



IHMP/AGRT

Annual Report

for 2019-2020



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Scaling Up Project in Jalna

Integrated Project for Empowering Adolescent Girls and Protecting Them from the Consequences of Early Marriage, Early Conception, Sexual and Domestic Violence

1st April 2019 to 31st March 2020

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. Details of the activities undertaken during the year from 1st April 2019 to 31st March 2020 are presented in this report.

Geographical reach of the project:

The project is being implemented in four PHCs from three blocks in Jalna district. Details are given below in table no. 1:

Table : 1		
Sr. No.	Block	PHC
1.	Jalna	Dudhanakalegaon
2.	Jalna	Pirpimpalgaon
3.	Ghanasaangi	Tirthapuri
4.	Ambad	Shahagad

Human Resources:-

Table : 2			
Sr. No.	Designation	Working at	No. of positions
1.	Program Manager	Project level	1
2.	Statistician	Project level	1
3.	Coordinators	PHC level	5
4.	Facilitator	Subcenter level	21
5.	ASHA workers	Village level	150
6.	Accountant	-	1
7.	Driver	-	1

Details of staff involved in the project activities is mentioned in the table no.2

Activities undertaken during 1st April 2019 to 31st March 2020:

Capacity Building of ASHAs & Staff:

- Monthly review meetings were conducted in the first week of the month at each PHC head quarters. On an average 102 (77.44%) ASHAs attended monthly review meetings. Issues related to technical aspects, surveillance, Monthly Progress Report, need specific behavior change communication, life skills education classes for unmarried adolescent girls etc. were discussed and accordingly training inputs were provided.

Table : 3			
Table : 1. Working ASHA in Reported Month			
Reporting Quarter	Actual No. of reporting ASHAs	Expected No. of reporting ASHAs	%
Apr2019	105	131	80.15
May2019	96	131	73.28
Jun2019	95	131	72.51
Jul2019	99	131	75.57
Aug2019	91	131	69.46
Sept2019	112	131	85.49
Oct2019	95	131	72.51
Nov2019	96	131	73.28
Dec2019	105	131	80.15
Jan2020	108	131	82.44
Feb2020	114	131	87.02
Mar2020*	-	-	
Monthly Average	102	131	77.41

(Note: 1- * means data entry in March 2020 was not done due to Nation Lockdown as a result of Covid-19 outbreak)

- 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. Main aim of conducting these monthly review meetings was to share experiences and deal with various challenges.

In the meetings of Jan & Feb 2020, important discussion was done with regards to collection of required data for end line survey from the 10 selected sample sub centers. Ms. Manisha Khale also guided staff on this topic. One day Training was given to all staff by Dr. Rahul and Mr. Mahesh on required data collection. Focus was given to carry out the listing which started from 20th January and got completed on 4th March.

(This Survey was conducted for around 64,000 population spread across 10 Sub centers under working area of 64 ASHA workers of 4 PHCs.)

- New Surveillance register were given to Asha workers in the monthly meeting in May 2019. After that, a two day PHC level session for ASHAs (1 day training & 1 day need specific BCC by Mr. Mahesh Umbarkar and Dr. Pradnya Doke) was conducted. Required information in old Surveillance register was taken on new register by ASHAs & Old surveillance register were deposited to the respective coordinators.

- 4 days training workshop for Sexual and Reproductive Health (Training of Trainers-ToT) was arranged from 19th August to 22nd August 2019 at Pachod.

10 ASHA workers and 10 IHMP staff from 5 PHCs were trained as trainers. They worked as resource person for the 39 SRH workshops which were further conducted for UAGs at village level. Following are the details mentioned below (Table: 4):-

Table : 4				
Table : SRHR Workshop/ Training of Trainers (TOT)				
Sr. No.	Category	Name of trainer (Staff/ASHA)	Pre score	Post score
1	IHMP staff	Dr. Rahul Dongardive	24.5	27
2		Gautam B. Gaikwad	21	28
3		Varsha M. Pimpale	21	29
4		Kedar M. Todkar	13.5	29
5		Ashok L. Hatagale	19.5	29
6		Bharat R. Tagad	21.5	28
7		Sharad A. Misal	18.5	29
8		Rohit B. Ambhore	22	29
9		Santosh Shinde	18.5	28
10		Ravindra Borde	19.5	28
11	ASHA	Sharda N. Wadekar	22.5	26
12		Kalpana B. Gadekar	20.5	29
13		Ranjana R. Korade	22	30
14		Anita B. Dhangade	16.5	30
15		Sonali S. Kabara	15.5	29
16		Surekha P. Kolgude	19	30
17		Anita P. Dhillape	20.5	29
18		Ujwala N. Jadhav	21	29
19		Ujwala B. Talekar	17.5	29
20		Kausar A. Pathan	14	24
		Total	388.5	569
		Average	19.4	28.5

- Total 20 Participants attended the SRH workshop. Average pre test score was 19.4 and post test score was 28.5 (Ref Table-4).

- Training of SRH was further conducted by the trainers for remaining staff from 28th August to 31st August 2019 at Pachod.

Table : 5			
SRHR Workshop/ Training of Jalna RKSK Project Staff (Remaining staff)			
Sr. No.	Name of trainer (Staff/ASHA)	Pre score	Post score
1	Sachin Wathore	17	30
2	Rekha Shirsath	16	27.5
3	Sanjay Shirsath	16.5	27
4	Ganesh Mhaske	23	30
5	Amol Wakale	23.5	30
6	Suraj Jadhav	22.5	29
7	Subhodh Suradkar	19.5	29
8	Parmeshwar Gavange	16.5	29.5
9	Ravi Bavane	22	27.5
10	Sandesh Dhepe	23	29
11	Sanjay Thorat	20	28.5
12	Sunil Parave	24	27.5
13	Santosh Rajpankhe	19	26
14	Sudam Sonwane	11	26.5
15	Gorakh Rathod	24	27.5
	Total	297.5	424.5
	Average	19.8	28.3

- Total 15 participants attended the SRH workshop. Average pre test score was 19.8 and post test score was 28.3 (Ref Table-5).

- LSE part 2 training was organized for 20 ASHAs across 4 PHCs who had missed the training. Following are the PHC wise names of the 20 participants (Ref table no.6)-

Table : 6				
PHC	Sr.	ASHA name	Pre Test scores	Post Test scores
Shahagad	1	Savita Shinde	4	45.5
	2	Usha Wahule	31.5	41.5
	3	Amruta Harshe	15.5	-
	4	Mira Shinde	27	28
	5	Kalpana Gadekar	36.5	47
	6	Shivkanya Gadekar	33.5	41
	7	Radha Chaudhari	35.5	-
	8	Alka Havale	-	-
	9	Mira Gadge	9	25.5
	10	Sunita Ravas	32	42
Tirthpuri	11	Kushivarta Kshirsagar	1.5	-
	12	Sangita Honmane	26	-
	13	Shraddha Shirsat	30	-
	14	Swati Jadhav	27	-
	15	Mina Kundhare	26	36
	16	Asma Shaikh	32	41.5
	17	Chaya Wahule	-	30
Dudhnakalegaon	18	Sharda Ujed	0	12.5
	19	Maya Satpute	36.5	45
Pirpimpalgaon	20	Lata Gundalkar	20.5	34

- Due to personal reasons, 6 ASHAs from Tirthpuri could not attend the above training (for minimum 3 and above days). So again training was organized for these ASHAs at Tirthpuri PHC from 17th Dec to 22nd Dec 2019. Details of the training are as follows (Ref table-7):-

Table : 7				
Sr.	Name of ASHA	Sub center	Pre test score	Post test score
1	Shraddha Vinayak Shirsat	Khadka	41	50
2	Swati Jadhav	Khadka	42	49.5
3	Kushivatra Kshirsagar	Khadka	30	47
4	Sangita Honmane	Khadka	35	40
5	Shakuntala Deshmukh	Khadka	30	36
6	Asma Sheikh	Kandari	43	48

Married Adolescent Girl's (MAGs) Component:

Monthly surveillance visits by ASHAs were initiated from May 2018 in all 4 PHCs. A total of 150 were working with the innovative Rashtriya Kishor Swasthya Karyakram project implemented by the Institute.

During the year, on an average 127 (85%) ASHAs undertook monthly surveillance. Out of 2363, on an average 2141 (90.6%) 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. Out of total of 2363 MAGs, 160 new married adolescent girls were registered during the year.

Maternal Health:

During the year, 623 Married Adolescent Girls (MAGs) reported having missed periods out of which 603 MAGs had Urine Pregnancy Test done and pregnancy of 591 (98%) MAGs were confirmed. During the reporting period, 526 new pregnant (86.5%) MAGs were registered before 12 weeks of pregnancy. Only 65 (11%) MAGs were registered after 12 weeks of pregnancy for antenatal care.

On an average 327 (88.4%) pregnant MAGs were examined each month out of a total of 341 pregnant MAGs. During the year, 414 (70.40%) women delivered at their natal home and 174 (29.59%) 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, 887 delivered in the hospital and only one woman delivered at home by a skilled birth attendant. Out of the total 588 women that delivered during the year, 570 (96.93%) women were examined five or more times, 574 (97.61%) women received two injections of Tetanus Toxoid or a booster and 561 (95.40%) women reported having consumed 100 IFA tablets. The outcome of 588 deliveries was 580 live births and 8 still births.

In the year, 204 MAGs reported danger signs during pregnancy, out of which 171 (83.8%) pregnant MAGs sought treatment. Out of the 174 MAGs that delivered at husband's village, 54 MAGs reported complications at the time of delivery, out of which 45 (83.3%) MAGs took treatment. Out of the women that delivered two months prior to the reporting month at husband's village, 83 (46.4%) mothers were visited five times by ASHAs and 89 (49.7%) mothers were visited twice by the ANM during the post-natal period. 8 MAGs reported complications and all 8 (100%) took treatment. During the reporting period, a total of 1430 MAGs reported any one symptom of RTIs, out of which 1339 (93.6%) women took treatment.

In this year, on an average 786 (45.2%) out of a total of 1738 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 the month of September 2019, ASHAs enrolled 2397 adolescent girls for **LSE batch-2** 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. ASHAs were given various activities for the three weeks for team building and establishing Kishori Mandals (Adolescent Girls' Collective).

ASHAs facilitated two sessions per week from the Life Skills Education manual and conducted 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).

- **First Batch** of LSE had 3194 UAGs enrolled. For UAGs of first LSE batch, all sessions, revision and post tests were completed in August-September 2019.

For LSE **First batch part 2-post test of knowledge (Individual)** total 899 girls were expected and 782 girls gave test (i.e. 87%). For group post test of knowledge 1846 girls were expected and 1681 girls gave test (91.1%).

For LSE **First batch part 2 post test of self esteem (Individual)** total 899 girls were expected. 778 girls gave test (i.e. 86.5%). For group post test of knowledge 1846 girls were expected and 1609 girls gave test (87.2%).

- **Second Batch** of LSE had 2397 UAGs enrolled. Second batch started in September-October 2019 and was completed in March 2020. (Some ASHA workers had started their batches late due to various personal and PHC related reasons. These ASHA workers have committed to complete all the sessions for their LSE batch which may get completed in Mid April 2020.)

For individual pre test of knowledge & Self esteem 755 girls were expected and 751 girls gave test (99.5%).

For group pre test of knowledge & Self esteem 1642 girls were expected and 1578 girls gave test (96.1%).

3 days in a week (i.e. 12 days in a month) these LSE classes were scheduled generally in the evenings or as per convenience of UAGs & ASHA workers. These 3 days constituted 2 days for sessions and 1 for day games/exposure visits or art and craft/other activities. The time of class was decided as per suitability of UAGs. Classes were held generally in the schools, Anganwadis, Gram Panchayat Offices or Halls as per availability of public spaces in the villages.

Individual and group post test of knowledge and self esteem were not conducted due to end of project in March 2020.

LSE-Batch 1 : PHC wise total number of ASHAs completing LSE batch-1 and UAGs attending 80% classes:-

Table : 8					
Sr. No.	Name of PHC	Total no. of ASHAs working at the time of LSE Batch 1	No. of ASHAs who have completed LSE Batch 1	Total girls enrolled for LSE Classes	No. of girls with 80% class attendance
1	Dudhana Kalegaon	34	29	749	502
2	Pirpimpalgaon	36	33	857	558
3	Shahagad	33	12	290	168
4	Tirthpuri Block A & B	47	33	842	698
	Total	150	107	2738	1926

LSE batch 1 was completed by 107 ASHA workers across 4 PHCs. Total 2738 UAGs were enrolled for LSE batch-1 and 1926 UAGs successfully completed LSE class with 80% attendance.

SRH workshops:

Table : 9			
Sr. no.	PHC	Total batches	Total number of UAGs
1	Tirthpuri-Block A	7	227
2	Tirthpuri-Block B	6	163
3	Pirpimpalgaon	11	428
4	Dudhnakalegaon	10	327
5	Shahgad	5	151
	Grand Total of Project	39	1296

Across 4 PHCs total 39 SRH workshops were conducted by trainers (ASHA workers and IHMP staff). 1296 UAGs who had completed LSE batch 1 participated in these workshops. (Ref table no. 9)

Kishori Mandal Activities:

ASHAs conduct a practical activity for Kishori Mandals once a week. During April 2019 to March 2020, 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
- Organize various programs celebrations related to national leaders
- Organized Menstrual Hygiene day (MHD-as per guidelines of “Dasra”) for giving information to girls and women with regards to personal hygiene and all information related to menstrual cycle. A video screening on Menstrual cycle was done in these programs.
- Rangoli, debate, essay & other competitions were organized in order to boost the confidence of UAGs and develop their interest in the LSE classes.

Community Meetings with Parents & Other Stakeholders:

From the beginning of year 2020, more focus was given to community meetings with parents, in laws and husbands of MAGs, villagers, VHNC members and other stakeholders. Details of such community meetings for months of Jan, Feb and March 2020 are given in below table (Ref table no. 10):-

During the last quarter, a total of 404 meetings with **parents of adolescent girls** were organized to motivate parents to send their daughters regularly for the Life Skills Education classes. These meetings were attended by 757 parents and 349 adolescent girls.

Similarly meetings with **husbands and in laws of MAGs** were organized for counseling in terms of delay in first pregnancy by using of family planning measures and counseling about spacing in between 2 children. 395 such meetings were conducted which were attended by 752 husbands and in laws of MAGs.

Community Based Monitoring:

Facilitators conducted 68 meetings with the members of **Village Health Sanitation and Nutrition Committees** (VHSNC) during the quarter. A total of 639 people (357 VHSNC members & 282 villagers) were present for the review of needs assessed by ASHAs and service provision by the health providers/ sub-centre ANM. (Ref. Table: 10)

Community Meetings:

PHC coordinators and sub-centre facilitators conducted a total of **435 community meetings**, which were attended by 2903 individuals. Various project activities and its progress were discussed with the villagers. (Ref. Table: 10)

Table : 10						
Table 8: Community Activities by Coordinators and Facilitators						
Sr	Activities	Program Conducted	VHNC members	Villagers	Total Population reached	PHC
1	VHNC meetings	9	45	40	85	TTP-A
		12	60	90	150	TTP-B
		15	87	62	149	Shahagad
		15	80	50	130	Pirpimpalgaon
		17	85	40	125	Dudhnakalegaon
	Total	68	357	282	639	
2	General meetings with villagers	70		490	490	TTP-A
		57		399	399	TTP-B
		90		540	540	Shahagad
		112		784	784	Pirpimpalgaon
		106		690	690	Dudhnakalegaon
	Total	435		2903	2903	
	Activities	Program Conducted	UAG parents	UAG	Total	PHC
3	Visit to UAG parents	90	156	56	212	TTP-A
		56	113	55	168	TTP-B
		87	166	80	246	Shahagad
		88	177	78	255	Pirpimpalgaon
		83	145	80	225	Dudhnakalegaon
	Total	404	757	349	1106	
	Activities	Program Conducted	Spouses & in laws of MAGs	Total		PHC
4	Visit to spouses and in laws of MAGs	85	145			TTP-A
		57	132			TTP-B
		86	160			Shahagad
		85	167			Pirpimpalgaon
		82	148			Dudhnakalegaon
	Total	395	752			

Other Activities:-

- Arts and crafts workshops were arranged for UAGs enrolled under **first & second batch** of LSE classes. Group of 10 ASHAs and 20 UAGs (2 UAG per ASHA) were called at the training locations. They got the training on mehndi and door mat preparation from old sarees by the resource person. These 2 girls and ASHAs attended the workshop & served as resource person in teaching the remaining batch of UAGs from their respective villages.

Similarly ASHA worker & UAGs from batch-1 served as resource person for teaching UAGs of batch-2

- Activity of filling of forms for account opening of SBI bank (Nationalized bank) and post office was taken. [LSE **batch-1**].
- Certificates were given to UAGs successfully completing LSE batch (Batch 1 and Batch 2).

Highlights of the Year:

- Regular surveillance for married adolescent girls for the identification of health service needs, morbidity and information needs was well established. ASHAs are now comfortable to fill information in the surveillance registers.
- ASHAs started preparing micro-planners and Monthly Progress Reports (MPRs) without help of Facilitators and Coordinators.
- ASHAs enrolled unmarried adolescent girls for the Life Skills Education classes Batch-2 and completed 2 batches (LSE-1 and LSE-2) in this year.
- Regular Village Health and Nutrition Days were held in each village. During these sessions, ASHA & IHMP team ensured that clients listed on the micro-planner either get primary level health care or referral.
- Prize of 100 Rs per UAG (UAG attending 80% and more LSE classes) has been given to the ASHA workers completing first batch of LSE class. ASHA workers appreciated and were motivated by this initiative.
- During monthly meetings in January “Haladi Kumkum” program was arranged for ASHA workers which helped developing mutual bonding with them. They enjoyed the program.
- Focus during the quarter was on completing the listing so as to start with endline survey in the last week of March.
- Menstrual Hygiene Day (MHD) 2019 was organized at 10 locations (5 under Dudhnakalegaon PHC and 5 under Pirpimpalgaon PHC) as per the guidelines given by Dasra. In every location, more than 50 girls and women participated where short movie was shown to the audience for sensitizing social factors about menstrual cycle.

Challenges:

- Lock down was announced by Government which hampered ASHA monthly meetings supposed to be conducted in the last week of March.
- Listing of household for end line survey in 10 sub centers was a challenge to get it done from ASHAs. As it requires lot of time and ASHAs are busy with all type of work given by PHC & health department. So the listing was done by IHMP team.
- Issue of non working ASHAs under Shahagad and Tirthpuri PHC during 2019. Meetings with VHNSC committees at village level were organized to inform the villagers about the work being done by IHMP for MAGs and UAGs of their villages. They helped us in convincing ASAHs to continue with their work.
- There was a little bit of setback in the work due to strikes called by Maratha Mukti Morcha, lockdown due to Covid-19 outbreak.

Advocacy:

Meetings with District Health Officer, Jalna:

- A meeting was conducted on 26th June 2019 at DHO office, Jalna. Details of the meeting are as follows-

Sr.		Details
1.	Date of Meeting	26-06-2019 (Wednesday)
2.	Venue	DHO office, Zilla Parishad, Jalna
3.	Members present for the meeting	1) Dr. Vivek Khatgaonkar, District Health Officer, Jalna. 2) Dr. Ashok Dyalchand, Director, IHMP. 3) Ms. Manisha Khale Madam (Additional Director) 4) Dr. Kadle, Additional District Health Officer, Jalna. 5) Mr. Raosaheb Shelke, District Program Manager, Jalna. 6) Ms. Ashwini Shelke, District Community Mobiliser 7) Dr. Rahul Dongardive (Program Manager-IHMP-Jalna Project)

Points discussed:-

- Dr. Dyalchand updated DHO that Mobile Application software for ASHA being prepared by IHMP. He informed that IHMP would like to give mobiles and software to Jalna Health department.
- Dr. Dyalchand informed DHO that some ASHAs are not working at Shahagad, Tirthpuri and Wadigodri PHC. DHO strictly instructed DCM to personally look into the matter. (After these instructions follow-up was taken by Dr. Rahul and Ms. Ashwini (DCM) with concerned ASHAs and their supervisors. After these actions, ASHA workers from Tirthpuri and Shahagad PHC joined IHMPs work.)
- Dr. Dyalchand briefed the meeting about “Life Skill Education” classes conducted by IHMP. DHO was interested to know the concept, how the classes are conducted, content and other details. Life Skill Education manual was given to DHO office.

Integrated project for empowering adolescent girls and protecting them from the consequences of early marriage, early conception, sexual and domestic violence in villages of Jalna

Activity Report for April to June 2019

Introduction:

Institute of Health Management, Pachod (IHMP) 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 and mortality in the married adolescent girls. Details of activities undertaken during the third quarter – April to June 2019 are presented in this report.

I. Married Adolescent Girls:

Capacity Building of ASHAs for Surveillance and Need Specific BCC:

A total of 59 ASHAs from both PHCs attended 2-day training. Focus of the training was on how to complete all the information in the surveillance register for Married Adolescent Girl (MAG). How to give Behaviour Change Communication (BCC) and counseling based on the information need of the MAG.

Monthly Surveillance Visits:

A total of 71 ASHAs are functioning out of which on an average monthly surveillance was done by 62 ASHAs (86.4%). During the household visit for the surveillance, ASHAs ask six questions for identifying health & information needs and detection of morbidity. On an average 706 (89.8%) married adolescent girls were visited for monthly surveillance visit. ASHAs also provided need specific BCC and counseling during monthly household visits. Based on their needs married adolescent girls were linked to the health providers at the village level or higher levels of care. A total of 119 new married adolescent girls were registered during the quarter.

Maternal Health:

In this quarter 85 new pregnant married adolescent girls were detected. Out of which 69.4 percent were registered for antenatal care before 12 weeks of pregnancy and 30.6 percent were registered for antenatal care after 12 weeks of pregnancy. On an average each month 146 (95.2%) pregnant married adolescent girls were examined out of a total 153 pregnant married adolescent girls. During the quarter, 76 MAGs delivered out of which 56 (73.7%) MAGs delivered at natal homes, which is a reflection of the cultural norm. Out of the total MAGs delivered during the quarter, 72 (94.7%) MAGs were examined five or more times during pregnancy, 73 (96.1%) women received two injections of Tetanus Toxoid or booster dose and 72 (94.7%) women reported having consumed 100 Iron Folic Acid Tablets. The project has been able to maintain high coverage with minimum standard antenatal care for MAGs.

In this quarter, 14 MAGs reported danger signs during pregnancy. Out of which 11 (78.6%) MAGs took the treatment. Out of 20 women delivered at husband's village, five women reported complications and four women took the treatment. Out of the women that delivered two months prior to the reporting month at husband's village, 18 MAGs were visited twice by ANM and all 20 MAGs five times by ASHAs during post-natal period. One woman reported post-natal complications and sought treatment. In this quarter, 37 (1.7%) MAGs reported anyone symptom of RTIs, out of which 19 (51.4%) took treatment.

During the quarter, on an average every month 154 (28%) out of a total of 551 eligible couples reported having used any one temporary contraceptive method. 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 39 (63%) ASHAs were supervised each month. In this quarter, on an average 144 (53%) households out of total planned households were visited by female facilitators for the supervision of health needs assessment and need specific BCC given by ASHAs.

Behaviour Change Communication (BCC) – Group Meetings conducted by ANMs:

On an average 59 (89%) BCC group meetings out of a total 66 planned BCC group meetings were conducted each month. On an average 685 (77%) married adolescent girls out of the total expected number attended these monthly BCC group meetings. Topics covered during monthly BCC group meetings were – Adverse consequences of early/ child marriage, How does conception occur, Care during pregnancy and importance of HIV testing in pregnancy.

II. Unmarried Adolescent Girls:

Capacity Building of ASHAs:

Five-day training was organized for ASHAs from both the PHCs on Life Skills Education – Part I from 18th to 22nd June 2019. Teaching methodology used was demonstration and practice of taking the sessions. A total of 65 (96%) ASHAs attended the training.

Life Skills Education (LSE) Classes:

On an average 55 ASHAs conducted LSE classes during April and June 2019. LSE classes for the fourth batch of adolescent girls were initiated in the last week of June 2019. On an average 15 adolescent girls attended LSE classes per ASHA.

Kishori Mandal Activities (Adolescent Girls' Collectives):

During April and June 2019, on an average 55 ASHAs facilitated once a week activity for Kishori Mandals. A list of activities organized through Kishori Mandals is given below:

- Debate competition
- Art and Craft – Preparing pen-pot
- Games – Prepare words from the given alphabets, Throw paper balls in the basket using left hand
While girls are running in a circle, peer leader announces a number and girls make groups based on the number announced and Antakashari
- Dissemination of information regarding Sun Stroke
- Discussions on the video of Menstrual Hygiene

Eighty seven percent of the planned activities were conducted each month through Kishori Mandals. A total of 825 girls i.e. 92 percent of the expected number of girls from all ASHAs participated in each activity conducted during the quarter.

Activities Undertaken by Members of the Kishori Mandals:

In April 2019, a total of 1094 adolescent girls from 55 ASHA areas participated in the planning of activity to welcome new batch of girls and sharing with new batch of girls their experiences of having completed the LSE course. Since many girls were out of the village in May 2019, a decision was taken to postpone this activity to a later date.

In the month of June 2019, it was planned to show video clip on menstruation, followed by the discussion. A total of 507 girls from 35 ASHA areas participated in the discussions after seeing the video clip. These girls planned for the next month home visits to the house of drop out girls from school to motivate girls and parents to continue their education.

Household Visits to Motivate Parents:

On an average 148 households i.e., 48 percent of planned households of adolescent girls were visited each month to motivate parents to send their daughters regularly for the LSE classes.

Supervision of Life Skills Education Classes and Kishori Mandal Activities:

A total of 24 (44%) supervision visits were done by the facilitators to LSE classes. During the visit it was observed that on an average 15 girls per ASHA were present for the classes.

On an average 21 (38.2%) supervision visits were undertaken each month to support Kishori Mandal activities. It was observed during the visit that on average 15 girls per ASHA participated in the Kishori Mandal activities.

III. Boys and Young Men:

Interventions for Boys and Young Men are being implemented in the villages under Jamkhed PHC. During the quarter, 40 groups of boys and young men were functional each month.

Behaviour Change Communication (BCC) – Group Meetings for Youth:

In this quarter, each month 40 BCC group meetings were conducted. On an average 674 (84%) out of a total of 800 youth attended monthly BCC group meetings. Topics discussed in these group meetings were Violence – types and its effect, Addictions – various types and what can be done to give up addictions, Care during pregnancy, danger signs and what youth can do? On an average 10 youth were given individual counseling on demand.

On an average 341 (85%) 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:

Once a month BCC group meeting is conducted with the spouses of married adolescent girls with the objective of increasing male responsibility for well-being of spouses. On an average 48 (76%) of the planned monthly BCC group meetings were organized with the spouses of married adolescent girls. On an average 582 (60%) out of the total 967 spouses attended the BCC group meetings each month. Topics covered were same as those covered in the BCC group meetings for married adolescent girls.

IV. Community Based Monitoring:

Monthly review meetings were conducted with the members of the Village Health, Sanitation, Nutrition and Water Supply committees to review needs identified by ASHAs and service provision by the sub-centre ANM. On an average 28 (63%) out of a total 44 planned monthly review meetings were conducted.

These meeting were attended by a total of 499 (Female – 283 and Male – 216) members i.e., 60 percent of the expected number of members. Topics discussed with the committee members were – Importance of safe drinking water and methods of storage, Sun stroke and precaution to be taken to prevent the sun

stroke, Availability of safe drinking water and its proper use, judicious use of water in the drought condition.

One-day Workshop for Members of Village Health Sanitation Committees:

One-day workshop for the members of VHSCs from Wadigodari PHC was organized on 29th June 2019 and from Jamkhed PHC on 6th July 2019. A total of 124 members were present for the one-day workshop. A review was taken of objectives of the project and activities undertaken during April 2018 to March 2019. There was a discussion on how members can contribute in improving reach/access of the services to the needy and vulnerable in the community.

Activity Report for July to September 2019

Introduction:

Institute of Health Management, Pachod (IHMP) initiated an innovative project in 53 villages of Jamkhed and Wadigodari PHCs from October 2018 with the financial support of Azim Premji Philanthropic Initiative (APPI). Main objectives of the project are to prevent child marriage and reduce maternal morbidity & mortality in the married adolescent girls. Details of activities undertaken during the fourth quarter – July to September 2019 are presented in this report.

I. Married Adolescent Girls:

Monthly Surveillance Visits:

A total of 72 ASHAs are functioning out of which on an average monthly surveillance was done by 67 (93.1%) ASHAs. During the surveillance visit ASHAs ask six questions for identifying health service & information needs and detection of morbidity. On an average 811 (91.2%) married adolescent girls were visited each month during surveillance visit. ASHAs also provided need specific BCC and counseling during monthly household visits. Based on their needs married adolescent girls were linked to the health providers at the village level or higher levels of care. A total of 46 new married adolescent girls were registered during the quarter.

Maternal Health:

In this quarter, 72 new pregnant married adolescent girls were detected. Out of which 86.8 percent were registered for antenatal care before 12 weeks of pregnancy and 13.2 percent were registered for antenatal care after 12 weeks of pregnancy. On an average each month 136 (93.8%) pregnant married adolescent girls were examined out of a total of 145 pregnant married adolescent girls. During the quarter, 82 MAGs delivered out of which 67 (81.7%) delivered at natal home which is a reflection of the cultural norm. Out of the total MAGs delivered, 77 (93.9%) MAGs were examined five or more times during pregnancy, all MAGs received two injections of Tetanus Toxoid or booster dose and 80 (97.6%) MAGs reported having consumed 100 IFA tablets. The project has been able to maintain high coverage with minimum standard antenatal care for MAGs.

In this quarter, 10 MAGs reported danger signs during pregnancy. Out of which nine MAGs sought treatment. Out of 15 women delivered at husband's village, five women reported complications at the time of delivery and all of them took treatment. Out of the MAGs that

delivered two months prior to the reporting month at husband's village, 15 MAGs were visited twice by ANM and all 17 were visited five times by ASHAs during post-natal period. Two women reported post-natal complications and one took treatment. In this quarter, 103 MAGs reported any symptom of RTIs, out of which 69 (67%) MAGs took treatment.

During the quarter, on an average every month 264 (39.8%) out of a total 664 couples reported having used any one temporary contraceptive. 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 52 (78%) ASHAs were supervised each month. In this quarter, on an average 503 (88%) households out of total planned households were visited by female facilitators for the supervision of health needs assessment and need specific BCC given by ASHAs.

Behaviour Change Communication (BCC) – Group meetings conducted by ANMs:

On an average 60 (87%) BCC group meetings out of a total of 69 planned BCC group meetings were conducted each month. On an average 678 (76%) MAGs out of the total expected number attended these monthly BCC group meetings. Topics covered were Menstrual Cycle and Menstrual Hygiene, Temporary Methods of Contraception and Post Abortion Care.

Outreach Clinics by the IHMP ANMs:

During the quarter, 177 (95%) outreach clinics out of the total planned were conducted by the IHMP ANMs. A total of 63 new pregnant MAGs were registered. Out of which 44 (70%) MAGs were registered before 12 weeks of pregnancy. A total of 105 new pregnant women above 20 years of age were registered. Out of which 40 (38%) were registered before 12 weeks of pregnancy. During the quarter, 361 i.e. 65 percent of the currently pregnant MAGs were examined and 461 i.e. 71 percent of the currently pregnant women above 20 years of age were examined.

Monthly Review and Planning Meeting at PHC Headquarters:

Every month, on the first Wednesday at Wadigodari PHC and on the first Thursday at Jamkhed PHC monthly meetings for ASHAs were organized. In these meetings review of the work done in the previous month and planning of activities for the next month was done. On an average 55 (76.4%) ASHAs were present each month for the monthly meeting. In service training was conducted on the various topics as per their demand. Topics covered were Mental Health, Violence against Women and Importance of Having a Hobby.

II. Unmarried Adolescent Girls:

Life Skills Education (LSE) Classes:

On an average 51 ASHAs conducted LSE classes each month during the quarter. Eight sessions per month were conducted by ASHAs. On an average each month 15 adolescent girls attended LSE classes per ASHA.

During the quarter, on an average 755 (93%) adolescent girls out of the total girls enrolled attended more than 80 percent of the sessions conducted each month.

Kishori Mandal Activities (Adolescent Girls' Collectives):

During the quarter, on an average 51 ASHAs facilitated once a week activity for Kishori Mandals. A list of activities organized through Kishori Mandals is given below:

- Elocution competition on Environment Day and Independence Day
- Practice session to fill up the form for opening a savings account in the bank and post-office
- Visit to anganwadi
- Art and craft – Preparing flowers from the paper.
- Games – Kho-Kho, list names of the external parts of the human body.
- Street Play organised on importance of education for girls
- Function for felicitating adolescent girls who have completed 10th or 12th standard.
- Function for felicitating parents who married off their daughters after 18 years of age.
- Recipe competition – Iron rich food

Ninety-five percent of all planned activities were conducted each month through Kishori Mandals. On an average 708 adolescent girls i.e. 92 percent of the total expected number of girls participated in each activity during the quarter.

During the quarter, on an average 745 (92%) adolescent girls out of the total girls enrolled participated in more than 80 percent of the activities conducted each month.

Kishori Mandal Activities (Facilitated by Peer Educators):

Members of Kishori Mandals meet once every month to take review of the activities undertaken in the previous month and plan for the activities to be undertaken in the next month. Details of various activities undertaken by the members of Kishori Mandals are given below:

In the month of July 2019, 437 members of Kishori Mandals from 43 ASHAs visited households of 90 school dropout girls in their own villages to motivate parents to send them to school.

In the month of August 2019, members of Kishori Mandals organized function in their own village to felicitate adolescent girls who had completed 10th and 12th standard and parents of girls who married their daughters after 18 years. A total of 789 girls from 48 ASHAs participated to organize the function. A total of 190 girls who had completed 10th standard and 84 girls who had completed 12th standard were felicitated. These felicitated girls shared their experiences about how they worked hard to do well in exams, how they overcame hurdles in completing the studies and what are their dreams & aspirations. A total of 122 parents were felicitated for marrying their daughters after 18 years of age. About 2000 villagers were present which includes village elders, opinion leaders, parents of adolescent girls and girls. Many people in the villages appreciated the function organized by the girls and said that in future such programs should be organized by the Gram Panchayats.

In the month of September 2019, to celebrate teacher's day members of the Kishori Mandals decided to teach a session from the LSE course on 5th September 2019. Two hundred and ninety five peer educators took the session for 849 girls in their own villages.

Kishori Mandal Activities (Adolescent Girls' Collectives): In the villages with no Life Skills Education Classes

There are 15 ASHAs who take only weekly Kishori Mandal activities since these ASHAs do not have sufficient number of adolescent girls for the Life Skills Education class. ASHAs and peer educators conducted once a week activity for Kishori Mandals. A list of activities organized through Kishori Mandals is given below:

- Debate competition on whether a girl should be allowed to study beyond 10th standard
- Elocution competition on Marathwada Mukati Sangram Din
- Competitions – Mehendi, Iron rich recipe
- Art & Craft – Preparing 'Rakhi' & wall decoration from old bangles
- On Independence Day – Did 'rangoli' around flag post at school or Gram Panchayat office
- Games – Kho-Kho, skipping, list names of the external parts of the human body
- Street Play organised on importance of education for girls

Eighty-five percent of the planned activities were conducted each month through Kishori Mandals. On an average 212 adolescent girls i.e. 88 percent of the total expected number of girls participated in each activity during the quarter.

During the quarter, on an average 217 (83%) adolescent girls out of the total girls enrolled participated in more than 80 percent of the activities conducted each month.

Kishori Mandal Activities (Facilitated by Peer Educators):

Facilitators (female) take once a month review of the activities undertaken in the previous month and plan for the activities to be undertaken in the next month with the peer educators and members of Kishori Mandals. Details of various activities undertaken by the members of Kishori Mandals are given below:

In July 2019, a total of 163 girls visited households of school dropout girls in their villages to motivate parents to send their daughters to school. There were no school drop outs in the villages of Jamkhed PHC.

In August 2019, a function was organized to felicitate girls who had passed 10th and 12th standard and parents of girls who married their daughters after 18 years of age. A total of 232 Kishori Mandal members took the responsibility of organizing the function in their villages. Four hundred and thirty-seven community members attended the function.

In September 2019, eighty-eight peer educators took a session from the LSE course in the class on 5th September 2019, Teacher's Day. A total of 229 girls attended the session taken by peer educators.

Household Visits to Motivate Parents:

In the month of July 2019, eighty-two percent of the planned household visits to the households of adolescent girls were done to motivate parents to send girls regularly for the classes.

In the month of August 2019, it was decided to focus on household visits for the counseling of parents of those girls who attended less than four sessions in a month and girls with low self-esteem. In August and September 2019, on an average 39 (83%) households out of a total planned 47 households were visited by the facilitators for counseling. On an average 60 (97%) households of girls with low self-esteem were visited by the facilitators for counseling.

Supervision of Life Skills Education Classes and Kishori Mandal Activities:

A total of 66 (65%) supervision visits were undertaken by the facilitators to LSE classes. During the visit, it was observed that on an average 14 girls per ASHA were present in the class.

On an average 47 (92%) planning and review meetings with the members of Kishori Mandals were conducted by facilitators. On an average 17 adolescent girls per ASHA participated in these planning meetings.

III. Boys and Young Men:

Interventions for Boys and Young Men are being implemented in the villages under Jamkhed PHC. During the Quarter, 40 groups of boys and young men were functional each month. In eight villages, separate groups for adolescent boys have been established to pilot interventions with adolescent boys, which could help these boys to develop gender equitable attitudes and behaviours.

Behavior Change Communication (BCC) – Group Meetings for Youth:

Each month 40 BCC group meetings were conducted during the quarter. On an average 675 (84%) out of a total of 800 youth attended monthly BCC group meetings. Topics discussed were Anatomy and Physiology of Male Reproductive System, Family Planning and Reproductive Tract Infections in men. A total of 36 youth was given individual counseling on demand.

On an average 342 youth were covered out of the total expected number to be covered by the peer leaders.

Behavior Change Communication (BCC) Group Meetings for Spouses:

Once a month BCC group meeting was conducted with the spouses of married adolescent girls with the objective of increasing male responsibility for well-being of spouses. On an average 56 (84%) BCC group meetings out of the total planned BCC group meetings were conducted each month with the spouses of married adolescent girls. On an average 596 (54%) out of the expected number of spouses attended monthly BCC group meetings. Topics covered were Anatomy and Physiology of Male Reproductive System, Temporary Methods of Contraception, Post-abortion Care.

IV. Community Based Monitoring:

There are 47 Village Health Sanitation and Nutrition Committees (VHSNCs)). On an average 39 (82%) of the planned monthly review meetings with the members of the VHSNCs were conducted. In these meetings, review of needs identified by ASHAs and service provision by sub-centre ANM was taken.

These monthly review meetings were attended by a total of 229 (Female – 127 and Male – 102) i.e. 62 percent of the expected number of members. Topics discussed with the committee members were – Kanya Van Samrudhi Yojana, Environmental Sanitation – Importance of using toilets and government schemes for building toilets and Pradhan Mantri Matru Vandana Yojana

Activity Report for October to December 2019

Introduction:

Institute of Health Management, Pachod (IHMP) initiated an innovative project in 53 villages of Jamkhed and Wadigodari PHCs from October 2018 with the financial support of Azim Premji Philanthropic Initiative (APPI). Main objectives of the project are to prevent child marriage, reduce maternal morbidity and mortality in the married adolescent girls and reduce sexual and domestic violence. Details of activities undertaken during the fifth quarter – October to December 2019 are presented in this report.

I. Married Adolescent Girls:

Monthly Surveillance Visits:

A total of 72 ASHAs are functioning out of which on an average 65 (90.3%) ASHAs did the monthly surveillance visits. During the surveillance visit ASHAs ask six questions for identifying health service & information needs and detection of morbidity. On an average 806 (91.6%) married adolescent girls were visited each month during surveillance visit. ASHAs also provided need specific BCC and counseling during monthly household visits. Based on needs identified, married adolescent girls were linked to the health providers at the village level or higher levels of care. A total of 14 new married adolescent girls were registered during the quarter.

Maternal Health:

In this quarter, 83 new pregnant Married Adolescent Girls (MAGs) were identified. Out of which 75 (90.4%) were registered for antenatal care before 12 weeks of pregnancy and 8 (9.6%) were registered for antenatal care after 12 weeks of pregnancy. On an average each month 138 (97.6%) pregnant married adolescent girls were examined out of a total of 141 pregnant married adolescent girls. During the quarter, 73 MAGs delivered out of which 56 (76.7%) delivered at natal home which is a reflection of the cultural norm. Out of the total MAGs delivered, 71 (97.3%) MAGs were examined five or more times during pregnancy, 72 (98.6%) MAGs received two injections of Tetanus Toxoid or booster dose and 68 (93.2%) MAGs reported

having consumed 100 IFA tablets. The project has been able to maintain high coverage with minimum standard antenatal care for MAGs.

In this quarter, 19 MAGs reported danger signs during pregnancy. Out of which 18 (94.7%) sought treatment. Out of 17 MAGs delivered at husband's village, only one reported complications at the time of delivery and took treatment. Out of the MAGs that delivered two months prior to the reporting month at husband's village, 14 (87.5%) MAGs were visited twice by ANM and all 16 were visited five times by ASHAs during post-natal period. Only one woman reported post-natal complications and she took treatment. In this quarter, 100 MAGs reported any one symptom of RTIs and 73 MAGs took the treatment.

During the quarter, on an average, every month 286 (43.6%) out of a total eligible couples reported having used any one temporary contraceptive. The most preferred method of contraception was condoms.

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 48 (74%) ASHAs were supervised each month. In this quarter, facilitators on an average visited 90 (80%) households each month for the supervision of health needs assessment and need specific BCC given by ASHAs.

Follow up of Current Users and Desired to Use Couples:

Facilitators and field coordinators do the follow-up visits of current users to motivate them for the sustained use of contraceptives. On an average 123 (71%) Current User – MAGs were visited each month by the facilitators and field coordinators.

In the quarter, 66 (70%) MAGs out of a total of 92 MAGs who expressed desire to use contraceptive, were visited and counseled to start using contraceptive of their choice.

Follow-up Visits to MAGs Who Reported Symptoms of RTIs:

In the quarter, follow-up visits were given to 70 MAGs (72%) out of a total of 97 MAGs who reported anyone symptom of RTIs.

Follow-up Visits to Women Who Delivered at Husband's Village:

A total of 16 women delivered at husband's village during the quarter. Female facilitators visited all post-natal mothers and neonates to examine and identify any complications.

Behaviour Change Communication (BCC) – Group Meetings Conducted by the IHMP ANMs:

On an average 61 (91%) BCC group meetings out of a total 67 planned BCC group meetings were conducted each month. On an average 575 (63%) MAGs out of the total expected number

attended these monthly BCC group meetings. Topics covered were Birth Preparedness, Complications during Delivery and Importance of Conducting Delivery in the Hospital, Male and Female Reproductive System.

Outreach Clinics by the IHMP ANMs:

During the quarter, as per plan 156 outreach clinics were conducted. A total of 85 new pregnant MAGs were registered. Out of which 64 (75.3%) were registered before 12 weeks of pregnancy for the antenatal care. A total of 115 new pregnant women above 20 years of age were registered. Out of which 48 (41.7%) were registered before 12 weeks of pregnancy for the antenatal care. During the quarter, on an average 67 percent of currently pregnant MAGs were examined each month and on an average 66 percent of currently pregnant women above 20 years of age were examined each month.

Monthly Review and Planning Meetings at PHC Headquarters:

Every month, on the first Wednesday at Wadigodari PHC and on the first Thursday at Jamkhed PHC monthly meetings for ASHAs were organized. In these meetings review of the work done in the previous month and planning of activities for the next month was done. On an average 56 (86%) ASHAs were present each month for the monthly meeting. In service training was organized on Mental Health, Hepatitis-B and Legal Provisions for Adoption.

II. Unmarried Adolescent Girls:

Capacity Building of ASHAs:

Five-day training on the LSE–Part II was organized in November & December 2019 for ASHAs from the Jamkhed PHC. This training was attended by 39 ASHAs. Focus of the training was on steps of conducting each session in the participatory manner. Every day, five ASHAs were selected & each ASHA was given a session, which she had to take/facilitate the next day in the class. All other ASHAs and trainers gave them feedback and rated performance of each ASHA.

Training of Peer Educators:

Two peer educators from each ASHA area of Jamkhed PHC were invited for four-day training on leadership, team building and how to work as girl's collective. A total of 75 girls from the area of 39 ASHAs attended the training.

Life Skills Education (LSE) Classes:

On an average 51 ASHAs conducted LSE classes each month during the quarter. Eight sessions per month were conducted by ASHAs. On an average 14 adolescent girls attended LSE classes each month per ASHA.

During the quarter, on an average 711 (89%) adolescent girls out of the total girls enrolled attended more than 80 percent of the sessions conducted each month.

Kishori Mandal Activities (Adolescent Girl's Collectives):

During the quarter, on an average 51 ASHAs facilitated once a week activity for Kishori Mandals. A list of activities organised through Kishori Mandal is given below:

- Cleanliness drive was organized on the occasion of Gandhi Jayanti.
- Art and Craft – Preparing wall decoration from old bangles, preparing flowers from the paper and flower pot from old invitation cards.
- Street play organized on importance of education for girls.
- Visit to Gram Panchayat and Police Station.
- Elocution competition on Mahaparinirvan Din of Dr. Babasaheb Ambedkar.
- Created awareness regarding Child Rights, Rights of Adolescents and Women, HIV/AIDS.
- Organised rally about importance of education for adolescent girls on 11th October 2019
- Preparations were done for organizing mono act play on “Mi Savitri Bolate” and mono act play on “Mi Savitri Bolate” was organized.
- Quiz on general knowledge about Maharashtra state

Ninety percent of all planned activities were conducted each month through Kishori Mandals. On an average 663 adolescent girls i.e. 91 percent of the total expected number of girls participated in each activity during the quarter.

During the quarter, on an average 733 (92%) adolescent girls out of the total girls enrolled participated in more than 80 percent of the activities conducted each month.

Kishori Mandal Activities (Facilitated by Peer Educators):

Members of Kishori Mandals meet once every month to take review of the activities undertaken in the previous month and plan for the activities to be undertaken in the next month. Details of various activities undertaken by the members of Kishori Mandals are given below:

In the month of October 2019, adolescent girls from 48 ASHA areas took out a rally on 11th October 2019 – International day of the adolescent girl. A total of 649 girls participated in the rally. A meeting with parents and other stakeholders was organized after the rally, which was attended by 972 people.

In the month of November 2019, meetings were organized with the members of Kishori Mandals from the area of 51 ASHAs to discuss about Child Rights which were attended by 798 girls. These girls were requested to discuss about Child Rights at home. Also, pairs of girls were formed to undertake home visits of mothers with under two children in the next month to motivate parents to take primary vaccination on time.

In the month of December 2019, a total of 327 pairs of adolescent girls visited 960 household with under two children and gave information about primary vaccination for children. Parents of children appreciated information and pamphlet regarding vaccination given by the girls.

Kishori Mandal Activities (Adolescent Girls' Collectives): In the villages with no Life Skills Education Classes

There are 15 ASHAs who take only weekly Kishori Mandal activities since these ASHAs do not have sufficient number of adolescent girls for the Life Skills Education class. ASHAs and peer educators conducted once a week activity for Kishori Mandals. A list of activities organized through Kishori Mandals is given below:

- Cleanliness drive was organized on the occasion of Gandhi Jayanti
- Art & Craft – Preparing greeting cards, flowers from the paper and flower pot from the old invitation cards
- Information dissemination through household visits on how to prevent nutritional anemia
- Demonstration of stitching a fall to a saree
- Create awareness regarding Child Rights and HIV/AIDS
- Elocution competition on the Rights of Adolescent Girls and Women given by the constitution and Dr. Babasaheb Ambedkar.
- Quiz on geographical situation of Maharashtra
- Games – Lemon & spoon, increasing the capacity to observe and remember
- Guidance on how to prepare for the government competitive exams

Eighty percent of the planned activities were conducted each month through Kishori Mandals. On an average 192 adolescent girls i.e. 85 percent of the total expected number of girls participated in each activity during the quarter.

During the quarter, on an average 216 (84.2%) adolescent girls out of total enrolled participated in more than 80 percent of the activities conducted each month.

Kishori Mandal Activities (Facilitated by Peer Educators):

Female facilitators take once a month review of the activities under taken in the previous month and plan for the activities to be under taken in the next month with peer educators and members of Kishori Mandals. Details of various activities undertaken by the members of Kishori Mandals are given below:

In the month of October 2019, a total of 218 adolescent girls from the area of 13 ASHAs participated in the rally about importance of education on 11th October 2019 -International day of the adolescent girls. After the rally, 361 stakeholders attended the meeting.

In the month of November 2019, facilitators took meetings on Child Rights with the members of Kishori Mandals from 13 ASHA areas. A total of 199 girls attended these meetings who were asked to discuss about Child Rights at home.

In the month of December 2019, a total of 91 pairs of adolescent girls visited 260 households with under two children to give information about vaccination and distribute Pamphlets on vaccination schedule.

Household Visits to Motivate Parents:

Facilitators visited households of girls with less than 50 percent sessions being attended in a month. On an average 29 (85%) households of adolescent girls were visited each month out of the total planned visits.

Households of girls with low self-esteem were also visited to counsel girls and parents. On an average 38 (86.4%) households out of a total 44 planned households were visited each month for the counseling.

Supervision of Life Skills Education Classes and Kishori Mandal Activities:

During the quarter, only 28 (37%) supervision visits could be undertaken by the facilitators due to ongoing training of peer educators. It was observed during supervision visits that on an average 13 adolescent girls per ASHA were present in the class.

On an average 45 (88%) planning and review meetings with members of Kishori Mandals were conducted in each month by female facilitators. On an average 15 adolescent girls per ASHA participated in these meetings.

III. Boys and Young Men:

Interventions for Boys and Young Men are being implemented in the villages under Jamkhed PHC. During the quarter 40 groups of boys and young men were functional each month. In eight villages separate groups for adolescent boys have been established to pilot interventions, which could help these boys to develop gender equitable attitudes and behaviours.

Behaviour Change Communication (BCC) – Group Meetings for Youth:

On an average 37 (92%) BCC group meetings were conducted each month. On an average 612 (84%) out of a total of 733 youth attended BCC group meetings each month. Topics discussed were Gender, Gender Equality, Child Marriage, Human Rights and Good Personal Relationship. A total of 30 youth were given individual counseling on demand. On an average 341(85%) 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:

BCC Group Meetings with spouses of married adolescent girls were conducted with the objective of increasing male responsibility for well being of spouses. On an average 41(71%) BCC group meetings out of planned total BCC group meetings were conducted in October and December 2019. On an average 376 (46%) out of the total expected number of spouses attended

the BCC group meetings. Topics covered were Birth Preparedness, Complications during delivery, Female Reproductive System.

In the month of November 2019, BCC group meetings with the spouses could not be organized because staff was involved in the supervision of census being done by ASHAs using digital app.

IV. Community Based Monitoring:

There are 47 Village Health Sanitation and Nutrition Committees (VHSNCs). During the quarter, on an average 39 (83%) monthly review meetings were conducted with the members of VHSNCs. In these meetings review was taken of needs identified by ASHAs and service provision by sub-centre ANM.

These monthly review meetings were attended by on an average a total of 223 (Female-127 & Male-96) members each month i.e. 62 percent of the expected number of members. Topics discussed with the committee members were Population growth & need to control population, Adverse outcomes of early marriage, Importance of Village Health & Nutrition Day & services provided on that day and Importance of Gram Sabha.

Activity Report for Sixth Quarter January to March 2020

Introduction:

Institute of Health Management, Pachod (IHMP) initiated an innovative project in 53 villages of Jamkhed and Wadigodari PHCs from October 2018 with the financial support of Azim Premji Philanthropic Initiative (APPI). Main objectives of the project are to prevent child marriage, reduce maternal morbidity and mortality in the married adolescent girls and reduce sexual and domestic violence. Details of activities undertaken during the sixth quarter – January to March 2020 are presented in this report.

III. Married Adolescent Girls:

Monthly Surveillance Visits:

A total of 72 ASHAs are functioning out of which on an average 64 (89%) ASHAs did the monthly surveillance visits. During the surveillance visit ASHAs ask six questions for identifying health service & information needs and detection of morbidity. On an average 804 (89.6%) married adolescent girls were visited each month during surveillance visit. ASHAs also provided need specific BCC and counseling during monthly household visits. Based on needs identified, married adolescent girls were linked to the health providers at the village level or higher levels of care. A total of 53 new married adolescent girls were registered during the quarter.

Maternal Health:

In this quarter, 91 new pregnant Married Adolescent Girls (MAGs) were identified. Out of which 72 (79.1%) were registered for antenatal care before 12 weeks of pregnancy and 19 (20.9%) were registered for antenatal care after 12 weeks of pregnancy. On an average each month 170 (96.1%) pregnant married adolescent girls were examined out of a total of 177 pregnant married adolescent girls. During the quarter, 51 MAGs delivered out of which 41 (80.4%) delivered at natal home which is a reflection of the cultural norm. Out of the total MAGs delivered, 49 (96.1%) MAGs were examined five or more times during pregnancy, all MAGs received two injections of Tetanus Toxoid or booster dose and 50 (98%) MAGs reported having consumed 100 IFA tablets. The project has been able to maintain high coverage with minimum standard antenatal care for MAGs.

In this quarter, 24 MAGs reported danger signs during pregnancy. Out of which 23 (95.8%) sought treatment. Out of 10 MAGs delivered at husband's village, only one reported complications at the time of delivery and took treatment. Out of the MAGs that delivered two months prior to the reporting month at husband's village, all 12 MAGs were visited twice by ANM and 11 (91.7%) were visited five times by ASHAs during post-natal period. Only one woman reported post-natal complications and she took treatment. In this quarter, 93 MAGs reported any one symptom of RTIs and 77 (82.8%) MAGs took the treatment.

During the quarter, on an average, every month 296 (48%) out of a total eligible couples reported having used any one temporary contraceptive. The most preferred method of contraception was condoms.

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 40 (63%) ASHAs were supervised each month. In this quarter, facilitators on an average visited 85 (72%) households each month for the supervision of health needs assessment and need specific BCC given by ASHAs.

Follow-up of Current Users and Desired to Use Couples:

Female facilitators and field coordinators do the follow-up visits of current users to motivate them for the sustained use of contraceptive. During the quarter, on an average 122 (65%) Current User – MAGs were visited each month by the facilitators and field coordinators.

In the quarter, 62 (71%) MAGs out of a total of 87 MAGs who expressed desire to use contraceptive, were visited and counseled to start using contraceptive of their choice.

Follow-up Visits to MAGs Who Reported Symptoms of RTIs:

In the quarter, follow-up visits were given to 78 MAGs (79%) out of a total of 99 MAGs who reported anyone symptom of RTIs.

Follow-up Visits to Women Who Delivered at Husband's Village:

A total of 9 women delivered at husband's village during the quarter. Female facilitators and field coordinators visited 7 post-natal mothers and neonates to examine and identify any complications.

Behaviour Change Communication (BCC) – Group Meetings Conducted by the IHMP ANMs:

On an average 51 (75%) BCC group meetings out of a total 68 planned BCC group meetings were conducted each month by the IHMP ANMs. On an average 481 (63%) MAGs out of the total expected number attended these monthly BCC group meetings. Topics covered were Care of neonate, Care of low birth weight baby and Reproductive Tract Infections & Sexually Transmitted Infections. After the BCC group meetings, pamphlets with information on these topics were distributed.

Outreach Clinics by the IHMP ANMs:

During the quarter, as per plan 182 (68%) outreach clinics were conducted. A total of 116 new pregnant MAGs were registered. Out of which 68 (59%) were registered before 12 weeks of pregnancy for the antenatal care. A total of 128 new pregnant women above 20 years of age were registered. Out of which 50 (39.1%) were registered before 12 weeks of pregnancy for the antenatal care. During the quarter, on an average 69 percent of currently pregnant MAGs were examined each month and on an average 55 percent of currently pregnant women above 20 years of age were examined each month.

Monthly Review and Planning Meetings at PHC Headquarters:

Every month, on the first Wednesday at Wadigodari PHC and on the first Thursday at Jamkhed PHC monthly meetings for ASHAs were organized. In these meetings review of the work done in the previous month and planning of activities for the next month was done. On an average 54 (84%) ASHAs were present each month for the monthly meeting. In service training was organized on Mumps, Food Groups & its importance and Domestic Violence & law regarding preventing domestic violence.

IV. Unmarried Adolescent Girls:

Capacity Building of ASHAs:

Five-day training on the LSE– Part II was organized in January 2020 for ASHAs from the Wadigodari PHC. This training was attended by 25 ASHAs. Focus of the training was on steps of conducting each session in the participatory manner. ASHAs from Jamkhed PHC were trained in the previous quarter.

Two-day hands on practical training on how to use digital app for doing the monthly surveillance of the health needs was organized in February 2020, which was attended by 23 ASHAs from Wadigodari PHC. Also, there was a discussion on what problems they faced while collecting census information using tablets and how to resolve these issues.

Training of Peer Educators:

Two peer educators from each ASHA area of Wadigodari PHC were invited for four-day training on leadership, team building and how to work as girl's collective. A total of 39 girls from the area of 20 ASHAs attended the training. Peer Leaders from Jamkhed PHC were trained in the previous quarter.

Life Skills Education (LSE) Classes:

In the quarter, on an average 49 ASHAs conducted LSE classes. Seven LSE sessions per month were conducted by ASHAs. On an average 14 out of a total of 16 adolescent girls attended LSE classes each month per ASHA.

During the quarter, on an average 711 (91%) adolescent girls out of the total girls enrolled attended more than 80 percent of the sessions conducted each month.

Kishori Mandal (Adolescent Girl's Collective) Activities:

During the quarter, on an average 64 ASHAs (which includes 15 ASHAs, who do not have sufficient number of adolescent girls for the Life Skills Education batch) facilitated once a week activity for Kishori Mandals. A list of activities organized through Kishori Mandal is given below:

- Art & Craft -Preparing flowers and garland from the old plastic bags, preparing a doll from the socks
- Quiz on Life Skills Education sessions – 26 to 50, General Knowledge
- on 26th January 2020, doing 'Rangoli' at the Gram Panchayat office and at the school for flag hoisting
- Write down 20 synonyms and 20 opposite words, Complete the idioms/metaphors and explain the meaning
- Created awareness on Prevention Of Child Sexual Offense Act, Significance of International Women's Day
- Give information on Holi and Gudhi Padva (New Year in Maharashtra)
- Debate competition on Shiv Jayanti
- Organised games – 'Ubha Rumal Dav'

Ninety-two percent of all planned activities were conducted each month through Kishori Mandals. On an average 702 adolescent girls i.e. 92 percent of the total expected number of girls participated in each activity during the quarter.

During the quarter, on an average 710 (91%) adolescent girls out of the total girls enrolled participated in more than 80 percent of the activities conducted each month.

Kishori Mandal (Adolescent Girl's Collective) Activities - Facilitated by Peer Educators:

Facilitators facilitate and supervise meetings of Kishori Mandals in the last week of every month. In these meetings peer educators take review of the activities undertaken during the month and plan for the activities to be undertaken in the next month. Details of various activities undertaken by the members of Kishori Mandals are given below:

In the month of January 2020, members of Kishori Mandals organized Haldi-Kumkum (cultural festival) for their mothers and other women from the village. A total of 752 women and 1440 adolescent girls participated in Haldi-Kumkum.

In the month of February 2020, a total of 823 members of Kishori Mandal undertook cleanliness drive in their own villages. These girls were joined by 657 villagers in the cleanliness drive. Surroundings of school, anganwadi and Gram Panchayat office as well as all the lanes in the village were cleaned. A meeting was organized after the cleanliness drive, in which peer educators spoke about importance of keeping the environment clean and appealed everyone to keep their surroundings clean. Villagers were highly appreciative of the initiative taken by the members of Kishori Mandals.

In the month of March 2020, members of Kishori Mandals had organized a function for the International Women's Day in their villages. They had invited their parents and other stakeholders for the function. Girls had dressed up as well-known women personalities from different fields – education, sports, politics etc. and they presented work of these women to the audience. A total of 565 other girls & villagers and 459 members of Kishori Mandals attended the function. Because of the lockdown announced, the function could not be held by 50 percent of Kishori Mandals.

Household Visits to Motivate Parents:

Facilitators visited households of girls who had attended less than 50 percent of the total sessions being conducted in a month to find out reasons and motivate the girls to attend regularly LSE classes. On an average 26 (78%) households of adolescent girls were visited each month out of the total planned visits.

Facilitators also visit households of girls with low self-esteem to counsel girls and parents. On an average 29 (81%) households out of a total 36 planned households were visited each month for the counseling.

Supervision of Life Skills Education Classes and Kishori Mandal Activities:

During the quarter, only 31 (64%) supervision visits could be undertaken by the facilitators. It was observed during supervision visits that on an average 14 adolescent girls per ASHA were present in the class.

On an average 36 (73%) planning and review meetings with members of Kishori Mandals were conducted in each month by female facilitators. On an average 17 adolescent girls per ASHA participated in these meetings.

Because of lockdown announced in March, facilitators could not complete supervision visits to the LSE classes and planning & review meetings with the Kishori Mandals.

III. Boys and Young Men:

Interventions for Boys and Young Men are being implemented in the villages under Jamkhed PHC. During the quarter 40 groups of boys and young men were functional each month. In eight villages separate groups for adolescent boys have been established to pilot interventions, which could help boys who are participating to develop gender equitable attitudes and behaviours.

Behaviour Change Communication (BCC) Group Meetings for Youth:

During Jan. To March 2020, on an average 32 (79%) BCC group meetings were conducted each month. On an average 532 (84%) youth out of the total 633 enrolled youth attended BCC group meetings each month. Topics discussed were Family Planning, Peer Pressure, Misconceptions Regarding Sex & Sexuality, Prevention of Child Sexual Offence, Act and Domestic Violence. A total of 23 youth were given individual counseling on demand. On an average 265(66%) 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:

BCC Group Meetings with spouses of married adolescent girls were conducted with the objective of increasing male responsibility for well-being of spouses. On an average 38 (60%) BCC group meetings out of planned total BCC group meetings were conducted during the quarter. On an average 373 (60%) out of the total expected number of spouses attended the BCC group meetings. In February due to work on LFA & supervision of digital surveillance and in March 2020 due to lockdown planned number of BCC group meetings could not be completed. Topics covered were Care of neonate, Care of low-birth-weight baby and Reproductive Tract Infections & Sexually Transmitted Infections.

IV. Community Based Monitoring:

There are 47 Village Health Sanitation and Nutrition Committees (VHSNCs). In the month of Jan. & Feb. 2020, on an average 36 (76%) monthly review meetings were conducted with the members of VHSNCs. In the month of March 2020, only 25 percent of the meetings could be conducted due to lockdown announced. In these meetings review was taken of needs identified by ASHAs and service provision by sub-centre ANM.

These monthly review meetings were attended by on an average a total of 164 (Female-93 & Male-71) members each month i.e. 62 percent of the expected number of members. Topics discussed with the committee members were Prevention of Child Sexual Offense Act, Rugna Kalyan Samiti – Role & Responsibilities and Importance of Women's Empowerment.

Challenges:

- Sustaining motivation of ASHAs
- Retaining qualified and experienced staff
- Finding a suitable space for conducting Life Skills Education classes

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

Annual activity report- April 2019 to March 2020

Introduction:

IHMP has been providing reproductive and sexual health and family planning to adolescent girls and young married women in 12 urban slums under Annasaheb Magar urban primary health center in collaboration with Public Health Department of Pune Municipal Corporation. This project has been implemented since October 2014. The project was evaluated in 2018-19, 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. YARDI Software Pvt. Ltd. has approved a grant to implement the first phase of the project in Hadapsar area. The key objective was to demonstrate an integrated reproductive sexual health project to empower unmarried adolescent girls aged 11-19 years and protect married adolescent girls and young married women ≤ 24 years from the adverse consequences of early motherhood. First phase of the program was successfully completed in the September 2019. After the completion of first phase, in the second half of the reporting period advocacy meetings were held with the key officials of PMC, various CSRs to scale up the program in the Pune city. Twelve community health workers who implemented the integrated SRHR project for more than 4 years have been adopted by the National Health Mission as ASHA volunteers.

Part A] Activities carried out in the first half of the reporting period:

In the first half of the reporting period, the integrated SRHR project for unmarried adolescent girls and young married women of age ≤ 24 years was implemented in the 12 slums through community health workers and in collaboration with Pune Municipal Corporation. The project was supported by Yardi Software Pvt Ltd.

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

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.

Activities undertaken by IHMP for the integrated reproductive and sexual health and family planning project for young married women during the first half of the financial year 2019-20 are presented in this section:

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

Monthly in-service training of CHWs: Monthly in-service training for CHWs was conducted every month. in-service training sessions of two days each were conducted. CHWs and project staff participated in these training sessions. These were for two days; one day was spent on planning and review of RSH services while the second day was for planning and review of Life Skills Education.. This year data of each CHW area on inputs, and outputs was presented graphically, to explore the variations between the CHWs and to look for the variation within CHW area in terms of various inputs and outputs. The key focus has given on the discussions rather than computations, CHWs and their respective supervisors look for variations and try to find out the route causes in case there are variations. The graphical presentation provides opportunity to compare the figures between CHWs, and using this process the group monitoring has undertaken. CHWs that performed as per and above the expectations share the enabling factors, and CHWs who needs to be improved discuss the barriers. This was effectively used to undertake the participatory planning of the activities for the month. Need based cognitive and practical skills were provided to the CHWs

Six in-service sessions of two days each were conducted during the reporting period. These sessions were held at PUHC. Medical officer PUHC, paramedical staff of PUHC attended the sessions, and share their planning for activities like UHNDs, camps etc with the project staff.

It has observed that CHWs are motivated to implement their inputs as well as take ownership for their community.

Surveillance and Monitoring System: CHWs regularly conducts daily home visits for monthly needs assessment, morbidity surveillance, and for the provision of needs specific BCC in their slums. The surveillance system covers following broad areas;

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

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.

Two distinct approaches are being implemented in the project area.

- Need specific behavior change communication
- Behavior change communication through a social norms approach.

Needs specific behavior change communication: During monthly household visits, the CHWs identify the information needs of the 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. During the reporting period, household visits were undertaken by CHWs during which they provided need specific BCC.

Table 1.1: No of household visits provided by CHWs for needs specific BCC at household level

Period	Reporting for Number of CHW areas	Surveillance visits planned for registered YMWs	Surveillance visits actually conducted for YMWs	Percent YMWs visited
April to June 19	10	2558	2240	87.5
July to Sept 19	11	2287	2002	87.5

The average percentage of YMWs who had been covered by monthly surveillance was 87 percent.

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.

All the project staff and CHWs were actively involved in conducting census of the project area, BCC group meetings were not planned and conducted in the month May and June 2019. In the month of May and June 2019, these meetings were not planned 121 group BCC sessions for young married women aged ≤ 24 years were conducted at the slum level, by the project ANM. They conducted these meetings using participatory methods. A total of 1368 women from the 10 project slums attended the meetings. (Refer Table 1.3).

Table 1.2: Group BCC sessions conducted at slum during April 19 to September 19

Sr.	Period	Group BCC sessions conducted	Young married women 15-24 attended	Topics discussed during group BCC sessions
1.	April to June 2019	21	332	Symptoms of urinary tract infections, female reproductive system. Sexually transmitted infections, Importance of timely treatment of UTIs.
2.	July to September 2019	100	1036	Menstrual hygiene, Symptoms of STI/RTI, importance of treatment for RTI/STIs
	Total	121	1368	

Women are discussing their health related issues freely with ANMs and CHWs and they are utilizing services available at the PUHC for SRHR needs.

Outreach clinics conducted by project ANM: The CHWs prepare a micro-planner every month which provides details of women with health needs along with details of the services they require. Based on the micro-planner, the CHWs actively link their clients to the Vasti level clinics conducted by project ANMs.

A total of 53 clinics in the project area were conducted in the reporting period in the project area. Primary level care services for maternal health, child health and family planning were provided at the clinics. The ANM cross-checks whether all the clients listed in the micro-planner availed services or not.

A total of 163 check-ups were carried out at vasti level clinics by ANMs in the reporting period. All the women received a head to toe check up by the ANMs and were given need based counseling by both ANM and CHW. A total of 127 pregnant mother were identified with Ante Natal complication during the quarter, and all the 127 were given follow up visits by ANMs over 2 months, out of these pregnant mothers 105 underwent treatment and the rest were referred and given counseling.

Project ANMs provided home based care to 52 post-natal mothers, counseling to young married women who were detected with symptoms of RTIs, and couples who expressed a desire to use temporary family planning methods. In the reporting period, ANMs conducted counseling sessions to 222 YMWs that were detected with symptoms of RTIs and provided IPC to 184 young couples on the use of temporary contraceptives.

It was evident that CHWs are capable of using the protocols for identification of danger signs during pregnancy and with the skills of providing need based BCC and this has resulted in substantial increase in early identification of antenatal complication and management of complications.

Table 1.3: Outreach services provided by Project ANM during April 19 to Sep 19

Sr.	Details	April to June 19	July to Sept 19	Total
1.	Number of clinics planned	20	32	52
2.	Number of clinics conducted	21	32	53
4.	Number of antenatal examinations done	163	211	374
5.	Number of postnatal mothers examined	28	24	52
6.	Counseling to YMW on use of temporary family planning methods	51	133	184
7.	Counseling to YMW with RTI symptoms	80	142	222
	Total	363	574	937

Slum Health and Development Committees (SHDCs): During reporting period, 12 Slum Health and Development Committees were functioning in the all 12 CHW areas. SHDC meeting was planned once in a month for each slum area. Out of the 57 SHDC meetings that were planned 53 were actually conducted in the last year. A total of 197 SHDC members were present at the monthly SHDC meetings.

Table 1.4: SHDC meetings conducted during April 19 to Sep 19

Sr.	Period	SHDC meetings planned	SHDC meetings conducted	Attendance at SHDC meetings	Topics discussed during meetings
1.	April to June 19	21	21	92	Community based monitoring – identification of needs, morbidity surveillance and coverage, importance of universal coverage for need based services
2.	July to Sept 19	36	32	105	Barriers in utilization of PMMVY, stock of temporary contraceptives at PUHC
	Total	57	53	197	

SHDC members monitored the work of CHWs, and ANMs. SHDC members visited households to cross check and certify the needs assessed by the CHWs. SHDC member's takes collective actions to address the barriers in utilization of PMMVY, take initiatives in addressing the inadequate stock of the temporary contraceptives.

On job training by Supervisors during field visits: Four CHW areas were allotted to each field coordinator. Monthly supervisory visits to assess the skills of the CHW and provide in-service training through demonstrations were planned and initiated in each CHW. Using supervisory check lists, supervisors assess skills of the CHW and provide practical skills to strengthen the processes – i.e. surveillance for needs assessment, needs specific BCC, referral system, linking clients to providers, preparation of micro-plans and MPRs. 62 planned supervisory visits were conducted.

Advocacy meeting with PMC officials: Meeting with MO PUHC was held in the reporting period. Following topics were discussed with MO;

1. Actual functional ASHAs Vs expected to functional was discussed. It seems that in several slum pockets ASHAs have not been appointed.
2. How the UHNDs will be strengthen to achieve universal coverage

MO shared the challenges faced in the immunization and has proposed IHMP to assist PUHC to increase the coverage of immunization, it was suggested by IHMP that if the UHNDs get back in the schedule it would be possible to increase the coverage of immunization. Finally it was decided that the participatory planning will be done jointly by IHMP staff and PUHC staff to to regularize and strengthen UHNDs.

Meeting with NHM officials: A meeting with Dr. Ketki Ghatge – NHM Director for Pune City and City Project Manager Vinod Jadhav was held at NHM office. The key objective of the meeting was to explore the possibility of getting recognition as Govt ASHA under NHM for those CHWs who were actively involved in IHMPs pilot project. Director NHM agreed to incorporate CHWs who served in IHMPs pilot project in the NHM ASHA program. Director NHM, asked IHMP to submit a proposal for building capacities of ASHAs, ANMs, and other NHM staff.

Census of the project area: Census activity was planned and conducted in the month of May 2019 in 12 project slums. It was initiated with numbering each household in all the 12 project areas, which was followed by listing of the population residing in the numbered households. The purpose of conducting the census was to update the available database of the target population. Total 5414 houses from 12 slums were numbered out of which the information was collected from 4613 households. A total of 17472 individuals were listed out, 805 were young married women of age ≤ 24 years, and 1283 unmarried adolescent girls of age 11 to 19 years were identified.

Census of the project area provided the updated list of beneficiaries for the project implementation and most importantly it has used to fix the denominators for monitoring intervention.

Service Provision and Coverage during April 19 to September 19

Table 2.1: Reported Symptoms of Reproductive Tract Infections.

Period	Reporting for number of CHW areas	Number of YMWs visited	Number of YMWs with RTI symptoms	% YMWs with RTI symptoms
April to June 19	10	2240	143	06.4
July to Sep19	11	2002	156	07.8

The average proportion of women detected with RTI symptoms was 7.1%.

Table 2.2: Reported treatment seeking for Reproductive Tract Infections.

Period	Reporting for number of CHW areas	Number of YMWs with RTI symptoms	Number of YMWs sought treatment for RTI symptoms	% YMWs sought treatment for RTI symptoms
April to June 19	10	143	106	74.1
July to Sep19	11	156	105	67.3

The average proportion of women with RTIs who had sought treatment was 70 percent.

Table 2.3: Coverage of Antenatal Care.

Period	Reporting for number of CHW areas	Number of antenatal check-ups planned	Number of antenatal check-ups carried out	% YMWs received antenatal care
April to June 19	10	331	294	88.8
July to Sep19	11	286	252	88.1

The proportion of pregnant mothers who received antenatal care was 88%.

Table 2.4: Reported Symptoms of Antenatal Complications.

Period	Reporting for number of CHW areas	Number of pregnant mothers	Number of pregnant mothers with complications	% Pregnant mothers with antenatal complications
April to June 19	10	331	101	30.5
July to Sep19	11	286	75	26.3

The proportion of pregnant mothers reporting any one antenatal complication was 28%.

Table 2.5: Treatment taken for Antenatal Complications.

Period	Reporting for number of CHW areas	Number of pregnant mothers with complications	Number of pregnant mothers sought treatment for antenatal complications	% Pregnant mothers with antenatal complications sought treatment
April to June 19	10	101	85	84.1
July to Sep19	11	75	64	85.3

The average proportion of pregnant mothers with symptoms of antenatal complications who sought treatment was 84.6%.

Table 2.6: Coverage for Postnatal Care.

Period	Reporting for Number of CHW areas	No. of postnatal mothers identified	Home based post natal care by CHW	Post natal mothers with post natal complications
April to June 19	10	28	28	09
July to Sep19	11	24	24	07

Table 2.7: Reported Use of Family Planning Methods.

Period	Reporting for Number of CHW areas	Average Number of YMWs visited	Average Number of YMWs using any temporary FP method	Percent YMWs using any temporary FP method
April to June 19	10	746	279	37.3
July to Sep19	11	667	247	37.0

The average proportion of YMWs using any form of temporary contraception/family planning was 37.0 percent.

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

Sexual Reproductive Health Workshop for Unmarried Adolescent Girls

A four days workshop on SRH was conducted from 13th to 16th May for girls who completed the life skills education. Total 30 girls attended the workshop out of which 9 were in the age group of 14 to 19 years. During the workshop 13 UAGs were provided with reusable pads. Each girl received a pair of reusable pads after a demonstration on how to use them.

SRH workshop focused on topics like menstruation, female reproductive system, good touch-bad touch, family planning, the process of child birth etc.

Life skills Education for unmarried adolescent girls: New batch of LSE was initiated in the month of July 2019. A total of 216 adolescent girls were enrolled from 11 slums for the LSE batch 2019-2020. All these 216 girls had given their pre-test and have started with their LSE sessions in their respective project areas. The LSE sessions have been initiated from 27th July 2019. On an average 20 girls were enrolled in the class and on an average 15 girls were regularly coming to the classes. The LSE course was completed in the month of Feb 2020.

Part B] Activities carried out in the second half of the reporting period:

Outreach work carried out between Oct to March 2020:

In the month October and November 2019, we have shared the work that carried out in the 12 slums for almost 4.5 years with NHM staff. Finally the CHWs who were implemented the integrated SRHR project in 12 slums belongs to Hadpasar area of Pune city were appointed by NHM as ASHA volunteers for their respective slums. In this phase after giving the recognition to CHWs as ASHA volunteer, the outreach work has started in the month of January 2020. ASHAs started undertaking monthly health needs assessment and morbidity surveillance, need based BCC, and linking clients to PUHC for service provision.

Meanwhile IHMP supervisory staff had meetings with MO PUHC and a participatory planning of UHNDs was carried out. In this phase of the project more focus has given to strengthen the UHNDs. UHNDs were conducted by the project ANMs in collaboration with the PUHC staff. Project ANMs and ASHAs takes the responsibility of mobilizing the clients, PUHC ANMs provide immunization services. IHMP ANMs conducts the head to toe examination and need based counseling sessions.

After establishing rapport of ASHAs and making UHNDs functional. We have initiated the process of establishing MAS committees in the 12 slum areas. Following tasks were carried out while establishing the MAS committees;

1. Slums were divided into small pockets of 50-100 households
2. Corner meeting were conducted in each pocket. In one slum on an average 5-7 corner meetings were organized. For each corner meeting 20-25 individuals were attended. The key objective of the corner meetings was to describe the structure, roles and responsibilities of MAS committees and ask for the nominating individuals for MAS as members.

3. After the corner meetings, the nominations were received. In each slum, 20-25 nominations were received
4. The meeting with nominated potential MAS members was organized to finalize the committee. In this meeting the selection of members was done democratically by opinion polls.
5. Once the MAS members finalized, the list of newly appointed members was shared with the community through corner meetings and community consensus were taken.
6. 12 MAS committees were established. Where ASHA volunteer works as secretary and president and vice presidents were selected through election process.
7. All the 12 MAS proposals have been submitted to the NHM office for their final approval.
8. In the month of Feb 2020, first meeting of the MAS members was carried out, where their roles and responsibilities as MAS member has discussed in length.

Meeting with PMC officials for scaling up the project in 50 ASHA areas:

In the period Oct 19 to March 2020 was the focus was given on the advocacy. Meetings with various CSR foundations, PMC officials was conducted where the intervention and impact of the SRHR intervention was discussed. Meetings with MoH, PMC, and other PMC staff has made in the month of January 2020. Following are the key decisions that taken during the meeting;

- Dr. Hankare, MOH asked IHMP to submit the proposal for implementing a SRHR project in the 50 ASHA areas covering 2 PUHCs and directed to discuss the same with the NHM project staff.
- IHMP team met Dr. Vaishali Jadhav, Dr. Deokar, Mr. Vinod Jadhav and Ms. Samrudhi and discussed the IHMP model.
- IHMP requested written permission for implementing SRHR intervention in 50 ASHA areas in collaboration with PMC.

Bajaj CSR has approved a grant for implementing the project with 50 ASHA volunteers; the project will be implemented from 1st April 2020 for duration of 5 years. Preparatory activities for the project were carried out during the reporting period.

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

Annual activity report- April 2019 to March 2020

Introduction:

Over the last 40 years, Institute of Health Management Pachod (IHMP) – a non-profit organization – has been addressing the most pressing public health concerns of marginalized and disadvantaged groups and has created a lasting impact on the lives and health of over a million people. IHMP's major focus during the last 20 years has been on safeguarding and transforming the lives of vulnerable adolescent girls living in rural and urban slum communities.

Institute of Health Management Pachod is working in 15 villages (18 ASHA areas) 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, which will be implemented in coming years 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 and a migrant population.

Forbes Marshall Pvt. Ltd. has approved a grant for 3 years for the SATH (Safe Adolescent Transition and Health) project in Karanjvihire PHC area to demonstrate an integrated reproductive sexual health project to empower unmarried adolescent girls aged 11-19 years and protect married adolescent girls and young married women ≤ 24 years from the adverse consequences of early motherhood. This project has been implemented since May 2017.

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.

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.

List of activities undertaken by IHMP for the integrated reproductive and sexual health and family planning project for young married women in Karanjvihire PHC, Khed block, supported by Forbes Marshall, during the financial year 2019-20:

A. Capacity building:

Training for youth component: SATH staff attended two 3 days training workshops of Action Program and Leadership Program for component of boys and young men. This workshop was organized with Equal Community Foundation in the months of July and December 2019 at Pachod. The training was mainly about planning, approach, methodology, content, monitoring and evaluation of modules for boys and young men.

Capacity building of ASHAs for Life Skills Education: A refreshment training program of 3 days duration, for ASHAs, on Life Skills Education was conducted from 3rd, 4th, and 6th February 2020 at Varale training centre. Teaching methods for the last 24 sessions of Life Skills Education course were covered during the training using participatory methods. Training was conducted by IHMP trainers. A total of 10 ASHAs participated in the training.

Monthly in-service training: 11 in-service training sessions of two days duration each were conducted. One day in-service training session was conducted in March 2020 due to COVID-19 outbreak. ASHAs and project staff participated in these training sessions. These were for two days; one day was spent on planning and review of SRH services while the second day was for planning and review of Life Skills Education. Technical inputs were provided for the sessions planned for the month. Project inputs, outputs and coverage were reviewed and participatory planning was done during the meetings. Cognitive and practical skills were provided to the ASHAs.

Surveillance registers were checked for completeness, coverage and inconsistencies during this training session by MIS officer and supervisors. Monthly progress report and micro-plans for service provision were prepared using the information collected by ASHAs during monthly home visits. Project inputs, outputs and coverage were reviewed and participatory planning was done during the meetings. Cognitive and practical skills of monthly surveillance and need based BCC were provided to the ASHAs.

Project review meetings with SATH staff: Every Thursday a weekly review meeting of SATH staff was conducted for the follow up of work done in current week and to prepare a plan for the upcoming week. All IHMP staffs from the project area were called to IHMP Pune office for the review. The weekly review meeting was conducted either at Varale or KV PHC if it could not be conducted at Pune office. A total of 38 weekly meetings (out of 48 planned) were conducted in the reporting period.

Meeting with Sarpanch and Gram sevak:

Meetings were held with the Sarpanchs of Wahagaon, Koregaon for facilitating effective work by the ASHAs for the SATH project. ASHAs of Wahagaon and Koregaon have started their work. New ASHAs of Vasuli, Shelu, Ambethan vasti were appointed and started work with the SATH project.

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. These meetings resulted in resumption of work by some of the resistant ASHAs and few villages Sarpanchs agreed to appoint new ASHAs for their village.

Meetings were held with the Sarpanchs and gram panchayat members of Birdawadi, Ambethan, Shinde, Shelu and Askhed. The key objective of meeting PRI members was support to start boys' component and provide venue for boys' LSE at village level. After continuous contacts with PRI members, they have provided venue at village level.

Also, project staff met with Sarpanch of Birdawadi for his help to get letter from Panchayat Samiti to start LSE classes at school room in non school timing. With his reference, project staff received the letter from Panchayat Samiti to start LSE classes at school in non school timing.

Village Health Sanitation and Nutrition Committees (VHSNC): A total of 12 VHSNCs are functional in the project area. Project staff made regular contacts with the members of VHSNCs. Formal meetings with VHSNCs started from September 2018. During the reporting period, 46 VHSNC meetings were organized and 240 members were present at the VHSNC meetings. SRHR services by ASHAs to YMWs, life skills education, girls who dropped out of school, sanitation of public places in village, cleaning of well, identification of malnourished children, pregnant mothers, high risk pregnant mothers and their needs, kitchen garden and purchase of IFA tablets, etc were issues that were discussed in length by the VHSNCs. VHSNC committees have also planned to organize health camp in their villages.

Meeting were held with sarpanchs and gram sevak for appointment of ASHA as a secretary of VHSNC (Village Health Sanitation Nutrition Committee) and reform 12 Village Health Sanitation and Nutrition Committees.

In the reporting period, different tasks of VHSNC committee were distributed among the members. Two committees had organised health camp in their village. Members decided to visit anganwadi centre for supportive supervision, they also decided to visits to beneficiaries who don't come to VHND.

One day VHSNC workshop for VHSNC secretaries was conducted on 12th February 2020 at Varale training centre. Nine VHSNC secretaries attended the meeting. Also, one day workshop of VHSNC presidents was conducted on 26th February 2020 at Karanjvihire PHC. Only five VHSNC presidents attended the meeting.

Rationale of VHSNC workshop

Roles and responsibilities of VHSNC members, preparation of action plan and concept of community based monitoring was discussed at length. At the end of the training, VHSNC members agreed to start CBM activities in their respective villages using checklists prepared by IHMP using government guidelines, VHSNC members understood how to conduct various awareness activities in village with the help of stakeholders and they asked IHMP staff to facilitate VHSNC meetings on a monthly basis.

Following key decisions taken by VHSNCs:

- VHSNC asked IHMP staff to present and facilitate the monthly VHSNC meeting. VHSNC provide meeting date to IHMP staff in advance via ASHA workers.
- VHSNC members decided to start awareness activities on health, nutrition and sanitation in their villages with the help of stakeholders
- VHSNC members decided to prepare action plan before every activity.

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 VHNDs. A total of 36 VHNDs were attended by the project facilitators. Facilitators provided need based counseling to resistant cases and monitored service utilization using micro-plans.

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

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 needs specific BCC. The surveillance system covers following broad areas:

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

Table 1: Number of household visits provided by ASHAs for needs specific BCC at household level

Period	Reporting for Number of ASHA areas	Surveillance visits planned for registered MAG+YMWs	Surveillance visits actually conducted for MAG+YMWs	Percent MAG+YMWs visited
April to June 19	18	514	412	80.1
July to Sept 19	18	529	416	78.6
Oct to Dec 19	18	507	405	79.8
Jan to March 20	17	518	427	82.4

On an average **80.2 percent** YMW that were covered by monthly surveillance in FY 2019-20 as compare to **79.1 percent** in FY 2018-19.

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. Coverage of need based BCC provided to the YMWs on various SRHR issues are presented in the Table. In the reporting period, a total of 4982 visits for need based counseling were provided by the ASHA volunteers.

Table 2: Needs specific BCC provided by the ASHA at household level

Sr.	Topic	Number of clients received needs specific IPC & counseling from ASHAs at household level			
		April – June 19	July – Sept 19	Oct – Dec 19	Jan – March 20
1.	Maternal care	176	183	155	179
2.	Treatment for symptoms of maternal morbidity	25	19	17	23
3.	Use of family planning methods	340	383	354	368
4.	Desire to use family planning methods	83	143	94	104
5.	Treatment for reproductive tract infections	33	29	24	18
6.	Postnatal care	19	12	12	17
	Total	676	769	656	709

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, 148 group BCC sessions for young married women (YMW) aged ≤ 24 years were conducted at the village level by the field facilitators. A total of 1010 YMWs from 16 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, anaemia prevention, antenatal complications, birth preparedness, postnatal and neonatal care
2. Reproductive tract infections – prevention, symptoms and treatment
3. Family planning methods

Capacity building of ASHAs by IHMP project staff during supervisory visits:

Six to seven 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. Each ASHA was visited by field facilitators at least twice a month. During visits, field facilitators assessed skills of the ASHAs and provided practical skills

to strengthen intervention processes – i.e. surveillance for needs assessment, need specific BCC, linking clients to providers and referral. Field demonstrations were conducted during these visits to provide practical skills.

During this reporting period, on an average each ASHA was visited 2 to 3 times in a month by IHMP facilitators. During these visits, handholding was done to improve household visits by the ASHAs. A total of 171 supervisory visits to ASHAs (out of 204 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. Building skills through live demonstrations was emphasized. IHMP facilitators provide at least 5-6 demonstrations for the ASHAs to develop their skills for undertaking monthly needs assessment, identification of morbidities, and need based counselling. During the reporting period, a total of 4982 home visits were conducted along with the ASHA workers out of total 6206 planned visits.

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 2019-20

Table 3: Reported Symptoms of Reproductive Tract Infections.

Month	Reporting for Number of ASHA Areas	Number of MAG + YMWs visited	Number of YMWs with symptoms of RTIs	Percent YMWs with symptoms of RTIs
April to June 19	18	1237	56	04.5
July to Sept 19	18	1248	55	04.4
Oct to Dec 19	18	1214	45	03.7
Jan to March 20	17	1283	33	02.5

The average proportion of women detected with RTI symptoms was **3.7%** in FY 2019-20 as compare to **5.4 %** in FY 2018-19.

Table 4: Reported treatment seeking for Reproductive Tract Infections.

Month	Reporting for Number of ASHA areas	Number of MAG & YMWs with symptoms of RTIs	Number of ECs sought treatment on RTIs	Percent ECs sought treatment on RTIs
April to June 19	18	56	33	58.9
July to Sept 19	18	55	29	52.7
Oct to Dec 19	18	45	24	53.3
Jan to March 20	17	33	18	54.5

On an average 54.8 percent women with RTIs sought treatment in FY 2019-20 as compare to 48.7 percent in FY 2018-19. Availability and accessibility are the key reasons of low treatment coverage for RTIs. The drugs required for treatment of RTIs are not available at the PHC since last one year. Project staff has established linkages with private hospitals near Chakan for referring women for treatment.

Table 5: Coverage of Antenatal Care.

Month	Reporting for Number of ASHA areas	Number of Antenatal examinations planned	Number of antenatal examinations carried out	Percent received antenatal care
April to June 19	18	176	149	84.6
July to Sept 19	18	183	156	85.2
Oct to Dec 19	18	155	144	92.9
Jan to March 20	17	179	162	90.5

Proportion of pregnant mothers that received antenatal care was **88.3%** in FY 2019-20 as compare to **83.9%** in FY 2018-19. Project staff attended VHNDs to improve their coverage. This topic was discussed during the YMW meetings.

Table 6: Reported Symptoms of Antenatal Complications.

Month	Reporting for Number of ASHA areas	Number of Currently pregnant mothers	Number of pregnant mothers with antenatal complications	Percent pregnant mothers with antenatal complications
April to June 19	18	176	26	14.7
July to Sept 19	18	183	34	18.5
Oct to Dec 19	18	155	24	15.4
Jan to March 20	17	179	26	14.5

The proportion of pregnant mothers reporting any one antenatal complication was **15.7%** in FY 2019-20 as compare to **18%** in FY 2018-19. ASHAs were given regular on the job training to identify and refer these complications.

Table 7: Treatment taken for Antenatal Complications.

Month	Reporting for Number of ASHA areas	Number of pregnant mothers with antenatal complications	No. pregnant mothers sought treatment for antenatal complications	% pregnant mothers sought treatment for antenatal complications
April to June 19	18	26	25	96.1
July to Sept 19	18	34	18	52.9
Oct to Dec 19	18	24	16	66.6
Jan to March 20	17	26	22	84.6

The average proportion of pregnant mothers with symptoms of antenatal complications that sought treatment was **75 percent** in FY 2019-20 as compare to **61 percent** in FY 2018-19. Transportation facilities, lack of secondary facilities for treatment are the key barriers in the utilization of treatment for antenatal complications. IHMP staff made linkages with nearest facilities for diagnostic services.

Table 8: Coverage for Postnatal Care.

Month	Reporting for Number of ASHA areas	No. of postnatal mothers identified	Home based post natal care by ASHAs	% YMWs received home based postnatal care
April to June 19	18	36	19	52.7
July to Sept 19	18	35	12	34.2
Oct to Dec 19	18	41	12	29.2
Jan to March 20	17	37	17	45.9

The proportion of mothers that received post natal care was 40.5% in FY 2019-20 as compare to 72% in FY 2018-19. It was less because most of the pregnant mothers went to their mother's home for delivery and stay there in post natal period.

Table 9: Reported Use of Family Planning Methods.

Quarter	Reporting for Number of ASHA areas	Average Number of MAG & YMWs visited	Average Number of YMWs using any temporary FP method	Percent YMWs using any temporary FP method
April to June 19	18	305	113	37
July to Sept 19	18	307	128	41.6
Oct to Dec 19	18	313	118	37.6
Jan to March 20	17	325	123	37.8

The average proportion of YMWs using any form of temporary contraception/family planning was **38.5 percent** in FY 2019-20 as compare to **26 percent** in FY 2018-19.

Distribution of Surakshit Matrutva booklets

Surkshit Matrutva booklets were distributed to 63 pregnant mothers in September 2019. IHMP facilitators during their follow-up visits have given 70 visits to these beneficiaries along with ASHAs to assess their practices during 9 months of pregnancy.

Advocacy with PHC and Government staff: Meetings with MO PHC were held on a monthly basis. Project activities were discussed during these meetings. Some of the key issues discussed during the meetings were:

Discussions were held regarding the coverage of beneficiaries and availability of medicines and UPT kits with ASHA's.

The earlier MO PHC, Dr. Banshelkikar was given us lot of support in implementing SATH project activities in field. The newly appointed MO PHC, Dr. Jayashree Mahajan was oriented by IHMP on the SATH project. We discussed availability of condoms, contraceptive pills, UPTs, IFA tablets, medicines for RTI/STI at the grassroots level and strengthening of VHND to achieve universal coverage.

MO PHC is providing support to the project in implementing project activities. She assured IHMP of required drugs for RTI/STI treatment and temporary contraceptives. She also suggested us to meet DHO, Pune for availability of medicines and materials at PHC. Medical officer and PHC staff provided required logistic support for capacity building / training programs.

Dr. Dyalchand, Mr. Gopal Kulkarni and Dr. Pankaj Mahure had met with DHO at Jilha Parishad, Pune and requested him to provide family planning stock, RTI medicines and IFA tablets in KV PHC at the earliest. DHO and staff of health department were very supportive and give us assurance of provision of medicines to KV PHC at the earliest.

As a result of this meeting and coordination between DHO office staff and Karanjvihire PHC, PHC had received the required medicines and materials in January 2020.

ANM orientation program

One day orientation program for ANM was organized in collaboration with MO, KV PHC on 24th April 2019. A total of 13 ANMs attended the meeting. MO, PHC with his staff attended the workshop, and provided inputs to make it more effective. All the SATH project staff attended the workshop.

The following key outcomes of orientation program:

1. ANMs acquired information regarding Situational Analysis maternal care, neonatal care, family planning.
2. ANMs acquired knowledge on how to strengthen VHNDs and PNC/ NNC.
3. ANMs learnt about ANC, PNC, NNC complications.
4. ANMs acquired knowledge on categorization of Eligible couples into regular users, irregular users, desire to use and non users.
5. ANMs learnt about innovative interventions and their expected outcomes i.e. Surveillance, micro-planning, need specific BCC, active linkage with VHND and referral centres, community based monitoring by VHSNCs, importance of Min. Std. ANC PNC NNC and VHND Guidelines.
6. ANMs learnt about Safe Motherhood handbook.

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

1. LSE of unmarried adolescent girls- 1st batch

The first batch of Life skills education (LSE) for unmarried adolescent girls was initiated in 20 ASHA areas in the month of September 2018. In the 1st LSE batch, 350 unmarried adolescent girls were enrolled in the 16 ASHA areas. The classes are scheduled twice a week i.e. every Saturday and Sunday, one hour each session.

15 out of 16 ASHAs completed 1st batch of LSE in May 2019. Out of 350 enrolled girls, 290 girls attended the LSE sessions and 98 girls attended 80% and above LSE sessions.

Post-test were conducted to assess the cognitive skills of 290 girls who attended the sessions. Out of 290 girls, 103 girls shows increase in cognitive skills above 71 percent and 89 girls shows increase in cognitive skills from 50 percent to 70 percent and 98 girls shows less than 50 percent increase in cognitive skills.

Exposure visits of LSE girls of 1st batch

In the reporting period, we had organised exposure visits of LSE girls to Police station, bank, post office and gram panchayat. We had organised exposure visits from 8th May 2019 to 15th May 2019. Total 133 girls of 15 ASHA areas and 14 ASHAs had come for exposure visits. The key objectives of exposure visits were

1. Girls can learn various activities of above departments.
2. Girls can know various acts related to girls and women.
3. Girls can learn how to open bank account, how to use bank receipts and schemes.
4. Girls can learn various schemes of post office.

SRH workshop of 1st LSE batch

Three batches of SRHR workshop were organized during the period of 13th June to 11th July 2019 at Varale training centre and Dhyandeep school, Shive. Total 128 girls and 15 ASHAs had attended SRHR workshop. Faculties were invited from Pachod to conduct 1st batch of SRH workshop, 2nd and 3rd batches of SRH workshop were conducted by SATH project team.

Pre-test and post-test were conducted to assess the cognitive skills of girls attended SRH workshops. 39 girls (out of 128) showed more than 50% increase in cognitive skills, 46 girls showed 25 to 50% increase in cognitive skills and rest of the girls did not attend either pre-test or post-test.

Peer Educators' workshop for girls of 1st LSE batch

Workshop for Peer Educators was organized on 27th to 30th July 2019 at Varale. Total 26 girls and nine ASHAs attended Peer Educators' workshop. Faculty from Pachod had come to conduct workshop for peer educators.

Reusable sanitary pads distribution

Reusable sanitary pads were distributed in July 2019 to 43 LSE girls of 7 ASHA areas who attained their puberty. Follow-up visits to girls to whom sanitary pads given were conducted in December 2019.

It was found that pads were not dried in rainy season, staining was present on some sanitary pads. It may cause reproductive tract infection to girls.

2. LSE of unmarried adolescent girls- 2nd batch

Life Skills Education classes have started in 10 ASHA area's since 14th September 2019 and around 162 unmarried adolescent girls are enrolled in the 8 project villages. The classes are scheduled twice a week i.e. every Saturday and Sunday, one hour each session. Total 8 sessions were conducted by each ASHA in a village in a month.

A written parental consent was taken at the time of enrolment for LSE classes. The ASHAs were instructed to read and explain the consent form to parents of each participating UAG and take their signature/thumb impression. IHMP has made parental consent mandatory for girls to attend life skills education as a part of its ethical standard.

IHMP facilitators visited 8 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. We have also met with block education officer to take permission of education department to start LSE classes at school room other than school timing. He has given us permission to start classes at school.

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 121 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, around 30 sessions out of 50 were completed by 6 ASHAs till March 2020 and they are conducting next 24 LSE sessions. 4 ASHAs have completed around 20 sessions till March 2020.

LSE refreshment training of ASHAs

There was a 3 days Life Skill Education refreshment training program arranged by IHMP for ASHA's on 3rd, 5th and 6th February 2020 at Forbes Marshall training centre, Varale. This training was conducted to build the capacities of ASHA for UAG component and orient them about LSE. The training was given for 27th to 50th sessions out of total 50 sessions from LSE book. Nine ASHAs attended the training.

Exposure visits of LSE girls of 2nd batch

In the reporting period, we had organised exposure visits of LSE girls to Police station, bank, post office on 18th, 28th, 29th and 30th January. Total 98 girls of 8 ASHA areas, 5 ASHAs and two school principles had come for exposure visits. The key objectives of exposure visits were

1. Girls can learn various activities of above departments.
2. Girls can know various acts related to girls and women.
3. Girls can learn how to open bank account, how to use bank receipts and schemes.
4. Girls can learn various schemes of post office.

SRH workshop of 2nd LSE batch

Two batches of SRHR workshop were organized during the period of 29th February to 3rd March 2020 and 11th March to 15th March 2020 at Varale training centre and Dhyandeep school, Shive. Total 59 girls and 7 ASHAs had attended SRHR workshop. Both of SRH workshops were conducted by SATH project team.

Pre-test and post-test were conducted to assess the cognitive skills of girls attended SRH workshops. 33 girls (out of 59) showed more than 50% increase in cognitive skills, 10 girls showed 25% to 50% increase in cognitive skills and rest of the girls did not attend either pre-test or post-test.

Other activities carried out under LSE:

After initiating LSE at the village level, girls who are attending the classes established their clubs (Kishori Mandals). Kishori Melawas (meets) were conducted by these clubs. Participatory methods were used during these meets. The VHSNC members, village Sarpanch, and other key stakeholders attended the Melawas. During these meets, drama, singing, rangoli, games etc. competitions were held. Village Sarpanch and other key stakeholders voluntarily provided support for these competitions. The event was organized in collaboration with VHSNCs. VHSNCs were actively involved in logistic management of the events at the village level.

We had planned Kishori and Kishor Melava of LSE girls and boys of Ambethan on 15th December 2019 in the presence of Sarpanch and gram panchayat members at Ambethan School. 19 girls and 22 boys are participated in this event. Parents have not come to event due to demise in the village.

Outcomes of this event are

- 1) Boys and girls understood the prevention and symptoms of Anaemia.
- 2) Boys and girls changed their diet to increase their Hb level.

Part 3: Life skills education for unmarried boys in the age group 13 to 17 years

Foundation Program of Life Skills Education classes for unmarried boys was started in 5 villages from August 2019. The classes are scheduled once a week. In the reporting period, we had contacted to stakeholders of 5 villages to make them aware about boys' LSE and to get their support. Also listing of five villages is completed. 100 boys of age group 13 to 17 years were enrolled for LSE. The classes were scheduled once a week.

On an average 14 boys attended the LSE sessions. In the reporting period, parents of 100 boys were contacted by facilitator to check boys' discussion with their parents about sessions, behaviour change of boys like doing house chores and for continuation of class by boys. In the reporting period, we have completed Foundation Program of LSE.

A pre-test and post-test of Gender Aptitude Survey were conducted to assess the knowledge and attitude of enrolled boys. Also, pre and post-test using check-lists of mothers and sisters of boys were conducted to assess behaviour change in boys before and after Foundation program.

Key findings of mothers' and sisters' interviews after Foundation Program

- Proportion of boys doing house chores by themselves is increased from **12.5 percent** to **35.7 percent**. House chores include sweeping at home, filling water, cleaning floor tiles, washing utensils, drying washed cloths, lifting dishes after meal, making of tea for family members, cleaning or washing of vegetables and keeping things at right place.
- **50%** sons were discussing the things with mothers before LSE but after completion of foundation program, **94%** sons discuss the things with mothers.
- **33 percent** sons were talked impolitely to mothers before LSE but after completion of foundation program, it reduces to **17 percent**.
- **77%** brothers were talked to their sisters in louder voice before LSE but after completion of foundation program, it reduces to **36%**.
- **50 percent** sons were doing house chores on their own during mother's illness before LSE but now after LSE, **75 percent** sons do house chores on their own during mother's illness

- **29 percent** mothers were allowing daughters to play ground games before LSE; it increases to **72 percent** after LSE.

Boys have planned, organized and participated in action events, in their village after completion of Foundation program. Around 400 villagers attended the events in 5 villages.

Village	Name of action event
Shelu	Prevention of early marriage
Askhed	Importance of girls' education
Shinde	Prevention of anaemia
Ambethan (Dawane mala)	Women and their problems related to domestic chores
Birdawadi	Gender discrimination

Exposure visit of ASHAs to Pachod

11 ASHAs and 5 SATH staff members had visited to Pachod on 5th March 2020. We have visited to field in the villages of Jamkhed PHC and Vadigodri PHC on 6th March 2020. We have seen surveillance, AVANI digital app, VHSNC meeting and LSE sessions. ASHAs of Jamkhed and Vadigodri PHCs were felt easy to do surveillance using AVANI digital app as compared to surveillance register.

Summary and conclusions:

Although the scattered locations in the villages of project area, the outcome of the SATH interventions is extremely encouraging, after two years of implementation.

Most of the ASHAs are active and doing monthly surveillance effectively, they are also conducting LSE sessions enthusiastically. However, despite continuous motivation a few ASHAs are performing below expectations.

ASHAs have generated demand of SRHR services among the beneficiaries through need assessment and need based counseling. During the 2nd year of project, women were felt shy to tell RTI symptoms but in the reporting year, they themselves told the symptoms to ASHAs. Also, there is significant increase in treatment seeking behavior of beneficiaries in reporting year.

It was difficult for ASHAs to organized LSE sessions of girls due to scattered locations in the village as distance between the vastis are 2-5 KMs. ASHAs were not willing to go to the vastis to conduct LSE sessions because of distance. Also, girls were not willing to go from one vasti to other for LSE sessions. Tribal girls and their parents are motivated for LSE but girls themselves were not coming to class despite continuous motivation.

We have started LSE sessions of girls at school level in some ASHA areas after taking permission of Education Department, Panchayat Samiti, Khed which resulted in good attendace at LSE class. Some school wants us to take LSE session during school hours but giving less time for sessions.

There is significant improvement in the behaviour of boys after successful implementation of Foundation program in 5 villages.

Lack of RTI/STI drugs, IFA tablets and contraceptives at the PHC level is a key barrier in effective coverage with services. Project staff has advocated with the district level administration and due to the coordination between project staff, PHC and district administration, KV PHC got the required medicines and materials.

Most of the pregnant mothers go to their mother's home in last trimester and stay there after delivery. It was not possible for ASHAs to do their need assessment during their post natal period.

VHSNC presidents, secretaries and members are very cooperative. They are organising VHSNC meeting effectively and working towards the improvement of health, sanitation and nutrition of village. They have also helped us for logistic arrangement for the LSE classes of boys and girls.

We can start ASHAs demanded us to start digital app in SATH project as it is easy to use and handle, they can generate report using app and use it in their meetings. ASHAs felt easy to do BCC using digital app during their visit to Pachod, they also felt easy to search beneficiaries in the app and enrol them in the program.