childhood.
- Promoting nutrition, reproductive and sexual health rights (including HIV/AIDS) 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

Activities in the area of nutrition and health were initiated in 1980. These experiences later 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 the Corporate.

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 AGCAs.



Activities of CHETNA

Strengthening Capacity

CHETNA organizes need-based training programmes for programme managers and implementers from non-government and government organisations, as well as from corporate 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 and interactive Behavior Change Communication (BCC) material. Based on CHETNA's three decades of experience of communicating with semi-literate and non-literate communities, the materials are audience appropriate and user-friendly as these are extensively field tested. Several of CHETNA's materials have been printed in large quantities and used in existing government programmes, as well as, non-government organizations (NGOs) and corporate. CHETNA has made unique efforts towards developing gender-sensitive training modules and materials. CHETNA also organises training programmes, specifically focusing 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 Melas (Health Fairs), Yuvati Shibirs (Fairs for Adolescent Girls), Bhavai (a traditional form of drama), folk songs and Poshan Melas (Nutrition Fairs).

Demonstrating Workable Models and Approaches

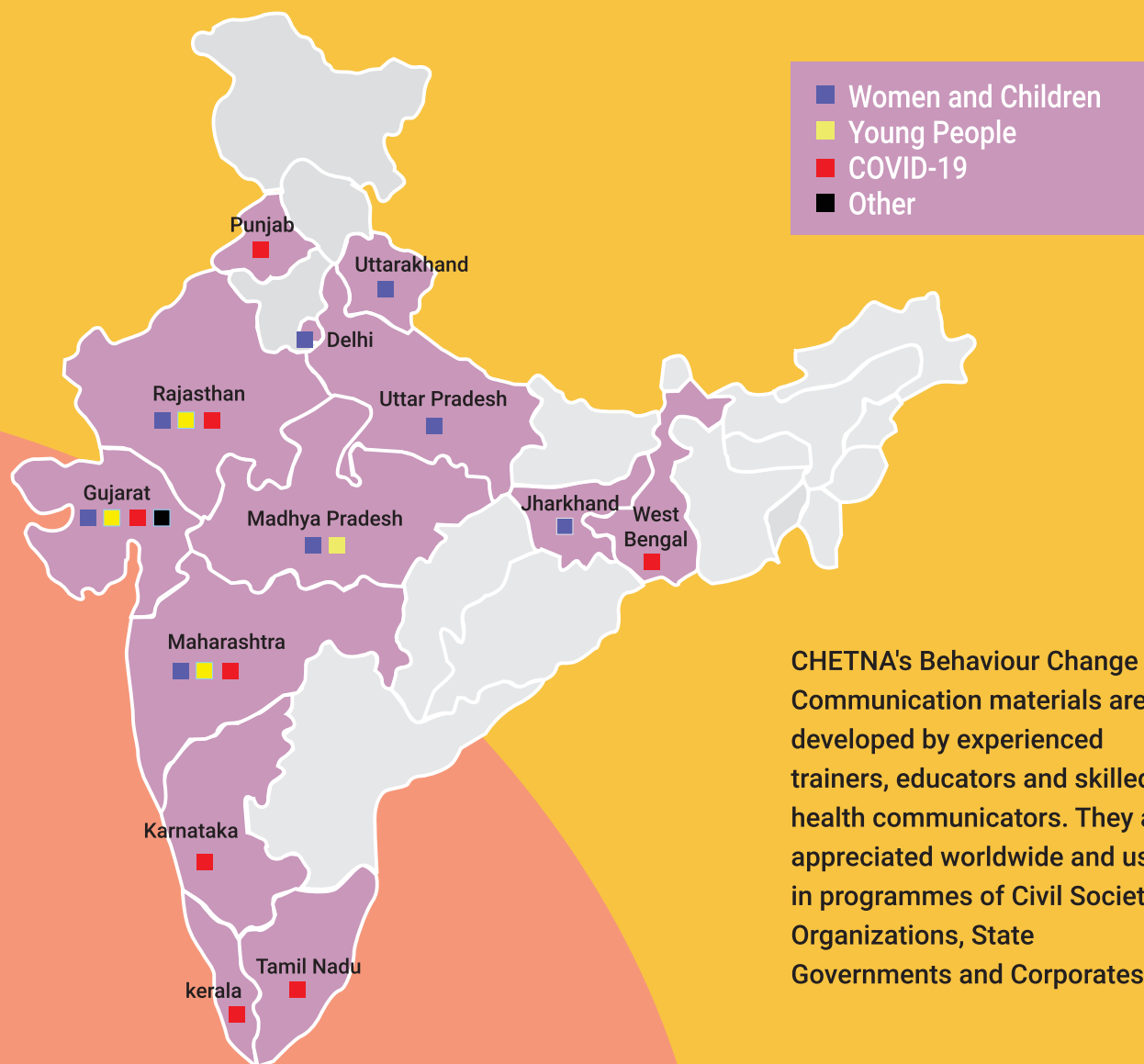
CHETNA demonstrates workable models and approaches which can be mainstreamed through existing government health and nutrition programmes at the state and the national level. The team showcases approaches to mobilise the community and empower them to take charge of their own health and nutrition as well as to access and demand quality services from the public health system. CHETNA showcases training strategies to train large number 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. This is executed by systematic facilitation, co-creation and mainstreaming of effective evidence-based models and showcasing 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 Rajasthan State Adolescent and Youth Policy (2006), National Early Childhood Care and Education Policy (2013), National Policy for Children (2013), National Youth Policy (2014), National Adolescent Health Strategy (2014) and the National Health Policy (2018).

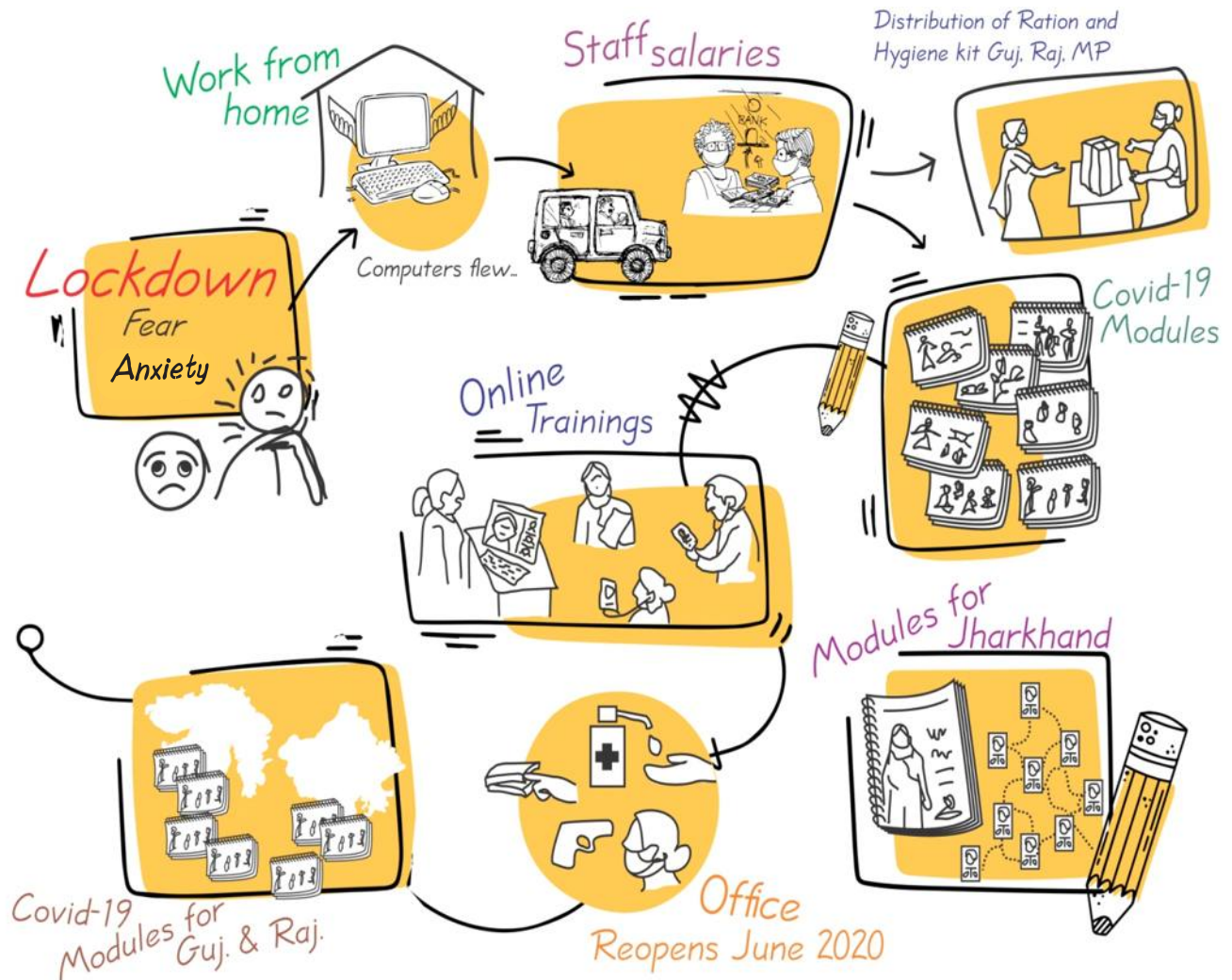
195000 Copies of CHETNA's Material Travelled to 13 States in 2020-21



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

Our Journey with COVID-19

We continued Working During Lock Down



Reaching the unreached in COVID Pandemic

When the pandemic struck and the lockdown was announced, CHETNA team was concerned and realised the need to reach out to the vulnerable communities-especially rural and urban dwellers and the frontline workers of Gujarat, Rajasthan, and Madhya Pradesh.

We took up the task of providing information and educating communities about ways to cope with this never experienced situation. We developed illustrative communication modules to let people know how epidemics spread and how to prevent the spread. As well, information about the new concepts such as lock downs, social distancing, use of masks and sanitizers.

We virtually trained women leaders, frontline workers of government and non-government organisations in all the three states where CHETNA works. We distributed ration and sanitary kits to those who were unreached. After the lockdowns were eased, we reached

out to women's groups, frontline workers, and adolescent girls through physical training while we took utmost care to follow the Covid-19 Protocols.

Above all, we put to rest their fears and encouraged them to adopt the new ways of living in the New Normal.

We provided relief to communities...





In Madhya Pradesh we travelled in a boat to provide food grains to communities in the remotest villages, which are not connected by roads.

2000

Migrant labourers from Madhya Pradesh were listed for linkages with the Government Relief efforts.

559

Anganwadi Centres in Rajasthan and Gujarat were provided first aid kits.

2232

Families from Gujarat and Madhya Pradesh were provided food grains and supplies.

91

ASHA and Anganwadi Workers of Rajasthan were provided Sanitizers and Masks.

1900

Children aged 3-6 years from Rajasthan and Gujarat were provided learning kits.

5500

Adolescent Girls and communities in Rajasthan were provided Cloth Masks.

230

Households from Gujarat were provided Hygiene kits.

115

Pregnant women in Gujarat were provided Medical Masks.



We spread awareness about COVID-19 precautions...

34,981

Household members
from Gujarat.

47,347

Women and household
members from Rajasthan.

781

Women leaders
from Madhya Pradesh.

885

Children age 3-6 years
from Rajasthan.

500

Children aged 3-6 years
from Gujarat.

215

Anganwadi Workers and
ASHAs from Gujarat and
Rajasthan.

120

Truckers from Gujarat.

459

Adolescent girls
from Gujarat.

976

Frontline workers
from Madhya Pradesh.

We listened to...

2193

Women on their experiences of COVID-19 and access to Maternal Child Health Nutrition Services from Rajasthan.

1746

Women on Breast feeding and COVID-19 Pandemic from Gujarat, Madhya Pradesh and Rajasthan.

297

Tobacco vendors for placing spittoons near their shops from Ahmedabad City.



We facilitated Virtual and physical trainings to...

325

NGO members from Madhya Pradesh, Rajasthan and Gujarat.

169

ASHA and Anganwadi Workers from Rajasthan and Gujarat.



We provided health services



115

Pregnant women from urban dwellings of Ahmedabad City were provided health check ups.

We developed
materials for
COVID-19
communications...

300

Posters
for communities in
Gujarati language.



425

Set of seven flipcharts
for communities in Hindi
and Gujarati language.

1,73,000

Picture booklets,
for communities in 10
regional languages.



Assessment of socio-economic and health impact of COVID in implementation areas of CHETNA



Gujarat

During the year 2020-21, due to the Covid 19 pandemic, access to essential health services especially Ante Natal Care (ANC) Immunisation suffered.

The implementation area covered 1650 households in Vasna Slum, Ahmedabad city, 30 villages of Mundra block of Kutch district and 11 villages of Sanad block Ahmedabad district of Gujarat. CHETNA contacted 478 of the 650 targeted families and sought information from them about access to health care and coping mechanisms before, during and after lockdown. In all, 1596 interviews were conducted of which 429 were pregnant women, 926 were lactating mothers and 241 were mothers of under nourished children.

Loss of livelihood was a major concern in the lockdown. The earning of the family members had decreased considerably during the lockdown. During the pre-lockdown stage, from **478 families, 730 members** were earning (105 women and 625 men) This number reduced to 107 during lockdown (11 women and 96 men).

During lockdown, **22% pregnant women** did not receive Antenatal Care (ANC). Number of home deliveries was four-fold higher during lockdown in comparison to post lockdown period.

During three months of lock down, families received grain kits consisting of cereals, pulses and oil, due to which only **12% families** experienced food insufficiency during lockdown. However, there was a considerable decrease in intake of milk, vegetables and fruits during lock down.

Highlights

80% of the families borrowed money. Majority of them borrowed by mortgaging their jewelry or taking loans with interest. The major reason cited to borrow money (90%) to tide over their household and medical expenses.

Only **28% children** below two years received immunization during lockdown. In the urban slum project only **9% children** were immunized.

During the initial lockdown phase in the urban slum area, **14% nourished children** between the age group of 2-5 years became underweight. There was increase in severely undernourished children by 12%.

Rajasthan

Similar effort was done in the state of Rajasthan. A quick survey was carried out during June 1 to 25th 2020. Information was collected from 2,139 women across nine districts of Rajasthan. Of those surveyed, 620 were pregnant, 499 delivered a child since COVID-19 pandemic phase and 1020 were neither pregnant nor had delivered child in recent time.

Source of information about COVID 19 and maternal and child health:



Loss of livelihoods was a major concern mentioned by 3/4th women followed by financial hardships

57%

Highlights

Almost half of the respondents

45%

reported inadequate access to essential healthcare services and 25% faced food scarcity.

During the lockdown

14%

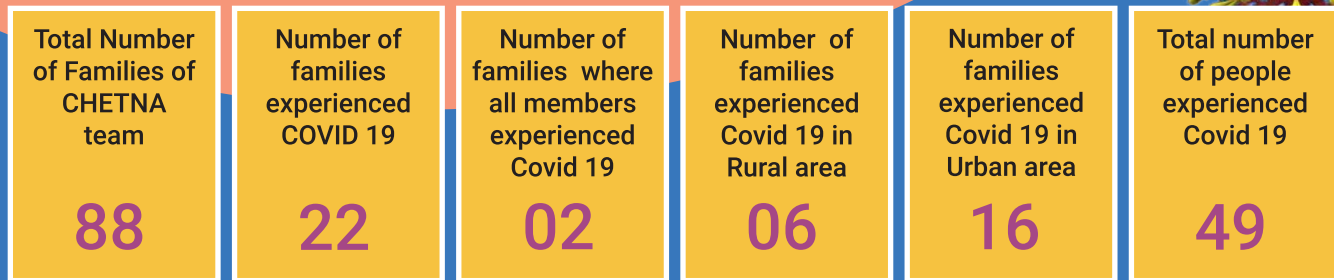
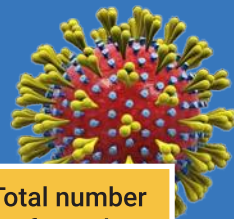
pregnant women said that they had not received even one ante-natal check-up. Lack of access to transportation during situations like these and fear of infection, were the two major reasons for poor access to essential services such as ante-natal care (66% and 80% resp.), post-natal care (33% and 57% resp.) and Immunization for children (45% and 60%).

During the lockdown

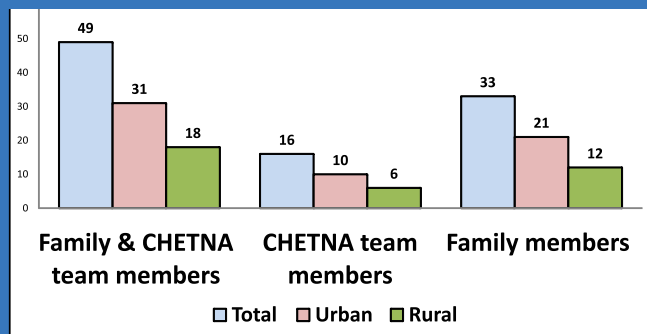
66%

received Take Home Ration (THR)/ Supplementary nutrition in the last 30 days of which 56% mentioned that THR was distributed at the Aanganwadi Centre. 40% reported that they got the THR delivered at home by the Anganwadi Worker and/ or the ASHA .

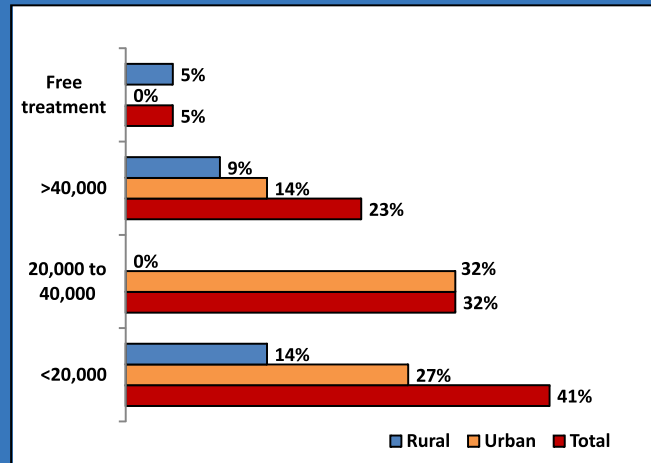
How Many of us Experienced Covid 19*



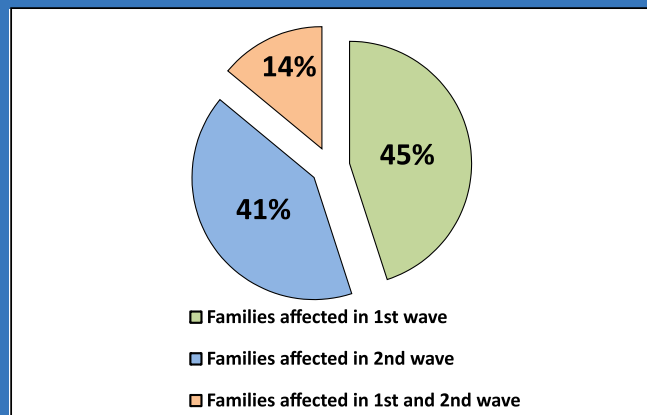
No of us and our families experienced COVID-19



Medical Expenses Incurred for COVID Treatment



Wave wise infection of COVID-19



Majority of the families opted for private sector

Loss of human days



7 Families Experienced Critical Health problems during Second wave

*1st June, 2020 to 31st May, 2021

Women Speak about Breast Feeding and Complementary Feeding Practices

Every year CHETNA celebrates breastfeeding week and National Nutrition Month by organising awareness programmes at the community level. Due to the Covid pandemic, celebration at the community level was not possible.

An online survey was conducted to learn about the awareness about breastfeeding and complementary feeding practices among women from all of CHETNA's intervention areas from Gujarat, Rajasthan and Madhya Pradesh.



Women Speak about Breastfeeding

A total of 1746 pregnant (766) and lactating women (979) were interviewed.

86%

Breastfeeding should begin within an hour of the baby's birth.

51%

Breastfeeding could continue till the baby is 2 years old.

68%

Baby must be fed only breast milk till 6 months of age.

88%

Work should be shared by family members so that women are able to breastfeed.

74%

Complementary feeding should begin when the baby is 7 months of age.

81%

Workplaces should make arrangements to allow women to breastfeed their babies.

87%

Baby should be given soft foods cooked at home.

47%

A woman can continue breastfeeding her baby even if she is Covid-19 positive.

Women Speak about Complementary feeding

Information about complementary feeding practices was gathered from women (1556) having children between 7 months to 2 years. Highlights of the information gathered:



90%

of mothers reported that they continued breastfeeding their babies till they were 2 years old.

50%

of children were breastfed a minimum of 4 times in a day. Frequency of the breastfeeding decreased with the increase in the age of the child (that is above 1 year).

86%

mothers reported that they breastfeed their child during illness of their children.

10%

of children did not receive complementary feeding till the age of one year.

75%

of the children were fed a cereal (wheat) every day, 37% children were fed a preparation from pulses and 36% children were fed milk. Very few children were fed eggs and fruits. Only 15% to 25% children were fed vegetables including roots and tubers.

75%

of the children were fed biscuits, toast, and other commercial 'namkins' (savories) at least twice a day. The young children are fed these items after soaking them in water or tea.

95%

of mothers followed the habit of hand washing before cooking and after defecation.

Social Media Campaign on Maternal Health in Rajasthan

A social media campaign was launched in 23 blocks of 10 districts of Rajasthan during July 2020 to ensure that up-to-date information on COVID-19 and pregnancy/childbirth was available to frontline workers, grassroots agencies, women and communities.

CHETNA contributed in seven films which were developed by White Ribbon Alliance of India (WRAI). These films were on Pregnancy and COVID-19, Breast feeding and COVID-19, antenatal checkups and COVID, safe delivery in institutions, post-natal care, stigma and discrimination and respectful maternity care. These videos, since, have been uploaded on youtube ¹



In Rajasthan, Whatsapp and facebook were the two main social mediums used by SuMa² members to create awareness. Wherever network connectivity was poor, SuMa members used their mobile phones and laptops to screen the films and ensure that vital information reached the women. While doing this, the team, followed all the COVID-19 protocols.

We reached

300

NGO volunteers and team members.

1438

other non-health project teams and group members.

5375

women reached physically by NGO team members.

5443

frontline workers.

9290

women through frontline workers.

5135

members of Panchayat, parents and other groups/networks.

189

Government officials.

6161

through facebook.

49

print media coverage at state and district level.

¹ <https://www.youtube.com/playlist?list=PLQcDPF54rlv9YAchoade81ITa-SULed7D>.

² SuMa (Rajasthan White Ribbon Alliance India), anchored by CHETNA since 2002, is for Awareness, Action and Advocacy for Reduction in Maternal and Newborn Mortality in Rajasthan.

Partners:



CHETNA extended capacity Building support at Jharkhand

Jharkhand Integrated Development of Health & Nutrition (JIDHAN)¹ has been conceptualised as an emergency healthcare response to COVID-19 while creating sustainable, long-term capacity for delivering basic services as well as organising such emergency responses in future.

CHETNA extended support at different levels:

1. Adhering to the COVID-19 protocols of the state Government, a three days training module accompanied by appropriate reference material was developed to facilitate a three-day training of Panchayat Health Facilitator appointed by the Civil Society Organisations involved in JIDHAN programme.
2. Twelve Master Trainers, 173 Panchayat Health Facilitators (PHFs) and 15 Block Coordinators of 15 blocks from 5 districts of Jharkhand were trained.
3. A set of 10 modules were developed to train ASHAs on different aspects of COVID 19. More than 40 District Project Coordinators and State Training Teams of the five districts were trained as master trainers. The training module has been scaled up at the state level by Government of Jharkhand and physical trainings of ASHAs have been rolled out by the master trainers in five districts



¹Philanthropy (Azim Premji Philanthropic Initiatives) is supporting a consortium of three organisations (PHIA-PRADAN-TRIF) along with some technical organizations such as CMS Vellore for an integrated healthcare response in 5 districts (Ranchi, Lohardaga, Khunti, Gumla & Simdega) of Jharkhand.

Observational Study to Assess Compliance of Section 5 & 6 of COTPA 2003 in Ahmedabad city¹

Tobacco is the leading cause of death in the world. Globally, adolescents are the most vulnerable population, when it comes to initiation of tobacco consumption. Most adult users start tobacco consumption in their childhood or adolescence. To control the consumption of tobacco, India introduced The Cigarettes and Other Tobacco Products (Prohibition of Advertisement and Regulation of Trade and Commerce, Production, Supply and Distribution) Act, 2003 (COTPA 2003), which was a welcome step.

CHETNA has conducted a study to learn about the compliance of COTPA 2003, particularly section 5 which prohibits any kind of advertisement, brand promotion and sponsorship of tobacco products. Section 6 has provisions to prohibit the sale of tobacco products to anyone below the age of 18 years. CHETNA undertook a cross sectional observational study of tobacco shops (297) of 3 wards of Ahmedabad city namely Vasna, Old Vadaj and New Vadaj of Gujarat state.

Major findings of the study:

50%

of the shops were located in shopping complexes.

70%

of the shops are located on the main road.

30%

of the vendors were practicing “Point of Sale” (PoS) advertisement of tobacco products through visual aids with the name of the shop as well as violating Section 5 of the COTPA 2003.

97%

of tobacco vendors had not displayed signage board i.e. “Selling of Tobacco Products to a Person who is under 18 years of age is Punishable Offence” and 12% of the tobacco shops are situated near educational institutions.

95%

of tobacco vendors are selling loose cigarettes.

30%

of the tobacco vendors have not kept dustbins near their shops.

The study indicates that tobacco is rapidly becoming an issue of concern, especially among the youth. It is important that COTPA 2003 is strictly enforced in Ahmedabad city. Fines collected, due to violation of the Act, can be used to establish de-addiction centers. A strong monitoring of tobacco vendors will ensure that children and adolescents do not get addicted to tobacco products. Active involvement of different departments and stakeholders will play an important role towards sustaining tobacco free generation.

¹ The limitation can be purposive sampling; the results could not represent the actual percentage of COTPA implementation in Ahmedabad city.

Improving Access to Maternal and Child Health Services

SNEHA



SNEHA is an urban health and nutrition initiative by CHETNA. SNEHA initiative is implemented in 1650 households with a population of around 14,000.

Goal: To improve maternal and child health and nutrition indicators of urban poor locality of Ahmedabad city by creating awareness and improving the access to health and nutrition services.

OBJECTIVES

- To inculcate positive health and nutrition behaviours amongst the community members through health and nutrition awareness.
- To increase access to nutrition and health services for pregnant women, lactating mothers and children.

- a. Ensure regular and complete immunization of children.
- b. Ensure early registration of pregnant women, antenatal and postnatal care.
- c. Increase institutional deliveries.
- d. Ensure timely and exclusive breast feeding and initiation of complementary feeding among children after the age of six months.

Activities:

In the intervention area, 53% children below the age of five years are underweight (age for weight), which is higher than the state average of 40% (NFHS 5 2019-20). It is a known fact that poor nutrition, in the first 1000 days can cause irreversible damage to a child's growing brain. It impacts the child's ability to perform well in school and later earn a good living. This could also lead

to obesity, diabetes and other chronic diseases. Hence, families with pregnant and lactating mothers were regularly counselled about healthy feeding practices and personal hygiene.

During the Health Camps organized for undernourished children, it was observed that delayed initiation of complementary feeding and inappropriate feeding practices were the primary causes of undernutrition amongst the children. CHETNA launched a Nutrition Centre in the intervention area. The Nutrition Centre is in constant touch with the parents of underweight children. The Centre educates the parents about breast feeding and home based complementary feeding and closely monitors children's weight gain.

One of the major activities was to celebrate the Adolescent Health Day. Numerous interactive group education activities were organized with adolescent girls to create awareness about reproductive health, nutrition and prevention of tobacco consumption.

Key Achievements

7000

community members received information on health and nutrition and related services.

67%

infants got colostrum from their mothers and exclusive breastfeeding was practiced for 6 months as compared to 45% at the baseline.

59%

pregnant women have completed a minimum of 4 Antenatal checkups, as compared to 15% at the baseline.

40%

adolescent girls stated that they had reduced the consumption of tobacco or have quit consuming tobacco.

Amongst community members, awareness about immunization has increased from 51% to 95%.

Home deliveries were 12% at the baseline which have now reduced to 6%.

Jashiben's beaming smile

Jashiben is a 35 years old woman, and has three children. She lives at Batha Gam of Vasana Slum area in Ahmedabad city. Her husband is a vegetable vendor. She home delivered her first three children. During these three pregnancies, Jashiben did not undergo any kind of health check-ups. One of the three children, a son, was very weak and fell ill frequently. The boy, subsequently died at the age of three. This was one of the most difficult and saddest times for Jashiben.

During her fourth pregnancy she came in contact with the SNEHA team. They convinced Jashiben to seek antenatal checkups on Village Health and Nutrition Day - Mamta Divas. She received iron and calcium tablets and got her tetanus shots. The SNEHA team made regular follow up visits to check on Jashiben. During these visits, she was counselled to consume homemade nutritious food and the iron and calcium tablets. Her husband was counselled to get Jashiben admitted to a hospital for her delivery. In March 2021, she delivered her fourth child—a daughter at the civil hospital. Her daughter weighed 3.1kg. Jashiben knew the importance of feeding colostrums to the new born which she did. A healthy baby girl lit up Jashiben's face with a beaming smile.

Partner



Sachetjiis Are Transforming Their Villages

SAKSHAM

SAKSHAM

CHETNA is a thematic partner with Transform Rural India Foundation (TRIF) for initiatives on Health and Nutrition. Between August 2018 and March 2021, CHETNA implemented activities in six blocks of four districts Alirajpur, Jhabua, Dhar and Dindori, in Madhya Pradesh.

Goal: To contribute in improving maternal and child health and nutrition indices in rural and tribal areas of Madhya Pradesh

Objectives

1. To enhance capacities of women for mobilising community to access quality health services, and inculcate healthy health and nutrition behaviours.
2. To strengthen maternal and child health and nutrition service delivery at the village level.

A two pronged strategy was adopted

1. Build capacities of women leaders and women's organisations such as Self Help Groups (SHGs), Village Organisations (VOs) and Cluster Level Federations (CLFs) for adoption of health promotion activities and uptake of services.
2. Block and facility level dialogues and strengthening of Village Health Nutrition Days (VHNDs), Village Health, Sanitation and Nutrition Committees (VHSNCs) and building capacity of frontline workers for enhancing service delivery.

The planned activities were implemented in 406 villages in six blocks. CHETNA's trained team conducted community needs assessment and public system gap analysis in 10 percent of the villages. The findings were shared with the block officials and guided intervention planned.

CHETNA deployed and trained a team of 37 members on programme planning, technical dimensions, training of master trainers and mentors on three Perspective Building modules, VO module and CLF module for them to facilitate implementation and conduct monitoring of the planned project activities.



Key Achievements

786

trained Sachetjijis (SJs - women leaders) went through mentoring phase in conducting their mandated activities.

90%

were confident in creating health and nutrition awareness. According to 60% women leaders, village women sought their advice and support to access health and nutrition services.

390

Village Health Plans were developed. These were submitted in 104 Gram Sabhas and uploaded on the National Rural Livelihood Mission (NRLM) portal.

418

Members from 18 Cluster Level Federations, participated in developing the health and nutrition annual action plan of their village.

1066

Frontline workers (ASHA, ANM, AWW) were trained and joint work plans were prepared.

3248

Village Health and Nutrition Days (VHNDs) were observed and the frontline workers supported VHNDs to fill in the gaps.

239

Village Health Sanitation and Nutrition Committees (VHSNCs) were supported to conduct monthly meetings and a directive was issued by the health department for including trained Sachetjijis as a member in VHSNC.

Interviews conducted with 356 trained SJs showed that

- A vast majority of SJs (>80%) changed their own practices and had started eating at least one daily meal with their family members and ate three coloured food at least once in a day.
- 90% SJs participated in VO meetings and facilitated discussions on health and nutrition.
- 61% SJs began participating in VHNDs. They joined ASHAs and Anganwadi workers in counselling families for early registration of pregnant women and institutional deliveries. They also counselled parents and families of SAM children for their referral to NRCs. As well, for timely immunization of children. 1312 children were mobilized by SJs to be immunized on VHNDs.

Interviews with SHG members showed that

- More than three fourths (75%) of them were aware that breastfeeding should be initiated at birth, only colostrum should be fed to the baby.
- More than half (54%) were aware about exclusive breastfeeding for the first six months and the age for initiation of complementary feeding.
- 39 percent were aware that a COVID-Positive mother can breast feed her child.
- Majority (>90%) of them are having at least one daily meal with family members and included three coloured foods in their meal.
- More than a third of them had started cooking in an iron wok and counselled family members against blaming women for the birth of a girl child.



Follow up with SAM children

In 2019, the CHETNA Team along with the frontline workers, had identified 556 SAM children and educated and counselled their parents. Of these 431 were followed up. By March 2021, 49 % of those followed up were healthy, 32 percent were moderately undernourished and 19 percent continued to be severely malnourished.

Women took charge of making the village healthy

The village of Mathmath¹ is spread across a large area. Gurjars, Bhils and Harijans are the main inhabitants of this village. In this village, health and nutrition related issues such as malnutrition, anaemia and other common sicknesses such as diarrhoea, pneumonia and vomiting are common. To access health care, the community of this village seek loans from the village moneylenders. This leads to a debt trap. When they are unable to repay their loans, they leave the village.

Samtadidi, a member of the Self Help Group volunteered to work on health and nutrition issues of the village. She participated in the trainings organised by CHETNA. Post her training, and back in her village, Samtadidi discussed about Child Nutrition and services of the Nutrition Rehabilitation Centre for severely malnourished children amongst the women members of her Self Help Group. At the end of the discussion the women decided to identify malnourished children in their communities.

The next month, whilst the CHETNA team was on its visit, Samtadid informed that an underweight child Rahul, was identified and he was admitted to the NRC in Petlavad. Rahul was weak, couldn't eat and used to cry a lot. Due to his illness, Rahul's parents had to skip farm work at least twice very week, This meant loss of wages and forced Rahul's parents to default on the loan that they had taken from the money lender.

On admission to the NRC, Rahul weighed 5 kilograms. But after 14 days when they returned from the NRC, Rahul's weight had increased by 400 grams. His condition began improving. The family and the Self Help Group members felt a sense of achievement.

¹ Village located in block Petlavad, Dhar district of Madhya Pradesh

Meena's Babies – a positive journey

Meena lives in Bhanpur village¹ and is a member of the local Self-Help Group. In 2017, when she was pregnant, she did not access any health and nutrition services from the public system. She gave birth, at home, to a baby girl whose weight was 1.8 kilograms. On 5th April 2018 the Anganwadi Worker asked her to get the baby admitted to the Nutrition Rehabilitation Centre (NRC). Meena and her family ignored the advice.

Jaya and Seema were trained as Sachetjiji (Sj) by CHETNA. At a health and nutrition session facilitated by them, they had a chance meeting with Meena who had come to attend their session. Meena's baby, was nearly two years old and was unable to breast feed nor eat properly. The baby was underweight and weak. Jaya, Seema and the Anganwadi Worker counselled Meena and her family members to get the child admitted at the NRC. After a detailed discussion and some persuasion, Meena and her family agreed. On 10th April 2019 the baby was admitted at the NRC. They completed their 14 days stay and also made four follow up visits to the NRC. The baby's condition improved and she began eating. Meena became confident, interested and regularly remained in contact with SJs.

Meena conceived for the second time in 2019. The SJs informed Meena about the requisite care during pregnancy. She registered with the ANM and accessed all the health and nutrition entitlements. Accompanied by SJs, on 23rd December 2019, Meena got admitted at the Primary Health Sub Centre, Nighouri. Meena gave birth to a baby girl on 24th December 2019. The baby girl weighed 2.5kg. The baby was breastfed within an hour of her birth.

Meena narrates her inner thoughts - "During the health and nutrition sessions, I learnt about the care during pregnancy and the importance of institutional delivery. This information helped me to rid the fear I had about hospitals. I also understood the importance of food and immunisation during pregnancy. The services at health centre were good I am feeling blessed".

In April 2020, a happy moment for the CHETNA team – they met Meena and her two healthy girls. Meena stated she regularly attends the Village Health and Nutrition Day to get her children immunised and get other related services.

¹ Bhanpur village, block: Amarpur, district Dindori

SACHET: Strengthening Local Governance for Multi-Dimensional Change

"Sachetjiji", one of the active members of Self Help Group (SHG), who plays the role of connecting the demand and supply sides of public health system. They've established themselves as a powerful link between the community and PRI members Since 2017, the Sachet programme is being implemented in 79 villages in the Rajpur block of Barwani District, Madhya Pradesh.

Goal: The programme envisages improving community Health and Nutrition related services by strengthening community institutions and local constitutional bodies and making them accountable for community health and well-being.

Activities:

Creating Co-travellers: Till today, more about 250 Sachetjijis have been trained to bring change in the health and nutrition scenario of their village. These Sachetjijis are responsible to identify the health and nutrition issues of their village by contributing in developing a Village Development Plan. They

further make efforts to get this plan implemented through the Village Panchayat. Sachetjijis mobilize women to attend the Gram Sabha to make their voices heard so that action could be taken on the identified health and nutrition issues.

In reality, Sachetjijis drop out on a regular basis. This could be due to various social and or personal reasons. To enrol new Sachetjijis, the Village Organizations (VOs) took the initiative in identifying new Sachetjijis to fill in the gaps. The experienced Sachetjijis possess leadership qualities and have taken initiative to improve access and quality of health and nutrition services from the public health system.

Forty two Sachetjijis were trained and deployed in a new role as community trainers. They train and mentor the newly enrolled Sachetjijis. Further, they handhold and support the newly enrolled Sachetjiji in understanding and identifying the health and nutrition issues and initiate actions to deal with the issues. The experienced Sachetjijis have begun monitoring and providing support in improving the quality of service delivery, specifically during the Village Health and Nutrition Day, (VHND) functioning of the Gram Arogya Kendras (Village Health Centres) and the quality of food served under the Mid Day Meal scheme.



In Sawai village, Shardajiji and Jankijiji work as Sachetjijis. They began visiting the women's groups assigned to prepare the Mid Day Meal for school children. They observed that the food prepared was not properly cooked and was not according to the planned menu. They further noticed that the quality of the food sample given to the school's Mid Day Meal Coordinator was different from the food cooked for the children. The two Sachetjijis raised these observations with the women's group assigned to prepare the Mid Day Meal as well as the school's Coordinator. This intervention and their subsequent regular monitoring visits brought about a remarkable change in the regularity and the quality of the food served to the children at the school.

Creating youth leaders: 108 Youth leaders were trained on different aspects of maternal and child health care. The informed and trained youth leaders would then support the community to access the services of different health and nutrition schemes. They would help out by filling out forms, approaching concerned officials in different departments, and raising issues in Gram Sabha along with suggestive actions.

62% of trained youth are supporting Sachetjijis in visiting the Anganwadis, organizing awareness programmes and representing issues at the Gram Sabha to improve access and quality of health and nutrition services.

Contribution in maintaining Covid protocols: CHETNA made special efforts to train the Village Organizations, Sachetjiji, Village Health Sanitation Nutrition Committee (VHSNC) members and front line workers on prevention of Covid 19. 59% of Village Organizations are supporting Frontline Workers and VHSNC in maintaining COVID-19 Protocols in their villages especially at Public places like Anganwadi Centers, Panchayat offices, Public Distribution shops, other places of mass gathering like Handpump and village ponds.

Strengthening of VHSNC: VHSNCs are the monitoring bodies to improve access and quality of maternal and child health and nutrition services of their village. Efforts were made to reform these committees, if not functioning. They were trained to play their role effectively. In 55% VHSNCs, the trained Sachetjijis were included as a member of the VHSNCs. In 59 villages the VHSNCs are functioning regularly.

Achievements

- Initially, women's participation in the Gram Sabhas was around 15%. This has increased to 50%.
- Health and nutrition issues got a space in the Village Development Plan (VDP) in all the intervention villages.
- Issues raised at the Gram Sabha as action points
 - Non availability of toilets in Anganwadi centers
 - Non respectful behaviour of the service providers
 - Non availability of garbage disposal system in the village
 - Non availability of approach road in the village restricting 108 ambulances from picking up pregnant women at the doorstep
 - Poor maintenance of AWC building
 - Need for awareness campaign to maintain Covid protocols
 - Regular distribution of masks and sanitizers
- 105 Health Sachetjijis, Cluster Level Federation members, ANMs, ASHAs, AWWs and ASHA Sahayoginis of CHETNA's intervention area received certificate of recognition and appreciation. These certificates were given out by the District Panchayat, Shri Rituraj Singh and the Barwani District Collector Shri Shivraj Verma.

Ramadidi's Makeover:

Ramadidi is a resident of Jodai village. This village is situated 23 km away from Rajpur block, in Madhya Pradesh. Agriculture is the primary source of livelihood in the village. The village is spread over a large area. It is divided into small hamlets, residing on small hills. This makes it difficult for the community to access health facilities and services.



Ramadidi's journey began in 2017, when she became a Health Sachetjiji. To speak in front of others was a challenge for her. She would remain quiet in the Village Organisation (VO) meetings too. Ramadidi transformed once she participated in the training and learning process. As her confidence increased, she began discussing health and nutrition issues in the VO meetings and forwarded proposals to the Gram Sabha.

Ramadidi as a Community Trainer

With her hard work and dedication, Ramadidi got selected and trained as a community trainer. She feels responsible to improve the health and nutrition scenario of her village. Today, Ramadidi has been selected to function as the Secretary of the Cluster Level Federation (CLF).

As part of the celebrations for the International Women's day that is 8th March 2021, Ramadidi received recognition of her work – an appreciation certificate given to her by the Collector of Barwani. For Ramadidi, this was an unforgettable moment. She got the opportunity to share her journey in front of Mr. Shivraj Singh Verma, the Collector of Barwani and other line department officers. She is committed to nurture many more leaders like her in her community. Her journey has always been upwards - from being nominated as a Sachetjiji to a VO member to being a CLF member.

Advocacy for Respectful Maternity Care

SuMa (Rajasthan White Ribbon Alliance India), anchored by CHETNA since 2002, is for Awareness, Action and Advocacy for Reduction in Maternal and Newborn Mortality in Rajasthan. Since 2015 SuMa has initiated several advocacy activities and campaigns in the state of Rajasthan.

SuMa implemented a Capacity Building and advocacy initiative for Respectful Maternity Care (RMC) during March-July 2021. Some of the key activities include: adaptation of the national module in Hindi language; training of alliance members on the module-virtual and training of frontline workers and implementing a women led campaign.

Goal:

To contribute towards reduction of maternal and neonatal mortality in Rajasthan

Objective

1. To orient Civil Society Organisation (CSO) representatives and Frontline Workers in Rajasthan on Respectful Maternity Care.
2. To advocate for Quality and Respectful Maternal Health Services in Rajasthan.

Key achievements

- National Module adapted in Hindi language.
- 25 members representing twelve organizations from 11 blocks of 10 districts, were oriented on the RMC module.
- More than 100 frontline workers (ASHA, ANMs, Anganwadi Workers) from four districts were oriented about the indicators of respectful maternal care.
- Hamari Awaz Suno Campaign implemented in 99 villages from 21 Blocks of 11 Districts of Rajasthan.
- 65 women leaders oriented on collecting information / experiences about "What Women Want". They gathered information from 695 women who delivered between April 2020-March 2021.
- 10 charters based on "What Women Want" were developed in Hindi language.
- Advocacy dialogues with block/ district level health officials and panchayat members held in 10 blocks.
- 26 stories published in 21 print and online media.
- On 28th May 2021, a National Dialogue was organized with technical experts from 128 CSOs. This was co-organised with White Ribbon Alliance India.

Partners:



THE WHITE
RIBBON
ALLIANCE
HEALTHY MOTHERS
HEALTHY WORLD



Vatsalya: Towards Nourished Women and children

VATSALYA

VATSALYA- "Towards Nourished Women and Children" is being implemented in 6 villages of Himmatnagar Block in Sabarkantha District, Gujarat. The project covers a total population of 13169 residing in 2695 households.

Goal: To create a favourable environment for improving nutrition and health in the first 1000 days of life to ensure healthy mothers and children.

Objectives

- To create mass awareness about nutrition, health, hygiene and sanitation relevant to children, pregnant women, lactating mothers and adolescent girls.
- To improve access to maternal and child health and nutrition services from the public health system.

Kinjal Dinesh Singh Chauhan from Balochpur village shared that "My family believes that the first breast milk is not to be fed to the newborn. I learnt about the importance of Colostrum and fed it to my child born on 12.3.21. I was worried as it was not easy to explain and convince my family members I believe that if you want to bring change it needs to begin at your level."

Activities:

- Training of frontline workers to build their skills to communicate effectively on different aspects of health and nutrition.
- Information dissemination about menstruation and menstrual hygiene and importance of nutrition during the adolescent phase.
- Counselling pregnant & lactating women on importance of regular ante-natal health checkups, nutrition, institutional deliveries, importance of breast feeding, complementary feeding of the child and of their own nutrition.
- Poshan Vatikas (Nutrition Gardens) were developed in the Anganwadi centres in all the 6 villages and the produce is being used in the cooked meal.



With the support of Anganwadi Workers, ASHAs, Panchayats and parents, Poshan Vatikas (Nutrition Gardens) were developed in the Anganwadies.

Partner:



Promoting Early Childhood Education

PAHEL

Since 2015, CHETNA is implementing the Community Health and Nutrition Programme (PAHEL) in villages of Mundra block in Kutch District, Gujarat. From 2020-21, the programme has been extended to all the 60 villages of Mundra block.

Goal: To improve the component of early childhood education so as to prepare them to enter the primary school with confidence and empower the adolescent girls to take care of their health and nutrition status.

Objectives

- I. To improve learning outcome amongst the children under six years by
 - Creating health, hygiene and nutrition awareness amongst the parent groups
 - Ensuring Early Childhood Education (ECE) on regular basis at the Anganwadi level
- II. To enhance the capacities of young adults and non-school going girls to take care of their present and future health and nutritional status

In past, in 29 Anganwadis, CHETNA introduced child centred ECE. As a result, CHETNA could demonstrate increase in the development indicators of children, especially in language development, social and emotional development and motor development. During 2020-21, CHETNA proposed to build capacity of all the Anganwadi Workers (AWWs) to strengthen the component of ECE.

However, due to the Covid 19 pandemic and the lockdown, training Anganwadi workers was not possible.

Later, the CHETNA team organized ECE sessions at the hamlet level. The parents of the children were included in these

activities. The team remained in contact with the parents through the social media to update them about the activities being undertaken with their children. Few educational videos were developed in Kutchchi language and shared with the parents so they could revise the learning with their children. Every month about 50% children could be involved in the ECE sessions. Intensive involvement could be ensured in 34 villages.

By the end of March 2021, Anganwadi Workers were trained on ECE. The team designed a structured training on pre reading and pre writing skills in collaboration with Vikramshila Education Resource Society, a Kolkata based NGO working on the issue of ECE.

Empowering girls for better tomorrow

Once the lockdowns eased, CHETNA organized a two days training on health and nutrition and vocational trainings. During the training, Covid 19 protocols were followed. The adolescent girls and the project team stitched masks in bulk and distributed in their villages.

Developing Kitchen garden

Kitchen gardens were developed in 25 Anganwadi Centres because there was access to water and the Anganwadi Centre had a protective boundary wall.

CHETNA creates awareness and motivates the truckers to seek timely health services and reduce the burden of disease amongst their community.

Partner:



Mundra International
Container Terminal Pvt. Ltd.



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

CHETNA is committed to strengthen the implementation of 50 Nandghars as part of the , Anganwadi Centres of the Integrated Child Development Services (ICDS). These Nandghars would be strengthened in Baytu, Gundamalani and Sindhari blocks of Barmer district, Rajasthan. These Nandghars would cover 8833 households and a population of 51250.

Goal: Improve the health and well-being of children in the age group of 3-6 years by strengthening the components of Integrated Child Development Services (ICDS) Program

Objectives:

- Increase the access to maternal, child health and nutrition related services
- Ensure effective transaction of early childhood care and education services for children between the ages of 3-6 years

CHETNA's efforts are helping children strengthen their development skills. By employing various activities, these help strengthen physical and motor skills, cognitive skills, language skills, social and emotional skills as well as creative expression skills.

Activities:

The Year 2020-21 was a challenge. The project work was stalled as the Nandghars were closed due to the Covid-19 pandemic. The team reached out to children and their parents through digital platforms as well, home visits and 'Faliya' (Hamlet level) meetings were organized to facilitate Early Childhood Education activities. Parents were motivated to carry out these activities with their children, thereby sharpen the children's developmental skills. Parents of children between ages 0-3 years, were counselled about the importance of home based complementary feeding, food during illness and importance of personal hygiene.

Key Achievements

- Education at door steps: Reached out to 1000 children of 50 Nandghars through home based Early Childhood Education.
- Siksha Sanchar/Digital Education: Reached out to more than 800 parents.
- A District Helpline - 'Bolo Sakhi': A 24 hour Helpline was initiated. This was in collaboration with Department of Women and Child Development. The intention was to provide immediate and emergency response to women affected by violence . Such cases were referred to the appropriate authority / government functionary. Women were provided information about women related government schemes.
- The nutrition garden: By March 2021, 32 Nutri Gardens were initiated.
- Reducing undernutrition amongst children: Parents of underweight children were counselled and encouraged to feed home based nutritious food. Of the 161 children between the age group of 3-6 years who were underweight, 54% children became nourished.
- Increase in school enrolment: 1299 children of Angnawadis were eligible to get enrolled into primary schools. Of these, 1214 (93%) were enrolled.

Governing Council

Ms. Shailaja Chandra

IAS (Retd.)
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
Lekawada Bus Stop, Palej Road
Lekawada Sector 30, CRPF
P. O. Gandhinagar 382042 Gujarat

Mr. Dilip Surkar

Director, VIKSAT and VASCSC
Nehru Foundation for Development
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Prof. G.G. Gangadharan

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Mr. Kartikeya V. Sarabhai

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

Dr. Nasreen Rustomfram

Professor and Dean Students' Affairs
Centre for Life Long Learning
TISS (Tata Institute of Social Sciences)
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Deonar Mumbai - 400088

Dr. Prema Ramachandran

Director-Nutrition Foundation of India (NFI)
C-13 Qutab Institutional Area
New Delhi-110016

Ms. Razia Ismail

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

Activist and Actor
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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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Haryana

Dr. Leela Visaria

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

Ms Pallavi Patel

Director Centre for Health, Education, Training
and Nutrition Awareness (CHETNA)
SUPATH-II, Block-B, 3rd Floor, Opp.
Vadaj Bus Terminus, Ashram Road,
Ahmedabad 380 013.

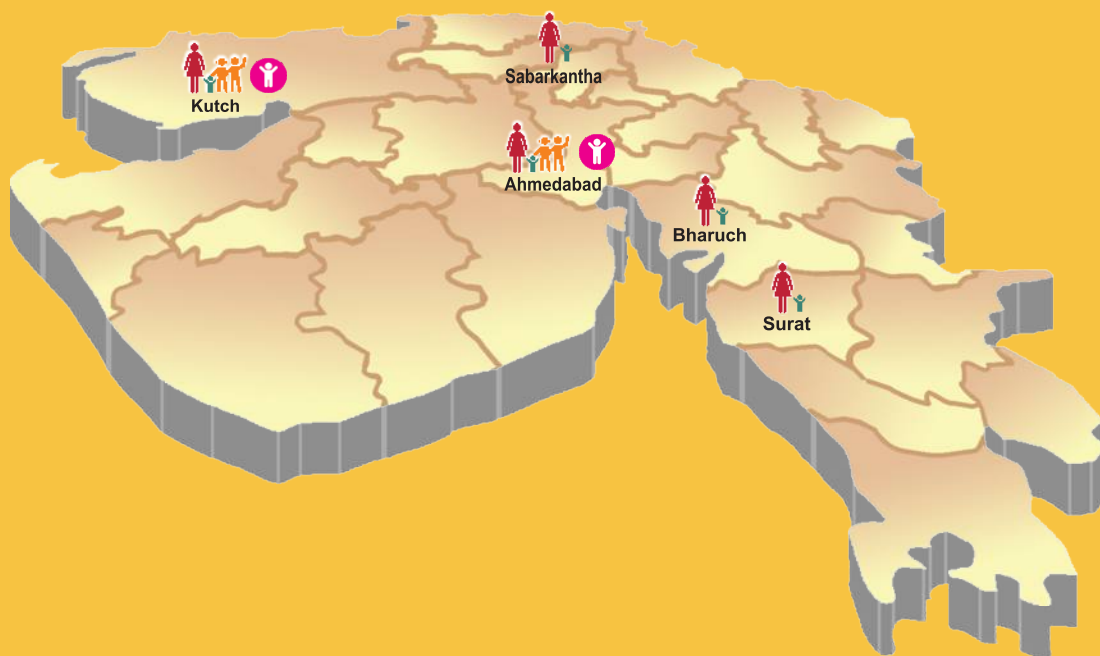
33rd Governing Council Meeting
of CHETNA
28-10-2020

34th Governing Council Meeting
of CHETNA
24-03-2021



Geographical Outreach

2020-2021



Gujarat



Improving
Maternal
Child Health &
Nutrition



Empowering
Adolescents



Early
childhood
Development
and Education

Rajasthan



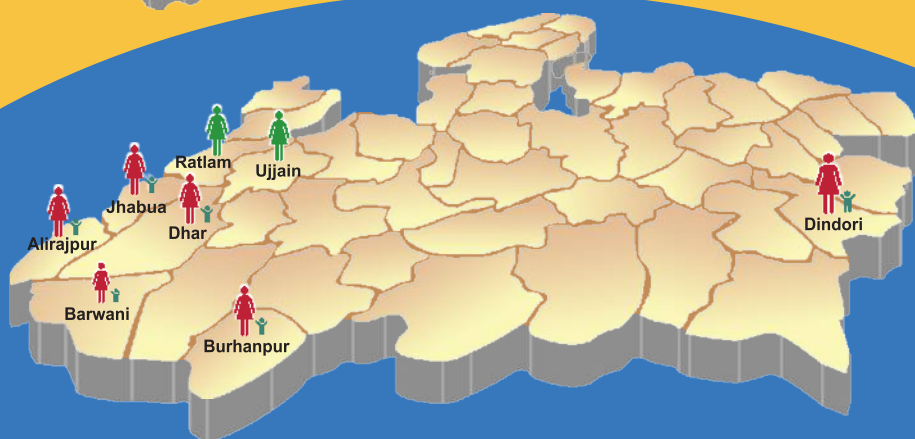
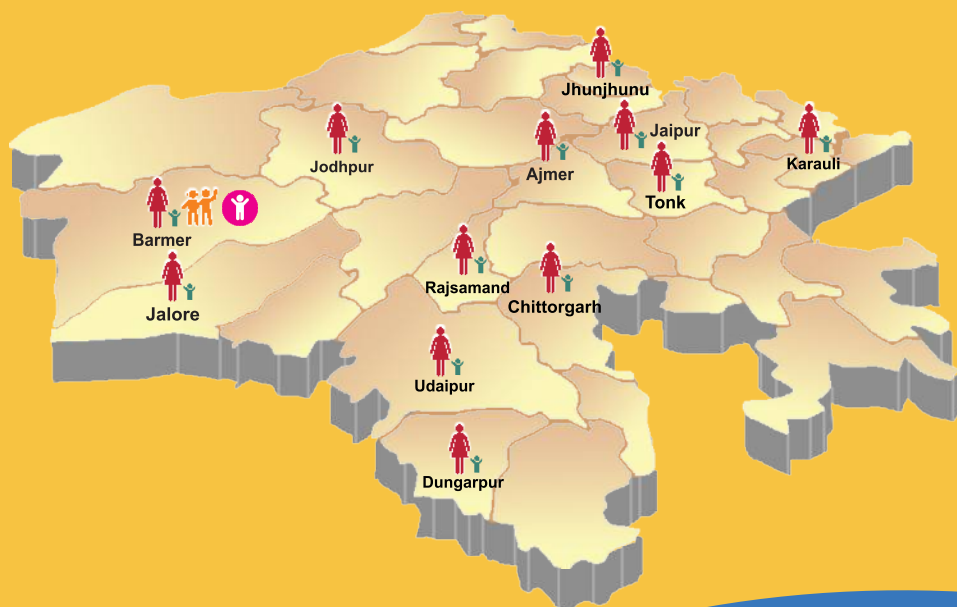
Maternal,
Newborn and
Child Health



Empowering
Adolescents



Early
childhood
Development
and Education



Madhya Pradesh



Improving
Maternal
Child Health &
Nutrition



Empowering
Adolescents

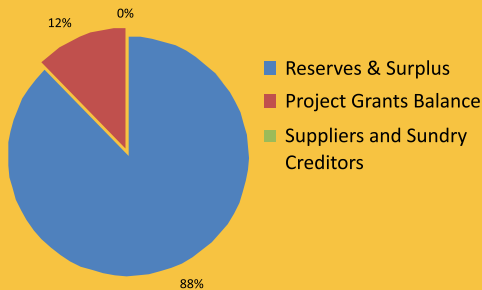


Improving
Health & Nutrition of
Reproductive
Age Women

CHETNA* Financial Highlights 2020-2021

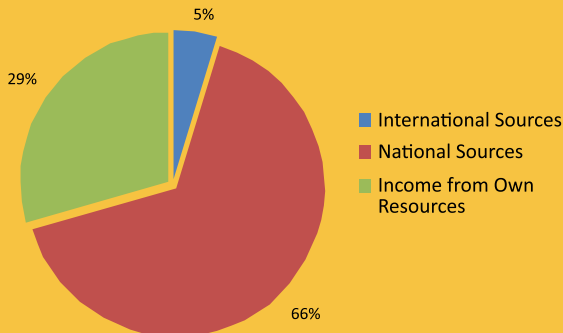
(Rupees in Lakh)

FUNDS AND LIABILITIES	31.03.2021	%
Reserves and Surplus	808	88%
Project Grants Balance	113	12%
Suppliers and Sundry Creditors	0	0%
TOTAL	921	100%



(Rupees in Lakh)

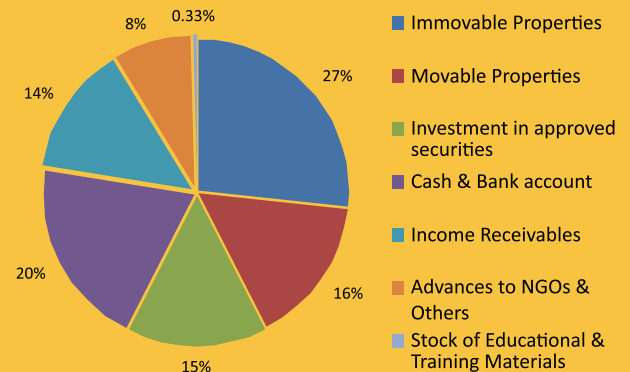
FUNDING SOURCES FOR RECURRING AND NON-RECURRING EXPENSES	31.03.2021	%
International Sources (Foreign Contribution)	24	05%
National Sources	333	66%
Income through own Resources	149	29%
TOTAL	506	100%



Abridged Balance Sheet as of March 31, 2021

(Rupees in Lakh)

ASSETS	31.03.2021	%
Immoveable Properties	247	27%
Moveable Properties	144	16%
Investment in approved Securities	138	15%
Cash and Bank account	185	20%
Income Receivables	127	14%
Advance to NGOs and Others	77	08%
Stock of Educational & Training Materials	3	0.33%
TOTAL	921	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, 2021

Our Financial Supporters (2020-21)

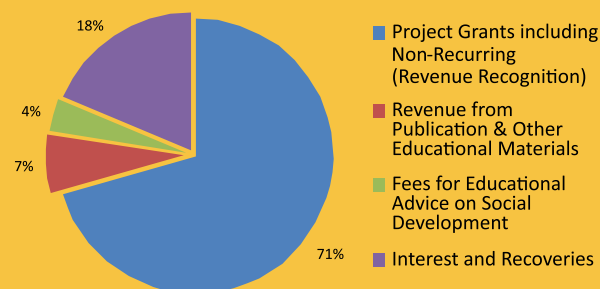
- HDB Financial Service Limited, Mumbai
- Mundra International Container Terminal Pvt. Ltd, Mundra Kutch
- Development Efforts for Rural Econo and People(DEEP), Surat
- Vedanta Foundation, Mumbai
- Transforming Rural India Foundation, New Delhi
- CAIRN Foundation, Haryana
- Ambuja Education Institute, Mumbai
- Welspun Foundation For Health & Knowledge, Valsad
- White Ribbon Alliance Global
- Centre for Catalyzing Change, New Delhi
- United Way of Bengaluru, Bengaluru
- Fullerton India, Chennai



D.N. Surati
Chief Accounts Officer
Nehru Foundation for Development
October 2021

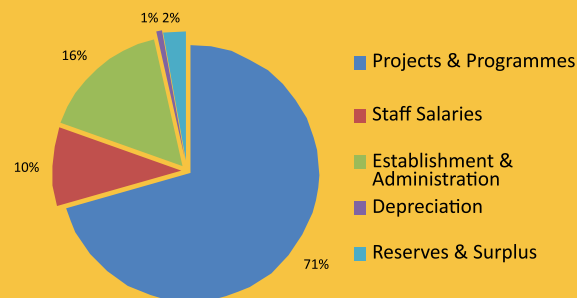
(Rupees in Lakh)

INCOME	31.03.2021	%
Project Grants including Non-Recurring (Revenue Recognition)	357	71 %
Revenue from Publication and Other Educational Materials	35	7 %
Fees for Educational Advice on Social Development	19	4 %
Interest and Recoveries	95	18 %
TOTAL	506	100 %



(Rupees in Lakh)

EXPENDITURE	31.03.2021	%
Projects and Programmes	357	71 %
Staff Salaries	50	10 %
Establishment and Administration	81	16 %
Depreciation	4	1 %
Reserves and Surplus	14	2 %
TOTAL	506	100 %





CHETNA

For Women Young people Children

Centre for Health, Education, Training and Nutrition Awareness

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