



Mamta Taruni Programme:

Making health and nutrition information and services accessible to adolescents in the state of Gujarat, India

Authors:



Introduction

- Adolescents between the ages of 10-19 years comprise 22% of the total population in India.
- The Government of Gujarat (GOG) is striving to make the health system more responsive towards enabling reproductive and sexual health services to be more accessible to adolescent girls, especially those who are out of school.
- Gujarat has initiated Mamta Taruni Programme throughout the state to make nutrition and health services more accessible for adolescent girls.
- The programme offers services to out of school adolescent girls between 10-19 years.
- These services include monitoring of nutritional status by measuring Body Mass Index; monitoring blood Hemoglobin levels; providing nutrition supplement, Iron Folic Acid (IFA) tablets, and Tetanus Toxoid injection; referring girls for treatment of reproductive and sexual health infections; and imparting reproductive, sexual health and nutrition information.

Objectives

- CHETNA (Centre for Health Education, Training and Nutrition Awareness) collaborated with Government of Gujarat to make health and nutrition information and services accessible to out of school adolescent girls through Mamta Taruni Programme
- To up scale the learning in other parts of the state

Partners

Government of Gujarat (GOG)

Local Field NGOs

Sarwangin Gram Vikas Sanstha (Prantij block) and Narrotam Lalbhai Rural Development Fund (Khedbrahma block)



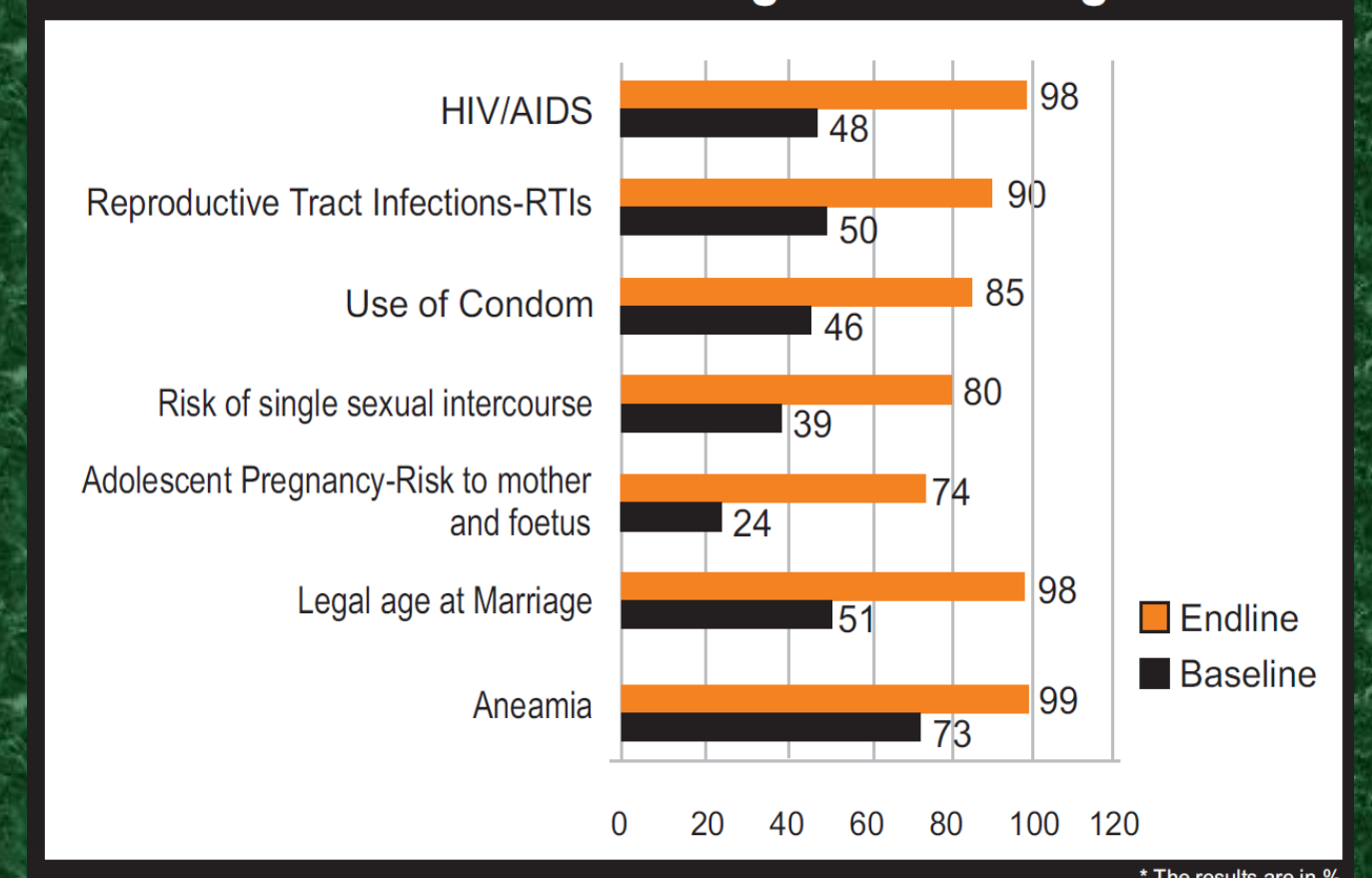
Activities carried out

- Raising community awareness about the programme**
- Peer Educators Training:** Fifty-five peer educators were trained. They were equipped with knowledge about nutritional anaemia, menstruation and conception, Maternal and New born care, contraceptives, Reproductive Tract Infection and Sexually Transmitted Diseases (RTI/STI), and HIV. Their life skills, especially decision making, communication and negotiation, were enhanced.
- Village level Educational sessions:** The trained peer educators along with the field workers imparted messages to other adolescent girls at the village level with the use of specially designed health communication material
- Training of Frontline workers:** 150 key village level functionaries, ASHAs and Anganwadi Workers completed a joint training on Health Communication. They were sensitized about the challenges faced by adolescent girls, equipped with technical information on different health topics, and their health communication skills were strengthened.
- Village level Events:** Cluster level events were organized to give a platform to adolescent girls to showcase their learning's to block and district level government officials and community leaders. At each village, a joint village-level meeting with mothers and formal and non-formal leaders, frontline workers was organized to discuss issues and challenges related to the implementation of the MAMTA Taruni Program.
- Monitoring:** The programme team regularly monitored the progress of the activities in each village, gave feedback to peer educators and frontline workers, and organised activities to strengthen field activities. Regular sharing about progress of activities, challenges and learnings at with concerned Taluka, district and the state level government officials was intrinsic part of the programme.

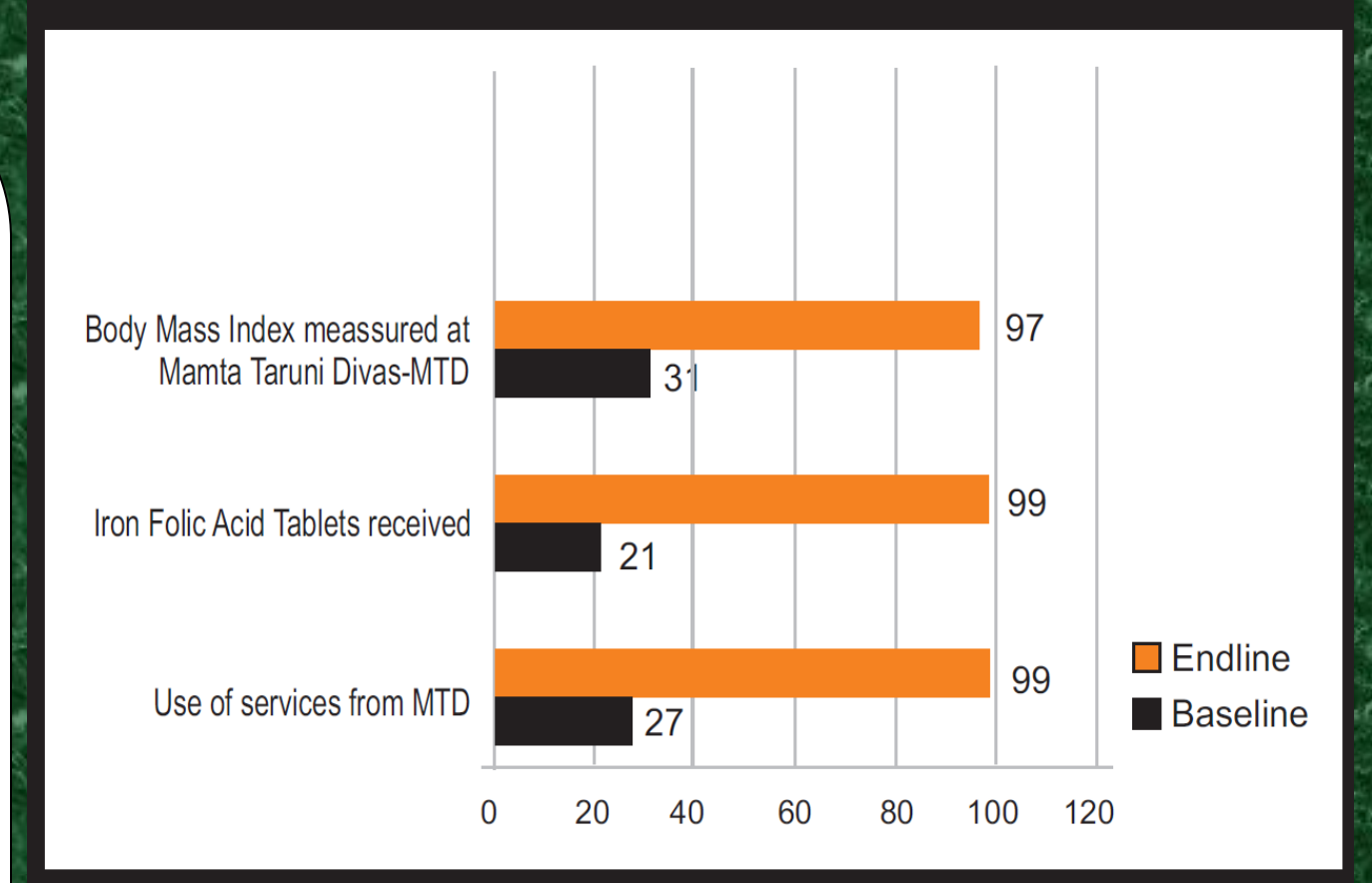
Review and Evaluation

After 18 months of the intervention an endline survey was conducted by an independent consultant. The data are compared here with the baseline survey results.

Increase in awareness among adolescent girls



Increase in access to services



Upscaling the Efforts

- Training module –“Hum-Tum” for peer educators is being mass produced by the government of Gujarat and is being used throughout the state
- Training methodology to train peer educators was used to train master trainers, state-wide, by the Government of Gujarat. 236 master trainers of Government of Gujarat were trained by CHETNA.
- Health communication materials developed are being used by Department of Health and Family Welfare in all districts under Mamta Taruni programme.
- Department of Women and Child Development repackaged health communication material in the form of a booklet which was disseminated among the adolescent girls of the Sabla programme.
- Ahmedabad Municipal Corporation is using materials for Mamta Taruni in their urban adolescent health programmes.



"I regularly attend MAMTA Taruni Divas and I also make sure that adolescent girls of my street also accompany me to receive health services. We attend health education sessions and also share our learning with each other." -Gomatiben Vaghela, Peer Educator, village-Ghadkan, Prantij

"In the beginning, adolescent girls were irregular in attending MAMTA Taruni Divas. Today, adolescent girls have started availing services under the MAMTA Taruni Divas." -Female Health Worker, Prantij

Insights

- Participation of community level stakeholders and investment in human resource development are means to achieve envisaged programme outcomes.
- The peer to peer approach is successful only with the support of front line workers, ASHA, Anganwadi workers, and Female Health workers. They need to be trained extensively on a regular basis.
- Create forums to ensure parents and village leaders participation in programmes related to adolescents by sharing information about the services offered, the progress of the change in the nutritional status of their daughters, challenges being faced in implementation of the programme, etc. Elicit their opinions to solve the challenges.