

IHMP: Q4 Dashboard (January – March 2016)

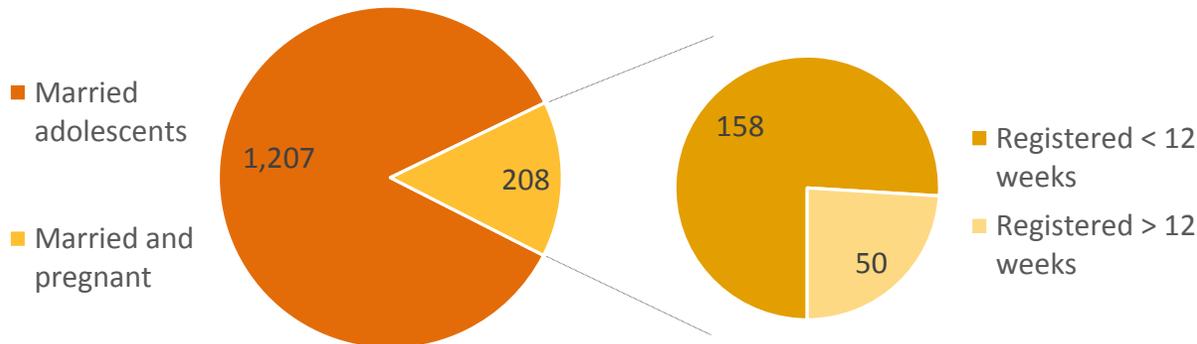
Program update: The program for married adolescent girls was rolled out and 1,168 girls received health counseling through monthly visits. 60 government frontline workers (ASHAs) were trained to deliver life skills program to unmarried adolescents. The government has approved IHMP's plan to scale its program to ~300 villages in the district.



1) Program Delivery: Married Adolescents

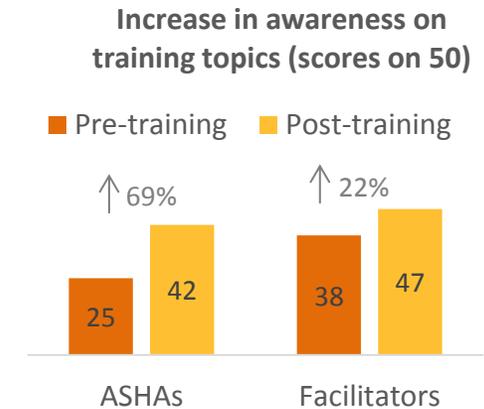
- Last quarter, IHMP completed the training for government frontline health workers (ASHAs) on identifying danger signs and delivering health counseling and initiated home visits to identify married adolescent girls.
- This quarter, IHMP conducted a follow-up 1-day training on health surveillance.
- The ASHAs made monthly visits to an average of **1,168** married adolescents in the January to March period.
- During the visits, the ASHAs identified the health needs of the girls and delivered need-specific health counseling.
- 208 pregnant adolescents were identified and were registered with the sub-centre of the Primary Health Centre (PHC) to ensure that they receive antenatal care. 76% of these girls were registered with the PHC in the first 12 weeks of their pregnancy (refer chart below), thereby improving the extent and level of care provided.
- Between January and March, 77 married adolescent girls in the region delivered babies, and all were delivered at a hospital (vis-à-vis home delivery). The ASHAs ensured that 75 out of 77 girls received the minimum antenatal care, including 5 examinations, two tetanus injections and 100 iron folic acid tablets.

1,415 married adolescents were identified; 208 were pregnant and registered with the PHC for antenatal care



2) Program Preparation: Unmarried Adolescents

- IHMP conducted a 6-day training on life skills for 60 ASHAs from the 53 villages.
- The modules covered in the training included healthy lifestyles, legal awareness, local governance systems, etc.
- A pre/post-test was conducted to measure the change in knowledge levels after the training. 16 program facilitators were also a part of the training. Results for the change in knowledge levels for ASHAs and facilitators have been shown to the right.



3) Government Advocacy

Current: 2016-17

53 villages

- IHMP's core objective has been to scale its program for adolescents via the government.
- In January 2016, IHMP was able to take a step towards this end when it received written approval to scale the program to 10 PHCs in the *Jalna* District.
- The ~300 villages across the 10 PHCs will serve as the demonstration region for the government's National Adolescent Health Program.
- The program design and budget is therefore being tweaked to fit the ambit of the government program and the specifics will be known by May 2016.
- The numerous meetings required for this has taken up significant time and effort over the past 3 months.

Future: 2019-20

300 villages

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Organization Update: Maharashtra has been hit by severe drought, the worst after the 1975 famine, and this has adversely impacted IHMP's operations in Pachod. The resultant delay in the life skills component of IHMP's program with unmarried adolescent girls has thus led to a significantly lower financial utilization of 43% in the past quarter.



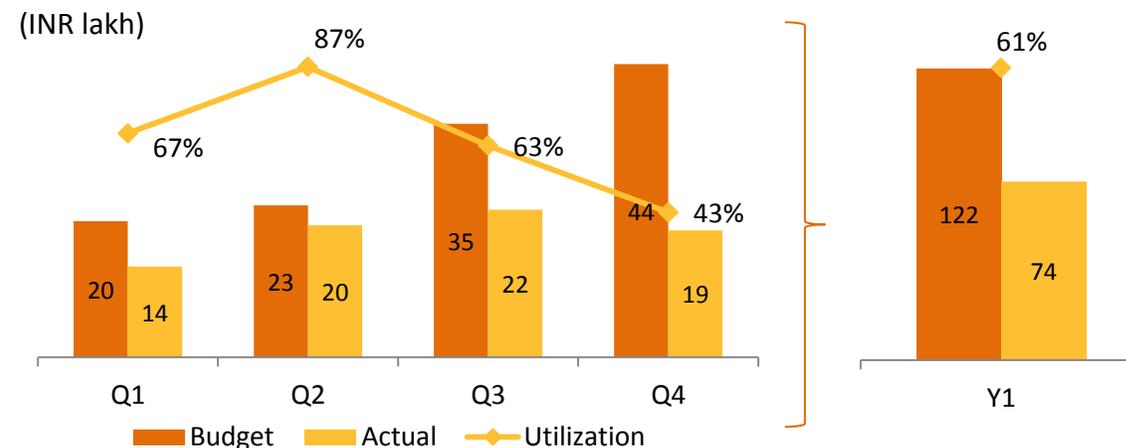
Severe drought affecting IHMP

- IHMP works in Marathwada, a region being severely affected by the drought in Maharashtra.
- As a result of the drought, several families have migrated to different regions where water is available.
- With high levels of migration and survival itself being a question for many families, parents would be discouraged from voluntarily enrolling their children into a life skills program.
- IHMP has therefore held back its launch of the life skills program for unmarried adolescent girls.
- The implications of the drought are being faced at the IHMP head office too. The organization has resorted to purchasing water tankers at exorbitant prices to sustain the staff on campus.
- To overcome the challenge at the office, 50% of the staff has been requested to take their annual leave in April, and the other 50% in May.
- As relief efforts for the community, IHMP plans to:
 - Distributing water filters to all affected families,
 - Distributing water purification tablets,
 - Providing health services to those suffering from water borne diseases,
 - Installing water tanks at the village level for storage and supply of clean water
- If you would like to support IHMP's drought relief efforts, please get in touch with us.



Water bodies in the Marathwada region have dried out completely.

Financial Utilization



- IHMP utilized 61% or INR 74 lakh of the INR 1.2 Crore budget across Year 1. The utilization dipped to 43% in Q4. Major contributors include:
 - **Program Costs:** Underspend of 67% in program costs due to (i) lower cost of program facilitators, (ii) delay in roll-out of the life skills program due to the drought situation, and (iii) the resultant lower stipend paid to ASHAs.
 - **Capital Costs:** IHMP had planned to purchase a vehicle for supporting its extensive field activities, the purchase of which has been delayed.
- The program activities might continue to face hurdles in the next quarter due to the drought, resulting in erratic financial utilization. However, with the program expected to achieve full momentum by June-July 2016, and with the high likelihood of the program scaling via the government, we can expect a healthy financial utilization thereafter.