

IMPROVING MATERNAL HEALTH IN THE THELLAR BLOCK OF THE THIRUVANNAMALAI DISTRICT, TAMIL NADU

PHASE 2 - JULY 2017 TO JUNE 2019

ENDLINE EVALUATION REPORT



MONITORING & EVALUATION DEPARTMENT

SEPTEMBER 2019

ABBREVIATIONS

ANC	Ante Natal Care
AWC	Anganwadi Centre
AWW	Anganwadi Worker
BMO	Block Medical Officer
CDPO	Child Development Project Officer
ECCD	Early Childhood Care and Development
HIH India	Hand in Hand India
HRM	High Risk Mother
HSC	Health Sub Centre
IPPE	Intensive Participatory Planning Exercise
M&E	Monitoring & Evaluation Team
MCH	Maternal and Child Health
MHM	Menstrual Health Management
PHC	Primary Health Centre
PNC	Post Natal Care
RJ	Radiohjälpen
VNH	Village Health Nurse

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EXECUTIVE SUMMARY

Hand in Hand India with the support of Radiohjälpen and Hand in Hand Sweden implemented a health program specifically focusing on maternal, and child health care, thereby addressing the accessibility to a health care facility. This project in a second phase, building on the previous project, "Improving Maternal and Child Health Services", carried out by Hand in Hand India (HIH INDIA) with funding from Radiohjälpen.

The previous project focused on maternal health and the survival of mothers and children throughout pregnancy and labour. Although successful, the project identified a need for an improved governmental child healthcare services as well as knowledge regarding infant care, child spacing and pregnancies. Thus, this new project was developed to improve child and maternal health in the project area through a better quality of and improved access to basic healthcare facilities for children and to create an increased knowledge regarding child- care and pregnancies.

Continuous work done by Hand In Hand India towards Maternal and Child Health Care along with the existing government mechanisms in the project area of 46 Panchayats of Thellar Block has shown a promising data on IMR and MMR at the end of June 2019. Any drop in the data should indicate consistent efforts towards the cause. Data on Infant Deaths recorded in 46 Panchayats of Thellar Block shows 9 deaths in 2018 June 2019. Whereas in 2017-18 it was 10 and 2016-17 it was 8. (*PHC wise data is given in Annexure.*) Majority of these 9 infants' deaths happened in *the families that had migrated in the region lately during the project phase*. On the other hand 2 maternal deaths were recorded in 2014-16 and no deaths in 2017-19 the same region. (*Data verified by BMO and SHN Thellar Block*). During in depth interaction with Medical Officer, at Ponnur PHC, it was known that the PHC achieved 100% *institutional delivery and immunization* in its target areas.

Towards Infant Mortality Rate: Hand In Hand India organized 123 medical camps for health screening of all children (0-5 years) and above (6-18 years) with the support of qualified pediatricians in PHC's and Panchayats under Thellar Block. Through that, 4,887 children below 0-5 years and 11,432 children (6-18 years) were covered; 5495 boys and 5937 girls were benefited. 143 children with illness like Tongue tie, skin problem, Anemia, Epistaxis, Scabies, Pallor, phimosis Systolic murmur, Thyroid swelling were diagnosed and referred to the district government hospitals and child specialist hospitals. The Block Medical Officer (BMO) discussed that they were in need of infant weighing machines so HIH INDIA staff provided infant weighing machines to all the VHN's. Due to the shortage of VHNs, the HIH INDIA staff team supported the existing VHNs in tracking children for immunization and covered 2,748 children in the age group of 0-5 years for Immunization.

Towards Maternal Mortality Rate: Hand In Hand India had given main focus on ANC mothers because Block medical officer suggested the project staffs to give special focus on the ANC mothers in order to stop the maternal death in the targeted areas. The staff fully monitored 937 ANC mothers amongst them

550 were High Risk Mothers. They counseled and motivated the mothers to register in the government schemes and avail its benefits. Through staff monitoring it was ensured that each of these mothers have got 2 TT1 injections, undergone 3 scans and taken required doses of FST tablets (100 tablets). In case of High Risk mothers their HB level and body weight was regularly monitored. Through this monitoring Hand In Hand achieved 100% presence of pregnant mothers during scanning, 100% registrations in government institutions/schemes and therefore no maternal deaths happened in 46 Panchayats of Thellar Block during Hand In Hand India project period.

The end line evaluation was carried out to assess the performance of the project, since its commencement in July 2017, and provide recommendations for the future.

Key Findings of the End line Evaluation:

1. During in depth interaction with Medical Officer, at Ponnur PHC, it was known that the PHC achieved 100% *institutional delivery* and *immunization* in its target areas. The Medical Officer along with VHN also said that the HIH INDIA organizers have supported them in the mobilization of the ANCs to the PHC on the ANC day and ensured that the ANC mothers go for regular check- ups and have a safe delivery in the hospital.
2. 92% of the girl respondents rated Adolescent Girls Care Training Module by HIH INDIA as 'Good' and found modules on 'Adolescent Care' and 'Child Marriage' most benefitting for them.
3. 89.5% of the girl respondents have toilets constructed in their houses, out of which 6 respondents were motivated by *Hand in Hand India Staffs* to have a toilet constructed in their house.
4. When asked the importance for a woman to have Education, 94% of the adolescent girl respondents chose 'Basic Right', and that 'it will bring Equality in the Society (72%).' Further they shared that through the Adolescent Girls Care trainings of HIH INDIA that were explained elaborately on the following concepts and these girls could easily relate to the 'Importance of Education' with 'Basic Right' and 'Gender Equality'.
5. 98 % of the ANC mother respondents agreed that they will have a healthy life through the training they got under RJ Project mainly because of the knowledge on 'New born care' and 'Spacing'.
6. 82% (74) of the registered ANC mothers went for ANC check- ups 3-4 times, and the remaining mothers went for 1-2 times. 71% of the respondents who got them registered to PHC/Anganwadi were motivated by HIH INDIA staffs.
7. 78 ANC women respondents have planned their delivery in either PHC or District Hospital. HIH INDIA staffs have counseled nearly 75 ANC mothers (out of 90) for Institutional Delivery.
8. Through end line it was known that follow up actions by HIH INDIA staffs for ANC mothers mostly comprised of 'Linking to VHN (87%)', 'Linking to HIH INDIA Health Camp (46%)' and others involved 'Linking with AWW/ANM.'
9. As per the end line, 92% of ANC women respondents are aware of 'Spacing' and 91% out of 90 respondents were aware of Family Planning that it is done 'After 2 children.', Whereas 97 respondent

PNC mothers are aware of '*Family planning*' that it is needed after '*two children.*' When asked about their source of awareness, all these respondents shared that the detailed MCH training they undergone by HIH INDIA.

10. 98% of the PNC mother respondents agreed that they will have a healthy life through the training they got under RJ Project mainly because of the knowledge on '*Spacing*' and '*ECCD*'
11. 92% of the total 110 PNC mother respondents have found the Counseling by HIH INDIA staffs as a benefit majorly in the form of '*Increased in knowledge*' and '*Change in practices.*'
12. The new information gained from the HIH INDIA staff counseling had been put in to practice by PNC mothers in the project. During the survey the PNC mother respondents shared that they followed most of the information on '*Nutrition and Healthy food*' (61%), '*Complete Immunization*' (41%) and '*Complementary foods at 6 months of age for infants*' (39%) after the HIH INDIA counseling.
13. Out of the total 110, 96% (106) of the total PNC mother respondents know about '*Spacing between the pregnancies.*' 78% (86) of the PNC Mothers said 3 years gap is needed between 1st and 2nd child as per the MCH Training module.
14. 85 PNC respondents out of 110 have attended '*Pediatric camp*' organized by HIH INDIA Staff. Mostly availed benefits received from the camp were *Medicine* (86%), *Diagnostic test* (78%).
15. Colostrum feeding is amongst the important learning for Post Natal Care Mothers got from this Project. Out of 110, 96% (106) of the PNC mothers shared that they '*gave colostrum feeding within 30 minutes to their children.*'
16. All the High Risk Mothers (HRM) respondents (10) agreed that they will have a healthy life through the training they got under RJ Project mainly because of the knowledge on '*Spacing*' (70%), '*ECCD*' (70%) and '*Reduced Maternal Mortality*' (50%).
17. Through the HIH INDIA staffs counseling, all the HRM respondents had improvements in their health. Amongst which majority of the respondents chose '*Increased HB level*' (90%) and '*Normal BP*' (50%).
18. Half of the HRM respondents out of 10, delivered their baby in '*PHC*' while 2 respondents delivered at the '*District Hospital*' and the remaining delivered in '*Community Health Centre*' (1), '*Government Hospital*' (1) and '*Private Hospital*' (1).
19. Overall knowledge gained by the HRM respondents under the RJ Project are '*Complementary food after 6 months* (100%)', '*Institutional delivery* (90%)', '*Complete immunization* (80%)', '*Counseling on Women's Nutrition* (80%)', '*Colostrum feeding* (80%)', '*Exclusive breast feed for first 6 months* (80%)', '*Medical camp* (60%)' and '*Training material* (20%).'

RECOMMENDATIONS

1. Strengthening of ALMSC should have been done in the initial phase of the project itself which would have ensured zero dependency of the community on Hand in Hand India after phasing out of the project.
2. More manpower support should have been allocated since there was only 1 Organizer for 9 Panchayats.

3. Continued efforts towards Mass Awareness of the issues of *Family Planning* and *Child Spacing* are required, especially for Spouses and mothers-in-law.
4. More rapport could have been built with the spouses since they were one of the important beneficiaries in the target areas.
5. The BMO said that he is in need of man power support of the VHN in the field and Staff nurse in the hospital.
6. To appoint the Radiologist do perform anomaly scan in the PHC for all the ANCs.
7. Continued support of the organizers in the villages to act as an ASHA workers till the Government appoints the same.
8. Requirement of a waiting shed infrastructure for the ANCs and their attendants to have lunch and stay during admission for delivery and on the ANC day.

1. INTRODUCTION

1.1. BACKGROUND

In the last two decades, rural India's healthcare system has witnessed increasing chronic shortages of medical professionals, from doctors and paramedics to lab technicians and surgeons. The decline in access to medical professionals is detrimental to the Indian rural healthcare system, as the quality and availability of care for rural communities significantly worsens. To add to this, India has the highest overall burden of disease globally, making reform of the healthcare system more urgent than it already is. Improving the quality of medical care in rural communities, therefore, is a priority for policy makers, donors, development workers, and international agencies.

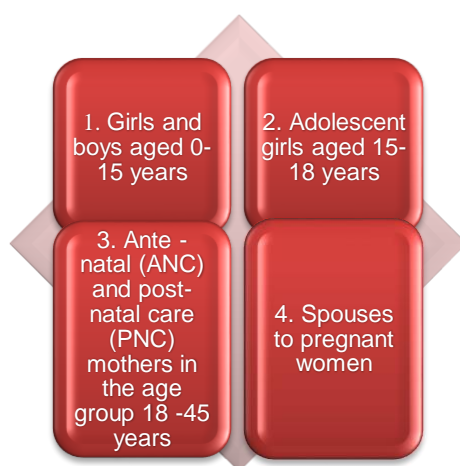
The access to health care services is dependent on adequate infrastructure and resources, which is lacking in the Thellar block of Tiruvannamalai District in Tamil Nadu. Installing infrastructure to cater to the majority of the population, which is often dispersed over large areas, is as major challenge. In the same way, resources to find and employ qualified healthcare service providers in remote areas is a reoccurring obstacle. Pregnant mothers and children constitute a group that are dependent on and entitled to a reliable healthcare system, but in the current situation finding and accessing qualified health care services is often difficult. A result of this is high infant mortality rates in Tiruvannamalai district (15%) and still birth rates (12%). Low awareness of prevention methods and family planning is resulting in high pregnancy rates for women under the age of 19, and negative social norms maintains illegal and harmful practices of gender identification of fetuses and illegal abortions.

Hand in Hand India with the support of Radiohjälpen and Hand in Hand Sweden implemented a health program specifically focusing on maternal, and child health care, thereby addressing the accessibility to a health care facility. The second phase of the implemented project is 'Improving maternal health in the Thellar Block of the Tiruvannamalai district in Tamil Nadu'

The objective of this intervention was to improve child and maternal health practices in the 46 target Panchayats in the Thellar Block of Tamil Nadu by ensuring access to and quality delivery of government health care. This new intervention has a stronger focus on child health and development and strengthening of attitudinal changes, and an important part of this is to improve the capacity of governmental health institutions. Through this next phase, Hand in Hand India continued its advocacy work to fill the gaps in the government system and leverage additional support from the government to increase the sustainability of the intervention.

1.2. PROJECT CONTEXT WITH OBJECTIVE

The project goal was to contribute to child and maternal health, reduced child mortality, reduced stillbirth, reduced underage pregnancies and increased protection against preventable diseases in the project area. The second phase of project was implemented from July 2017 to June 2019, a total budget of 7, 50, 000 SEK. The identified four target groups for the project was 20000 households in the 46 Panchayats in Thellar block of Tamil Nadu:



1.3. PROJECT SPECIFIC OBJECTIVES

- ✚ Improved access to and quality of health care services for children and expecting mothers in the 46 Panchayats;
- ✚ Improved child health in the 46 Panchayats through directed activities such as health camps, regular screening and immunization;
- ✚ Improved maternal health with a focus on young and high-risk mothers;
- ✚ Increased awareness among spouses and the rest of the community on child and maternal health, in particular pregnancy and child spacing/ family planning

1.4. SUMMARY OF INTERVENTIONS/ACTIVITIES

- ✚ Support institutional capacity building to local health centers and government health staff
- ✚ Diagnosing and screening of children and mothers to determine the need for medical intervention
- ✚ Improve children's access to health specialists (pediatricians etc.)
- ✚ Strengthen the immunization programs against preventable diseases for children
- ✚ Provide counseling and support to expecting mothers

- ✦ Awareness raising on issues concerning child health, pregnancy with a focus on youth and high-risk mothers and equality

Project results will be measured through attendance to meetings and trainings, children undergone medical exams and given treatment, children getting immunization against preventable diseases and mothers getting support and counseling.

1.5. ENDLINE EVALUATION (M&E Approach and Research Methods)

The purpose of the end line evaluation is to provide an independent assessment of the achievements of the project and to promote learning, to feed into future similar programs and projects. The end line evaluation was carried out by the Monitoring and Evaluation (M&E) department of HIH INDIA. The process was supported by HIH INDIA project managers in India and Sweden.

OBJECTIVES OF THE ENDLINE EVALUATION

- ✦ To assess the activities implemented in the project improved maternal health among ante-natal (AN), post-natal (PN), and High-risk mothers
- ✦ To interact with the key officials to understand how maternal and health services has created an impact in the community
- ✦ To understand the behavior and attitude change of the community towards access to health care
- ✦ To review the documents and reports of the project and measure the plan against the achievement
- ✦ To document the learning's, best practices, and challenges and develop recommendations that can incorporate into the future intervention

RESEARCH METHODS

Review

The proposal, log frame, monthly, quarterly and biannual reports, and training modules were be reviewed to assess the impact of the project.

Design

The M&E team has chosen Probability Sampling method for the study. Probability sampling is a sampling technique where the samples are gathered in a process that gives all the individuals in the population equal chances of being selected. Under probability sampling method, the researcher has adopted Simple Random Sampling (SRS) technique from the project beneficiaries of AN, PN, High-risk mothers, and adolescent girls with a 95% confidence level and 5% error. 95% confidence interval means, there is a 5% chance of the suggested answer not accurate. SRS is a method of selecting units from a population in such a way as to enable us to estimate the values of the population and make valid inferences about it. Out of 46 Panchayats in Thellar Block, samples from 41 Panchayats were selected.

The proposed sample size for the end line evaluation for each category is given below:

Respondents	Total Beneficiaries (as per the proposal)	Sample size
ANC & PNC Mothers (numbers)	4000	200 (PNC - 110 , ANC - 90)
High-Risk Mothers	150	10
Adolescent Girls	3400	190
Total Respondents	7550	400

Tools for Data Collection

The tools used for data collection are as follows:

- Questionnaires Survey (for Quantitative data)
- Focus Group Discussion with beneficiaries and stakeholders (Qualitative Data)
- Interview with the Project Staff

Limitation

- Non availability of Spouses during the time FDG.

2. EVALUATION FINDINGS



The evaluation questions will focus on relevance, efficiency, effectiveness, sustainability and impact. In particular the evaluation will set out to answer the following questions:

2.1. RELEVANCE

2.1.1. GEOGRAPHY

The target area selected for the project ‘Improving maternal health in the Thellar Block of the Tiruvannamalai district in Tamil Nadu’ is the **46 Panchayats of the Thellar Block**. Tiruvannamalai district (also known as Tiruvannamalai) is the largest of the 37 districts in the state of Tamil Nadu, in South India. Tiruvannamalai district ranked 13th highest in terms of population size in the State. Thellar block is a revenue block in the Tiruvannamalai district of Tamil Nadu, India. It has a total of 61 Panchayats. Thellar block in Tiruvannamalai district of Tamil Nadu is one of the most backward blocks. It has been selected as an IPPE block by Ministry of Rural Development (MoRD) as one of the 2,500 most backward blocks of the country based on the parameters defined by the erstwhile Planning Commission/NITI Aayog relating to literacy, health, percentage share of agriculture in the districts economy etc. Tamil Nadu’s Infant Mortality Rate is at 16 per 1000 live births, and Maternal Mortality is 62 in 2017, while Tiruvannamalai IMR is at 10.8 in the same year and this is because of lack of knowledge. Any step towards reducing newborn and maternal death would bring the IMR/MMR down.

The target group consists of a majority of individuals that were not approached in phase one, but whose need for support is identified as substantial. Some of the individuals may be beneficiaries of phase one, but are in need of further support and awareness of sustainable approaches to health and well-being. Furthermore, through earlier documentation and screening as well as an initial baseline, the selections are narrowed down to a group and individual level, from which a final selection of is made.

2.1.2. SELECTION OF BENEFICIARIES FOR THE PROJECT

Baseline findings in Thellar block reveal that, on average significantly higher number of male children are born (73% males to 27% female in the AN mothers), data on PN mothers show higher birth order of 3 and some 4. FGDs reveal that a preference for male child puts pressure on the mother to conceive.

The third point is the number of low birth weight infants in the sample respondents. While the percentage of low birth weight infants born is alarming at more than 50% and is a marker of higher malnutrition risk for both the mother and the growing infant/child. This finding from the sample needs a further probe that confirms/validates on a larger trend on infant and mother malnutrition and a recommendation for long term, more sustained intervention for malnutrition amongst infants and women.

During the baseline study there were 14.27% of mother's into high order birth, we should also understand that the baseline study was conducted with all PNC mothers, so the findings are relatively less in number. During the Focus group discussion the various reason quoted by the mothers were, if both the children were of same gender they would opt for the third, few of them said that if something uncertain happens to one of the child then they could be happy with other. There was also influence from the in-Laws stressing the son for the third child. So this depicts the fact that more initiatives and focus should be provided on high order birth especially to the in-laws on the ill effect of higher birth.

At the time of baseline, the health pillar team has identified 187 mothers as high risk. Out of 187 high risk pregnancy mothers, 33% mothers were selected using simple random sampling method. In the field however, only 55 mothers were identified and interviewed from the baseline list, the remaining 7 high risk mothers have been selected as a convenient sample because some of the mothers have not returned from their parental place after the delivery. Risk factors for a high-risk pregnancy can include high blood pressure, diabetes, over weight/under-weight/under-nourished mother, higher order births, young or old maternal age, severe anemia, previous history of abortions, still birth, infections during pregnancy, genetic complications due to consanguineous marriages etc. Women with high-risk pregnancies need to receive care from a special team of health care providers to ensure that their pregnancies and deliveries are healthy.

This set of finding seen in a combined form indicates a well-known yet disturbing field reality. In itself, preference for a male child is detrimental to the health of the mother as well as the child, given that our beneficiaries belong to poor families in rural, backward villages.

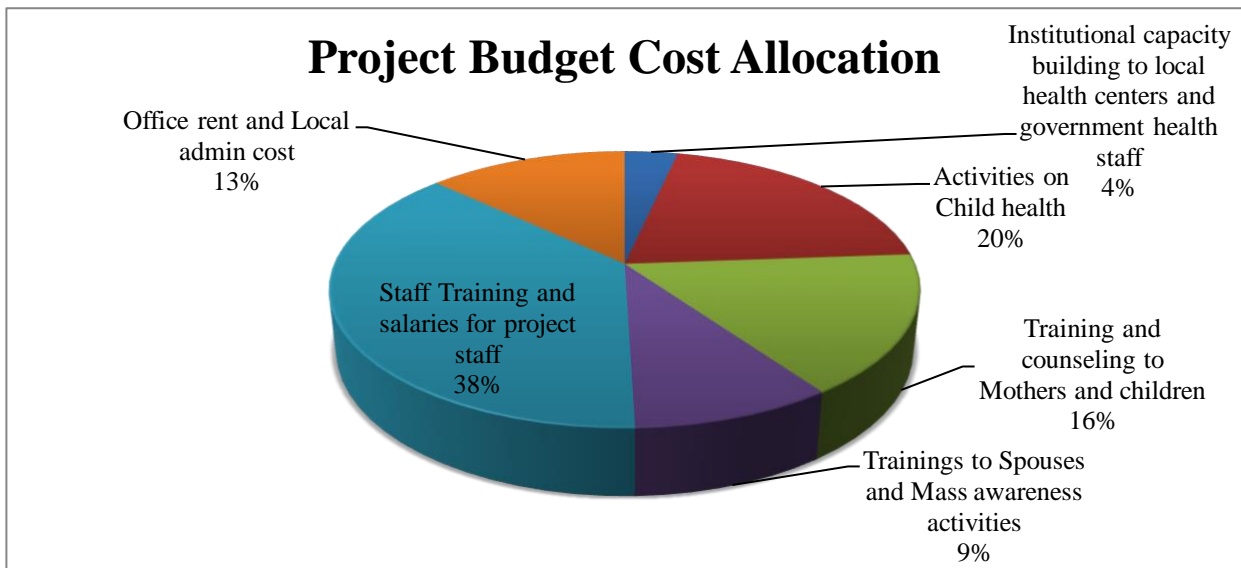
2.1.3. TRAININGS PRIOR TO HAND IN HAND INDIA

As per the end line evaluation, 87% of Adolescent girl respondents shared that have never attended any Menstrual Health Management Training before Hand in Hand India. But the remaining respondents have attended some training from AWC or School. 78% of the ANC mother respondents have never attended any training on Maternal and Child Health before Hand in Hand India. 86% of the PNC mother respondents

have never attended any training on Maternal and Child Health (MCH) before Hand in Hand India. But the remaining respondents have attended some training from AWC or PHC. Surprisingly, none of the High Risk mother respondents have attended any MCH training prior to this project.

2.2. EFFICIENCY

2.2.1. BUDGET UTILIZATION



The actual utilization of the RJ project fund against the allocated budget has been monitored and most of the expenses are with the permissible limits of 5 % deviation.

2.2.2. INTERACTION WITH PROJECT TEAM

The M&E team also had one to one interaction with the project staff. During the interaction with the staff the outcome, achievements, limitations, budget and the target against key indicators and timeframe were discussed. The activities planned within the project from appointing of Social Organizers, staff orientation, and implementation of the proposed activities and reporting to the donor went side by side timely which promoted in achieving of the set key indicators for the success.

S. No	Key Indicators	Total Project Target	Project Target Achieved	% of Project Target Achieved	Remarks
1	No. of Govt. staffs trained	300	303	101	Data obtained from Participants Attendance Register
2	No. of children undergone Screening (boys and girls 5-15 years)	7300	7368	101	Data obtained from Medical Camp Report by Health Pillar
3	No. of children examined in PHCs (boys and girls 0-18 years)	4600	4064	88	Data obtained from Medical Camp Report by Health Pillar
4	Immunization done for no. of children against preventable diseases (boys and girls 0-5 years)	3000	8387	280	Verified by VHNS
5	No. of Adolescent girls undergone training from HIH INDIA	3400	5056	149	Data obtained from Training Beneficiary details prepared by Health Pillar
6	No. of ANC and PNC mothers got benefits from ICDS	4000	13624	341	Data obtained from Training Beneficiary details prepared by Health Pillar
7	No. of women with High Risk Pregnancies given counseling and support (18 - 40 years)	150	1099	733	Data recorded in RJ Achievement Report shared with donor
8	No. of spouses undergone training from HIH INDIA (18 -40 years)	2700	3666	136	Data obtained from Training Beneficiary details prepared by Health Pillar
9	No. of individuals reached through Mass Awareness activities by HIH INDIA.	30,000	32601	109	Data received from Cultural program organized by health pillar

2.3. EFFECTIVENESS

2.3.1. DEMOGRAPHY

Nearly 52% of 90 ANC mother respondents belong to the age group of 21-25 years, and 37 of the total ANC respondents have passed HSC (class 11th & 12th) while 9 have completed their UG/PG. Out of 90 respondents, 6 women got married before the age of 18 years and after marriage 1 got pregnant before completing her legal age. Other 69 women had their first pregnancy between the ages of 19-24 years.

Majority of 45% of 110 PNC mother Respondents belong to the age group of 26-30 years. And 43 of the total PNC respondents have passed SSLC (class 10th), 30 have passed HSC (class 11th & 12th), 12 have completed their UG/PG and while 2 are Professionals. Out of 110 PNC respondents, 52 PNC mothers got married at age of 21-25 years and 63 of them got their 1st pregnancy within age of 21-25 years.

Out of 10 HRM respondents, majority of them are under the age of 26-30 years, at the time of marriage there were 2 of the respondents below 21 years old. Seven respondents had their first pregnancy between the age of 21-25 years and 1 had her first pregnancy before 21 years. Majority of 5 HRM respondents have passed HSC (class 11th & 12th) while 3 have done UG/PG and 1 is Professional.

2.3.2. TRAININGS IMPARTED BY HAND IN HAND INDIA

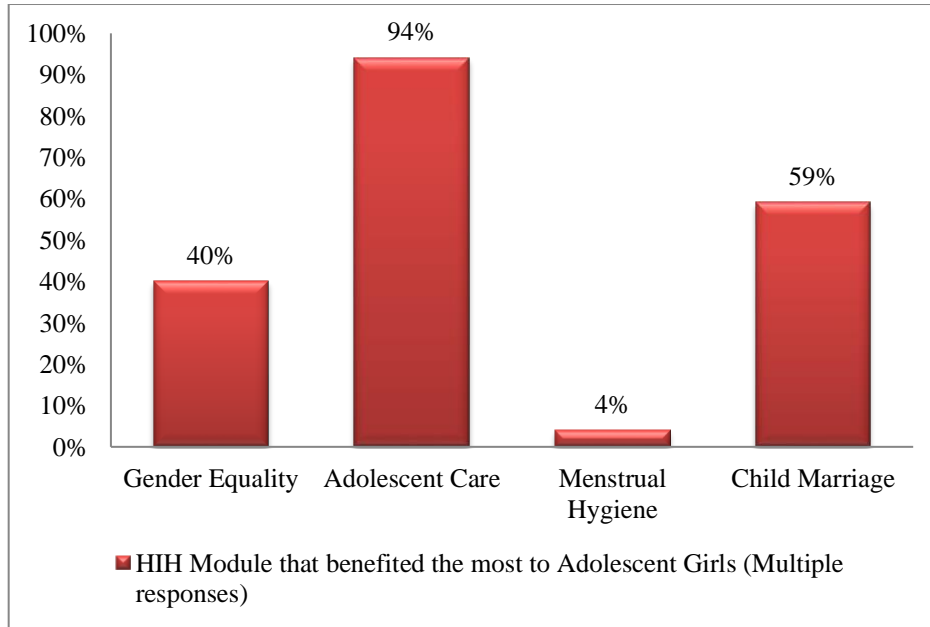
As per the End line Evaluation Survey, all the respondents under Adolescent girls, ANC, PNC and High Risk mothers has attended trainings organized by Hand in Hand India. Menstrual Health Management (MHM) module was designed for the Adolescent girls and on Maternal and Child Health Care (MCH) module was designed for ANC, PNC and High Risk mothers.

92 % of the total Adolescent girl respondents rated MHM Training module by HIH INDIA as 'Good' whereas remaining 8% rated it as 'Excellent'. Majority of the respondents found modules on 'Adolescent Care' (94%) and 'Child Marriage' (59%) most benefitting for them.

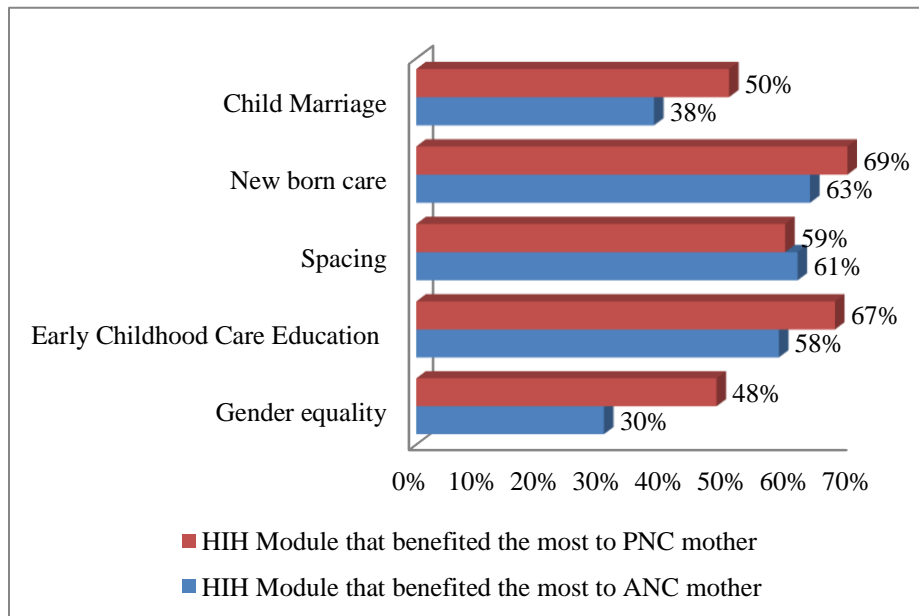
93% of the total PNC mother respondents rated MCH Training module by HIH INDIA as 'Good' whereas 5 % rated the module as 'Excellent' and remaining 2 % rated it as 'Average'. Majority of the respondents found modules on 'New born Care' (69%), 'Early Child Care Education' (67%) and 'Spacing' (59%) most benefitting for them.

81% of the total ANC mother respondents rated MCH Training module by HIH INDIA as 'Good' whereas 12% of the respondents rated the module as 'Excellent' and remaining 7% rated it as 'Average'. Majority of the respondents found modules on 'New born Care' (63%), 'Spacing' (61%) and 'Early Child Care Education' (58%) most benefitting for them.

The following figures depicts the HIH INDIA modules that have benefited the most to the respondents:



Hand in Hand India MMH Training Module that most benefited the Adolescent girls



Hand in Hand India MCH Training Module that most benefited the PNC and ANC mothers

2.3.3. IDENTIFYING HIGH RISK MOTHERS (HRM) AND ENSURING BETTER MATERNAL CARE SERVICES

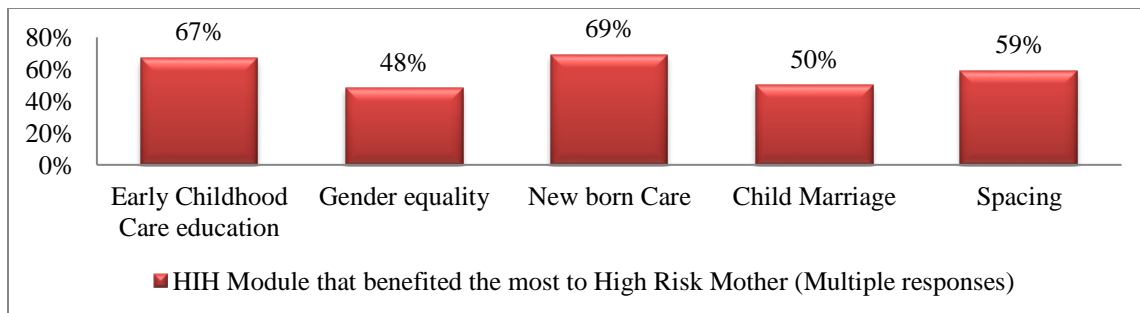
Through the End line survey the various reasons were known for which these women respondents were identified as High Risk Mothers. Most of them were ‘Anemic (90%)’, ‘High Blood pressure (50%)’, ‘High birth order (20%)’ and ‘Diabetes (10%)’.

All the HRM respondents have been given counseling by HIH INDIA Staffs. Most of them got it for ‘More than 16 days’ (40%) while remaining got it for ‘6-15 days’. Through the HIH INDIA staffs counseling, most of the HRM respondents experienced ‘Increased HB level’ (90%) and ‘Normal BP’ (50%).

Out of 10, 90% (9) of the respondents had registered in PHC/AWC. Out of 9 respondents, 8 got registered in the 3rd month of pregnancy whereas 1 got registered in the 4th month. Most of HRM respondents who registered at PHC/AWC got motivated through HIH INDIA staffs (90%) and Anganwadi workers (60%). Half of the HRM respondents out of 10, delivered their baby in ‘PHC’ while 2 respondents delivered at the ‘District Hospital’ and the remaining delivered in ‘Community Health Centre’ (1), ‘Government Hospital’ (1) and ‘Private Hospital’ (1).

60% of the respondent High Risk Mothers have attended the medical camp conducted by HIH INDIA Staff. The remaining did not attend since it wasn’t organized in their village. Mostly availed benefits received from the camp were Medicine (60%) and Counseling (60%).

Hand in Hand India module that benefitted the most to High Risk Mothers



Methods of Counseling through Hand in Hand India Staff

Methods of Counseling through HIH INDIA Staff (Multiple)	Numbers	Percentage
Individual Counseling	9	90
During Anganwadi visit	5	50
During HIH INDIA Staff visit	7	70
Through IEC materials	5	50
Group meeting	5	50

Medical Camp	3	30
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Special treatments received to overcome the High Risk situation of the respondents

Special treatments received to Overcome the High Risk Situation (Multiple)	Numbers	Percentage
Follow-up on Scanning	7	70
Regular Medical check-up	7	70
Counseling on food diet	9	90
Immunization	8	80

Overall knowledge gained by the HRM respondents under the RJ Project were ‘*Complementary food after 6 months (100%)*’, ‘*Institutional delivery (90%)*’, ‘*Complete immunization (80%)*’, ‘*Advice on Women’s Nutrition (80%)*’, ‘*Colostrum feeding (80%)*’, ‘*Exclusive breast feed for first 6 months (80%)*’, ‘*Medical camp (60%)*’ and ‘*Training material (20%)*’.

2.3.4. REGISTRATIONS OF ANC/PNC/HRM TO PHC/ANGANWADIS

82% of the ANC mother respondents have registered under PHC/Anganwadi, 12% of the remaining were in their 3rd/4th pregnancy and while 6% of them haven’t registered in PHC/Anganwadi. The respondents who haven’t registered were either ‘*Not Aware*’ or had ‘*migrated*’ to a different place. Majority of registered ANC mothers went for ANC check- ups 3-4 times. 71% of the respondents who got them registered to PHC/Anganwadi were motivated by Hand in Hand India staffs.

90% of the High Risk Mother respondents had *registered in PHC/AWC*. Most of the HRM respondents who registered at PHC/AWC got motivated through *HIH INDIA staffs (90%)* and *Anganwadi workers (60%)*. Out of 9 respondents, 8 got registered in the 3rd month of pregnancy whereas 1 got registered in the 4th month. The one respondent who didn’t register in PHC/AWC was because her first baby was delivered through Cesarean, so she went to a Private hospital.

As per the survey, 75% of the PNC mother respondents have gone for PNC check-ups regularly.

2.3.5. INSTITUTIONAL DELIVERIES

Half of the HRM respondents out of 10, delivered their baby in ‘*PHC*’ while 2 respondents delivered at the ‘*District Hospital*’ and the remaining delivered in ‘*Community Health Centre*’ (1), ‘*Government Hospital*’ (1) and ‘*Private Hospital*’ (1).

78 ANC women respondents have planned their delivery in either PHC or District Hospital. HIH INDIA staffs have counseled nearly 75 ANC mothers (out of 90) for Institutional Delivery.

2.3.6. MEDICAL/ PEDIATRIC CAMPS

60% of the respondent High Risk Mothers have attended the medical camp conducted by HIH INDIA Staff. The remaining did not attend since it wasn't organized in their village. Mostly availed benefits received from the camp were *Medicine* (60%) and *Counseling* (60%).

85 PNC respondents out of 110 have attended '*Pediatric camp*' organized by HIH INDIA Staff. Mostly availed benefits received from the camp were *Medicine* (86%), *Diagnostic test* (78%).

2.3.7. AWARENESS ON SPACING AND FAMILY PLANNING

Majority of the respondent PNC mothers shared that Family Planning is important because '*Healthy mothers produce healthy children*' (68%), '*Gives enough time and opportunity to love and provide attention to her husband and children*' (54%) and '*Enables her to regain health after delivery*' (52%).

96% of the total 110 PNC respondents know about '*Spacing between the pregnancies*'. 86 of the PNC Mothers said *3 years gap* is needed between 1st and 2nd child as per the MCH Training module.

2.3.8. FGD WITH SCHOOL GIRLS AND BOY

M&E team used Focus Group Discussion as a tool for End line Evaluation at Vedal and Thellar villages in Thellar Block. In 1st FGD, a group of 15 boys and 20 girls participated while in the 2nd FGD, 45 girls participated. These children were briefed on the purpose of FGD in End line Evaluation. The FGD guidelines were followed by the team. The children were mostly probed on their practice on personal hygiene.

FGD 1: Vedal High School, 15 boys and 20 girls from 10th standard had participated for the discussion. These were the insights after the discussion:

- ✓ These boys and girls were aware of Personal Hygiene and its components through cultural program conducted by HIH INDIA. When asked, one of the boys demonstrated the steps in hand washing.
- ✓ The boys and girls consume Albendazole-deworming tablets in the school once in every six months.
- ✓ When asked about the legal marriage age of a girl and boy, all these children were aware of it.
- ✓ The girls have not participated in any of the MHM training before HIH INDIA intervention. They shared that their new learning through HIH INDIA Staff training were '*Symptoms of Anemia*' and the '*Balanced food diet*'.
- ✓ When asked about disposal of sanitary napkins, the girls shared that they dispose their used sanitary napkins in the toilet dustbin and wash their hands only with water, and at home they burn all the used napkins after the menstrual period is over and wash their hands with soap & water.

- ✓ The girls are aware of the importance of taking IFA tablets. They take it on every Thursday in a week provided by the school.
- ✓ Out of 20 girls only 12 of them have household toilets while the rest used to go to the fields or interior forest area for open defecation. The 8 out of these 12 girls, who were motivated by HIH INDIA, have asked their parents to construct toilet in their home.

FGD 2: In Thellar Girls High Secondary School, 45 girls from 9th standard had participated for the FGD. These were the insights after the discussion:

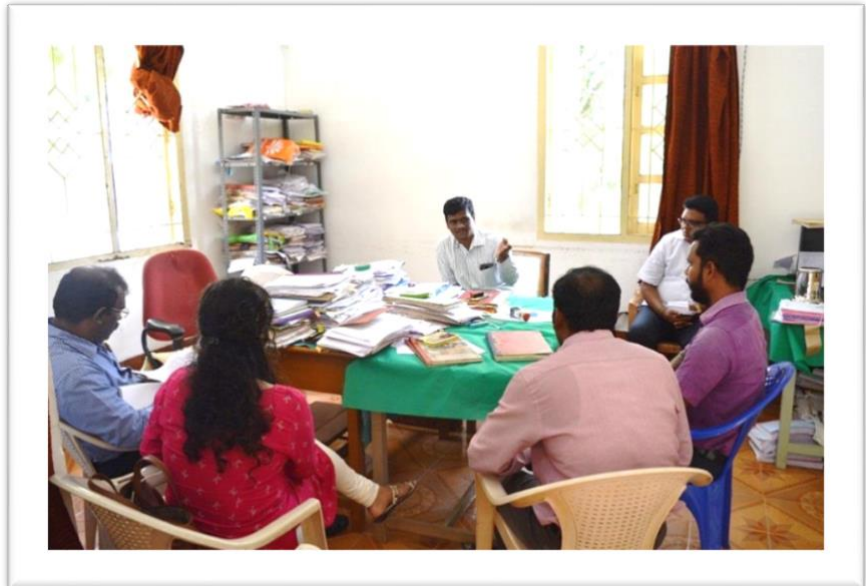
- ✓ All these girls have attended MHM training from HIH INDIA. Out of 45 girls, 25 of them were aware of Menstruation and its practices through their mothers. They shared that their new learning through HIH INDIA Staff training were '*Symptoms of Anemia*', '*Balanced food diet*' and '*Legal and Medical marriage Age*'
- ✓ The girls shared that there are many *myths and misconceptions* still prevailing in their homes, regarding *Menstruation* like not to touch the holy plants, pickle, not visiting temple and sleeping separately are a few.
- ✓ In this FGD girls group, 50% of them told that they have been successful in changing the mindsets of the family elders by explaining them that it's a natural process not a curse.
- ✓ The girls shared that during the menstrual days, if they are using pads provided by their school they will have to change it frequently since it's not of a good quality compared to the ones bought from the shop.
- ✓ When asked about the disposal of sanitary napkins, the girls shared that they dispose their used sanitary napkins in the toilet dustbin and while 3 girls burn it in the evening on a routine basis, in their home they store it in a separate place and burn it all together at the end of the periods.
- ✓ At the end when asked for a suggestion, these girls recommended for an additional toilet with an incinerator facility and a separate hand washing unit in their school.
- ✓ While discussing it was known that most of all these girls know about legal as well as medical marriage age.

2.3.9. INSTITUTIONAL CAPACITY BUILDING OF LOCAL HEALTH CENTERS AND GOVERNMENT HEALTH STAFF

M&E team organized one in-depth discussion with the Dr. Selvamuthu Kumar, Block Medical Officer at Thellar Block PHC and Mr. S Manimaran, Medical Officer from Ponnur PHC. This discussion was aimed to give a broad picture of the contribution of the medical team in the project and the effectiveness of the HIH INDIA program with the community. The following were the highlights of the meeting:

Key Official: Block Medical Officer (BMO), Thellar

- ✚ During the discussion the BMO shared that he and the other health staffs have attended the capacity building training for the health workers organized by Hand in Hand India.
- ✚ The BMO said that there is no maternal death in the block this year and the infant death has decreased when compared to last year.
- ✚ The ANCs, PNCs and the Children have got immunized with the support of the HIH INDIA staff in the fields that linked had them to the VHN for ANC registration, Immunization and Family planning of the PNCs.
- ✚ The consumption of IFA tablets by the ANCs has increased which resulted in the decrease of Anemia in pregnant women.
- ✚ The BMO said that there is no change in the high order birth and the number of family planning. As an average there are 7 to 8 high risk mothers per month in the block.
- ✚ The BMO said that individual counseling to the ANCs, PNCs and Adolescent girls have helped in the awareness of the schemes and enrolling in the same, as well as the *'Knowledge on the balanced diet for anemia,'* etc.



Thellar Block Medical Officer says, “the support of the Hand in Hand India team in the field was a real great help in the identification of the ANC mothers and registering them in the respective PHCs on time, helping in the mobilization of the PNCs and children in the villages for immunization also they have referred some of the PNCs for family planning.” He also thanked the organization for providing the equipment that they didn't had in the PHCs earlier which has been a great help at the time of need.

Hand in Hand India has provided equipment and reagents to BMO which he distributed to 5 PHCs: 115 units in June 2018 and 22 units in June 2019. (Refer Annexure)

Medical Officer at Ponnur PHC: Ponnur PHC consists of 3 HSCs covering 26 villages with a Medical Officer, a Sector Health Nurse, 3 Village Health Nurses, a Lab technician and a Pharmacist.

✚ When the M&E team interacted with Mr. Manimaran, the Medical Officer, about the intervention of HIH INDIA and the benefits or improvement of change, first he thanked the organization for the equipment's provided which was a great help which has fulfilled their need.



✚ The VHN also said that the organizers have supported them in the mobilization of the ANCs to the PHC on the ANC day and ensured that the ANC mothers go for regular check-ups and have a safe delivery in the hospital.

Mr. Manimaran, the Medical Officer at Ponnur PHC, was happy to inform the Hand in Hand India M&E team that they could achieve 100% of institutional delivery and Immunization in the PHC target areas.

2.4. IMPACT (WOMEN’S EMPOWERMENT & GENDER EQUALITY)

2.4.1. BETTER LIFE AFTER THE HIH INDIA PROJECT

Through the End line survey, all the respondent ANC and PNC mothers agree that they will have a better life with the kind of work Hand in Hand India has done for them. Majority of the mothers choose ‘*knowledge on Spacing*’ and ‘*Knowledge on Early Childhood Care Education*’ as major reasons for their improved life through Hand in Hand India’s RJ Project. Most of the respondents agreed that they will have a healthy life through the training they got under RJ Project mainly because of the knowledge on ‘*Spacing*’, ‘*ECCD*’ and ‘*Reduced Maternal Mortality*’. All the Adolescent girl respondents agreed that they will have a healthy life through the training they got under RJ Project mainly because of the knowledge on ‘*Personal and menstrual hygiene*’ (85.7%), ‘*Signs, symptoms & prevention of Anemia*’ (69.3%) and ‘*Impacts of Early child Marriage*’ (64.6%).

Reasons to have better and healthy life of PNC mothers post RJ project

Reasons to have better and healthy life of PNC mothers post RJ project	Numbers	Percentage
Reduced Child Mortality	40	36.4
Reduced Maternal Mortality	35	31.8
Reduced Underage Pregnancies	33	30.0
Knowledge on ECCD	49	44.5
Knowledge on Spacing	65	59.1
Reduced Stillbirths	33	30.0

Reasons to have better and healthy life of ANC mothers post RJ project

ANC Mothers: Why do you agree that HIH INDIA training will help you to get healthy life under RJ project?		
Reduced Child Mortality	40	36 %
Reduced Maternal Mortality	35	32 %
Reduced Underage Pregnancies	33	30 %
knowledge on ECCD	49	45 %
knowledge on spacing	65	59 %
Reduced Stillbirths	33	30 %

Reasons to have better and healthy life of HRM mothers post RJ project

HRM Mothers : Reason for healthy life under RJ project (Multiple responses)	Numbers	Percentage
Reduced Child Mortality	4	40

Reduced Maternal Mortality	5	50
Reduced Underage pregnancies	4	40
Reduced Stillbirths	4	40
Knowledge on Spacing	7	70
Knowledge on ECCD	7	70

Reasons to have better and healthy life of Adolescent girls post RJ project

Adolescent Girls : Do you agree that HIH INDIA training will help you to get healthy life under RJ project		
Training on personal and menstrual hygiene	162	85.7 %
Impacts of Early child Marriage	122	64.6 %
Signs, symptoms & prevention of Anemia	131	69.3 %
Balanced diet	85	45.0 %
Importance of education	101	53.4 %
Reproductive Health	29	15.3 %

2.4.2. GENDER DISCRIMINATION

When asked to the HRM mother respondents their *'opinion on which child they wish to have'*, majority of 70 % respondents said *'Girl child'* because *'first child was a boy'* and or *'girl child will take care of us well'*. The remaining 30% said that they would wish for a *'boy child'* because it is there *'spouse's wish'* and *'boy is a legal heir'*. 96% of the total PNC Mother Respondents said that there will be *'No gender discrimination'* in their house if they are having a male/female child. While the remaining 4 % of them who think that there family will choose a boy over a girl, said so because a boy will have *'a freedom to go anywhere'*.

66% of ANC respondents said that *'any child'* will make them happy while 24% preferred a *girl child* and remaining 10% chose a *boy child*. The 24% ANC respondents who chose *'Girl child'* mainly because *'girl child will take care of us well'* and remaining 10% who chose a *'boy child'* said it is there *'spouse's wish'*

It was observed that through the period of project phase, the various trainings given to ANC, PNC and HRM mothers, by HIH INDIA has contributed to the change in the mindset of these women such that now they would happily accept a *'girl child'*. But yet the minds of *Spouses* and *In laws* are not convinced and somewhere they do prefer a *'boy child'* in their family.

Out of 190 Adolescent girl respondents, 183 said that there will be *"No gender discrimination"* in there house if they are having a male/female child. While the remaining 7 girls who think that there family will choose a boy over a girl, said so because a boy will have a *'freedom to go anywhere.'*

S. No.	Gender Discrimination in your house	
	Yes	No
Adolescent Girls	7	183
PNC Mothers	5	105
ANC Mothers	5	85
High Risk Mothers	1	9

2.4.3. CONSTRUCTION OF TOILET

When asked to the Adolescent girl respondents about their knowledge on personal hygiene after undergoing MHM training by Hand in Hand India, majority of them said ‘Using a clean toilet’ (92.6%) and ‘Taking bath daily’(84.7%). During the end line survey, 6 of Adolescent Girl respondents shared that they were motivated by *Hand in Hand India Staffs* to have a toilet constructed in their house.

Adolescent girls: Respondent’s knowledge on personal hygiene. (multiple responses)		
Personal Hygiene Means	Units	Percentage
Using a clean toilet	176	92.6
Taking bath daily	161	84.7
Cut the nails properly	147	77.4
Washing hands with soap after using the toilet	117	61.6
Brush teeth at least twice a day	123	64.7
Change the napkin every 3 to 4 hours	115	60.5
Wash the cloth with soap and rinse with boiling water and dry it in the sunlight	71	37.4
Cleaning of external genitalia	40	21.1
Using footwear	6	3.2

2.4.4. DISCUSSION ON ALMSC

M&E team had a Focus Group Discussion was conducted with ALMSC in Thellar Colony, Vadakupattu AWC and Sogathur AWC. For the discussion in Thellar Colony AWC, 6 mothers of the Anganwadi children, Anganwadi worker, the helper participated and two PNCs with child below 6 months old. In Vadakupattu AWC, 6 members including the husband of the AWW, Head Master, a teacher and a PNC with the AWW participated for the discussion. In Sogathur ALMSC, the Anganwadi worker with 6 PNCs, 2 SHG members, an adolescent girl and a primary school Head Master participated for the focus group discussion.

Following were the observations:

- ✓ The members are not aware of the ALMSC and the list of members to be present in it.

- ✓ As per the project, the Thellar Colony ALMSC has been formed in the month of April'19 and the meeting was conducted only for three months including the formation (April-June'19). The register of the ALMSC was not in the Anganwadi centre, the AWW said that it has been handed over to the CDPO office.
- ✓ There is a lack of community participation to the Anganwadi centre, the mothers of the anganwadi children never come for any meeting, since the children are there they will cry and will disturb the meeting.
- ✓ The mothers of the adolescent girls come to collect the sanitary napkins.
- ✓ The mothers said that they get the nutritious flour every month and they prepare snacks with the flour trained by the HIH INDIA staffs and the children eat without any hesitation.
- ✓ AWW said that the mothers of the anganwadi children ask for a stipend to attend any meeting in the anganwadi centre. So there is lack of cooperation from the community and the government for smooth functioning of the activities in the centre. (In Vadakupattu AWC)
- ✓ The Anganwadi centre do not have a weighing machine or height scale to measure the height & weight, this shows that the anganwadi just operates with the broken roof and given things without the helper.
- ✓ The drawback in the anganwadi is they do not have a separate weighing machine for infants & height scale for the children in the anganwadi, they have to borrow from the other block AWC and could able to take weight, which is the cause of irregularity in weighing the children.
- ✓ The Anganwadi worker is not aware of the exact weight of the children and the status of it, whether they fall in normal, mild, moderate or severe underweight.
- ✓ The Sogathur ALMSC is been formed by the HIH INDIA staff in the month of March'19 and the meeting is been conducted and minutes has been written for three months.
- ✓ A new scheme has been initiated from the government for all the anganwadi children to conduct VHN day or ECC day every month. So the AWW focus on it and report the program related to that scheme and consider that as a monthly meeting.
- ✓ The adolescent girl is aware of the menstrual hygiene, disposal methods, symptoms of anemia and the balanced diet to be followed and avoided.
- ✓ If there is a proper monitoring of the anganwadi centre with all facilities and support of the government. The anganwadi centre can achieve many things in the community.

2.5 SUSTAINABILITY

The project works with awareness raising and access to health institutions, with an aim to provide the target groups with permanent know how and capacity to improve child and maternal health on its own, thereby minimizing an eventual dependency relationship between villagers and Hand in Hand India. This project has a particular focus to create sustainable and quality government health services.



The project had a specific Exit strategy

1. Informed the government what HIH INDIA team did in the community: The HIH INDIA team has communicated to the Dept. of Public Health at District level regarding the issues they faced while implementing the project and current status of the community.
2. Strengthening existing government committee ALMSC
3. Engaging Community in addressing their own problems: the community women have been imparted training on how to identify High Risk Mothers, availing services from PHC and follow up care. So now they can identify such mothers in and around them and link them to the nearest PHC.

2.6 PROJECT MILESTONES

Case Study 1:

ANC Mother who have done family planning after two girl child

Sakthikala says that, "all the men should be advised on family planning and be an instrument for the empowerment of the women."

Sakthikala w/o Venkatesan is a 23 year old young PNC mother with her five months old second child from the Schedule tribe community of Ramasamuthiram village and Panchayat. She studied till 7th standard and then dropped for the financial support of her family. She got married at the age of 20 and delivered a girl child at the age of 21, since they are not aware of the spacing methods and precautions, her husband wanted to have a boy baby, they went for the second one. She became pregnant again the next year.

When she was pregnant, the HIH INDIA staff went to her home and gave counseling on the ante-natal care on the intake of balanced diet, regular check-up, importance of iron rich food, etc. The team also gave the couple awareness on the importance of the family planning describing about the gender equality as they should not see gender biasness in the family and during childbirth. They should accept any child as God given and should undergo family planning for a healthy life.

The Staff said her that a child should get breast feeding for 2 years minimum which has high immunity power and is important for the physical and intellectual growth of the child. The mother should be healthy to feed and take care of the children and so told her to undergo family planning as soon as the second child been delivered, no matter of the gender. The Staff emphasized on this on every visit which made Sakthikala to speak to her husband and mother-in-law about her health and the benefits if she undergoes family planning after two children.

The husband of Sakthikala, who goes to cut woods in the forest and works as a labor, had a chance to attend the counseling session during the house visit of the HIH INDIA staff. At that time, the staff spoke about the gender equality since the husband was expecting a boy. The Staff also focused on a husband's role during wife's pregnancy to ensure a safe delivery. During the visit, the benefits of family planning after two children were discussed and the husband was asked to think of the healthy future with his wife and children.

Sakthikala gave birth to a girl baby. The Staff continued their follow-up visits and precisely spoke to Sakthikalas husband. After few days Sakthikala told that she has done family planning after their second child, and that her husband has told her to do so. Her husband accepted their second baby girl and decided not to push his wife for other pregnancy in a hope to get a baby boy. They accepted to do family planning for the betterment of their life. Sakthikala thanked the staff for the counseling given to her husband and has changed his mindset.

Case Study 2:

High Risk Mother - Late Pregnancy

Valli w/o Suresh is a 33 years old woman, who is a homemaker. She has been identified as High risk mother by the HIH INDIA Staff, since she became pregnant at the age of 32 which was 12 years of gap after her first pregnancy.

At the age of 19 she got married and at 20 she became pregnant, while she was working in the field, she fell down and had a miscarriage. Since then the husband started caring less for her. She tried many medical, spiritual ways to become pregnant again which all went in vain, but at last after 12 years she became pregnant. But the husband preferred staying outside and not much involving with the family.

Hand in Hand India Staff went to the beneficiary's home and gave special counseling on the ante-natal care to have safe institutional delivery, also advised Valli to have balanced diet and go for regular check-ups. The staff monitored her HB level and body weight to avoid any complications during delivery, it was



advised to her husband to take care of her food diet and to be her moral support towards her motherhood. The main idea behind counseling the husband was to make him realize his responsibility during his wife's pregnancy and new family. The beneficiary followed the advices given by the Staff and delivered a healthy boy baby.

Now the mother-in-law is in need of another baby, so the staff gave counseling to her telling that to deliver a baby at this age is a God's grace and they should take care of it. They shouldn't spoil Valli's health, by pushing her for another baby. So the staff told her husband to accompany her wife to the hospital for family planning as early as possible and take care of her as well as the child's health and also counseled on the ways to take care of the new born baby till 2.5 years of age by providing healthy complementary food after 6 months. After several follow ups with the husband he started showing interest in taking care of her wife, Valli's health, taking her to the PHC and providing healthy meals for her.



Valli says, "There was a time when I completely lost hope in God that I will have a baby next to me, I am happy that I have become mother after so long and want to thank Hand in Hand India for being there with me at my most crucial phase"

3. CHALLENGES & RECOMMENDATIONS

BLOCK MEDICAL OFFICER

CHALLENGES

- ✦ The main challenge was the lack of health staffs in the field and as well as the hospital, since there is a delay in the appointment, the present staffs had to cover the entire block which is an impossible one.
- ✦ Due to the unavailability of the Radiologist, the ANC has been asked to take the scan in a private centre for which they had to travel a long distance which also costs more than they could afford, due to this some of the ANCs do not take the anomaly scan which is a cause of some serious health issues and infant death.
- ✦ The ANC mothers mostly do not avail the usage of 108 - Emergency Ambulance Service, which is another challenge, as well as the admission of the ANC in prior of 10 days before the due date.

RECOMMENDATION

- ✦ The BMO said that he is in need of man power support of the VHN in the field and Staff nurse in the hospital.
- ✦ To appoint the Radiologist do perform anomaly scan in the PHC for all the ANCs.
- ✦ Continued support of the organizers in the villages to act as an ASHA workers till the Government appoints the same.
- ✦ Requirement of a waiting shed infrastructure for the ANCs and their attendants to have lunch and stay during admission for delivery and on the ANC day.

HAND IN HAND INDIA HEALTH TEAM

CHALLENGES

- ✦ **Manpower crisis-** There was a gap, VHNs and Anganwadi teachers were inadequate at the time HIH INDIA entered, so the team discussed about it to the ICDS and luckily they had appointed ICDS teachers. Initially there were 35-40 teachers and nearly 72 Anganwadi centers. Only after 1 year of the project start government had appointed teachers and people got engaged at the community level. So the HIH INDIA team had to do the sensitization program again with the new appointed teachers.
- ✦ **Another problem faced was for ANC mothers there are two schemes Dr. Muthulakshmi Reddy Scheme and Janani Suraksha Yojna, which wasn't reached to the community.** So HIH INDIA team

sensitized the community saying that there is a way to avail the scheme by calling on 104 services and inform them that the scheme service hasn't reached their location. Along with this the team spoke to the BMO about it and telling that there is a gap since the locality hasn't received the scheme benefits yet. So there were many calls on 104 from the community where HIH INDIA team was working. 104 Authorities communicated to the government as to why they are getting so many calls from our target area. Later VHN told the community people to come to them with their problems instead of calling 104.

- ✚ **During the project 3 times CDPOs and other District level officers got changed.** Due to frequent changing of government workers it took nearly 2 years for the HIH INDIA Health team to orient government staffs the work they are doing in Thellar block.
- ✚ **Mobilization of spouses:** They were not willing to come for the training so the strategy that Health team used was to go for one to one counseling with Spouses

RECOMMENDATION

- Strengthening of ALMSC should have been done in the initial phase of the project itself which would have ensured zero dependency of the community on Hand in Hand India after phasing out of the project.
- More manpower support should have been allocated since there was only 1 Organizer for 9 Panchayats.
- Continued efforts towards Mass Awareness of the issues of *Family Planning* and *Child Spacing* are required, especially for Spouses and mothers-in-law.
- More rapport could have been built with the spouses since they were one of the important beneficiaries in the target areas.

ANNEXURES

1. Analysis Tables for Reference

1. RESPONDENTS BASIC INFORMATION

S. No	Age Range of mothers (years)	PNC - No. of Respondents	ANC - No. of Respondents	High Risk Mothers - No. of Respondents
1	Below 21	2	47	1
2	21 to 25	45	23	4
3	26 to 30	49	12	5
4	31 to 35	14	8	0
Grand Total		110	90	10

Age of the High Risk Mothers	Age at present	Age at marriage of the HRMs	Age at first Pregnancy of the HRMs
Below 21	1	2	1
21 to 25	4	8	7
26 to 30	5	0	2
31 to 35	0	0	0
Total	10	10	10

Education details	# ANC mothers	# PNC mothers	Total respondents	Overall Percentage %
GRADUATE / POST GRADUATE	10 (11.1%)	12 (10.9%)	22	11
HSC (CLASS 11 & 12)	37 (41.1%)	30 (27.3%)	67	33.5
PROFESSIONAL (DOCTOR, ENGG, LLB, MBA)	0	2 (1.8%)	2	1
SCHOOL UP TO 5 YEARS (CLASS 1-5)	6 (6.7%)	4 (3.6%)	10	5
SCHOOL UP TO 6-9 YEARS (CLASS 6-9)	17 (18.9%)	18 (16.4%)	35	17.5
SSLC (CLASS 10)	20 (22.2%)	43 (39.1%)	63	31.5
TECHNICAL (DIPLOMA/IT)	0	1 (0.9%)	1	0.5
Grand Total	90 (100)	110 (100)	200	100

2. New learning after participating in conducted by Hand in Hand India.

What was your new learning from the training for Adolescent girls? (multiple response)	Number	Percentage
Adolescent Care	37	19.5 %
Anemia control	6	3.2 %
Aware of Health care and Healthy foods	14	7.4 %
Awareness on Usage & Disposal Method of Sanitary napkins	32	16.8 %
Gender Equality	3	1.6 %
Hand washing method	2	1.1 %
Hygiene and Healthy food	3	1.6 %
Important of IFA Tablets	3	1.6 %
Legal and Medical Marriage age	32	16.8 %
Normal HP Level	2	1.1 %
Personal and Menstrual Hygiene	21	11.1 %
No	35	18.4 %
Total	190	100

PNC Mother - What was your new learning from the training (recollect and list them) (multiple)		
Causes of early marriage	8	7.3
Child nutrition and complimentary food	19	17.3
Early Childhood care education	15	13.6
Family planning	2	1.8
Gender equality	5	4.5
immunization schedule for babies	6	5.5
New-born care	27	24.5
Not remember	1	0.9
Spacing	10	9.1
No new learning	17	15.5
Grand Total	110	100

What was your new learning from the training for HRM Mother? (Multiple responses)	Number	Percentage
Breastfeeding	2	12.5 %
Child health care	7	43.8 %
Child marriage & Gender equality	1	6.3 %
Child Nutrition	2	12.5 %

New born care	1	6.3 %
Spacing	1	6.3 %
Not remember	2	12.5 %
Grand Total	16	100

ANC mother: New learning's from the HIH INDIA training	Number	Percentage
ANC Care	10	11.1
Awareness on Anemia	1	1.1
Awareness on hemoglobin	3	3.3
Awareness on nutritional food	26	28.9
Awareness on Spacing	12	13.3
Child care education	11	12.2
Child marriage	2	2.2
Child marriage	1	1.1
Family planning	4	4.4
Immunization and institutional delivery	1	1.1
knowledge on maternal and child health	1	1.1
New born care	18	20
Grand Total	90	100

3. Key messages / Behaviors that are being followed after HIH INDIA staff Counseling:

ANC Mother: Key messages are following after counseling (Multiple)	#	%
Complete Immunization	16	17.8
Benefits of institutional Delivery	49	54.4
Advise on nutrition and healthy food	47	52.2
Neonatal care	50	55.6
IFA Tablets	41	45.6
Regular anemia, height and weight check-up	37	41.1
Spacing between child	46	51.1
Danger Signs for Pregnant Woman/ Delivery/ Newborn	4	4.4
Family Planning if it is a second pregnancy	32	35.6
Walking and doing small exercise during pregnancy for	18	20.0
Safe and normal delivery Colostrum's feeding	25	27.8
Exclusive breastfeeding for the first six months of life, not even giving water	28	31.1

Complementary foods at 6 months of age	30	33.3
Do not bathe the new-born within 24 hour	17	18.9
JSY Scheme and its benefits	25	27.8
Dr. Muthulakshmi Reddy Scheme and its benefits	32	35.6

PNC mother: Which correct behaviors did you follow after the counseling (Multiple)	Number	Percentage
Benefits of institutional Delivery	25	24.8
Safe and normal delivery	16	15.8
Advise on nutrition and healthy food	62	61.4
Complete Immunization	41	40.6
Neonatal care	32	31.7
Complementary foods at 6 months of age	39	38.6
Exclusive breastfeeding for the first six months of life not even giving water	25	24.8
Spacing between child	22	21.8
Family Planning if it is a second pregnancy	8	7.9
IFA Tablets	19	18.8
Walking and doing small exercise during pregnancy	20	19.8
Height and weight check-up	4	4.0
Do not bathe the new-born within 24 hr.	22	21.8
Colostrum's feeding	24	23.8
Danger Signs for Pregnant Woman/ Delivery/ Newborn	6	5.9
Dr. Muthu Lakshmi Reddy Scheme and its benefits	38	37.6
JSY Scheme and its benefits	48	47.5

What was your new learning from the training for High Risk Mother? (Multiple)		
New born care	4	40 %
Hemoglobin level	1	10 %
Knowledge on Spacing & its methods	3	30 %
Gender Equality	1	10 %
Symptoms of Anemia & Balanced diet	1	10 %
Total	10	100

4. Adolescent Girls: MHM practices

Adolescent Girls: What type of absorbent do you use during menstrual period		
Type of Absorbent	#	%
Sanitary napkin	190	100
Cloth	-	-
How do you dispose the used absorbents		
Burning	156	82.1
Bury	5	2.6
Bury and Burning	20	10.5
Throw in the bush or garbage	8	4.2
Toilet	1	0.5
Grand Total	190	100
Adolescent Girls: Do you have toilet in your house		
Availability of Toilet	#	%
Yes	170	89.5
No	20	10.5
Total	190	100
If Yes, who motivated you to construct the toilet		
Govt. Staff	138	81.2
HIH INDIA Staff	6	3.5
My self	3	1.8
Parents itself	23	13.5
Total	170	100

Adolescent Girl: According to your knowledge, personal hygiene means		
Personal Hygiene Means	#	%
Using a clean toilet	176	92.6
Taking bath daily	161	84.7
Cut the nails properly	147	77.4
Washing hands with soap after using the toilet	117	61.6
Brush teeth at least twice a day	123	64.7
Change the napkin every 3 to 4 hours	115	60.5
Wash the cloth with soap and rinse with boiling water and dry it in the sunlight	71	37.4
Cleaning of external genitalia	40	21.1
Using footwear	6	3.2

Adolescent Girls: What are the reasons for conducting the girls marriage after 21 years		
Reasons	#	%
Body organs are well developed	165	86.8
The mind would have developed	134	70.5
Skill to manage family	135	71.1
Self Confidence	82	43.2
The minimum age to make economic progress is 21 years old	44	23.2
Don't Know	3	1.6

PNC: Delivered place of your child		
PHC	34	30.9
GH (Taluk/Non Taluk hospital)	35	31.8
District hospital	17	15.5
Medical college	12	10.9
Private hospital	12	10.9
Grand Total	110	100

Medical/Pediatric camps

ANC Mother: Benefits received from the medical camp	#	%
Diagnostic test	56	62.2
Child Referral	4	4.4
Counseling	18	20
Medicine	54	60

PNC mother : Did you attend any pediatric camps conducted by the HIH INDIA team		
Yes	85	77.3
No	25	22.7
Grand Total	110	100
PNC Mother: What are the Benefits did you receive from the medical camp? (Multiple)		
Diagnostic test	66	77.6
Medicine	73	85.9
Counseling	29	34.1
Child Referral	2	2.4

5. Availing Gov. Schemes

PNC mother: Did you registered under Muthu Lakshmi Reddy scheme?		
Yes	91	82.7
NA-(who have Three children)	19	17.3
Grand Total	110	100
Did you receive any installments money from the Muthu Lakshmi Reddy Scheme?		
Yes	89	97.8
No	2	2.2
Grand Total	91	100
Did you receive any benefits from the Muthu Lakshmi Reddy scheme for your first/second child?		
Yes	72	79.1
No	19	20.9
Grand Total	91	100

6. Improvements suggested for the project by the respondents

Adolescent girls: What are the improvements can be made in the project		
About Menstruation and MHM	2	1.1
Adolescent Care	5	2.6
Child Education & Marriage	4	2.1
Healthy food	2	1.1
Hygiene related	3	1.6

PNC mother: What are the improvements can be made in the project		
New Project	10	9.1
To conduct ANC & PNC camp	2	1.8
To conduct General medical camp	4	3.6
To conduct more trainings	23	20.9
PNC counseling	8	7.3
No idea	63	57.3
Grand Total	110	100

ANC mother: Improvements can be made in the project	#	%
Need IEC Materials	6	6.7
Need More medical camps	24	26.7
Neonatal care training	11	12.2
No Idea	49	54.4
Grand Total	90	100

7. Equipment and reagent provided to PHCs

Equipment and Reagents list - First time (June 2018)	No. of units
Auto-inflang BP Apparatus (piece)	19
Urine-Albumin & sugar kit (Box)	22
Fetal Doppler(piece)	4
Hub cutter (piece)	22
Stethoscope (Adult) (piece)	16
Pulse oximeter finger probe (Fingertip saturation) (piece)	5
Glucometer (piece)	3
Adult Weighing machine (piece)	3
Infant Weighing machine (piece)	21
TOTAL	115

Equipment and Reagents list - Second Time (June 2019)	No. of units
Glucose Kit (Box)	4
HB solution	4
Widal Reagent (Box)	3
Urine Strip (Box)	3
HB AG card (Box)	4
Accu check active strips (Box)	4
TOTAL	22

8. Infant deaths in Thellar block

PHC Name	2016-2017	2017-2018	2018-2019
HELLAR	1	1	2
THESSUR	1	1	0
GUNAGAMPOONDI	1	2	0
MAZHAYUR	1	0	1
PONNUR	2	2	4
NALLUR	2	4	3
TOTAL	8	10	9

9. Budget Utilization

S. No	Item	Qty	Amount Received in (INR)	Expenditure (INR)	Overspent/ Underspent in (INR)
1	Activities on strengthening government services, including training of government staff and volunteers, logistics and material support and stakeholder workshops	Stakeholders meeting-2, Medical equipment -9 types, Reagents-6 types, Infant weighing machine 21 provided for immunization	177510	177565	-55
2	Activities on child health, including health camps, referrals, immunization support	Medical camps-77, Referral children -149	1043206	1043232	-26
3	Training and counseling on child and maternal health and ante-natal and neonatal care to adolescent girls, ANC and PNC mothers	Adolescent Training-193, Women on neonatal-92, ECCD-92, HRM counseling-550	836009	836443	-434
4	Awareness trainings to spouses and mass awareness campaigns on family planning, gender equality, impacts of early child marriage and abortion laws	Training on Spacing-71, Gender Equality-91, Child Marriage-118	478308	478449	-141
5	Staff Training and salaries for project staff	Staff training - 303, Project Manager-1, Block Manager-1, Organizers-5, Pediatrician -1	1915294	1915426	-132
6	Office Rent , local administration		667981	668039	-58
	Total		5118308	5119154	-846
	Admin @5%		255916	255916	-
	Grand Total		5374224	5375070	-846

2. Terms of Reference (ToR)

Background

Hand in Hand India with the support of Radiohjälpen and Hand in Hand India implemented a health program specifically focusing on maternal, and child health care, thereby addressing the accessibility to a health care facility. This project was a phase II of a previous project implemented in the same area and funded by Radiohjälpen.

Project Goal

The project goal was to contribute to child and maternal health, reduced child mortality, reduced stillbirth, reduced underage pregnancies and increased protection against preventable diseases in the project area. This project was implemented from July 2017 to June 2019 with a total budget of 7 50 000 SEK out of which 600 000 SEK was funded by Radiohjälpen and 150 000 SEK funded by Hand in Hand India.

Project Main Target Group

- The target group is 20000 households in the 46 Panchayat in Thellar block of Tamil Nadu
- Approx. 10000 girls and boys aged 0-15
- Approx. 3400 adolescent girls aged 15-18
- Approx. 4000 ante - natal (ANC) and post- natal care (PNC) mothers in the age group 18 -45
- Approx. 2700 spouses to pregnant women

Through the intervention, girls and boys were given access to healthcare institutions while pregnant adolescent girls and women received the necessary treatment to survive their pregnancies and get the care and rights they are obliged to. The phase I project focused on maternal health and the survival of mothers and children throughout pregnancy and labour. Although successful, the project identified a need for an improved governmental child healthcare services as well as knowledge regarding infant care, child spacing and pregnancies.

Project Specific objectives

1. Improved access to and quality of health care services for children and expecting mothers in the 46 Panchayats;
2. Improved child health in the 46 Panchayats through directed activities such as health camps, regular screening and immunization;
3. Improved maternal health with a focus on young and high-risk mothers;
4. Increased awareness among spouses and the rest of the community on child and maternal health, in particular pregnancy and child spacing/ family planning.

Thus, this new project was developed to improve child and maternal health in the project area through a better quality of and improved access to basic healthcare facilities for children and to create an increased knowledge regarding child-care and pregnancies.

Expected Outcomes

- Targeted mothers and children have improved access and quality health care services by providing medical equipment's to the PHCs
- Targeted children have improved health through health camps, regular screening, and immunization
- Identified high-risk mothers have improved and better maternal care services through regular counseling
- Targeted communities and spouses have increased awareness on child and maternal health, child spacing and family planning

Main Proposed Activities

- Support institutional capacity building to local health centers and government health staff
- Diagnosing and screening of children and mothers to determine the need for medical intervention
- Improve children's access to health specialists (pediatricians etc.)
- Conduct immunization against preventable diseases for children
- Provide counseling and support to expecting mothers
- Awareness raising on issues concerning child health, pregnancy with a focus on youth and high-risk mothers and equality

Project results will be measured through attendance to meetings and trainings, children undergone medical exams and given treatment, children getting immunization against preventable diseases and mothers getting support and counseling.

End Line Evaluation

The purpose of the end line evaluation is to provide an independent assessment of the achievements of the project and to promote learning, to feed into future similar programs and projects. The evaluation should assess the performance of the project, since its commencement in July 2017, and provide recommendations for the future.

End line Evaluation to be conducted by

The end line evaluation will be carried out by HIH INDIA's Monitoring and Evaluation (M&E) team. The process will be supported by HIH INDIA project managers in India and Sweden. Quality assurance will be provided by the head/acting head of the respective M&E functions.

Objectives of the end line evaluation

1. to assess the activities implemented in the project improved maternal health among ante-natal (AN), post-natal (PN), and High-risk mothers
2. to interact with the key officials to understand how maternal and health services has created an impact in the community
3. to understand the behavior and attitude change of the community towards access to health care
4. to review the documents and reports of the project and measure the plan against the achievement
5. to document the learning's, best practices, and challenges and develop recommendations that can incorporate into the future intervention

Approach, Methodology and Work Plan

The end line evaluation shall include an analysis of the implemented activities and produced outputs and outcomes, including an analysis of project progress and deviations, compared against the set project goals.

The evaluation will be carried out using the OECD – DAC criteria of relevance, efficiency, effectiveness, impact, and sustainability, and will review the Logical Framework Analysis, implementation plan, baseline report, annual reports, and MIS data. The end line evaluation will help in understanding whether it was relevant to the needs of the community and other stakeholders, was it carried out efficiently and effectively within the available resources, and whether these interventions and activities were carried out in such a way that it created an impact to the community. The evaluation will examine whether the activities created any sustainability factor to the community, even after the project comes to an end.

The evaluation questions will focus on relevance, efficiency, effectiveness, sustainability and impact. In particular the evaluation will set out to answer the following questions:

1. Relevance and project design

- To what extent was the project relevant to the needs and priorities of the target population?
- To what extent was the project aligned to the priorities and strategies of the community, Hand in Hand India, Hand in Hand India and Radiohjälpen?

- What has been in particular useful for the community?
- Was the project in line with the government's policies and programmes?
- Did the project respond to identified problems and was the design adequate to address these problems?
- Was the intervention logic clear and the matrix logical?
- Were appropriate indicators used to assess achievement of objectives?
- Were the assumptions identified correct?
- Were the appropriate beneficiaries reached?

2. Efficiency

- Have the activities been implemented in a timely and cost-effective manner?
- Was the project implemented within the original timeframe and budget?
- Was the level of involvement of the community/government/implementation partners sufficient? Is there a need for deeper collaboration in future projects or phases?
- To what extent has the project complemented other interventions, including of the government, other development programmes or schemes?
- Have the inputs from the donor, HIH INDIA, HIH INDIA Sweden and government agencies been provided as planned and were they adequate?

3. Effectiveness

- What are the main results of the project?
- Has the project been able to achieve its objectives (outcomes and outputs), as defined in the project matrix?
- Has the project made a difference when it comes to women's empowerment?
- Has the project empowered the women with better health related knowledge and the power to exercise their rights to a better health?
- Do we see any effects in terms of improved health of the target population?
- Has the project been successful in initiating a health movement among the women?
- Have there been any external factors that have hindered or facilitated the project to meet its set goal?
- To what extent can results be attributed to the project?

4. Sustainability

- Was any physical infrastructure developed? How is it functioning?
- How will new facilities or services (give examples) be maintained and the cost for the upkeep be covered?
- Will the results of the project be sustainable after the end of the project?
- Is the health camps, nurses trained and volunteered committees expected to survive?
- Will stakeholder ownership be sufficient to sustain the camps, nurses and committees?
- Will resources be available to sustain the camps and nurses?

- Are legal frameworks, government policies, structures and activities conducive to sustaining the camps, nurses and committees?
- Did the project have an exit strategy? Was it followed?

5. Gender and environment

- Was women's participation fostered and adequate?
- Was the composition of the project implementation team gender balanced?
- Are project information and data gender-disaggregated?
- Did the project adequately consider gender-related aspects of the project?
- Were there sufficient gender analyses in the baseline study?
- Are projects results likely to contribute to women's empowerment?
- To what extent has the project contributed to raising awareness about women's rights? Empowered women to claim their rights?
- Were there any issues concerning environmental sustainability? If such issues were identified, how were they dealt with?
- Are there any outputs or other aspects of the project that are likely to have adverse effects on the environment? If so, how can this be mitigated?

6. Impact

- Has the project led to the improvement of health and wellbeing of the poor and marginalized women, their children and other member of their families in the 46 Panchayats in Thellar Block of Thiruvannamalai district, Tamil Nadu, and that thereby they have better ability to work and provide for their families, including education for their children?
- To what extent have the lives of poor women and their families been improved? Can be expected to be improved?
- What are the prospects for up scaling, replication or multiplier effects?

Research Tool

We propose to adopt mixed method approach for evaluation including quantitative and qualitative tools which will include:

- document review
- end line survey questionnaire to AN, PN, High Risk Mothers and adolescent girls
- focus group discussion with doctors, nurses, Village Health Nurse, Anganwadi teacher and also with school boys and girls and spouses
- Interaction with the project team

Document Review

The proposal, log frame, monthly, quarterly and biannual reports, and training modules will be reviewed to assess the impact of the project.

Interview with the Beneficiaries (Quantitative Survey)

The survey will include interviews with the AN, PN, and High-Risk Mothers and also with the adolescent girls using an individual questionnaire to assess the impact of the interventions such as the health and hygiene training, counseling, regular follow up, etc.

ANC/PNC/High-risk mothers

One to one interaction (survey) will be held with ANC, PNC and High-risk mothers to understand the service received from HIH INDIA during the maternity care period. Their knowledge on maternity health and child care, spacing, family planning etc., will be explored.

Adolescent girls

The Adolescent girls both school going and non-school going will be intervened to understand the menstrual hygiene management

Focus Group Discussion (FGD)

Boys and Girls (8-15 years)

Two FGDs will be organized in two schools in the selected village and maximum of 20 boys and girls will be participated in each FGD. The children will be probed on their practice on personal hygiene.

Spouses

Three FGDs will be organized in three villages where more number of men is available in the selected Panchayats, and a maximum of 20 men will participate in each FGD. The spouses will probe on their knowledge on maternal and childcare, spacing, family planning, and also look into their role during pregnancy care.

Health workers

One Focus Group Discussion will be held with the VHN/SHN/Anganwadi worker/ASHA. The focus will be on the HIH INDIA activities under the project and the role of the health team in supporting the project.

Key Officials

One in-depth discussion will be held with the Block Medical Officer and with 2 Medical Officers from the PHC. This discussion would give a broad picture of the contribution of the medical team in the project and the effectiveness of the program with the community.

Interaction with the project team

The team will also have one to one interaction with the project staff. During the interaction with the staff, the project records will review like the plan, outcome, and the target against achievement.

Proposed Sample Size for the Evaluation

We propose to take a simple random sample from the project beneficiaries of AN, PN, High-risk mothers, and adolescent girls with a 95% confidence level and 5% error. 95% confidence interval means, there is a

5% chance of the suggested answer not accurate. The proposed sample size for the end line evaluation for each category is furnished below:

Respondents	Total Beneficiaries (as per the proposal)	Sample size
ANC & PNC Mothers (numbers)	4000	200
High-Risk Mothers	150	10
Adolescent Girls	3400	190
Total Respondents	7550	400

Details of FGD/interaction

Particulars	Type of intervention
Boys & Girls (8-15 years)	2 FGD in two schools with maximum of 20 children in each FGD
Spouses	2 FGD in two Villages with maximum of 20 spouses in each FGD
VHN/ANW/ASHA – Around 20 staff	FGD
PHC Staff – Doctors, nurses and Technical Staff	FGD

End line Evaluation Stages and Timelines

S. NO	END LINE EVALUATION STAGES	TIMELINE	
		FROM	TO
1	Preparation of Terms of Reference (ToR)	27-08-2019	02-09-2019
2	Document Review (project specific outputs, manuals, and project reports)	19-08-2019	30-08-2019
3	Preparation and finalization of End line Interview tools (individual, FGDs and key informant interview guides)	30-07-2019	29-08-2019
4	Identifying the Sample	03-09-2019	04-09-2019
5	Orientation of field staff, piloting of questionnaires and revised the format based on field feedback	04-09-2019	05-09-2019
6	Data collection in the field	06-09-2019	13-09-2019
7	Analysis of data	14-09-2019	18-09-2019
8	Drafting an end line evaluation report	13-09-2019	20-09-2019

9	Submission of Final Report	25-09-2019
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Report Preparation

The evaluation report should be brief, to the point and easy to understand. It must explain the purpose of the evaluation, what was evaluated, and the methods used. The report should highlight any methodological limitations. It should present evidence-based findings, be balanced and bring up strengths as well as weaknesses, consequent conclusions, recommendations and lessons learned. The report should be written in English and shall not contain more than 15 pages, excluding annexes, and should include an Executive Summary of max 4 pages.

Appendices:**Tentative Report Outline**

Executive Summary

1. Introduction and background

1.2 Evaluation purpose and scope

1.3 Methodology and limitations

2. Assessment

2.1 Key Evaluation Questions

2.2 OECD DAC Criteria for Evaluating Development Assistance

2.1.1 Relevance

2.1.2 Efficiency

2.1.3 Effectiveness

2.1.4 Impact

2.1.5 Sustainability

2.1.6 Women's Empowerment & Gender Equality

- 2.3 Strengths and Weaknesses

2.4 Conclusions & Key Observations

2.5 Recommendations & Lessons Learned

Annexes

- Terms of Reference
- Interview questionnaires/survey instrument
- Project Application
- Project log frame
- Budget

3. End Line Evaluation Questionnaires – Adolescent Girls, ANC, PNC & High Risk Mothers

Adolescent Girls – Final Questionnaire

S. No	Respondent Profile	
1.	District Name	
2.	Block Name	
3.	Panchayat Name	
4.	Village Name	
5.	Respondent Name	
6.	Age (Respondent)	
7.	Occupation	<input type="checkbox"/> Homemaker <input type="checkbox"/> Agriculture <input type="checkbox"/> Service (Private) <input type="checkbox"/> Service (Govt.) <input type="checkbox"/> Daily wages/coolies <input type="checkbox"/> Business/Petty Shop <input type="checkbox"/> Unemployed <input type="checkbox"/> Student <input type="checkbox"/> Others Specify _____
8.	Education	<input type="checkbox"/> Primary (1-5) <input type="checkbox"/> Middle (6-8) <input type="checkbox"/> High (9-10) <input type="checkbox"/> Hr. Secondary (11-12) <input type="checkbox"/> Graduate <input type="checkbox"/> Post Graduate <input type="checkbox"/> Diploma/ITI <input type="checkbox"/> Professional <input type="checkbox"/> Neo Literate <input type="checkbox"/> Illiterate
9.	Religion	<input type="checkbox"/> Hindu <input type="checkbox"/> Muslim <input type="checkbox"/> Christian <input type="checkbox"/> Others specify
10.	Father/Mother Name	
11.	Address	
12.	Phone Number	
Training		
13.	Have you participated in any of the MHM related training before HIH INDIA project intervention?	<input type="checkbox"/> Yes <input type="checkbox"/> No
14.	If yes, Where did you receive the training	<input type="checkbox"/> School <input type="checkbox"/> PHC <input type="checkbox"/> AWC <input type="checkbox"/> HIH INDIA <input type="checkbox"/> Others specify
15.	If yes, what Module did you receive? (multiple)	<input type="checkbox"/> Gender equality <input type="checkbox"/> Child marriage <input type="checkbox"/> Adolescent care <input type="checkbox"/> Others specify

16.	What was your new learning's from the training you have attended (recollect and list them)	<input type="checkbox"/> Training on personal and menstrual hygiene <input type="checkbox"/> Impacts of Early child Marriage <input type="checkbox"/> Signs, symptoms & prevention of Anaemia <input type="checkbox"/> Balanced diet <input type="checkbox"/> Importance of Education <input type="checkbox"/> Reproductive Health <input type="checkbox"/> Others, specify
17.	If No, reason for not attending	<input type="checkbox"/> Not aware <input type="checkbox"/> Not available at the time of training <input type="checkbox"/> Not interested <input type="checkbox"/> Not conducted in the village <input type="checkbox"/> Family restriction <input type="checkbox"/> Recently came to the village <input type="checkbox"/> Others Specify
18.	Have you participated the MCH training conducted by HIH INDIA in this project?	<input type="checkbox"/> Yes <input type="checkbox"/> No
19.	If yes, what are the modules did you receive? (multiple)	<input type="checkbox"/> Gender equality <input type="checkbox"/> Child marriage <input type="checkbox"/> Adolescent care <input type="checkbox"/> Others specify
20.	If Yes, What was your new learning from the training (recollect and list them)	
21.	Rate the overall training content	<input type="checkbox"/> Excellent <input type="checkbox"/> Good <input type="checkbox"/> Average <input type="checkbox"/> Poor <input type="checkbox"/> NA
22.	If Excellent/Good, which module you most benefited? (multiple)	<input type="checkbox"/> Gender equality <input type="checkbox"/> Child marriage <input type="checkbox"/> Adolescent care <input type="checkbox"/> Others specify
23.	If training was not good, give reason (multiple)	<input type="checkbox"/> Not understand easily <input type="checkbox"/> Less training hours <input type="checkbox"/> Training place was not good <input type="checkbox"/> Ineffective trainer <input type="checkbox"/> complicated learning material <input type="checkbox"/> Others specify
24.	Please rate the behaviour of HIH INDIA staff during the training arrangement?	<input type="checkbox"/> Excellent <input type="checkbox"/> Good <input type="checkbox"/> Average <input type="checkbox"/> Poor <input type="checkbox"/> NA
25.	If average/poor give reason (Multiple)	<input type="checkbox"/> Improper communication <input type="checkbox"/> Lack of training arrangement <input type="checkbox"/> Not willing to reveal <input type="checkbox"/> Others specify
26.	Do you agree that HIH INDIA training will help you to get healthy life under RJ project?	<input type="checkbox"/> Yes <input type="checkbox"/> No
27.	If yes, give reason	<input type="checkbox"/> Training on personal and menstrual hygiene <input type="checkbox"/> Impacts of Early child Marriage <input type="checkbox"/> Signs, symptoms & prevention of Anaemia <input type="checkbox"/> Balanced diet <input type="checkbox"/> Importance of Education <input type="checkbox"/> Reproductive Health <input type="checkbox"/> Others, specify
28.	If No, give reason	<input type="checkbox"/> Not attended training <input type="checkbox"/> Training content was not good <input type="checkbox"/> Training not understand easily

		<input type="checkbox"/> Poor trainer <input type="checkbox"/> Others specify
Adolescent care		
29.	If attended the training, Do you know the normal Hb level for women?	<input type="checkbox"/> Yes <input type="checkbox"/> No
30.	If yes, can you please mention the normal Hb level for women	
31.	If No, reasons for not knowing the HB level	<input type="checkbox"/> Not remember <input type="checkbox"/> Not willing to answer <input type="checkbox"/> Others specify...
32.	Please mention the symptoms of anemia (Multiple)	<input type="checkbox"/> Fatigue <input type="checkbox"/> Decreased energy <input type="checkbox"/> Weakness <input type="checkbox"/> Shortness of breath <input type="checkbox"/> Light-headedness <input type="checkbox"/> Looking pale <input type="checkbox"/> Chest pain <input type="checkbox"/> Dizziness <input type="checkbox"/> Rapid heart rate <input type="checkbox"/> Others specify...
33.	If anaemic, what are the nutrition food supposed to be eat to increase the HB level (Multiple)	<input type="checkbox"/> Meat and Fish <input type="checkbox"/> Egg <input type="checkbox"/> milk <input type="checkbox"/> Seafood <input type="checkbox"/> Organ meats, such as liver <input type="checkbox"/> Whole grains <input type="checkbox"/> Fruits and Dried fruits <input type="checkbox"/> Nuts and Seeds <input type="checkbox"/> Beans <input type="checkbox"/> Dark green leafy vegetables <input type="checkbox"/> Others specify...
34.	If anaemic, what are the food supposed not to be eat (Multiple)	<input type="checkbox"/> Tea <input type="checkbox"/> Coffee <input type="checkbox"/> Junk foods <input type="checkbox"/> Sour foods <input type="checkbox"/> Sugar added food <input type="checkbox"/> Other specify
35.	Do you take the IFA tablets provided by the VHN/AWW/School	<input type="checkbox"/> Yes <input type="checkbox"/> No
36.	If Yes, how many tablets in a month	<input type="checkbox"/> 1-3 <input type="checkbox"/> 4-6 <input type="checkbox"/> 7-10 <input type="checkbox"/> Other specify

37.	What are benefits of taking IFA tablets (Multiple)	<input type="checkbox"/> Treats anemia <input type="checkbox"/> Boosts hemoglobin <input type="checkbox"/> Reduced fatigue <input type="checkbox"/> Boosts immunity <input type="checkbox"/> Improves concentration <input type="checkbox"/> Restores sleep <input type="checkbox"/> Others Specify
38.	Has there been a child marriage in your village between 2017 and 2019?	<input type="checkbox"/> Yes <input type="checkbox"/> No
39.	If yes, at what age?	-----
40.	If Yes, how many	
41.	What is the legal marriage age of a girl?	<input type="checkbox"/> Below 18 <input type="checkbox"/> Above 18 <input type="checkbox"/> 18 <input type="checkbox"/> Don't know <input type="checkbox"/> No answer
42.	What is the marriage age as per the doctors for a girl?	<input type="checkbox"/> Below 21 <input type="checkbox"/> Above 21 <input type="checkbox"/> 21 <input type="checkbox"/> Don't know <input type="checkbox"/> No answer
43.	What are the reasons for conducting the girl's marriage after 21 years? (Multiple)	<input type="checkbox"/> Body organs are well developed <input type="checkbox"/> The mind would have developed <input type="checkbox"/> Skill to manage family <input type="checkbox"/> Self-confidence <input type="checkbox"/> The minimum age to make economic progress is 21 years old <input type="checkbox"/> Others specify
44.	What is the legal marriage age of a boy?	<input type="checkbox"/> Below 21 <input type="checkbox"/> Above 21 <input type="checkbox"/> 21 <input type="checkbox"/> Don't know <input type="checkbox"/> No answer
45.	What is the marriage age as per the doctors for a boy	<input type="checkbox"/> Below 24 <input type="checkbox"/> Above 24 <input type="checkbox"/> 24 <input type="checkbox"/> Don't know <input type="checkbox"/> No answer
46.	Is there any gender discrimination in your house if you are having male and female child?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Don't Know
47.	If Yes, to whom you and your family members giving more attention	<input type="checkbox"/> Boy <input type="checkbox"/> Girl
48.	If boy, in what way you and your family members discriminate with girl (multiple)	
49.	If girl, in what way you and your family members discriminate with boy (multiple)	
50.	In your opinion, which child do you wish to have	<input type="checkbox"/> Boy <input type="checkbox"/> Girl <input type="checkbox"/> Any child

51.	If boy, reason	
52.	If girl, reason	
53.	If attended the training, Menstruation means (Multiple)	<input type="checkbox"/> Release of bad blood from body <input type="checkbox"/> Release of body heat <input type="checkbox"/> Natural process <input type="checkbox"/> curse <input type="checkbox"/> Pure blood <input type="checkbox"/> Others Specify _____
54.	What type of absorbent do you use during menstrual period?	<input type="checkbox"/> Sanitary Napkin <input type="checkbox"/> Cloth <input type="checkbox"/> cotton <input type="checkbox"/> Others, Specify _____
55.	If Cloth, for how many cycle you use the same cloth per day	<input type="checkbox"/> two cycles <input type="checkbox"/> more than two cycles <input type="checkbox"/> New cloth for every cycle
56.	If Sanitary Napkin, where you get it	<input type="checkbox"/> ANM/VHN/AWW <input type="checkbox"/> School <input type="checkbox"/> Buying in the shop
57.	If buying from the shop, amount spent/month	_____
58.	How frequently do you change the sanitary napkin/cloth in a day?	<input type="checkbox"/> Once <input type="checkbox"/> Twice <input type="checkbox"/> More than twice
59.	Cleaning of external genitalia	<input type="checkbox"/> Yes <input type="checkbox"/> No
60.	Materials used for cleaning of external genitalia (Multiple answer)	<input type="checkbox"/> Water <input type="checkbox"/> Soap & Water <input type="checkbox"/> Dettol /Savlon <input type="checkbox"/> Others, specify _____
61.	How do you dispose the used absorbents	<input type="checkbox"/> Bury <input type="checkbox"/> Throw in bush or garbage <input type="checkbox"/> Burning <input type="checkbox"/> Toilet <input type="checkbox"/> Others, Specify _____
62.	What type of sanitary napkins do you prefer	<input type="checkbox"/> Reusable <input type="checkbox"/> Use and throw
63.	According to your knowledge, personal hygiene means (Multiple)	<input type="checkbox"/> Using a clean toilet <input type="checkbox"/> Taking bath daily <input type="checkbox"/> Cut the nails properly <input type="checkbox"/> Washing hands with soap after using toilet <input type="checkbox"/> Brush teeth at least twice a day <input type="checkbox"/> Change the napkin every 3 to 4 hours <input type="checkbox"/> Wash the cloth with soap and rinse with boiling water and dry it in the sunlight <input type="checkbox"/> Cleaning of external genitalia <input type="checkbox"/> Others specify _____
64.	Do you have toilet in your house	<input type="checkbox"/> Yes <input type="checkbox"/> No
65.	If Yes, are you and your family members using the toilet	<input type="checkbox"/> Yes <input type="checkbox"/> No
66.	If yes, who motivated you to construct the toilet	<input type="checkbox"/> Govt. Staff <input type="checkbox"/> HIH INDIA Staff <input type="checkbox"/> Others, specify _____

67.	What are the new messages/knowledge you gained after attending the HIH INDIA training (Multiple)	<input type="checkbox"/> Use of sanitary napkins/pads <input type="checkbox"/> Use of clean cloth properly <input type="checkbox"/> Following appropriate method of disposal of pads or cloth <input type="checkbox"/> Being aware of the right age of marriage and its benefits <input type="checkbox"/> Understanding the importance of the education <input type="checkbox"/> Importance of taking IFA tablets <input type="checkbox"/> Importance of taking nutrition food <input type="checkbox"/> Re-joined the school if drop out/out of school <input type="checkbox"/> Others, specify
68.	What are the balanced diets? (Multiple)	<input type="checkbox"/> Meat and Fish <input type="checkbox"/> Egg <input type="checkbox"/> Milk <input type="checkbox"/> Whole grains <input type="checkbox"/> Fruits and Dried fruits <input type="checkbox"/> Nuts and Seeds <input type="checkbox"/> Dark green leafy <input type="checkbox"/> vegetables <input type="checkbox"/> Others specify
69.	Why is it important for a woman to have education? (Multiple)	<input type="checkbox"/> Basic Right <input type="checkbox"/> Bring equality in the society <input type="checkbox"/> It makes them independent and builds their confidence <input type="checkbox"/> Impart good qualities in children <input type="checkbox"/> It leads to development of the nation <input type="checkbox"/> Others specify
70.	What are the improvements can be made in the project	
71.	Any comments and suggestions	-----
72.	Name of the investigator	
73.	Date & Time	

ANC Mothers (Women who are currently pregnant)

S. No	Respondent Profile	
1.	District Name	
2.	Block Name	
3.	Panchayat Name	
4.	Village Name	
5.	Respondent Name	

6.	Age (Respondent)	
7.	Occupation	<input type="checkbox"/> Homemaker <input type="checkbox"/> Agriculture <input type="checkbox"/> Service (Private) <input type="checkbox"/> Service (Govt.) <input type="checkbox"/> Daily wages/coolies <input type="checkbox"/> Business/Petty Shop <input type="checkbox"/> Unemployed <input type="checkbox"/> Student <input type="checkbox"/> Others Specify _____
8.	Education	<input type="checkbox"/> Primary (1-5) <input type="checkbox"/> Middle (6-8) <input type="checkbox"/> High (9-10) <input type="checkbox"/> Hr. Secondary (11-12) <input type="checkbox"/> Graduate <input type="checkbox"/> Post Graduate <input type="checkbox"/> Diploma/ITI <input type="checkbox"/> Professional <input type="checkbox"/> Neo Literate <input type="checkbox"/> Illiterate
9.	Religion	<input type="checkbox"/> Hindu <input type="checkbox"/> Muslim <input type="checkbox"/> Christian <input type="checkbox"/> Others specify
10.	Father/Mother/Husband Name	
11.	Address	
12.	Phone Number	
Training		
13.	Have you participated in any of the MHM related training before HIH INDIA project intervention?	<input type="checkbox"/> Yes <input type="checkbox"/> No
14.	If yes, Where did you receive the training	<input type="checkbox"/> School <input type="checkbox"/> PHC <input type="checkbox"/> AWC <input type="checkbox"/> HIH INDIA <input type="checkbox"/> Others specify
15.	If yes, what Module did you receive? (multiple)	<input type="checkbox"/> Gender equality <input type="checkbox"/> Early childhood care education <input type="checkbox"/> Spacing <input type="checkbox"/> Child marriage <input type="checkbox"/> Adolescent <input type="checkbox"/> New-born care <input type="checkbox"/> Others specify
16.	What was your new learning's from the training you have attended (recollect and list them)	
17.	If No, reason for not attending	<input type="checkbox"/> Not aware <input type="checkbox"/> Not available at the time of training <input type="checkbox"/> Not interested <input type="checkbox"/> Not conducted in the village <input type="checkbox"/> Family restriction <input type="checkbox"/> Recently came to the village <input type="checkbox"/> Others Specify
18.	Have you participated the MCH training conducted by HIH INDIA in this project?	<input type="checkbox"/> Yes <input type="checkbox"/> No
19.	If yes, what are the modules did you receive? (multiple)	<input type="checkbox"/> Gender equality <input type="checkbox"/> Early childhood care education <input type="checkbox"/> Spacing <input type="checkbox"/> Child marriage <input type="checkbox"/> New-born care <input type="checkbox"/> Others specify
20.	If Yes, What was your new learning from the training (recollect and list them)	

21.	Rate the overall training content	<input type="checkbox"/> Excellent <input type="checkbox"/> Good <input type="checkbox"/> Average <input type="checkbox"/> Poor <input type="checkbox"/> NA
22.	If Excellent/Good, which module you most benefited? (multiple)	<input type="checkbox"/> Gender equality <input type="checkbox"/> Early childhood care education <input type="checkbox"/> Spacing <input type="checkbox"/> Child marriage <input type="checkbox"/> New born care <input type="checkbox"/> Others specify
23.	If training was not good, give reason (multiple)	<input type="checkbox"/> Not understand easily <input type="checkbox"/> Less training hours <input type="checkbox"/> Training place was not good <input type="checkbox"/> Ineffective trainer <input type="checkbox"/> complicated learning material <input type="checkbox"/> Others specify
24.	Please rate the behaviour of HIH INDIA staff during the training arrangement?	<input type="checkbox"/> Excellent <input type="checkbox"/> Good <input type="checkbox"/> Average <input type="checkbox"/> Poor <input type="checkbox"/> NA
25.	If average/poor give reason (Multiple)	<input type="checkbox"/> Improper communication <input type="checkbox"/> Lack of training arrangement <input type="checkbox"/> Not willing to reveal <input type="checkbox"/> Others specify
26.	Do you agree that HIH INDIA training will help you to get healthy life under RJ project?	<input type="checkbox"/> Yes <input type="checkbox"/> No
27.	If yes, give reason	<input type="checkbox"/> Reduced child mortality <input type="checkbox"/> Reduced maternal mortality <input type="checkbox"/> Reduced underage pregnancies <input type="checkbox"/> Reduced still birth <input type="checkbox"/> Others specify
28.	If No, give reason	<input type="checkbox"/> Not attended training <input type="checkbox"/> Training content was not good <input type="checkbox"/> Training not understand easily <input type="checkbox"/> Poor trainer <input type="checkbox"/> Others specify

ANC Care Details

29.	Is it your first pregnancy	<input type="checkbox"/> Yes <input type="checkbox"/> No
30.	If No, how many children do you have	Male----- Female-----
31.	Age at Marriage	
32.	Age at First Pregnancy	
33.	How many times you have been Pregnant, including this one? (If answer 3 & 4, Skip to Q. No 25)	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4
34.	Have you registered for ANC in the PHC/Anganwadi	<input type="checkbox"/> Yes <input type="checkbox"/> No
35.	If yes, When did you register for ANC after getting pregnant?	<input type="checkbox"/> 3 rd month <input type="checkbox"/> 4 th month <input type="checkbox"/> 5 th month <input type="checkbox"/> 6 th month <input type="checkbox"/> others specify
36.	If Yes, who motivate you to register in the PHC/ Anganwadi (Multiple)	<input type="checkbox"/> AWW <input type="checkbox"/> ANM <input type="checkbox"/> HIH INDIA staff <input type="checkbox"/> VHN <input type="checkbox"/> others specify
37.	If no, reason for not registering in the PHC / Anganwadi	<input type="checkbox"/> Not aware <input type="checkbox"/> No interest <input type="checkbox"/> Family did not allow <input type="checkbox"/> Don't' know <input type="checkbox"/> Others specify
38.	Current trimester or month of pregnancy?	-----

39.	How many ANC check-ups you have gone through	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> NA
40.	If ANC check-up done in Government who was supporting you to go ANC Check-up (Multiple)	<input type="checkbox"/> AWW <input type="checkbox"/> ANM <input type="checkbox"/> HIH INDIA staff <input type="checkbox"/> VHN <input type="checkbox"/> NA <input type="checkbox"/> others specify
41.	How much amount of meal are you having as Compared to before you were pregnant?	<input type="checkbox"/> Less <input type="checkbox"/> Same <input type="checkbox"/> More <input type="checkbox"/> Don't Know
42.	Are you receiving nutrition services from the Special Supplemental Nutrition Program from the Anganwadi?	<input type="checkbox"/> Yes <input type="checkbox"/> No
43.	Did you take scan during the pregnancy? (Applicable only if she is in her 3rd and above month of pregnancy)	<input type="checkbox"/> Yes <input type="checkbox"/> No
44.	If yes, How many scans did you take?	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> NA
45.	Where did you take a scan?	<input type="checkbox"/> Government <input type="checkbox"/> Private <input type="checkbox"/> Both
46.	Where are you planning to deliver your child?	<input type="checkbox"/> PHC <input type="checkbox"/> Community Health Centre <input type="checkbox"/> District hospital <input type="checkbox"/> Private Hospital <input type="checkbox"/> Home <input type="checkbox"/> Trained traditional birth Attendant <input type="checkbox"/> Untrained traditional birth Attendant <input type="checkbox"/> Don't know <input type="checkbox"/> Others specify
47.	What is the follow-up action taken by the HIH INDIA staff? (Multiple)	<input type="checkbox"/> Linking to ANM <input type="checkbox"/> Linking to VHN <input type="checkbox"/> Linked to HIH INDIA health camp <input type="checkbox"/> Linking to AWW <input type="checkbox"/> Others specify
48.	Have you been counseled for Institutional delivery?	<input type="checkbox"/> Yes <input type="checkbox"/> No
49.	If yes by whom? (multiple)	<input type="checkbox"/> AWW <input type="checkbox"/> ANM <input type="checkbox"/> HIH INDIA staff <input type="checkbox"/> VHN <input type="checkbox"/> others specify <input type="checkbox"/> NA
50.	If by HIH INDIA staff, how many times they given counseling during the project period	##
51.	What were the key messages given during counseling? (multiple)	<input type="checkbox"/> Benefits of institutional Delivery <input type="checkbox"/> Complete Immunisation <input type="checkbox"/> Advise on nutrition and healthy food <input type="checkbox"/> IFA Tablets <input type="checkbox"/> Neo-natal care <input type="checkbox"/> Regular anaemia, height and weight check-up <input type="checkbox"/> Spacing between child <input type="checkbox"/> Family Planning if it is a second pregnancy

		<input type="checkbox"/> Walking and doing small exercise during pregnancy for safe and normal delivery <input type="checkbox"/> Colostrum's feeding <input type="checkbox"/> Exclusive breastfeeding for the first six months of life, not even giving water <input type="checkbox"/> Complementary foods at 6 months of age <input type="checkbox"/> Do not bathe the new-born within 24 hr. <input type="checkbox"/> JSY Scheme and its benefits <input type="checkbox"/> Dr. Muthulakshmi Reddy Scheme and its benefits <input type="checkbox"/> Danger Signs for Pregnant Woman/ Delivery/ Newborn <input type="checkbox"/> Others specify
52.	What are the key messages do you follow after counseling (Multiple)	<input type="checkbox"/> Benefits of institutional Delivery <input type="checkbox"/> Complete Immunisation <input type="checkbox"/> Advise on nutrition and healthy food <input type="checkbox"/> IFA Tablets <input type="checkbox"/> Neo-natal care <input type="checkbox"/> Regular anaemia, height and weight check-up <input type="checkbox"/> Spacing between child <input type="checkbox"/> Family Planning if it is a second pregnancy <input type="checkbox"/> Walking and doing small exercise during pregnancy for safe and normal delivery <input type="checkbox"/> Colostrum's feeding <input type="checkbox"/> Exclusive breastfeeding for the first six months of life, not even giving water <input type="checkbox"/> Complementary foods at 6 months of age <input type="checkbox"/> Do not bathe the new-born within 24 hr. <input type="checkbox"/> JSY Scheme and its benefits <input type="checkbox"/> Dr. Muthu Lakshmi Reddy Scheme and its benefits <input type="checkbox"/> Danger Signs for Pregnant Woman/ Delivery/ Newborn <input type="checkbox"/> Others specify
53.	Do you have the knowledge on spacing between the first and the second child?	<input type="checkbox"/> Yes <input type="checkbox"/> No
54.	If yes, how many years need to spacing between the first and the second child	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4
55.	Do you know, after how many children one can do the family planning	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> Don't Know
56.	Did you receive any installments money form the Dr.Muthulakshmi Reddy Scheme (Applicable only if she is in her 5 th and above month of pregnancy)	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Don't Know
57.	If yes, mention the amount	#####

58.	Did you receive any IEC materials at the time of counseling?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Don't Know
59.	If Yes, did you recall any of the messages and Information	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Don't Know
60.	If yes, mention the IEC material's major contents (Multiple)	<input type="checkbox"/> Institutional delivery <input type="checkbox"/> Complete Immunisation <input type="checkbox"/> Advise on women nutrition <input type="checkbox"/> Colostrum's feeding <input type="checkbox"/> Exclusive breastfeeding for the first six months <input type="checkbox"/> Complementary foods at 6 months of age <input type="checkbox"/> Others Specify
61.	Is there any gender discrimination in your house if you are having male and female child?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Don't Know
62.	If Yes, to whom you and your family members giving more attention	<input type="checkbox"/> Boy <input type="checkbox"/> Girl
63.	If boy, in what way you and your family members discriminate with girl (multiple)	
64.	If girl, in what way you and your family members discriminate with boy (multiple)	
65.	In your opinion, which child do you wish to have	<input type="checkbox"/> Boy <input type="checkbox"/> Girl <input type="checkbox"/> Any child
66.	If boy, reason	
67.	If girl, reason	
68.	In your opinion, which sex of the child makes you happy	<input type="checkbox"/> Boy <input type="checkbox"/> Girl <input type="checkbox"/> Any child
69.	If boy, reason	
70.	If girl, reason	
71.	Have you ever had any stillbirths or early infant deaths?	<input type="checkbox"/> Stillbirth <input type="checkbox"/> Infant death <input type="checkbox"/> NA <input type="checkbox"/> Not willing to reveal
72.	If Stillbirth, (mention the Month)	<input type="checkbox"/> 3-5 months <input type="checkbox"/> 6-8 month <input type="checkbox"/> 9 month <input type="checkbox"/> NA
73.	Has there been a child marriage in your village before?	Yes No
74.	If yes, at what age?	-----

75.	Consultation while having health problems (Multiple)	<input type="checkbox"/> Doctor/Trained health staff <input type="checkbox"/> Chemist <input type="checkbox"/> Mother/sister <input type="checkbox"/> Friend <input type="checkbox"/> Did not consult anybody <input type="checkbox"/> Husband <input type="checkbox"/> Others, specify
76.	Did you attend any medical camps conducted by the HIH INDIA team	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Don't Know
77.	If yes, by whom (multiple)	<input type="checkbox"/> AWW <input type="checkbox"/> ANM <input type="checkbox"/> HIH INDIA <input type="checkbox"/> VHN <input type="checkbox"/> others specify
78.	What are the benefits did you receive from the medical camps (Multiple)	<input type="checkbox"/> Health Check-ups <input type="checkbox"/> Medicines <input type="checkbox"/> Testing <input type="checkbox"/> Referral <input type="checkbox"/> Counselling <input type="checkbox"/> Others, specify
79.	If No, the reasons for not attended the medical camps	<input type="checkbox"/> Diagnosis <input type="checkbox"/> Treatment <input type="checkbox"/> Linking with Hospitals <input type="checkbox"/> Others, specify
80.	What are the benefits of breastfeeding? (Multiple)	<input type="checkbox"/> Suitable for the proper body and brain development of the baby <input type="checkbox"/> Mothers milk is pathogen free <input type="checkbox"/> Easily digestible <input type="checkbox"/> Breastfeeding can provide immunity <input type="checkbox"/> Don't Know <input type="checkbox"/> Others Specify
81.	What is the medical care help line number?	<input type="checkbox"/> 108 <input type="checkbox"/> 105 <input type="checkbox"/> 104 <input type="checkbox"/> 103 <input type="checkbox"/> Don't Know
82.	List out the overall benefits received from the Project (Multiple)	<input type="checkbox"/> Institutional delivery <input type="checkbox"/> Complete Immunisation <input type="checkbox"/> Advise on women nutrition <input type="checkbox"/> Colostrum's feeding <input type="checkbox"/> Exclusive breastfeeding for the first six months <input type="checkbox"/> Complementary foods at 6 months of age <input type="checkbox"/> Others Specify <input type="checkbox"/> NA
83.	What are the improvements can be made in the project	
84.	Any comments and suggestions	
85.	Name of the investigator	
86.	Date & Time	

PNC Mothers (Mothers having children in the age group of 0- 2 years)

S. No	Respondent Profile	
1.	District Name	
2.	Block Name	

3.	Panchayat Name	
4.	Village Name	
5.	Respondent Name	
6.	Age (Respondent)	
7.	Occupation	<input type="checkbox"/> Homemaker <input type="checkbox"/> Agriculture <input type="checkbox"/> Service (Private) <input type="checkbox"/> Service (Govt.) <input type="checkbox"/> Daily wages/coolies <input type="checkbox"/> Business/Petty Shop <input type="checkbox"/> Unemployed <input type="checkbox"/> Student <input type="checkbox"/> Others Specify _____
8.	Education	<input type="checkbox"/> Primary (1-5) <input type="checkbox"/> Middle (6-8) <input type="checkbox"/> High (9-10) <input type="checkbox"/> Hr. Secondary (11-12) <input type="checkbox"/> Graduate <input type="checkbox"/> Post Graduate <input type="checkbox"/> Diploma/ITI <input type="checkbox"/> Professional <input type="checkbox"/> Neo Literate <input type="checkbox"/> Illiterate
9.	Religion	<input type="checkbox"/> Hindu <input type="checkbox"/> Muslim <input type="checkbox"/> Christian <input type="checkbox"/> Others specify
10.	Father/Mother/Husband Name	
11.	Address	
12.	Phone Number	
Training		
13.	Have you participated in any MCH training before HIH INDIA project intervention?	<input type="checkbox"/> Yes <input type="checkbox"/> No
14.	If yes, Where did you receive the training	<input type="checkbox"/> School <input type="checkbox"/> PHC <input type="checkbox"/> AWC <input type="checkbox"/> HIH INDIA <input type="checkbox"/> Others specify
15.	If yes, what Module did you receive? (multiple)	<input type="checkbox"/> Gender equality <input type="checkbox"/> Early childhood care education <input type="checkbox"/> Spacing <input type="checkbox"/> Child marriage <input type="checkbox"/> Adolescent <input type="checkbox"/> New-born care <input type="checkbox"/> Others specify
16.	If Yes, What was your new learning from the training (recollect and list them)	
17.	If No, reason for not attending	<input type="checkbox"/> Not aware <input type="checkbox"/> Not available at the time of training <input type="checkbox"/> Not interested <input type="checkbox"/> Not conducted in the village <input type="checkbox"/> Family restriction <input type="checkbox"/> Recently came to the village <input type="checkbox"/> Others Specify
18.	Have you participated the MCH training conducted by HIH INDIA in this project?	<input type="checkbox"/> Yes <input type="checkbox"/> No
19.	If yes, what are the modules did you receive? (multiple)	<input type="checkbox"/> Gender equality <input type="checkbox"/> Early childhood care education <input type="checkbox"/> Spacing <input type="checkbox"/> Child marriage <input type="checkbox"/> New-born care <input type="checkbox"/> Others specify

20.	If Yes, What was your new learning from the training (recollect and list them)	
21.	Rate the overall training content	<input type="checkbox"/> Excellent <input type="checkbox"/> Good <input type="checkbox"/> Average <input type="checkbox"/> Poor <input type="checkbox"/> NA
22.	If Excellent/Good, which training you most benefited? (multiple)	<input type="checkbox"/> Gender equality <input type="checkbox"/> Early childhood care education <input type="checkbox"/> Spacing <input type="checkbox"/> Child marriage <input type="checkbox"/> Adolescent <input type="checkbox"/> New born care <input type="checkbox"/> Others specify
23.	If training was not good, give reasons (multiple)	<input type="checkbox"/> Not understand easily <input type="checkbox"/> Less training hours <input type="checkbox"/> Training place was not good <input type="checkbox"/> In effective trainer <input type="checkbox"/> complicated learning material <input type="checkbox"/> Others specify
24.	Please rate the behaviour of HIH INDIA staff during the training arrangement?	<input type="checkbox"/> Excellent <input type="checkbox"/> Good <input type="checkbox"/> Average <input type="checkbox"/> Poor <input type="checkbox"/> NA
25.	If Average/Poor give reason (Multiple)	<input type="checkbox"/> Improper communication <input type="checkbox"/> Lack of training arrangement <input type="checkbox"/> Not willing to reveal <input type="checkbox"/> Others specify
26.	Do you agree that HIH INDIA training will help you to get healthy life?	<input type="checkbox"/> Yes <input type="checkbox"/> No
27.	If yes, Please mention (multiple)	<input type="checkbox"/> Reduced child mortality <input type="checkbox"/> Reduced maternal mortality <input type="checkbox"/> Reduced underage pregnancies <input type="checkbox"/> Reduced still birth <input type="checkbox"/> New born care <input type="checkbox"/> New born care <input type="checkbox"/> Spacing <input type="checkbox"/> Family Planning <input type="checkbox"/> Others specify
28.	Did you receive any IEC materials at the time of counseling	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Don't Know
29.	If Yes, did you recall any of the messages (Multiple)	<input type="checkbox"/> Institutional delivery <input type="checkbox"/> Complete Immunisation <input type="checkbox"/> Advise on women nutrition <input type="checkbox"/> Colostrum's feeding <input type="checkbox"/> Exclusive breastfeeding for the first six months <input type="checkbox"/> Complementary foods at 6 months of age <input type="checkbox"/> Others Specify
PNC Care Details		
30.	Is it your first delivery	<input type="checkbox"/> Yes <input type="checkbox"/> No
31.	If No, how many children do you have	Male---- Female----
32.	Age at Marriage	
33.	Age at First Pregnancy	
34.	When was your last delivery happened?	Month & Year
35.	Delivered place of your child	<input type="checkbox"/> PHC <input type="checkbox"/> Community Health Centre <input type="checkbox"/> District hospital <input type="checkbox"/> Private Hospital <input type="checkbox"/> Home <input type="checkbox"/> Trained traditional birth Attendant <input type="checkbox"/> Untrained traditional birth Attendant

		<input type="checkbox"/> Don't know <input type="checkbox"/> NA <input type="checkbox"/> Others specify
36.	What was the weight of the child when born?	###
37.	Have you gone for any PNC check-up?	<input type="checkbox"/> Yes <input type="checkbox"/> No
38.	If Yes, what is the purpose for PNC check-up (Multiple)	<input type="checkbox"/> Immunization <input type="checkbox"/> Fever <input type="checkbox"/> Not suckling well <input type="checkbox"/> Difficulty in breathing <input type="checkbox"/> Umbilical cord is red or swollen <input type="checkbox"/> Skin infection <input type="checkbox"/> Convulsions <input type="checkbox"/> Others specify
39.	Have you been counseled by the HIH INDIA staff?	<input type="checkbox"/> Yes <input type="checkbox"/> No
40.	If Yes, What were the key messages given during counseling? (multiple)	<input type="checkbox"/> Complete Immunisation <input type="checkbox"/> Advise on nutrition and healthy food <input type="checkbox"/> Early Childhood care <input type="checkbox"/> Spacing between child <input type="checkbox"/> Family Planning if it is a second pregnancy <input type="checkbox"/> Colostrum's feeding within half an hour of the child birth <input type="checkbox"/> Exclusive breast feeding for the first six months of life, not even giving water <input type="checkbox"/> Complementary foods at 6 months of age <input type="checkbox"/> Do not bathe the new-born within 24 hr. <input type="checkbox"/> JSY Scheme and its benefits <input type="checkbox"/> Dr. Muthulakshmi Reddy Scheme and its benefits <input type="checkbox"/> Danger Signs for Pregnant Woman/ Delivery/ New born <input type="checkbox"/> Gender Equality <input type="checkbox"/> Others specify
41.	If No, reasons for not attended the counseling	<input type="checkbox"/> No interest <input type="checkbox"/> No time <input type="checkbox"/> Gone outside <input type="checkbox"/> Going to work <input type="checkbox"/> Others specify
42.	If by HIH INDIA staff, how many times they given counseling during the project period?	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> 6
43.	Did the counseling benefit you?	<input type="checkbox"/> Yes <input type="checkbox"/> No
44.	If yes how? (multiple)	<input type="checkbox"/> Increase in knowledge <input type="checkbox"/> Change in practices <input type="checkbox"/> Dispelling myths and misconceptions <input type="checkbox"/> Others specify
45.	Which correct behaviours did you follow after the counseling? (multiple)	<input type="checkbox"/> Colostrum's feeding within half an hour of the child birth <input type="checkbox"/> Exclusive breastfeeding for six months

		<input type="checkbox"/> Complementary foods at 6 months of age <input type="checkbox"/> Immunizing children <input type="checkbox"/> Spacing between child <input type="checkbox"/> Family Planning <input type="checkbox"/> Others specify
46.	Do you have the knowledge on spacing between the first and the second child?	<input type="checkbox"/> Yes <input type="checkbox"/> No
47.	If yes, how many years need to spacing between the first and the second child?	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4
48.	Do you know after how many children one can do the family planning?	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4
49.	Are you eligible for availing Muthulakshmi Reddy Scheme for this child?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Don't Know
50.	Did you register under the Muthulakshmi Reddy Scheme	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Don't Know
51.	Did you receive any installments money from the Muthulakshmi Reddy Scheme	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Don't Know
52.	If yes, mention the amount	#####
53.	Was there any delay in getting the Benefits?	<input type="checkbox"/> Yes <input type="checkbox"/> No
54.	If yes, whom did you approach? (multiple)	<input type="checkbox"/> AWW <input type="checkbox"/> ANM <input type="checkbox"/> HIH INDIA staff <input type="checkbox"/> VHN <input type="checkbox"/> others specify
55.	Did you received any benefits from Dr. Muthulakshmi scheme for your first/second child (If applicable)	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Don't Know
56.	If No, please mention the reason	<input type="checkbox"/> Not aware <input type="checkbox"/> No interest <input type="checkbox"/> Family did not allow <input type="checkbox"/> Don't' know <input type="checkbox"/> Others specify
57.	Did you apply for JSY scheme?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Don't Know <input type="checkbox"/> NA
58.	Did you get money from JSY Scheme?	<input type="checkbox"/> Yes <input type="checkbox"/> No
59.	If yes, mentioned the amount?	###
60.	Did you received any benefits from JSY scheme for your first/second child (If applicable)	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Don't Know <input type="checkbox"/> NA
61.	If No, please mention the reason	<input type="checkbox"/> Not aware <input type="checkbox"/> No interest <input type="checkbox"/> Family did not allow <input type="checkbox"/> Don't' know <input type="checkbox"/> Others specify
62.	Is there any gender discrimination in your house if you are having a male and female child?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Don't Know
63.	If Yes, to whom you and your family members giving more attention	<input type="checkbox"/> Boy <input type="checkbox"/> Girl

64.	If boy, in what way you and your family members discriminate with a girl (multiple)	
65.	If girl, in what way you and your family members discriminate with a boy (multiple)	
66.	In your opinion, which child do you wish to have	<input type="checkbox"/> Boy <input type="checkbox"/> Girl <input type="checkbox"/> Any child
67.	If Boy, reason	
68.	If Girl, reason	
69.	In your opinion, which sex of the child makes you happy	<input type="checkbox"/> Boy <input type="checkbox"/> Girl <input type="checkbox"/> Any child
70.	If boy, reason	
71.	If girl, reason	
72.	Have you ever had any stillbirths or early infant deaths?	<input type="checkbox"/> Still birth <input type="checkbox"/> Infant death <input type="checkbox"/> NA <input type="checkbox"/> Not willing to reveal
73.	If Still birth, (mention the Month)	<input type="checkbox"/> 3-5 months <input type="checkbox"/> 6-8 month <input type="checkbox"/> 9 month <input type="checkbox"/> NA
74.	Has there been a child marriage in your village before?	Yes No
75.	If yes, at what age?	-----
76.	What is the legal marriage age of a girl?	<input type="checkbox"/> Below 18 <input type="checkbox"/> Above 18 <input type="checkbox"/> 18 <input type="checkbox"/> Don't know <input type="checkbox"/> No answer
77.	What is the legal marriage age of a boy?	<input type="checkbox"/> Below 21 <input type="checkbox"/> Above 21 <input type="checkbox"/> 21 <input type="checkbox"/> Don't know <input type="checkbox"/> No answer
78.	Consultation while having health problems (Multiple)	<input type="checkbox"/> Doctor/Trained health staff <input type="checkbox"/> Chemist <input type="checkbox"/> Mother/sister <input type="checkbox"/> Friend <input type="checkbox"/> Did not consult anybody <input type="checkbox"/> Husband <input type="checkbox"/> Others, specify
79.	Did you attend any paediatric camps conducted by the HIH INDIA team	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Don't Know
80.	What are the benefits did you receive from the medical camps (Multiple)	<input type="checkbox"/> Health Check-ups <input type="checkbox"/> Medicines <input type="checkbox"/> Testing <input type="checkbox"/> Referral <input type="checkbox"/> Counselling
81.	If No, the reasons for not attended the medical camps	<input type="checkbox"/> Diagnosis <input type="checkbox"/> Treatment <input type="checkbox"/> Linking with Hospitals
82.	List out the overall benefits received from the Project (Multiple)	<input type="checkbox"/> Training on gender equality <input type="checkbox"/> Training on Spacing <input type="checkbox"/> Training on ECCE <input type="checkbox"/> Training on breast feeding <input type="checkbox"/> Training on Govt. schemes and benefits <input type="checkbox"/> Training on Immunization

		<input type="checkbox"/> Advise on nutritional and healthy food <input type="checkbox"/> Counseling <input type="checkbox"/> Medical camp <input type="checkbox"/> IEC material <input type="checkbox"/> Medical equipment <input type="checkbox"/> Others specify
83.	Did you give colostrum feeding within 30 minutes to your child?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Don't Know
84.	Breast-feeding is mandatory for the baby for how many months?	<input type="checkbox"/> 1month <input type="checkbox"/> 2month <input type="checkbox"/> 3month <input type="checkbox"/> 4month <input type="checkbox"/> 5month <input type="checkbox"/> 6month <input type="checkbox"/> Others specify
85.	What is the importance of breastfeeding? (Multiple)	<input type="checkbox"/> Keeps the baby healthy <input type="checkbox"/> Contains antibodies help the baby to fight viruses and bacteria's. <input type="checkbox"/> Supplies all nutrients in the proper proportions <input type="checkbox"/> Protects diseases from cancer, diabetes and diarrhea <input type="checkbox"/> Suitable for proper body and brain development of the baby <input type="checkbox"/> Breastfeeding provide immunity <input type="checkbox"/> Others specify
86.	What we call a child's complete development? (Multiple)	<input type="checkbox"/> Knowledge development <input type="checkbox"/> Mental development <input type="checkbox"/> Language and social development <input type="checkbox"/> Physical development <input type="checkbox"/> Others specify
87.	Why Early Childhood Care is Necessary? (Multiple)	<input type="checkbox"/> This is the main period of life <input type="checkbox"/> Brain development more in this period <input type="checkbox"/> The experiences of the past will become the foundation of life <input type="checkbox"/> Others specify
88.	Importance of Family Planning (Multiple)	<input type="checkbox"/> Enables her to regain her health after delivery. <input type="checkbox"/> Gives enough time and opportunity to love and provide attention to her husband and children. <input type="checkbox"/> Healthy mothers produce healthy children. <input type="checkbox"/> Enables him to give his children their basic needs (food, shelter, education, and better future). <input type="checkbox"/> Others specify
89.	What is the medical care help line number?	<input type="checkbox"/> 108 <input type="checkbox"/> 105 <input type="checkbox"/> 104 <input type="checkbox"/> 103 <input type="checkbox"/> Don't Know
90.	What are the improvements can be made in the project	
91.	Any comments and suggestions	
92.	Name of the investigator	
93.	Date & Time	

High Risk Mothers – Final Questionnaire

S. No	Respondent Profile	
1.	District Name	
2.	Block Name	
3.	Panchayat Name	
4.	Village Name	
5.	Respondent Name	
6.	Age (Respondent)	
7.	Occupation	<input type="checkbox"/> Homemaker <input type="checkbox"/> Agriculture <input type="checkbox"/> Service (Private) <input type="checkbox"/> Service (Govt.) <input type="checkbox"/> Daily wages/coolies <input type="checkbox"/> Business/Petty Shop <input type="checkbox"/> Unemployed <input type="checkbox"/> Student <input type="checkbox"/> Others Specify _____
8.	Education	<input type="checkbox"/> Primary (1-5) <input type="checkbox"/> Middle (6-8) <input type="checkbox"/> High (9-10) <input type="checkbox"/> Hr. Secondary (11-12) <input type="checkbox"/> Graduate <input type="checkbox"/> Post Graduate <input type="checkbox"/> Diploma/ITI <input type="checkbox"/> Professional <input type="checkbox"/> Neo Literate <input type="checkbox"/> Illiterate
9.	Religion	<input type="checkbox"/> Hindu <input type="checkbox"/> Muslim <input type="checkbox"/> Christian <input type="checkbox"/> Others specify
10.	Father/Mother/Husband Name	
11.	Address	
12.	Phone Number	
Training		
13.	Have you participated in any MCH training before HIH INDIA project intervention?	<input type="checkbox"/> Yes <input type="checkbox"/> No
14.	If yes, Where did you receive the training	<input type="checkbox"/> School <input type="checkbox"/> PHC <input type="checkbox"/> AWC <input type="checkbox"/> HIH INDIA <input type="checkbox"/> Others specify
15.	If yes, what Module did you receive? (multiple)	<input type="checkbox"/> Gender equality <input type="checkbox"/> Early childhood care education <input type="checkbox"/> Spacing <input type="checkbox"/> Child marriage <input type="checkbox"/> New-born care <input type="checkbox"/> Others specify
16.	If Yes, What was your new learning from the training (recollect and list them)	
17.	If No, reason for not attending	<input type="checkbox"/> Not aware <input type="checkbox"/> Not available at the time of training <input type="checkbox"/> Not interested <input type="checkbox"/> Not conducted in the village <input type="checkbox"/> Family restriction <input type="checkbox"/> Recently came to the village <input type="checkbox"/> Others Specify

18.	Have you participated the MCH training conducted by HIH INDIA in this project?	<input type="checkbox"/> Yes <input type="checkbox"/> No
19.	If yes, what are the modules did you receive? (multiple)	<input type="checkbox"/> Gender equality <input type="checkbox"/> Early childhood care education <input type="checkbox"/> Spacing <input type="checkbox"/> Child marriage <input type="checkbox"/> New-born care <input type="checkbox"/> Others specify
20.	If Yes, What was your new learning from the training (recollect and list them)	
21.	Do you agree that HIH INDIA training will help you to get healthy life under RJ project?	<input type="checkbox"/> Yes <input type="checkbox"/> No
22.	If yes, give reason	<input type="checkbox"/> Reduced child mortality <input type="checkbox"/> Reduced maternal mortality <input type="checkbox"/> Reduced underage pregnancies <input type="checkbox"/> Reduced still birth <input type="checkbox"/> Others specify
23.	If No, give reason	<input type="checkbox"/> Not attended training <input type="checkbox"/> Training content was not good <input type="checkbox"/> Training not understand easily <input type="checkbox"/> Poor trainer <input type="checkbox"/> Others specify
24.	Did the project team give special counseling to you	<input type="checkbox"/> Yes <input type="checkbox"/> No
25.	If yes, how many days during your pregnancy	<input type="checkbox"/> 1-5 days <input type="checkbox"/> 6-10 days <input type="checkbox"/> 11-15 days <input type="checkbox"/> 16 days and above
26.	If no, give reason	<input type="checkbox"/> No one met me <input type="checkbox"/> Not available at the time of counseling <input type="checkbox"/> Not aware <input type="checkbox"/> Others specify
27.	Can you please explain the methods of counseling (Multiple)	<input type="checkbox"/> During Anganwadi visit <input type="checkbox"/> During medical camp <input type="checkbox"/> Through IEC materials <input type="checkbox"/> Group meeting <input type="checkbox"/> Individual counseling <input type="checkbox"/> During HIH INDIA staff visit <input type="checkbox"/> Others specify
28.	Can you please narrate some of the messages given by the HIH INDIA staff (Multiple)	<input type="checkbox"/> Benefits of institutional Delivery <input type="checkbox"/> Complete Immunisation <input type="checkbox"/> Advise on nutrition and healthy food <input type="checkbox"/> IFA Tablets <input type="checkbox"/> Neo-natal care <input type="checkbox"/> Regular anaemia, height and weight check up <input type="checkbox"/> Spacing between child <input type="checkbox"/> Family Planning if it is a second pregnancy <input type="checkbox"/> Walking and doing small exercise during pregnancy for safe and normal delivery <input type="checkbox"/> Colostrum's feeding

		<input type="checkbox"/> Exclusive breast feeding for the first six months of life, not even giving water <input type="checkbox"/> Complementary foods at 6 months of age <input type="checkbox"/> Do not bathe the new-born within 24 hr. <input type="checkbox"/> JSY Scheme and its benefits <input type="checkbox"/> Dr. Muthulakshmi Reddy Scheme and its benefits <input type="checkbox"/> Danger Signs for Pregnant Woman/ Delivery/ New born <input type="checkbox"/> Others specify
29.	Are you satisfied with the counseling given by the HIH INDIA staff	<input type="checkbox"/> Yes <input type="checkbox"/> No
30.	If Yes, What are the improvement in your health after the counseling given by the HIH INDIA Staff (Multiple)	<input type="checkbox"/> HB level increased <input type="checkbox"/> Normal blood pressure <input type="checkbox"/> Weight reduced <input type="checkbox"/> Others specify
31.	If No, reasons for not satisfied with the counseling of HIH INDIA Staff (Multiple)	<input type="checkbox"/> No clear content <input type="checkbox"/> IEC material not issued <input type="checkbox"/> No sufficient time spent <input type="checkbox"/> Others specify
32.	Did you receive any IEC materials at the time of counseling	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Don't Know
33.	If Yes, did you recall any of the messages (Multiple)	<input type="checkbox"/> Institutional Delivery <input type="checkbox"/> Complete Immunisation <input type="checkbox"/> Advise on nutrition and healthy food <input type="checkbox"/> Colostrum's feeding <input type="checkbox"/> Exclusive breastfeeding for the first six months <input type="checkbox"/> Complementary foods at 6 months of age <input type="checkbox"/> Others specify
High Risk Mother Care		
34.	Is it your first pregnancy	<input type="checkbox"/> Yes <input type="checkbox"/> No
35.	If No, how many children do you have	Male---- Female-----
36.	Age at Marriage	
37.	Age at First Pregnancy	
38.	How many times you have been pregnant, including this one?	Male----- Female-----
39.	Do you consider that you are a High Risk Mother?	<input type="checkbox"/> Yes <input type="checkbox"/> No
40.	Whether you have been referred to GH or PHC for special treatment	<input type="checkbox"/> Yes <input type="checkbox"/> No

41.	Did the project team identified you as High Risk Mother	<input type="checkbox"/> Yes <input type="checkbox"/> No
42.	If Yes, reason (Multiple)	<input type="checkbox"/> High blood pressure <input type="checkbox"/> Diabetes <input type="checkbox"/> Anaemic <input type="checkbox"/> Early marriage <input type="checkbox"/> High order birth <input type="checkbox"/> Overweight and obesity <input type="checkbox"/> Below 17 <input type="checkbox"/> Above 35 <input type="checkbox"/> Others specify
43.	What are the special treatments you are getting to overcome the High Risk Situation? (Multiple)	<input type="checkbox"/> Follow up on scanning <input type="checkbox"/> Regular medical check-up <input type="checkbox"/> Counseling on food diet <input type="checkbox"/> Immunization <input type="checkbox"/> Others specify
44.	What are the nutrition food you took under the advice of the HIH INDIA staff (Multiple)	<input type="checkbox"/> Meat <input type="checkbox"/> Egg <input type="checkbox"/> milk <input type="checkbox"/> Sea food <input type="checkbox"/> Organ meats, such as liver <input type="checkbox"/> Whole grains <input type="checkbox"/> Fruits and Dried fruits <input type="checkbox"/> Nuts and Seeds <input type="checkbox"/> Beans <input type="checkbox"/> Dark green leafy vegetables <input type="checkbox"/> Others specify
45.	Have you registered for ANC in the PHC	<input type="checkbox"/> Yes <input type="checkbox"/> No
46.	When did you register for ANC after getting pregnant?	<input type="checkbox"/> 3 rd month <input type="checkbox"/> 4 th month <input type="checkbox"/> 5 th month <input type="checkbox"/> 6 th month <input type="checkbox"/> others specify
47.	If Yes, who motivate you to register in the PHC	<input type="checkbox"/> AWW <input type="checkbox"/> ANM <input type="checkbox"/> HIH INDIA staff <input type="checkbox"/> VHN <input type="checkbox"/> others specify
48.	If no, reason for not registering in the PHC	<input type="checkbox"/> Not aware <input type="checkbox"/> No interest <input type="checkbox"/> Family did not allow <input type="checkbox"/> Don't know <input type="checkbox"/> Others specify
49.	How many ANC check-ups you have gone through	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> NA
50.	Is there any gender discrimination in your house if you are having male and female child?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Don't Know

51.	If Yes, to whom you and your family members giving more attention	<input type="checkbox"/> Boy <input type="checkbox"/> Girl
52.	If boy, in what way you and your family members discriminate with girl (multiple)	
53.	If girl, in what way you and your family members discriminate with boy (multiple)	
54.	In your opinion, which child do you wish to have	<input type="checkbox"/> Boy <input type="checkbox"/> Girl <input type="checkbox"/> Any child
55.	If boy, reason	
56.	If girl, reason	
57.	In your opinion, which sex of the child makes you happy	<input type="checkbox"/> Boy <input type="checkbox"/> Girl <input type="checkbox"/> Any child
58.	If boy, reason	
59.	If girl, reason	
60.	Did you receive any installments money from the Dr. Muthulakshmi Reddy Scheme	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Don't Know
61.	If Yes, mention the amount	#####
62.	Where are you planning to deliver your child?	<input type="checkbox"/> PHC <input type="checkbox"/> Community Health Centre <input type="checkbox"/> District hospital <input type="checkbox"/> Private Hospital <input type="checkbox"/> Home <input type="checkbox"/> Trained traditional birth Attendant <input type="checkbox"/> Untrained traditional birth Attendant <input type="checkbox"/> Don't know <input type="checkbox"/> Others specify
63.	Did you attend any medical camps conducted by the HIH INDIA team	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Don't Know
64.	What are the benefits did you receive from the medical camps (Multiple)	<input type="checkbox"/> Health Check-ups <input type="checkbox"/> Medicines <input type="checkbox"/> Testing <input type="checkbox"/> Referral <input type="checkbox"/> Counselling <input type="checkbox"/> Diagnosis
65.	If No, the reasons for not attended the medical camps	<input type="checkbox"/> Not aware <input type="checkbox"/> Not interested <input type="checkbox"/> Not allowed by spouse <input type="checkbox"/> Others specify
66.	List out the overall benefits received from the Project (Multiple)	<input type="checkbox"/> Training on MCH <input type="checkbox"/> Training on Anaemia control <input type="checkbox"/> Training on personal and menstrual hygiene <input type="checkbox"/> Impacts of Early child Marriage <input type="checkbox"/> Signs, symptoms & prevention of Anaemia <input type="checkbox"/> Balanced diet <input type="checkbox"/> Importance of Education <input type="checkbox"/> Reproductive Health <input type="checkbox"/> Complete Immunisation <input type="checkbox"/> Advise on nutrition and healthy food

		<input type="checkbox"/> IFA Tablets <input type="checkbox"/> Regular anaemia, height and weight check up <input type="checkbox"/> Spacing between child <input type="checkbox"/> Family Planning if it is a second pregnancy <input type="checkbox"/> Colostrum's feeding <input type="checkbox"/> Others, specify
67.	What is the medical care help line number?	<input type="checkbox"/> 108 <input type="checkbox"/> 105 <input type="checkbox"/> 104 <input type="checkbox"/> 103 <input type="checkbox"/> Don't Know
68.	What are the improvements can be made in the project	
69.	Any other comments and suggestions, if any	
70.	Name of the Investigator	
71.	Date & Time	

END LINE EVALUATION - FGD GUIDELINE QUESTIONNAIRE

Spouse, School Girls (8-15 Years) & Stakeholders

School girls (8-15 Years)

1. Have you participated in any of the MHM related training before HIH INDIA project intervention?
2. What was your new learning's from the training you have attended (recollect and list them)
3. Have you participated the MCH training conducted by HIH INDIA in this project?
4. If Yes, What was your new learning from the training (recollect and list them)
5. Do you know about personal hygiene? If yes, explain...
6. Are you aware of anemia and the problems related to it? Explain
7. Are you aware of the diet to be provided to anaemic people? Explain...
8. Did you receive the training on Reproductive Health? (before and after the HIH INDIA intervention)
9. What is the new messages/knowledge you gained after attending the HIH INDIA training?
10. Did you receive HIH INDIA IEC materials? If yes, what is the knowledge gained through HIH INDIA IEC materials and how it is useful for a healthy life?
11. Did you receive the sanitary napkins from VHN/AWW/School Science teachers at free of cost (Check how many they have received, whether they are using it or giving it to somebody or using during emergencies)
12. How do you dispose the used absorbents? Explain the method of disposal of used absorbents in the school/house?
13. Did you take the IFA tablets provided by the VHN/AWW/School? If yes, please explain the benefits of taking IFA tablets.... (before and after the HIH INDIA intervention)
14. Did you take the deworming tablets once in six months?
15. What is the legal and medical marriage age of a girl and boy?
16. In your opinion, which child do you wish to have

17. If boy, reason
18. If girl, reason
19. Suggestions ...if any

Spouse

20. Did you go to the PHC/Government hospital along with your wife? If yes, why and when? Explain (before and after the HIH INDIA intervention)
21. Have you received any information/counseling on ANC or PNC care? If yes, before and after HIH INDIA intervention
22. Do you know the diets provided to women during pregnancy? Explain
23. What are the safety measures take at home for the delivery of your wife?
24. What care did you provide to the mother and child after birth? (needs to find out their knowledge on colostrum, breastfeeding, diets, immunization, regular check-ups)
25. What are the positive/negative and advantages/disadvantages of institutional delivery and home delivery in the village?
26. Do you have the knowledge on spacing between first and second children? If yes...Explain
27. What is the benefits of spacing
28. In your opinion, which child do you wish to have
29. If boy, reason
30. If girl, reason
31. In your opinion, which sex of the child makes you happy
32. If boy, reason
33. If girl, reason
34. Do you know about family planning? If yes, in general, after which child the doctor advised to do family planning.
35. As per doctors advise, to whom the family planning is better? - men or women?
36. Are you willing to do family planning, if you have two daughters?
37. If yes, reason
38. If No, reason
39. Do you know the timing of Primary Health Centre?
40. Do you know that VHN is visiting your village? If yes, how many days in a month she is visiting your village and also please tell the timings?
41. List out the new information known after the HIH INDIA training?
42. Suggestions ...if any

Key stakeholders

Medical Officer/Doctor

43. Enquire about the services provided by HIH INDIA?
44. What was his/her contribution to the HIH INDIA program?

45. Did you participate in the stakeholders meeting? If yes, how effective is the meeting in addressing the gap and improving the Govt. services?
46. The number of institutional deliveries in the hospital (last one year)?
47. Enquire about any child mortality /Infant mortality registered in the hospital I (last one year)?
48. What are the changes that you have noticed after the project interventions in the Panchayat or the community?
49. Can you discuss how the child mortality/infant mortality has come down, and also the increase/decrease in institutional delivery) or the opposite, if applicable.
50. Was gynecology camp organized in the Panchayat for the last one year? (ask about the number of the patients attended, and the no. of times in the project period)
51. What are the main problems identified in the camp? (Enquire about anaemic, BP, Sugar, infections, digestive disorders etc.)
52. Any referrals found in the camp? If yes, give the details (Discuss with two referral mother)
53. What are services do you provide to the ANC and PNC mothers in the PHC?
54. What services do you provide to the Children?
55. What are the diseases identified in the children camp?
56. Any referrals found in the camp? If yes, give the details (Discuss with two referral children)
57. What are the equipment donated through the project to the PHC
58. What are the benefits of the equipment to the community?
59. How did you manage without this equipment previously?
60. After the project intervention, do you give quality health care to the children and mothers by using the equipment's provided in the project
61. Do you have enough funds for meeting the annual maintenance of the equipment's provided to the PHC?
62. What are the challenges?
63. What would you recommend HIH INDIA to initiate at the next phase of intervention (need to probe)

Interaction with VHN/Nurse

64. What is the learning's of the previous year?
65. Did you attend the refresher training organized by HIH INDIA at the beginning of this year?
66. Did you attend any training programme organized by HIH INDIA? What was the outcome of the programme
67. What was your role in this project?
68. How useful was this program for the community?
69. According to you what changes you have noticed after the implementation of HIH INDIA programs
70. What would you recommend HIH INDIA to initiate at the next phase of intervention (need to probe)

Interaction with Anganwadi teacher

71. Number of children in the Anganwadi? (before and after the HIH INDIA intervention)
72. Whether the ANC, PNC, and Adolescent have started to get nutritional flour (before and after the HIH INDIA intervention)
73. Was sanitary napkins provided for adolescent girls? (Both school going and non-school going)
74. If no, give the reason
75. If yes, how many packets they receive?
76. What was your role in this project?
77. How useful was this program for the community?
78. According to you what changes you have noticed after the implementation of HIH INDIA programs
79. What would you recommend HIH INDIA to initiate at the next phase of intervention (need to probe)

HIH INDIA staff

80. Did you attend the orientation training of the project?
81. What are the topics covered in training?
82. How useful was this training to implement the project deliverables in the Panchayat?
83. What was your role in this project? Explain
84. Verification of records (Training reports, No. of training organized, feedback forms and list of participants)
85. What is your learning's in the project?
86. What are the challenges you faced in the project?
87. Relationship with Government officials in implementing the programme (before and after)
88. According to you what changes you have noticed after the implementation of HIH INDIA programs
89. What would you recommend HIH INDIA to initiate at the next phase of intervention (need to probe)

4. List of Participants – ALMSC Members

S.No	Name of the Panchayat	Location	Name	Designation	Department
1	Thellar	Thellar colony	Ms.Ramani	Anganwadi Teacher	ICDS
2	Thellar	Thellar Palla colony	Ms.Bhuvaneshwari Muniyappan	Anganwadi Teacher	ICDS

3	Thellar	Thellar colony	Ms. Muthulakshmi	Anganwadi Worker	ICDS
4	Thellar	Thellar colony	Ms.Kalai Elumalai	SHG member	SHG
5	Thellar	Thellar colony	Ms.Poongavanam Baskar	SHG member	SHG
6	Thellar	Thellar colony	Ms. Anjali Shankar	SHG member	SHG
7	Thellar	Thellar colony	Ms.Bhuvaneshwari Kanadasan	PNC Mother	
8	Thellar	Thellar colony	Ms.Savithri Jayakumar	PNC Mother	
9	Thellar	Thellar colony	Ms.Vijayalakshmi Shanmugam	PNC Mother	
10	Thellar	Thellar colony	MS. Devi Sakthi	ANC Mother	
Vadakkupattu Panchayat					
S.No	Name of the Panchayat	Location	Name	Designation	Department
1	Vadakkupattu	Vadakkupattu	Ms.Priya	Anganwadi Teacher	ICDS
2	Vadakkupattu	Vadakkupattu	Mr.Ganesan	Panchayat-staff	Panchayat
3	Vadakkupattu	Vadakkupattu	Thirumal	Head Master	School
4	Vadakkupattu	Vadakkupattu	Ms.Rajeswari	PNC Mother	
5	Vadakkupattu	Vadakkupattu	Ms.Chitra	PNC Mother	
6			Mr. Dhandapani	School Teacher	
Sokathur Panchayat					
S.No	Name of the Panchayat	Location	Name	Designation	Department
1	Sokathur	Sokathur	Ms.R.Shymila	VHN	PHC
2	Sokathur	Sokathur	Mr.Rajamani	School HM	School
3	Sokathur	Sokathur	Ms.D.Mageshwari	Anganwadi Teacher	ICDS
4	Sokathur	Sokathur	Ms.K.Shanthi	Volunteer	
5	Sokathur	Sokathur	Ms.V.Parameshwari	Volunteer	
6	Sokathur	Sokathur	Ms.Thavamani	Social worker	
7	Sokathur	Sokathur	Ms.Gopika	PNC Mother	
8	Sokathur	Sokathur	Ms.Priya	PNC Mother	
9	Sokathur	Sokathur	Ms.E.Sangeetha	PNC Mother	
10	Sokathur	Sokathur	Ms.Agilandeswari	PNC Mother	

11	Sokathur	Sokathur	Ms.E.Lingadevi	PNC Mother	
12	Sokathur	Sokathur	Ms.S.Kala	PNC Mother	
13	Sokathur	Sokathur	Ms.Rohini	Adolescent girl	