

Engage | Act | Change





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Message from Chairperson

The year 2021-22 was a challenging one for all. Recovering from the losses of the pandemic - be it financial, physical or emotional, has been formidable. Globally, millions of lives have been lost and innumerable others have been pushed into poverty and hunger. The pandemic has affected decades of developmental progress and slowed down the achievement of Sustainable Development Goals (SDGs).

Unfortunately, it also affected several of our commitments. Due to the pandemic, the CHETNA team experienced interruption in the delivery of essential health services in project areas which affected the tempo which we had built in reaching our goals, particularly those related to maternal, child and adolescent health as well as immunization.

Anganwadi centres remained closed for many months which affected the nutritional status of children as well as early learning. To make up for these regrettable but unavoidable losses, the CHETNA team invested extra efforts to help bridge gaps in 2021-22. The team was involved in creating awareness about the second wave of Covid-19 and mobilised the community to get vaccinated.

CHETNA also initiated the "Red अच्छा है" campaign to break the silence around menstruation and address various myths and taboos related to it. Through this campaign, CHETNA hopes to reach out to a large population of adolescent girls and women. A donation drive has also been initiated for this purpose. Your contribution is solicited for the same and will prove to be a great support in turning our vision into reality.

One of our strategies is to empower the Self Help Groups in improving access quality maternal, child health and nutritional services. Today, these women are able to draw attention to issues like strengthening the Anganwadi infrastructure, equipping Gram Arogya Kendras with a regular supply of medicines and improving access to better health services under the Village Development Plan (VDP). The women have succeeded in getting some issues resolved using Gram Panchayat funds itself. By issuing a letter through the Gram Panchayats to concerned government officials, they have been successful in raising systemic issues.

CHETNA has initiated efforts to collect comparative data on strategies that appear effective on the field and to look for research partners so that findings can be published in journals. This is not CHETNA's core role but the Governing Council felt that if academic bodies evaluate our strategies and publish papers thereon, it will serve many ends. The documentation of data, analysis and findings would be based on independent scrutiny. This initiative is still being pursued but it reflects on a new process that has been set in motion.

The annual report 2021-22 narrates details of CHETNA's activities and recounts stories of change. One of the changes has been an effort to relate the Sustainable Development Goals (SDGs) at the village level which can be termed "Localisation of SDGs" which involves defining, implementing, and monitoring changes at the local level through people's participation in the Government programmes.

My best wishes to the CHETNA team for continuing to accelerate the process of empowerment to bring about a lasting and sustained change.

Shailaja Chandra

Chairperson, Governing Council, CHETNA

From the Director's Desk



Dear Friends,

We, at CHETNA, are delighted to present our Annual Report for the year 2021-22. It has been an exciting and busy year, especially after the travails of the pandemic. We are glad to report that our dedicated team has, albeit after a break, continued its commitment to bringing change to the lives of disadvantaged women, adolescent girls and children.

Community empowerment continues to remain the core focus of our work here at CHETNA. Our team strives to prioritise engagement with the community through the involvement of the ultimate beneficiaries of our work. This empowers them to drive social change within their own communities and strive to bring down social barriers that prevent women and girls from living a healthy life, which is not a privilege, but their fundamental right.

This proven method not only ensures that the message is received, but also that it is passed down through several generations, creating a self-replicating pattern of social change. This happens when a woman helps her daughter-in-law stand up against social norms detrimental to her health, even those that she may have herself suffered earlier in life.

True empowerment comes with women's participation in Gram Sabha meetings where they can fearlessly express their opinions, address pressing issues related to health and nutrition, which leads to implementation of policies that abandon harmful practices and adoption of those that ensure health and nutrition of all and no one is left behind.

The fruit of our work has come in the form of a rise in institutional deliveries and young mothers embracing sole breastfeeding for the first six months of life. More recently, our work on Covid vaccine awareness and removal of hesitancy has led to more than 80% of the community we serve, being vaccinated today.

In the last year, we have managed to reach out to 18 districts, 87 blocks and 500 villages and 5 urban slums of Gujarat, Rajasthan and Madhya Pradesh. We have trained 3,273 change-makers who will go on to bring change in their own as well as the lives of others in their communities.

And, as we move on towards another hopeful year of our journey, we reaffirm our commitment of empowering our communities, driving change and ensuring that the fruits of our labour are enjoyed by several generations over the years to come.

I take this opportunity to thank all our partners and well-wishers for their support and guidance to actualize our dreams.

A handwritten signature in black ink, which appears to read 'Pallavi Patel'.

Pallavi Patel,
Director, CHETNA

About CHETNA

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

CHETNA recognizes that health and nutrition are critical for the physical and mental development of children, adolescents, young people and women but many families are unable to enjoy healthy lives due to poverty or lack of knowledge. CHETNA believes that women's empowerment should be aimed at raising their self-esteem, confidence and consciousness, which further enables them to access key elements of health and nutrition that directly affect their health and wellbeing.

Focus Areas

- Addressing and preventing under-nutrition among children, adolescents and women
- Enhancing the value of the girl child
- Strengthening Early childhood education and school readiness
- Improving reproductive and sexual health of adolescents, young people and women.
- Improving maternal, infant and young child health
- Improving access of public sector healthcare and nutrition services to marginalised communities
- Supporting the state government and non-governmental organisations in strengthening service delivery systems

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 communities.

Our Efforts contribute to...



Approach

CHETNA promotes the life cycle approach and gender equality within the wider social, cultural and economic environment that prevails in its project areas. This is at the core of all the work undertaken by CHETNA.

We believe that deep-rooted social and gender injustice fuel the vulnerabilities of women and girls, thus resulting in poor nutrition and hygiene and ultimately, adversely impacting their health.

CHETNA attempts to bring change to the underlying root causes of these issues - harmful social norms and discriminatory barriers - at the individual, household, and community levels.



Activities of CHETNA

Strengthening Capacity

CHETNA organizes needs based training modules for programme managers and staff of government as well as non-governmental organisations and corporates with the aim of enabling them to implement gender sensitive strategies and extend meaningful health and nutrition programmes to vulnerable communities.

CHETNA provides capacity building and mentoring support to equip partners in the planning and implementation of effective village-level strategies in the key areas of health and nutrition services for underprivileged communities.

Communicating Health and Nutritional Information

CHETNA has been developing innovative and interactive Behaviour Change Communication (BCC) material which are based on the organisation's more than three decades of communication experience with semi-literate and non-literate communities. The material is audience-appropriate and user-friendly as these have been extensively field-tested and are regularly updated. Our material has also been extensively used in government programmes as well as by private organisations working in this sector.

CHETNA is proud to have pioneered the use of traditional media to communicate health and nutrition messages. Some successful approaches have been 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 that can be mainstreamed through existing government programmes at the state and national levels. The team attempts to mobilise communities in order to empower them to take charge of their own health and nutrition as well as to demand quality services from the public healthcare system. CHETNA also showcases strategies to train frontline workers on health and nutrition, communication, supportive supervision and monitoring of services.

Networking and Advocacy

CHETNA networks and advocates for people-centred, gender-sensitive policies and programmes at the state, national and international levels. 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's Contribution to National and State level Policy-making

CHETNA is a member of National Advisory Group for Community Action (AGCA) and National ASHA mentoring group as well as a member of the AGCA's in Gujarat, Rajasthan and Madhya Pradesh.

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).

Our Reach

3

States: Gujarat,
Rajasthan,
Madhya Pradesh

501

Villages

29,281

Frontline Workers Trained

(ASHA, ANM, AWW, Para medical
workers, Medical Officers)

216

Gram Panchayat

32,09,000

**Total Population
Reached**

3,273

**Change Champions
Trained:**

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

1,781

People's Organisations

(Self Help Groups, Village
Organisations, cluster level
Federation)

87

Blocks

18

Districts

960

Schools

5

**Urban Dwellings of
Ahmedabad City**

“Red अच्छा है” Campaign for Social Change - We need your support

Many adolescent girls start their periods uninformed and woefully unprepared. Even today, menstruation is widely seen as polluting and shameful, due to which girls are often excluded and shamed even in their own homes. Most of these women, having faced stigma, are unfortunately unable to communicate the problems they face in the course of menstruation. They are also either inadequately informed, or aware but are still unable to adopt hygienic practice during menstruation due to prevalent social norms. Such conditions may lead to poor self esteem and initiate the process of disempowerment.

To create mass awareness on this crucial issue, CHETNA has initiated the “Red अच्छा है” campaign aimed at breaking the silence around menstruation, decrying myths and bringing hygienic change to the lives of girls and women. We work on creating awareness about the reproductive system and menstrual hygiene by disseminating scientific information in simple language and through traditional media.



Period
को छिपाना
नहीं, स्वच्छता
से निभाना है

**FOR HER BETTER FUTURE
DONATE NOW!**

Swathi को अस्वच्छता से होने वाली
बिमारियों से बचाइए क्योंकि **RED अच्छा है**

Donations are eligible for tax exemptions under
Section 80G of the Income Tax Act in India.
www.chetnaindia.org



**Period
Shame
नहीं,
Period
Confidence**

**FOR HER BETTER FUTURE
DONATE NOW!**

Anjali और Neetu को शर्मिंदगी से
बचाएँ क्योंकि **RED अच्छा है**

Donations are eligible for tax exemptions under
Section 80G of the Income Tax Act in India.
www.chetnaindia.org

As part of this programme, we distribute kits that contain an informative booklet about the menstruation process and hygiene, gender equality and information on different absorbent materials. Every year, we aim to reach out to at least 1,000 girls.

However, the gap between the need and current reach of awareness is vast. We need to reach out to 1 million (10 lakh) girls in India to learn and practice safe menstruation. The cloth we provide can be reused for approximately 3 months. A contribution of Rs1,000/- provides a whole year's requirements of absorbent material for a girl.

Please consider donating to the health and hygiene of the future of India; a future without shame and stigma.

Donate Now! You can use the following link to reach our donation page.

<https://www.chetnaindia.org/get-involved/donate-now/>

Reproductive, Maternal, Nutrition, Child Health and Adolescent Health- RMNCH+ A

India's RMNCH + A strategy recognised the interdependence of adolescent, maternal and child health and nutrition interventions across life stages and the country adopted a comprehensive continuum-of-care approach to address inequitable distribution of healthcare services for vulnerable populations. CHETNA has undertaken various interventions to address maternal, child and adolescent health and nutrition concerns. These are narrated here.



SNEHA - Addressing Nutrition Deficiency Anaemia in Madhya Pradesh



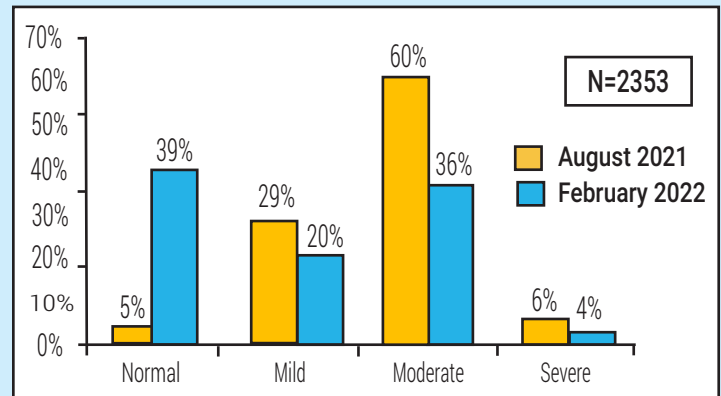
The fifth National Family Health Survey (NFHS 2019-21) shows that in India, every second woman suffers from Anaemia. In Madhya Pradesh, the figure stands at 54.7%.

In light of this and in line with the Anaemia Mukta Bharat programme of the Government of India, CHETNA initiated Project SNEHA in 40 villages of Ujjain and Ratlam districts of Madhya Pradesh in 2021. For the baseline survey, 9,619 women in the reproductive age group were interviewed, of which 3,681 women volunteered for haemoglobin testing. A worrying 86% were anaemic.

Our project aims to reduce the prevalence of nutritional anaemia among adolescent girls and women in the reproductive age group, specifically pregnant, lactating and newly married women.

We began by sensitising these women about nutritional anaemia itself, its consequences, the importance of dietary practices and treatment of anaemia. Iron Folic Acid (IFA) tablets were distributed among them and their families were counselled to ensure that the women and girls regularly consume the same.

Cost effective and simple iron rich food recipes from locally available vegetables and ingredients were demonstrated and distributed and Iron Sucrose injections were administered to Severely Anaemic women at district hospitals with support from district health officials. Blood transfusion was also arranged when necessary. Changes were monitored by regular Haemoglobin Concentration (Hb) estimation. In 6 months, 50% of the 2,353 women showed an increase in their Haemoglobin levels. In further success, 34% of these women went on to become non-anaemic. There was a reduction of 9% in mild anaemia and a fall of 24% in moderate anaemia.



The Anaemic Anecdote of Savita Bhavi

20-year-old Savita Bhavi, a farm labourer and resident of Ghodakheda village in Ratlam district works with her husband at the farm from 9 am to 6 pm. Savita participated in our Hb estimation camp and complained of weakness and vertigo. Her Haemoglobin Concentration (Hb) was reported at 5.5 gm, she was diagnosed as being Severely Anaemic.

Savita told our team, "I eat Roti with Sabji or Roti with Dal every day. Sometimes, due to the workload, I eat less but work the same amount throughout the day." She was advised to visit the District Hospital for treatment where she was advised to undergo a blood transfusion. However, due to the unavailability of blood and lack of blood replacement facilities, she returned home without treatment.

Family members and the CHETNA team discussed this with the Sarpanch and other villagers. Arrangements were made for blood replacement and on December 23, 2021, she received two units of blood. Her Hb increased to 7.5 gm. After a couple of days in the hospital, she was discharged and asked to consume IFA tablets regularly.

Partner:



SNEHA -Improving Maternal Child Health and Nutrition in Urban Dwellings



In Gujarat, the SNEHA project has been underway in urban dwellings of Ahmedabad City since 2019. The objective is to improve maternal and child health and nutrition status thereof. The strategy is to mobilise communities to access health services and provide personal and family counselling for change in child feeding practices.

It is important to ensure participatory efforts to raise awareness on a slew of needs involving women and children. To achieve this, pre-Mamta Divas¹ were organized to take stock of the needs and review gaps in provision of services. We encouraged pregnant and lactating women and adolescents to review quality of services and remain present during Mamta Divas activities.

At the Anganawadi level, activities like Gaud Bharai and Annaprashan programmes were organised together with enrolment in the “Khilkhilat” transport service being provided by Government of Gujarat to take pregnant women to institutional facilities for delivery.

Mothers-to-be as well as other family members participated in 'Goud bharai' a traditional Indian baby shower celebrated during pregnancy to welcome the unborn baby to the family and bless the mother-to-be with abundant joys of motherhood. It also

Nutritional status of undernourished children

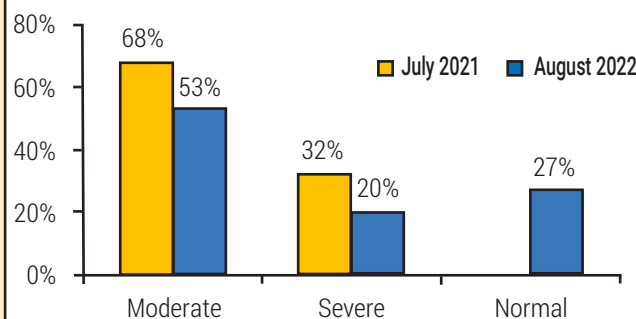
A total of 251 undernourished children in the age group of 1 to 5 years were identified in this programme and all the children (100%) gained weight from 100 grams to 2 kg. At the end of one year, 27% children had normal weight as per their age. There was a 15% fall in moderately underweight and 12% fall in severely underweight children.

(July 2021 - August 2022)

¹In Gujarat Village Health and Nutrition Day (VHND) is known as Mamta Divas

Nutritional Status of Undernourished children

N=251



encourages pregnant women to consume nutritious food. When the child completes six months of age, 'Anna Prashan' was celebrated. Anna Prashan, meaning Ann (grain) Prashan (initiation), is a function at 6 months of age of child that marks child's first intake of food other than breast milk.

A nutrition centre was set up at the project sites aimed at promoting the first 1,000 days approach. Pregnant women, lactating mothers and their families are counselled to access Antenatal Care (ANC) services, exclusive breastfeeding for six months and initiation of home cooked complementary feeding thereafter.

Healthy habits among children including regular washing of hands especially after visiting the toilet and always before eating food; keeping nails short, eating while sitting at one place and not wasting food were inculcated at the nutrition centre. Mothers were taught traditional recipes like Sukhadi, Laddu, and vegetable Khichadi to be made from the ICDS supplementary food items and provisions available at home. Apart from this undernourished children were fed milk and an egg once a week at the nutrition centre.

Notable Outcomes

We are happy to report that our efforts resulted in improved awareness, adoption of hygienic practices and access to services. A review of the programme collected from 120 pregnant women and 367 lactating mothers is showcased here.

- 85% women knew the meaning of under-nutrition, were aware about the nutritional status of their children and were following personal hygiene practices
- 90% parents said their children had begun eating home-cooked meals including eggs, milk and bananas. Children reduced the intake of packaged food and parents observed a positive difference in their appearance and energy levels
- 98% women registered themselves for maternal health services
- Women receiving 4 ANC visits increased from a dismal 15% to a whopping 92%
- 80% pregnant women took at least 180 Iron Folic Acid Tablets
- 100% women delivered their children in healthcare institutions
- Children fed colostrum and exclusive breastfeeding increased from 45% to 80%

Colostrum: Nutritious food for my grandchild

Bharti Mahesh Parmar, aged 22 is a resident of the economically weaker section of our project area in Vasna ward of Ahmedabad city. Her husband is a casual labourer. She suffered a miscarriage during her first pregnancy. Her second delivery was at home, and she delivered a daughter.

During her third pregnancy, she met team members of the SNEHA project. After counseling, she enrolled in the SNEHA programme in the 3rd month of her pregnancy and began attending Mamta Divas (VHSND). She learned about the importance of Iron Folic Acid (IFA) and calcium supplements. In the 7th month of her pregnancy, she attended the Gaud Bharai event where she received information about high risks during pregnancy, the importance of feeding colostrum in the 1st hour of child's birth, exclusive breast feeding, and complementary feeding.



When SNEHA team members visited her home, she shared that her family was not convinced to give colostrum because, according to prevalent social beliefs, it was considered "dirty milk" and "not good" for the newborn. Her family members strongly believed that the newborn should be given sugar water. This is a common misconception found in many communities.

After repeated counselling sessions with the family, her mother-in-law was convinced that colostrum was good for the newborn. Bharti delivered a baby girl, whose birth weight was 2.6 kg. She fed colostrum to her child with her mother-in-law firmly in her support against overwhelming social challenges.

Partner:



Sachet: Strengthening Local Democracy for Multi-dimensional Changes

As a thematic partner on Health and Nutrition, CHETNA extends technical support to implement the Sachet Project in 79 villages of Rajpur block of Barwani District in Madhya Pradesh. The strategy here is to engage with the State Rural Livelihood Mission and build the capacities of women leaders, with the subsequent aim of increasing demand for quality health and nutrition services. For the fulfilment of services so required, CHETNA engages with elected members at the Gram Panchayat level. They are trained to develop and implement Gram Panchayat Development Plans and take action to strengthen the supply of health and nutrition services in areas under their jurisdiction.



On the service delivery front, CHETNA built capacities of frontline workers and members of Village Health Sanitation and Nutrition Committees (VHSNCs) to strengthen services of Anganwadi and Village Health Sanitation and Nutrition Days (VHNDs).

Strengthening Women's Leadership

A total of 148 women leaders 'Sachet Jijis' were provided handheld support to roll out training modules on health and nutrition at the SHG and Village Organisation (VO) levels. Of these, 64% are now engaging with village organisations, 95% have become members of VHSNCs and 64% participate in mothers committee meetings. They have reached out to more than 2,000 pregnant and lactating women and helped them access their health and nutritional entitlements. The team participated in monthly meetings of 77 VOs and three Cluster Level Federations (CLFs) to follow-up on upward linkages and rolled out modules on health and nutrition. In a bid to increase access to healthcare facilities for institutional births, Kandu Jiji from Kadri Village of Rajpur submitted a proposal at the Kadwi gram sabha meeting on January 26, 2021, to level and layer the road from the village entrance to Bedipura hamlet to ensure that 108 Ambulance can reach the area. The road has since been built.

Sachet Sammelan

A block-level Sammelan was organised in March 2022 under the leadership of Shri Shivraj Verma, the District Collector of Barwani. A total of 270 Sachet jijis participated and five of them, trained by CHETNA were honoured by the DC for their exemplary work in the field.

Strengthening Youth Volunteers

The CHETNA team identified youth volunteers 'Sachet Mitras' to support community leaders and lend their technological skills. Two workshops were held, to strengthen their writing skills to write stories about their efforts to bring change in their villages. These stories were included in a news letter developed by CHETNA to circulate in the project area. Two issues of the same were released on National Youth Day 2022.

204 youth were trained on the basics on health and nutrition and 115 of them extended support in creating community awareness on COVID-19 vaccination.

Strengthening VHSNCs

CHETNA team engaged with 77 VHSNCs and undertook a reformation process with the inclusion of women leaders trained by CHETNA. Their names are displayed at Gram Arogya Kendras. More than 50% of the committees meet regularly.

Strengthening Gram Panchayat Development Plans (GPDP) and Preparing Village Health Plans

CHETNA initiated the process of preparing Village Health Plans (VHPs) for 77 villages between August and October 2021. Meetings were held with members of VHSNCs. A total of 605 VHSNC members, Sachet jijis, Sachet Mitras and 1,029 community members participated in the process. Village-wise health issues were identified and documented. CHETNA team supported the organisation of Gram Sabhas in 30 Panchayats. Sachet jijis and Sachet Mitras submitted proposals on health and nutrition which got included in Gram Panchayat Development Plans.

The proposals submitted were:

- Building roads to access 108 ambulance services
- Provision for clean and safe drinking water
- Ensure medicines and equipments at Gram Arogya Kendras
- Repairs of Anganwadi Centers and construction of toilets at the centre

Impact of Direct Action by CHETNA

- Gram Panchayats have written letters to ICDS to fill up vacant posts of AWWs and helpers
- 82% (533/650) of health and nutrition issues included in VDP-2021-22 have been resolved
- Strengthening the Services of Village Health and Nutrition Day (VHNDs)
- Sachet Jijis, along with CHETNA team, provided support to ANM/ASHA workers in observing Village Health Sanitation and Nutrition Days. Support was provided to ensure supplies and equipment on VHNDs, informing women as per due lists, counselling, and Nutrition and Health Education (NHE).

- 435 Frontline workers were trained and provided handheld support during VHND
- Improved coordination between ASHA, Anganwadi workers and ANM (AAA) in 70 villages/79 villages
- 62 Panchayati Raj Institutions (PRI) members and 91 Sachet Jijis, youth volunteers and VHSNC members began observing VHNDs in 55 villages
- 202 trained AWWs are plotting Child's Nutritional status in the WHO growth monitoring chart efficiently and counselling mothers of undernourished children
- In 61 villages, more than 90% services are provided during VHNDs

Strengthening Services at Anganwadi Centres

CHETNA Team provided support to Anganwadi Workers (AWW) to facilitate meetings of Mothers Committees, in growth grading and their counselling. This was found to be followed at all 125 Anganwadi Centres (AWCs).

Partner:



Empower Women and Girls !

For Maternal Child Adolescent Health and Nutrition (MCAHN)



The 'Aspirational District' programme of Government of India aims to quickly and effectively transform 112 of the most underdeveloped districts in India through Convergence, Collaboration and Competition. Karauli is one of the Aspirational Districts of Rajasthan. CHETNA has initiated women's and girls' empowerment project-'Sambal' to improve their health and nutrition status in Todabhim block of Karauli district of Rajasthan. The project objectives are

- To mobilise the community by building capacities of women's Self Help Groups (SHGs).
- Village Health, Sanitation and Nutrition Committees (VHSNCs) are to be strengthened, and members of the Gram Panchayat are to be engaged to organise women's Gram Sabhas and seek their proposals to enhance access to public health and nutrition services.

The District Collector launched the programme in presence of 40 district level government officers in March 2021. It is to have active collaboration with the departments of Health, Women and Child Development, Rural Development and Education with an initial implementation in 40 villages.

More than 500 women and girls volunteered to contribute in improving the health and nutrition status of their villages. The volunteers and the CHETNA team mobilised 365 pregnant and lactating women and 200 children under 2 years of age and ensured their access to Maternal, Child Health and Nutrition (MCHN) services.

A workshop was held for the members of 10 Gram Sabhas, followed to that 74 proposals on health and nutrition were submitted. The Gram Sabha resolutions were passed and action initiated.

Ensuring Access to Iron Folic Acid Tablets

Nutrition Deficiency Anaemia is one of the common micronutrient deficiencies among women, girls and children. The NFHS-5 2019-2021, shows that about 70% of pregnant women, 60.5% women aged between 15-19 years, and 76% children aged between 6-59 months are anaemic.

On February 2022, CHETNA launched a series of trainings for adolescent girls. In a period of one month, the training, which focused on eating right and nutrition deficiency, had reached more than 2,000 adolescent girls.

Capacity Building Efforts

During the year, training sessions on MCAHN were attended by:

- 92 members of Cluster Level Federations (CLF)
- 1,163 members from 159 SHGs
- 750 members from 40 Village Organizations (VOs)
- 134 members from 38 Village Health Sanitation and Nutrition Committees
- 1,000 Adolescent Girls age 13-19 years

At the end of trainings, Adolescent Health Groups (AHGs) were formed to take action to improve health and nutrition status of adolescents. During the training girls reported that Iron Folic Acid tablets were not provided in their schools at least in the last two years. This was taken up as an agenda in the action plan formed by AHGs.

The AHGs discuss the issue of unavailability of IFA with Auxiliary Nurse Midwife (ANM), Anganwadi Workers and ASHAs of their villages. In the Mahila Balika Gram Sabhas held in 10 Gram Panchayats during March, 2022, a total of 536 women and girls participated and one of the most common proposals submitted was to ensure supply of Iron Folic Acid Tablets.

With regular follow up and support from Sarpanch, ASHAs and ANMs they succeeded to receive the IFA tablets from their respected Community Health Centres. The teachers entrusted with the responsibility of distributing IFA every week and the Adolescent Health Groups took the responsibility of ensuring its intake.

Subsequent follow up with public schools and Village Health and Nutrition Day (VHNDs) and Adolescent Health and Nutrition Days (AHNDs) indicated availability of IFA tablets.

Regarding the intake of IFA, 86.7% (182) Adolescent Girls confirmed that they take IFA tablets. Of these, 67.5% (182/197) said that they take the tablet weekly, as per the guidelines of the Weekly Iron Supplementation Programme of GoI. About 69.7% of girls said that they received the tablets from their schools.

Partner:  NSE
Foundation



What Women Want: Voices and Demands of Midwives



In 2019, White Ribbon Alliance (WRA) launched a global campaign, 'What Women Want: Demands for Quality Healthcare from Women and Girls'. The campaign asked more than one million women and girls in 114 countries "what's your one request for maternal and reproductive healthcare?" Nearly 1.45 lakh women and girls asked for increased, competent, and better supported health care workers, with "nurses and midwives" most often mentioned.

In the Indian context too, women seek 'respectful, dignified, timely and attentive care'. To fully realize this demand, it is important to understand what can enable women healthcare workers to provide better services. A campaign 'What Women Want: Midwives' Voices, Midwives' Demands' aimed to collect information from 2,500 ANMs from Rajasthan among 10,000 from India and 1,00,000 at the global level.

As a secretariat of SuMa-Rajasthan White Ribbon Alliance, CHETNA coordinated the campaign in Rajasthan. CHETNA submitted responses of 2,598 ANMs from 11 districts and

35 blocks of Rajasthan. A massive 10,450 responses from India were compiled. The top five demands included:

- 3,262 ANMs sought better Supplies and functional facilities, including availability of labour rooms, folic acid tablets and something as basic as clean drinking water
- 3,132 ANMs sought increased number of and trained personnel to reduce and redistribute workload
- 2,019 ANMs sought general health and health services
- 1,544 of them demanded respect, dignity and non-discrimination which they said would lead to increased ability to provide respectful maternity care
- 1,175 ANMs sought decentralised power, autonomy and improved gender norms and policies
- 1,069 ANMs sought professional development and leadership initiatives at the local level to enhance their abilities to learn and practice new skills



Partner:



Tobacco Control Programme



The tobacco epidemic is one of the biggest public health threats the world has ever faced, killing more than 8 million people a year, including around 1.2 million deaths from exposure to second-hand smoke.

According to the Global Youth Tobacco Survey, India – 4 (2019), 60.6% students saw tobacco advertisements and 52.8% students saw someone using tobacco on mass media. Moreover, 17.5% of students noticed cigarette advertisements or promotions at points of sale.

Comprehensive bans on tobacco advertising, promotion and sponsorship can reduce tobacco consumption. A comprehensive ban covers both direct and indirect varieties of promotion.

CHETNA has initiated efforts for the 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 in Gujarat.

The main objective of this project is to make schools and villages tobacco-free, educate local stakeholders on the ill-effects of tobacco consumption and sensitize policymakers towards urgent and effective implementation of COTPA.

During the last year, CHETNA, in collaboration with the District Tobacco Control Cell and the Education Department, trained 335 teachers and principals of primary and upper primary schools through virtual platforms to ensure 'Tobacco Free Schools'.

CHETNA also initiated a campaign called 'My Resolution: Tobacco Free Navratri' during the biggest festival in Gujarat and we are happy to report that 823 schools from Ahmedabad district participated in this campaign. During nine days the schools made efforts to fulfil the nine criteria of making the schools tobacco free.

We at CHETNA are proud to say that our premises are 100% tobacco free.

Partner:





State-level Consultation on Adolescent Vulnerabilities in Gujarat

Adolescents (10-19 years) constitute one-fifth of the world's population. India has 243 million adolescents, the largest such population in the world. It is well-known that adolescents are not a homogenous group and the challenges they face are also intricately related to the social contexts of their lives, social stratification and stratified exposure to risks. It is within this context that the World Health Organisation (WHO) and MoH&FW commissioned the Karnataka Health Promotion Trust (KHPT) to conduct a study to understand and implement a framework for mapping adolescent vulnerabilities in India. The broad objective here is to identify vulnerabilities that affect health-related outcomes among adolescent girls and boys, especially and specifically pinpoint groups facing maximum risks.

The vulnerability framework was developed in three stages – Review of literature, policies and programs, secondary data analysis and stakeholder consultation.

CHETNA organized a state-level consultation on April, 2021, to deepen the understanding of specific vulnerabilities and vulnerable adolescent groups and identify strengths, opportunities and challenges in the working of the Rashtriya Kishor Swasthya Karyakram (RKSK) programme in Gujarat

The consultation included participants and experts from government departments, NGOs, civil society organizations, academic institutions, and adolescent representatives in Gujarat. A total of 13 NGOs and 5 independent consultants participated virtually.

Outcome of Consultation and Gujarat Vulnerability index

Gujarat ranks 9th on the list of states with a large adolescent population and 10th with high youth population. On a composite index, using indicators of health, education and social cohabitation, at least 12 vulnerable sub-groups were identified. A primary

outcome of discussion with stakeholders showed that the poor education, knowledge and information were the biggest barriers to adolescent health, nutrition, sexual and reproductive health (SRH), as well as mental health.

Factors such as poor education, migration and early entry into employment by a large number of adolescents have been identified as the biggest challenges, further exposing them to other conditions such as early marriages, teenage pregnancies, unsafe sexual practices, and improper access to information through social media and peer groups.

In terms of geographies, specific regions such as the tribal belt in eastern Gujarat, as well as the Saurashtra-Kutch region, which see a large migration of adolescents and early entry into work, and urban centres such as Surat, Vadodara and Ahmedabad, have a higher proportion of vulnerable adolescents. Tribal (particularly girls), migrant and labouring adolescents have been identified as the most vulnerable, along with adolescents who are disabled, orphaned, and have different sexual orientations.

Programmatically, adolescent health still receives lesser focus compared to maternal health, and access, coverage, outreach monitoring and utilization of services. Greater community involvement, linkages of RKSK with other programs to increase scope of services were also considered to be poor.

Adequate information and counselling for adolescents, particularly on topics of anaemia, Sexual and Reproductive Health (SRH), substance use, use of social media, handling peer pressure and to address mental health, emerged from the discussion as critical areas for focus. Developing effective Information Education and Communication (IEC) strategy and materials, has also been deemed pertinent.

Partner:

KHPT
engage, innovate, empower

Empowering Adolescents

In Rajasthan, CHETNA worked with 600 rural adolescents from Barmer district. Monthly health and nutrition related awareness sessions were facilitated with special attention on menstrual hygiene. They were provided with menstrual hygiene kits developed by CHETNA.

The results of this effort revealed:

- 99% of the girls were aware of the legal age of marriage and the illegality of dowry
- 98.9% of the girls knew about pubertal changes
- 80% of the girls were found using the Menstrual Hygiene Management (MHM) kit

More than 100 girls went through dance therapy for 8 days, organized by Darpana Dance Academy under the guidance of Dr Mallika Sarabhai, Indian classical dancer and actress. Along with being great fun, the experience helped the girls build their self-confidence.

In Gujarat, groups of non-school going rural adolescent girls from Mundra block, Katch district, were setup, who were put through skill building training along with awareness on health and nutrition. A total of 2,200 girls went through vocational trainings and received certificates from government authorised training centres. Most of these girls selected traditional skills like tailoring, beautician, and articles made from ropes, which is a traditional art of the area. More than 80% of the girls reported they were able to reduce expenses of their families with their skills and some even became earning members of their families.

Partner:



Efforts During the Second Covid Wave

CHETNA has contributed significantly during the Covid-19 pandemic. This was in terms of development of training modules, imparting training on Covid-19, organising awareness programmes at the community level, as well as distribution of grain kits and sanitizers.

A set of four flip charts were developed on signs and symptoms of the disease, the importance of vaccination, care during home isolation and community level isolation. A total of 700 copies were disseminated among frontline workers (FLWs) in Gujarat, Jharkhand, MP and Rajasthan.

Training sessions were conducted on the basis of this literature and 1,000 frontline workers (ASHAs, AWWs, ANMs) and field workers of NGOs in Gujarat, MP and Rajasthan, were trained virtually.

In Madhya Pradesh

- 97 Health Motivators (Preraks) of in 8 blocks were trained physically
- Cluster Level Federation workers of 10 Mission Antyodaya blocks were trained virtually

In Gujarat

- 150 Panchayat members, SHG members and Anganwadi Workers were trained physically

In Rajasthan

- In Todabhim block of Karauli District 26 trainers of Rajeevika, Centre for Micro Finance and CHETNA were trained who trained 736 members of 40 Village Organisation (VOs) and Village Health Sanitation and Nutrition Committee (VHSNCs). Out of that 355 VO members of 40 villages volunteered as members of Corona Prevention Committees reaching 3,930 households
- In three blocks of the Barmer district 50 ASHAs and AWW were trained

Covid Vaccination Awareness

A village-level campaign jointly conducted by CHETNA, the MP government and CSOs to motivate communities to come forth to get vaccinated. These were held in 74 villages and reached 1 lakh people. Community members who got vaccinated were interviewed and circulated as videos and posters to further galvanise others to go forth and get vaccinated against Covid. We are happy to note that 80% of the population in our intervention zones have been vaccinated against Covid.



13,000 pamphlets explaining the importance of vaccination were developed and disseminated (Hindi and Gujarati) at the community level

Promoting Early Childhood Education



CHETNA implemented Project PAHEL in Mundra block of Kutch district in Gujarat. From 2015 to 2021, The project aimed to improve the overall development of children under 6 years of age.

All Anganwadis in 60 villages of Mundra block were converted, and became child-friendly centres. In 69 Anganwadis, repairing work was conducted to stop rainwater leakage, and walls painted. Parent groups attached to these Anganwadis began meeting regularly.

Improving Child Development Milestones

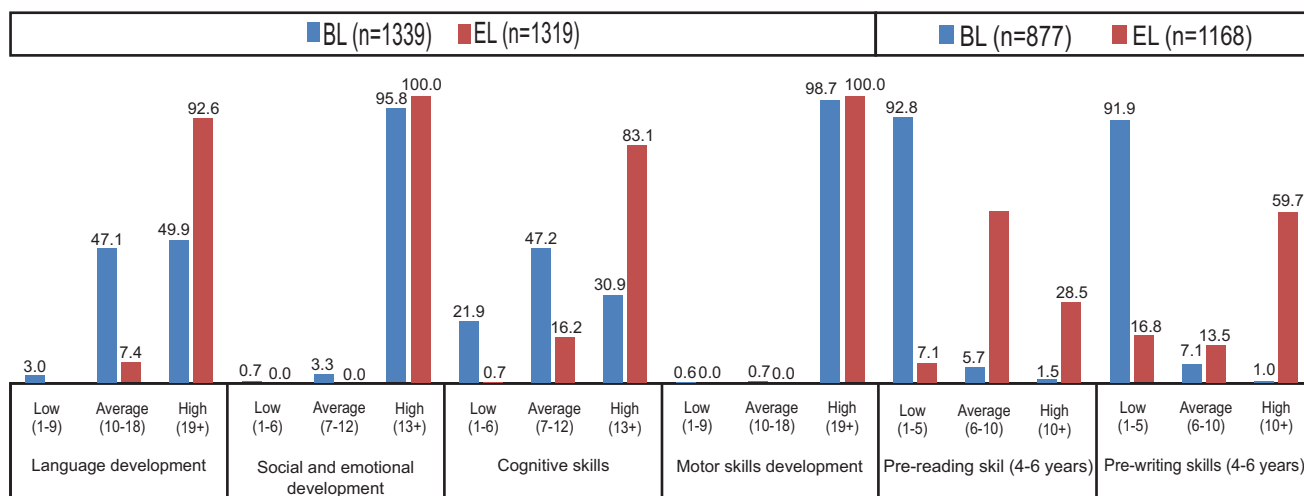
Capacity building on Early Childhood Education (ECE) with special focus on development milestones and age-appropriate ECE activities were conducted for all AWWs. They were given demonstrations and were given handheld support for a month to ensure independent ECE activities in the future as well. From 2018 onwards, children were assessed for age-specific development milestones. In three years, we observed significant improvement in the same.

Reach

- 60 Villages
- 102 Anganwadis
- 2,333 Children below 5 years of age

Partner: **DP WORLD**
Mundra

Improvement in Development Milestones



Paving the way for Early Childhood Education (ECE) at Nand Ghars

The Government of Rajasthan is to convert 1,185 ICDS Anganwadis into Nand Ghars. Its mission is to provide the health, nutrition and skill-building services through Nand Ghars so as to promote comprehensive development of women and children. Private companies under Corporate Social Responsibility (CSR) are joining hands with the state governments to take this mission forward.

CHETNA took responsibility to make 50 Nand Ghars in Barmer district operational by ensuring community participation,

sensitizing elected members, constant coordination with block and district level government departments and building capacity of the front line workers. Resultantly, all Nand Ghars open at regular time and remain operational for more than 3 hours. Anganwadi workers and helpers were trained in Early Childhood Education (ECE) and provided mentoring. There was considerable change in the development milestones of children attending the 50 Nand Ghars.





Nutrition

Children who were underweight were given special attention. Families were counselled to continue exclusive breast feeding for 6 months and initiate complementary feeding only thereafter. During the tenure of the project hot cooked food was initiated which was not in practice when CHETNA initiated the project. Moderate and severely underweight children between the ages of 3 and 6 years received "ladoo"* made of wheat flour, ground nuts, til and jaggery. In three years, 413 underweight children were fed these "lados" for 7 months every year (one ladoo per day).

These children showed an increase in weight and out of 413, we are happy to note that 223 children became normal weight. Nutri-gardens were created in 35 Nand Ghars and their produce was used to prepare supplementary nutrition. Regularly parent meetings were organised to inform them and hold discussions on the nutritional status of their children.

* Ladoos are traditional Indian Sweet

Partner



Operationalisation of 75 Nand Ghars:

CHETNA provided support for a period for one year to make 50 Nand Ghars of 6 blocks of Barmer district namely Sheo, Chohtan, Shedwa, Baytu, Gundamalani and Sindhari Tehsil and 25 Nand Ghars of Sanchoe Block of Jalore district and 35 Nand Ghars of Gujarat to strengthen their Early Childhood Education and nutrition components.

Partner:



No.	Domains	Category	Baseline	End line
1	Language Development	High (19+)	524 (39.08%)	981 (94.5%)
2	Social and Emotional Development	High (13+)	1224 (91.38%)	1038 (99.9%)
3	Cognitive Development	High (13+)	437 (32.5%)	954 (91.9%)
4	Motor Development	High Physical (19+)	1340 (100%)	1038 (99.9%)
5	Pre- Reading Skills Development: 4-6 years (Baseline- 864 and Midline 1326, End line 1036)	High proficiency (10+)	134 (15.50%)	716 (69 %)
6	Pre- Writing Skills Development:4-6 years (Baseline- 864 and Midline 1326, End line 1036)	High proficiency (10+)	168 (19.53%)	507(48.8%)

Increases in access to service among truckers

Truck drivers who provide services at Mundra Port periodically went through health and nutrition related education. The main objective of addressing their health and nutrition needs was to increase their productivity and decrease medical expenses.

In 2021-22, focus was laid on improvement in the surroundings of their residences to reduce mosquito breeding. Mosquito nets were distributed and they were encouraged to Mobile Medical Unit facility provided to them. Also, on-request eye-check up camps were organized. At the end of the year, truckers reported a reduction of 50% in medical expenses and thus reduction in wage loss.

Partner: **DP WORLD**
Mundra

New Initiatives



AAROGYA: Health and Nutrition in The Dangs & Navsari

Prior to intervention in 16 villages, 6 in Ahwa block of The Dangs, and 10 in Vansada block of Navsari, a situation analysis was carried out through Focus Group Discussions (FGDs) and observations of existing health facilities. FGDs were conducted with women and men in reproductive age and adolescent girls and in-depth interviews of frontline workers, including ASHA workers, Anganwadi Workers, and ANMs were held. Medical Officers from PHCs, CDHOs, Block Health Officers, and Child Development Project Officers were interviewed.

Findings

- **ANC:** In both blocks, pregnant women accessed antenatal care from the public health system. And yet, none of the participants had been counselled on the importance of 4 ANCs, nutrition during pregnancy, lactation exclusive breast feeding, complementary feeding or contraceptives.
- **Institutional Delivery:** Institutional delivery in public health facilities is common place.
- **Maternal Schemes:** Knowledge about various central and state health and nutrition schemes was limited.
- **Complementary Feeding:** It begins around 6-7 months, with thin dal, soft cooked khichadi and shiro. Parents unfortunately allow children to eat packaged snacks which are high in starch, sugar and salt.
- **Nutritional Status:** Knowledge about children's nutritional status was extremely poor and there were a high number of undernourished children.
- **Adolescent Girls:** Early marriages were found to be common. Adolescent girls lacked correct information on physical and emotional changes during adolescence.

- **Contraceptives:** Information about use and role of contraceptives was extremely poor.
- **Anganwadis:** 123 centres required immediate renovation or change of premises.
- **Officials:** Almost all officials shared concerns on low awareness of health and nutrition, high prevalence of under-nutrition and anaemia among all age groups. Frontline workers stated they needed training in communication and counselling along with appropriate educational materials.

“आरोग्य”

The Way Forward

Based on these findings, CHETNA plans to initiate a project in these 16 villages April 2022 onwards. The project will aim to improve nutritional status of women, children and adolescents and improve access to quality nutrition and health services of all target groups.

Awareness Activities

Prior to intervention, between January and March 2022, community awareness activities (113 community level and 46 school level) were organised in all 16 villages. A total of 1,916 women, 190 men and 954 adolescents participated in these activities. Messages related to basics of nutrition, child-feeding practices, changes during puberty and personal hygiene were communicated, paving the way for a successful campaign.

Partner:

LARSEN & TOUBRO
Public Charitable Trust

SAMARTH: Empowering Adolescents

Nearly 30% of Gujarat's population is aged between 10 and 24 years. Of these, 1,20,15,000 are in the age group of 10-19 years and 1,16,46,000 are between 15 and 24 years. The population of adolescents living in rural areas is 20.7% while it is 18.7% in urban areas. Ahmedabad is the largest city in Gujarat and the fifth largest metropolis in India with a population of 60 lakh according to the 2011 Census.

CHETNA initiated the project 'Getting Engaged, Entrust and Empower Young People-SAMARTH' in five urban slum pockets of Vasna ward of Ahmedabad city in December 2021.

The project is designed with the core values of being people-centric and bringing empowerment and gender equality. The project aims to invest efforts in make nutrition as well as reproductive and sexual health information accessible to young people and help develop their life-skills. The expected outcome of the project is to

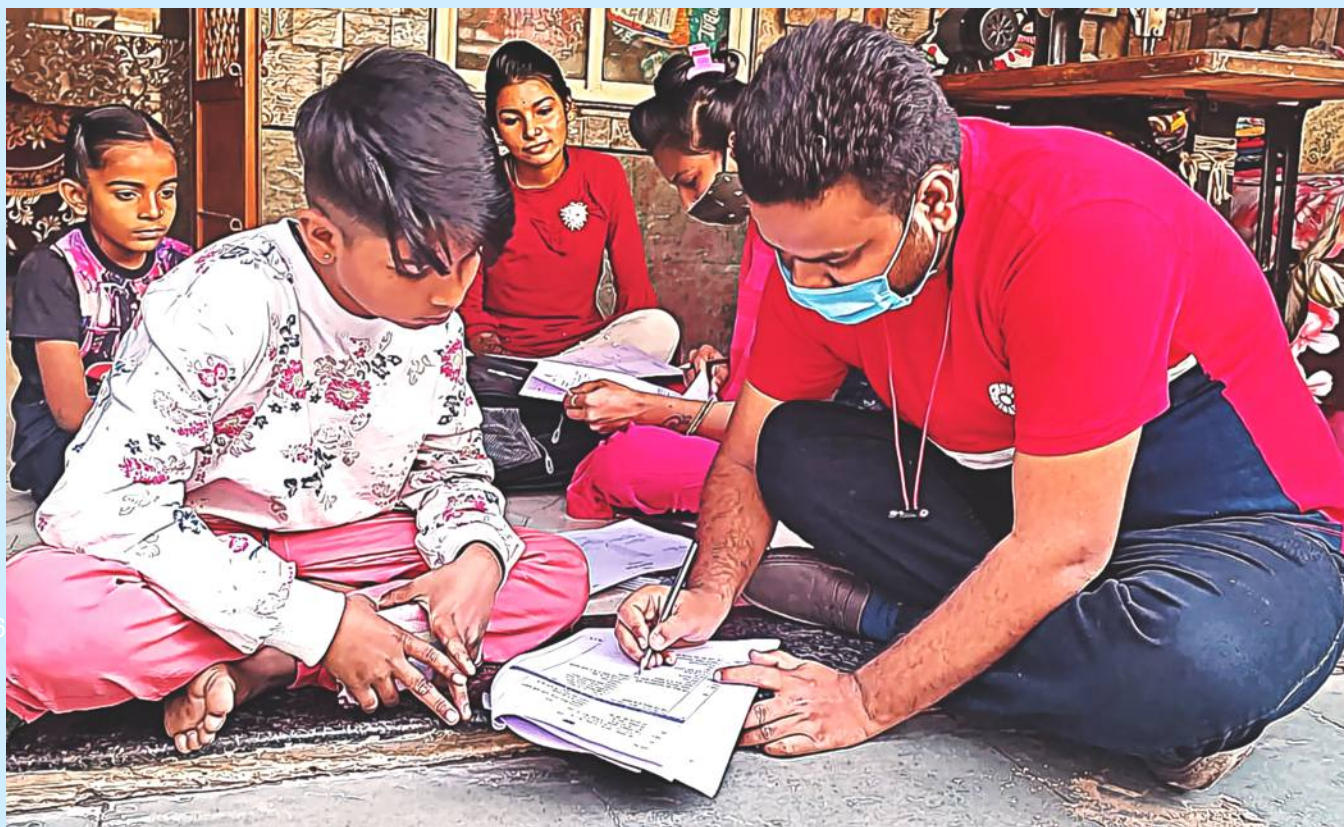
empower adolescents to make healthy dietary choices, take decisions that postpone sexual activity or practice safer sexual behaviour, and ensure delayed pregnancy and marriage.

Intervention areas: 5 urban slums of Vasna ward of Ahmedabad city

Target groups: 2,000 Adolescent girls and boys (10-19 years of age)

Total Households: 3,000 Households We plan to train young people who will, in turn, take responsibilities of their communities and create a supportive environment for participation of adolescents, families and community members in these activities. The project will create linkages and partnerships with concerned Municipal and Government departments, local community organisations and NGOs.

Partner:  Azim Premji Foundation



Participation and contribution in state and national events



1. Women's empowerment

Contributed in the consultation on Reformulation of Women's Empowerment Policy of Gujarat, organised by Department of Women and Child Development and Gender Resource Centre, Ahmedabad. (March 2022)

Along with other CSOs and as a member of UJAS Coalition, CHETNA carried out a rapid survey on the status of Self Help Groups (SHGs) in Gujarat. The report was disseminated virtually in February 2022. The report recommends forming Village Organisations so that SHGs can benefit from being a part of a larger organisation. (September 2021)

Advocacy for Access to quality health services Jan Swasthya Abhiyan (JSA) Gujarat to improve access to quality healthcare from the public health system. From May to November 2021, CHETNA participated in virtual state level meetings to decide the future advocacy issues, as well as Steering Committee meetings and General Body meetings organised by the JSA secretariat.

2. Sharing of Experiences

Presented experience of 'Hamari Awaz Suno' campaign, in National Dissemination meeting organised by White Ribbon Alliance India virtually. The campaign advocated for respectful maternal health services. (May 2021)

Presented poster on "Pandemic, Poverty and People- Reality of urban poor of Ahmedabad city, Gujarat during the Lockdown" in virtual conference "Delivering For Nutrition (D4N) In South Asia: Implementation Research in The Context of COVID-19 organized by IFPRI-D4N South Asian consortium. (December 2021)

Participated in TV talk (Nirman News-GTPL Ahmedabad), on Under Nutrition among Children in Gujarat. (February 2022)

3. Adolescent Health and Development

As a member of the State Menstruation Health Management Committee formulated by the Commissionerate of Women and Child Development, Gujarat, and Gender Resource Centre, at Gandhinagar, we shared our experience of "Red" and recommended the need to eliminate of discrimination of girls during the menstruation. (January & February 2022)

Participated in a state level survey to evaluate the project My Quest of Quest Alliance being implemented at Industrial Training Institute of Gujarat which helps young people effectively prepare for the 21st century workplace. The lead agency was Grassroots Research and Advocacy Movement (GRAAM), a public policy research institute based in Mysore. (February 2022)

Contribution of Ms. Indu Capoor Founder Director CHETNA (Emeritus) and member of the Governing Council of CHETNA

- Contributed as a guest speaker on Life Skills for Social Entrepreneurship organized by Women's Indian Chamber of Commerce and Industry (WICCI) Life Skills Council for professional women from the corporate sector. (September 2021)
- Delivered the keynote speech on Women's Empowerment and CHETNA's experiences at Physical Research Laboratory (PRL), Ahmedabad, on International Women's Day. (March 2022)
- Contributed in the Common Review Mission (CRM) of National Health Mission in Arunachal Pradesh as a member of the Community Processes Group, Gol. (November 2021)
- Had a conversation with Class 12 students of Central Board for Secondary Education (CBSE) of Delhi Public School (DPS) in Ahmedabad on malnutrition in the age of the pandemic. (January 2022)
- Contributed as a panellist at a webinar on Local Knowledge, Social Movements and Participatory Research: Indian Perspectives at Participatory Research In Asia (PRIA), New Delhi. (November 2021)
- Contributed as a panellist for the session on Challenges in Achieving a Nutrition Secure Rural India, A Social Entrepreneurship Journey at CHETNA during the 5th Social Entrepreneurship Conclave organized by the Xavier's Leadership Institute (XLRI) at Jamshedpur. (March 2022)



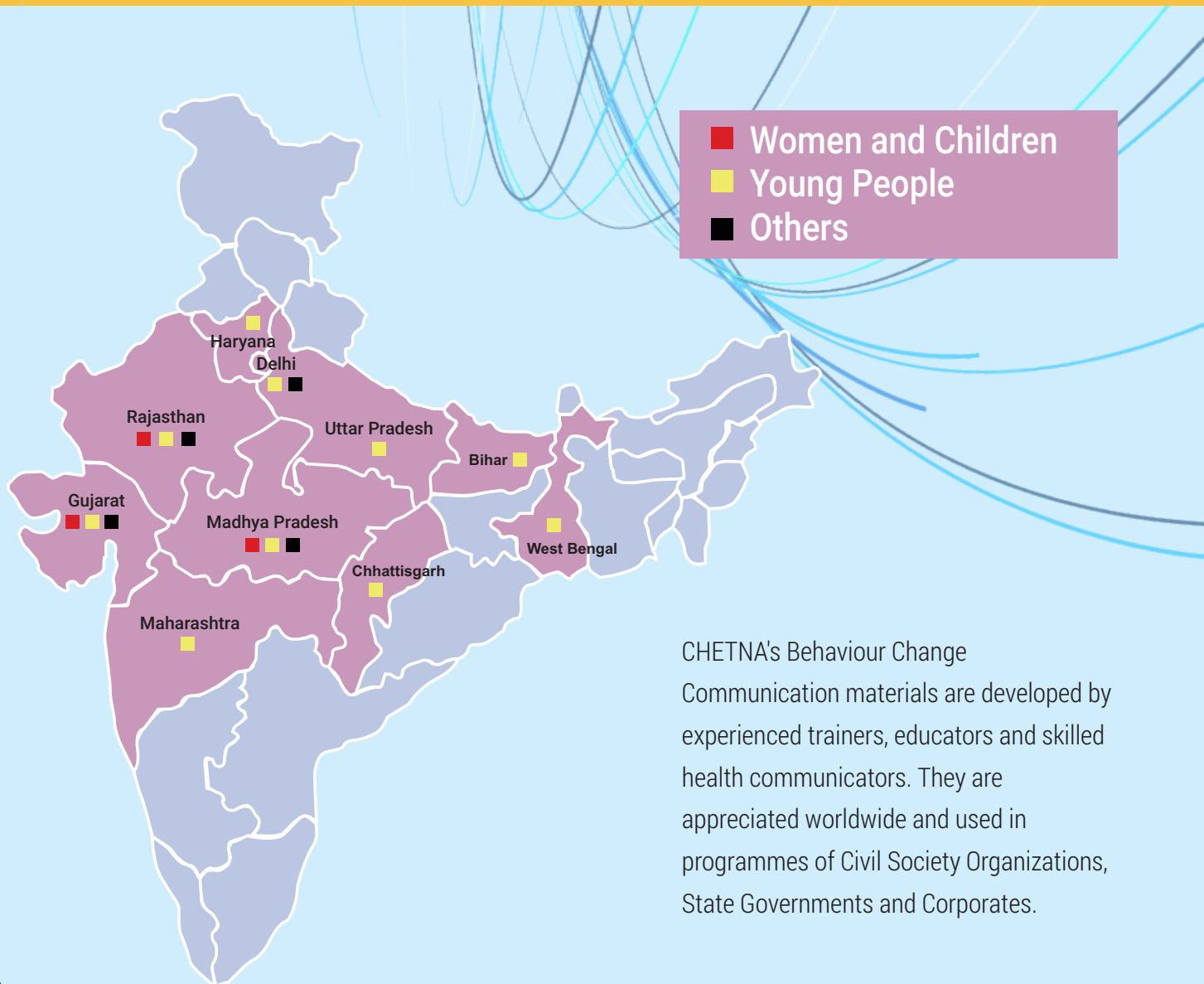
Building capacity of the Jatan Sansthan's field team

CHETNA facilitated virtual training requested by our partner organisation the Jatan Sansthan, to update basic components of health and nutrition for its field team. A total of 8 sessions were facilitated through pictorial modules developed specifically for virtual training.

These modules were developed on the human body structure and functions, the reproductive system, menstruation, conception, sex determination, foetal growth care during pregnancy, access to entitlements, food groups and their functions, low cost nutrition and nutrition deficiency anaemia.

Virtual group discussions, puzzles and opinion polls were also used to facilitate interaction. More than 200 members of Jatan Sansthan joined through contact hubs from five districts of Rajasthan.

1,12,000 Copies of CHETNA's Material Travelled to 10 States in 2021-22



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
Thaltej Tekra, Ahmedabad 380 054

Mr. D.N. Surati

Secretary- Nehru Foundation for Development,
Thaltej Tekra, Ahmedabad-380054

Prof. G.G. Gangadharan

FAIP, PhD, MoM Director, M. S. Ramaiah Indic
Centre for Ayurveda and Integrative Medicine
(MSR ICAIM), A unit of Gokula Education
Foundation (Medicine) New BEL Road, MSR
Nagar Mathikere PO, Bengaluru - 560054

Ms. Indu Capoor

Founder Director (Emeritus) - CHETNA
B-102 Sansita Pratham 28/A, Maharashtra
Society, Near Mithakhali Six Roads
Navrangpura, Ahmedabad 380 009.

Mr. Kartikeya V. Sarabhai

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

Dr. Leela Visaria

National Professor & Former Director Gujarat
Institute of Development Research (GIDR) 604
Maan (One), Near Vijay Cross Roads,
Next to Memnagar Fire Station
Ahmedabad 380 009

Dr. Nasreen Rustomfram

Professor and Dean Students' Affairs
Centre for Life Long Learning
TISS (Tata Institute of Social Sciences)
Post Box No.8313 Sion - Trombay Road
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)
National Secretariat C-37, Lower Ground Floor
Gulmohar Park, Near DDA Market
New Delhi – 110049

Ms. Shabana Azmi

Activist and Actor
702 Sagar Samrat Green Fields, Juhu
Mumbai-400049, Maharashtra

Ms. Usha Rai

D-1948 Palam Vihar Gurugram 122017
Haryana

Member Secretary (Ex-officio)

Ms. Pallavi Patel

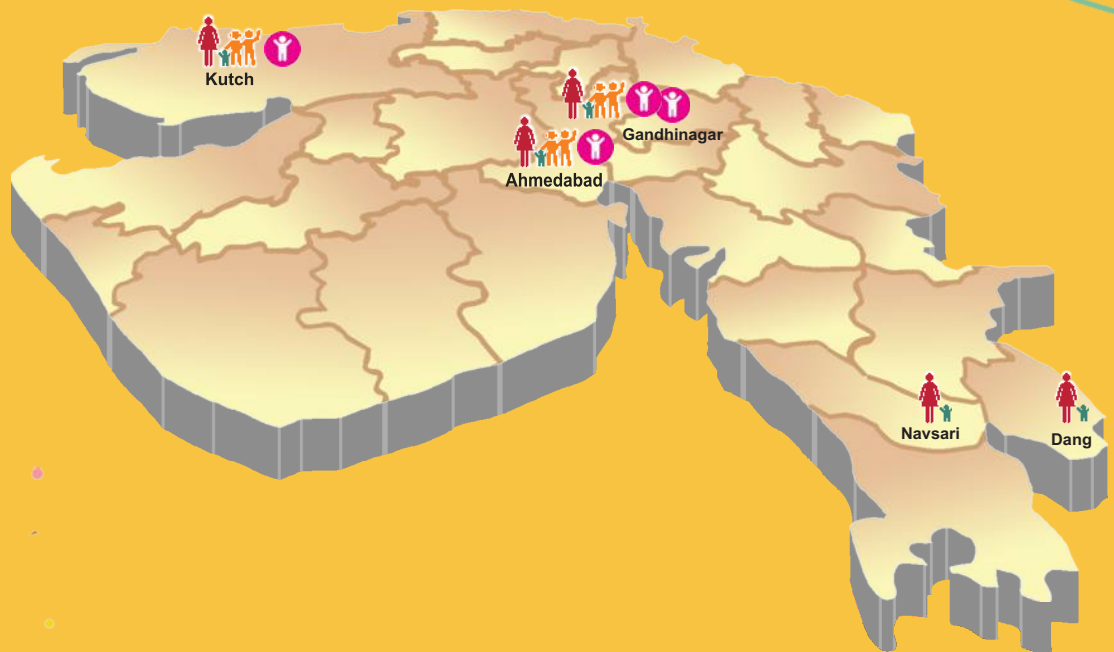
Director Centre for Health, Education, Training
and Nutrition Awareness (CHETNA)
SUPATH-II, Block-B, 3rd Floor, Opp.
Vadaj Bus Terminus, Ashram Road,
Ahmedabad 380 013.

35th Governing Council Meeting
of CHETNA
24-09-2021

36th Governing Council Meeting
of CHETNA
23-03-2022

Geographical Outreach

2021-2022



Gujarat



Improving
Maternal
Child Health &
Nutrition



Empowering
Adolescents



Early
Childhood
Development
and Education

Rajasthan



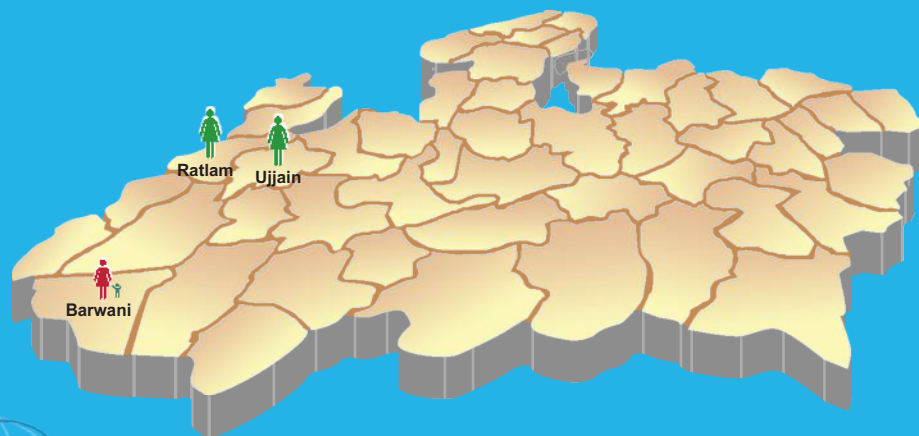
Maternal,
Newborn and
Child Health



Empowering
Adolescents



Early
Childhood
Development
and Education



Madhya Pradesh



Improving
Maternal
Child Health &
Nutrition

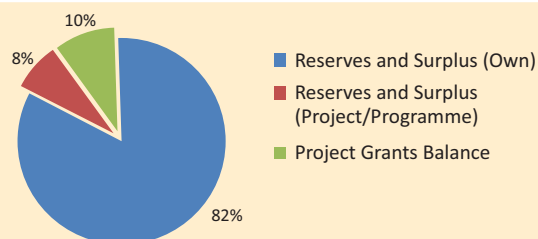


Improving
Health & Nutrition of
Reproductive
Age Women

CHETNA's* Financial Highlights 2021-2022

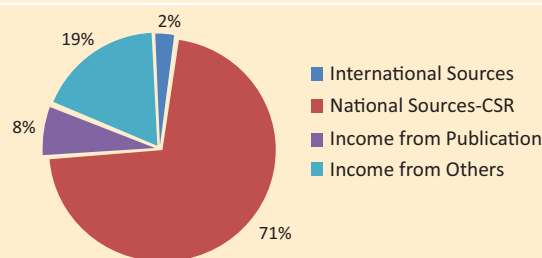
(Rupees in Lakh)

FUNDS AND LIABILITIES	31.03.2022	%
Reserves and Surplus (Own)	747	82%
Reserves and Surplus (Project/Programme)	68	8%
Project Grants Balance	94	10%
Suppliers and Sundry Creditors	1	0%
TOTAL	910	100%



(Rupees in Lakh)

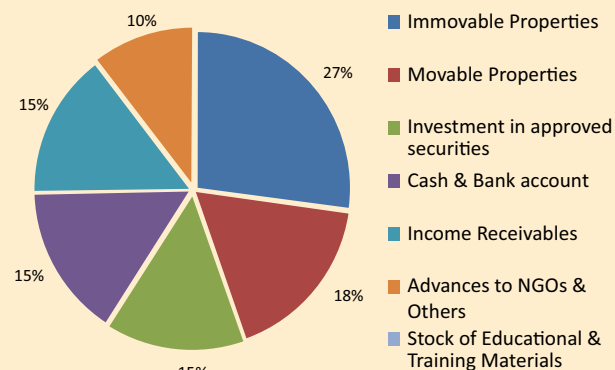
FUNDING SOURCES FOR RECURRING AND NON-RECURRING EXPENSES	31.03.2022	%
International Sources	13	2%
National Sources-CSR	453	71%
Income from Own Resources		
Income from Publication	49	8%
Income from Others	118	19%
TOTAL	633	100%



Abridged Balance Sheet as of March 31, 2022

(Rupees in Lakh)

ASSETS	31.03.2022	%
Immoveable Properties	247	27%
Moveable Properties	159	18%
Investment in approved Securities	135	15%
Cash and Bank account	140	15%
Income Receivables	135	15%
Advance to NGOs and Others	91	10%
Stock of Educational & Training Materials	3	0%
TOTAL	910	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, 2022

Our Financial Supporters (2021-22)

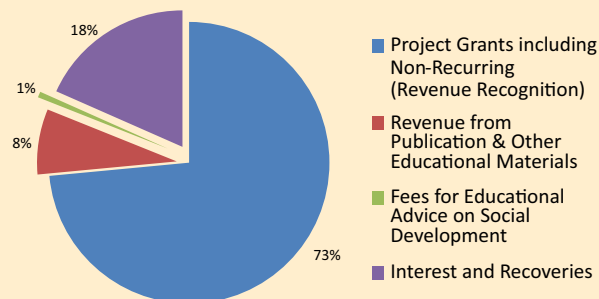
- HDB Financial Service Limited, Mumbai
- Mundra International Container Terminal Pvt. Ltd, Mundra Kutch
- Vedanta Foundation, Mumbai
- Transforming Rural India Foundation, New Delhi
- CAIRN Foundation, Haryana
- Ambuja Education Institute, Mumbai
- White Ribbon Alliance Global
- National Stock Exchange, Mumbai
- Fullerton India, Chennai
- Azim Premji Philantropic Initiatives Pvt. LTD



D.N. Surati
Chief Accounts Officer
Nehru Foundation for Development
September 2022

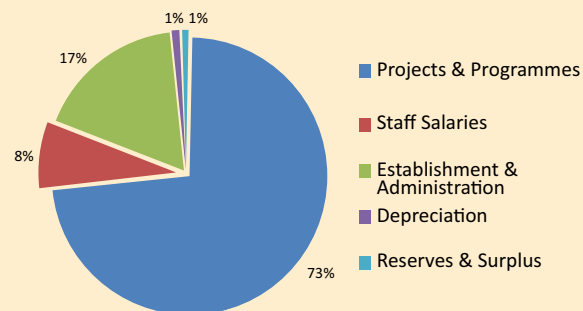
(Rupees in Lakh)

INCOME	31.03.2022	%
Project Grants including Non-Recurring (Revenue Recognition)	465	73%
Revenue from Publication and Other Educational Materials	49	8%
Fees for Educational Advice on Social Development	3	1%
Interest and Recoveries	116	18%
TOTAL	633	100%



(Rupees in Lakh)

EXPENDITURE	31.03.2022	%
Projects and Programmes	465	73%
Staff Salaries	48	8%
Establishment and Administration	110	17%
Depreciation	7	1%
Reserves and Surplus	3	1%
TOTAL	633	100%







CHETNA

For Women Young people Children

Centre for Health, Education, Training and Nutrition Awareness

Supath-II, B-Block, 3rd Floor, Opp. Vadaj Bus Terminus,
Ashram Road, Vadaj, Ahmedabad-380013. Gujarat, India

Phone: 91-079-27559976/77

E-mail: chetna@chetnaindia.org

Website: www.chetnaindia.org https://linktr.ee/CHETNA_Ngo