

Ashish Gram Rachna Trust, Pachod

Registered as: Trust | **Founded:** 1979

Head Office Location: Pachod, Maharashtra

Region of Impact: Maharashtra

Annual Budget (2012-13): INR 3.83 Crore (\$638,330)

Adolescent Girls Budget (2012-13): INR 51.06 Lakhs (\$85,100)

Staff Strength: Full-time: 52 Volunteers: 24



Overview

Ashish Gram Rachna Trust (AGRT), through its executive body 'Institute of Health Management Pachod' (IHMP), implements programs dedicated towards empowering marginalized groups, with a focus on women, adolescent girls and children. The institute implements its programs through organising and mobilizing communities towards self-reliance and sustainability. IHMP's initiatives are primarily situated in the backward Marathwada region of Maharashtra; however, it also has programs with slum communities in Pune.

Adolescent Girls Program

IHMP's current program for adolescents endeavors to improve adolescent welfare through an integrated approach, which engages adolescents through health-based and life-skills approaches. **Until 2013, the program was exclusively health-based.** The health component, which engages married adolescent girls (MAGs) and their spouses aims towards improving health indicators pertaining to issues such as low ages of first conception, low use of contraceptives, and the reduction of maternal morbidity among others. The new integrated program additionally involves life-skills education for unmarried adolescent girls, in order to foster some degree of independence and self-sufficiency amongst them. With unmarried adolescent boys, the integrated program looks to foster gender-equitable attitudes through active engagement.

Model

- IHMP leverages existing networks of ASHAs, ANMs and Male Multipurpose Workers (MPWs); public healthcare workers
- These public healthcare workers are trained to undertake surveys, and in behavior change counseling (BCC) techniques.
- Public health workers engage with adolescent girls and generate demand for better Sexual and Reproductive Health (SRH) services.
- ASHAs ensure better healthcare through interfacing with primary healthcare providers (ANMs) and doctors.
- ASHAs, along with IHMP program workers conduct household surveys to develop micro-plans for healthcare provision for each household in a village.
- Life-skills training and gender equity-based counseling is also conducted for unmarried adolescent boys and girls, by trained public health workers.



Milestones:

- 2003: Incepted initiative to work with MAGs and their spouses to improve adolescent health
- 2008- built capacity of CBOs to scale program to 5 districts
- 2010: Health Program mainstreamed in one block

Impact to Date:

- 12,000 girls and their spouses impacted at the pilot site
- Average age of first conception increased from 15.8 to 18 in the pilot site (2003-2012)
- 10,000 girls have been reached through mainstreaming the program in 1 block.

Theory of Change

If children and adolescents are organized and mobilized, imparted knowledge about health, and are sensitized towards changing their outlooks about patriarchal norms, and empowered towards attaining some degree of self-sustenance, then, sustainable, positive change can be witnessed in these communities- not just among these adolescents, but for future generations to come.

Growth Plans

The Integrated Program is presently based under 1 Primary Health Centre, covering 30 villages in one block. Over the last year, the program has reached to just over 600 married and unmarried adolescent girls. The organization plans to scale the Integrated Program to a total population of 60,000 adolescent boys and girls; this includes 30,000 each in rural and urban communities over the next five years. The organization is also considering implementing these programs in the state of Bihar, in partnership with the state government. The program would be scaled in partnership with the government. The scalability of the program in its exclusively health-focused iteration was a success; the adoption of a similar delivery mechanism in its integrated program indicates that this program should potentially be highly scalable.

	2012-13 (a)	2013-14 (e)	2014-15 (e)	2015-16 (e)
Total Org Budget (INR Lakhs)	383	306		
Total Adolescent Girls Budget	51	24		
No. of Adolescent Girls	1,200	600	5,000	5,000

Leadership & Management

AGRT's team is led by Dr. Ashok Dyalchand, who has 36 years of experience in the planning, monitoring and evaluation of public health programs. He has evaluated the Community Based Monitoring component of NRHM in Rajasthan and Maharashtra, for the Government of India. The rest of the leadership have backgrounds and expertise in areas ranging from quantitative statistical research to public health.

Partnerships

Presently, the organization is engaged with local government institutions at the block-level for its adolescent girls program, through the District Health Office of the Government of Maharashtra; it is also engaged with the state government in Bihar, and is exploring the possibility of scaling to and institutionalizing its adolescent girls programs in the state.

Funders

The organization draws a major portion of its funding from international sources. Its key funders include the MacArthur Foundation, Oxfam, and Christian Aid UK. For the adolescent girls program, the MacArthur Foundation has been a key funding partner since the inception of the pilot program in 2003.

