Institute of Health Management Pachod

Ashish Gram Rachna Trust

Annual Report for the period

April 2018 to March 2019

Part - 1
Integrated project for empowering adolescent girls and protecting them from the consequences of early marriage, early conception, sexual and domestic violence in 53 villages of Jalna district of Maharashtra

Integrated project for empowering adolescent girls and protecting them from the consequences of early marriage, early conception, sexual and domestic violence in 53 villages of Jalna district of Maharashtra
Project Report April to September 2018

Introduction:

An innovative project in 53 villages of Jamkhed and Wadigodari PHCs was initiated by Institute of Health Management, Pachod in April 2015 with the aim of addressing child marriage and maternal morbidity and mortality among married adolescent girls. Activities undertaken up to September 2018 are presented in this report.

Since 2015, the Institute of Health Management Pachod (IHMP) has channeled its decades of public health expertise to improve the lives of adolescents through a three-pronged integrated intervention

IHMP's integrated approach nurtures change across three core demographics

Unmarried Adolescent Girls	Married Adolescent Girls	Boys and Young Men
		
DELAY AGE AT MARRIAGE	**REDUCE MATERNAL & NEONATAL MORBIDITY**	**PROMOTE GENDER EQUITABLE NORMS AND REDUCE VIOLENCE**
By building agency, self-esteem, communication and negotiation skills through life skills education By providing safe spaces and leadership skills through Girls Clubs or *Kishori Mandals*	By delaying age at first conception, spacing of pregnancies and utilization of contraceptives Through monthly surveillance and behavior change counselling	By education and exposure to peer role models Through monthly group meetings as well as individual and group counselling

Leverage govt. frontline workers (ASHAs) and build peer leaders to promote scalability and sustainability

IHMP successfully impacted the lives of 7,000+ adolescents in rural *Marathwada* by building the capacity of 71 government frontline health workers

46	4,960	1,288	1,415	71
Village Health & Sanitation Committees trained	Girls provided 6 months of Life Skills Education (LSE)	Married girls monitored and counselled monthly	Boys, young men and spouses engaged	ASHAs provided capacity building support

The Dasra Giving Circle Grant (DGC) had three key objectives

1 IMPLEMENT INTEGRATED MODEL IN 53 VILLAGES	2 ENGAGE GOVERNMENT TO LAY GROUNDWORK FOR SCALE	3 STRENGTHEN IHMP'S INSTITUTIONAL CAPACITY TO SCALE
Encouraging end line results despite a grueling phase of drought and migration	**Systems such as monthly surveillance, micro-planning being replicated at national level**	**Investment in financial systems and digitizing monitoring & evaluation**
• With **three distinct interventions for (1) married girls, (2) unmarried girls and (3) boys & youth** running simultaneously across multiple locations, IHMP needed to invest in superlative coordination, monitoring and cross-learning • Investment in developing **standardized content and methodology** to build capacities of staff	• Effective collaboration with **district and state government** despite being unfamiliar with the administration at the outset • Future engagement efforts will continue to focus on **selective replication** of program elements in **partnership** with funders and other organizations	• Investment in external and in-house trainings for analytics, management and **leadership skill development** • Migration to Tally to strengthen **financial systems** for added funder confidence • Tablets used to **digitize** baseline/end line surveys and **mobile application** being developed to replace paper registers for monthly surveillance

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Married Adolescent Girls' Component:

Monthly Surveillance Visits:
On an average 1369 (95.7%) married adolescent girls were visited for monthly health needs assessment and morbidity surveillance. During household visits for monthly surveillance visits, ASHAs also provided need specific information and counseling. Based on their needs married adolescent girls were linked to the health provider at the village level or higher levels of care.

Maternal Health:
On an average - 85% married adolescent girls were registered for antenatal care before 12 weeks of pregnancy, 96% were examined every month, 99% married adolescent girls were delivered in a hospital, only one young woman was delivered at home by a skilled birth attendant. Out of the total young women who had been delivered, all were examined five or more times during pregnancy, all received two injections of Tetanus Toxoid vaccine and 98.3% women reported having consumed 100 Iron and Folic acid tablets. The project was able to sustain high coverage with minimum standard antenatal care for married adolescent girls. On an average 78% women reported danger signs during pregnancy, out of which 98% women sought treatment.

92.8 % young mothers were visited five times by the ASHAs and 92% women were visited twice by ANM during the post-natal period.

On an average 5.0% married adolescent girls reported any one symptom of RTIs, out of which only 39% women took treatment.

On an average 39.7% out of the total eligible couples were using any one contraceptive method for family planning. The most preferred method of contraception was condoms.

Supervision of Health delivery system and Need Specific Behaviour Change Communication (BCC):
On an average 95% households were visited by facilitators for supervision of health needs assessment and to observe need specific BCC given by the ASHAs.

In August and September, facilitators updated the lists for married and unmarried adolescent girls to be used as sampling frames for the end line assessment.

Facilitators reported that most of the ASHAs are able to correctly record information in the surveillance register during the surveillance visits. ASHAs still require assistance with behavioural diagnosis.

Behaviour Change Communication – Group Meetings Conducted by Facilitators (Female):
On an average 89.7% monthly BCC group meetings were conducted out of the total that was planned. On an average 674 (74%) married adolescent girls attended these monthly BCC group meetings. The topics discussed during the BCC group meetings were post-abortion care, temporary methods of contraception, importance of hospital delivery, complications during delivery and preparations to be done before delivery.

Unmarried Adolescent Girls Component:

Life Skills Education Classes:

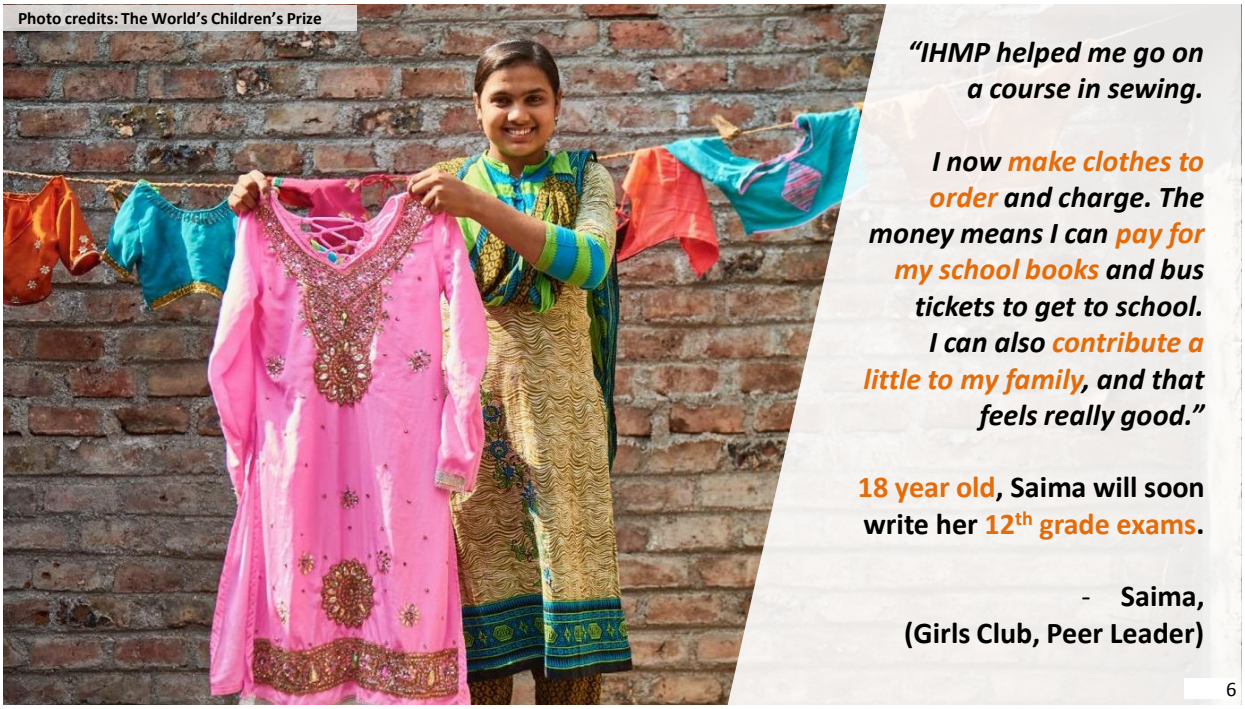
On an average 55 ASHAs conducted Life skills education (LSE) classes at the village level. On an average eight classes were conducted every month and on an average 17 adolescent girls attended the LSE classes in each ASHA area. On an average 926 i.e. 94.4 percent adolescent girls out of a total of 981 girls that had been enrolled, attended more than 80 percent of the sessions conducted by the ASHAs.

In 2018, it was decided that one of the peer educator's would take a LSE session on Teacher's Day instead of the ASHA. A total of 280 girls took a LSE session attended by 1301 girls.

Kishori Mandals:

During the quarter, on an average 55 ASHAs facilitated project activities once a week for the Adolescent Girls' Club (Kishori Mandal). On average 17 girls per ASHA area participated in the Kishori Mandal activities. During the quarter, 920 (93.8%) of the total adolescent girls that were enrolled, participated in more than 80 percent of the activities facilitated by ASHAs and peer educators. There are 110 peer leaders. A list of activities organized through Kishori Mandals during the reporting period is given below:

- Visits organized – Anganwadi, Ration shop and Gram Panchayat
- Craft – Preparing letter box.
- Competition – Mehandi
- Debate – Importance of Independence Day and Marathwada Mukati Sangram Divas
- Organized games – Memory, Phugadi and Picking up a handkerchief



Activities Independently – Implemented by Kishori Mandals:

57 Kishori Mandals organized a street play on preventing child marriage. A total of 3678 villagers and 575 girls were present for the street plays.

A video about 'Good Touch – Bad Touch' was shown to members of 50 Kishori Mandals in August 2018. The video was seen by 1225 girls. Viewing of the video was followed by a discussion on how girls must react to physical harassment of any nature.

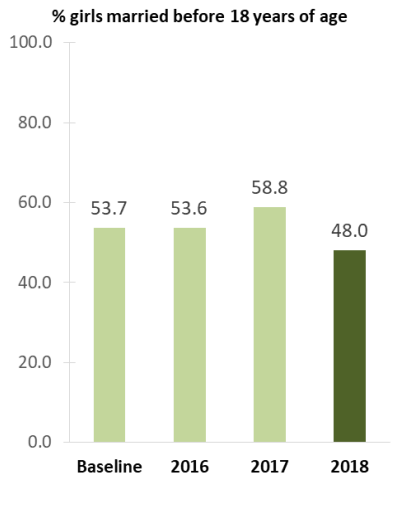
Members of the Kishori Mandals meet every month with the facilitator and ASHA to plan for the activities to be undertaken in the next month and review activities undertaken in the current month. They discuss any problems encountered while undertaking the planned activities and number of girls who participated in these activities.

Household Visits to Motivate Parents:

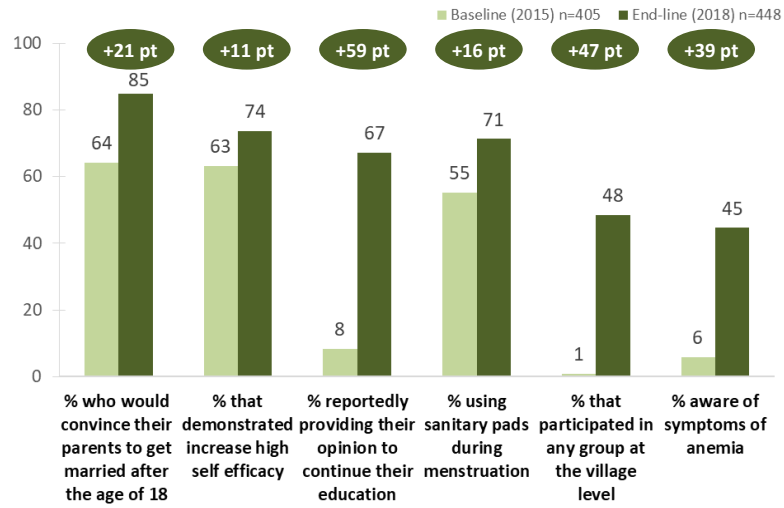
In July 2018, a total of 344 (99%) household visits were undertaken by the facilitators to motivate parents to send their daughters regularly for LSE classes. On an average facilitators could undertake 92% of the planned supervisory visits.

The program has shown positive results with a decrease in the % of girls getting married before 18 years of age and an increase in those voicing their need to pursue education

AGE AT MARRIAGE
Minor fall despite drought-driven uptick



UNMARRIED ADOLESCENT GIRLS
Improvements across reproductive and sexual health indicators



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When Salia was 13 years old, her parents got her engaged to a 23 year old neighbor.

Salia was a Peer Leader at an IHMP 'Girls Club' (*Kishori Mandal*)

She went on a hunger strike and asked her club friends to help negotiate with her parents.

Salia is currently in 12th grade studying Humanities.

Her mother and grandmother were married at the age of 12.

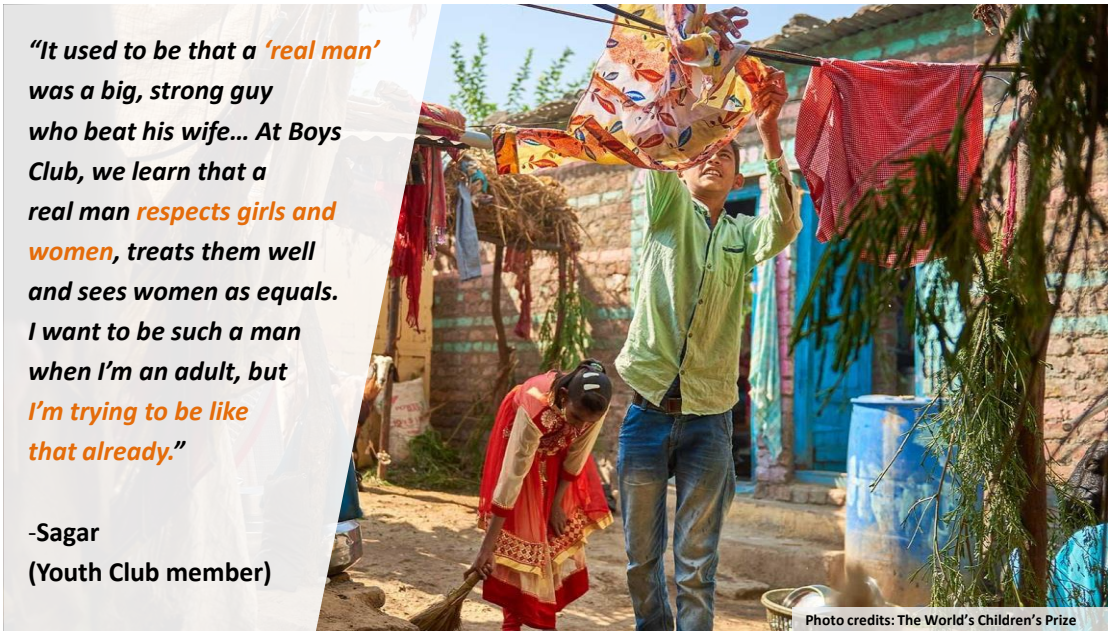
Photo credits: The World's Children's Prize

Boys and Young Men Component:

Interventions for boys and young men are being implemented in the villages of Jamkhed PHC. Forty youth groups are functioning well.

BCC Group Meetings for Youth:

On an average, 30 BCC group meetings were organized each month, in which 78% youth attended monthly BCC group meetings. Topics covered in the BCC group meetings were male reproductive system, methods of family planning and RTIs & STIs in men. On an average 12 youth were given individual counseling each month. A total of 60 peer leaders are active and they shared information on an average with 248 youth each month i.e. 83 percent of the expected number to be covered by the peer educators.



BCC Group Meetings for Spouses:

Once a month BCC group meetings are conducted with the spouses of married adolescent girls with the objective of increasing male responsibility for the well being of their wives. On an average 74% of the planned BCC group meetings were conducted with the spouses of married adolescent girls. On an average 59% spouses attended the BCC group meetings. Topics covered were same as those covered in the BCC group meetings for married adolescent girls.

Community Based Monitoring:

On an average 83% monthly review meetings were organized with Village Health Sanitation and Nutrition Committee members. These meetings were attended by 65 percent of the expected number of members.

Project Report October 2018 to March 2019

Introduction:
Institute of Health Management, Pachod initiated an innovative project in 53 villages of Jamkhed and Wadigodri PHCs from October 2018 with the financial support of Azim Premji Philanthropic Initiative (APPI). Main objectives of the project are to reduce child marriages and maternal morbidity & mortality among married adolescent girls.

I. Married Adolescent Girls:

Monthly Surveillance Visits:
A total of 68 ASHAs are functioning out of which on an average monthly surveillance was done by 86% ASHAs. On an average 79.2%) married adolescent girls were visited every month for health needs assessment. ASHAs also provided need specific BCC and counseling during monthly household visits. Based on their needs married adolescent girls were linked to the health provider at the village level or higher levels of care. A total of 51 new married adolescent girls were registered during the quarter.

Maternal Health:
Out of the pregnant married adolescent girls (MAGs) that were detected 87.2% were registered for antenatal care before 12 weeks of pregnancy. On an average each month 94.0% pregnant married adolescent girls were examined and provided antenatal care.

During the reporting period 78.3% married adolescent girls delivered at their natal homes, which is a reflection of the cultural norm. Out of the total MAGs that were delivered, 97.1% delivered in a hospital and two deliveries at home were conducted by a nurse or doctor. Out of the total MAGs delivered during the quarter, 97.1% were examined five or more times during pregnancy, 99% received two injections of Tetanus Toxoid or booster dose and 99% reported having consumed 100 Iron and Folic Acid tablets. The project has been able to maintain high coverage of MAGs with minimum standard antenatal care. Out of the women that delivered two months prior to the reporting month 81.0% women were visited twice by ANM and 94% were visited five times by ASHAs during the post natal period. On an average 31 women reported anyone symptom of RTIs, out of which 50% took treatment. On an average every month 46% out of a total of 892 eligible couples were using any one temporary contraceptive methods. The most preferred method of contraception was condom.

Supervision of Surveillance and Need Specific Behaviour Change Communication:
Female facilitators visit each ASHA once every month to supervise the surveillance and need specific BCC. On an average 67.2% ASSHAs were supervised each month. On an average 47% households were visited by the female facilitators for supervision of health needs assessment and needs specific BCC given by ASHAs.

Behaviour Change Communication (BCC) – Group Meetings conducted by ANMs:
On an average 59 monthly BCC group meetings were conducted out of a total 60 planned. On an average 79% married adolescent girls out of the total expected number attended these monthly

BCC group meetings. Topics covered during monthly BCC group meetings were – Reproductive Tract Infections, 'HIV/AIDS and Anemia.

II. Unmarried Adolescent Girls:

In January 2019, training on new born and child care was organized for ASHAs from both the PHCs. These sessions are not included in the six-month 'Life Skills' course. Fifty-eight ASHAs out of a total of 61 ASHAs attended the training.

Life Skills Education (LSE) Classes:
A total of 56 ASHAs conducted LSE classes. Eight sessions per month were facilitated by each ASHA. On an average 16 adolescent girls attended LSE classes per ASHA.

Kishori Mandal Activities (Adolescent Girls' Collective):
On an average 56 ASHAs facilitated weekly activities each month for the Kishori Mandal. On an average 15 girls per ASHA participated in activities of Kishori Mandal. The following activities were organized by the Kishori Mandals: Rangoli, Mehandi competitions, Debate on practice of giving dowry. Games like Kho-kho, Tug of war, 'Phugadi', etc. Art and craft – Greeting cards, Photo frame, etc. Mono act, play on 'Savitrabai Phule'.

Household Visits to Motivate Parents:
Facilitators (female) visit households of adolescent girls to motivate parents to send their daughters regularly to classes and to counsel girls with low self-esteem. On an average 44% households of adolescent girls were visited each month.

III. Boys & Young Men:
In Jamkhed PHC, on an average 40 groups were functional each month.

Behaviour Change Communication (BCC) – Group Meetings for Youth:
Each month 40 BCC group meetings were conducted. On an average 84% youth attended monthly BCC group meetings. Topics discussed in these BCC group meetings were Family Planning Methods, Masculinity and Domestic Violence. On an average 10 youth were given individual counseling on demand. On an average 84% youth were covered each month out of the total expected number to be covered by the peer leaders.

Behaviour Change Communication (BCC) Group Meetings for Spouses:
On an average 93% of the planned BCC group meetings were organized with the spouses of married adolescent girls. On an average 61% out of a total of 1130 spouses attended the BCC group meetings each month.

IV. Community Based Monitoring:
On an average 67% monthly review meetings were conducted with members of the Village Health, Sanitation, Nutrition and Water Supply Committees (VHSNC) to review needs identified by ASHAs and service provision by the sub-centre ANM. These meetings were attended by 65% VHSNC members.

Part 2

Scaling Up the Integrated Project for Empowering Adolescent Girls and Protecting them from the Consequences of Early Marriage, and Early Motherhood in Jalna district Of Maharashtra

Scaling Up the Integrated Project for Empowering Adolescent Girls and Protecting them from the Consequences of Early Marriage, Early Motherhood
Project Report 1st April 2018 to 31st March 2019

Introduction:
Institute of Health Management Pachod (IHMP) initiated the project in four PHCs in Jalna district from April 2017 with the aim of demonstrating strategies and processes that can be adopted by the formal system to reduce child marriage and early pregnancy. Activities undertaken during the year from 1st April 2018 to 31st March 2019 are presented in this report.

Activities undertaken during 1st April 2018 to 31st March 2019:

Capacity Building of ASHAs & Staff:
- One-day review meetings were organized for the entire project team of 4 PHCs (Facilitators & Coordinators) on 3rd Saturday of every month. During these meetings, objectives and time to time changes made in strategies of the project were discussed with the staff.
- ASHAs with the facilitators and PHC coordinator from each PHC were invited for one-day training on how to fill up information and transfer data in the surveillance register.
- Six-day training on the technical aspects, surveillance and BCC was organized from 27th to 30th August 2018 for ASHAs who could not attend the earlier training.
- Five batches of six-day training on Life Skills Education Part – I for ASHAs, facilitators and PHC coordinators was organized from 1st October to 3rd November 2018.

Married Adolescent Girl's (MAGs) Component:

Monthly surveillance visits by ASHAs were initiated from May 2018 in all 4 PHCs. A total of 167 ASHAs are functioning in the government system, out of which 145 (87%) ASHAs decided to work with the innovative Rashtriya Kishor Swasthya Karyakram project implemented by the Institute. During the year, on an average 125 (86%) ASHAs undertook monthly surveillance. On an average 1973 (88%) married adolescent girls were visited for monthly health needs assessment and morbidity surveillance. During household visits for monthly surveillance, ASHAs also provided need specific BCC and counseling. Based on their needs married adolescent girls were linked to the health provider at the village level or higher levels of care. A total of 2757 new married adolescent girls were registered during the year.

Maternal Health:
During the year, 664 Married Adolescent Girls (MAGs) reported having missed periods out of which 617 MAGs had Urine Pregnancy Test done and pregnancy of 599 (97%) MAGs were confirmed. During the reporting period, 518 new pregnant (86.5%) MAGs were registered before 12 weeks of pregnancy.

On an average 348 (88.4%) pregnant MAGs were examined each month out of a total of 394 pregnant MAGs. During the year, 415 (65.2%) women delivered at their natal home and 221 (34.8%) women delivered at the husband's home. This is a reflection of the cultural norm of going to the natal home for the first delivery. Out of total women that delivered, 632 delivered in the hospital and only two women delivered at home by a skilled birth attendant. Out of the total

636 women that delivered during the year, 602 (94.5%) women were examined five or more times, 603 (94.7%) women received two injections of Tetanus Toxoid or a booster and 583 (91.5%) women reported having consumed 100 IFA tablets. The outcome of 636 deliveries was 624 live births and 12 still births.

In the year, 287 MAGs reported danger signs during pregnancy, out of which 255 (89%) pregnant MAGs sought treatment. Out of the 221 MAGs that delivered at husband's village, 48 MAGs reported complications at the time of delivery, out of which 41 (85.4%) MAGs took treatment. Out of the women that delivered two months prior to the reporting month at husband's village, 156 (85.2%) mothers were visited five times by ASHAs and 156 (85.2%) mothers were visited twice by the ANM during the post-natal period. This indicates that routine post-natal care coverage has improved. Thirty-three MAGs reported complications and twenty-two (67%) took treatment. During the reporting period, a total of 1407 MAGs reported any one symptom of RTIs, out of which 1169 (83.1%) women took treatment.

In this year, on an average 676 (43%) out of a total of 1574 MAGs reported having used any one temporary contraceptive method. The most preferred method of contraception was condoms.

Unmarried Adolescent Girls' Component:

Life Skills Education Classes:

In September 2018, ASHAs enrolled 3194 adolescent girls and obtained written consent of the parents during household visits. On an average 26 adolescent girls were enrolled by each ASHA and they had identified a suitable place to conduct Life Skills Education (LSE) classes.

After completion of training, ASHAs were given various activities for the three weeks for team building and establishing Kishori Mandals (Adolescent Girls' Collective). Each group has selected two peer educators. During this period, individual self administered pre-test of each girl enrolled was conducted for randomly selected 40 ASHAs (i.e. 8 ASHAs from each PHC). Pre-test was conducted with 1035 adolescent girls.

Regular classes were initiated by 128 ASHAs from December 2018. A total of 2853 adolescent girls have participated in these classes. ASHAs facilitate two sessions per week from the Life Skills Education manual and conduct one activity for the Kishori Mandal per week. Classes were held in the schools, Anganwadis, Gram Panchayat offices or halls as per availability of public spaces in the villages. These LSE classes were scheduled generally in the evenings. The time of class was decided as per convenience of Unmarried Adolescent Girls (UAGs).

Another 12 ASHAs initiated LSE classes from January 2019 and in the last quarter of the year a total of 3151 adolescent girls were attending the LSE classes. During January to March 2019, 2322 adolescent girls i.e. 74 percent of the enrolled girls attended more than 80 percent sessions each month.

During January to March 2019, sessions of the first three months of the Life Skills Education course was completed. Pre-test for the sessions of the next three months was conducted in 30

ASHA areas/villages for 739 individual adolescent girls (95% of the expected number of girls). In the areas/villages of remaining ASHAs pre-test for girls was conducted in small groups (4-5 girls in a group). A total of 1387adolescent girls were covered for pre-test through small groups. Pre-test for Shahagad PHC could not be initiated before end of March 2019.

Kishori Mandal Activities:

ASHAs conduct a practical activity for Kishori Mandals once a week. During January to March 2019, a list of activities undertaken for the Kishori Mandals is given below:

- Exposure and learning visits – Gram Panchayat, Ration shop, Anganwadi, Post office, Self Help Group/microfinance meeting
- Organized a programme for Savitribai Phule Jayanti and International Women's Day
- Organized a rally about preventing child marriage
- Organized a skit at the village level about importance of education for girls
- Rangoli & other competitions

A total of 2493 adolescent girls i.e. 79 percent of the enrolled girls participated in more than 80 percent of the activities organized during January to March 2019.

Community Meetings with Parents & Other Stakeholders:
In the month of September 2018, community meetings with parents and other stakeholders were organized and they were requested to provide a suitable place for conducting the Life Skills Education for the adolescent girls.

Digital App for Surveillance and Monitoring

In November 2018, Samanvay Research and Development Foundation agreed to provide the software solution for the development and support of a digital tool for reproductive and child health based on OpenCHS for ASHAs.

From November 2018 to 31 March 2019 Samanvay developed the App. Ongoing discussion and feedback from stakeholders in the field as well as weekly meetings with the Management information system team at IHMP led to the development of the App. Various components of the App have been discussed by the field staff before providing feedback to Samanvay.

There has been a delay in the development of the App by Samanvay. The entire field staff, right up to the level of the ASHAs was involved in the Marathi translation in order to ensure the use of appropriate rural lexicon. Altogether 1500 items needed to be translated from English to Marathi.

The App has been deployed in one PHC located closest to IHMP so that training, monitoring and final adaptation of the App can be carried our satisfactorily.

IHMP envisages that by providing ASHAs with a Digital APP for assessing health needs of every woman and neonate through household visits and monitoring whether the health needs have been addressed on a monthly basis could lead to increase in effective utilization of health services and thereby improve the health status of women and newborn children.

Part 3

SATH project
Safe Adolescent Transition and Health

Project report- April 2018 to March 2019

Integrated project for empowering adolescent girls and protecting them from the consequences of early marriage, early conception, sexual and domestic violence in the villages under Karanjvihire PHC, Pune district
Project report- April 2018 to March 2019

Introduction:

IHMP is working in 19 villages under the Karanjvihire PHC, Khed block to provide reproductive health services for reducing maternal morbidity due to early pregnancy, and prevent low birth weight among babies. Additionally, IHMP provides life skills education to unmarried adolescent girls, to empower them to make independent life choices and prevent child marriage. The targeted area is geographically challenging and has a mixed population i.e. tribal, non-tribal rural and a migrant population. Forbes Marshall Pvt. Ltd. is supporting the SATH (Safe Adolescent Transition and Health) project in Karanjvihire PHC area.

The specific objectives of the integrated SATH project are:

Part 1: Protection of young married women from adverse consequences of early marriage and motherhood.

Specific Objectives

1. To increase the proportion of women having 1st child birth after 18 years.
2. To increase the proportion of women receiving standard, antenatal & postnatal care.
3. To increase the proportion of women taking treatment for maternal complications.
4. To demonstrate a measurable reduction in maternal complications (antenatal, intra-natal and postnatal morbidity) in married adolescent girls.
5. To reduce the proportion of LBW babies.

Part 2: Empowerment of unmarried adolescent girls through life skills education

Specific Objectives

1. To demonstrate a measurable increase in cognitive and practical skills.
2. To demonstrate a measurable improvement in self-esteem and self-efficacy.
3. To increase the duration of formal school education.
4. To delay the age at marriage.

Part 3: Attitudinal change in unmarried and young married men thereby demonstrating a measurable change in the prevalence of sexual and domestic violence and gender inequitable behavior.

Specific Objectives

1. To demonstrate a measurable change in the attitude of unmarried and young married men towards women as measured by the GEM scale.

2. To reduce the proportion of young men getting married to girls less than 18 years of age.
3. To reduce the proportion of young men involved in perpetrating sexual and domestic violence.

Activities undertaken by IHMP in Karanjvihire PHC, Khed block, during the year 2018-19:

A. Capacity building:

Training for youth component: SATH staff attended a 7 days training for the component of boys and young men. The training conducted by Equal Community Foundation in the months of April and May 2018 was mainly about planning, approach, methodology, content, monitoring and evaluation of modules for boys and young men.

Planning, monitoring and evaluation of health program: A five-days training program for the project senior staff was organised from 24th to 28th September 2018 at IHMP Pune. Programme management skills were imparted during the training program. As an outcome of the training program, project staff prepared a Logical Framework Analysis for the project. The LFA is being effectively used for planning, implementation, supervision and monitoring of the program. The project manager attended the training.

Capacity building of ASHAs for Life Skills Education: An induction training program of 6 days duration, for ASHAs, on Life Skills Education was conducted from 20th to 25th August 2018 at Varale training centre. Teaching methods for the first 26 sessions of Life Skills Education course were covered during the training using participatory methods. A total of 20 ASHAs participated in the training. Induction training for Module II was planned & conducted from 11th to 16th February 2019. A total of 17 ASHAs attended the training program.

Monthly in-service training: 12 in-service training sessions of two days duration each were conducted. ASHAs and project staff participated in these training sessions.

Surveillance registers were checked for completeness, coverage and inconsistencies during this training session by the MIS officer and supervisors. Monthly progress report and micro-plans for service provision were prepared using the information collected by ASHAs during home visits.

Project review meetings with SATH staff: Every Thursday a weekly review meeting of SATH staff was conducted for reviewing the work done in current week and to plan for the upcoming week. A total of 40 weekly meetings (out of 48 planned) were conducted in the reporting period.

Meeting with Sarpanch and Gram sevak:
Meeting were held with sarpanchs and gram sevak for appointment of ASHA as a secretary of VHSNC (Village Health Sanitation Nutrition Committee) and reform the committee in places where there is a newly elected Gram panchayat body. Project staff made continuous contacts with PRI members during their routine visits to the villages, to discuss and address the problems faced by the ASHAs.

Village Health Sanitation and Nutrition Committees (VHSNC): A total of 18 VHSNCs are functional in the project area. Formal meetings with VHSNCs started from September 2018. During the reporting period 52 VHSNC meetings were organized and 188 members were present at the meetings.

A one day orientation program for VHSNC members was planned and organized in collaboration with MO, KV PHC, on 31st January 2019 at KV PHC, Khed taluka. A total of 24 VHSNC members attended the training program.

Following key decisions taken by VHSNCs:

- VHSNC asked IHMP staff to facilitate the monthly VHSNC meeting. VHSNC will provide meeting date to IHMP staff in advance via ASHA workers.
- VHSNC members mobilize community members from the marginalized sector i.e. Thakar vasti, etc. VHSNC members facilitate SATH activities in these villages.
- VHSNCs requested KV PHC and IHMP to start women's clinics at the sub-center level especially for high risk obstetric cases, RTI/STIs and family planning.
- VHSNC members are ready to use their untied funds for the purchase of medicines if they are not available at the KV PHC.
- VHSNC members decided to meet once every three months to review the work done.

Village Health and Nutrition Days (VHND): IHMP facilitators were actively engaged in VHND activities. They monitored skills of the ASHAs in linking clients to the ANMS at the VHNDs. A total of 75 VHNDs were attended by the project facilitators.

Part 1: Protection of young married women from adverse consequences of early marriage and motherhood.

Induction training of ASHA volunteers on SRHR services was carried out in the last financial year. ASHAs initiated home visits for monthly needs assessment, morbidity surveillance, and for the provision of needs specific BCC in their villages from December 2017.

Monthly needs assessment and morbidity surveillance by the ASHAs: ASHAs regularly conduct daily home visits for monthly needs assessment, morbidity surveillance, and for the provision of need specific BCC. The surveillance system covers following broad areas:

- Maternal health
- Neonatal health
- Reproductive health – Reproductive tract infections
- Family planning

On an average 79.1 percent YMW were covered by monthly surveillance.

Behavior Change Communication (BCC): IHMP has developed an innovative strategy for behavior change communication which signifies a paradigm shift in dissemination of information and influencing health behaviors.

Needs specific behavior change communication: During monthly household visits the ASHAs identify the information needs of each family and individual. Based on the behavioral diagnosis

they provide information and counseling specific to the needs of the individual and family. This need specific BCC approach has brought about a measurable change in health related behaviors. In the reporting period, a total of 3212 visits for need based counseling were provided by the ASHA volunteers.

Behavior change communication through a social norms approach: Group BCC sessions were conducted to influence social norms like age at first conception, birth interval, promotion of contraceptives, early registration for antenatal services, utilization of minimum standard antenatal care, etc.

These sessions were initiated from the month August 2018. Using participatory methods, 92 group BCC sessions for young married women (YMW) aged <=24 years were conducted at the village level by the field facilitators. A total of 672 YMW from 18 project villages attended the meetings. Following topics were discussed during the monthly BCC sessions:

1. Maternal care – importance of early ANC registration and minimum 5 antenatal checkups, antenatal complications, birth preparedness, postnatal and neonatal care
2. Reproductive tract infections – symptoms and treatment
3. Family planning methods

Capacity building of ASHAs by IHMP project staff during supervisory visits:
Four ASHAs were allotted to each field facilitator. Monthly supervisory visits to assess the skills of ASHAs and provide on the job training through demonstrations were planned and conducted in each ASHA area. A total of 218 supervisory visits to ASHAs (out of 264 planned) were made by IHMP facilitators, during which they built the capacity of the ASHAs in implementing the five IHMP interventions for SRHR of YMW.

On the job training sessions by IHMP field facilitators resulted in improved skills of ASHA volunteer in undertaking 5 IHMP interventions. ASHA volunteers are capable of identifying YMWs in need, providing need based BCC, referral and follow up.

Service Provision and Coverage during 2018-19
The average proportion of women detected with RTI symptoms was 5.4 %.

Reported treatment seeking for Reproductive Tract Infections.
On an average 48.7 percent women with RTIs sought treatment. The drugs required for treatment of RTIs are not available at the PHC since last 1 year. Project staff has established linkages with private hospitals near Chakan for referring women for treatment.

Coverage of young married women with Antenatal Care.
Proportion of pregnant mothers that received antenatal care was 83.9%. Project staff attended VHNDs to improve their coverage. This topic was discussed during the YMW meetings.

Reported Symptoms of Antenatal Complications.
The proportion of pregnant mothers reporting any one antenatal complication was 18%. ASHAs were given regular on the job training to identify and refer these complications.

Treatment taken for Antenatal Complications.
The average proportion of pregnant mothers with symptoms of antenatal complications that sought treatment was 61 percent. Transportation facilities, lack of secondary facilities for treatment are the key barriers in the utilization of treatment for antenatal complications.

Coverage of young married women with Postnatal Care.
The proportion of pregnant mothers that received minimum standard post natal care was 72%.

Reported Use of Family Planning Methods.
The average proportion of YMWs using any form of temporary contraception/family planning was 26 percent. There was an increase in use of contraceptives from 24 percent in the quarter Apr-Jun 18 to 28.8 percent in the quarter Jan-Mar 19.

Advocacy with PHC and Government staff:
Meetings with MO PHC were held on a monthly basis. Discussions were held regarding the coverage of beneficiaries and availability of medicines and UPT kits with ASHA's.
MO PHC is providing support to the project in implementing project activities. He assured IHMP of required drugs for RTI/STI treatment and temporary contraceptives. Medical officer and PHC staff provided required logistic support for capacity building / training programs.

Impact on SRHR: A rapid assessment was carried out in the month of April 2019 to assess the impact of IHMP interventions on service utilization. Information on delivered mothers, and young married women was collected using the available records and thereafter it has been validated by the project facilitators through home visits. Following are the key results:

Impact on Maternal care:
The data reveals an increasing trend in the coverage for various services for maternal care especially, in the uptake of minimum standard antenatal care, Hb testing, etc. in 2019 as compared to 2017. There is a significant reduction in LBW babies, maternal complications in 2019 as compared to 2017. In future secondary level care requires strengthening to bring about further improvement in service utilization.

Use of temporary contraceptives: The average utilization of any temporary family planning method among YMWs was found to be 20.7 percent. An increasing trend is observed in the utilization of temporary family planning methods 21.0% in 2019 as compared to 15.0% at baseline in 2017. ASHAs conducted home visits and provided effective BCC to the YMWs and the decision makers, which has resulted in creating a demand for FP methods. On the other hand stock of temporary family planning methods is not available at the PHC since last 1.5 years, which has hindered effective coverage. Further improvement is possible by addressing issues of accessibility and availability of temporary FP services.

Part 2: Empowerment of unmarried adolescent girls through Life Skills Education

The first batch of Life skills education (LSE) for unmarried adolescent girls was initiated in 20 ASHA areas in the month of September 2018. 350 unmarried adolescent girls were enrolled in

the 20 project villages. The classes are scheduled twice a week i.e. every Saturday and Sunday, one hour each session.

IHMP facilitators visited 20 villages for availability of a venue to conduct LSE classes. During these meetings, IHMP submitted a letter to Gram Panchayats for providing a safe place for LSE classes. Each Gram Panchayat was contacted at least twice for confirmation of the venue.

A pre-test was conducted to assess the cognitive skills of the enrolled girls at LSE. After that the LSE classes were started in each ASHA area.

Supervision of the LSE classes was carried out through IHMP field facilitators. One supervisory visit was planned for each ASHA area, per week. A total of 217 visits were made by IHMP facilitators at the LSE classes. During these visits IHMP field facilitators performed the following functions:

- Checking of UAG attendance register maintained by the ASHAs for LSE classes
- Methodology adopted by ASHAs while taking LSE
- Facilitating use of participatory methods
- General environment of the LSE class

During the reporting period, 26 out of 50 sessions were completed by 15 ASHAs in February 2019 and they are conducting next 24 LSE sessions. The first batch of LSE was completed in the month of May 2019.

Other activities carried out under LSE:
After initiating LSE at the village level, girls who are attending the classes established their clubs (Kishori Mandals). During their meetings, drama, singing, rangoli, competitions were held. Village Sarpanch and other key stakeholders voluntarily provided support for purchasing and distributing prizes for these competitions. The event was organized in collaboration with VHSNCs. VHSNCs were actively involved in logistic management of the events.

Two Kishori Melawas were planned and organized; a total of 134 girls attended the Kishori Melawas. The key objective of the Melawas was to sensitize the community regarding age at marriage and importance of continuing education for girls. At the end of the Melawas, the Sarpanch, VHSNC members, and villagers took an oath not to marry girls below 18 years of age, and continue their education at least till graduation.

Part 3: Life skills education for unmarried boys in the age group 13 to 17 years
Life Skills Education classes for unmarried boys were started in 2 villages since November 2018. Around 30 boys aged 13-17 years are enrolled in the 2 project villages. A total of 6 sessions were conducted.

Part 4

Integrated reproductive and sexual health and family planning project for young married women in 12 slums of Hadapsar, Pune

Integrated reproductive and sexual health and family planning project for young married women in 12 slums of Hadapsar, Pune
Annual activity report- April 2018 to March 2019

Introduction:

IHMP has been providing reproductive and sexual health and family planning to adolescent girls and young married women in 12 urban slums of Pune city in partnership with Yardi Software Pvt. Ltd. There is evidence that the project has been able to empower adolescent girls, prevent child marriages, improve the reproductive health status of married adolescent girls and increase the use of contraceptives. Project is being implemented in 12 slums of ward no. 43. This project has been implemented since May 2014.

The specific objectives of the integrated SRH project are:

Part 1: Protection of young married women from adverse consequences of early marriage and motherhood.

Specific Objectives

6. To increase the proportion of women having 1st child birth after 18 years.
7. To increase the proportion of women receiving standard, antenatal & postnatal care.
8. To increase the proportion of women taking treatment for maternal complications.
9. To demonstrate a measurable reduction in maternal complications (antenatal, intra-natal and postnatal morbidity) in married adolescent girls.
10. To reduce the proportion of LBW babies.

Part 2: Empowerment of unmarried adolescent girls through life skills education

Specific Objectives

5. To demonstrate a measurable increase in cognitive and practical skills.
6. To demonstrate a measurable improvement in self-esteem and self-efficacy.
7. To increase the duration of formal school education.
8. To delay the age at marriage.

Activities undertaken by IHMP for the integrated reproductive and sexual health and family planning project for young married women during the year 2018-19 are presented in this report:

Part 1: Protection of young married women from adverse consequences of early marriage and motherhood.

A. Capacity building:

Refresher training for CHWs: Refresher training was held twice during the reporting period on Life skills Education, BCC and Surveillance

Monthly in-service training of CHWs: Health status identified by CHWs through their monthly surveillance, appreciating their inputs and special initiatives. Technical information on newly introduced or existing schemes related to maternal and neonatal health.

Safe motherhood booklet: The Safe Motherhood booklet is a self administered awareness and monitoring tool prepared for pregnant mothers with the aim of integrating the concept of self assessment into the daily routine of a pregnant woman. The strategy resulted in a reduction of mortality and morbidity of both mother and the infant.

Meeting with fellow Slum Health and Development Committee (SHDC) members: An orientation visit was planned for the SHDC members of 11 slums. We had expected minimum 4 SHDC members from each slum, therefore minimum 44 SHDC members were expected to attend the meeting. Around 47 SHDC members and 11 CHWs were present for the meeting held at Anna Magar Hospital.

CHW's Outstation training to Pachod
An outstation visit was planned to Pachod in January 2019 to understand the surveillance system.

Project Implementation Management Training: A five-days training program for the project senior staff was organised from 24th to 28th September 2018 at IHMP Pune.

B. Universal Coverage through Urban Nutrition and Health Day (UHND)
Integration with UHNDs was initiated after having a meeting with Medical Officer of Anna Magar PHC, who invited IHMP to take part in the execution of UHNDs. Since then the IHMP team has been assisting the PMC nurses to conduct UHNDs effectively in every slum. The provision of MNH services at the slum level has facilitated universal coverage of young women with reproductive, maternal and neonatal health services.

Community engagement through Slum Health and Development Committee (SHDC)
One meeting per month was planned and conducted with Slum Health and Development Committees (SHDCs). On an average 73% SHDC members attended the meetings each month. Every month the SHDC members were briefed about the number of pregnant women in their locality, prevalence of pregnancy complications, women identified with reproductive tract infections, etc. The occasion of Women's day was targeted and each committee was briefed to organize a women centric event in their community.

Needs specific behavior change communication:
IHMP has developed an innovative strategy for behavior change communication which signifies a paradigm shift in dissemination of information and influencing health behaviors. During monthly household visits the ASHAs identify the information needs of each family and individual. On an average 86.3 percent YMW that were covered by monthly surveillance. Based on the behavioral diagnosis they provided information and counseling specific to the needs of the individual and family. This need specific BCC approach has brought about a measurable change in health related behaviors. During the reporting period, a total of 2365 visits for need based counseling were provided by the ASHA volunteers.

Group meetings for behaviour change through social norms approach

Group BCC sessions were conducted to influence social norms like age at first conception, birth interval, promotion of contraceptives, early registration for antenatal services, utilization of minimum standard antenatal care, etc. These sessions were initiated from the month July 2018. Using participatory methods, 92 group BCC sessions for young married women (YMW) aged <=24 years were conducted at the village level.

Coverage of young pregnant women with Antenatal Care

On an average 81.0 % young pregnant women received antenatal care

Reported Symptoms of Antenatal Complications.

The proportion of pregnant mothers reporting any one antenatal complication was 32%. at the initial stage of implementation challenges were faced by ASHAs to identify pregnant mothers with complications. This improved with the trainings provided to them during in-service training.

Treatment taken for Antenatal Complications:

The average proportion of pregnant mothers with symptoms of antenatal complications that sought treatment was 76.2 percent. The treatment utilization has increased with focused efforts in follow up visits by ASHAs and ANMs to motivate the pregnant women to utilize PHC treatment.

Blood Glucose and Albumin Testing

After assisting the PMC nurses for the effective execution of UHNDs, we perceived the need for testing blood glucose among young married women urine albumin among pregnant women. A diagnostic camp was conducted by our ANMs for these two tests in all the 12 slums.

Counseling by project ANMs for Reproductive Tract Infection and Family Planning

ANMs conducted home visits for women with symptoms of RTIs. They also visited couples who are Family Planning users, as well as those who reported desire to use FP methods. ANMs provided them with need based BCC and counseling, and appropriate referral for services.

The average proportion of women detected with RTI symptoms was 8.1%. On an average 60.03 percent women with RTIs sought treatment. Availability and accessibility are the key reasons of low treatment coverage for RTIs

Impact on SRHR: A rapid assessment was carried out to assess the impact of IHMP interventions on service utilization. Information on delivered mothers, and young married women was collected using the available records and thereafter it has been validated by the project facilitators through home visits.

There is a considerable increase proportion of mothers that had undergone 5 antenatal checkups from 2015 to 2019. Also around 30% increase has been observed in the mothers that have consumed 100 IFA tablets during their pregnancy. Utilization of minimum standard antenatal care increased by 30%. Percentage of Low Birth Weight babies has reduced by 10% and has been constant from the year 2018. Post natal and neonatal complications have reduced by 20% from 2015 to 2019. Around 50% pregnant women have started temporary contraceptives after

their deliveries. The average use of temporary contraceptives increased by 22% between 2015 to 2019, an increase by 6% is observed during the period July 2018 to March 2019.

YMWs using temporary contraceptives for at least 6 months
The percentage of sustained users of contraceptives for at least 6 months. A 16.2% increase has been observed from the year 2015 to 2019.

Status of RTI services:
Around 8.4% increase has been observed in the treatment seeking behaviour of women having RTI symptoms in the year 2018-19. This indicates that CHWs have been able to detect the patients with RTI symptoms and motivate them to seek the treatment.

Impact on SRHR: A rapid assessment was carried out in the month of April 2019 to assess the impact of IHMP interventions on service utilization. Information on delivered mothers, and young married women was collected using the available records and thereafter it has been validated by the project facilitators through home visits. Following are the key results:

Impact on Maternal care:
The data indicates an increasing trend in the coverage for various services for maternal care especially, in the uptake of minimum standard antenatal care, Hb testing, etc. in 2019 as compared to 2017. There is a significant reduction in LBW babies, maternal complications in 2019 as compared to 2017. In future secondary level care requires strengthening to bring about further improvement in service utilization.

Part 2: Empowerment of unmarried adolescent girls through Life Skills Education

Life skills education (LSE) for the first batch of unmarried adolescent girls was initiated in 12 slums in August 2018 for which 220 unmarried adolescent girls were enrolled. All the 48 Sessions have been covered till March having an average attendance of 10 girls in each class. Apart from that a post test was conducted in the month of March for 178 girls. The Sexual Reproductive Health training was conducted in the month of May 2019.

Kishori Mandal Activities carried out in the financial year 2018-19

- Handy-craft workshop and exhibition:
- Peer Leader Training
- Meetings with Old LSE Girls
- Exposure Visit for current batch of LSE
- Kishori Melawa for Old LSE girls