
CSR Impact Assessment Report

Community and Family Centric Approach for Improved Maternal Health and Child Nutrition in Urban Slums of Ahmedabad, Gujarat

Prepared For



Prepared By



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ABBREVIATIONS

ANC	Antenatal Care
AWW	Anganwadi Worker
CHETNA	Centre for Health Education, Training and Nutrition Awareness
FGD	Focus Group Discussion
INR	Indian Rupees
MAS	Mahila Arogya Samitis
NHP	National Health Policy
NHM	National Health Mission
SDG	Sustainable Development Goals
SAM	Severely Malnourished
UHC	Urban Health Centres
RTI	Reproductive Tract Infection
IEC material	Information, Education, and Communication material

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EXECUTIVE SUMMARY

Background



Project activities

- Formation of the Mahila Arogya Samitis and Adolescent Groups
- Facilitate the capacity building of ASHA and AWW
- Conducting individual and group counseling sessions.
- Conducting health camps for mothers and children
- Developing referrals and liaising with other departments.



Project year

March 2017 to
June 2020



Beneficiaries

+25,000 HHs
Beneficiaries



NGO Partner

Centre for Health Education.
Training and Nutrition
Awareness (CHETNA)



Project Location

Vasna, Ahmedabad,
Gujarat

SDG Goals



Research Methodology



Application of Quantitative Techniques

Structured interview schedules were developed for the sample of the beneficiaries for the evaluation. The stakeholders involved in this intervention were parents, the facilitators, and the coordinators of the project.



Application of Qualitative Techniques

For the qualitative accumulation of data, case studies were collected from a sample group of participants.



Research Design

Geography Covered (States)

Gujarat

Sample Technique

Purposive and Stratified Random Sampling

Direct Beneficiaries Covered

380 HHs/Women

Stakeholders

Project team, ASHA Workers, Anganwadi Workers, Doctors (Health centres), Pregnant Women, Lactating Mothers, Children, Adolescents

Key Output:

90.5%

said they received a pregnancy kit in their tri-semester through the initiative.

65%

of the respondents said that the project counseled their mother-in-law and husbands during the home visits.

97.1%

of them completed all check-ups and ultrasounds on time during their pregnancy at the government centre.



92.9%

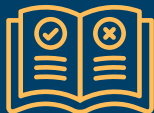
of the respondents had completed all immunizations on time and 92.6 % of these respondents also shared that they had received regular reminders from the HDB Financial Services project team to monitor their engagement in the immunization process.



50%

of respondents stated that they had been counselled by the HDB Financial Services project team to take proper treatment regarding personal health-related concerns.

Impact:



The study also found that 28.9% of the respondents regularly use contraception methods as per the guidance provided by the HDB Financial Services project team's counseling.

39.1%

of the respondents were supported with regular counseling on institutional delivery and 37.8% of them were supported with nutritional counseling with alternative recipes.

67.4%

of the respondents shared that they were able to observe a huge change in the child's weight(gain) after following the HDB Financial Services intervention's suggestions.

75.7%

of the respondents also observed changes in their behavior after the guidance was provided by the HDB Financial Services project team.

40.7%

of the respondents received support in breastfeeding practice and 40.7% of the respondents received support in the child's nutrition.

36.8%

shared that they rarely use any contraceptive method as per the HDB Financial Services project team's guidance.

CHAPTER 1: INTRODUCTION

Even with tremendous health advancements made in the area of health and well-being over the past two decades, the challenges persist. The most affected impacted social groups are children. Adolescents, mothers, and pregnant women. These social groups at the intersection of multiple vulnerabilities like caste, poverty, religion and gender, etc find it difficult to access quality health care and well-being, increasing their health risks. According to UNICEF, for the 1.2 billion adolescents between the ages of 10 and 19, the extent to which society invests in their health and well-being will determine the future not just for them, but for everyone.

Realizing this pressing concern in the vulnerable communities of India, HDB Financial Services supported the project and started its work in 2017 in Ahmedabad's urban slum area to address the issues related to maternal and child health and the health of adolescents and young people. The project proposed a Continuum of care approach encompassing essential maternal, newborn, and child health throughout pregnancy, childbirth, neonatal, postnatal, childhood, and adolescence, building upon their natural interactions throughout the lifecycle. The HDB Financial Services supported the project's proposal to ensure the delivery of a continuum of care packages from the existing public health system and to mobilize the community to access these services.

The objectives of the study are as follows:

- Improve household knowledge, care-giving, and care-seeking decision-making skills related to improving maternal and child health and preventing through the adoption and practice of positive health behaviors among families residing in Vasna Slum in Ahmedabad, Gujarat
- Create awareness about nutrition, health, hygiene, and sanitation concerning children, adolescents, and women among community people, and increase communities' access to public health and nutrition services for pregnant women, lactating mothers, and children.
- To increase communities' access to public health and nutrition services.
 - Ensure regular and complete immunization of children;
 - Early registration of pregnant women for antenatal and postnatal care with public healthcare systems.
 - To improve access to nutrition and health services for pregnant women, lactating mothers, and children.

Project was supported by HDB Financial Services:

The Project was implemented in 3 phases:

- Phase 1 was between March 2017 to January 2018.
- Phase 2 was between February 1, 2018, to January 31, 2019
- Phase 3 was between 1st July 2019 to 30th June 2020.

About NGO Partner:

Centre for Health, Education, Training and Nutrition Awareness (CHETNA) Ahmedabad is an activity of the Nehru Foundation for Development, A Public Charitable Trust registered under the Bombay Public Trust Act, 1950. CHETNA has been working to empower children, young people, and women, especially from marginalized social groups, so that they become capable of gaining control over their own, their families and communities' nutrition, health, and well-being. It has its operations spread across Gujarat, Rajasthan, and Madhya Pradesh.

Realizing the importance of the National Health policy (2017) and the urgency to address the health and wellbeing of mothers and adolescents among the vulnerable Vasan communities, CHETNA intervened to focus majorly on the health status and nutrition among the urban poor in Ahmedabad. Through its continuous and righteous effort for two years, CHETNA was able to penetrate crucial health concerns in communities of Vasna, focusing on pregnant women, children, immunization, adolescent health, and wellbeing.



Overview of the area

CHAPTER 2: RESEARCH METHODOLOGY

Research is not just about gathering information but it is about answering the unanswered and making synthesis of social structure visible explicitly. Research allows us to study a specific situation to see what the evidence gives rise to. Research allows an organized, systematic approach to finding answers in a logical way. A research study is often characterized by its objectivity, impartiality, accuracy, sequential linkages, verifiability, and empirical process. A research study follows a research design that gives a blueprint to the research activity setting the approach to the research. This impact study follows a mixed research method that involves using qualitative and quantitative data in a single research project which would help explore complex phenomena in detail. Since an intervention includes both the quantitative and qualitative aspects of outcomes, mixed research is appropriate for this study giving an outlook to both qualitative and quantitative viewpoints. Therefore, the combination of qualitative and quantitative methods cancels out each other's weaknesses implying best from diverse sources or styles.

Using a mixed methodology, a comprehensive and insightful understanding of the impact of the project, The process of triangulations has been used for evaluation enhancing the evaluation of the given implementation in its respective context. A scientific approach was applied to collect data using structured interview schedules for gathering quantitative data and open ended questionnaires to capture the nuanced realities of impact. To substantiate the quantitative evidence, qualitative data from community leaders, beneficiaries, project coordinators, etc were collected. Focused group discussions of relevant stakeholders like Asha and Aganwadi workers, Urban Health center doctors, and beneficiaries were conducted to support the quantitative data gathered.

Research Design

- **Name of the project** : Community and Family Centric Approach for Improved Maternal Health and Child Nutrition in Urban Slums of Ahmedabad, Gujarat
- **Implementation Agency** : CHETNA
- **Research Design used** : Descriptive Research Design
- **Sampling Technique** : Stratified Random Sampling
- **Sample Size** : 380 HHs/Women
- **Qualitative Methods Used** : Testimonials and case studies

Key Stakeholders



Study Tools

Structured interview schedules were developed for the sample of the beneficiaries for the evaluation. The stakeholders involved in this intervention were parents, the facilitators and the coordinators of the project. For qualitative accumulation of data, case studies were collected from a sample group of participants.

Ethical consideration

This impact evaluation research was conducted keeping in mind the ethical consideration to ensure that the study is conducted in an ethical and responsible manner. Participants were fully informed about the nature of the research and their participation involved. They were given the opportunity to fully consent to participate in the research study or withdraw at any time. The confidentiality of the participants was maintained and they were treated with fairness and respect by the SouAce research team. Beneficiaries made no false promises and were not hurt culturally or economically.

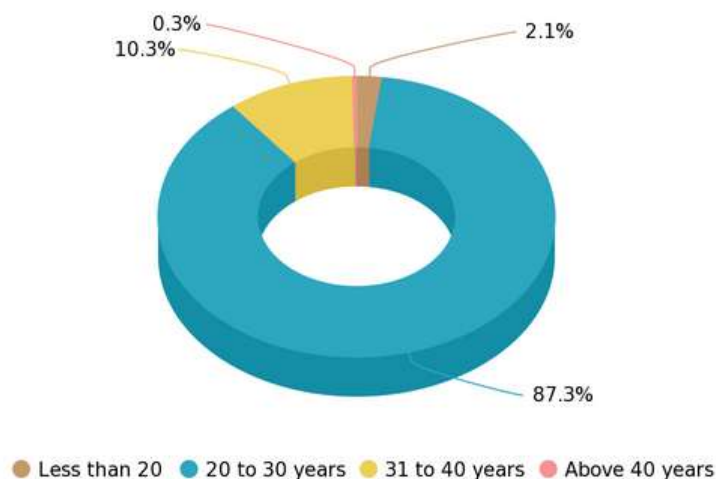


Overview of the area

CHAPTER 3: MAJOR FINDINGS

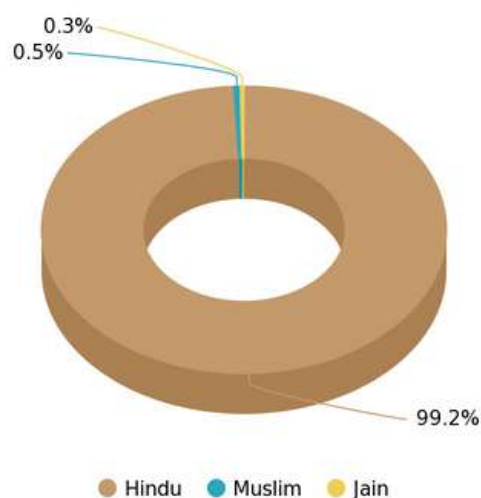
Beneficiary Coverage

Chart 1: Distribution of the beneficiaries based on their age-group



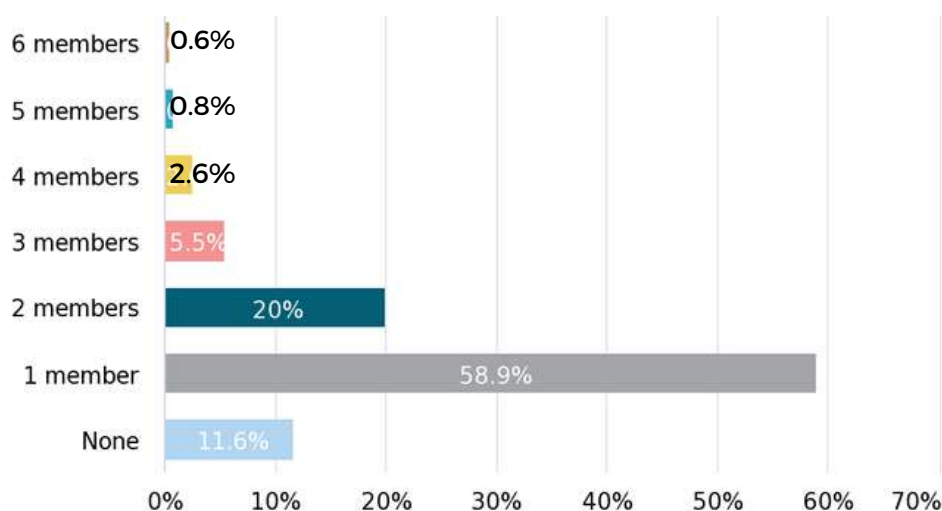
The pie chart represents the age-wise distribution of the 380 beneficiaries of the Maternal Health & Child Nutrition Program project. It can be seen that 87.3% of the beneficiaries belonged to the age group of 20 to 30 years, 10.3% of the beneficiaries belonged to the age-group of 31 to 40 years, 2.1% of the beneficiaries were less than 20 years of age, and only 0.3% of the beneficiaries were above the age of 40 years.

Chart 2: Distribution of the beneficiaries based on their religion



The chart is a representation of religion-wise disaggregation of the respondents of the HDB Financial Services supported project. As per the pie chart, 99.2% of respondents are Hindu, 0.5% are Muslim and 0.3% are Jain.

Chart 3: Total number of adult female members in the family

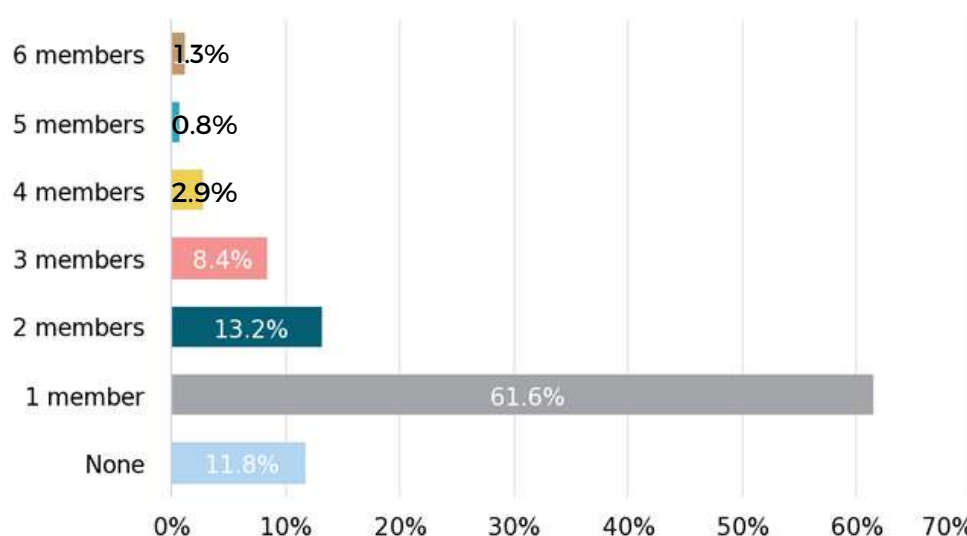


The study revealed that 11.6% of the families had no adult female members in their family, 58.9% of the beneficiaries had 1 adult female, and 20% of the beneficiaries had 2 adult females in their family. Further, 5.5% of the beneficiaries had 3 adult females in their family, 2.6% of them had 4 adult females, and 0.8% and 0.6% of them had 5 and 6 adult females in their families, respectively.



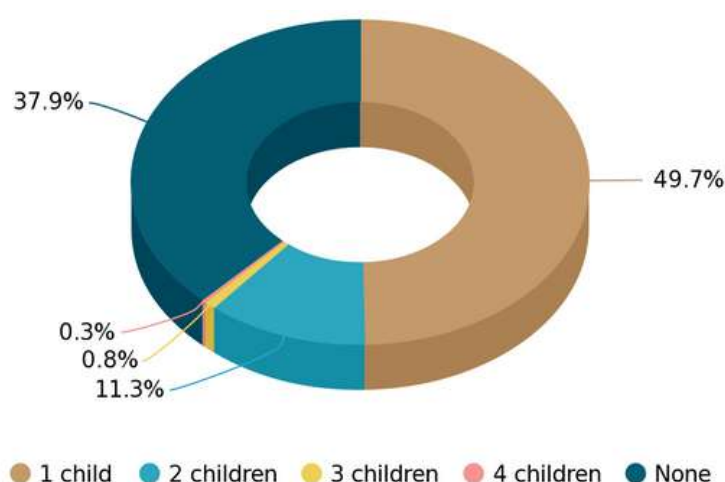
Focus Group Discussion with Girls

Chart 4: Total adult male members in the family



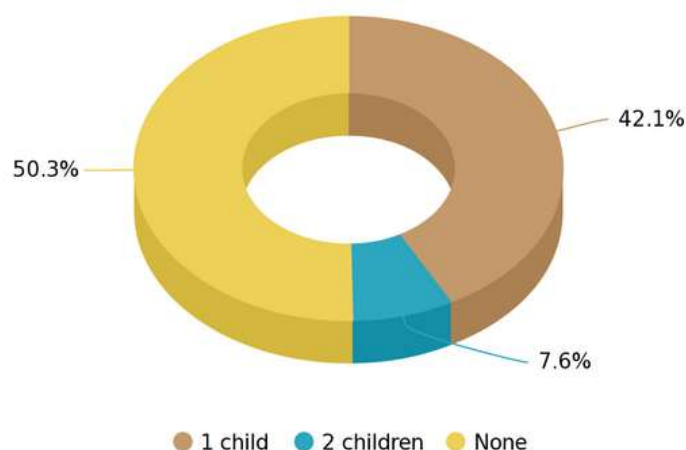
The majority of the families (61.6%) had 1 adult male member in their family and 1.3% of them had 6 adult male members in their family. However, 11.8% of the families had no adult male family member and only 3 families had 5 adult male members. Thus, it can be said that most of the families had more than 1 adult male member in the family.

Chart 5: Total female children (0-5 years) in the family



The study revealed that 49.7% of the families had 1 female child who was in the age-group of 0-5 years and 37.9% of the families had no female child in the age-group of 0 to 5 years. However, 11.3% of the families had 2 female children in this age-group, 0.8% of the families had 3 female children, and 0.3% of them had 4 female children in the age-group of 0 to 5 years.

Chart 6: Total male child (0-5 years) in the family

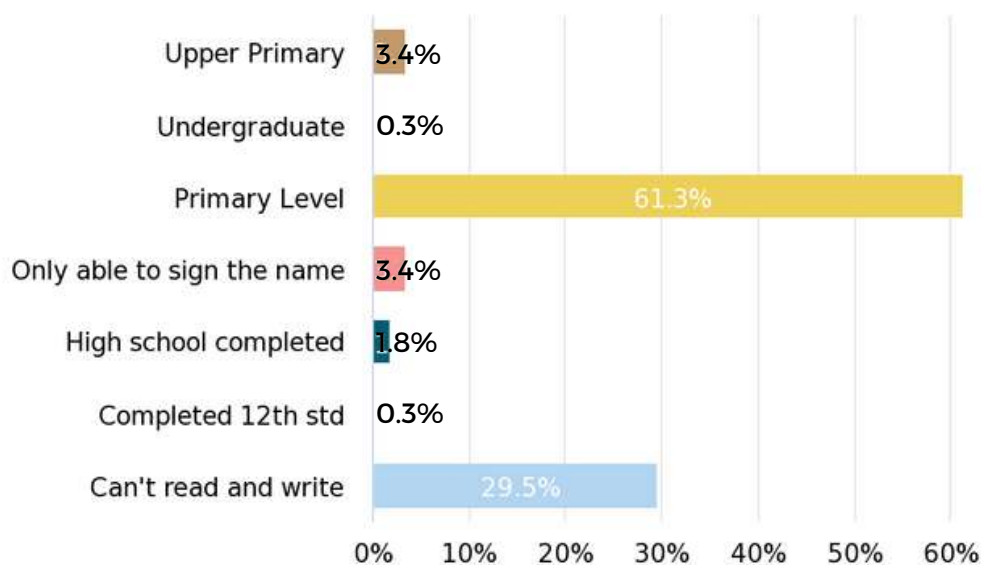


Out of the total 380 families, 50.3% of the families had no male child who was in the age-group of 0-5 years and 42.1% of the families had 1 male child in the age-group of 0-5 years. Additionally, 7.6% of the families had 2 male children in the age-group of 0-5 years.



Focus Group Discussion with Anganwadi and ASHA workers

Chart 7: Education status of the beneficiaries



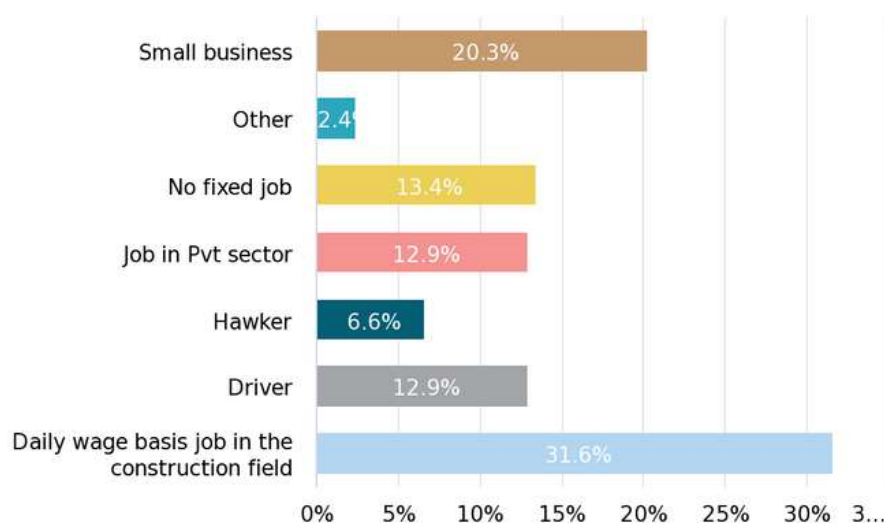
It can be inferred from the graph that 61.3% of the beneficiaries had completed till primary level of education and 29.5% of the beneficiaries could not read or write in their regional language. Only 1 beneficiary had completed their 12th standard and only 0.3% of beneficiaries had completed their undergraduate degree. It can also be deduced that only a small percentage of beneficiaries had studied beyond the primary level of education.

In the FGD facilitated with adolescent girls, it was understood that a majority of the participating girls had dropped out of the 7th standard and only 10% of them had completed their 10th standard. An even smaller percentage of 3-5% of the girls had completed their 12th standard.

Further, in the FGD it was also learned that adolescent girls faced many issues in completing their schooling and some of the root causes for this were identified as social stigmas and myths that were practiced by the community to date. The FGD also revealed that instances of child marriage were prevalent among the communities to which the beneficiaries belonged.

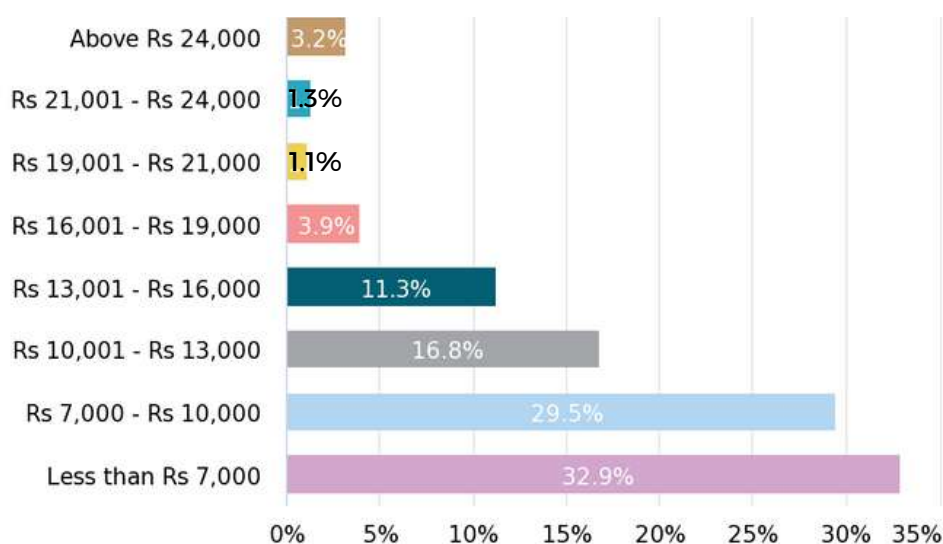
The FGDs facilitated by the Anganwadi workers and Asha workers shared that there was a major need for focused work that would address the issue of the high rate of school dropouts, as this was directly proportional to a lot of the social problems faced by the beneficiaries.

Chart 8: Primary Occupation of the family



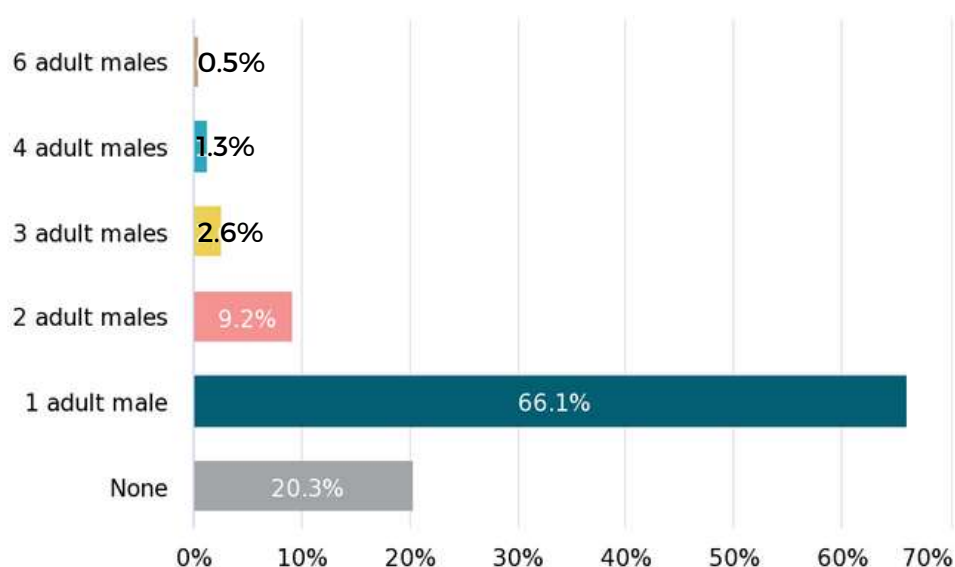
As shown above, a majority of the families (31.6%) work a daily wage basis job in the construction field and 20.3% of the respondents work in a small business. 12.9% of the respondents work in the private sector and 12.9% of them work as drivers. The FGDs conducted also revealed that a majority of the beneficiaries work as daily wage workers, hawkers, auto drivers, and construction field workers and around 30-35% of the respondents earn a secondary income from goat rearing.

Chart 9: Monthly Family Income



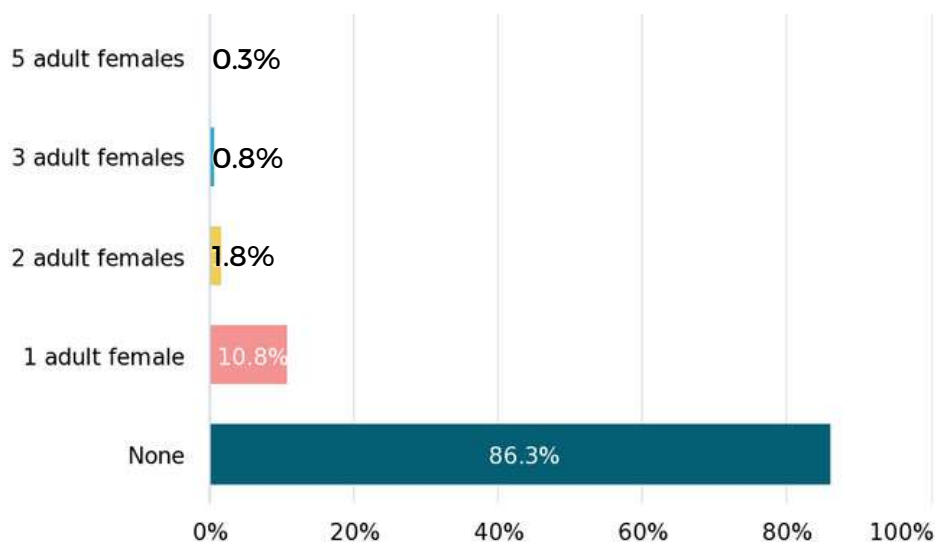
In the above graph, it can be seen that over 32.9% of all the respondents have a monthly income of less than INR 7,000. 29.5% of the respondents have a monthly family income that is between INR 7,001 to 10,000 and only 3.2 % of the respondents have a monthly family income of over INR 24,000.

Chart 10: Total number of earning members (male)



Additionally, in the graphs shown, 66.1 % of the respondents, have 1 adult male earning member and 9.2% of the families have 2 adult members and 2.6% of the families have 3 adult members and only 1.3% have 4 male members earning.

Chart 11: Total number of earning members (female)

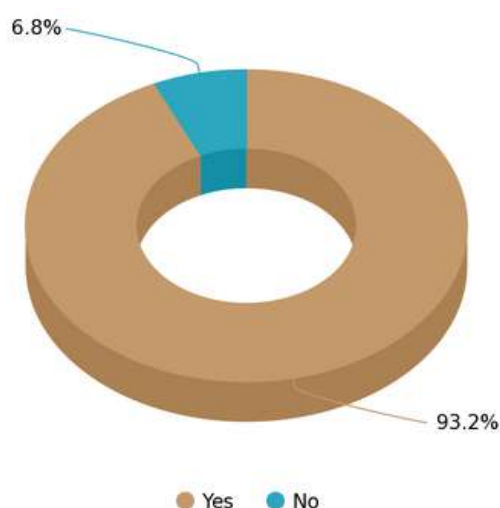


As depicted above, 86.3% of the respondents have no female adult earning members in the family and 10.8 % of the families have 1 female adult earning member.



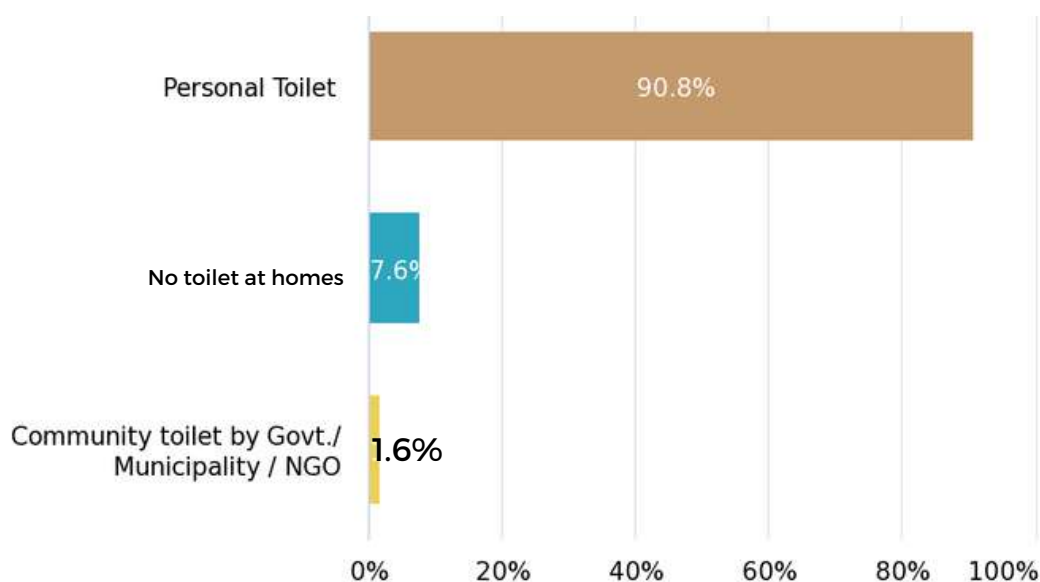
Data Collection

Chart 12: Availability of toilets in House



The above graph suggests that the majority of the houses had toilets. 93.2% of the families have toilets in the house while only 6.8% of the families have no toilets in the house.

Chart 13: Types of available toilets

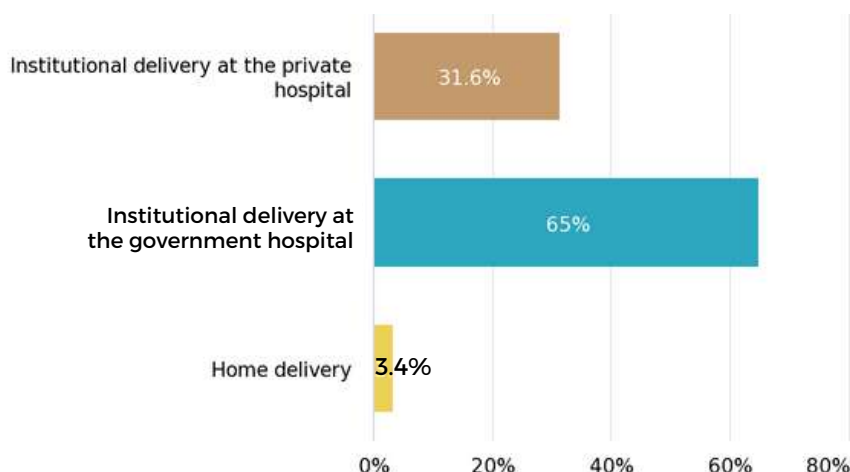


The above graph suggests the type of toilet used where the majority of the respondents had personal toilets. Out of all the families, 90.8% have their own personal toilet at home. 1.6% of the families access the Community toilet Government/ Municipality/ NGO. While 7.6% of the families have “no toilets” in their homes.



Data Collection

Chart 14: Place of childbirth



65% of families opted for institutional delivery at the government hospital while 31.6% of families chose private hospitals. In 3.4% of families, delivery took place at home.

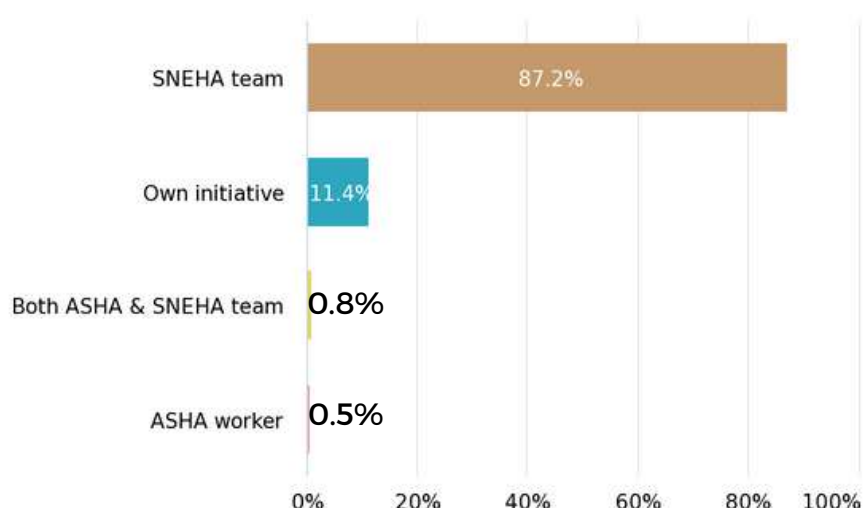
In the FGD conducted with adolescent girls, the respondents shared that before the HDB Financial Services supported project started its intervention in their slum pockets they were not aware of personal health and hygiene and also about the precautionary steps that one has to take during the pregnancy period. The respondents also added that prior to HDB Financial Services supported interventions, the majority of childbirths used to happen at home and not in hospitals.

In the FGD conducted for the study, an overall observation that was identified was that hospital delivery had now become the new normal among the beneficiaries. Earlier this used to be a taboo and was seen as a social stigma. Over the years the role of the “Bhai and Dai” (midwives) also slowly decreased but some women still continue to deliver their children at home.

In the FGD conducted with adolescent girls, the beneficiaries shared that before the Project started its intervention in their villages, they were not aware of personal health and hygiene and the precautionary steps that one must take during the pregnancy period. The beneficiaries also added that before the HDB Financial Services interventions, most childbirths used to happen at home and not in hospitals.

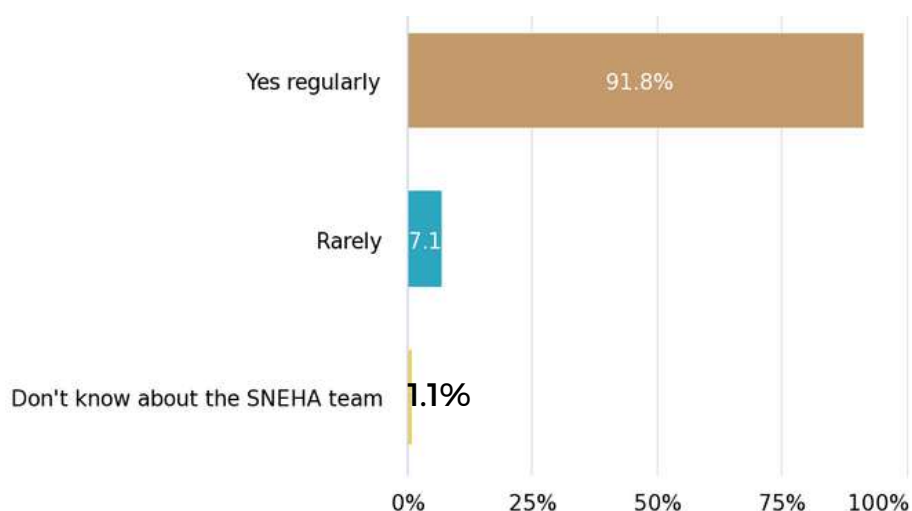
In the FGD conducted for the study, it was observed that hospital delivery had now become the new normal among the beneficiaries. Earlier this used to be a taboo and was seen as a social stigma. Over the years the role of the “Bhai and Dai” (midwives) also slowly decreased, due to the continuous effort of Project team but some women continue to deliver their children at home.

Chart 15: Who motivates for institutional delivery?



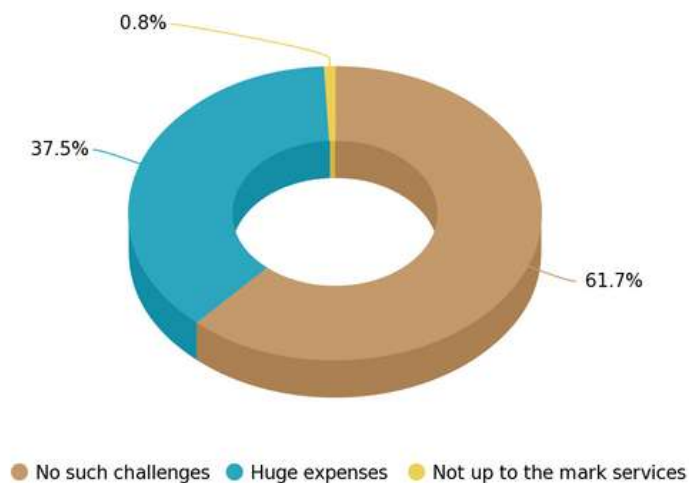
The above graph also suggests that in the institutional delivery case, 87.2% of the respondents shared that it was the Project Team who motivated them to go for institutional delivery. 11.4% suggested that it was their own initiative and 0.8% suggested that both Project Team members and ASHA workers motivated them and 0.5% reported to have been motivated by ASHA workers only.

Chart 16: Support by project team during child delivery



The study also found that 91.8% of the respondents shared that the HDB Financial Services supported project team followed up with them regularly during the child delivery process and only 1.1 % of the respondents shared that they did not know about the HDB Financial Services supported project team.

.Chart 17: Challenges for availing private hospital

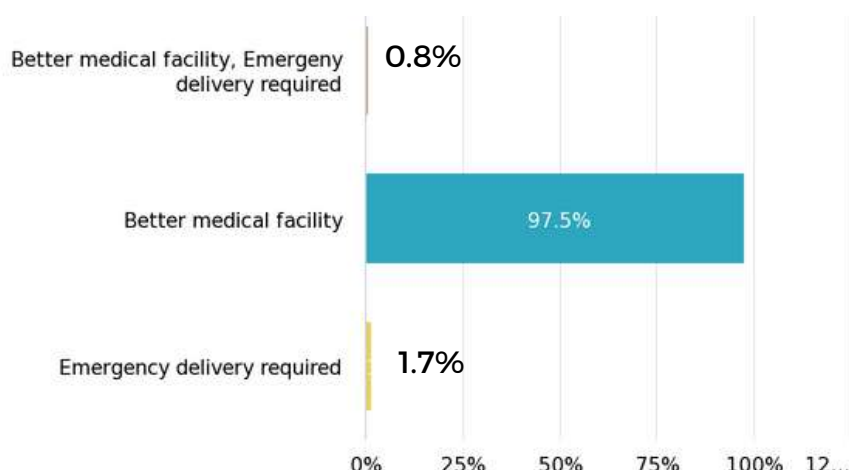


The study also revealed that out of all the respondents, 61.7% of the respondents did not face any challenge while availing of services in private hospitals during childbirth (those who went to a private nursing home for childbirth) while 37.5% of them shared that a major challenge that they faced was the huge expenses that they could incur when availing these services.



Anganwadi

Graph 18: Reason of selecting private sector



The study also shows that out of all the respondents who gave childbirth at a private nursing home or clinic, 97.5% of the respondents shared that the reason for choosing this was because of a better medical facility.

Sonaben Rohitbhai Dattani is a 35-year-old woman belonging to the intervention district of Vasna. She is a mother to 3 children. Unfortunately, she lost one of her babies after 22 days due to decreased heart functions and was under extreme emotional distress. After this incident, Sonaben got acquainted with the staff from the HDB Financial Services supported project who started working with her and helping her recover from her trauma. Sonaben recounts that following the death of the child when she got pregnant again she and her husband were concerned about the health of the fetus as the nearest hospital was more than 10 km away from their home. When interacting with the HDB Financial Services supported project staff she shared that women in her village often deliver babies at home and believe in a number of superstitious practices and she worried about how these factors could possibly impact her choices and impact the health of her child.

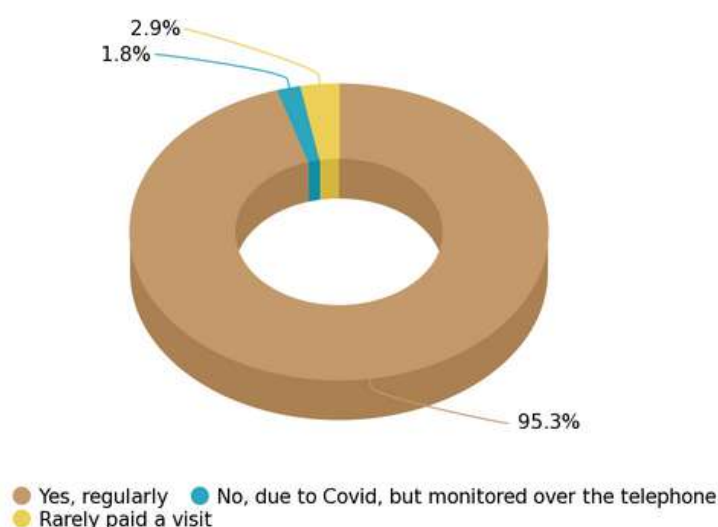
The HDB Financial Services supported project staff provided regular guidance and assistance to her and shared details of safe pregnancies, the importance of regular hospital check-ups, nutrition and supplements, etc. The HDB Financial Services supported project team also provided support to the mother after her delivery by periodically imparting information on the benefits of breastfeeding, lactation techniques, nutritions, etc, and would address any challenges that Sonaben would have regarding post-natal care. Sonaben shares their gratitude for the support provided by the project staff and strongly advocates that other women in her village should also be linked to the Project Team.



Home Visits, Group Discussions, and Motivational Kits

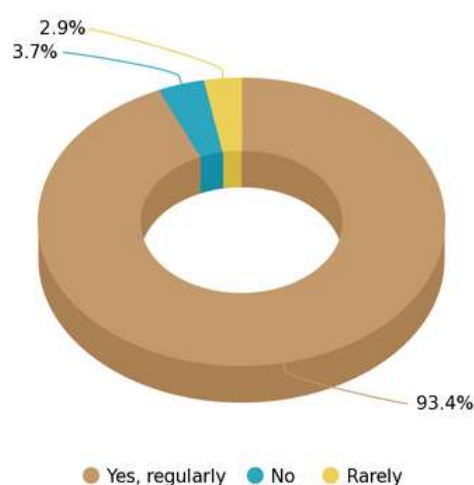
Home visits, group sessions, and motivational kits are major implementation tasks that are carried out by the HDB Financial Services supported project staff members. The graphical representation visually depicts the activities carried out by the project team supported by HDB Financial Services, including home visits, group discussion, and distribution of Pregnancy kits (motivational kits)

Chart 19: Regular home visits by the Project Team



The above chart suggests how regularly the Project Team made field visits. 95.3 % of respondents agreed that Project team visited their homes regularly and 1.8% said they did not because of COVID. Interaction with beneficiaries suggested that the Project team frequently visited their homes and supported them with their needs.

Chart 20: Attendance to group session

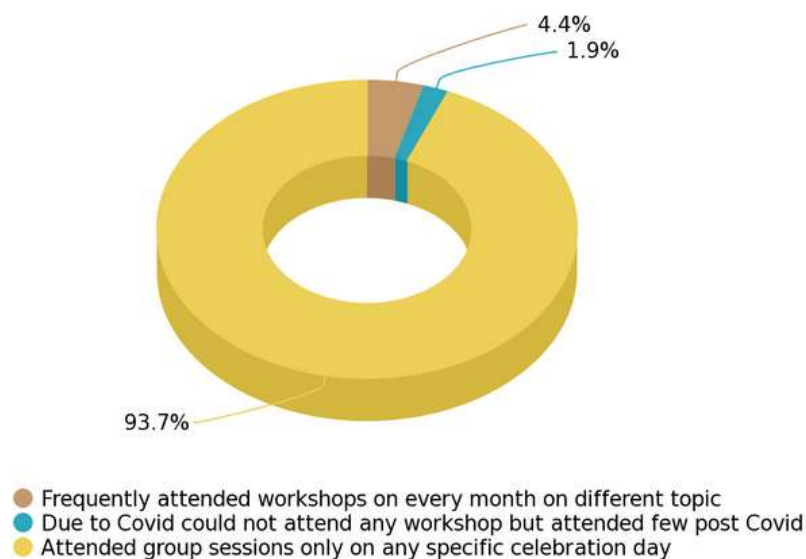


As shown in chart 20, 93.4% of respondents said yes they regularly attended group sessions and 3.7% said they did not while 2.9 suggested they attended rarely.



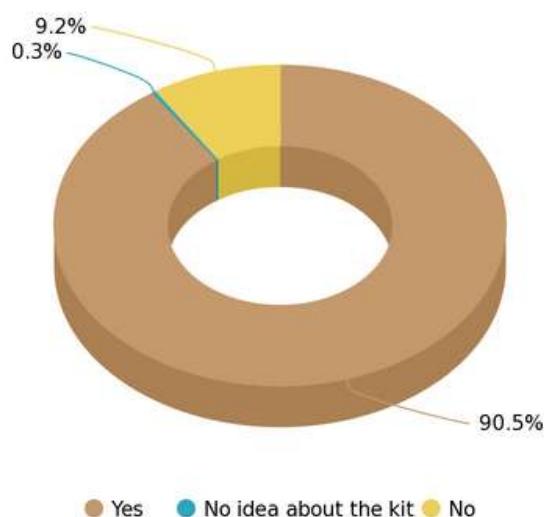
Data Collection

Chart 21: Type of group sessions attended



On enquiring what group sessions they attended, 93.7% said they attended sessions on Mamata divas and specific celebrations. 4.4% of the participants shared that they frequently attended workshops every month on different topics. Regular training was given to lactating mothers, according to one of the mothers from the community.

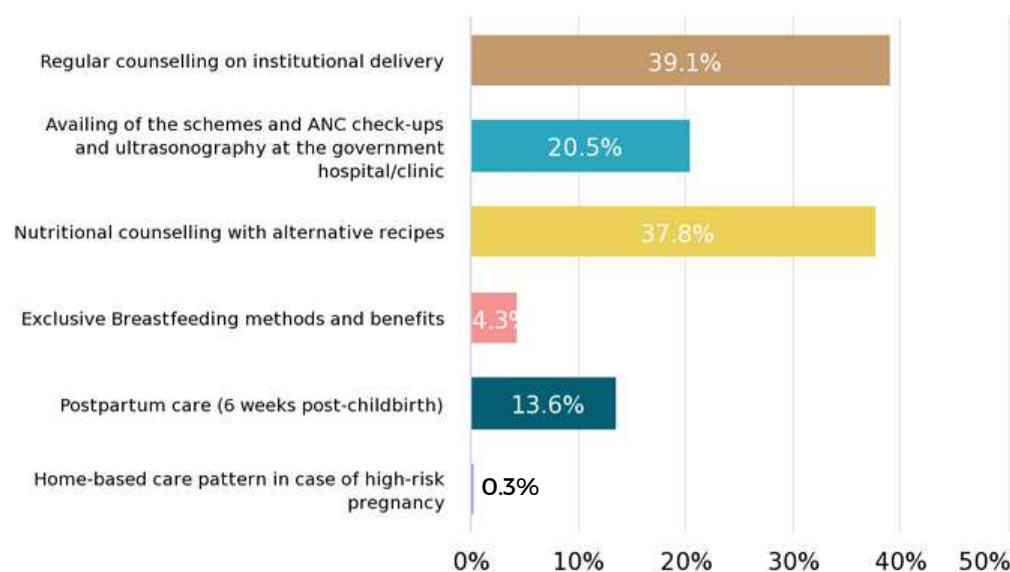
Chart 22: Distribution of Pregnancy Kits



As seen in the chart, 90.5% said they received a pregnancy kit in their tri-semester from the HDB Financial Services supported project team while 9.2% said they did not.

In the FGD conducted with adolescent girls, respondents shared that when they participated in training and workshops, they were also provided with IEC materials and personal hygiene kits.

Chart 23: Types of Services



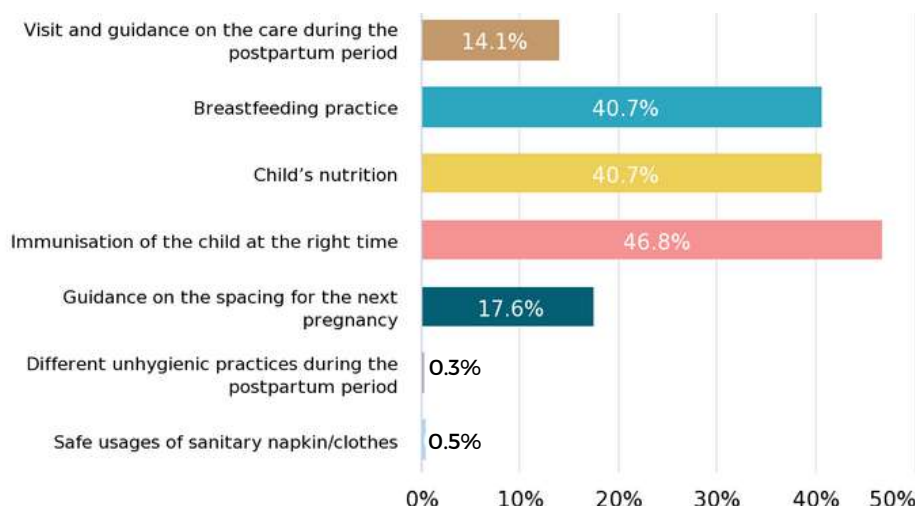
As shown in the above-mentioned graph, a majority of 39.1% of the respondents shared that during their pregnancy period, they received regular counselling on institutional delivery by the HDB Financial Services supported project team. 37.8% of the respondents shared that they received nutritional counselling with alternative recipes and 20.5% of them shared that they were supported in availing of schemes and ANC check-ups and ultrasonography at the government hospital/clinic.

Pushpa Solanki, aged 19 years, is a young mother who got linked to the Project team when she became pregnant. Pushpa was only enrolled in school till the 5th grade after which due to many systemic challenges, she had to discontinue her education. Pushpa shared that she felt since she did not have the opportunity to complete her education, she often had many questions about the process of pregnancy.

Pushpa recollected that the Project team would often accompany her during her hospital visits and impart knowledge on precautions and practices that needed to be followed during the pregnancy period. Pushpa shares that she wants to become a government official who raises awareness in her community on issues like the ills of child marriage, the need for family planning and contraceptives, etc. She also added that she wished for the Project Team to work towards providing vocational, skill-based, and short-term courses that could support them to seek employment opportunities. This could have a major impact on the lives of the local women and create a sense of empowerment and independence.

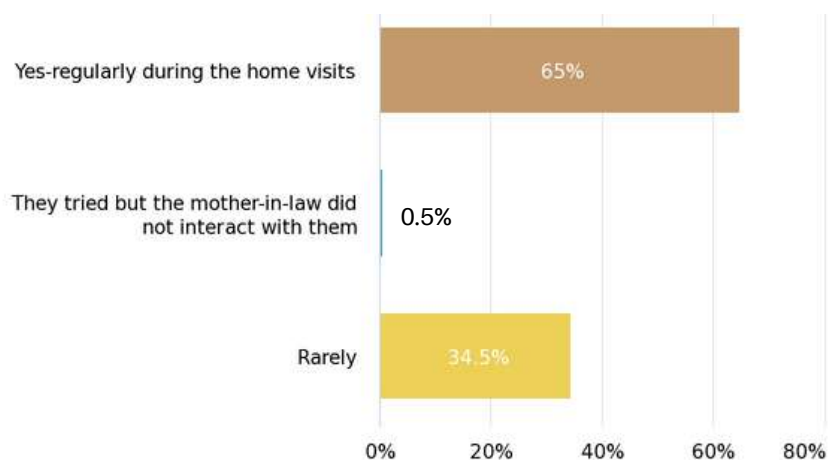


Chart 24: Types of Services during lactating phase



In the case of support received during the lactating phase, 40.7% of the respondents shared that they were supported by the HDB Financial Services supported project team with breastfeeding practices, and another 40.7% of them shared that they were supported in ensuring that the child's nutrition needs are met.

Chart 25: Counseling with mother-in-law and husband

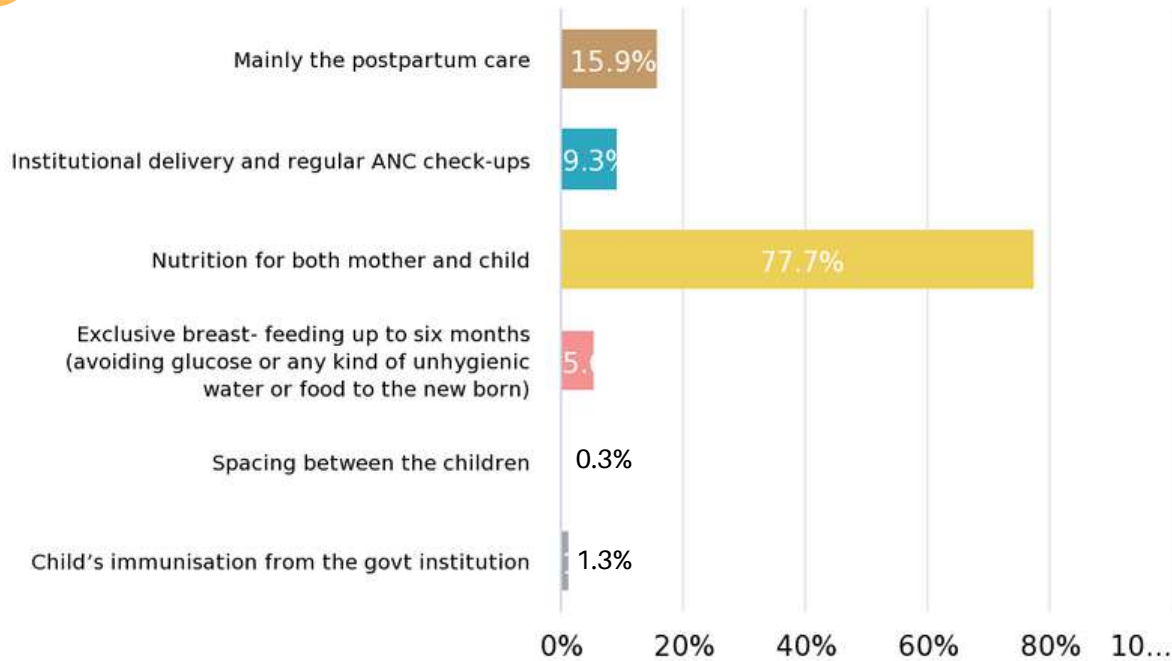


As shown in the above-mentioned graph, 65% of the respondents shared that the HDB Financial Services supported project team had facilitated regular counselling sessions with the mother-in-laws and husband during their regular home visits.



Data Collection

Chart 26: Topics of counselling

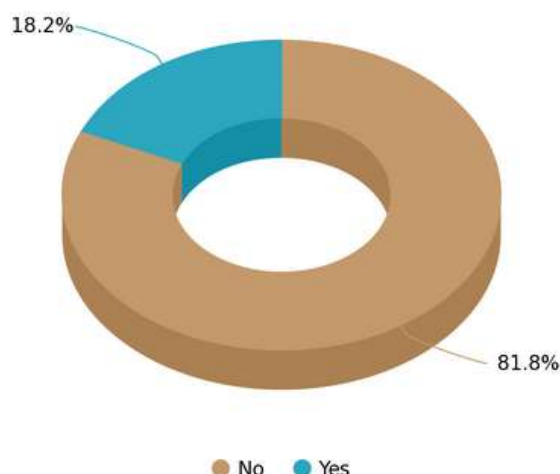


As mentioned in the chart, 77.7% of the respondents shared that the topic on which their mother-in-laws and husbands were counseled was nutrition for both mother and child. 15.9% were counseled on postpartum care and 9.3% were counseled on institutional delivery and regular ANC check-ups. The other topics on which the mother-in-law and husband were counseled were the child immunization from government institutions, spacing between children, and exclusive breast-feeding for up to six months.



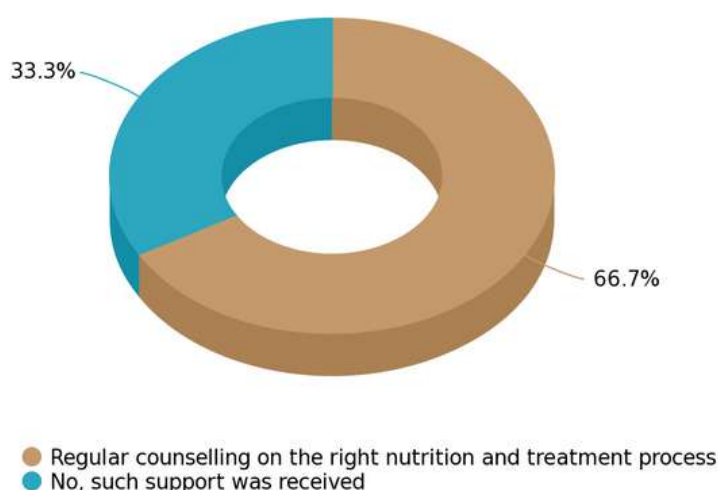
Overview of the area

Chart 27: Children suffering from malnourishment/low body weight



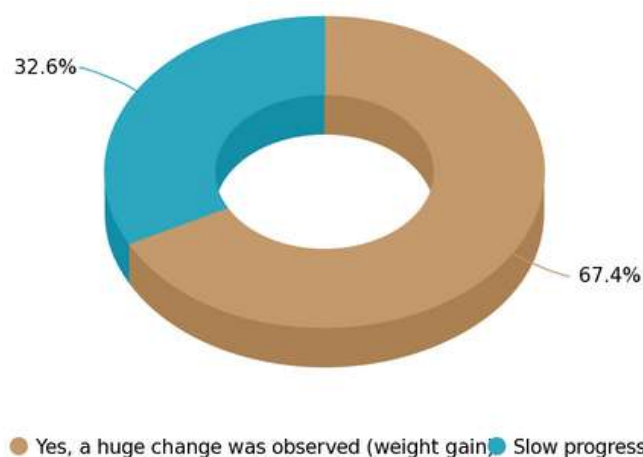
As per the pie chart, 81.8% of the beneficiaries shared that their children did not suffer from malnourishment/ low body weight. In an FGD conducted with Asha workers and Anganwadi workers, the beneficiaries shared that they observed that before HDB Financial Service supported the project's intervention, most of the younger children in the age group of 1 to 3 years were underweight and were consuming food that was low in nutrition. They added that after three years of the HDB Financial Service-supported project's intervention they have seen a rise in indicators of the child's nutrition level.

Chart 28: Type of support received to increase the child's physical growth



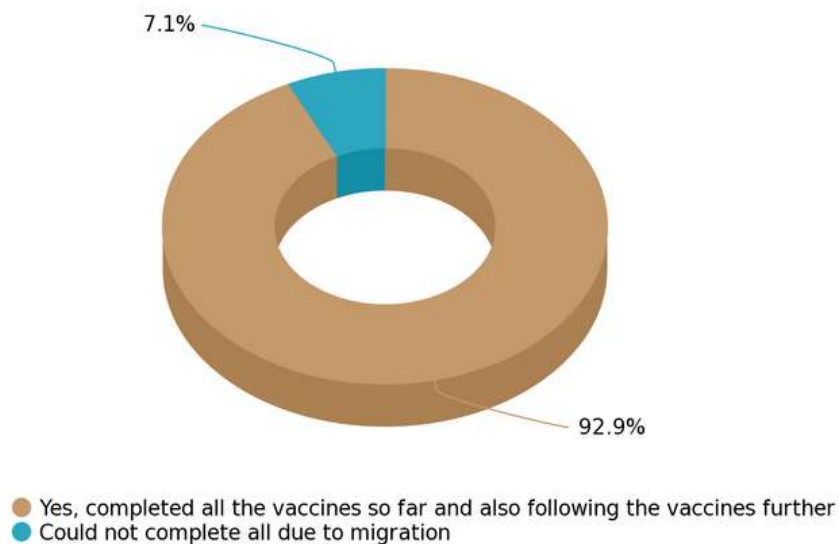
66.7% of the respondents shared that they received regular counseling on the right nutrition and treatment process by the HDB Financial Services supported project team to increase the child's physical growth. Through an FGD with Anganwadi workers, it was found that the nutrition of children in the local communities has increased nutritional level after three years of the HDB Financial Services supported project's intervention.

Chart 29: Observation of changes following suggestion



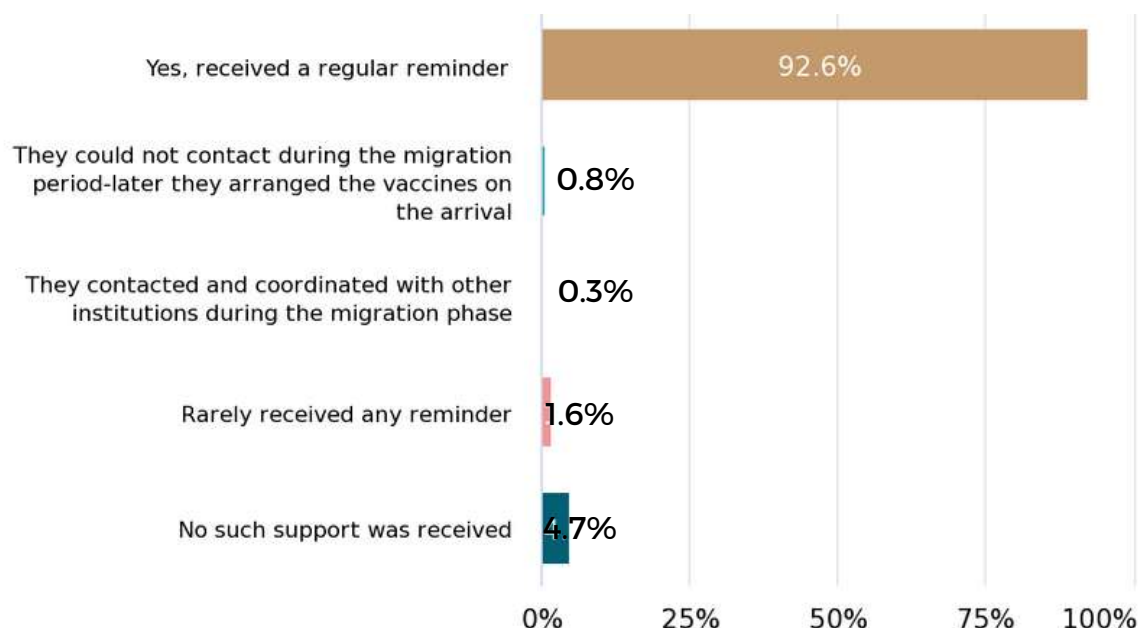
It can be inferred from the chart that 67.4% of the beneficiaries had observed a huge change (weight gain) by following the HDB Financial Services supported project team's suggestion.

Chart 30: Ensuring timely and regular immunization



The data depicts that 92.9% of all the respondents shared that all their children have completed getting all the required vaccines and that they have been following up on further vaccines required as well.

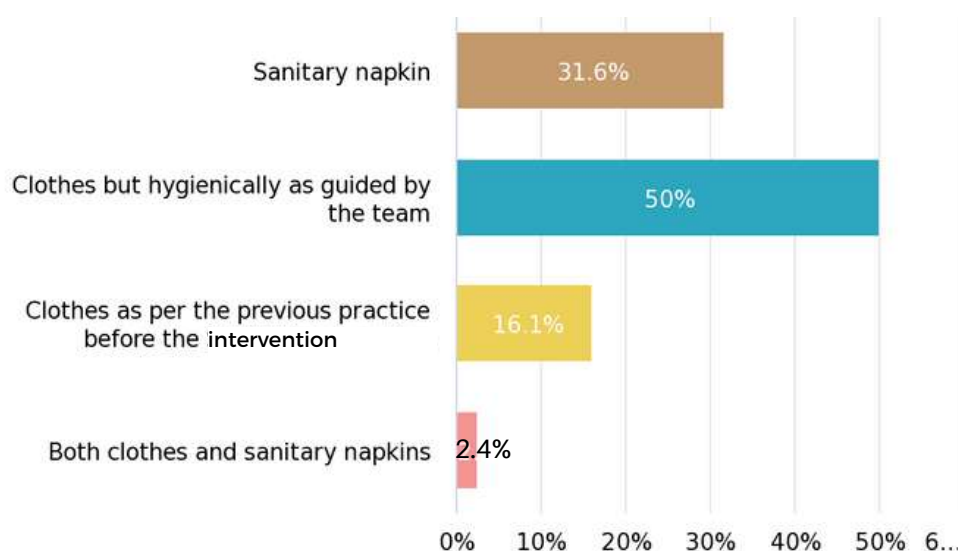
Chart 31: Monitoring of immunization process by the Project Team



Additionally, it was also found that 92.6% of the respondents shared that they received regular follow-up reminders through the HDB Financial Services supported intervention who had monitored the progress of immunization of their children.

In the FGD facilitated with Urban Health Centre doctors, respondents shared that they had observed that the Project Team had mobilized the patients for the medical camp and would do regular basic pre and post-checkup follow-ups and also refer patients to UHC / Trust Hospital for further treatments. The UHCs were places where patients received free vaccinations and medicine for different diseases. The doctor also shared that a majority of patients who visit the UHC often shared that they were referred through the HDB Financial Services supported intervention for medications and checkups.

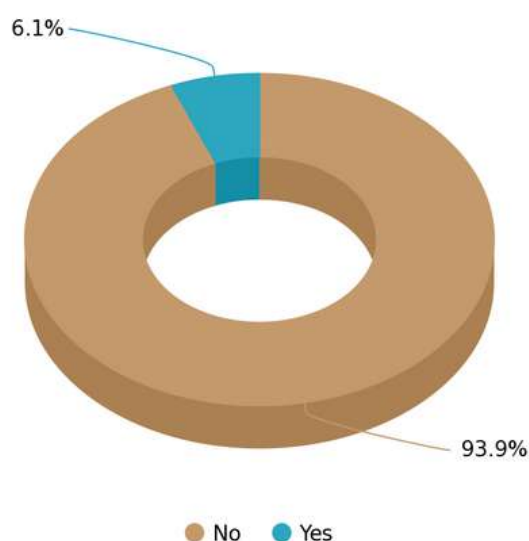
Chart 32: Types of sanitary hygiene practices used



As depicted pictorially in the graphs above, out of the respondents, 50% of the respondents use clothes hygienically, as guided by the HDB Financial Services supported project team as a menstrual product, and 31.6% use sanitary napkins. 16.1% of the respondents reported that they used clothes as a method of hygienic sanitary practices before the intervention by HDB Financial Services. According to Anganwadi workers, the HDB Financial Services supported project team's effort has brought significant change in the behavior and perception of adolescent girls, lactating women, and pregnant women to break social stigma and myth. It was derived that the women in the communities showed attitudinal change toward their personal health and hygiene.

Adolescent girls in the FGD shared that the majority of them previously used cotton clothes during menstruation and did not maintain proper hygiene. However, with the HDB Financial Services supported intervention, some of them have completely shifted to sanitary pads and some use both cotton and sanitary pads. They also shared that they have stopped disposing of pads on the sideways of the road. The respondents confirmed that the Project Team members organized personal health and hygiene awareness training/workshops and meetings on a weekly basis for adolescent girls especially. In these training/workshops, adolescent girls were oriented to topics like the human reproductive system, the menstrual cycle, what type of precautionary steps to take during and after periods, how to maintain personal health and hygiene, etc. The team supported by HDB Financial Services and UHC also organized gynecology medical camps for improving the health of adolescent girls, pregnant women and lactating mothers.

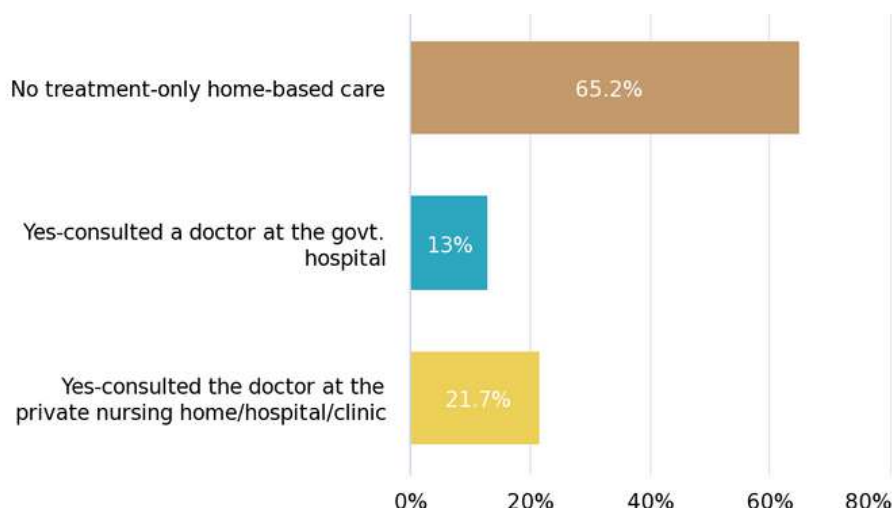
Chart 33: Reproductive Tract Infection



As per the chart, 93.9% of the beneficiaries were not suffering from heavy bleeding, rashes, or white discharge complication (Reproductive Tract Infection) and 6.1% shared that they did suffer from heavy bleeding, rashes or white discharge complication (Reproductive Tract infection).

Adolescent girls in the FCD shared that the majority of them previously used cotton clothes during menstruation and did not maintain proper hygiene. However, with the HDB Financial Services supported intervention, some of them have completely shifted to sanitary pads and some use both cotton and sanitary pads. They also shared that they have stopped disposing of pads on the sideways of the road. The respondents confirmed that the Project Team members organized personal health and hygiene awareness training/workshops and meetings on a weekly basis for adolescent girls especially. In these training/workshops, adolescent girls were oriented to topics like the human reproductive system, the menstrual cycle, what type of precautionary steps to take during and after periods, how to maintain personal health and hygiene, etc. The team supported by HDB Financial Services and UHC also organized gynecology medical camps for improving the health of adolescent girls, pregnant women and lactating mothers.

Chart 34: Treatment from medical practitioner

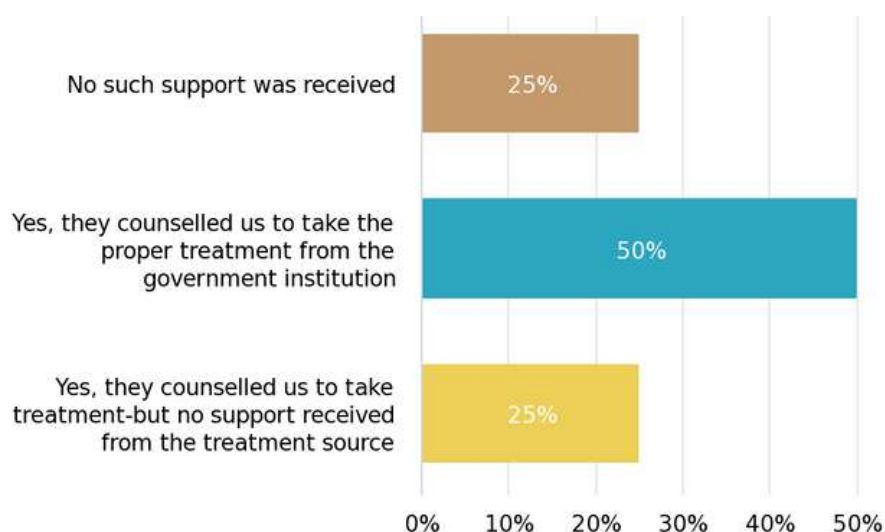


According to the graph, 65.2% of the beneficiaries did not get treatment in a health clinic but got home-based care for the same.

Priyaben Solanki, aged 15 years was a child who struggled with dependence on intoxicants. NGO started supporting Priyaben when she wanted to overcome her dependency on the intoxicant. Over time, Priyaben was able to break out of the cycle of addiction and started actively participating in the interventions supported by HDB Financial Services.

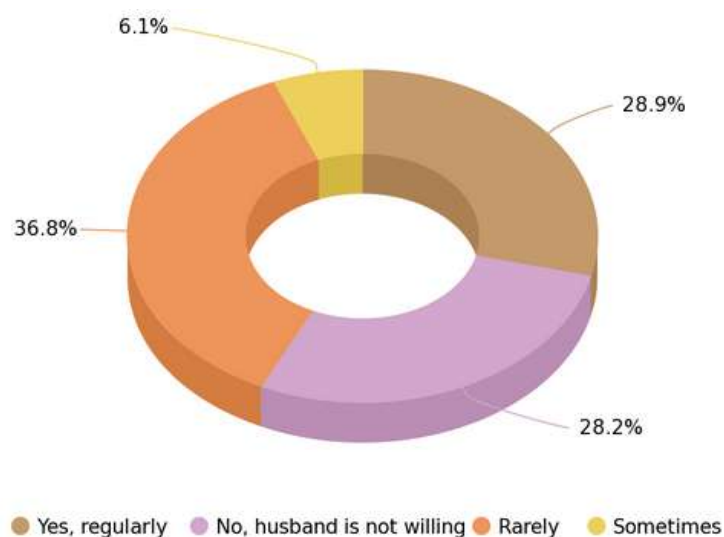
At present, she is an active member of the adolescent group where she shared what she learned about the importance of sanitary pads and personal hygiene. She added that after 3 years of the rigorous implementation of the project in her village, she observes that there has been a change in her community's understanding of menstrual health. According to Priyaben, over 60% of adolescent girls are now using sanitary pads which was not the cultural practice earlier. When speaking with the Project Team she remarks that this shift has had a major positive impact on the mobility of young girls and has opened many more opportunities for them.

Chart 35: Support of Project Team for treatment



Additionally, for the 8 respondents who visited a health center, 50% of them stated that they had been counseled by the interventions undertaken by HDB Financial Services to take proper treatment from the treatment source.

Chart 36: Usage of contraceptive under Project Team's guidance



The study also found that 36.8% shared that they rarely use any contraceptive method as per the Project Team's guidance and 28.9% of the respondents shared that they regularly used the contraception methods. 28.2% of the respondents shared that they do not use it as their husbands are not willing to use contraceptives and 6.1% of the respondents shared that they sometimes use contraceptive methods shared by the under the team.



Survey team interacting with women



CHAPTER 4: OECD FRAMEWORK

RELEVANCE

The project holds great relevance in urban slums characterized by poor health access and indicators by specifically focusing on pregnant women, children, immunization, and adolescent health and wellbeing. By targeting these vulnerable populations and addressing their specific needs, the program directly addresses the pressing health issues prevalent in urban slums, aiming to improve health outcomes and access to essential healthcare services for the community.

RATING ● ● ● ● ●

COHERENCE

The program aligns well with the following Sustainable Development Goals (SDGs):
SDG 3 aims to ensure healthy lives and promote well-being for all ages.
SDG-3, Target 3.1 aims to reduce the global maternal mortality ratio to less than 70 per 100,000 live births.
SDG-3, target 3.2 that aims to end preventable deaths of newborns and children under 5 years of age.
SDG-3, Target 3.8 aims to achieve universal health coverage.
SDG-10 aims to reduce inequalities



It is also coherent with the following national programs and their goals:

- National Health Mission
- The National Child & Maternal Health Education Program (NCMHEP)
- Rashtriya Kishor Swasthya Karyakram (RKSK)

RATING ● ● ● ● ●

EFFECTIVENESS

The Maternal and Child Health program has effectively met its primary objectives as evidenced by the quantitative and qualitative findings. The project provided support to a significant percentage of respondents during their pregnancy period, offering regular counseling on institutional delivery and nutritional guidance through alternative recipes. Furthermore, a substantial proportion of respondents were supported in availing of schemes and accessing essential ANC check-ups and ultrasonography at government healthcare facilities. Additionally, the program successfully impacted adolescent personal health hygiene through awareness and guidance.

RATING ● ● ● ● ●

EFFICIENCY

The Maternal and Child Health program demonstrated efficiency by effectively leveraging and strengthening public resources, including ASHA and Anganwadi workers, while instituting community-based and lead groups such as mothers and adolescent groups. The program's personalized counseling approach catered to the specific needs of individuals and groups, while the implementation of health report cards enabled tracking and monitoring of health indicators. The program also prioritized referral and liaison with other departments, promoting collaboration and comprehensive care.

RATING ● ● ● ● ●

Index: 5 Points - Very High ; 4 Points - High ; 3 Points - Moderate ; 2 Points - Low ; 1 Point - Very Low

IMPACT

RATING



The Maternal and Child Health program, adopting a continuum of care approach, has had a significant impact on improving maternal, newborn, and child health outcomes throughout various stages of the lifecycle. The program successfully motivated respondents to opt for institutional deliveries and provided essential support during the child delivery process. Counseling and guidance, facilitated behavior changes and promoted personal hygiene and health.

Thus, the program's interventions positively influenced child nutrition and immunization rates, leading to notable weight gain and timely immunizations. Overall, the program's comprehensive approach has effectively addressed socioeconomic disparities, enhanced maternal and child health practices, and fostered positive health outcomes for beneficiaries.

SUSTAINABILITY

RATING



The Maternal and Child Health program ensures sustainability through the capacity building of public health workers, alignment with national programs, promotion of health-seeking behavior, and effective liaison with other departments. By empowering ASHA and Anganwadi workers, the program strengthens the healthcare system. It complements existing national programs, and augments resources, and strategies, fostering long-term sustainability. Through awareness, counseling, and targeted interventions, the program promotes health-seeking behavior. Collaborative partnerships with other departments ensure comprehensive care and efficient resource utilization. These integrated efforts establish a sustainable foundation for addressing the health needs of mothers, children, and adolescents.

CHAPTER 5: RECOMMENDATIONS

- Providing opportunities for adolescent girls where they can learn vocational-based courses and skill development courses.
- Continue interventions to spread further awareness of health and hygiene indicators.