give

Impact Assessment Report

Wipro Foundation | Niramaya Health Foundation

Table of Contents

Table of Figures

1 Executive Summary

Quality healthcare and nutritious meals are still a far-fetched dream for many of the underprivileged families residing in the urban slums of India. The pregnant and lactating women, children and adolescents residing in these slums are the most vulnerable towards health complication and long-term diseases as a result of unhealthy health and nutrition practices. To tackle this issue, Wipro Cares partnered with Niramaya Health Foundation on a 3-year project to deploy a routine maternal neonatal child and adolescent health (RMNCH+A) program in the urban slums of Gilbert Hill, Mumbai. This program is in alignment with Wipro's key thematic area of Healthcare as it is centered around holistic mother, child and adolescent health improvement. A total grant of INR 1.14 Cr was disbursed for the entire project (2018-2021). The intervention addresses SDG 3 of the UN SDGs, Agenda 2030. Nationally, it targets activity (i) of Schedule VII of the Companies Act, 2013.

As part of the impact assessment, a logical framework analysis was laid against the expected theory of change, to understand the parameters, indicators, output, outcome, and overall impact. A mixed method approach was deployed to collect and analyze qualitative and quantitative data. The total sample size for the impact study was 280 out of which a total of 254 respondents were the primary beneficiaries of the project i.e., pregnant and lactating women, primary caretakers of children and adolescents. The Give team conducted in-depth KIIs with the other stakeholders, vital in determining the impact of the project's interventions.

The study found that the NGO has been successful in lifting the RMNCH+A status in the intervention area. The NGO team reported that a total of 1,16,153 beneficiaries were reached through this project against the original target of 99,365 thereby exceeding target beneficiaries base. Most of the activities had taken place telephonically during peak COVID-19 periods in FY 2020-21 which resulted in a lower overall efficiency for that year. A marked change in the behaviour and attitude of the community members towards timely medical intervention, immunization and good nutrition stood out as the biggest success factor of the project followed by the high level of community engagement integrated during implementation. It was observed that community volunteers played a proactive role in knowledge dissemination and conduction of health awareness sessions. They also played a crucial role in transitioning to virtual implementation during the pandemic by collecting the phone numbers from the beneficiaries and forming a bridge between the community members and the NGO team.

The medical officer and health supervisors of the Government clinic reported that the primary reason for the poor RMNCH+A situation in the area was severe lack of awareness about the importance of routine ante-natal and post-natal checkups, timely immunization and good nutrition. The program had a two-pronged approach for solving this problem- the preventive and curative approach. Under the preventive approach, all the community members were found to be educated on good health and nutrition best practices through multiple health awareness sessions and health libraries. As part of the curative approach, nutritional

supplements and iron folic acid tablets were distributed and community clinics set up for health screenings. The nutritional supplements and tablets were reported to have been effective at reducing malnutrition in the short-term. The health screenings and consecutive referrals were found to have been successful in registration of pregnant women under the ANC/PNC program at government clinics. The medical officer appeared hopeful that the behaviour change brought forth by the preventive approach can contribute to long term sustainability of the intervention.

Extreme poverty was reported to be one of the root causes for the poor health and nutrition status of the community members prior to the intervention. Since the program did not have any livelihood enhancement activities, there is a chance that financial distress amongst the community members might force them to revert to unhealthy habits as a cost-cutting measure. The team of Give strongly recommends introduction of livelihood enhancement activities as part of the program implementation. The program can be designed to be in way that alongside of RMNCH+A and livelihood enhancement activities, focus on community mental health is equally laid.

2 Introduction

Poverty has always been recognized as a major cause of disease, death, and disability. The effect of poverty is even more critical on the vulnerable members of society such as pregnant and lactating women, children, and adolescents. Child malnutrition, high-risk pregnancies, birth complications and anemia in adolescents are common issues plaguing this section of the population in urban slums. Lack of awareness about good health and nutrition further worsens the situation.

Poor nutrition during pregnancy and malnutrition amongst infants and children increase their susceptibility towards a multitude of diseases later in life. To address this problem and improve the RMNCH+A situation in the urban slums of Mumbai, Wipro Cares partnered with Niramaya Health Foundation to deploy a holistic maternal, child and adolescent health improvement program in Gilbert Hill, Andheri (W), which was identified by the NGO as one of the most backward areas from RMNCH+A awareness amongst the community and availability of quality government health facilities perspective.

The project seeks to improve the health status of women and children through improved awareness about good health and nutrition practices and routine medical screening of pregnant and lactating women, children aged 0-10 and adolescents. The implementation was in collaboration with ICDS and local government clinics. Community engagement remained a crucial aspect of implementation whereby community volunteers were identified and trained on various health topics for conducting health awareness sessions for the larger community. The program involved various activities under the following four main verticals:

- **Women Healthcare Initiative**: Involved screening of pregnant women for high-risk pregnancies, ANC registration in government clinics, distribution of iron folic acid tablets, awareness sessions on importance of breastfeeding and family planning, health marker days, Godhbharai and Annaprashan events targeted at sensitizing family members about the support required during and post pregnancy.
- **Children Healthcare Initiative**: Involved malnutrition screening, immunization camps, health camps, education sessions on growth charting of children and good nutrition practices and distribution of iron folic tablets and protein powder (Paushtik powder)
- **Adolescent Healthcare Initiative**: Involved Anemia screening, education sessions on sexual and reproductive health and distribution of iron folic acid and de-worming tablets
- **Curative Healthcare Initiative and Health Promotion Activities**: Involved setting up of Arogya-Jeevan clinic (Gynecological OPD), special Tuberculosis OPD, community health libraries, health awareness sessions on menstrual hygiene, sanitation etc., teleconsultation and health marker days for enhancing community participation in health events

As part of the assessment, the Give team conducted a physical visit to the Gilbert Hill area and interacted with the following stakeholder groups: Children's parents, Pregnant and lactating women, Community volunteers, Adolescents, ICDS members, Medical Officer and health supervisors of government clinics and the NGO program team. The Wipro Cares CSR team was interviewed virtually.

3 Objectives and Scope of Study

The study aims to understand the implementation pathway of the project and its impact on maternal, child and adolescent health in the slums of Gilbert Hill, Mumbai, Maharashtra. The impact assessment study tries to map the program implementation against the proposed plan and draws focus on how the intervention has helped the pregnant and lactating women, children and adolescents inculcate good health and nutrition practices and overcome high-risk pregnancies, child malnutrition and anemia, respectively.

3.1 Objectives of the Study

The major objectives of the study are as follows:

- **Assess** the relevance and efficiency of the intervention: To ensure that beneficiaries challenges are addressed by the project and to review the implementation pathways - assessing process and activities
- **Understand** the effectiveness of the intervention: How each activity has led to creating the desired outcomes
- **Understand** the major success factors and challenges in the intervention
- **Find** the areas of improvement across all the factors from program design to implementation
- **Provide** an assessment framework to be able to capture impacts in a manner that is effective recommendation

3.2 Limitations of the Study

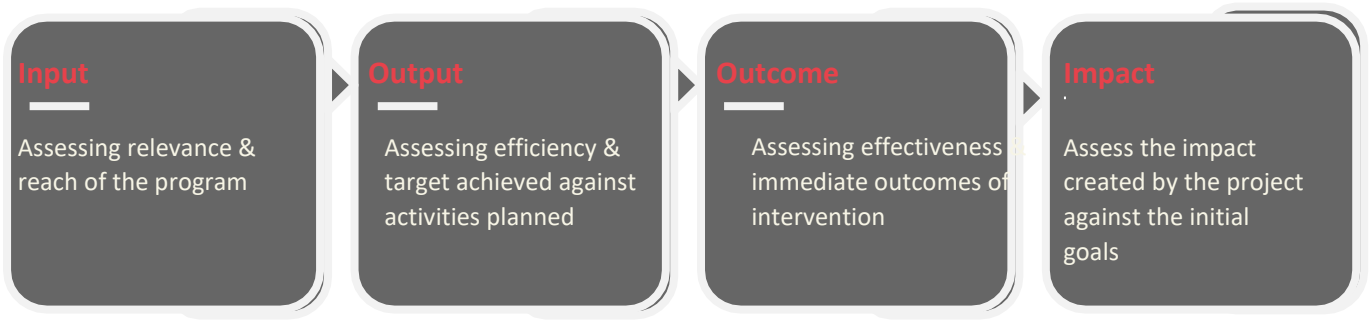
- All the beneficiary surveys were conducted in groups due to the limited time. There are chances that the individual responses might have been influenced as a consequence of reduced anonymity.

4 Assessment Framework

To create an overall framework for the impact assessment, following activities were undertaken. We began by establishing the scope of the assessment in terms of type of stakeholders to be engaged and topics to be discussed with them. Based on this and the understanding of the project activities, we developed stakeholder-wise detailed questionnaires to ascertain factors including rationale for supporting the program, the implementation process, roadblocks in operations and beneficiary (community members) feedback about the efficacy of the program. The findings and recommendations arising out of this process are mentioned in the subsequent sections of the report.

4.1 Theory of Change

The THEORY OF CHANGE FRAMEWORK (ToC) for the given program is illustrated below:



Theory of Change (ToC)				
Need	**Input**	**Output**	**Outcome**	**Impact**
Improvement of RMNCH+A status in the intervention geography through activities targeted at behavioral change of community members towards health and nutrition	Women's Healthcare Initiative • High risk pregnancy screening • Nutritional status assessment of pregnant and lactating mothers • Iron and folic acid tablet distribution • Government health facility referral for ANC registration • Awareness sessions on importance of breast feeding • Provision of gynecological services through Niramaya community center	• No. of high risk pregnancy identified and treated • No. of women registering for RMNCH+A services • No of healthy pregnancies because of good nutritional practices and malnourishment management	• % reduction in maternal and infant mortality • Birth of healthy babies as a result of high-quality ANC • Reduction in malnutrition amongst children of ages 0-10 • Healthy growth and development of children • Preemption of STIs and reproductive issues in adolescents	• Overall improvement in maternal, child and adolescent health • Stronger foundation for good health of the children because of routine immunization.
	Children's Healthcare Initiative • Malnutrition screening of children up to the age of 10 • Distribution of Iron Folic acid and de-worming tablets for all children • Protein powder supplement for malnourished children	• No. of children treated for malnutrition • No. of community members adopting healthy nutrition and routine immunization practices for their children		

	• Sensitization of parents about the importance of good nutrition and sessions on growth tracking of their children • Nutritional recipes training for primary caretakers • Timely immunization through immunization camps and follow-up with parents			
	Adolescent Healthcare Initiative • Anemia detection and treatment for adolescents • Distribution of iron folic acid and deworming tablets • Sensitization of adolescents on various aspects of sexual and reproductive health.	• No of adolescents treated for anemia • No. of adolescents possessing iron folic acid and deworming tables • No. of adolescents aware of sexual and reproductive health.		
	Health Promotion Activities • Community health awareness sessions on ANC, PNC, menstrual hygiene, personal and environmental sanitation • Marker's day celebration to ensure community participation in health events • Setting up of health libraries at various locations	• Number of community members aware about personal good health practices	• Adoption of healthy lifestyle practices as a result of increased knowledge on health and hygiene. • Quicker diagnosis of tuberculosis and timely treatment of gynecological and other common health issues amongst the community members	
	Curative Healthcare Activities • Setting up of Arogya-Jeevan community clinic • Periodic Tuberculosis OPD for community people in collaboration with local government	• No of patients accessing community clinic	Increased accessibility to good quality medical treatment	

4.2 Logical Framework Model

A LOGICAL FRAMEWORK MODEL is created against the identified ToC to reflect the identifiable indicators, means of verification, and assumptions, as given below:

Log Frame Analysis (LFA)				
	Project Summary	**Indicators**	**Means of Verification**	**Assumptions**

Impact	• Overall improvement in maternal, child and adolescent health • Stronger foundation for good health of the children because of routine immunization.	• Prevalence of routine immunization and timely ANC registration post program implementation • Prevalence of good dietary and health practices post program completion • Community engagement strategies adopted to ensure sustainability of the initiatives	• Beneficiary survey • KIIs with NGO program team and community volunteers • FGDs with ICDS officials, Anganwadi teachers and medical staff from health posts • Previous impact assessment reports	N/A
Outcomes	• Reduction in maternal and infant mortality • Birth of healthy babies as a result of high-quality ANC • Reduction in malnutrition amongst children of ages 0-10 • Healthy growth and development of children • Preemption of STIs and reproductive issues in adolescents • Adoption of healthy lifestyle practices as a result of increased knowledge on health and hygiene. • Quicker diagnosis of tuberculosis and timely treatment of gynecological and other common health issues amongst the community members	• % Change in maternal and infant mortality in the intervention area • % Increase in the number of institutional deliveries • % Change in number of children having a normal BMI • Change in dietary habits of the community members • Change in attitude of people towards seeking medical help	• Beneficiary surveys • M&E of the intervention • Baseline Study report • KIIs with NGO program team and community volunteers • FGDs with doctors from health posts	• Community members continue to practice good health and nutrition practices post NGO exit
Output	• No. of high risk pregnancy identified and treated • No. of women registering for RMNCH+A services • No. of healthy pregnancies because of good nutritional practices and malnourishment management • No. of children identified and treated for malnutrition • No. of community members adopting healthy nutrition and routine immunization practices for their children • No of adolescents treated for anemia • No. of adolescents possessing iron folic acid and deworming tables • No. of adolescents aware of sexual and reproductive health. • No. of community members aware about personal good health practices • No. of patients accessing community clinic	Same as project summary	• Beneficiary surveys • KIIs with NGO program team and community volunteers • FGDs with Anganwadi teachers, doctors from health posts • Project progress reports	• Community members have sufficient resources to follow the advices given during sensitization and health awareness sessions

Input				
	• High risk pregnancy screening • Nutritional status assessment of pregnant and lactating mothers • Iron and folic acid tablet distribution • Government health facility referral for ANC registration • Awareness sessions on importance of breast feeding • Provision of gynecological services through Niramaya community center • Malnutrition screening of children up to the age of 10 • Distribution of Iron Folic acid and de-worming tablets for all children • Protein powder supplement for malnourished children • Sensitization of parents about the importance of good nutrition and sessions on growth tracking of their children • Nutritional recipes training for primary caretakers • Timely immunization through immunization camps and follow-up with parents • Anemia detection and treatment for adolescents • Distribution of iron folic acid and deworming tablets • Sensitization of adolescents on various aspects of sexual and reproductive health. • Setting up of Arogya-Jeevan community clinic • Periodic Tuberculosis OPD for community people in collaboration with local government • Community health awareness sessions on ANC, PNC, menstrual hygiene, personal and environmental sanitation • Marker's day celebration to ensure community participation in health events • Setting up of health libraries at various locations	• No. of women, children and adolescents screened • No. of women enrolled for ANC • No. of sensitizations sessions conducted • No. of immunization camps conducted • Topics covered during sensitization sessions and nutritional recipes training • Patient footfall in Arogya-Jeevan community clinic and Tuberculosis OPD	• Beneficiary surveys • KIIs with NGO program team and community volunteers	• Community people are able to grasp the topics covered during sensitization and health awareness sessions

4.3 Three Point Assessment Framework

Based on the TOC and the LFA created, we examined the relevance of services, the preparedness for program activities, qualitative and quantitative assessments, efficiency, and effectiveness of delivery of services as well as any innovations that may have been implemented on the ground.

The impact assessment findings are further anchored around **Give's Three-point Assessment Framework** as illustrated here.

Program Design

We studied program design through program strategies, inputs and resources, assumptions, outreach mechanisms, and much more. We also consider if the program design attends to specific needs of the stakeholders, program locations, social categories, site, and situation, among other development needs. Give's Impact Assessment approach for program design is based on Assessment criteria like Relevance and Preparedness using methodologies such as assessment of baseline survey.

Program Delivery

Give assesses the Program Delivery to understand the success of the program delivery mechanism in attaining the overall objectives such as cost effectiveness, resource efficiency, equity in service delivery, best practices and challenges, perception about the services among the relevant stakeholders, among other actors.

Impact

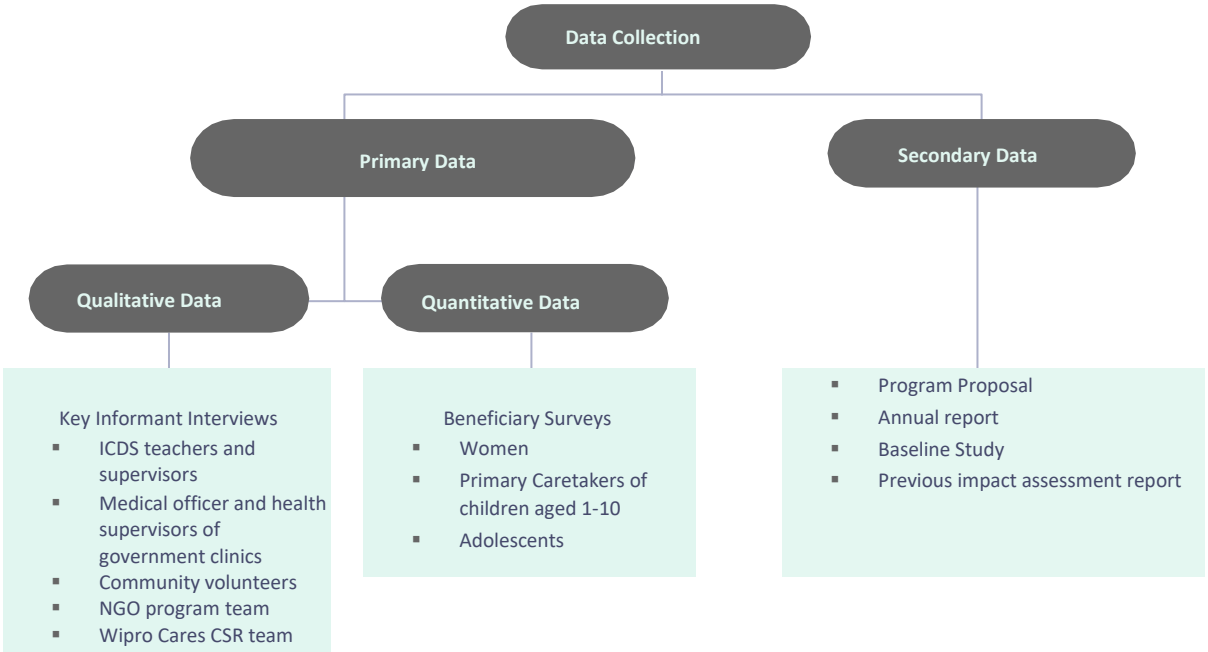
The program's impact potential was assessed to ascertain whether a change or the desired outcome can be attributed to the program intervention. Give uses criteria such as scale of Impact and impact sustainability to understand the impact potential of the projects.

5 Methodology Adopted

We initiated the impact assessment study by identifying the key stakeholders for the project. These stakeholders were ratified in consensus with the implementing partner. The study takes a 'mixed method' approach which includes both qualitative as well as quantitative data capture and analysis.

The quantitative tools provide values to key indicators related to access, awareness, quality. It also maps the outputs against the targets and outcomes perceived by the beneficiaries. On the other hand, the qualitative method and approaches provide a better understanding and help to build a storyline for the achievements and gaps in the program from the lens of immediate stakeholders involved in the program implementation, other than the beneficiaries. A qualitative study gives substantiated evidence for a better understanding of the processes involved in the program implementation. Thus, the 'mixed method' approach also helps in developing a framework for gap identification and course correction.

5.1 Data Collection



Primary Data: Primary data is the key to collecting first-hand information as evidence from the beneficiaries and stakeholders on the interventions. It allows us to understand the benefits delivered, its effectiveness and key challenges to assess the impact created by the program and arrive at recommendations that enhance it.

Secondary Data: For secondary data collection, the program proposal, MoU, and annual and quarterly program report were referred. These documents gave high level insights about the projects including the inception and implementation phase along with the processes followed.

5.2 Sampling Strategy

The program has funded the RMNCH+A activities conducted by the NGO in the urban slums of Gilbert Hill, Maharashtra. Considering a confidence interval of 95%, and 5% allowable margin error, the study planned for data collection of 280 stakeholders.

The following formula details out the sample size calculation process with the assumptions considered.

$$\text{Sample size} = \frac{\frac{z^2 \times p(1-p)}{e^2}}{1 + \left(\frac{z^2 \times p(1-p)}{e^2 N}\right)}$$

- N = Total stakeholder population
- z = Z Score (Z-score is the number of standard deviations a given proportion is away from the mean and 1.96 here corresponding to a 95% confidence interval)
- e = Margin of Error (Percentage in decimal form; here taken as 0.05 (+/- 5% error)
- p = sample proportion (0.5)

The sample size of ~280 was distributed amongst the beneficiaries, community volunteers, ICDS officials, Medical Officer and health supervisors of government clinics and the NGO Program team. For the quantitative data collection, we created representative and stratified samples to ensure accurate results.

Sampling Plan for Beneficiary Surveys (Quantitative Data Collection): We stratified the sample by the main intervention activities: Women Healthcare Initiative, Children Healthcare Initiative and Adolescent Healthcare Initiative.

Following table elaborates the sample size and distribution as per the strategy.

Stakeholders	Sample size planned	Sample size achieved	Mode of interview
Women Healthcare Beneficiaries	102	103	Physical
Children Healthcare Beneficiaries	102	102	Physical
Adolescent Healthcare Beneficiaries	50	53	Physical
Total	**254**	**258**	

In addition to interviewing the 3 beneficiary groups about the specific activity that they were a part of, a total of 50 beneficiaries were chosen randomly from these 3 groups and surveyed about the curative healthcare initiatives that was common for all of them.

The study could record survey interviews of 258 respondents over a period of 5 days, from 12th November to 20th November 2022.

Key informant interviews: Questionnaires were designed for each stakeholder interview. All relevant questions were asked to the respondents and were captured. This was done through purposive sampling.

Stakeholder Group	No. of Interviews (Planned)	No. of Interviews (Achieved)	Mode of interview
ICDS Officials	5	10	Physical
Medical Officers from Government health clinics	5	4	Physical
Community Volunteers	10	11	Physical
NGO Program team	4	3	Physical
Wipro Cares CSR team	2	1	Virtual
Total	**26**	**29**	

6 Analysis & Findings

Descriptive statistic (basic features of the data including frequencies, counts, percentages), comparative analysis (before and after comparisons), and content analysis (for qualitative data to interpret and analyze unstructured textual content into manageable data) were done to analyze and interpret the data collected. The findings for the program are organized as per the three-point assessment framework described earlier.

Basic Profile of the Beneficiaries

For the scope of the impact assessment, the study was conducted in the slums of the Gilbert Hill area in Mumbai, Maharashtra. Since the project was centered around RMNCH+A initiatives, all the beneficiaries interviewed were females in the age group ranging from 20-52 years. All the adolescents surveyed were found to be students and all the other community women reported to be stay-at-home spouses. The women beneficiaries, including the pregnant and lactating mothers, were found to have 2 children each, on an average.

In addition to beneficiary surveys, in-depth KIIs and FGDs were conducted with ICDS teachers and supervisors, community volunteers, medical officer and health supervisors from government clinics, the NGO program team and the Wipro Cares CSR team.

1. Program Design

Relevance of the project is analyzed based on how relevant the project activities are with respect to the needs of the community and the issues prevalent prior to the intervention. The rationale behind implementation in the select locations is also scrutinized to check if the most underserved are being benefitted through the program. The preparedness of the NGO team is assessed on the basis of the implementation methods adopted and the strategies in place for handling envisaged challenges during execution.

Relevance

The medical officer and health supervisor of the municipal health post as well as the community volunteers reported unawareness about the importance of ANC/PNC ran high across the community prior to the intervention. The inability of the earning members of the families to cope up with the high costs of living coupled with lack of awareness about family planning methods resulted in an increase in the incidence of malnutrition amongst the children residing in the slums. The ICDS officials and supervisors reported that the COVID-19 induced lockdown had exacerbated the RMNCH+A scenario on ground by restricting accessibility to maternal and child health services for majority of the slum population.

The activities carried out by the NGO was reported to be extremely relevant for then prevailing ground situation by the medical officer, supervisors as well as the community volunteers.

The NGO team reported that the intervention area was chosen in consultation with the Greater Mumbai Municipal Corporation. The municipal corporation had provided a list of slum pockets in the area, post which a discussion was held with ICDS officials of those slums to shortlist the one with the lowest ranking in

RMNCH+A service. After shortlisting, a thorough baseline survey of the area along with the perusal of government data on mapping the community was carried out by the implementing partner. A huge majority (~80%) of the population of the intervention geography was reported to fall below the poverty line. The poor socio-economic conditions coupled with misinformation and unawareness about healthy maternal, child and adolescent health practices made it one of the most relevant areas for this intervention.

Preparedness

The NGO team leveraged government collaborations (with ICDS and government clinics) and community engagement to maximize community outreach. The community volunteers selected were reported to be some of the most influential people in the intervention geography by the NGO team. The volunteers also reported that their primary reason for volunteering was their strong network in the intervention region and their ability to convince people to participate in the activities. Majority of the mothers and all the adolescent beneficiaries reported getting to know about the health check-up and education camps through them. None of the community volunteers were found to have prior exposure in conducting health awareness sessions but the NGO team was reported to provide them with sufficient orientation on the health training modules. The community volunteers were also found to have played an important role in logistics by offering the space in their houses for hosting health libraries and health awareness sessions for the community.

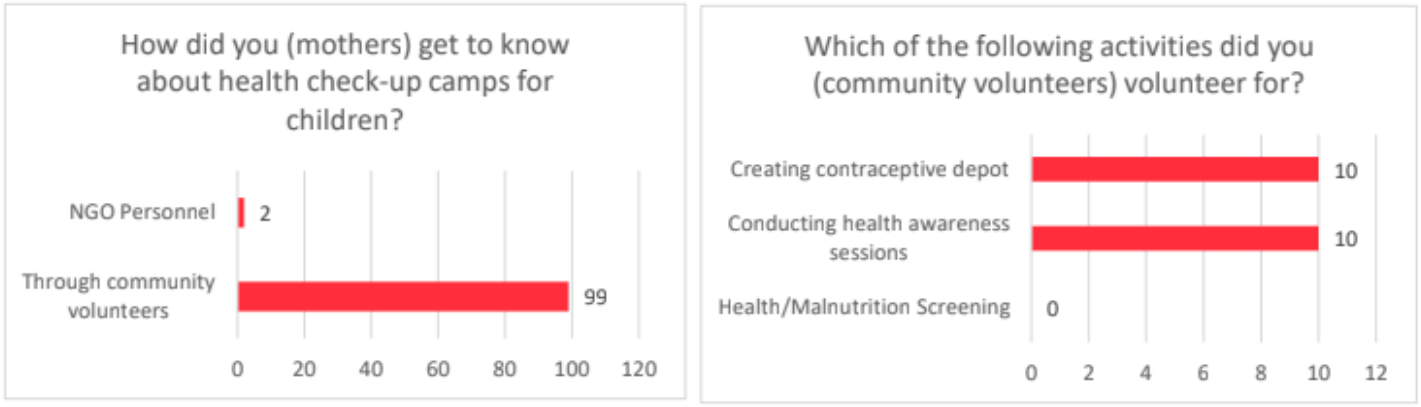


Figure 1: Mobilization technique of NGO and role of community volunteers

All the women beneficiaries responded affirmatively when inquired of their awareness about the various NGO initiatives like health marker days, health awareness sessions, Godhbharai and Annaprashan event and Arogya-Jeevan clinic. All of them reported having undergone screening for high-risk pregnancy in the Arogya-Jeevan clinics set by the NGO and provided with iron folic acid and calcium tablets by the community volunteers.

All the mothers surveyed were found to have attended the malnutrition screening of their children at the Anganwadi center whereby all the children were found to be moderately malnourished. Clinically, WHO defines 'moderately malnourished' is defined as weight-for-height1 z-score (WHZ) between −2 and −3 or mid-upper arm circumference (MUAC) between 115 millimeters and <125 millimeters (WHO 2012). The Give team on ground observed that many of the community members were already using the malnutrition screening service offered at Anganwadi prior to the intervention. To reduce duplication

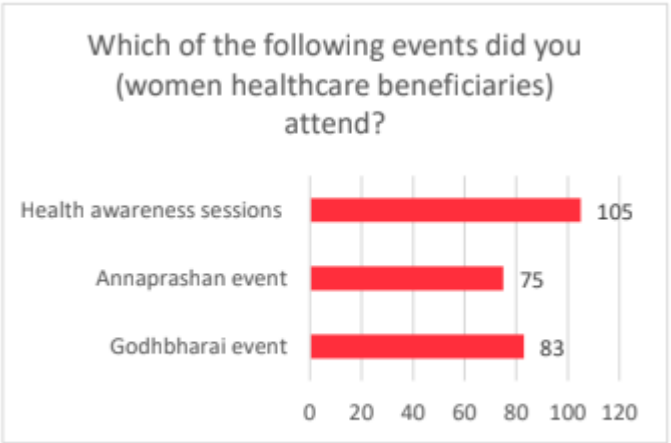


Figure 2: Activities attended by pregnant and lactating women

of efforts, the NGO team collaborated with ICDS to mobilize the rest of the members to get their children's malnutrition screening done at the Anganwadi center. All the adolescents surveyed reported attending the haemoglobin testing camp for anemia screening at the Arogya-Jeevan clinic and receiving iron folic acid tablets. However, none of them recalled receiving de-worming tablets.

The ICDS teachers and supervisor reported that the NGO was also proactive about COVID-19 relief by distributing masks and ration kits to the community members. They followed all COVID-19 protocols including wearing of PPT kit during on ground operations and took all requisite permissions from the local municipal corporation before conducting any on ground activity during the pandemic. The NGO team reported that the mode of implementation of each activity was decided based on the prevailing COVID-19 situation. To cater to the rising COVID-19 cases, they reported modifying the original project proposal to include online doctors' consultation COVID-19 appropriate behaviour awareness activities as part of the intervention.

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Stakeholder	Parameter	Ratings (out of 5)
CSR Program Team	Response to needs of communities	5
Community Volunteers	Relevance of the information given during training workshops to the need of the community	5
	Adherence to COVID-19 protocols during physical sessions	5
	Need and relevance of the activities with respect to the RMNCH+A situation on ground	5
ICDS teachers and supervisor	Preparedness of the Niramaya team to conduct all activities keeping COVID-19 situation in mind	5
	Need of the intervention with respect to the RMNCH+A situation on ground	5
NGO Program team	Relevance of the activities to the needs of the community	5
	Adherence to COVID-19 protocols during physical sessions	5
Healthcare workers	Relevance of the healthcare initiative to the ground situation	5
All beneficiaries	Adherence to COVID-19 precautions during physical meetings	5
Adolescent beneficiaries	Relevance of the educational content for your personal growth and development	5

2. Program Delivery

Efficiency of the intervention is analyzed based on how well resources were used in terms of the activities conducted for the community members. Effectiveness is analyzed based on the extent to which the intervention has achieved its objectives as outlined in the project proposal. The lens adopted for the scope of the impact assessment is to analyze both efficiency and effectiveness through each of the project

objectives.

Efficiency

The NGO leveraged the connections and network of the community volunteers for a greater and more efficient reach. The community volunteers reported that 6-7 training workshops were conducted for them where they were oriented on health topics such as menstrual hygiene, care for pregnant and lactating women, ways to make protein powder at home and adolescent health precautions. They also reported undergoing exposure visits to various nearby health facilities. 90% of the volunteers interviewed stated that the visits helped them in becoming aware about the various health facilities available for the community members. The community volunteers reported conducting health awareness sessions for the community members with the help of IEC materials like flip chart, poster, leaflets and android tablet to make the sessions interesting and easy to understand.

The follow-up visits with the beneficiaries post health screenings was found to have scope to be made more efficient. The community volunteers reported that they were not responsible for specific sets of beneficiaries. While every slum pocket had a specific set of volunteers, this might have led to duplication of efforts in each slum pocket. The beneficiaries surveyed reported that they received follow-up visits once every month.

The iron folic acid tablets, de-worming tablets and all food supplements were reported to be sourced from a third-party vendor. The NGO team reported that there was a dedicated medical team in place who conducted quality checks on the supplies before distribution. All the beneficiaries were found to have consumed the tablets and nutrition supplements provided. No wastage was reported from the beneficiaries surveyed.

The medical officer and supervisor reported that ~50% of the beneficiaries sought medical treatment after being referred to government health facilities by the community volunteers. Lack of time and finances were cited to be the main concerns for the low percentage. The beneficiaries also reported they found the Arogya-Jeevan clinics more convenient than government clinics because of lesser waiting time and proper explanation of diagnosis and medicines given to the patients. The nominal fee of INR 5 per consultation did not seem to be a deterrent for the community members. This indicates that there is a scope to further increase the efficiency of the referral program.

The community volunteers reported attending various workshops by the NGO team like SHG formation and kitchen gardening. However, all the volunteers mentioned that were already aware of many of the topics prior to the workshop. None of them had formed a new SHG post the workshop due to operational reasons. They also mentioned that an SHG was already present in the area. Therefore, it was deemed that there is a scope to increase efficiency of these workshops by ensuring a need assessment for every workshop is carried out prior to conducting the workshop and that utilization of existing resources are promoted through handholding support by the NGO team.

The women healthcare initiative was found to be highly efficient at getting pregnant women enrolled for ANC. All the women beneficiaries surveyed reported registering for ANC as a result of the intervention. However, the enrolment for government schemes like Pradhan Mantri Matritva Vandana Yojana was found to be very low amongst the beneficiaries. Although they seemed to be aware about the schemes, the reasons cited for non-enrolment was the complicated and time-consuming paperwork, involving sometimes

significant travel to government centers. More handholding support for the registration process can make this activity more efficient.

Effectiveness

The program was found to have been effective in improving the RMNCH+A status in the intervention geography and meeting its pre-determined objectives.

#	Program Objectives	Achievement status
1	Registration of pregnant women for ANC and institutional delivery	✓ ; 100% identified pregnant women registered for ANC and institutional delivery
2	Awareness creating about importance of feeding colostrum milk immediately after delivery and good nutrition during lactation phase	✓ ; 100% lactating women fed colostrum milk to their baby right after birth and were educated about importance of good nutrition
3	Immunization of children	✓ ; 100% identified children have been immunized via community-based immunization camps
4	Reduction in malnutrition amongst children aged 0-10	✓ ; 85% of the identified malnourished children have moved to the normal range
5	Screening of adolescent girls for anemia	✓ ; 556 adolescent girls underwent hemoglobin testing

The government clinic medical officer and health supervisor reported that they have seen a reduction in malnutrition, high risk pregnancy cases and anemia amongst children, pregnant women and adolescents respectively post the intervention. They also feel that the intervention was effective at making the community members aware about the importance of timely immunization and healthy diet. The Wipro Cares CSR team reported that a noticeable behaviour change towards leading a healthier lifestyle was observed amongst the community members within a short span of 3 years. Additionally, the community members have also become more aware about their citizen rights, as a result of which they have now become equipped to approach the government for better government health facilities like a health post in the region. The community volunteers reported educating 2697 beneficiaries through 210 group sessions and 5845 through one-to-one sessions. A total of 8542 parents were counselled through these sessions and 661 IEC leaflets distributed in these slum pockets.

All the beneficiaries reported that the Arogya-Jeevan clinic and online doctor consultation had made formal medical checkups more accessible and the booklets available. The health libraries have made them more aware about preventive measures for common health issues. None of the beneficiaries reported any challenges in understanding the content of the booklets.

All the women beneficiaries reported getting institutional delivery done after being made aware of the complications that can arise from home delivery of their baby. This is envisaged to reduce the maternal and infant mortality rate. They also reported following the routine immunization schedule for their infant. Activities like the Godhbharai and Annaprashan event conducted by the NGO team was highly appreciated by them as these events had helped in preparing their family members better for childbirth and created a more supportive environment at home post birth. All of them were found to be aware about the importance of breastfeeding

and they reported no challenges in following the practice.

All the mothers surveyed as part of the children healthcare initiative reported being sensitized about the ill effects of malnutrition and made aware about low-cost nutritional recipes, correct ways of cooking to retain nutrients and growth charting and monitoring methods during health information sessions. They reported that these sessions were conducted by NGO personnel and each of them attended 4-5 such sessions. All of them reported making modifications in their children's diet post the information sessions like including more leafy vegetables, milk and eggs. They also reported periodic growth tracking of their children by the NGO staff members at Anganwadi centers during the project execution phase.

The adolescents reported that the sexual and reproductive health education sessions were successful in answering their questions and clarifying all their doubts related to the topic. The sessions were reported to be conducted by community volunteers and NGO personnel and lasted for ~2 hours. They were also found to have become more conscious about their health as they reported including more leafy vegetables, milk and eggs to their diet to prevent anemia post the intervention.

Stakeholder	Parameter	Ratings (out of 5)
CSR Program Team	Timely and effective implementation	4.5
	Delivery of expected outcomes	4
Community Volunteers	Effectiveness of the activities in improving the health of children, pregnant mothers and adolescents	5
ICDS teachers and supervisor	Effectiveness of the activities in improving the health of children, pregnant mothers and adolescents	5
NGO Program team	Effectiveness of the activities in improving the health of children, pregnant mothers and adolescents	5
Healthcare workers	Effectiveness of the initiative to reduce rate of high-risk pregnancies, malnutrition and anemia	5
All beneficiaries	Quality of treatment offered at the community clinics	5
	Ease of understanding of the books at health libraries	5
Women healthcare initiative beneficiaries	Quality of support provided for ANC registration and immunization	5
	Contribution of the intervention to having a healthy, risk-free pregnancy	5
	Ease of understanding of health education sessions	5
Children healthcare initiative beneficiaries	Ease of understanding of the health sessions	5
	Feasibility of preparing the recipes discussed	5
	Quality and quantity of supplements distributed	5

Adolescent healthcare initiative beneficiaries	Ease of understanding of the information shared during the education sessions	5
	Convenience of anemia screening (commute to hospital/time required)	5

3. Impact & Sustainability

The assessment indicates that the program has been successful in inculcating good health and nutrition best practices amongst pregnant and lactating women, children and adolescents of the intervention geography. The program has also ensured sustainability by equipping the community members with knowledge required to live a healthy lifestyle. The contact numbers of the community volunteers have been shared with the beneficiaries for any further support that they might require. However, active participation of the community volunteers in health screenings and health awareness sessions was paused after NGO exit.

The ICDS teachers and supervisors as well the medical officer of the government health clinic reported that a positive behaviour change has been observed in the community post the intervention. The beneficiaries were also found to have become more proactive about seeking timely medical attention for their health issues. However, they also feel that the continuation of Arogya-Jeevan clinics can make medical consultations easier and more convenient for them. The adolescents recommended that they would prefer more education sessions on child rights, child abuse and menstrual hygiene.

Stakeholder	Parameter	Ratings (out of 5)
CSR Program Team	Scope to ensure sustainability	5
Community Volunteers	Impact of the intervention in reducing malnutrition amongst children and high-risk pregnancies in the region	5
ICDS teachers and supervisor	Impact of the intervention in reducing malnutrition amongst children and high-risk pregnancies in the region	5
NGO Program team	Impact of the intervention in reducing malnutrition amongst children and high risk pregnancies in the region	5
Healthcare workers	Ability of the initiative to bring forth sustainable change in the attitude of the community members towards a healthy lifestyle	5
All beneficiaries	Impact of the curative health services on your well-being during the pandemic	5
Children healthcare initiative beneficiaries	Impact of the health sessions and food supplements on your child's health	5

7 Financial Verification

This section analyses the financial utilization achieved for the program in comparison with the approved budget as provisioned under various expense categories. The deviations in the financial utilization are also mapped as part of this process.

The process involves verification of the amount disbursed by Wipro Cares with the audited UC.

Project Financials and Utilization				
Particulars	**Year 2018-19**	**Year 2019-20**	**Year 2020-21**	**Total**
Budget approved as per MOU	34,21,890	38,00,320	42,33,368	1,14,55,578
Amount disbursed by Wipro Cares	34,21,890	35,27,520	35,46,101	1,04,95,511
Interest earned*	-	1,12,586	15,171	1,27,757
Utilisation as per UC	31,49,090	32,65,389	41,97,712	1,06,12,191
Difference between amount disbursed and utilization	2,72,800	2,62,131	(6,51,611)	11,077

Approved Budget

- The budget approved as per the MoU was found to be higher than the budget stated in the UC. There is a difference of INR 39,750. **The budget according to the amount disbursed as per the UCs have been considered for the analysis.**
- As per the analysis, it is observed that the NGO utilized 99.89% of the amount disbursed. An unspent amount of INR 11,077 was found against the amount disbursed for the entire project duration. A category wise analysis of the expenses is presented in the table below.

Budget head analysis as per UC	November 2018 - October 2021		
Budget heads	**Total Budget**	**Total Utilisation**	**Utilization %**
Personnel Cost	45,28,080	44,61,755	98.54
Operational Cost	57,78,400	50,41,088.56	87.24
Project Cost	**1,03,06,480**	**95,02,843.56**	92.20
Admin Cost @ 10%	11,09,348	11,09,348	100
Total project Cost	**1,14,15,828**	**1,06,12,191.56**	**92.96**

Deviations Observed from Budget Estimation for FY 21

- It should also be noted that the NGO successfully executed most of the planned activities with a lesser budget than the one that was approved by Wipro Cares.

8 SWOT Analysis

A SWOT analysis is carried out to understand the program's strengths, weaknesses, opportunities, and threats. It was conducted from the responses received from the program team and other implementation-level stakeholders, at the same time considering the beneficiary feedback.

Strengths	Weakness
• The program ensures maximum reach and impact through community engagement during project implementation. • The program takes a holistic approach towards improving the health status of the community members by supporting the beneficiaries on all aspects of health and nutrition. • The program ensures sustainability by enabling the community members to fight for their own rights and bring forth a positive change in the healthcare facilities of the region.	• Low efficiency of program implementation and limited impact due to virtual implementation of the program during Covid-19. The beneficiaries reported reduced accessibility to medical checkups due to closed community clinic and lack of coordination with the Niramaya staff. • Low efficiency of certain activities like SHG formation workshops and enrolment support for government schemes, which could have resulted from the wide variety of activities planned as part of the intervention.
Opportunities	**Threats**
• Introduction of livelihood promotion activities as extreme poverty was highlighted as one of the main factors driving poor health and nutrition choices amongst the community members. • Introduction of mental health counselling for the community members to supplement the physical health enhancing activities.	• Discontinuity of good nutrition practices due to poor financial conditions

9 Conclusion and Recommendations

The study has attempted to assess the impact of Niramaya's program through various analytical approaches. It has observed factors that have helped/hindered the program to achieve the desired outcomes.

- The intervention geography was chosen based on various parameters such as socio-economic status of the community and the availability of government health facilities. A thorough survey was undertaken for the same. This ensured that the project is implemented in a highly underserved and needy community.

- The program had a very high level of community engagement through the community volunteering element. The strong network of the volunteers created a wider reach and ensured that the community members are open to participate in the activities.

- The nutrition supplements and iron folic acid tablets provided to the beneficiaries along with the health screenings and follow-ups resulted in a marked improvement in the health status of the pregnant and lactating women, children, and adolescents. This proved more crucial in the backdrop of declining health during the COVID-19 pandemic.

- The health awareness and education sessions along with health libraries have increased the awareness of the community members about basic health and nutrition aspects and equipped them with the knowledge to take better care of themselves.

- There is further scope to improve the enrolment ratio of beneficiaries under various government health schemes. More activities focused on livelihood enhancement can also be implemented to ensure that shortage of financial resources do not inhibit the beneficiaries from following proper health and nutrition practices.

Recommendations

The following recommendations have stemmed from on-ground observations and interactions with the beneficiaries/stakeholders.

- Conducting SHG formation workshops for all community members (in addition to community volunteers) to encourage money saving and creating an emergency fund source for the community women. This can make the community more financially resilient.

- Introduce allied topics like child rights and child abuse in the health education sessions.

- Tie up with local government clinics to continue teleconsultation service for the community members to maintain high accessibility to medical interventions.

- Sound mental health is also crucial to good overall health. Mental health counselling activities can be introduced to tackle this aspect.

10 Annexure - I

Group interview of women and adolescent beneficiaries

KII with ICDS teachers and supervisors

11 Annexure - II

Category wise Financial analysis

Category wise analysis as per UC	November 2018 - October 2021		
Budget heads	Total Budget	Total Utilisation	Difference
Personnel Cost			
Project Coordinator	953280	952472	808
Sr. Health Worker	1271040	1239152	31888
Jr Health Worker	1906560	1872931	33629
Accountant (part-time)	397200	397200	0
Total for Personnel Cost	**4528080**	**4461755**	**66325**
Operational Cost			
Survey & Community Mobilisation			
Impact Assessment Study	207500	200875	6625
Health Awareness Programs			
Community Meetings	172800	148211	24589
Markers day celebration	135000	98795	36205
Malnutrition Intervention for children			
Medicine & Consumables	205000	201072	3928
Paushtik Powder	425000	344370	80630
Meeting of Parents of Malnutrition children	36000	29641	6359

Cooking demonstrations	18000	15912	2088
Annaprashan Vidhi	27000	22490	4510
Intervention for Pregnant Women & Lactating Mothers			
Medicine & Consumables	68400	63518	4882
Basic Tests	164400	90819	73581
Godhbharai Event	27000	17096	9904
Adolescent Health Interventions			
Adolescent Health Reproductive Sessions	420000	443892	-23892
Anaemia Detection for Adolescent girls	120000	89849	30151
Medicine & Consumables	55000	37211	17789
Setting up for Community Centre			
Rent & Electricity	595800	521531	74269
Centre maintenance	54000	57230	-3230
Instruments	60000	60950	-950
Interior	40000	45213	-5213
Curative Services through community centres			
Honorarium for doctors	352000	265800	86200
Medicine & Consumables	1016000	809543.5	206456.5
Special Gynaecological OPD			
Honorarium for doctors	228000	150200	77800

Medicine & Consumables	110000	114950.5	-4950.5
Health Libraries			
Library set up & printing of Booklets	75000	77391	-2391
Peer Component			
Peer Training	52000	50575	1425
Peer Meetings	66000	52005	13995
Exposure Visit	22500	22500	0
Peer's Felicitation and Certification Program	50000	50000	0
Printing of Peer guide	20000	18375	1625
Other Cost			
Travel	432000	424637	7363
Mobile Allowance	54000	54000	0
Data Entry	180000	180000	0
IEC Development & Printing'	130000	129646	354
Projector & Laptop	130000	124030.56	5969.44
Miscellaneous	30000	28760	1240
Total for Operational Cost	**5778400**	**5041088.56**	**737311.44**
Project Cost	**10306480**	**9502843.56**	**803636.44**
Admin Cost @ 10%	1109348	1109348	0
Total project Cost	**11415828**	**10612191.56**	**803636.44**

12 Annexure - III

Stakeholder Questionnaires

Stakeholder Group: Child Healthcare Activities (For Parents of children aged 1-10)

Basic Profile

1. Name
2. Gender
3. Age
4. Profession
5. Do you have any of the following family members?
   . Children aged 1-10
   . Adolescent
   . Pregnant/lactating women
6. How many kids do you have? _____
7. Which of the following benefits/activities did you receive or were a part of?
   . Child healthcare
   . Women healthcare
   . Adolescent healthcare

Program Design: Relevance and Preparedness

1. How do you know whether your child is malnutritioned or not?
2. Was your child/children screened for malnutrition? (Y/N) If yes, where was the screening conducted?
   a. Home visit
   b. Screening camp
   c. Others
3. If not, did you ever think the child may be malnutritioned? (Y/N)
4. What does the initiative do to address malnutrition?
5. How many children do you have in the age group 1-10?
6. Did you avail of government health services before this intervention for your children? (Y/N)
7. If not, why not?
8. Had you attended any awareness session about healthy nutrition practices for young children before this intervention? (Y/N)
9. Was your child/ children following a timely immunisation schedule before the intervention? (Y/N)
10. If not, why?
11. Was your child found to be in any of the categories?
    a. Severely malnourished (SAM)
    b. Moderately malnourished (MAM)
12. If yes, did you attend the health check-up camp by Niramaya for malnourished children to rule out other diseases affecting your child's health? (Y/N)
13. If yes, how did you get to know about the health check-up camp?
    a. Word-of-mouth
    b. NGO personnel

c. Community peers/ health volunteers
d. Others, _____

14. Do you feel COVID-19 contributed to poorer nutrition practices in your family because of financial stress/job loss etc? (Y/N)

Program Delivery- Effectiveness and Efficiency

15. Which of the following information did you receive from the NGO to manage malnourishment of your child/children?
    a. Ill effects of malnutrition
    b. Low-cost and easy-to-make nutritional recipes like methi paratha, gobi pakoda, vegetable pulao etc
    c. Child growth chart and method of monitoring height and weight
    d. Correct ways of cooking to retain nutritional value of food
16. Were COVID-19 protocols like social distancing and masking followed during the community meetings? (Y/N)
17. Did you make any modifications in your children's diet post the awareness sessions to improve their health status? (Y/N)
18. If yes, what modifications did you make to your child's diet post the intervention to improve his/her health?
19. If not, what was/were the reason(s) behind the same?
    e. Lack of finances to afford nutritional meals
    f. Lack of time to prepare meals
    g. Lack of understanding of the information given
    h. Others, _____
20. Did you receive Paushtik powder packets for your children? (Y/N)
21. If yes, had you incorporated them in your children's diet?
22. How long did the packets last?
23. Were you instructed on growth chart plotting to track your child's health? (Y/N)
24. If yes, have you been tracking your child's growth post the intervention?
25. How were the health information sessions conducted?
    i. Telephonic
    j. One-on-one
    k. Group sessions
26. Who conducted the sessions?
    l. NGO personnel
    m. Community volunteers
    n. ANMs/ other community health workers
    o. Doctors
27. How many information sessions did you attend?
28. Were follow up visits conducted by the NGO to track your children's health status? (Y/N)
29. If yes, how many such visits were conducted?
30. Whom did you reach out to in case you needed some help with respect to your child's health?

Impact and Sustainability

31. What change have you observed in your children's health status after following the practices taught during the intervention? (Y/N)

32. Do you still track your children's growth on the growth chart? (Y/N)
33. If not, why?
34. If yes, are your children currently healthy as per the growth chart? (Y/N)
35. Do you require any further support to improve your child's health?
36. On a scale of 1-5, how would you rate the following: (1- Very Poor, 2-Poor, 3- Satisfactory, 4-Good, 5-Excellent)
    a. Adherence to COVID-19 precautions during physical meetings
    b. Ease of understanding of the health sessions
    c. Feasibility of preparing the recipes discussed
    d. Quality and quantity of supplements distributed
    e. Impact of the health sessions and food supplements on your child's health
37. Do you know which organisation has funded this program?
38. Testimonial

Stakeholder Group: Women Healthcare Activities (For pregnant and lactating women)

Basic Profile

1. Name
2. Gender
3. Age
4. Profession
5. Do you have any of the following family members?
. Children aged 1-10
. Adolescent
. Pregnant/lactating women
6. How many kids do you have? _____
7. Which of the following benefits/activities did you receive or were a part of?
. Child healthcare
. Women healthcare
. Adolescent healthcare

Program Design: Relevance and Preparedness

1. Were you a pregnant or lactating mother at the time of the intervention?
    1. Yes, pregnant
    2. Yes, lactating
    3. None
2. Did anyone visit home for a health screening? (Y/N)
3. Are you aware of Niramaya's community centre for availing gynaecological services? (Y/N)
4. Did you attend any of the following events?
    1. Godh Bharai event
    2. Annaprashan event
    3. None attended

For pregnant mothers

5. Were you already registered for ANC checkups at the time of the intervention? (Y/N)
6. If not, what was the reason?
    1. Lack of awareness about registration process
    2. Due to the pandemic
    3. Did not feel the need to
    4. Others, _____
7. Did you receive IFC tablets from the NGO? (Y/N)
8. Did you attend health awareness sessions on the importance of ANC, good nutrition and family planning methods?
    1. Yes
    2. No
    3. Not aware of such sessions
9. If not, why not?
10. Were you provided support for enrolling in govt schemes like Pradhan Mantri Matritva Vandana Yojana? (Y/N)

For lactating mothers

11. Were you aware about the benefits of breastfeeding and nutritional requirements for lactating mothers prior to the intervention? (Y/N/Maybe)
12. Were you referred to government hospitals for family planning and child immunisation? (Y/N)
13. Did you receive IFA and calcium tablets from the NGO? (Y/N)

Program Delivery- Effectiveness and Efficiency

14. Did you register for ANC check-ups during the intervention?
15. Did you face any challenges in accessing routine ANC checkup due to the pandemic? (Y/N)
16. If yes, what type of challenges?
17. Did you have institutional child delivery? (Y/N)
18. If not, why not?
19. Have you been able to follow routine immunisation of your child since his/her birth? (Y/N)
20. If not, why not?
21. Do you face any challenges in ensuring timely immunisation of your child? (Y/N)
22. If yes, please explain the challenges.
23. Did you adopt any family planning methods post intervention? (Y/N)
24. Do you feel attending the godhbharai event had prepared you better for birthing and made your family members more involved in child care? (Y/N)
25. Are you aware about healthy feeding practices to complement breastfeeding after 6 months? (Y/N)
26. If yes, have you been able to follow the said practices? (Y/N)
27. If not, what challenges do you face in doing so?

Impact and Sustainability

28. Did you feel the intervention eased access to IFC tablets and ANC checkups for you?
29. Do you feel the godhbharai and annaprashan event has contributed to creating a healthier and more

supportive environment for the baby at home? (Y/N)

30. Have you continued/stuck to routine immunization post the intervention? (Y/N)
31. If not, why not?
32. Do you have any recommendations on what could have been done better?
33. On a scale of 1-5, rate the following: (1- Very Poor, 2-Poor, 3- Satisfactory, 4-Good, 5-Excellent)
    1. Adherence to COVID-19 precautions during physical meetings
    2. Ease of understanding of health education sessions
    3. Quality of support provided for ANC registration and immunisation
    4. Contribution of the intervention to having a healthy, risk-free pregnancy
34. Do you know which organisation has funded this program?
35. Testimonial

Stakeholder group: Adolescent Healthcare Activities (For adolescents)

Basic Profile

1. Name
2. Gender
3. Age
4. Profession
5. Do you have any of the following family members?

. Children aged 1-10
. Adolescent
. Pregnant/lactating women

6. How many kids do you have? _____
7. Which of the following benefits/activities did you receive or were a part of?

. Child healthcare
. Women healthcare
. Adolescent healthcare

Program Design: Relevance and Preparedness

1. Have you attended education sessions on gender, menstrual hygiene, child rights etc as part of the intervention? (Y/N)
2. If yes, have you received the Kishorvayin Aarogya Prashikshan (adolescent health booklet) for future reference? (Y/N)
3. How did you get to know about these sessions?
    1. Through community volunteers
    2. Word-of-mouth
    3. NGO personnel
    4. Others, _____
4. Were you aware of the things taught in the sessions prior to it? (Y/N)
5. Was anaemia screening done as a part of the intervention? (Y/N/Did not opt for it)
6. If yes, where was your haemoglobin test conducted?
    1. Govt hospital/clinic
    2. Haemoglobin testing camp

3. Others, _____

7. Which of the following were you provided with to improve your health?
    1. IFA tablets (For 90 days)
    2. Protein powder
    3. Deworming tablet (one-time)
    4. Others, _____

Program Delivery- Effectiveness and Efficiency

8. Do you feel the education sessions were effective in clearing any doubts you might have had? (Y/N)
9. How long did each session last?
10. Who delivered the sessions?
11. Did every education session have a question answer session for doubt clarification? (Y/N)
12. Have you taken any measures to treat/prevent anaemia post the intervention? (Y/N)
13. If yes, what measures?

Impact and Sustainability

14. Have you taken up any precautions like an improved diet to prevent anaemia post the intervention? (Y/N)
15. If not, why not?
16. Do you have any suggestions on what other topics can be covered at the education sessions?
17. Do you have any recommendations about how things could have been done in a better manner?
18. On a scale of 1-5, how would you rate the following: (1- Very Poor, 2-Poor, 3- Satisfactory, 4-Good, 5-Excellent)
    1. Relevance of the educational content for your personal growth and development
    2. Ease of understanding of the information shared during the education sessions
    3. Convenience of anaemia screening (commute to hospital/time required etc)
19. Do you know which organisation has funded these activities?
20. Testimonial.

Stakeholder group: Curative Healthcare Services (For all beneficiaries)

Program Design: Relevance and Preparedness

1. Have you attended any of the health marker days? (Women's Day/ Breastfeeding week/ Nutrition week) (Y/N)
2. If yes, did you find the activities and the information sessions relevant for you and your family?
3. Did you receive any support from Niramaya with the following:
    1. COVID-19 vaccination
    2. Access to masks
4. Are you aware of health libraries? (Y/N)
5. If yes, have you ever referred to the materials there for knowledge upgrade? (Y/N)
6. Did you get support from the peers/volunteers in understanding the content?
    1. Yes

2. No
3. Did not require help

7. Did you avail of any of the following curative health services by Niramaya?
    1. General OPD (For respiratory issues, joint pain, fungal infection etc)
    2. Gynaecological OPD
    3. Online doctor's consultation

Program Delivery: Effectiveness and Efficiency

8. Do you feel the health libraries have made you aware about preventive measures for common health issues? (Y/N)
9. Do you feel the curative health services increased accessibility to formal medical checkups? (Y/N)
10. Did you have to pay anything for online or offline checkup at the community clinics? (Y/N)
11. If yes, how much did you pay?
12. Would you say the service at the community clinics are more convenient than government clinics? (keeping in mind the waiting time, cost distance from home etc) (Y/N)

Impact and Sustainability

13. Are health screenings and referrals to govt health facilities still done by the community volunteers? (Y/N)
14. Would you say you have become proactive about your health issues post the intervention and seek timely medical intervention? (Y/N)
15. Do you feel you require any other support to be able to access timely healthcare services?
16. On a scale of 1-5, how would you rate the following:
    1. Quality of treatment offered at the community clinics
    2. Ease of understanding of the books at health libraries
    3. Impact of the curative health services on your well-being during the pandemic

Stakeholder group: Key Community Members (govt members- ICDS, local officials, community health workers)

Basic Profile

1. Name
2. Designation
3. Roles and Responsibilities with respect to this project

Program Design: Relevance and Preparedness

1. According to you, what characteristics of this area makes it the most in need for an RMNCH+A intervention?
2. What were the key challenges pertaining to RMNCH+A service at the time of covid?
3. How did you overcome/address them?

4. What support/essential services did you receive from Niramaya?
5. How many women, children and adolescents were reached through this intervention?
6. What were some of the precautions taken by the Niramaya team to ensure safety of all stakeholders WRT the pandemic during ground implementation?

Program Delivery: Effectiveness and Efficiency

7. Do you think these interventions have helped in fostering delivery of RMNCH+A services? (Y/N)
8. If yes, in what way? _____
9. Do you feel the activities were effective at reducing malnutrition in the intervention areas? (Y/N)
10. Have you observed an increase in child immunisation post the intervention? (Y/N)
11. Have you observed an increase in ANC registration and institutional birth post the intervention? (Y/N)
12. According to you, what are the key challenges (if any) faced by the beneficiaries in following good nutritional practices and routine check-ups?

Impact and Sustainability

13. Do you feel the intervention has succeeded in creating behaviour change amongst the beneficiaries with respect to better nutrition and routine checkups? (Y/N)
14. What further support do you feel is required to improve the nutritional status of pregnant women, children and adolescents in the intervention areas?
15. On a scale of 1-5, how would you rate the following: (1- Very Poor, 2-Poor, 3- Satisfactory, 4-Good, 5-Excellent)
    1. Preparedness of the Niramaya team to conduct all activities keeping COVID-19 situation in mind
    2. Need of the intervention with respect to the RMNCH+A situation on ground
    3. Effectiveness of the activities in improving the health of children, pregnant mothers and adolescents
    4. Impact of the intervention in reducing malnutrition amongst children and high risk pregnancies in the region
16. Are you aware about which organisation is funding the intervention?
17. Testimonial

Stakeholder group: Key Community Members (Peers, Other community volunteers)

Basic Profile

1. Name
2. Gender
3. Age
4. Designation/Profession
5. Since when have you been associated with Niramaya?
6. Roles and responsibilities with respect to this project

Program Design: Relevance and Preparedness

1. According to you, what characteristics of this area makes it the most in need for an RMNCH+A intervention?
2. What do you feel were the key challenges faced by the beneficiaries in making a nutritional diet and healthy lifestyle prior to the intervention?
3. How did the pandemic impact their lifestyle?
4. Why did you opt to volunteer for the program?
5. Do you have any prior experience/ knowledge about RMNCH+A issues?
6. Do you feel the activities were relevant as per the need on ground? (Y/N)
7. If not, why not?
8. What preparatory activities were conducted by Niramaya to orient you to the program?
9. Whom did you contact if you needed any support during program implementation?
10. For which of the following activities did you volunteer?
    1. Health screening and referrals of children, pregnant women and adolescents
    2. Conducting health awareness sessions
    3. Creating contraceptive depot
    4. Others, _____

Program Delivery: Effectiveness and Efficiency

11. Do you feel the training workshops were sufficient to prepare you for the implementation work?
12. How were you chosen to be a peer? How is the peer samiti made?
13. How many peer training workshops were conducted?
14. What topics were covered at the workshops?
15. Is there a specific number of beneficiaries that you are responsible for monitoring and follow up? (Y/N) If yes, how many households/beneficiaries do you monitor?
16. If not, how do you keep track of follow-up calls to be made?
17. Do you feel the peer exposure visits were effective at making you aware about the various government health and child development facilities? (Y/N)
18. Had you attended the orientation session on SHG formation? (Y/N)
19. If yes, have you formed an SHG post the session? (Y/N) What does the SHG primarily deal with?
20. Had you attended the virtual session in the kitchen garden? (Y/N)
21. If yes, have you adopted the practice of gardening nutritious vegetables at home and/or educated the community about it? (Y/N)
22. If not, why not?
23. What were the key challenges faced by you in conducting your duties? How did you overcome them?

Impact and Sustainability

24. Are you still involved in conducting health awareness sessions and health screenings and referrals for the community members? (Y/N) If not, why?
25. Are you still involved in conducting health screenings and referrals for the community members? (Y/N) If not, why?
26. Do you feel the intervention has resulted in an increase in ANC registration of pregnant women and timely immunisation of children?
27. What are the key changes that you have observed as a result of this intervention?
28. Do you feel the intervention has resulted in a reduction in malnutrition amongst children?
29. Do you have any recommendations on what can be done to make the intervention more impactful in the future?

30. On a scale of 1-5, how would you rate the following: (1- Very Poor, 2-Poor, 3- Satisfactory, 4-Good, 5-Excellent)
    1. Relevance of the information given during training workshops to the need of the community
    2. Adherence to COVID-19 protocols during physical sessions
    3. Need and relevance of the activities with respect to the RMNCH+A situation on ground
    4. Effectiveness of the activities in improving the health of children, pregnant mothers and adolescents
    5. Impact of the intervention in reducing malnutrition amongst children and high risk pregnancies in the region
31. Do you know which organisation has funded this program?
32. Testimonial

Stakeholder group: Healthcare Workers (Doctors, Nurses, Medical Officers from Govt clinics and health posts)

Basic Profile

1. Name
2. Designation
3. Institute/Organization
4. Roles and responsibilities with respect to this project (involved in training/ health screening/ online consultation etc)

Project Design: Relevance and Preparedness

1. What were the key shortcomings of the existing RMNCH+A services in the community at the time of Niramaya's intervention?
2. Do you feel the pandemic worsened the on-ground situation with respect to malnutrition rate and maternal mortality?
3. What do you feel were the key reasons for the high malnutrition rate amongst children?
4. Do you feel the nutrition supplements provided (Paushtik powder, IFC tablets, iron supplement etc) by Niramaya along with nutritional recipes awareness was sufficient to sustain good nutrition practices and combat malnutrition and anaemia?
5. What do you feel were the primary reasons for pregnant women not registering for routine ANC checkups?
6. To what extent do you feel those concerns have been addressed by this initiative?
7. Do you feel the Niramaya team was prepared to implement the program in the backdrop of the pandemic and keeping in mind the increased risk that the pandemic posed to children and pregnant women?

Program Delivery: Effectiveness and Efficiency

8. Do you feel the health and education sessions conducted by Niramaya were effective at making the community members aware about the importance of timely immunisation and healthy diet? (Y/N)
9. Have you observed a reduction in malnutrition, high risk pregnancy cases and anaemia amongst children, pregnant women and adolescents respectively post the intervention? (Y/N)

10. If not, what do you think is the reason for the same?
11. What do you feel are the key factors that might be hindering the community members from adopting healthy nutrition practices?
12. As per your opinion, what percentage of the community members seek medical attention after being referred by the volunteers?
13. What do you feel are the reasons for not seeking medical advice even after being referred? (lack of time, financial burden, fear of being diagnosed with a severe disease etc)
14. What were the key problems being faced by adolescents as a result of lack of sexual and reproductive health awareness?
15. Do you feel the initiative has been effective at reducing these problems?

Impact and Sustainability

16. Do you feel the initiative has brought about a behaviour change amongst the community members with regards to timely medical intervention and nutritional diet practices? (Y/N)
17. If not, what do you feel are the key reasons for the same? What recommendations would you give to bring about a sustainable change in the attitude of people?
18. On a scale of 1-5, how would you rate the following:
    1. Relevance of the healthcare initiative to the ground situation
    2. Effectiveness of the initiative to reduce rate of high risk pregnancies, malnutrition and anaemia
    3. Ability of the initiative to bring forth sustainable change in the attitude of the community members towards a healthy lifestyle

Stakeholder group: NGO Program Team

Basic Profile

1. Name
2. Designation
3. Roles and Responsibilities

Program Design: Relevance and Preparedness

1. On what basis did you choose this geography for the intervention?
2. Was any baseline study or gap analysis conducted to identify the needs of the community?
3. Yes, What were the important insights? _____
4. No
5. What kind of partnerships did you have with government clinics and organisations like ICDS? What role did they play in this program?
6. Can you give us a rough idea of the percentage of vulnerable population covered in these slums?
7. Could you describe the process of identifying volunteers and peers for conducting sensitization sessions and outreach camps in the urban slums?
8. Can you give an estimate of the frequency with which the different activities were conducted during the intervention period?
9. How did you decide on the online, offline or hybrid approach for the various activities, keeping the pandemic situation in mind?

10. Were there any modifications in the original project plan due to the pandemic? (Y/N) If yes, what were the key changes?

Program Delivery: Effectiveness and Efficiency

11. How and where were the camps and outreach sessions conducted considering the fact that there is an enormous space crunch in the urban slums of Mumbai?
12. Where did you source the medicines (IFC tablets etc) and food supplements from?
13. Was there any quality check procedure in place for the medicines and paushtik powder distributed? (Y/N)
14. What according to you were the major challenges of this project? How did you overcome them?
15. How many beneficiaries were planned to be impacted through the project? (Direct)
16. How many beneficiaries have actually been impacted through the project? (Direct)
17. How did you document the beneficiary data throughout the program?

Impact and Sustainability

18. Do the health screenings and referrals still take place? (Y/N)
19. If not, has any follow up been done to check if the vulnerable population is now enabled to seek help and follow healthy nutrition and immunisation practices by themselves?
20. Do you feel further support is required to improve the RMNCH+A status in the community? (Y/N) If yes, what kind of support is required?
21. On a scale of 1-5, how would you rate the following: (1- Very Poor, 2-Poor, 3- Satisfactory, 4-Good, 5-Excellent)
    1. Relevance of the activities to the needs of the community
    2. Adherence to COVID-19 protocols during physical sessions
    3. Effectiveness of the activities in improving the health of children, pregnant mothers and adolescents
    4. Impact of the intervention in reducing malnutrition amongst children and high risk pregnancies in the region