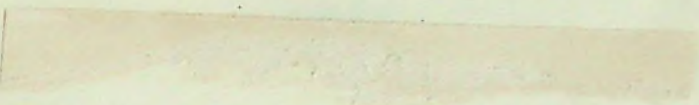


*A Decade of
Health
Education*



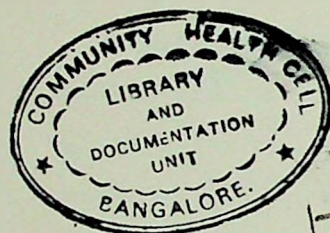


A DECADE OF HEALTH EDUCATION



Experiences of CHETNA, Centre for
Health Education, Training and Nutrition Awareness

1993



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For further details on CHETNA contact :
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CENTRE FOR HEALTH EDUCATION, TRAINING AND NUTRITION AWARENESS

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A DECADE OF HEALTH EDUCATION

CHETNA, meaning awareness in several Indian Languages, is an acronym for "Centre for Health Education, Training and Nutrition Awareness". In the year 1980, CHETNA began as a project of the Vikram A. Sarabhai Community Science Centre (VASCSC), an activity of Nehru Foundation for Development (NFD), Ahmedabad. From 1984, CHETNA celebrates its foundation day on "Vikram Jayanti" (August 12) each year. CHETNA legally functions under the wider umbrella of NFD headed by Shri Kartikeya Sarabhai.

The first activity of CHETNA was conducting trainings for the functionaries of nutrition programmes of the Government of Gujarat. The activity was conducted by three young enthusiastic women* then called as the "Nutrition Team" of VASCSC. Through this programme the team realized the need to address nutrition concerns through health education and awareness raising programmes. The team also demonstrated its competency in preparation of educational material for grass root and middle level health workers and in training of grass root development functionaries. Since its inception, CHETNA has collaborated with various governmental and non governmental agencies working in the area of health. In the last thirteen years, CHETNA has developed itself as a resource centre for health communication and education specially for addressing the health concerns of disadvantaged women and children.

CHETNA developed its programme with a principled understanding that health in India has been shrouded in much mysticism - high dependence on either the Tantar-Mantras or on the allopathic doctors of the modern world. This dependence has alienated the common people from understanding their own health care system. The poor women have been the direct victims of this inaccessibility to the knowledge regarding their own body and health. With this understanding, CHETNA's main goal was to promote preventive health care, demystify health care system and liberate people, especially women, from the clutches of the quacks and doctors and, empower them to take care of their own, their families' and their communities' health.

CHETNA therefore aimed to empower mothers and children through working with government and non government organisations for enhancing health and nutrition of communities by raising awareness through training and popular communication material.

CHETNA IN RETROSPECT

The last thirteen years of CHETNA can be classified into four phases.

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PHASE I

PROJECT ACTIVITIES IN HEALTH EDUCATION (1980-84)

The Integrated Nutrition and Health Action Programme (INHAP) was the first project of CHETNA undertaken to impart training on nutrition to grass root functionaries working in hundred villages of 10 blocks in the state of Gujarat. This project led the 'nutrition team' to learn about health related issues from the ground reality. Along with this educational programme, the team also prepared four posters and ten pamphlets on nutrition education. They were later printed for mass education by the Government of Gujarat.

In 1981, CHETNA got involved in the training of field level workers (Anganwadi/ creche workers) of the "Integrated Child Development Scheme" (ICDS). But this grass root level work slowly sparked off into a long term involvement with ICDS in both the states of Gujarat and Rajasthan for the preparation of syllabus and training of supervisors and district level functionaries.

In the first three years, while travelling to remote areas and interacting with people in the states of Gujarat, Rajasthan and Uttar Pradesh the team felt that there was a dearth of communication material available on the prevention of common ailments. With the support of UNICEF, CHETNA prepared an educational kit on GOBIFF Messages (Growth Monitoring, Oral Rehydration, Breast Feeding, Immunization, Food Supplementation and Family Planning) to convey essential health information to the community. This was prepared in three languages i.e. English, Hindi and Gujarati.

In 1983, the team prepared a set of flip charts on ten common diseases affecting children and mothers. The preparation of this set of educational material was taken up in collaboration with "Gujarat Voluntary Health Association (GVHA)". During 1984, an educational kit on Anemia, emphasizing its social dimensions, was prepared with the support of UNICEF and Directorate of Adult Education, New Delhi. All educational materials have been conceptualized, field tested and produced internally by CHETNA. The first few years of CHETNA were spent in working at the grass roots with voluntary agencies and government (in programmes like ICDS). In this phase, CHETNA demonstrated its distinctive strength in preparation of popular educational material on health education.

PHASE II

GROWING INVOLMENT IN HEALTH TRAINING OF CHILDREN AND WOMEN (1984-88)

CHETNA entered the second phase with an articulated mission, "TO PROMOTE HEALTH AND NUTRITION EDUCATION AMONG POOR PEOPLE SO THAT THEY UTILIZE THE EDUCATION AND REMAIN HEALTHY AND FREE OF DISEASES."

In 1984, with the support of Ford Foundation, CHETNA undertook a more long term activity entitled "**Child Survival**" to promote grass root competencies for ensuring better child health. CHETNA also developed long-term relationship with agencies like Sadguru Water and Development Foundation (SWDF) Dahod, and Self Employed Women's Association (SEWA) Ahmedabad, in developing their organisational competencies in enhancing child survival. During this time, CHETNA also worked with SWDF in organising women's health camps in their project areas.

Organisationally, CHETNA grew from its "trio-nutrition team" to a full fledged organisation. The other members who joined were two full time field trainers, one full time English steno-typist, a Gujarati- Hindi typist, a person for handling publications, an artist for preparing popular publications, one for administration and one as a support for office requirements. CHETNA's moving out from the VASCSC campus to the 'Drive-In' building further helped to establish its independent identity.

In 1985, CHETNA got involved in a UNICEF and Aga Khan Foundation (AKF) sponsored project on health education entitled 'Child-to-Child'. In this programme, CHETNA got several opportunities to establish contact with NGOs of Gujarat and Rajasthan. In the year 1986, CHETNA organised several women's awareness camps in the project area of 'Child-to-Child' and 'Child Survival'. These camps were supported by Central Social Welfare Board (CSWB). As a result of these successful experiences CHETNA was recognized as a nodal training institute in Gujarat to conduct Organisers Training for agencies conducting women awareness camps.

During 1985-87 CHETNA, apart from its involvement in the area of ICDS anganwadi (creche) workers' training, continued to undertake several short term projects like training of staff for the project on 'Integrated Guinea Worm Eradication Programme' (IGWED) in Rajasthan, 'Water and Sanitation Awareness', 'Growth Monitoring' in Gujarat and Maharashtra, and Training of 'Traditional Birth Attendants' (TBAs) in states of Gujarat, Rajasthan, Uttar Pradesh, Bihar, Orissa and Andhra Pradesh respectively.

During the period 1984-1988, CHETNA produced a variety of educational materials including the Gujarati and Hindi translation of the Child Birth Picture Book originally written by Fran P. Hosken of WIN News. The copyright for doing this publication in any language in India is with CHETNA. Since then several editions in different Indian languages* have been published.

During this time, CHETNA provided a new thrust to its health education by linking health concerns with social, cultural aspects and developmental issues.

CHETNA appointed new staff for all its new projects. The organisation also suffered from high turnover of the staff. It was a phase full of activities, conducting research studies, organising training programmes, attending meetings, preparing educational materials, negotiating with partner NGOs and donor agencies.

PHASE III

CONSOLIDATION (1988-91)

CHETNA tried to consolidate its hectic schedule by not taking up short term activities after the year 1988. It tried to give a closure to its projects "Child Survival", "Child-to-Child" and also formally completed its activities with Day Care Centre (DCC) training, on the job training for CSWB creche workers and Growth monitoring. However, CHETNA began a field activity called Health Awareness Campaign among women of Banaskantha District in the state of Gujarat, with the support of the Royal Netherlands Embassy.

During this period, CHETNA made three shifts in its conceptual articulation of health education. It moved from the health concern of 'mother' to a more holistic concept 'women'. In the area of child health it emphasized a new pedagogical input by involving children in child health education.

Preparation of educational material was intensified. In 1989, the quarterly news letter which was earlier cyclostyed started going to the printing press with attractive layouts. CHETNA published another quarterly health bulletin in Gujarati "Amaro Patra Thamare Naame" which is a translation of the bulletin in Hindi published by VHAJ called "Hamari Chithi Aapke Naam".

In 1990 CHETNA underwent a comprehensive evaluation and future planning exercise. CHETNA team asked itself very critical questions. The evaluation brought out several directional issues.

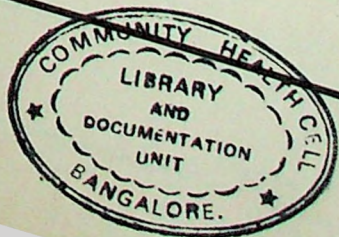
Alongwith these three shifts, CHETNA introduced the use of traditional medicine in Primary Health Care with an aim of reinforcing poor women's access and control over their health practices. An all India survey on traditional practices for maternal and child health was co-ordinated by CHETNA. Several field activities like 'Balmela' (Children's Fair) and 'Gram Yatras' (Village Rally) were also conducted on Child health education. These grass root involvements provided insight into developing training modules for Training of Trainers (TOT) on 'Women's Health' and 'Child Health Education'. During this period CHETNA made a shift from training of grass-root level to middle level functionaries.

Characteristics

- Articulation of health issues in a broader social context. CHETNA realized that improvement of health of the poor women cannot be achieved by only providing health related information.
- CHETNA focused on 'child health' and 'women's health' as two main areas of its work with an emphasis on preventive promotive and wholistic health.
- While CHETNA aimed to provide support to government and non government organisations working on women's health and children's health, it decided to limit its work to the states of Gujarat and Rajasthan only.
- It was realized that, training and preparation of learning material was the strength of CHETNA.
- CHETNA also felt the need to get involved in field level implementation whenever a need emerged.
- CHETNA made a shift from Short term project to long term programme planning.
- CHETNA realized the limitations of project-oriented time-bound activities. The termination of projects used to create many problems in terms of building an ongoing team and developing long term relationships with other government and non-government agencies.
- CHETNA's decentralized planning, decision making and team approach further enhanced its capacities.



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PHASE IV

CREATING NEW HORIZONS (1991-92)

The participatory evaluation re-confirmed CHETNA's strength in training and preparation of health education material for women and children. CHETNA underwent a collective process of reflection and analysis, to plan its future directions. Based on this exercise, CHETNA decided to strengthen its support role with the government and non government organisations in the states of Gujarat and Rajasthan in an intensive manner. As a result of this, two new programmes emerged. CHETNA moved from short term project oriented commitments to long term programme oriented work. In the span of a decade (early 80s to early 90s) CHETNA shaped its programmes not only in terms of local needs but in consistence with the macro perspective.

The two Programme areas that emerged were:

- (i) CHILD RESOURCE CENTRE (CRC) and
- (ii) WOMEN'S HEALTH AND DEVELOPMENT RESOURCE CENTRE (WHDRC)

These two new programmes provided a new script for the 90s.

I CHILD RESOURCE CENTRE (CRC)

CRC envisages to extend support to agencies working with children in the area of health education with child centred approaches including the "Child-to-Child" approach. CHETNA wanted to do it by developing a Network among the agencies for sharing resources and expertise. CRC's objectives and strategy of work were developed by conducting a series of need assessments through consultations with individuals and organisations. CRC focuses its activities on three major programmatic areas.

1. Early Childhood Care and Education (3-6 years)
2. Intervention in formal and nonformal education programmes through promotion of child centred activity oriented approach like Child to Child (6-14 years).
3. Health and development of adolescents (14-18 years) .

The strategies for intervention in each of these areas can be classified broadly into four heads :

-
- (i) Conducting training programmes for functionaries working with children (3-18 years).
 - (ii) Documentation of Experiences with child centred activities
 - (iii) Networking and policy advocacy
 - (iv) Preparation and dissemination of Educational Material on child health education

(i) Training Programmes

Training for capacity building is the strength of CRC. Training is strategically used for sensitization, capacity building and strengthening organisations, to enhance coordination between both government and non government organisations working on health education, and to promote networking and for initiate advocacy. Some of the activities undertaken are :

(ii) Documentation

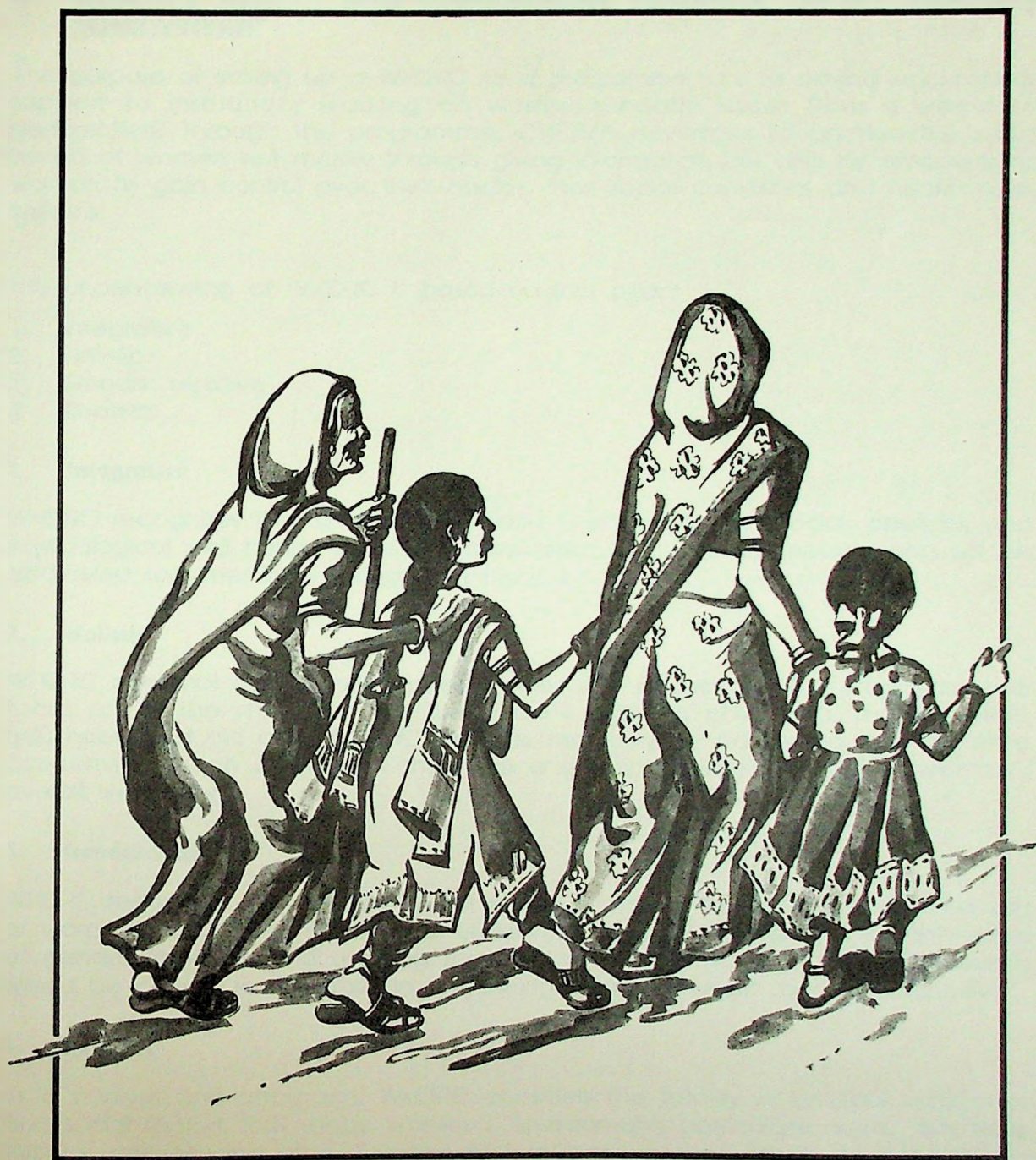
CRC has collected a vareity of resource material in Child health education which is a part of its resource centre.

Some new publications were developed in three languages Gujarati, Hindi and English.

- Growing up healthy
A booklet on Child to Child approach.
- Balmela (Children's Fair)
A booklet on how to organise a children's health education camp *Gram Yatra
- Gram Yatra (Village Rally)
A booklet on how to organise a village level health campaign with the active involvement of children.
- Two Video Films have been prepared on 'Balmela' and 'Gram Yatra'.
- An "Educator's Manual" has been prepared on child centred health education.
- Three slide sets on topics like importance of Pre-school Education, Nutrition and, Health and Sanitation.

(iii) Networking and Advocacy

CRC has been actively linking up with other agencies on the Child-to-Child approach, Early Childhood Care and Education Forums like Forum for Child Care Services (FORCES), Organisation Mondiale Pour L' Education Pre-scolaire (OMEP) etc.



To achieve the above perspective and understand WHDRC envisages to undertake the following activities.

(a) Documentation

Documentation on relevant issues pertaining to women's health and development and particularly women's initiative to gain control over their health.

(b) Material Development

Development of written and audio-visual materials on technical aspects of women's health.

(c) Awareness Raising

Establishment of linkages with grass root groups and help in organising awareness programmes among women.

(d) Capacity Building

WHDRC aims to build competencies among the grass root health workers to effectively work on the issue of women's health. Special training programmes for managers and supervisors of health programmes will be developed.

(e) Networking

WHDRC envisages to collaborate with government and non-government agencies working on women's health education.

(f) Advocacy

Special input would be given in policy advocacy for women's control over their own health care practices and promotion of traditional health care practices that are within the reach of the common women.

If one looks at the individual activities, one might wrongly conclude that CHETNA is doing similar training programmes producing similar communication materials, as it had been doing a decade back. But a closer scrutiny would reveal that CHETNA's deeper perspective and understanding on the issue of health is reflected in the above two programmes. The present re-articulated mission reads as below :

- CHETNA's Mission is to empower Women and Children to gain control on their own, their families' and their communities health.

ITS STRATEGY IS

- To sensitize and train various levels of supervisory workers of both government and non-governmental agencies active in the field of health and nutrition so that they became aware, utilize available health education services and furthermore, demand services they are entitled to.
- To prepare and disseminate appropriate field tested communication and training materials covering all aspects of health care, nutrition and women's development in regional languages.
- To network with government and voluntary agencies working in the field so as to share experiences and strengthen existing programmes.

CHETNA as an organisation

Though CHETNA functions legally under the Nehru Foundation for Development (NFD), it has strived to maintain a distinctive work style, systems and culture of its own. Since the beginning, CHETNA remained as a group largely, consisting of women.

CHETNA grew from the initial three member nutrition team to various project teams, to the present CRC and WHDRC programme teams. Along with these two teams, a communication and field team also works towards achieving its mission. An administrative and support unit take care of all the organisational support functions. The present total strength of CHETNA is forty.

Since the beginning, CHETNA has been stressing on professionalism, mutual respect and sensitivity to women and children's needs.

During mid 80s with many ongoing short term projects, CHETNA had to employ many new team members. There were organisational tensions because of lack of orientation of staff. Since then, team orientation and team building has been taken up very seriously. Since in 1991, CHETNA was undergoing a new programmatic shift as a consequence of the evaluation, it was thought appropriate to undergo process documentation exercise to make the shift collectivised and trace its link to the past years. To-day CHETNA team looks at new programmes with great optimism. The recent physical shift of office premises from Drive-in to an old Bungalow in Shahibaug has also provided a fresh look.

CHETNA's Relationship with Government and Non Government Organisations

CHETNA as an organisation worked both, with government and non government organisations in the area of child health care, women's nutrition, sanitation etc. The aim was to develop appropriate pedagogical methods for the training of functionaries addressing these issues at the grass root level. CHETNA has used the experiences of government and voluntary agencies to develop innovative and appropriate training modules, manuals, posters, booklets and audio visuals.

CHETNA recognizes the role and contribution of the government in the field of development. It therefore aims to utilize the government infrastructure and functionaries to make the programmes outreach more flexible and participatory.

CHETNA has always believed in collaborating with NGOs as a part of its work strategy. It has a good relationship with some of the field NGOs like SEWA, SWDF, Bhansali Trust, Navdeep Pragati Yuvak Mandal, SEWA Mandal, SEWA Mandir, Aga Khan Education Services (AKEFS), PEDO, URMUL TRUST, SARTHI, to mention only a few at the Gujarat and Rajasthan level. CHETNA has also linked up with some of the national networks like VHAL, Women and Health (WAH!) Network, FORCES and International Groups like Child-to-Child Trust, London, South East Asia Regional Bureau of the International Union for Health Education.

BUILDING INTERNAL COMPETENCIES

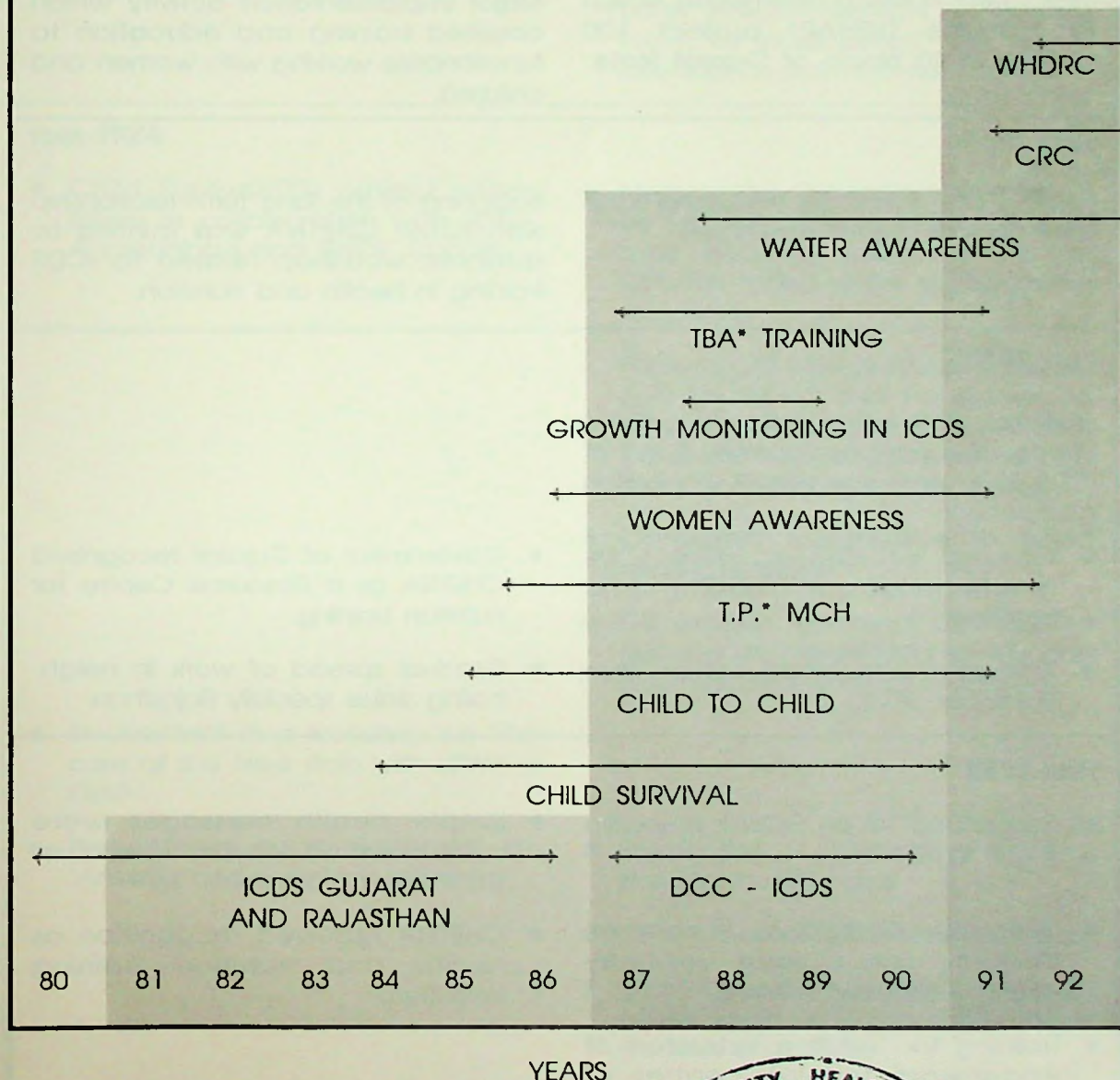
CHETNA as an institution has also gained expertise in the area of health care education. The initial "three member nutrition team" today claims that the field experiences have given them more wisdom than the text books have. This does not however mean, that CHETNA team does not spend time in attending seminars and reading. CHETNA tries to avail all opportunities to attend workshops, seminars, conferences being held from the village to the international level. In order to increase expertise on a particular area, CHETNA also sends team members on study leaves for attending formal certificate courses.

CHETNA is one of the first support institutions in the area of training on women's health and child health education, in India. It has developed internal competencies to link from grass roots to International forums and in highlighting children & Indian Women's health concerns at the National Level. CHETNA is a group of young colleagues who are always open to learn. They undoubtedly will be instrumental in shaping new horizons.

A BRIEF PROFILE OF CHETNA'S ACTIVITY

Some of the main programmes of CHETNA over the years are as follows :

Activities



- Traditional Birth Attendants
- Traditional Practises

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MAJOR ACTIVITIES DURING THE DECADE

ACTIVITY/PROJECT	CHIEF FEATURES
YEAR 1980	
Integrated Nutrition and Health Action Programme (INHAP) project 100 villages of 10 blocks of Gujarat State	Major Implementation activity which covered training and education to functionaries working with women and children.
YEAR 1981	
Training of Anganwadi workers of ICDS later conducted for supervisors	Beginning of the long term relationship with ICDS. CHETNA was invited to seminars, workshop related to ICDS training in health and nutrition.
YEAR 1982	
A collaborative training with Lalbhai Group of Rural Development Fund of ICDS training in pre-school education component.	
<ul style="list-style-type: none"> • Training of district level ICDS functionaries on health and nutrition. • Training of Anganwadi workers from Rajasthan ICDS. 	<ul style="list-style-type: none"> • Government of Gujarat recognised CHETNA as a Resource Centre for nutrition training. • Gradual spread of work in neighboring states specially Rajasthan.
YEAR 1983	
<ul style="list-style-type: none"> • Educational kit on GOBIFF prepared • Developed flipcharts on 10 common diseases with Gujarat Voluntary Health Association (GVHA). • Training for Nutrition Instructors of Anganwadi training centres of Gujarat state. 	<ul style="list-style-type: none"> • Simple health messages were communicated. Worked in another state (Uttar Pradesh) • CHETNA received recognition as health and nutrition training institution.

- Prepared a Manual on Nutrition Training for Anganwadi trainers and Supervisors.
- Developed popular educational material on Anemia and women's health.
- Policy makers were influenced to anemia as a social problem.

Later UNICEF, Ministry of Health, Govt. of India asked CHETNA to develop an educational module.

YEAR 1984

- Child Survival(CS) project undertaken in collaboration with SEWA, Ahmedabad and SWDF, Dahod.
- Methodology for project developed by visiting projects in Bangladesh and studying Indian situation. CHETNA faced some collaboration problems.
- Phase-I (1985-88) was intensive training and Phase - II was for extending support to agencies and evaluate the impact. Team experienced high motivation working in this project.
- Increased experience in child health, nutrition.
- CS project enabled CHETNA to develop an independent image and a formal organisational structure.
- Involvement in a workshop on 'The care of the New Born with SEWA & GIAP
- Developed educational kit on 'Anemia and women's health'
- Preparation of educational material important work area.
- Field implementation work reduced.
- CHETNA was now operating in other such as Rajasthan, Uttar Pradesh and Orissa.

YEAR 1985

- Series of training for medical officers, CDPO's PO's supervisors in 12 districts of Gujarat
- Anganwadi training in Rajasthan
- Publication of Gujarati and Hindi version of the book "Child Birth Picture Book".
- UTAH project began for creative play for disabled children
- National workshop conducted on Child to Child project.
- Recognised widely as Resource Centre Training, Received National level attention. Rajasthan approached for ICDS training.
- Gradual widening of perspective on child health and development.
- CHETNA got into this project as it developed a clear perspective on child development.
- Valuable background material produced

YEAR 1986

- CHETNA involves itself in direct implementation of Women's Awareness Camps with grass roots group.
- Involved in preparation of communication material on 'Water and Sanitation, in Uttar Pradesh
- Conducted Training in two districts of Rajasthan for Supervisors' staff of ICDS on Guinea worm Eradication (Project) with SWACH.
- CHETNA developed a perspective on women and development.
- Direct training of ICDS functionaries
- Good relationship with ICDS officers helped CHETNA to develop a long term relationship with ICDS.

YEAR 1987

- Involved in the Growth Monitoring (GM) project which was to develop training methods on growth monitoring for ICDS and government health functionaries in the states of Uttar Pradesh, Orissa, Maharashtra and Gujarat.
- Many new members joined. CHETNA learned the process of group development
- Worked with Government

YEAR 1988

- National level workshop on "Child to Child" conducted. A paper on the project activities was presented at Houston.
- Child to Child programme implemented in three Project areas of Rajasthan
- Training for Women Awareness Training camp was organised.
- UTSAH and GM project completed
- Training of staff of Day Care Centre (DCC) run by Aga Khan Education Services, India (AKESI), Bombay.
- CHETNA got involved in seminars and Workshops
- Developed grassroot implementing methodology on Balmela & Gram Yatra in Gujarat.
- Developed a module on women's awareness and helped other agencies in field implementation of camps.
- Developed competency in pre-school education training.
- This depicted the changed perspective of CHETNA and also led to the development of Resource Centre.
- 'Child Survival Project' continued the training for health workers
- Undertook research on traditional practices on 'Mother and Child health.
- Established a link with organisations in a particular network (LSPSS) promoting local traditional practices for primary health care.

- Guineaworm Eradication project in Panchmahals and Sabarkantha developed manual on water borne diseases
- Direct field experience.
- Worked with Government Organisation.

YEAR 1989

- The quarterly newsletter began to be published in English (in print)
- Translation and publication in Gujarati of 'Hamari Chithi Aapke Naam'
- Conducted training for Traditional Birth Attendants in states of Orissa, U.P., Rajasthan, Maharashtra, Andhra Pradesh and Gujarat.
- Health Mela conducted with grass roots groups under 'Child Survival Project'
- Involvement in visual aid development on Water Sanitation in Uttar Pradesh
- CHETNA later decided not to involved in such long distance projects.

YEAR 1990

- Preparation of field activity on Water and Sanitation awareness amongst women in Banaskantha.
- CHETNA made an intensive entry in to direct field implemented activity.
- ICDS supervisor's Training in Rajasthan.
- Job training for creche workers 3 programmes of one month duration each
- Provided insight into early childhood education.
- Training Manual for block Extension Educators on communication skills
- Comprehensive Participatory Evaluation conducted
- Strategic Planning for future directions.

YEAR 1991-92

- The 'Child Survival' & Child to Child' project ended.
- Participatory Evaluation concluded
- Initiation of a Child Resource Centre and Women Health and Development Resource Centre Programmes.
- Acute Respiratory Infection (ARI) News Letter circulated in India
- Initiation of the Child Resource Centre (CRC) and CHAITANYAA Womens Health and Development Resource Centre (WHDRC)
- Change from short term projects to long term programmes. Beginning of a new phase for CHETNA.
- Informed medical practitioners about such an important health concerns in India



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