

WOMEN CONNECT PROJECT IMPACT REPORT



EXECUTIVE SUMMARY

Sexual and reproductive health and rights (SRHR) are essential for reaching the Sustainable Development Goals (SDGs) for health.

Sexual and reproductive health and rights (SRHR) are essential for sustainable development and the realization of the 2030 Agenda for Sustainable Development. Sexual and reproductive health – defined by the Guttmacher-Lancet Commission as “a state of physical, emotional, mental, and social wellbeing in relation to all aspects of sexuality and reproduction, not merely the absence of disease, dysfunction, or infirmity” – is dependent on the realization of sexual and reproductive rights, based on the principles of human rights.

Good sexual and reproductive health is a state of complete physical, mental and social well-being in all matters relating to the reproductive system. It implies that people are able to have a satisfying and safe sex life, the capacity to reproduce and the freedom to decide if when and how often to do so.

To maintain one’s sexual and reproductive health, people need access to accurate information and the safe, effective, affordable and acceptable contraception method of their choice and when they decide to have children, women must have access to services that can help them have a first pregnancy-safe delivery and healthy body.

NEED FOR INNOVATION

Globally, 750 million women and girls were married before the age of 18. This is seen most acutely in developing countries, where reproductive health problems are a leading cause of ill health and death for women and girls of childbearing age. Impoverished women suffer disproportionately from unintended pregnancies, unsafe abortion, maternal death and disability, sexually transmitted infections (STIs), gender-based violence, and other related problems.

The findings for SRHR 2018 survey conducted by Indian Dreams Foundation in 11 slums of Agra, U.P revealed that % of girl child marriages before 18 years is 60.54%, children delivered at home by using unhygienic practices are 49.65%, girls & women not using sanitary pads during menstruation is 71.27% and married women forced by the husband to do sexual intercourse during periods is 28.92%. ***The proposed innovation will address poverty, lack of awareness on SRHR, SGBV and CEFM.***

During survey, we came across various reasons for issues related to MHM, SRHR and GBV like irregular periods, depression, lack of self-confidence, shyness, unawareness towards their rights and health, unawareness towards government facilities, lack of hygienic practices, early child marriage, domestic violence and many more. Main reason behind this is communication gap and illiteracy. We talked to victims of such issues who told us that these issues are never talked about.

PROJECT DESCRIPTION

The project combined technological, social & financial innovation through:

(a) “Women Connect Helpline” for providing information & knowledge related to SRH especially by women & adolescent girls;

(b) “Women Connect Group” where the groups of women/adolescent girls get requisite skill for manufacturing sanitary pads as a microenterprise;

(c) Establishing a resource centre “Women connect Centre” in the community to access information, guidance, knowledge & services to the target beneficiaries on SRH, MHM & SGBV.

The innovation is meant to benefit the slum dwellers of Agra who are dalit (Scheduled Caste) & are economically deprived & vulnerable. They often seek a project that would contribute to the income of their families financially & also aware them about their rights & services.

Our WOMEN CONNECT INNOVATIVE solution to address the MHM, SRHR and Gender Inequality issues and improving Sexual & Reproductive health is a key efforts towards achieving SDGs 3, which calls for good health & well-being. It also advances Goal 5, which calls for Gender Equality.



Ensure healthy lives and promote well-being for all at all ages



Achieve gender equality and empower all women and girls

The project is dedicated to provide awareness to girls and women towards MHM, SRHR and GBV related issues and empowerment.

PROJECT MODEL

WOMEN CONNECT CENTRE (RESOURCE CENTER)

- Access information, guidance, knowledge & services on SRH, MHM & SGBV
- Girls and women's connectivity spot

WOMEN CONNECT HELPLINE (Toll Free Number)

- Provide information & knowledge related to SRH especially by women and adolescent girls through toll free helpline number (1800 120 1484)
- Easy & accessible

WOMEN CONNECT GROUP (Self Help Group: Sanitary Pads Manufacturing Unit)

- Women/adolescent girls get requisite skill for manufacturing sanitary pads as a micro enterprise
- Easy & accessible



PROJECT IMPLEMENTATION STAGES

Research based Baseline Survey

Initiation of Three-fold project strategy

Monitor & Evaluate



BASELINE SURVEY

Under the project, a research based target beneficiaries' survey was conducted in the four slums of Agra and identification of beneficiaries had done.

The survey helped a lot to know the various factors affecting MHM, SRHR and GBV issues and their reasons that barrier for the women & girls' development and raise gender inequality in the society.

SRHR ISSUES & REASONS

ABORTION	<ul style="list-style-type: none"> Unwanted pregnancy Sex determination
UNWANTED PREGNANCY	<ul style="list-style-type: none"> Unawareness about contraceptive devices.
UNHEALTHY PREGNANCY (NO PROPER CHECKUP DURING PREGNANCY)	<ul style="list-style-type: none"> Unawareness Financial problems
FORCEFUL SEX	<ul style="list-style-type: none"> Lack of awareness
EARLY CHILD MARRIAGE	<ul style="list-style-type: none"> Uneducated Lack of awareness Don't know the consequences of early child marriage
HAVE NO IDEA TO CHECK OUT WHETHER SHE IS PREGNANT OR NOT	<ul style="list-style-type: none"> Lack of awareness Financial problems Carelessness
DON'T KNOW HOW TO USE PREGNANCY TEST KIT	<ul style="list-style-type: none"> Lack of awareness
TAKE MEDICINES TO CHANGE THE GENDER OF FOETUS	<ul style="list-style-type: none"> Lack of awareness

CONSEQUENCES

Health condition of women is not good. They are facing various problems like anemia, weakness and many more diseases.

BASELINE SURVEY

MHM ISSUES & REASONS

TO GET PANIC AT MENARCHE, STRESSED, DON'T GET OUT OF HOME, IRRITABLE NATURE.	<ul style="list-style-type: none"> ● Lack of awareness about bodily changes
SCHOOL GIRLS MISS CLASSES DURING PERIODS	<ul style="list-style-type: none"> ● Pain ● Lack of awareness ● Improper Menstrual management ● Embarrassment
GIRLS DO NOT KNOW ABOUT THE BIOLOGICAL REASONS OF PERIODS	<ul style="list-style-type: none"> ● Social and communication gap between mothers and daughters
INFECTION IN VAGINAL AREA DURING OR AFTER PERIODS	<ul style="list-style-type: none"> ● Lack of knowledge about menstrual hygiene management
PERIODS ARE IMPURE	<ul style="list-style-type: none"> ● Lack of knowledge and awareness ● Mindset
SHYNESS, LACK OF CONFIDENCE	<ul style="list-style-type: none"> ● Socio-cultural environment
USING CLOTH INSTEAD OF SANITARY PADS	<ul style="list-style-type: none"> ● Financial restraints ● Lack of knowledge ● Shyness in using pads & giving priority to cloth

CONSEQUENCES

Girls experience anxiety, shyness, and lack of self-confidence. They stay distressed and their school performance degrades. They invite various ailments because of unhygienic practices. They face the problem of anemia, white discharge, weakness, mental imbalance and what not.

GBV ISSUES & REASONS

DOMESTIC VIOLENCE Physical Psychological Sexual Financial Emotional abuse Assault Threats Humiliation Intimidation	<ul style="list-style-type: none"> ● Fear of more harassment by husband and his family members ● Lack of awareness ● Lack of knowledge of laws ● Lack of support from their own family ● Social stigma ● Uncertain future ● Lack of opportunities for them ● Unawareness about their rights ● Disconnection from social support system.
PRIORITY TO BOYS' EDUCATION OVER GIRLS' EDUCATION	

BASELINE SURVEY

COLLECTED TARGETED SLUMS DEMOGRAPHY DETAILS : 4 SLUM DEMOGRAPHY | AGRA

AREA	POPULATION	HOUSEHOLD	SEX RATIO	NO. OF GOVT. SCHOOLS	ANGANWADI
Bhim Nagar	3556	587	871	0	0
Kashinagar Gautam Nagar	2586	355	827	0	1
Nand Pura + Tund Pura + Gummat + Shyam nagar + deori road	4549	571	827	Primary School 1	4+2+2+1+1
Gopal Pura	6750	977	827	0	4

Caste: **SC** Main Occupation: **Shoe Worker or Labour** Monthly Income: **5000/- to 6000/-**

No. of Primary HealthCare Centers in Each Slum: **1**

BASELINE SURVEY

FEW CASES THAT OUR TEAM COLLECTED DURING SURVEY

Case 1:

Meena's current age is about 20. When she attained menarche her age was 14, she was all ignorant about periods. No one has told her about this earlier. She hid it from her mother, thinking of it to be some sort of problem. She feared that her mother will scold her as this is not normal. Hence, she decided to do something on her own. *Meena utilised leather sheets used in shoes without asking anyone else. She continued using this material for a long time.*

Case 2:

Our talked to a woman who was about 4-5 months pregnant and asked her about monthly check-ups, vaccines that are taken during pregnancy or if she really wanted that child since she already had two children. But she was ignorant about all of this. *She never went to the hospital for checkups.*

A couple of years ago, she lost her four months child in the womb due to improper treatments and care. We asked her that how she gets to know if she is pregnant since she neither goes to the hospital nor uses any pregnancy kit test. We discovered that *she assumes she is pregnant when she skips her periods.*

INITIATION OF THREE FOLD PROJECT STRATEGY

01 Women Connect Resource Centre



A Resource Centre named **Women Connect Resource Centre** had been established at one of the target slum 'Bhim Nagar' where adolescent girls & women visited on regular basis to get information and clear their doubts related to the menstruation, reproductive & sexual health and rights.

It acted as a forum where beneficiaries actively participated through their regular visits. On an average, 15-20 adolescent girls & women visited Centre every day.

02 Women Connect Helpline



Launched **Women Connect Helpline**, a toll-free number – 1800 120 1484 to target MHM, SRHR and GBV issues. Every month on an average, 140 calls are attended by the call operator, whereas approx. 45%, 50% & 5% calls are recorded for MHM, SRHR & GBV issues respectively. A register is maintained and each case is recorded, documented and taken to its logical conclusion through counseling, referral or providing other requisite support.

The helpline ensures connection between us and beneficiaries without their physical presence with easy access in today's era of technology and mobile phones. It is proving to be impactful by building a bridge between beneficiaries and our resource center. It helps women and girls to open up with our project team to discuss and sensitize these issues.

TOLL-FREE HELPLINE NUMBER:- 18001201484

- This number would help those who are unable to come to our Resource Center. They can contact us through this number and get the information that they seek.
- Girls and women who are shy and conscious for talking about this topic face to face can talk about it through this toll free number.
- People can take information while being at home.
- After giving related information, we even make a follow up call that helps us in understanding as to how our services are helping those in need and if they are actually of use or not.

INITIATION OF THREE FOLD PROJECT STRATEGY

03

Trained Health Advocates



Selected and trained a group of 100 women and adolescent girls in manufacturing sanitary napkins and tailoring skills to develop their self-confidence and resourcefulness.

Along with 50 adolescent girls & women have been identified and trained as Health Advocates and improved their knowledge and information on MHM, Sexual Reproductive Health & Rights through a range of trainings and capacity building sessions that help them to work with community girls & women. The Health Advocates were identified and selected on the basis of their consciousness, willingness, knowledge and positive attitude.

Health advocates meet the women in their assigned areas, talk to them about their issues and problems and try to convince them at their level. They were equipped with kits containing sanitary napkins, contraceptive devices and all the essentials necessary to ease the describing process for them.

MAIN ACTIVITIES



Establishment of
Women Connect Resource Centre
at the community



Activated Toll free
helpline number
(1800 120 1484)



Organized Cluster Meetings &
Counseling sessions
in the target areas



Organized Awareness Generation
Workshops on MHM, SRHR, GBV
and ECFM



Provided capacity building of the
local community women & girls as
Health Advocates (Change Agents)



Connectivity with available
government services & schemes on
gender equality, domestic violence
etc.



Provided Skills Training on
manufacturing of sanitary napkins



Distribution of the Informative
booklet to the women & girls



Free distribution of sanitary
napkins to the women and girls



Different level of stakeholders'
engagement – Aganwadi workers,
Primary health centre,
Gynecologist, Schools etc.

RESULT/ IMPACT

After implementing this innovation, not only adolescent girls but also whole community members including male members are fully aware about menstrual hygiene. Consequently overall health of women has been improved. Adolescent girls have gained their self-confidence & motivation on their puberty stage.

With the help of Women Connect Center, leadership quality was developed among those women, who were engaged to this center. Community Members have become fully aware of Sexual Reproductive Health Rights and women started to raise their voice against any kind of violence with themselves. This innovation has addressed stress, depression & anxiety level of the target group & improves their mental health & wellbeing under the project area.

- ✓ With the help of this project, it was noticed that women of project area have started to understand the importance of family planning as well as they begin to apply different methods of family planning such as contraceptive methods like condoms, oral pills, copper T, operation the progressive, positive changes in the target women & girls' mindsets towards their bodies, changes, rights, etc. Women are giving due importance to family planning.
- ✓ Due to follow better hygiene and sanitation practices specifically during menstruation, women are leading healthy life and their vulnerability of being sick is become low.
- ✓ Community members have started to realize that the Menstrual Cycle is a natural process rather than a taboo. Counseling sessions, campaigns, workshops, and training helped to change the mindset of the beneficiaries about Menstrual Cycle & reproductive health, and they no longer consider it a taboo.
- ✓ Earlier, the young girls were entirely ignorant of this issue's bodily/ physical process and did not talk about it in their family and not even with their school teachers. However, the project helped to change their minds. Mothers began to visit with their daughters at the Women Connect Resource Center and asked us to provide them with proper counseling. Workshops are yielding results and making females aware of the use of sanitary napkins more and more. Many of them told us that they have now shifted from cloth to napkin.

They use pads provided by our NGO and are also aware of hygienic practices during periods of individuals with improved information, knowledge on sanitary pad making skills, SRHR, MHM, SGBV, and CFEM services as a result of using the Women Connect Helpline, Women Connect Group, and Women Connect Centre (Resource Centre).

PROJECT IMPACT BETWEEN AUGUST'19 - DECEMBER'20

4

Community served/ reached

6000+

Population reached or indirectly benefited

1430

Women and girls impacted
(Married = 993 & Unmarried = 437)

50

Health Advocates (Change Agents) trained

100000+

Sanitary napkins distributed in the urban slums free of cost to the women & girls

10+

Cases of Early Child Marriage delayed

2000+

Total enquiry calls received on Women Connect Helpline

99%

of girls and women considered menstruation are not impure or it's a natural process

60%

of mothers started talking with their daughters on periods (before the project they didn't).

45%

Contraceptive users increased and use protection during partner intimacy

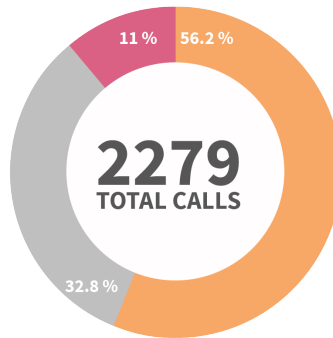
85%

of sanitary pads users increased in the four target slums

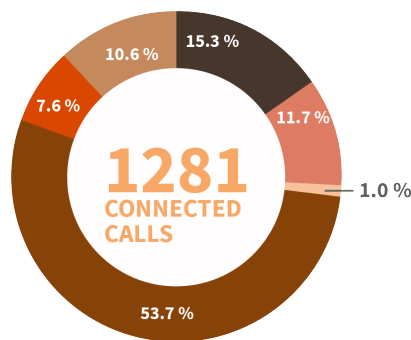
100

Women and girls trained in manufacturing sanitary napkins & tailoring skills

DETAILS OF WOMEN CONNECT HELPLINE (1800 120 1484) OCT 2019 - SEPT 2020



TOTAL CALLS	2279
CONNECTED CALLS	1281
MISSED CALLS	748
VOICE MAILS	250



SRHR	197
MHM	136
GBV	13
PROJECT & GENERAL INQUIRY	688
FEEDBACK CALLS	150
BLANK CALLS	97

SUCCESS STORIES



Rani is quite different from the one of her age. She lacks maturity that is expected out of an 18 year old person. Her mental understanding and insufficient knowledge makes her vulnerable to menstrual health and hygiene issues. She and her mother visited our Women Resource Centre to undergo counseling. She was unable to tell her problems, Rani's mother informed us about them. This included lack of information regarding Menstrual Cycle, its duration, reasons, importance, management and others. She tends to forget her period's date and hence, was incapable of ascertaining it well in advance which caused trouble.

Rani's mother is worried about her married life as their family is planning her wedding. Here Rani has her mother but after marriage she has to take care of herself. To mitigate her worries, our health counselor guided and educated her about menstrual health, its management and hygienic practices to be followed during periods. She came to know about sanitary napkins, its usage and right way of disposing of them off. She benefited from sanitary napkins distribution under the project.



Shashi is a housewife and she is married for many years now. She came to us to know about the place where she can go for abortion as she is already having three children and she and her husband are further not in a position to bear the pressure of fourth child. When we asked her as to how she came to know about her pregnancy and then how many months, she told us that she skipped her periods and that's how she came to know that she is pregnant. She didn't go for any pregnancy test. She was considering skipped periods to be the conclusive evidence of her pregnancy.

We informed her about the importance of proper pregnancy tests and that skips are not conclusive of pregnancy. It may be because of some health problems. She needs to go through a proper check-up. We told her about the pregnancy test kit and the way of using it. We sent her to the Urban Health Center with one of our Health Advocates.

SUCCESS STORIES



Lalita's Story

Lalita is a housewife of around 25-26 years of age. She is one of the victims of domestic violence who approached us. She has five children with a gap of not more than a year and was not happy with her married life. Because if this is not healthy and her fifth child is malnourished. Lalita was all ignorant about the minimum age gap between two children. She and her husband were ignorant about different ways of family planning. One day her husband was sharing this problem of children with his friend. They do not want to have another baby. His friend informed him about condoms. They got this information after three children but did not know that condoms are available free of cost at Primary Health center and he bought it from a medical store.

Also her husband used to beat her up for small things and it was proving to have a bad effect on their children. She came to us with this issue and we counseled both of them. Now she is living a merry life with her children peacefully going to school and living in a healthy environment. She is now trying to change the lives of other women and girls with us while working as a Health Advocate.



Sunita's Story

Sunita is aged about 32. She was an Anganwadi worker and had 3 children. She was a victim of gender based violence. Her husband used to beat her after coming home drunk. She was really unhappy with the kind of life she and her children were living. Her husband didn't even let their daughter get out of home, not even for studies despite her daughter's keen interest in education.

One day Sunita came to know about our Resource Center near her house. She came to us to seek help. Our counselor insisted that she come along with her husband. Both of them were heard and advised to improve the environment of their home so that they and their children could stay happy. After that he allowed their daughter to study further and Sunita is now happy as he has stopped beating her. She is also working with us now as a Health advocate and is helping in spreading and bringing about the change.

SUCCESS STORIES



Karishma's Story

Karishma is a special child who is mentally challenged. She came with her sister to our center on 20th November 2019 to fill the survey form under the project Women Connect funded by Grand Challenges Canada (GCC).

Our health counselor asked her sister about the issues Karishma wanted to be guided with. She told us that Karishma came to know about her periods when her clothes got dirty. She didn't pay heed to her mother's instructions. She abstained from taking baths during periods. She used cloth and was unable to take proper diligence while disposing off used cloth and her sister had to help her out. She lacked the ability to undertake hygiene measures. She also experienced severe pain during periods and to relieve her from pain her mother gave her pain killers.

Karishma was in need of the person who was able to explain all this to her with love and care. Our health counselor did the job. She made her understand as to how she could know that she is about to menstruate. She was advised to use sanitary napkins. Also she explained about the hygienic measures to be taken to avoid harmful impact on health. We suggested some measures to reduce abdomen pain during MC and to avoid pain killers as far as possible.

Karishma promised us to take care of herself and her sister expressed her gratitude.



Renu's Story

Renu is a housewife who got married at the age of 18 years. She has two daughters aged 6 years and 6 months respectively. Renu was all ignorant about contraceptive devices. She knew nothing about condom as to why and how it is used. Once her husband insisted on using it, however she denied because she was afraid it might cause some problems. Her in-laws forced her to have a son. Renu came to our Women Connect Center to collect her monthly menstrual kit when we counseled her. We found that she does not use any contraceptive device during sexual intercourse. We informed her about different contraceptive devices, their use and advantages. We also encouraged her to ensure a gap of 3-5 years between two children.

Renu promised us to use contraceptive devices during sexual intercourse to avoid unwanted pregnancy. Now she uses a condom to fulfill her promise.

MONITORING & EVALUATION

Monitoring of the initiative was done continuously through field visits by project team in the project area and apart from this record keeping of visitors to Women Connect Center as well as callers, who were calling on the help line of WCC on daily basis. Software was developed under the project duration to collect all the details of the beneficiary such as basic information, their response on the project topics, how many times a woman or a girl has visited the center? What was the purpose of their each visit? How many times he or she attended awareness training or session.

Thus, this software acted as a tracker of the project, which helps to provide not only details of beneficiaries but also it helps to understand changes in their behavior towards SRHR, MHM and GBV. To ensure the accountability and real result, an identity card was also issued to each beneficiary with a unique code (number).

The impact and behavior changes were identified on the basis of a Questionnaire that was prepared by the expert team members and individual beneficiaries' responses were recorded through face to face meetings.

CHALLENGES WE FACED AND IT'S OVERCOME STRATEGIES:

Challenge 1:

Social & cultural barriers, the lack of cognizance and willingness towards the health & rights among the targeted population of the area under observation. Moreover, they were shy and too cautious to discuss about the topics openly.

While initiating and running the project we came across various challenges and most important of those being the inability of females in discussing about it openly, without any shame. We observed that they are incapable of talking about their problems related to menstruation freely. Girls are not pre-informed about menstruation and this comes as a shock to them and many of them find it awkward to share it with their mothers or elder sisters. Also they are taught from the beginning to not to talk about this in front of the male member of the family.

Solution:

To overcome the first challenge, we developed the strategy to direct communicate with women and girls at their door step, while we organized Cluster Meetings in the communities on regular basis that comprised the group of 15 – 20 women & girls. These meetings helped to develop the trust women & girls on the project and they become confident to talk about the issues that previously covered with taboos and shyness.

Moreover, first we have identified area wise beneficiaries and active women & girls from among this

MONITORING & EVALUATION

targeted population have been selected and are denominated as Health Advocates. They are serving as the catalyst to boost the process of spreading information, awareness, knowledge and education among females. We have different categories of beneficiaries from married women to adolescent girls and hence, both girls and women are selected as health advocates.

They are considered to be the 'Change Agents' of society and are working at grass root level. First and foremost, these change agents were trained about the issue and the way of dealing with people. They are provided a packaged kit containing all the needful material like stationary, intimate hygiene wash, sanitary napkins, information brochure, condom and others.

They are assigned a particular area in which they have to work to bring about the change. They interact with the females of that area and make them aware of their health and rights. Women and girls feel comfortable to talk to someone from among them. Health Advocates try to solve the problem reported but if they are unable to do so then our health counselor has to be approached.

Challenge 2:

Inaccessibility of personal mobile phones among certain target populations (women & girls) to make calls on toll-free helpline numbers.

Solution:

The second challenge was addressed by adopting a strategy where women & girls were encouraged to call on the toll-free helpline with the help of the community Health Advocates.

The girls and women were informed that they can call from the mobile numbers of Health Advocates if they don't have access to mobile phones in their families. They meet the health advocates almost on a day to day in their localities and hence this enabled them to call on the toll free numbers with much ease than before.

REFERENCES

<https://www.un.org/sustainabledevelopment/gender-equality/>
<https://www.unfpa.org/sexual-reproductive-health#readmore-expand>



✉ info@idf4all.org | ☎ +91562-4301184