CSR Impact Assessment Report

Community and Family Centric Approach for Improved Maternal and New Born Health in Sirohi and Barmer districts of Rajasthan.

Prepared For

HDB FINANCIAL SERVICES
REIMAGINING OPPORTUNITIES

Prepared By

SoulAce
Path to Sustainability

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ISO 27001:2013 Certified

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ABBREVIATIONS

ANC	Antenatal care
ANM	Auxiliary Nurse and Midwife
ASHA	Accredited Social Health Activist
AWW	Anganwadi Worker
BCC	Behaviour Change Communication
CSR	Corporate Social Responsibility
FCRA	Foreign Contribution Regulation Act
GPS	Global Positioning System
IEC	Information Education Communication
MAMTA DIWAS	Malnutrition Assessment and Monitoring to Act Day
MIS	Management Information System
PHC	Primary Health Center
PNC	Postnatal Care
PRI	Panchayati Raj Institution
SROI	Social return on investment
VHSNC	Village Health Sanitation & Nutrition Committee

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EXECUTIVE SUMMARY

Background

Project activities

- Sensitization meetings with mother in laws husbands, community key stakeholders, ASHA workers
- Counseling sessions for young married and pregnant women
- Mentoring of ASHAs, AWWs and ANMs in sector meetings
- Sensitization of PRIs, VHSNC
- Strengthening system accountability and transparency mechanism through interface meeting
- Sharing of best practices at the village, block, district and state level

Project year
FY 2016-22

Beneficiaries
17K + women, 20K + husband and mother-in laws 2K + stakeholders

NGO Partner
MAMTA Health Institute for Mother and Child

Project Location
Rajasthan

SDG Goals

Research Methodology

Application of Quantitative Techniques

The quantitative study was used to assess the impact of divergent CSR Activities through the Structured tool of the Interview Schedule. This helped in getting quantifiable information.

Application of Qualitative Techniques

Qualitative Techniques of Interviews with Key Project Stakeholders, Interviews with Community People were adopted for a better understanding.

Research Design

Geography Covered (States)
Sirohi and Barmer district of Rajasthan

Direct Beneficiaries Covered
380

Sample Technique
Purposive Sampling

Stakeholders
ASHA workers, Village Development Officer, Panchayat members, Village Health Sanitation & Nutrition Committee members, Auxiliary Nurse & Midwife

Key Output:

Increased registration of pregnancies by **94.7%** through Anganwadi centers, Municipality hospitals, and the Project team.

Improved access to healthcare services during pregnancy and child delivery with **97.6%** receiving regular check-ups from doctors, completing check-ups on time, and receiving appropriate ANC care.

Enhanced knowledge and behavior change regarding maternal and child health practices, with **93.4%** practicing exclusive breastfeeding and **86.3%** saving costs through Project team's guidance on affordable and nutritious food.

Strengthened utilization of institutional delivery services, with **99.2%** expressing their intention for institutional delivery at the government hospital.

Impact:

Improved maternal and child health outcomes with 92.9% reporting no child malnutrition and 96.8% exclusively breastfeeding until six months.

Cost savings and improved resource utilization, with 86.3% saving medical and nutritional costs through the Project team's guidance on affordable and nutritious food.

Empowered women and families in decision-making regarding childbirth, with the husband and in-laws influencing 45.3% of the decisions and 15.5% of the beneficiaries having a say in the place of childbirth.

Reduced child malnutrition through targeted interventions, as 42.4% received an extra quantity of food and 39.5% received nutritional guidance for their malnourished child.

Increased utilization of healthcare services and resources, as 51.1% of respondents had their tablet intake monitored by Project team, and 97.6% completed all check-ups and ultrasounds on time.

CHAPTER 1: INTRODUCTION

Maternal and child health is a fundamental aspect of public health and a crucial indicator of a community's overall health and well-being. Unfortunately, India still experiences high maternal and child mortality rates, particularly in rural and remote areas. Rajasthan, a state located in the northwestern part of India, has high maternal and child mortality rates. The Sirohi and Barmer districts are among the worst-affected regions in the state. Sirohi and Barmer districts are located in the western part of Rajasthan, with a combined population of over 2 million. The area has a predominantly rural population with limited access to healthcare facilities and services. The maternal mortality rate in Rajasthan is 221 per 100,000 live births, higher than the national average of 113 per 100,000 live births. Similarly, the infant mortality rate in the state is 41 per 1,000 live births, while the under-five mortality rate is 50 per 1,000 live births. These statistics clearly highlights the need for urgent action to improve maternal and child health outcomes in the state, particularly in Sirohi and Barmer district.

One of India's most impoverished areas is Rajasthan, specifically the Sirohi and Barmer districts. Due to limited access to healthcare services and a general lack of knowledge, most of the population in these areas struggles with various health-related issues. These areas have high maternal and infant mortality rates due primarily to insufficient healthcare infrastructure, bad health-seeking behavior, and an absence of knowledge about mother and child health. MAMTA collaborated with HDB Financial Services to address these issues and concentrated on enhancing maternal and child health results in the two districts. The initiative sought to improve young infants and pregnant women's health, nutrition, and well-being by offering them complete healthcare services.

The project's main goals were to boost institutional deliveries and lower the rates of mother and infant mortality. The project's main goal was to increase member control of the PRI and VHSNC. It placed a focus on helping front-line staff members and block-level officials improve their teaching and management skills in order to successfully deliver maternal and infant health services. The initiative entailed providing counselling to newlywed, expectant, and PNC women as well as their families. (husband and in-laws). With ASHA employees and significant community partners,

MAMTA also held awareness- and sensitization-raising sessions. ASHA and Anganwadi employees routinely participated in a number of workshops and trainings on maternal and infant health.

NGO Background

MAMTA- Health Institute for Mother and Child has been innovating in research methods for strengthening health systems and implementing public health initiatives for more than 30 years. Working over the years on the factors affecting maternal and child health, it diversified to address social and health determinants with a continuum of care approach. MAMTA strive towards bringing innovation at scale in the domains of Maternal and Child Health; Sexual and Reproductive Health with a focus on Adolescents (10-19 years) and Young People (10-24 years); Communicable diseases (HIV, TB, Hepatitis B & C); and common Non-Communicable Diseases (Hypertension, Diabetes, Obesity & Mental Health).

CHAPTER 2: RESEARCH METHODOLOGY

Research Design

- Name of the project : Community and Family Centric Approach for Improved Maternal and New Born Health: a sustainable mechanism in the Sirohi and Barmer districts of Rajasthan.
- Project Partner : MAMTA Health Institute for Mother and Child
- Research Design used : Descriptive Design
- Sampling Technique : Purposive Sampling
- Sample Size : 380 (All women respondent)
- Qualitative Methods used : Focused Group Discussions, Testimonials and Case Studies

Study Tools

A mobile application framework for data gathering has been created by SoulAce. This software was used by the field staff to carry out the research. Real-time data input, data transfer, GPS location information, and a poll for interacting with project recipients are all features of this application. A feature of the program allows users to photograph each respondent.

Research Ethics

The guidelines, norms, and guiding principles for ethical behavior in research are referred to as research ethics. It deals with the social issues that scientists must think about when planning and carrying out research projects. Because they safeguard the rights and well-being of participants, uphold the veracity of science, and promote social accountability, ethical concerns in research are crucial.

The main research principles that SoulAce has taken into account to make sure the study is carried out responsibly and ethically are listed below.

- **Informed Consent:** Before choosing to join, make sure that every person is well-informed about the research's goals, methods, risks, and rewards.
- **Community Engagement:** Create partnerships and confidence within the neighborhood to ensure that the study is culturally aware and considerate of local customs and values.
- **Respect for Culture:** Be sure that the study does not hurt or offend anyone and that it respects the cultural standards and values of the community.
- **Confidentiality:** Maintain the secrecy of the personal data and information of the participants using safe data management and storing practices.
- **Respect for Participants:** Show participants the utmost consideration and decency, and make sure their rights and well-being are safeguarded at all times during the research.
- **Data Protection:** Assure that all data gathered during the study is protected from unauthorized access and is only used for research objectives.
- **Avoidance of harm:** Ensure that subjects are not subjected to any bodily or psychic damage as a result of the study.
- **Scientific Integrity:** Conduct study objectively and impartially, free of conflicts of interest and data tampering.
- **Reporting and Dissemination:** Accurately and openly present study results and spread them in a way that is attentive to cultural differences.

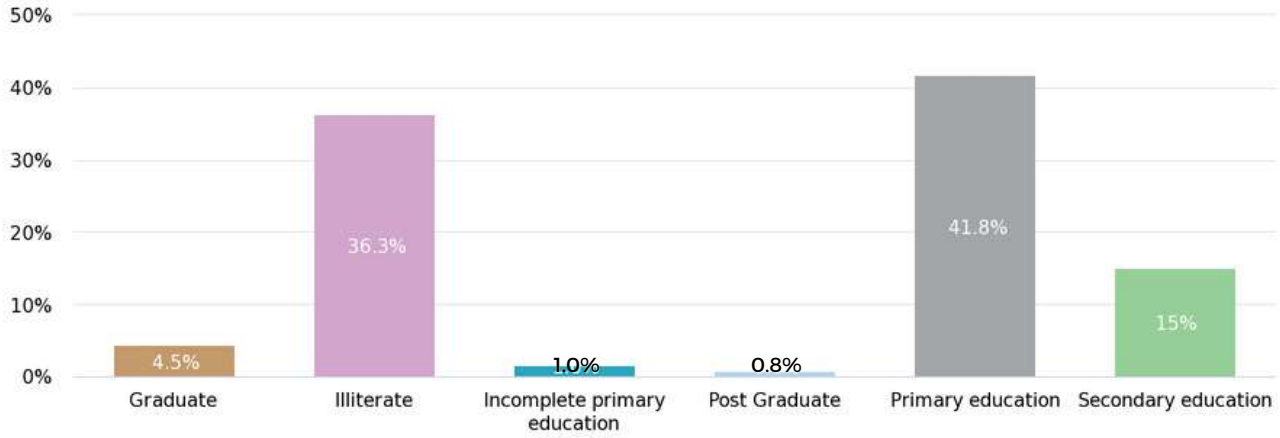
Key Stakeholders

Stakeholders

- Village Development Officer
- ASHA Workers
- Anganwadi Workers
- ANM
- Panchayat
- Village Health Sanitation and Nutrition Committee

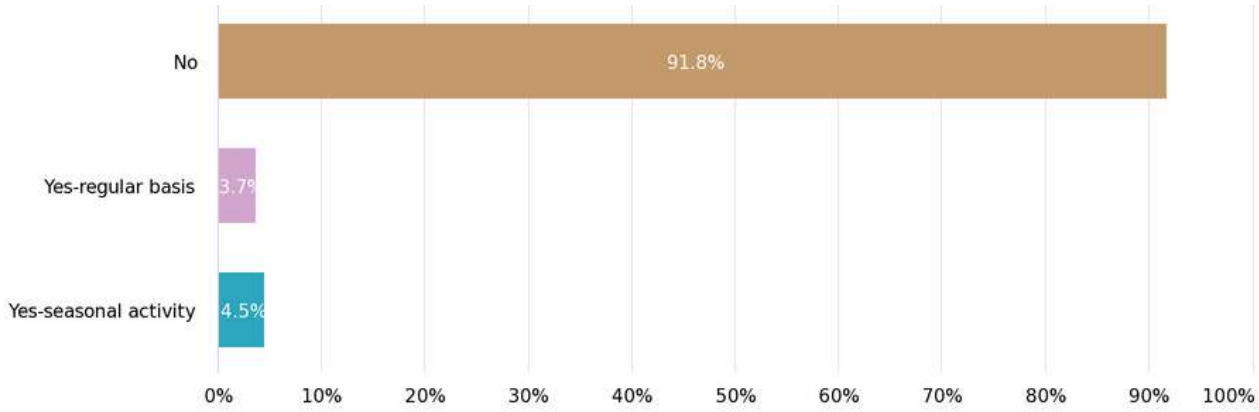
CHAPTER 3: MAJOR FINDINGS OF THE STUDY

Chart 1: Educational status



The largest group of respondents were those with primary education, comprising 159 individuals (41.8%). This was followed by the group of respondents classified as illiterate, with 138 individuals (36.3%). The group with secondary education has 57 individuals (15.0%). Only a small number of respondents fell into the other education status categories. These include 17 respondents (4.5%) who were graduates, 6 respondents (1.6%) who had incomplete primary education, and 3 respondents (0.8%) who were postgraduates.

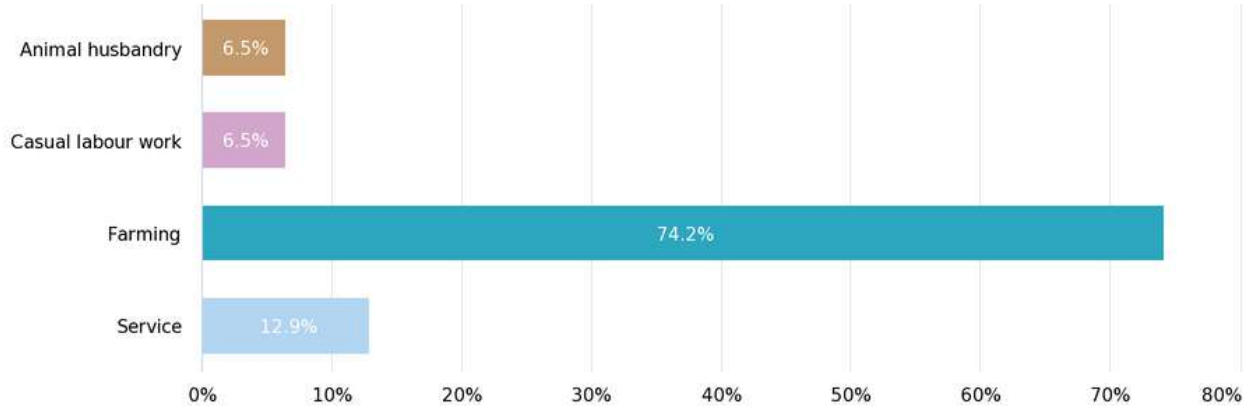
Chart 2: Involvement in occupational activities



The majority of the respondents (349 individuals, 91.8%) reported that they were not involved in any occupational activity. This suggests that a significant proportion of the individuals who participated in the survey needed to be more engaged in regular work or employment. Only a small percentage of respondents (14 individuals, 3.7%) reported regularly being involved in occupational activity.

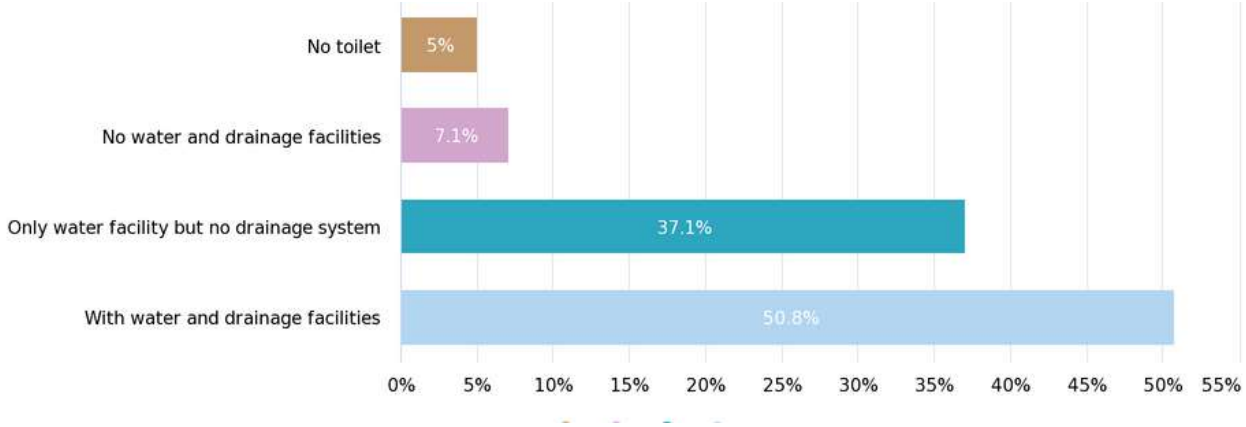
This indicates that a small proportion of individuals who participated in the survey were employed or engaged in some form of everyday work. Additionally, 17 respondents (4.5%) reported being involved in seasonal activities.

Chart 3: Type of occupational activity



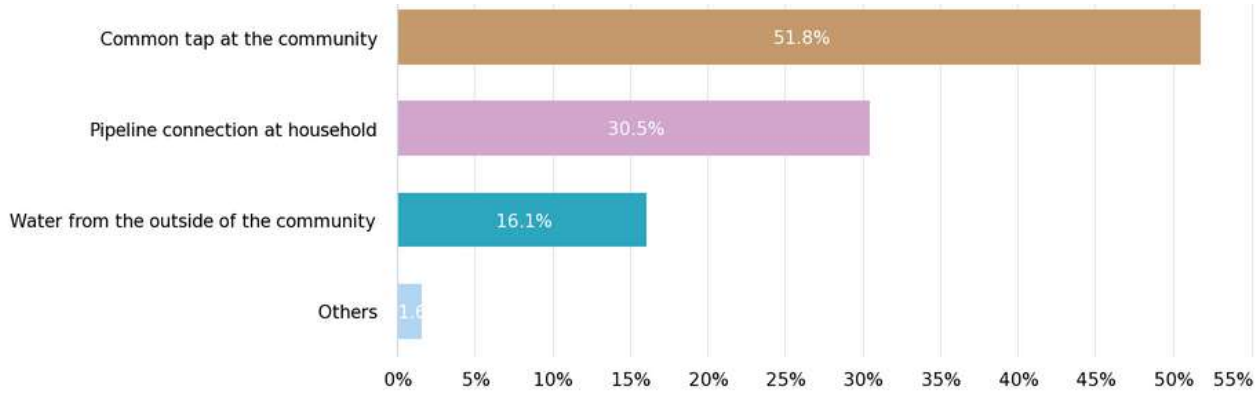
The above chart represents the responses of 31 individuals who reported being involved in an occupational activity. The largest group of respondents (23 individuals, 74.2%) said they were engaged in farming. A small proportion of respondents reported being involved in other types of work. This includes 4 individuals (12.9%) who were involved in service sector jobs, 2 individuals (6.5%) who were engaged in animal husbandry, and 2 individuals (6.5%) who reported doing casual labor work.

Chart 4: Status of toilets in families



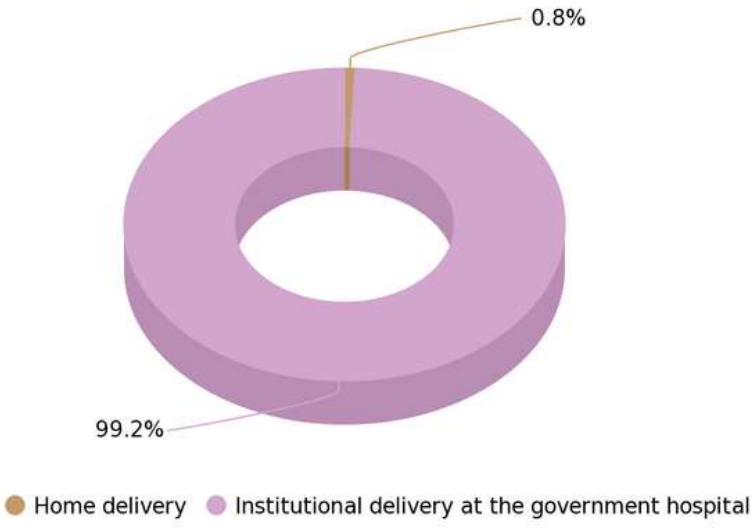
The majority of the respondents (193 individuals, 50.8%) reported having access to toilets with both water and drainage facilities. 141 respondents (37.1%) reported having access to toilets with water facilities but no drainage system. A smaller proportion of respondents (27 individuals, 7.1%) said they had no water and drainage facilities for their toilets. Finally, 19 individuals (5.0%) said they did not have access to toilets at all.

Chart 5: Sources of drinking water



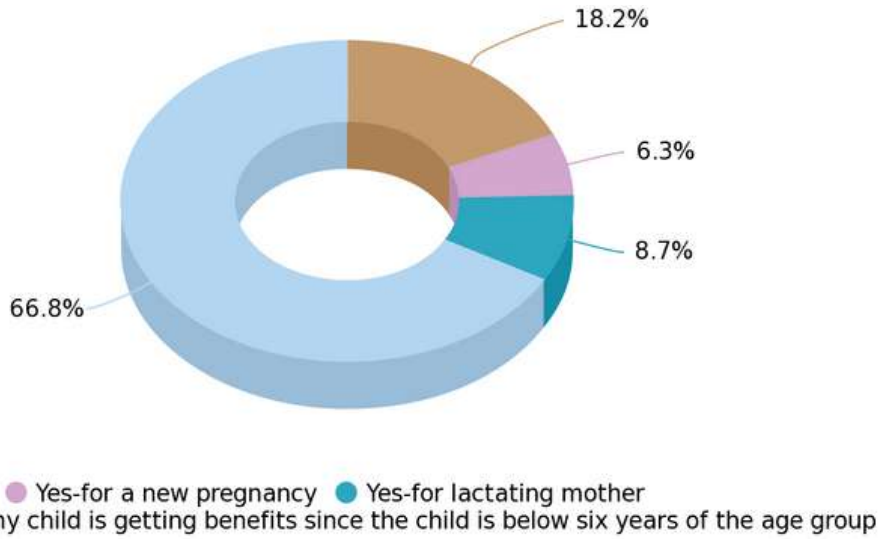
Most respondents (197 individuals, 51.8%) cited a common tap in the community as their drinking water source. 116 respondents (30.5%) mentioned having a pipeline connection for drinking water in their households. A smaller proportion of respondents (61 individuals, 16.1%) said they accessed water from outside the community. Finally, only 6 individuals (1.6%) reported using other sources for drinking water.

Chart 6: Planning for childbirth in case of recent pregnancy



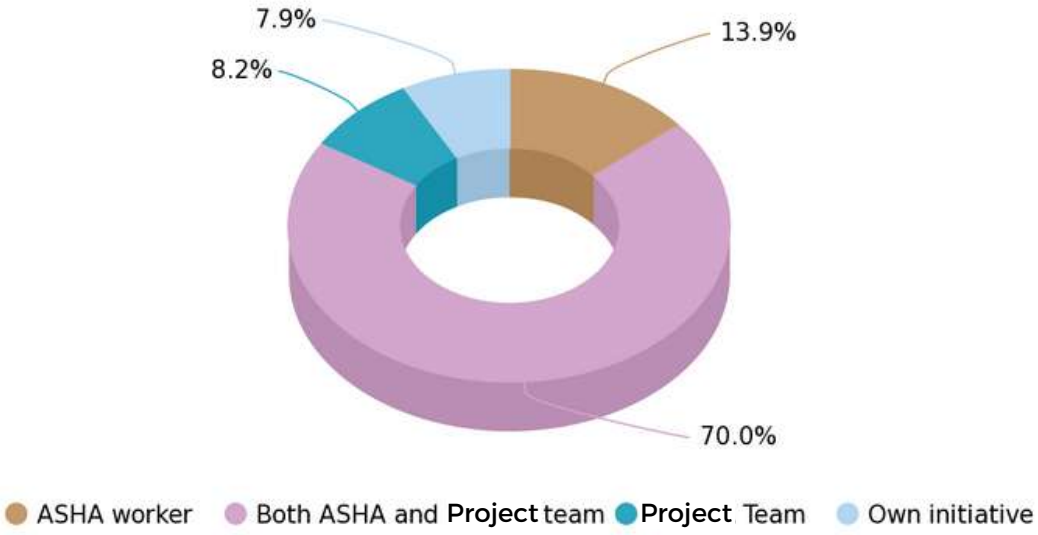
The data represents the childbirth plans of 380 individuals in the case of a recent pregnancy. Most respondents (377 individuals, 99.2%) said that they planned for an institutional delivery at the government hospital. Only 3 individuals (0.8%) reported that they had plans for home delivery.

Chart 7: In touch with Project Team



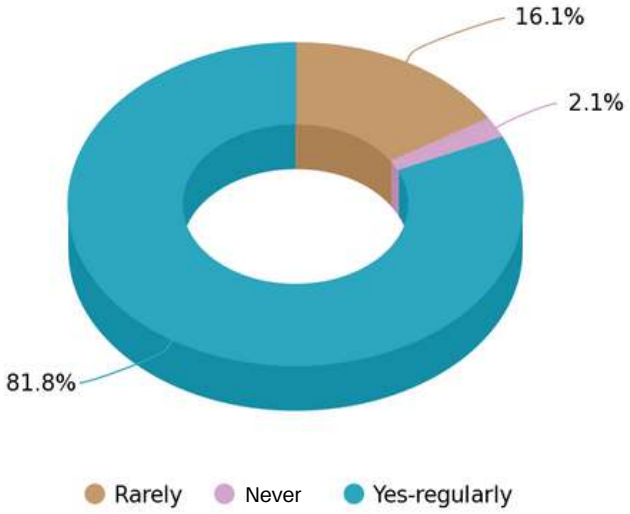
Most respondents (254 individuals, 66.8%) said that they were still in touch with the Project team and that their child was getting benefits since the child was below six years of age. 33 individuals (8.7%) mentioned that they were still in touch with the Project team for support related to lactating respondents. 24 individuals (6.3%) said they were still in touch with the Project team for help and support with a new pregnancy. Finally, 69 individuals (18.2%) reported not being in touch with the Project team at all.

Chart 8: Motivation for institutional delivery



Most respondents (266 individuals, 70.0%) stated that the ASHA worker and the Project team motivated them to go for institutional delivery. 53 individuals (13.9%) said that they were motivated by the ASHA worker alone. 31 individuals (8.2%) reported being motivated by the Project team alone. Finally, 30 individuals (7.9%) reported taking the initiative for institutional delivery without any external motivation.

Chart 9: Project Team support during the child delivery process

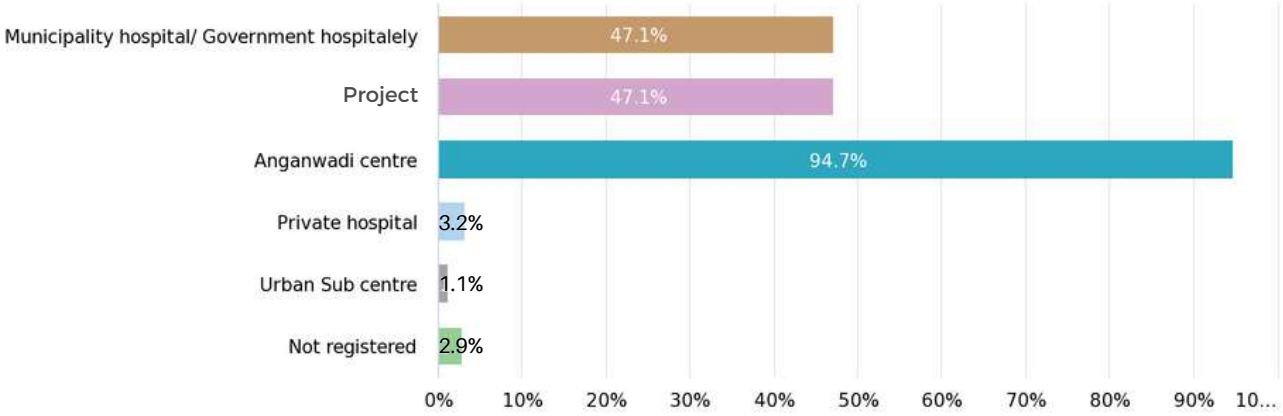


Of the 380 respondents, 311 individuals (81.8%) said that the Project team supported them regularly during child delivery. 61 individuals (16.1%) stated that they rarely received support from the Project team. 8 individuals (2.1%) mentioned receiving no help from the Project team during delivery.

"The effect the project team has had on the community over the past few years has been genuinely amazing, and it has been a pleasure to work with them. As an employee of ASHA, I have been moved by their unflinching dedication to enhancing mother and child health. The organization's emphasis on expanding institutional births and enhancing reproductive options through a family-centric strategy has significantly changed the community. It is encouraging to see young married women and men choosing institutional childbirth and making educated choices about their reproductive health. I was able to contribute significantly to the implementation of these good changes, thanks to the skills and information I acquired through Project's training sessions".

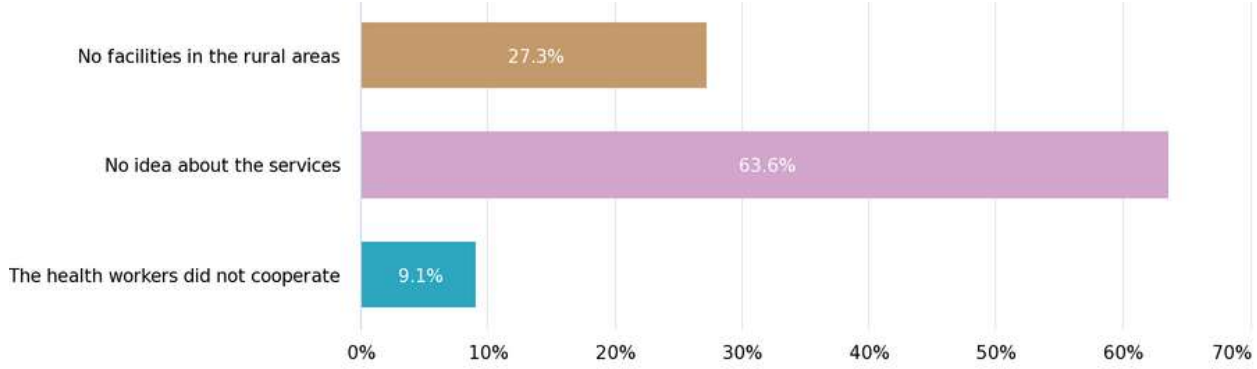
Rajni (42 years), ASHA Worker
Mavdi Village, Siwana Block, Barmer District

Chart 10: Place of registration of all your pregnancies



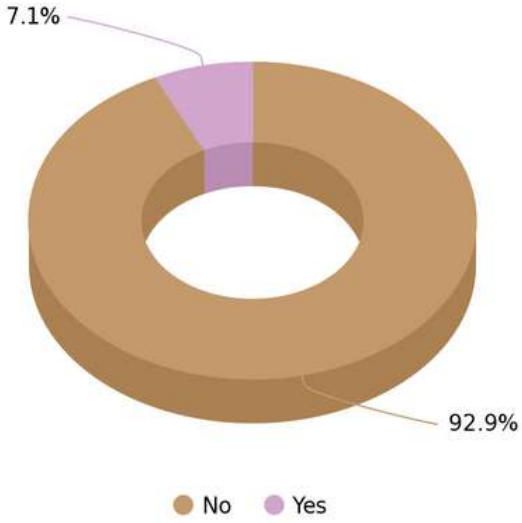
Most of the respondents, out of the total sample (360 or 94.7%), reported registering all their pregnancies at the Anganwadi center. This indicates that the Anganwadi center is an essential point of contact for community maternal and child health services. 179 individuals (47.1%) reported registering their pregnancies at the Municipality hospital/Government hospital, and an equal number (47.1%) reported registering their pregnancies with the Project team. This suggests that the Project team and government hospitals are also important sources of maternal and child health services for some individuals in the community. 12 individuals (3.2%) reported registering their pregnancies at a private hospital, while only 4 individuals (1.1%) mentioned registering their pregnancies at an urban sub-center . 11 individuals (2.9%) reported not registering their pregnancies at any facility.

Chart 11: Reasons for not registering pregnancies in any institutions



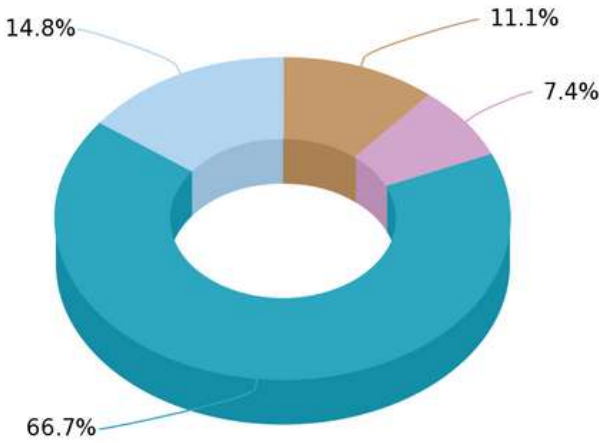
There is a total of 11 respondents who did not register their pregnancies in any of the institutions mentioned. Among them, 63.6% said that they had no idea about the services, 27.3% stated that there were no facilities in the rural areas and only 9.1% reported that the health workers did not cooperate.

Chart 12: Malnourishment among children in families



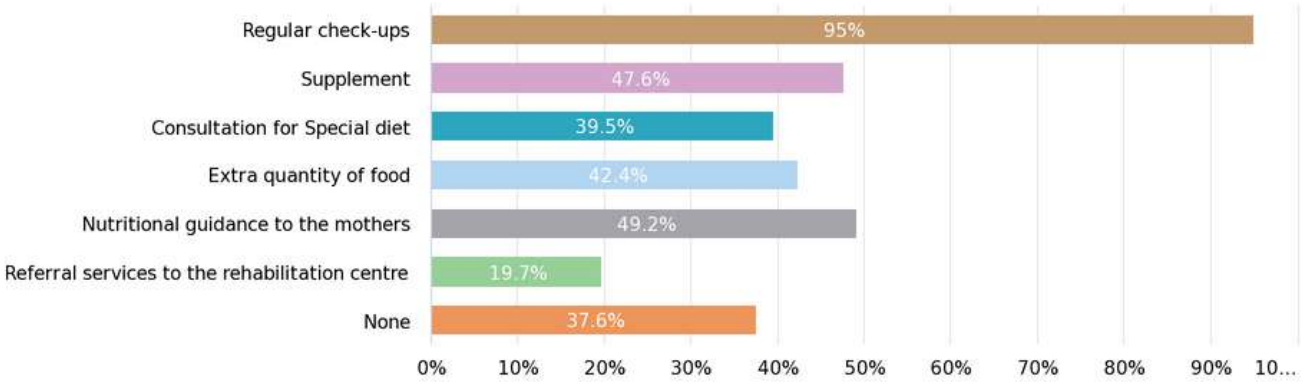
Out of the 380 respondents, 92.9% (353) said that none of their children were malnourished, while 7.1% (27) stated that at least one of their children was malnourished.

Chart 13: Grade of malnourishment



Among the respondents who mentioned their malnourished children, a majority of them (66.7%) stated that they were unaware of the specific grade of malnourishment and relied on health workers for such information. In contrast, 14.8% of the respondents confirmed that their children were severely malnourished, while 11.1% confirmed mild malnourishment and 7.4% confirmed moderate malnourishment.

Chart 14: Availed services for Childcare



The data shows that most respondents received regular check-ups to improve their child's health (95%). Other standard services included nutritional guidance to the respondents (49.2%), supplements (47.6%), and extra quantity of food (42.4%). Consultations for special diet and referral services to the rehabilitation center were offered to 39.5% and 19.7% of the respondents, respectively. 37.6% of the respondents received no assistance to improve their child's health.

Focused Group Discussion

The SoulAce team performed a focused group conversation with the Village Health Sanitation and Nutrition Committee (VHSNC) members in the Mavdi Panchayat of the Barmer district where Project was working to enhance maternal and child health as part of an effect study and review. Understanding the effects of Project's interventions and the role of the VHSNC in tackling maternal and child health problems in the community were the goals of the conversation. The VHSNC members discussed their interactions with the Project experiences and expertise during the meeting.

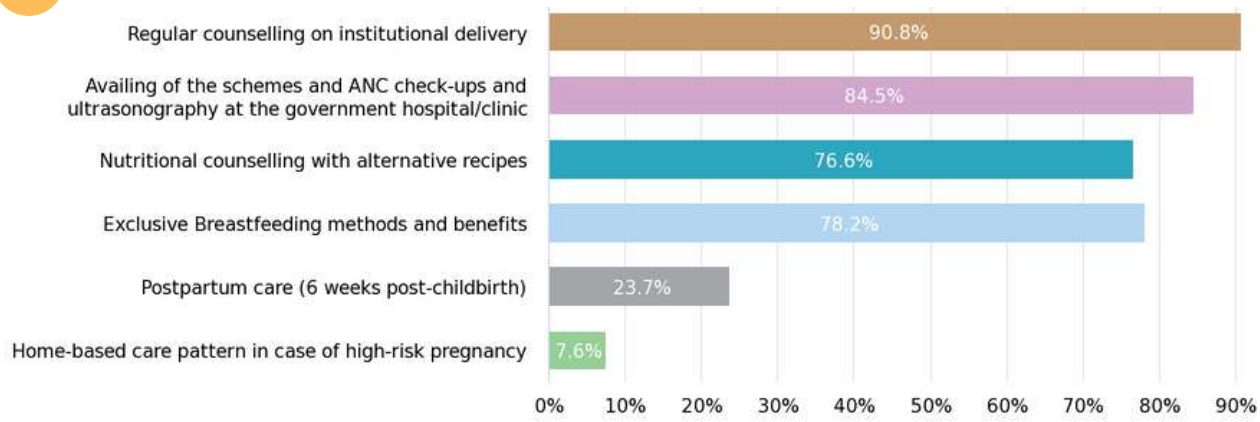
They stated that by holding regular training and mentorship meetings for its members, Project enhanced the efficiency of the VHSNC. Their knowledge of maternal and child health problems, as well as the responsibilities they had as committee members, were the primary focuses of the training. They were also given the tools they needed by Project team, including informational, educative, and communicational (IEC) documents, which they used to raise awareness among residents.

The VHSNC members stated that they were instrumental in carrying out Project's goals. For instance, they increased the availability and use of contraceptives by running awareness programs and promoting family planning to newlyweds. They encouraged the residents to seek advice from medical experts and attend the health center frequently for checkups.

The VHSNC members discussed institutional delivery and how Project's family-centered strategy contributed to a rise in institutional births. Young married women were actively encouraged to give birth in hospitals, and they were given the necessary assistance and care both during and after delivery. The VHSNC members also noted that the group had improved families' understanding of skilled deliveries and early postpartum care in home-based care, as well as their practices in these areas. They used the information they had learned in their training to inform parents about the value of early nursing, main postpartum care, and cord care.

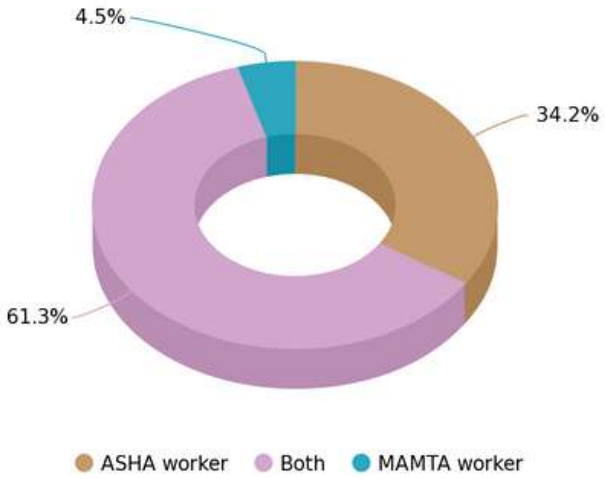
To guarantee the provision of services after the operation, Project team also offered handholding and mentoring assistance to frontline health workers. The viability of the program was guaranteed by this assistance, which also helped field health workers develop their competence. The VHSNC members admitted that their involvement with the group had improved their sense of ownership over problems relating to maternal and infant health. They took on more responsibility for planning health events and awareness campaigns and for making sure that healthcare was provided efficiently. The concentrated group conversation with participants concluded by highlighting how Project's initiatives have improved maternal and child health in the neighborhood. The VHSNC members played a crucial role in carrying out Project's goals and ensuring the program’s longevity. The Project strategy of fortifying the VHSNC and giving grassroots health workers handholding and training support guaranteed the efficient delivery of health services in the community.

Chart 15: Services received from the Project during pregnancy



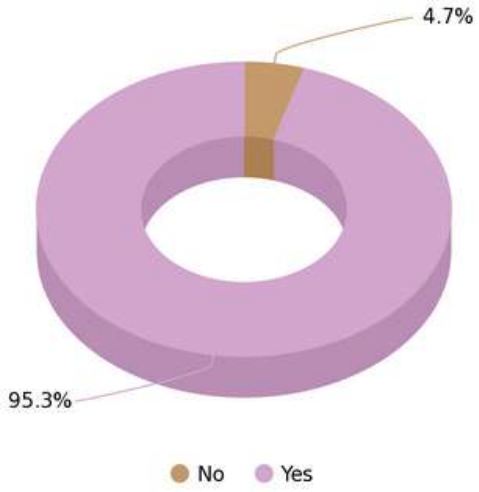
The data indicates that a significant proportion of respondents received various services from the project during their pregnancy. Most respondents received regular counseling on institutional delivery (90.8%) and availed of the schemes, ANC check-ups, and ultrasonography at the government hospital/clinic (84.5%). Other services received include nutritional counseling with alternative recipes (76.6%), exclusive breastfeeding methods and benefits (78.2%), and postpartum care (23.7%). Only a few respondents received home-based care patterns in case of high-risk pregnancy (7.6%). The data indicates that the project provided essential services to pregnant women in the study area.

Chart 16: Weight and BP check-up during previous pregnancy



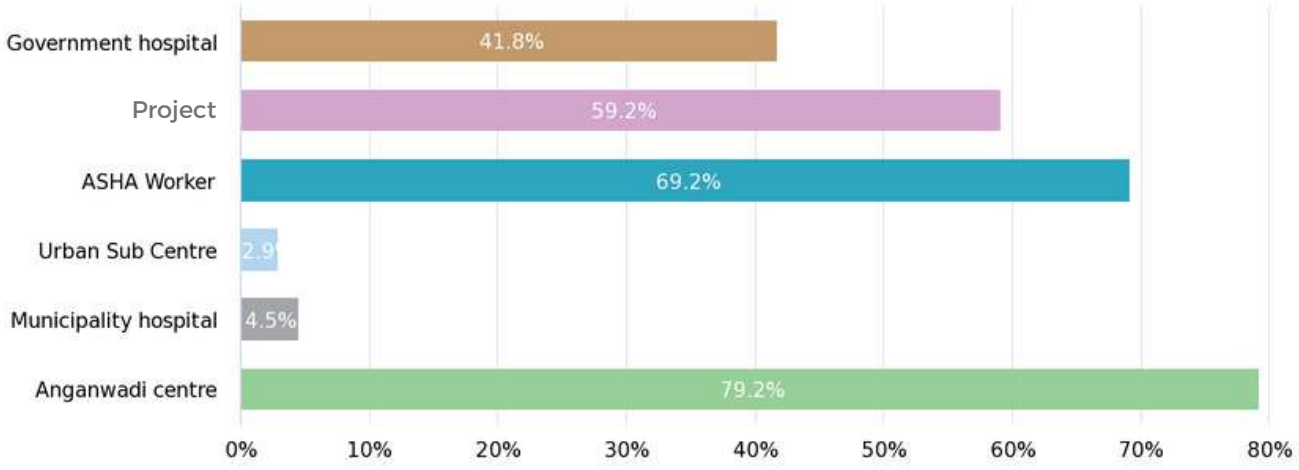
The pie chart shows that 61.3% of the respondents said that ASHA and Project team examined their weight and blood pressure during their last pregnancy. 34.2% of the respondents said that only ASHA workers examined their weight and blood pressure during their previous pregnancies. 4.5% of the respondents reported that only Project team looked at their weight and blood pressure during their last pregnancies. Most respondents said that both ASHA and Project team examined their weight and blood pressure during their previous pregnancy, with a significant minority reporting only ASHA workers as the ones who examined them.

Chart 17: Support for Post-natal check-ups



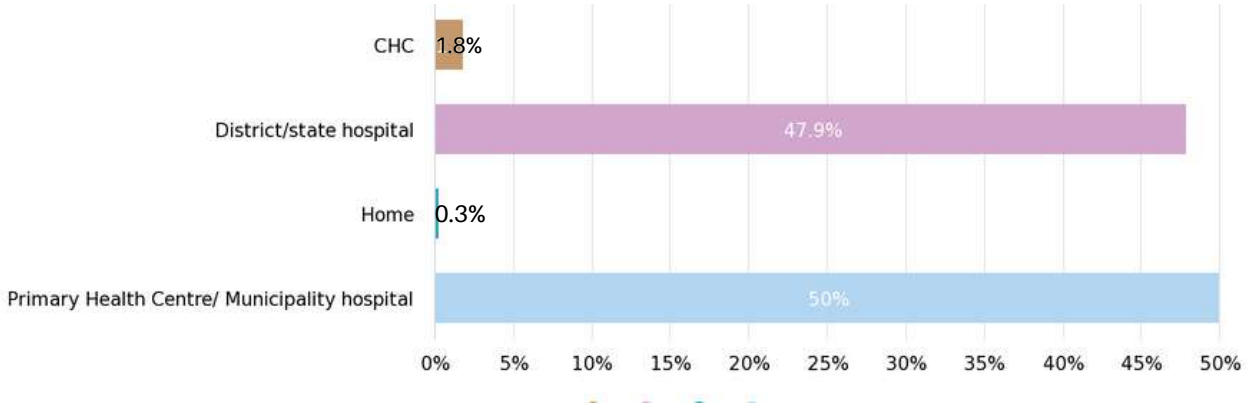
Based on the data, it can be seen that a total of 380 respondents were surveyed about whether they received support for post-natal check-ups. Of these respondents, 362 (95.3%) reported receiving support for post-natal check-ups, while only 18 (4.7%) mentioned not receiving support.

Chart 18: Post-natal check-up service providers



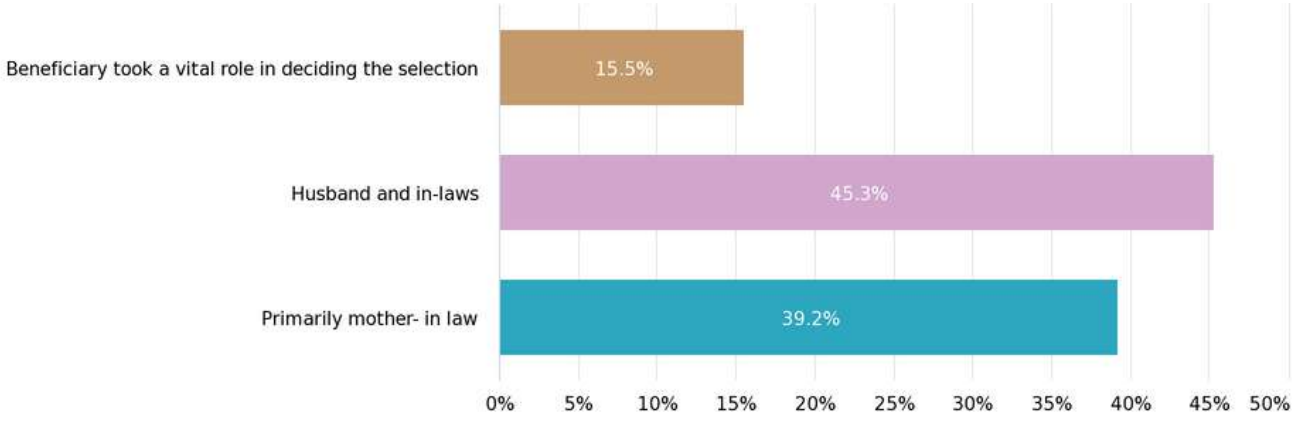
The data shows that out of the 362 respondents who reported receiving support for post-natal check-ups, a majority received services from ASHA workers (69.2%), followed by HDB Financial Services Project (59.2%) and Anganwadi centers (79.2%). A smaller percentage of respondents received services from government hospitals (41.8%), municipality hospitals (4.5%), and urban sub-centers (2.9%).

Chart 19: Place of childbirth during the project period



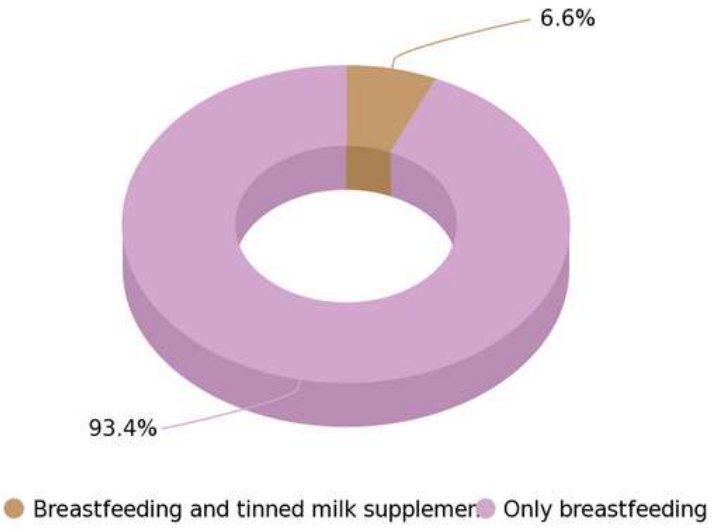
The results show that the majority of deliveries, i.e. 50%, took place in Primary Health Centers (PHC) or Municipality Hospitals. District/State hospitals were the second most common childbirth location, accounting for 47.9% of deliveries. Only 1.8% of deliveries occurred in Community Health Centers (CHCs) and primary healthcare centers that provide preventive and curative services to rural communities. Additionally, only one delivery took place at home during the project period.

Chart 20: Decision-making on the selection of place of childbirth



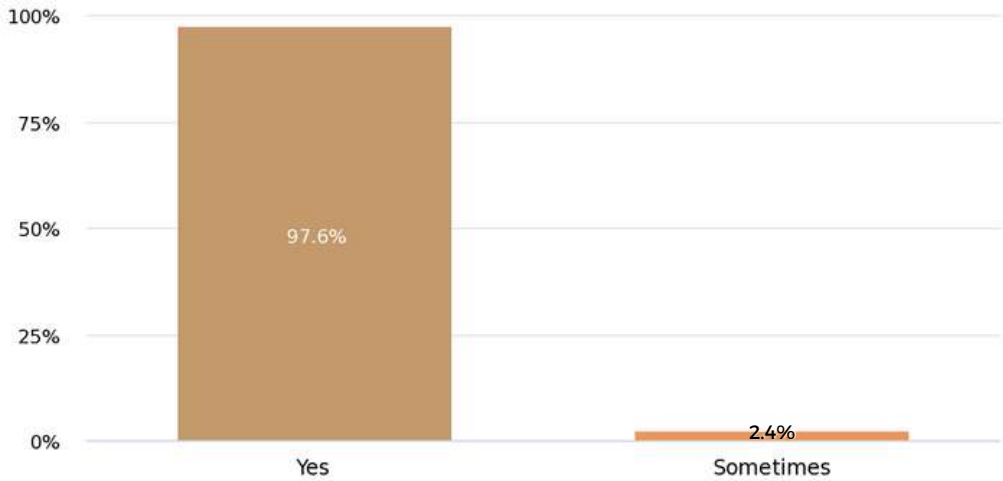
In the context of the childbirths analyzed, the decision of selecting the place of childbirth was studied. The data collected from a sample of 380 revealed that most decisions were made by the husband and in-laws, accounting for 45.3% of the cases. Furthermore, the study found that the mother-in-law played a crucial role in the decision-making process in 39.2% of cases. Notably, the beneficiary took a vital role in deciding the selection of the place of childbirth in 15.5% of cases.

Chart 21: Feeding child during the first 6 months



The study revealed the feeding practices followed during the first six months of their child's life. The results show that the majority of respondents, i.e. 93.4%, exclusively breastfed their babies during the first six months. However, a small percentage of respondents, i.e. 6.6%, supplemented breastfeeding with toned milk during the first six months.

Chart 22: Regular and proper breastfeeding



The results show that most respondents, i.e. 97.6%, appropriately reported breastfeeding their child at regular intervals. This is a positive trend, as regular breastfeeding is crucial for ensuring adequate nutrition and optimal growth and development of infants. However, a small percentage of respondents, i.e. 2.4%, mentioned that they sometimes breastfed their child improperly, such as by not breastfeeding at regular intervals.

Kantilal, 38 years (Village Development Officer),
Goyli Panchayat, Sirohi District

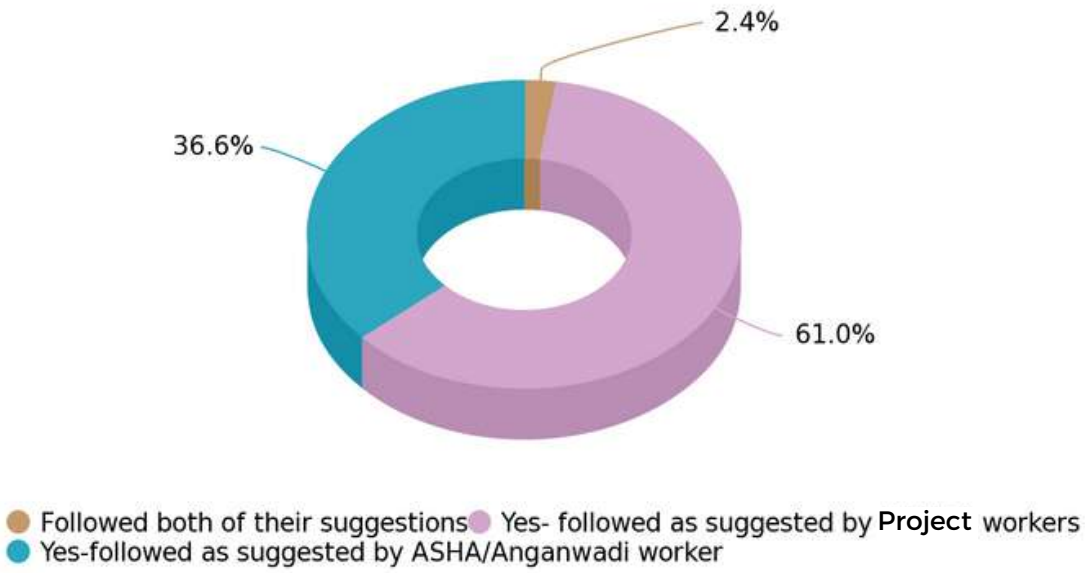
As a village development officer, I have personally witnessed the remarkable transformation of mother and child health in our neighborhood due to the HDB Financial Services initiatives. One of the significant factors contributing to this transformation has been the program's focus on improving family knowledge and practices related to expert deliveries and immediate postpartum care through home-based interventions. The HDB Financial Services program has played a pivotal role in educating families about the importance of skilled birth attendance and the numerous benefits of proper postpartum care for both mothers and their children. By actively engaging with the community and collaborating with families, the program has effectively built confidence and significantly improved health outcomes.

The treatments were thorough and covered a wide variety of topics, including prenatal care, birth, and postpartum care. Families now have access to skilled healthcare professionals and are better equipped to make health-related choices, thanks to the program.

Greater knowledge of the problems related to maternal and infant health has been one of the most important results of the interventions by HDB Financial Services. By ensuring that mothers and their children have access to high-quality medical treatment, the program has also assisted in enhancing their health and welfare.

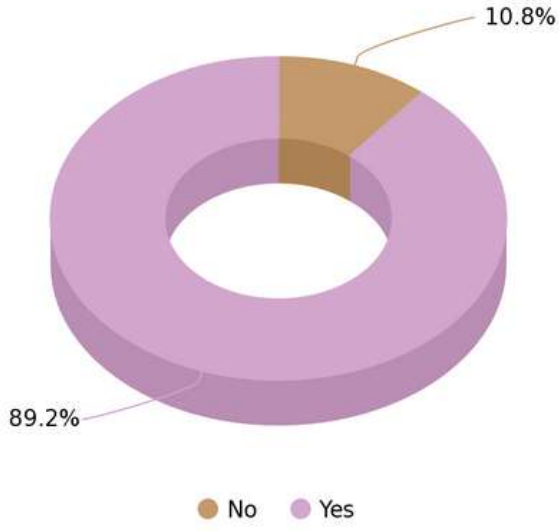
I express my gratitude for the initiatives undertaken by HDB Financial Services and the positive impact they have had on our neighborhood. It brings me immense joy to be involved in this program alongside a dedicated team of medical professionals who are devoted to improving the health of mothers and children. By providing continuous support to the HDB Financial Services program, we can work towards creating a healthier and more resilient society.

Chart 23: Practicing the process of breastfeeding



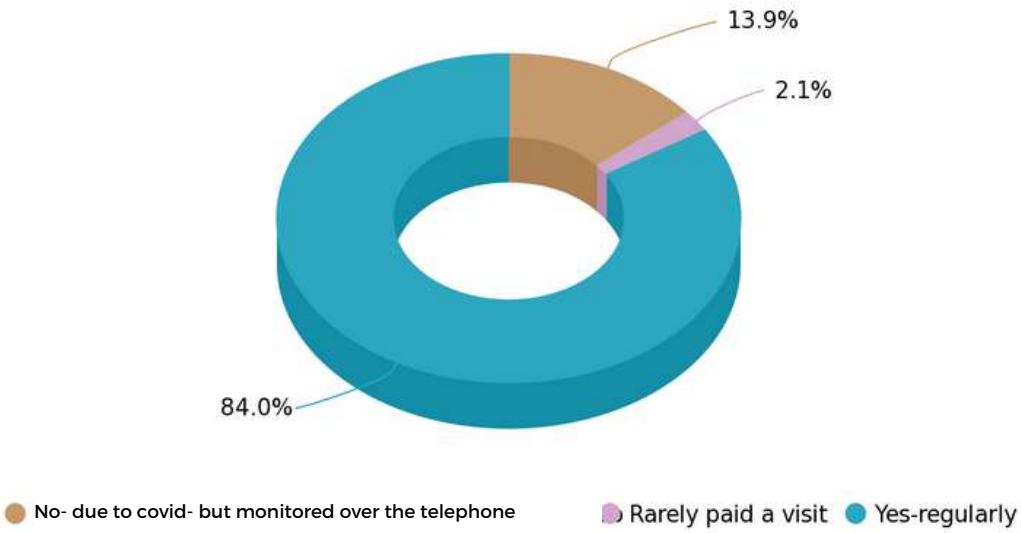
The results show that the majority of respondents, i.e. 61.1%, followed the suggestions provided by the Project workers. Additionally, 36.6% of respondents reported following the recommendations ASHA or Anganwadi workers provided. A small percentage of respondents, i.e. 2.4%, reported following the suggestions of the Project and ASHA/Anganwadi workers.

Chart 24: MAMTA (Project) card



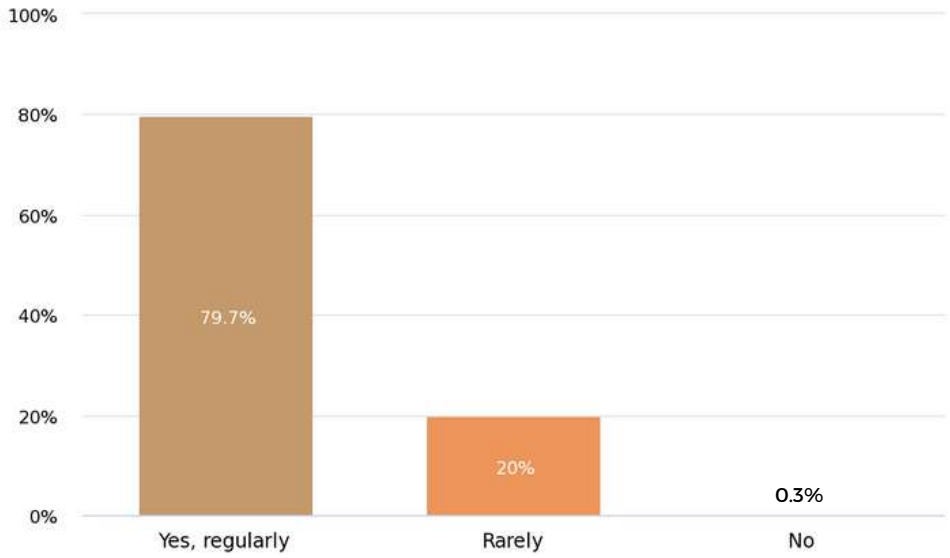
The study analyzed the possession of the MAMTA (Project) card among the 380 respondents who participated in the study. The results show that the vast majority of respondents, i.e. 89.2%, reported having a card, indicating they had access to the guidance and support provided by Project workers. However, 10.8% of respondents reported needing a card due to the workers' lack of awareness or outreach.

Chart 25: Project Team home visit



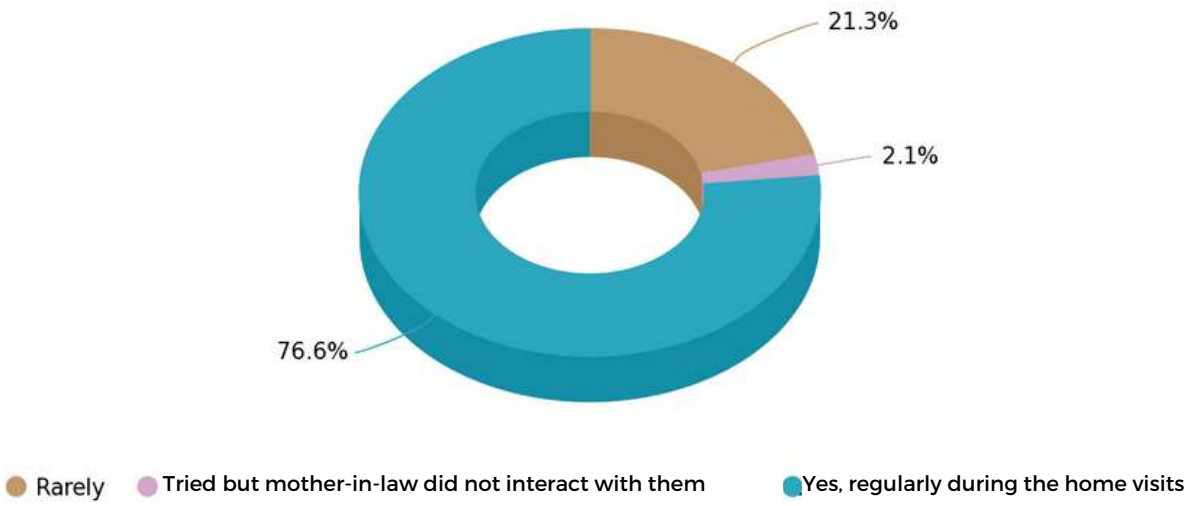
The results show that most respondents, i.e. 84%, reported that the Project team regularly paid a visit to their home. A small percentage of respondents, i.e. 2.1%, said that the Project team rarely visited their homes. A small percentage of respondents, 13.9%, reported that the Project team did not pay a home visit due to the COVID-19 pandemic. However, these respondents mentioned that the Project team monitored both their health and their child's health over the telephone.

Chart 26: Group sessions in the community center



The study also examined the attendance of respondents in the group sessions at the community centers. The results show that most respondents, i.e. 79.7%, reported attending group sessions regularly. However, a significant percentage of respondents, i.e. 20%, mentioned that they rarely attended group sessions.

Chart 27: Counseling of mother-in-law and husband



Most respondents, i.e. 76.6%, said that the Project team had regularly advised their mother-in-law and husband during home visits. However, a significant percentage of respondents, i.e. 21.3%, said that the Project team had rarely counseled their mother-in-law and husband. Additionally, a small percentage of respondents, i.e. 2.1%, reported that the Project team had tried to guide their mother-in-law, but that she did not interact with them.

Sundar, a resident of Udd village in the Sirohi district of Rajasthan

Sundar, a resident of Udd village in the Sirohi district of Rajasthan, has been working as an Anganwadi worker for the last 5 years. As a frontline worker, she provided primary health care and nutrition services to women and children in her village. Sundar is a dedicated worker and has attended several training sessions and workshops organized by the Project team as a part of their community-based maternal and child health project.

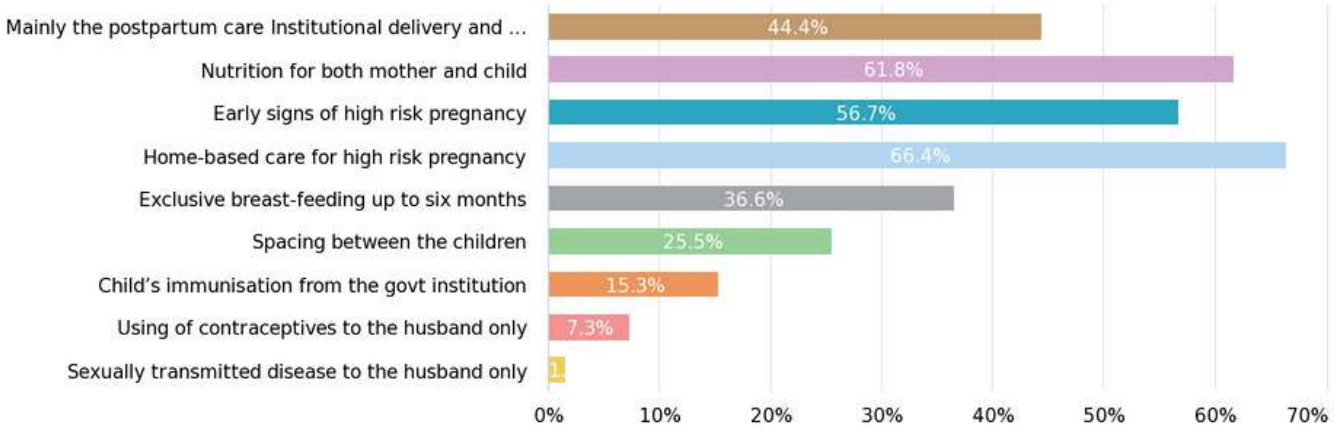
During her tenure as an Anganwadi worker, Sundar witnessed high maternal and child health issues in her village and realized there needed to be more awareness among women regarding maternal and child health. She also identified a significant gap in the delivery of health care services in the village. This motivated Sundar to attend Project's training sessions and workshops regularly. She learned about various maternal and child health aspects, including the importance of antenatal care, institutional deliveries, and postpartum care.

Sundar is attentive and applied her learning to her work as an Anganwadi worker. She began participating, with the support of Project team, in organizing awareness-raising campaigns in her village to educate women about the importance of maternal and child health. She also started holding regular meetings with pregnant women and their families to discuss the benefits of institutional deliveries and proper nutrition for pregnant and lactating mothers.

Sundar's efforts were successful, and the women in her community eventually started embracing healthy behaviors, such as routine prenatal checkups and institutional deliveries. As an Anganwadi helper, Sundar changed the community's perspective on mother and infant health. Sundar worked together with additional Anganwadi workers from nearby communities to impart her wisdom and experiences. She started planning joint gatherings and training workshops for other staff members so they could share knowledge and work together to enhance maternal and child health results in their local areas. Sundar quickly became a role model for the women in her community as a result of her hard work and devotion.

Sundar's story serves as an example of the value of frontline staff and community-based strategies in enhancing maternal and infant health results. Sundar changed the way her society thought about mother and child health through her commitment and openness to learning. All frontline employees are motivated by Sundar's story, which also emphasizes their crucial part in providing healthcare services and encouraging health-seeking activities in communities.

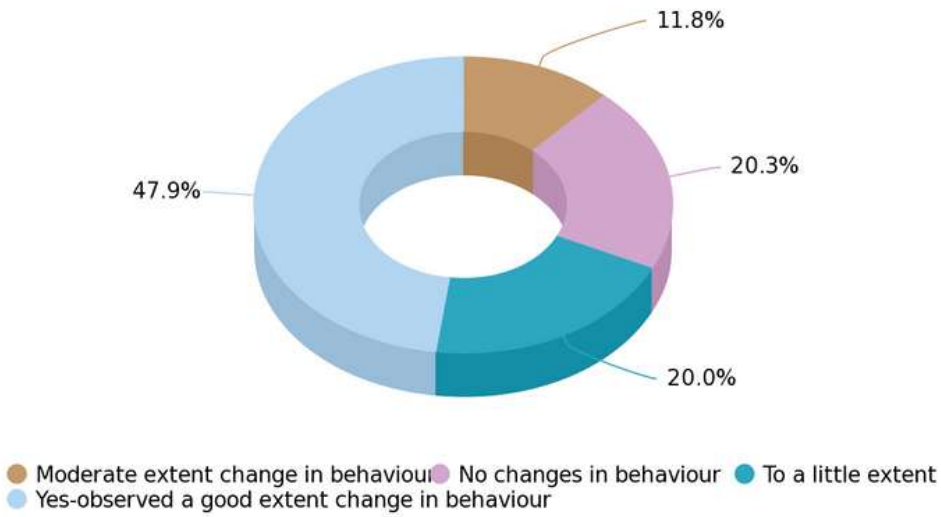
Chart 28: Topics discussed with mother-in-law and husband during counseling



According to the findings, Project team provided counseling services to the mother-in-law and husband of 372 respondents. The counseling covered various topics related to maternal and child health. Most of the counseling (66.4%) was focused on home-based care for high-risk pregnancies. Additionally, nutrition for both mother and child was also an essential topic of discussion, with 61.8% of respondents indicating that they received counseling on this.

Other important topics included early signs of high-risk pregnancy (56.7%), exclusive breastfeeding up to six months (36.6%), and spacing between children (25.5%). The results also showed that a small percentage of respondents received counseling on using contraceptives and sexually transmitted diseases, highlighting the importance of addressing these issues as well.

Chart 29: Behavioral changes



Out of a total of 380 individuals, the majority comprising 182 respondents (47.9%) reported changes in their behavior to a good extent, while 45 (11.8%) reported changes to a moderate extent. 76 (20%) reported changes to a small extent. However, 77 (20.3%) individuals reported no changes in their behavior despite the guidance provided.

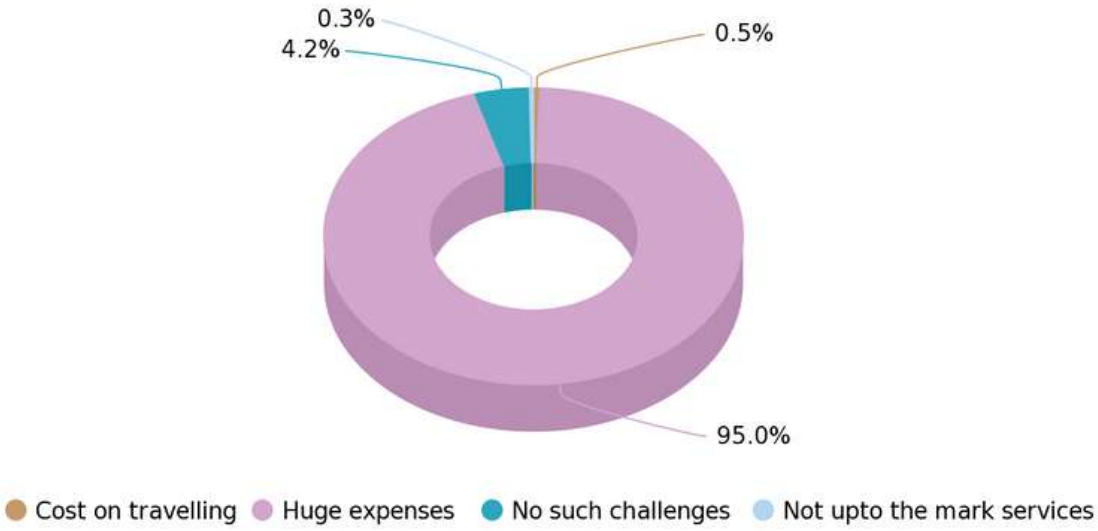
Heera Devi, an ASHA employee, Bitujha Panchayat's first hamlet in the Balotra block of the Barmer region

Heera Devi, an ASHA worker, resides in the Bitujha Panchayat's first hamlet in the Balotra block of the Barmer region. She has had an association with the Project for the last five years. She may be young, but she is extremely driven and committed to her job. She began working for ASHA in 2017 and has since concentrated on enhancing infant nutrition and health in her community. Heera's primary focus has been promoting the timely delivery of children and breaking myths and stereotypes about child health and nutrition in her community. She has also made promoting healthy eating habits in her community a top priority and highlights the significance of sanitation and hygiene.

Her tireless efforts and devotion have greatly enhanced the village's sanitation and cleanliness standards. Heera played a key role in the introduction of MAMTA (Project) cards in her community, giving her the ability to monitor the health and nourishment of each child there. This has been crucial in locating and treating any instances of starvation. Heera has made sure that no kid in her community is malnourished as a result of her diligent efforts. The community's nutritional, health, and sanitation practices have been enhanced by her, and as a result, there are fewer illnesses and diseases affecting children.

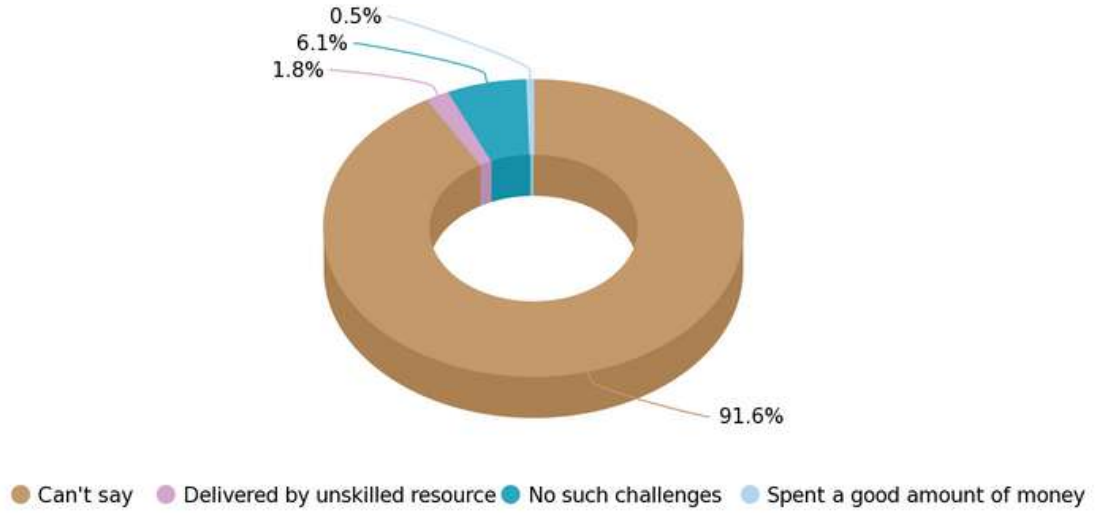
Heera is a real example of motivation and a living example of how community health workers can change lives. Despite the obstacles she encounters at work, she is still dedicated to enhancing the health and well-being of her neighborhood. Her work has assisted in dismantling prejudice and misconceptions in the community.In conclusion, Heera's outstanding initiatives and commitment to enhancing the health and nourishment of her community are extraordinary. She serves as an example to other young ASHA workers, motivating them to put in a tremendous effort to improve the lives of those they interact with. In Bitujha village, Balotra block, her efforts with Project have unquestionably benefited maternal and infant health.

Chart 30: Challenges faced while availing of private nursing homes for childbirth



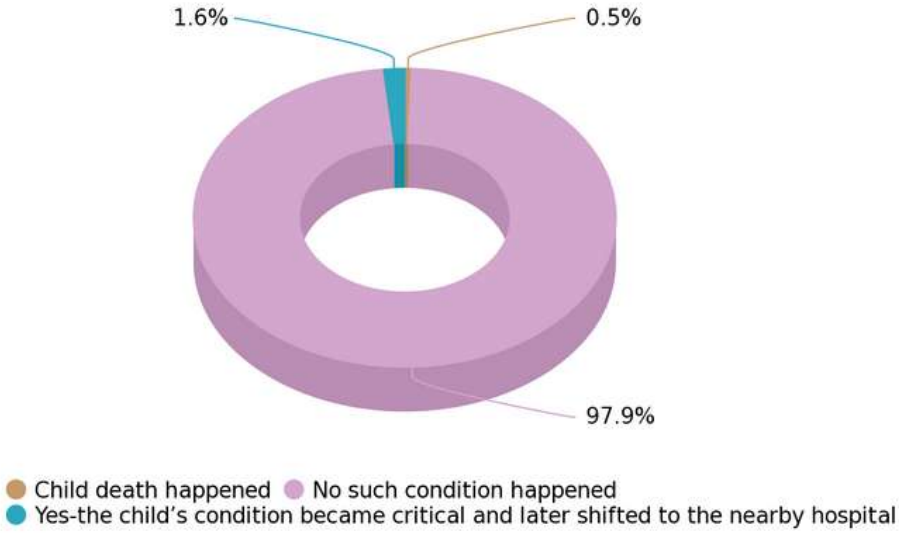
Out of a total of 380 respondents, the majority of 361 (95%) reported facing the challenge of huge expenses indicating that the cost of private nursing homes for childbirth may be prohibitively expensive for many people. Only 2 (0.5%) respondents reported the cost of traveling as a challenge. Only 1 (0.3%) respondent reported the lack of up-to-the-mark services as a challenge. A small proportion of 16 (4.2%) respondents reported no such challenges.

Chart 31: Challenges faced while availing of childbirth at home



Out of 380 respondents, the majority of 348 (91.6%) reported that they could not say they faced any challenges. Only 7 (1.8%) respondents reported that they faced the challenge of having the delivery performed by an unskilled resource person. A small proportion of 23 (6.1%) respondents reported no such challenges. Only 2 (0.5%) respondents reported spending a good amount of money as challenging.

Chart 32: Child's death/severe illness due to childbirth at home



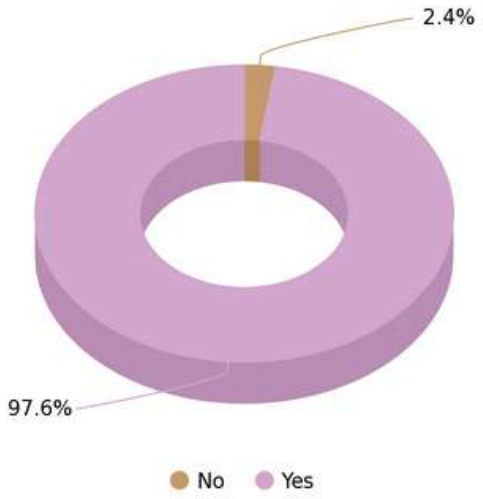
Most respondents (97.9%) stated that no such condition occurred, indicating that the home childbirth was successful without complications for the child. However, a small percentage of respondents (1.6%) reported that the child's condition became critical during childbirth, requiring urgent medical attention at a nearby hospital. Only 2 (0.5%) respondents mentioned that the child died due to delivery at home.

"I've had the good fortune to serve in an Anganwadi and have been connected to Project for a while now. Their efforts have genuinely inspired society to alter for the better. The community has been greatly affected by the organization's emphasis on enhancing knowledge and practices related to skilled birth deliveries and immediate post-partum care in home-based care. Community members now have a greater understanding of the significance of skilled deliveries of newborns and post-partum care. They are now better educated about the methods that will guarantee a risk-free birth and a speedy postpartum recovery.

I have personally witnessed how community members now put the information they learned from Project's training classes into practice. Families are caring for new mothers and their infants better, and women are now more likely to choose institutional deliveries. Front-line workers are now more responsible for maternal and child health, thanks to the ownership of village health cleaning and nutrition committee members, leading to more thorough and efficient care for women and children in the neighborhood. It is encouraging to see the changes brought about by HDB Financial Services initiative, and I am happy to have contributed in any small way to these enhancements in the community. The knowledge and techniques learned during project's instruction classes have been priceless. I feel privileged to be part of an organization that has a tangible impact on the lives of women and children.

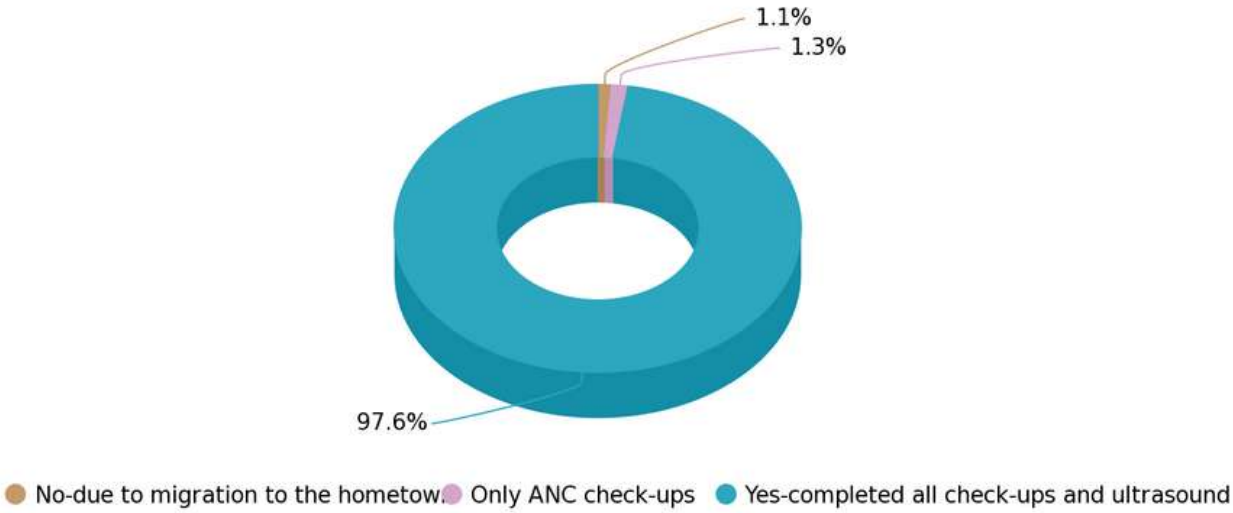
Sonu Kumari (29 years), Karuwara Village,
Anadhara Panchayat, Block – Revdar, District – Sirohi

Chart 33: Check-up by doctor during pregnancy



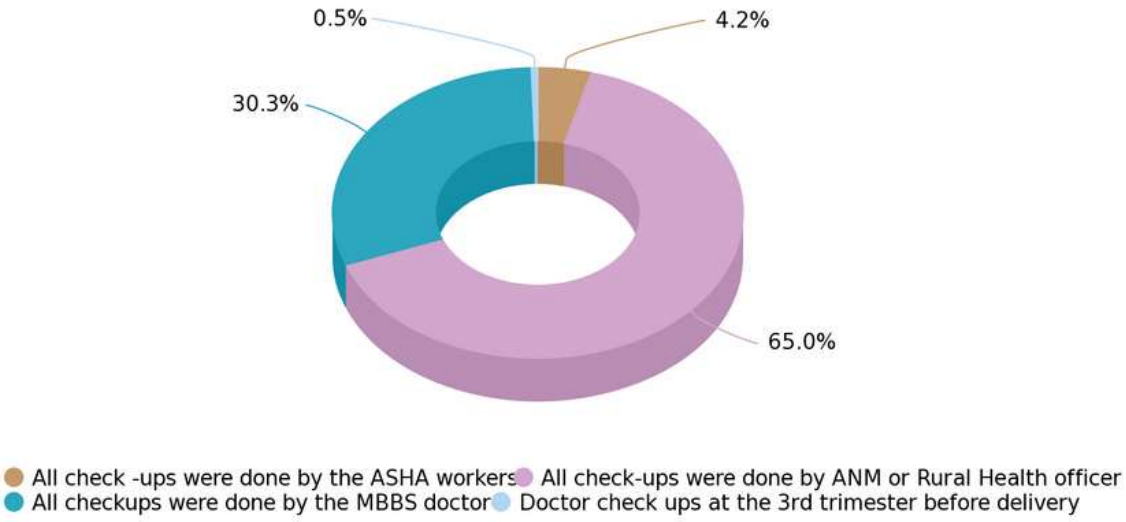
The pie chart shows that out of 380 respondents, the vast majority (97.6%) reported that they had undergone check-ups by a doctor during their pregnancy, indicating that they received medical care and attention throughout their pregnancy. Only a small proportion of respondents (2.4%) said they did not receive check-ups from a doctor during pregnancy.

Chart 34: Timely check-up completion during pregnancy



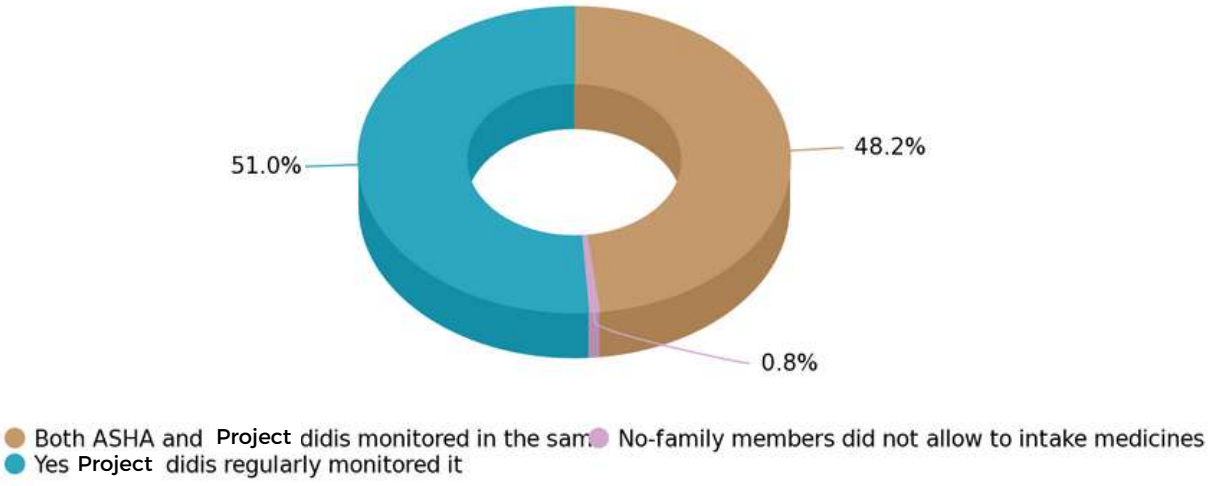
The chart shows that out of the 380 respondents, the vast majority (97.6%) reported completing all check-ups and ultrasounds on time during their pregnancy. Only a small proportion of respondents reported facing challenges while completing their check-ups and ultrasound on time. Specifically, 5 (1.3%) respondents stated conducting only ANC check-ups, and 4 (1.1%) respondents said they could not complete their check-ups and ultrasound on time due to migration to their hometown.

Chart 35: Check-ups during pregnancy



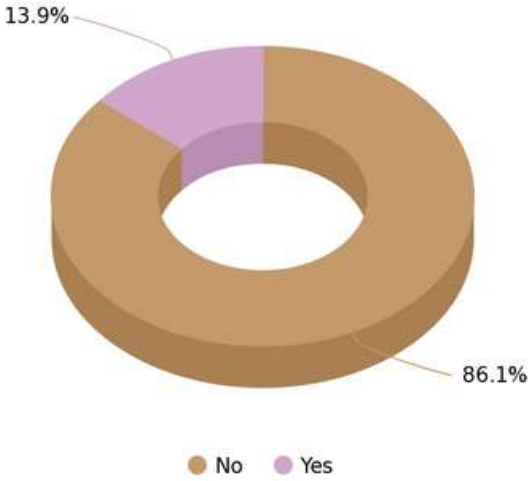
The graph shows that out of the 380 respondents, 65% reported that all check-ups during their pregnancy were done by ANMs or Rural Health Officers. 30.3% of respondents reported that all check-ups during their pregnancy were done by MBBS doctors. Only 4.2% of respondents stated that all check-ups were done by ASHA workers. A small proportion of respondents (0.5%) reported that doctor check-ups were done only in the third trimester before delivery.

Chart 36: Intake of IFA and Calcium tablets



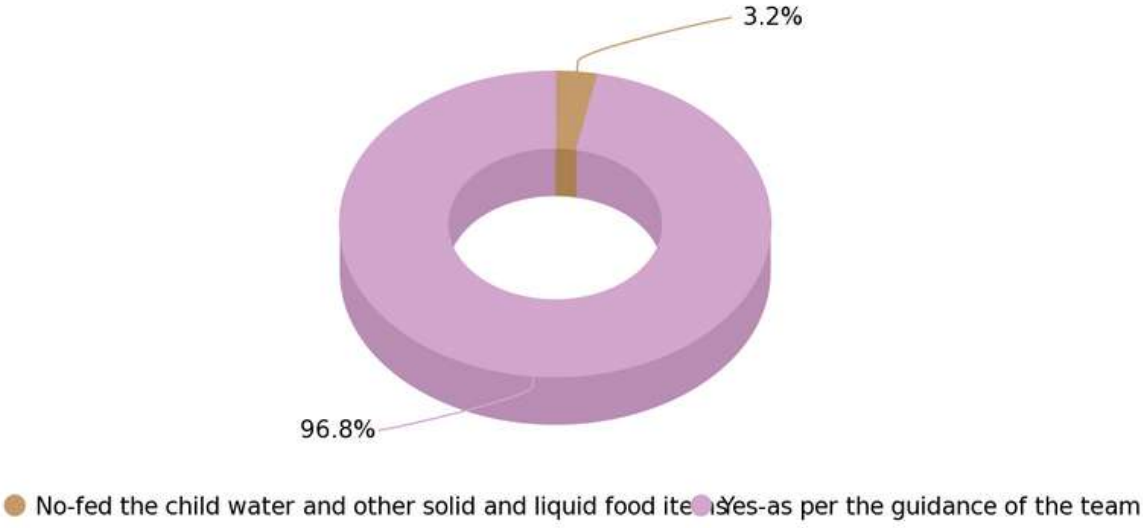
Of the 380 respondents, 51.1% reported that they regularly took their tablets and were monitored by the project team, who work at the community level to provide maternal and child healthcare services in rural areas. Another 48.2% of respondents reported that ASHA workers and Project team is monitored their tablet intake. Only a very small proportion of respondents (0.8%) reported that they could not take the tablets due to family members not allowing them.

Chart 37: Hemoglobin issue during pregnancy



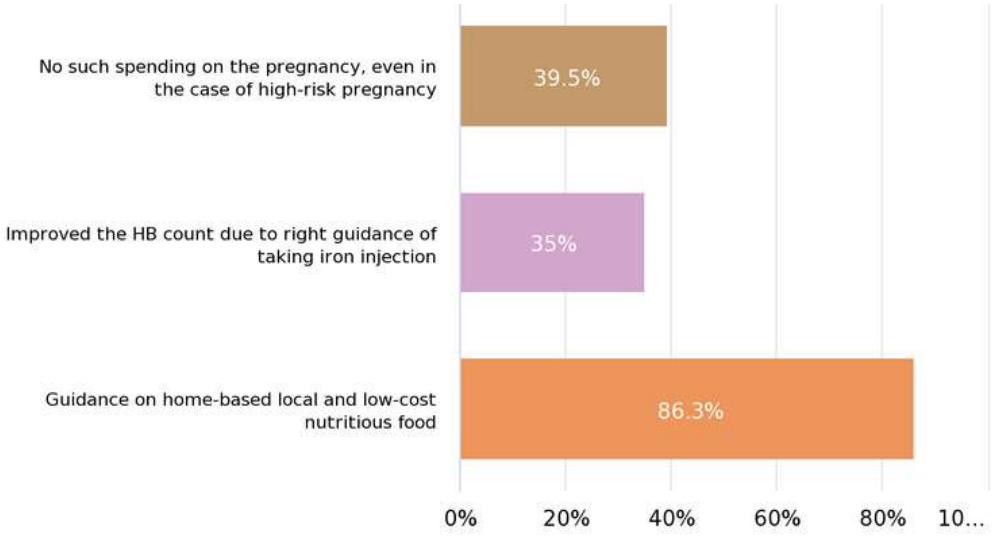
The result shows that out of 380 respondents, 86.1% mentioned that they did not suffer from anaemia during their pregnancy. However, 13.9% of the respondents stated that they did suffer from anaemia during their pregnancy.

Chart 38: Practice of breastfeeding



Out of the respondents, 96.8% indicated that they maintained breastfeeding their child until the child reached the age of six months. As per the guidance of the Project team. Only 3.2% of the respondents said they fed the child water and other solid and liquid food items instead of breastfeeding.

Chart 39: Saving medical and nutritional costs

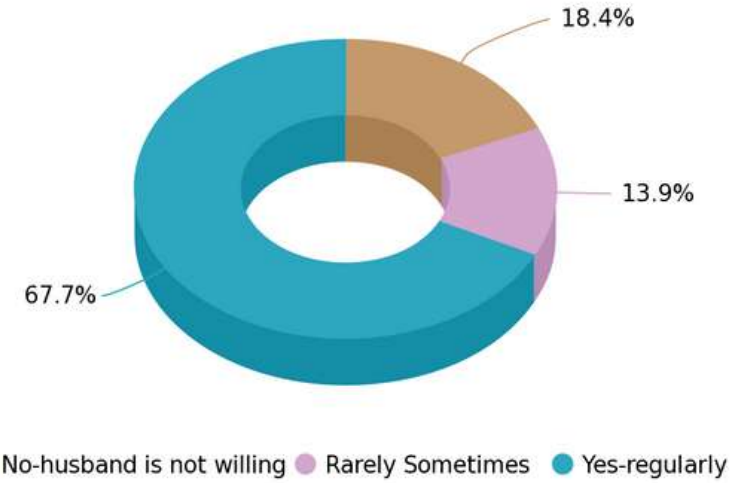


Out of the 380 respondents, a vast majority of 328 (86.3%) said that they were able to save medical and nutritional costs during the pre and post-natal period by following the Project team's guidance on home-based local and low-cost nutritious food, which increased the overall healthy growth of both mother and child. Moreover, 133 (35.0%) respondents said that their Hb count improved due to the proper guidance of taking an iron injection, which saved the pregnancy. Additionally, 150 (39.5%) respondents stated that they did not incur any additional spending, such as c-sections, on the pregnancy, even in the case of high-risk pregnancy, due to the timely medical attention as per the guidance of the Project team.

Chart 40: Materials used during menstruation

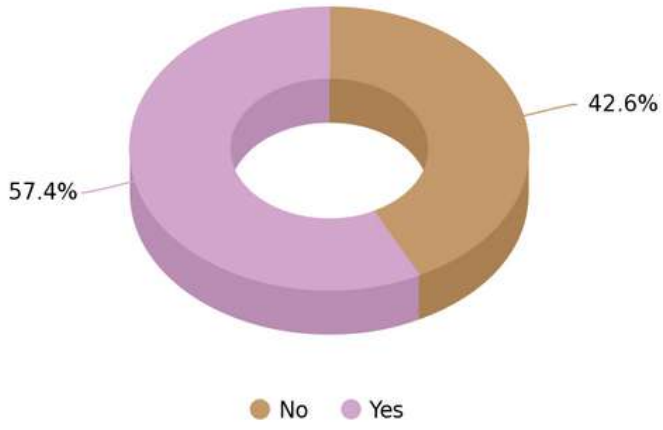
Based on the responses, it can be inferred that most respondents (51.8%) currently use sanitary napkins during their menstrual cycles. 34.7% of the respondents use clothes but follow hygienic practices, guided by the Project team. 10.5% of the respondents use both clothes and sanitary napkins, while only 2.9% still use clothes as per their previous practice before the Project intervention.

Chart 41: Usage of contraceptive methods as per the guidance of the Project team



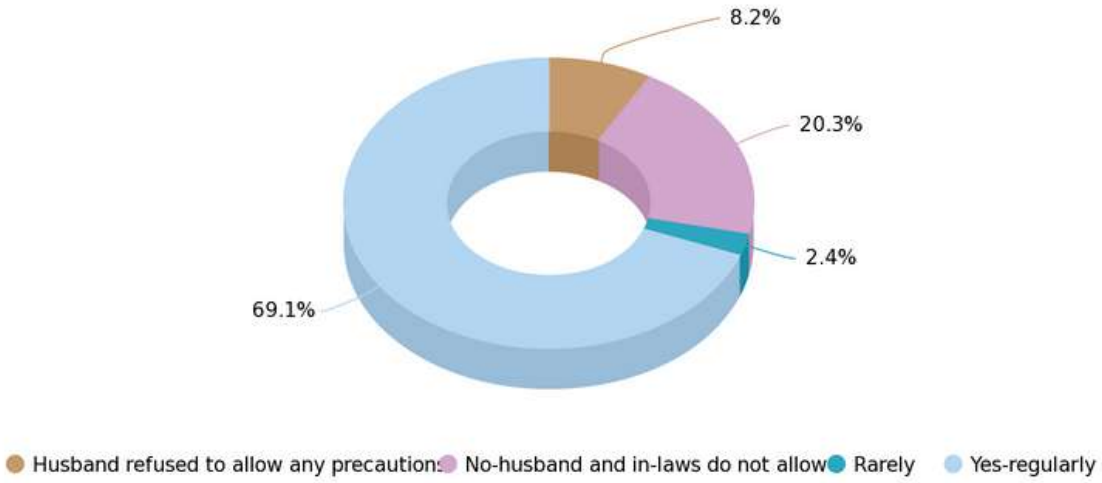
The chart shows that out of 380 respondents, 257 (67.6%) said that they use contraceptive methods regularly as per the guidance of the Project team. 53 (13.9%) said that they use it sometimes or rarely, while 70 (18.4%) reported that they don't use any contraceptive methods as their husbands are not willing.

Chart 42: Delay in the 1st Pregnancy



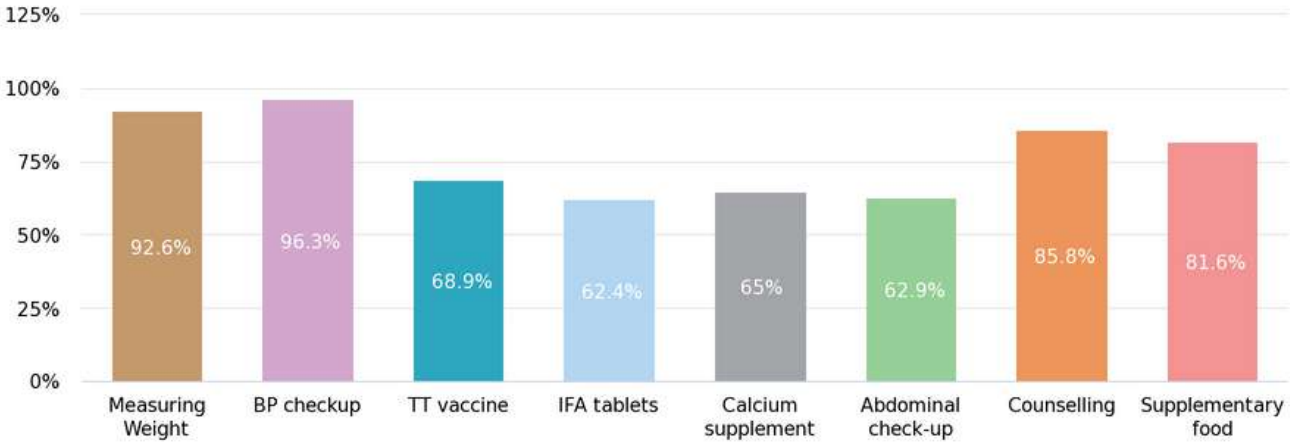
The results show that 218 (57.4%) respondents stated that they delayed their first pregnancy as per the guidance of the Project team, while 162 (42.6%) respondents did not delay their first pregnancy.

Chart 43: Contraception for family planning



Out of the 380 respondents, the majority (69.2%) reported using regular contraception methods for family planning as per the guidance of the Project team. However, a significant proportion said they faced resistance from their husbands or in-laws. 8.2% of the respondents said their husbands refused to allow any precautions, and 20.3% mentioned that their husbands and in-laws do not let them take contraception. Only a small percentage of respondents (2.4%) reported using contraception methods rarely.

Chart 44: Availed Services from Mamta Divas



According to the findings from the study and the attached graph, most respondents receive weight measurement (92.6%) and blood pressure check-ups (96.3%) services on the MAMTA Divas. Other benefits include TT vaccine (68.9%), IFA tablets (62.4%), calcium supplements (65%), abdominal check-ups (62.9%), counseling (85.8%), and supplementary food (81.6%).

CHAPTER 4: OECD FRAMEWORK

RELEVANCE

RATING ● ● ● ● ●

The Maternal and Child Health program in underserved regions is highly relevant as it addresses high maternal and child malnutrition and mortality rates, targeting a pressing issue that affects the target population. It aims to improve health outcomes and empower women and families in decision-making regarding childbirth, aligning with the program's objectives and the needs of the community.

COHERENCE

RATING ● ● ● ● ●

The program aligns well with the following Sustainable Development Goals (SDGs):
SDG - 3 that aims to ensure healthy lives and promote well-being for all ages.
SDG-- 3, Target 3.1 that 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 that aims to achieve universal health coverage.
SDG-10 that 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)

EFFECTIVENESS

RATING ● ● ● ● ◐

As evidenced by the data, the program has significantly increased the registration of pregnancies and institutional deliveries, improved access to healthcare services during pregnancy and child delivery, and enhanced knowledge and behaviour change regarding maternal and child health practices. These outcomes demonstrate the program's effectiveness in achieving its intended goals.

EFFICIENCY

RATING ● ● ● ● ○

The Maternal and Child Health program demonstrated efficiency by collaborating with the government's capacity-building efforts for existing public health workers, such as ASHA, ensuring efficient program delivery while utilizing available public resources. Additionally, the program established community-based groups like Safe Motherhood Groups and Supportive Family Groups, reducing reliance on external resources and promoting self-sustainability within the community.

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 has demonstrated significant impact, as evidenced by the data, with improved health outcomes including reduced child malnutrition and high rates of exclusive breastfeeding. It has empowered women and families in decision-making, involved husbands and in-laws, and effectively addressed child malnutrition through targeted interventions. The program has boosted healthcare utilization, ensured compliance with check-ups and ultrasounds, and promoted cost savings and resource utilization through guidance on affordable and nutritious food.

SUSTAINABILITY

RATING ●●●●○

The Maternal and Child Health program is sustainable due to its focus on health seeking behaviour change, robust community engagement, and alignment with national goals on maternal and child health. By promoting long-term adoption of healthy practices, building capacity & involving key stakeholders in decision-making, and aligning with national priorities, the program ensures sustained positive outcomes and enduring impact.

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

CHAPTER 5: RECOMMENDATIONS

- Improving access to toilets with both water and drainage
- Raising awareness about available maternal healthcare services, and strengthening collaboration among health workers.
- Strengthen counselling on contraceptive use and sexually transmitted diseases to ensure comprehensive reproductive health support for women and couples.
- To further strengthen the ongoing activities