

# INDEPENDENT CSR IMPACT ASSESSMENT REPORT

1. Imparting Financial Literacy and Strengthening Healthcare  
- Two Programs- FY 2021-2023
2. Healthy Baby Wealthy Nation (Phase III)- FY 2020-23



*Sar utha ke jiyoo!*

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## Table of Contents

Important Information for Readers.....	2
Executive Summary:.....	6
Chapter 1: Introduction .....	32
Setting the context: Relevance of the Programs.....	32
Chapter 2: CSR Impact Assessment Methodology .....	33
2.1. About HDFC Life Insurance Company Ltd CSR Programs.....	33
2.2. Implementing Partners .....	33
2.3. Methodology- BlueSky Accredited Quality Process.....	33
2.4. Stakeholder Engagement .....	34
2.5. Sampling .....	36
Chapter 3. Key Findings and Analysis.....	37
Program 1- Imparting Financial Literacy and strengthening Healthcare Services .....	37
Story of Impact: Laxminiya Devi's Journey Towards Financial Resilience .....	48
Story of Impact: Diksha Kumari's Recovery Through E-Clinic Services .....	57
Case Study: Daba Village Health Facility (Ara, Bhojpur, Bihar) .....	58
Case Study: Kursato Village Health Facility (Varanasi, UP) .....	58
Program 2 : Healthy Baby Wealthy Nation Phase III .....	61
Stories of Impact .....	80
Appendix .....	82

## List Of Tables

Table 1: Sample Counts .....	17
Table 2: CSR Program (Imparting Financial Literacy and Strengthening Healthcare Services) .....	23
Table 3: CSR Program (Healthy Baby Wealthy Nation Phase III) .....	25
Table 4: List of Implementing Partners (Financial Year 2020-2023) .....	33
Table 5: Stakeholder Engagement .....	35
Table 6: Sample Counts.....	36

## List of Figures

Figure 1: KII with Community Beneficiary, Imparting Financial Literacy .....	7
Figure 2: KII with Community Beneficiary, Financial Literacy .....	8
Figure 3: FGD with Community beneficiaries, Strengthening Healthcare services .....	8
Figure 4: FGD with Community Beneficiaries, Strengthening Healthcare services .....	9
Figure 5: Programme Reach.....	10
Figure 6: Community Beneficiaries from Jhargram.....	11
Figure 7: FGD with Community beneficiaries on Financial Literacy .....	18
Figure 8: KII with Community stakeholder on Strengthening Healthcare Services .....	19
Figure 9: Community beneficiaries from Jitushol, Jhargram .....	21
Figure 10: FGD with community on Financial Literacy.....	38
Figure 11: FGD with Community on Financial Literacy.....	43
Figure 12: Community survey with beneficiaries .....	44
Figure 13: KII with Health worker from Strengthening healthcare program.....	49
Figure 14: Community survey on Strengthening healthcare program .....	50
Figure 15: Community survey on healthcare services.....	54
Figure 16: Community survey on healthcare services .....	54
Figure 17: KII with stakeholders from Healthcare Svices initiative.....	56
Figure 18: FGD with Community beneficiaries in Satilapore .....	61
Figure 19: A mother in her Kitchen Garden .....	66
Figure 20: Smriti Mahato, Swastha Sahayika (health volunteer).....	69
Figure 21: Group of Swastha Sahayikas in the HBWN-III Program .....	70
Figure 22: FGD in Ramnagar Block 2 .....	72
Figure 23: School Teachers meeting to understand school campaigns in HBWN-III Program .....	74
Figure 24: Visit to Block Public Health Unit, Ramnagar-II.....	77
Figure 25: Handwashing Program organized by Bandhan Konnagar.....	77
Figure 26: Swastha Shahayika Members campaigning for Breast Feeding week .....	78

# Executive Summary

The purpose of this report is to enable HDFC Life Insurance Company Ltd. to evaluate the impact of its CSR activities, maximize their effectiveness, and identify areas for improvement and deeper community engagement.

The report is guided by:

- The Companies Act 2013, Schedule VII, Section 135, and its subsequent amendments.
- Bureau of Indian Standards (BIS) IS/ISO 26000:2010, providing guidance on social responsibility.
- The United Nations Sustainable Development Goals (SDGs).

CSR Impact Assessment is a company-specific process influenced by factors such as the organization's size and its maturity in meeting community expectations.

The assessment involves collaboration and the exchange of data, experiences, and perspectives among the HDFC Life's team, its implementing partners, and the Bluesky team, fostering a spirit of partnership.

## Objective of the CSR Impact Assessment

Impact Assessment to be done in compliance to The Companies Act- 2013:

- To assess the CSR Programs performance as per the MoU signed with Implementing Agency
- To assess the CSR Programs Impact per the MoU signed with Implementing Agency
- Identify the best practices which can be standardized and / or scaled up

## CSR Policy of HDFC Life Insurance Company Ltd.

**HDFC Life Insurance Company Ltd.** vision for CSR interventions is to contribute towards easing of distress and aiding in the advancement of society, while engaging with stakeholders; thereby becoming a socially responsible corporate citizen.

**HDFC Life Insurance Company Ltd.** has a well-defined and robust governance structure to oversee the implementation of the CSR Policy and monitoring of CSR programs as per the requirements of Section 135 of The Companies Act-2013

### [HDFC Life Insurance CSR Policy](#)

## Relevance of HDFC Life Insurance Company Ltd. CSR Programs

This report includes the impact assessment of the following programs:

### Name of Programs | Imparting Financial Literacy and Strengthening Healthcare Services (Two Programs)

#### Implementing Partner – Utkarsh Welfare Foundation

The UWF's program - Imparting financial literacy and Strengthening Healthcare has been operational since 2019 covering 69 districts in across 8 states.

The COVID-19 pandemic exacerbated existing challenges in healthcare, digital literacy, education, and livelihoods, disproportionately impacting vulnerable and marginalized low-income households in India. This initiative addresses the disproportionate impact of the COVID-19 pandemic on vulnerable, low-income Indian households, particularly concerning healthcare, digital literacy, education, and livelihoods.

#### The Programs have 2 Components:

##### i. Imparting Financial Literacy

The program builds upon the Indian government's "Digital India" program, focusing on financial inclusion through a digital financial literacy training model delivered via an e-learning platform. This aims to bridge the digital divide and empower individuals with essential financial skills.

This financial literacy program, implemented by Utkarsh Welfare Foundation during FY 2021-2023 across Uttar Pradesh, Madhya Pradesh, Bihar, Jharkhand, Uttarakhand, and Himachal Pradesh, significantly enhanced financial inclusion among 78,487 individuals (low-income households, micro-entrepreneurs, artisans).



Figure 1: KII with Community Beneficiary, Imparting Financial Literacy





*Figure 2: KII with Community Beneficiary, Financial Literacy*

As per our stakeholder feedback, using both in-person and digital training methods, the program achieved 92% enrollment in government schemes and 96% adoption of digital financial tools post-training. Participant satisfaction was extremely high (99% would recommend). The program successfully bridged the digital divide by empowering beneficiaries with essential financial skills and knowledge

## **ii. Strengthening Healthcare Services**

India faces a critical primary healthcare challenge, particularly in rural areas, despite advanced tertiary and quaternary care. Limited access to primary services leads to delayed or substandard treatment, misdiagnosis, and reliance on unqualified practitioners. The COVID-19 pandemic exacerbated these issues, revealing significant gaps in infrastructure and affordability. This initiative addresses this urgent need by providing low-cost medication, OPD services, medical counseling, and preventive healthcare awareness programs in rural communities. By providing these facilities, the program seeks to improve health outcomes and reduce reliance on informal, uncertified healthcare



*Figure 3: FGD with Community beneficiaries, Strengthening Healthcare services*





*Figure 4: FGD with Community Beneficiaries, Strengthening Healthcare services*

This program addresses the challenge by focusing on **Improved Healthcare services, Preventive Healthcare and Community Engagement:** Utilizing a network of community health workers (Swasthya Sahayikas) to directly reach and support households in need. The program also provides training and resources to these workers.

This healthcare initiative, implemented by Utkarsh Welfare Foundation during FY 2021-2023 across Uttar Pradesh, Madhya Pradesh, Bihar, Jharkhand, Uttarakhand, and Himachal Pradesh, significantly improved healthcare access and infrastructure in rural areas. The program reached over 1,46,265 individuals through health awareness training, e-clinics, polyclinics, special, and mega health camps, providing essential services including 59,892 doctor consultations. High satisfaction was reported (99% would recommend). The program strengthened existing healthcare facilities and increased access to quality care, especially in remote and underserved communities. The initiative successfully increased awareness of preventive healthcare measures and improved health management capabilities among beneficiaries.

# HDFC LOCATIONS

## FY 2022-23

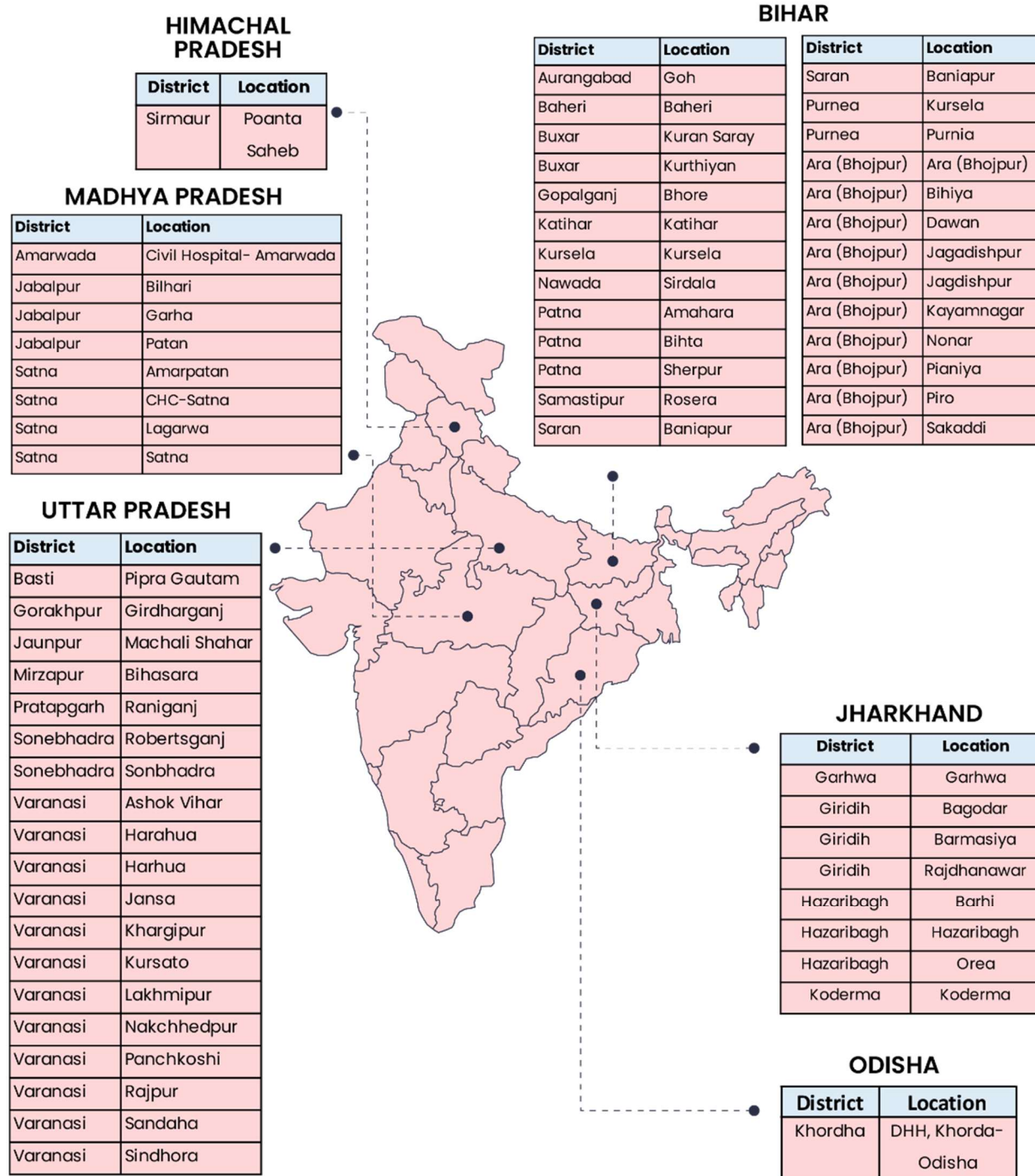


Figure 5: Program Reach

## Name of Program | Healthy Baby Wealthy Nation Phase III

### Implementing Partner - Bandhan Konnagar

India faces a significant challenge with child malnutrition. As per NFHS-5 (2019-21), India is the home of around 19% of under-5 children suffering from wasting (low weight for height), a strong predictor of mortality, due to food shortages or illness. Again 32% of Indian children under-5 years are underweight and 36% are stunted due to chronic under-nutrition. More than 24% of malnourished children of world live in India. This malnutrition is responsible for more than 60% death of under-5 children in India. In developing countries like India a child suffers 3 times a year from diarrhea which contributes to further malnutrition. One of the major causes of diarrhea is lacking of sanitation facilities and maintaining personal and social hygiene.

Malnourishment has a direct link with the education and awareness of the mothers and/care givers. Lack of knowledge on hygiene and proper consumption of healthy food directly contribute to child's malnutrition.

Therefore, mothers and caregivers of the children should be made aware of the child care and food habit issues.

"Healthy Baby Wealthy Nation" program has been undertaken to address these issues. The aim is to prevent protein-energy malnutrition and reduce the prevalence of malnutrition among children under five educates mothers and caregivers about adequate nutrition and hygiene practices, tackling the root causes of malnutrition and improving child health.






*Figure 6: Community Beneficiaries from Jhargram*

This program, "Healthy Baby Wealthy Nation Phase III" implemented by Bandhan Konnagar during FY 2020-2023 across 30 branches in Jharkhand, Orissa, and West Bengal, improved health and nutrition for over 141,000 households and nearly 50,000 children under five.

Through three key activities (health forums, household visits, and anthropometric camps) and engagement with 20,945 health forums and over 6,91,000 household visits, the program

significantly reduced malnutrition (from 24% to 9.5%), increased antenatal care (76% to 99%), and immunization rates (84% to 99%). The initiative directly supports India's Poshan Abhiyan by addressing key nutritional and hygiene issues, demonstrating strong community engagement and high participant satisfaction (92% would recommend).

### CSR Programs Supported by HDFC Life:

Name of the CSR Program	Name of Implementing Partner	Program Duration under scope of Impact Assessment
 <b>Healthy Baby Wealthy Nation Phase III</b>	Bandhan Konnagar	<b>FY 2020 - 2023</b>
 <b>Imparting Financial Literacy</b>	Utkarsh Welfare Foundation	<b>FY 2021 - 2023</b>
 <b>Strengthening Healthcare</b>	Utkarsh Welfare Foundation	<b>FY 2021 - 2023</b>

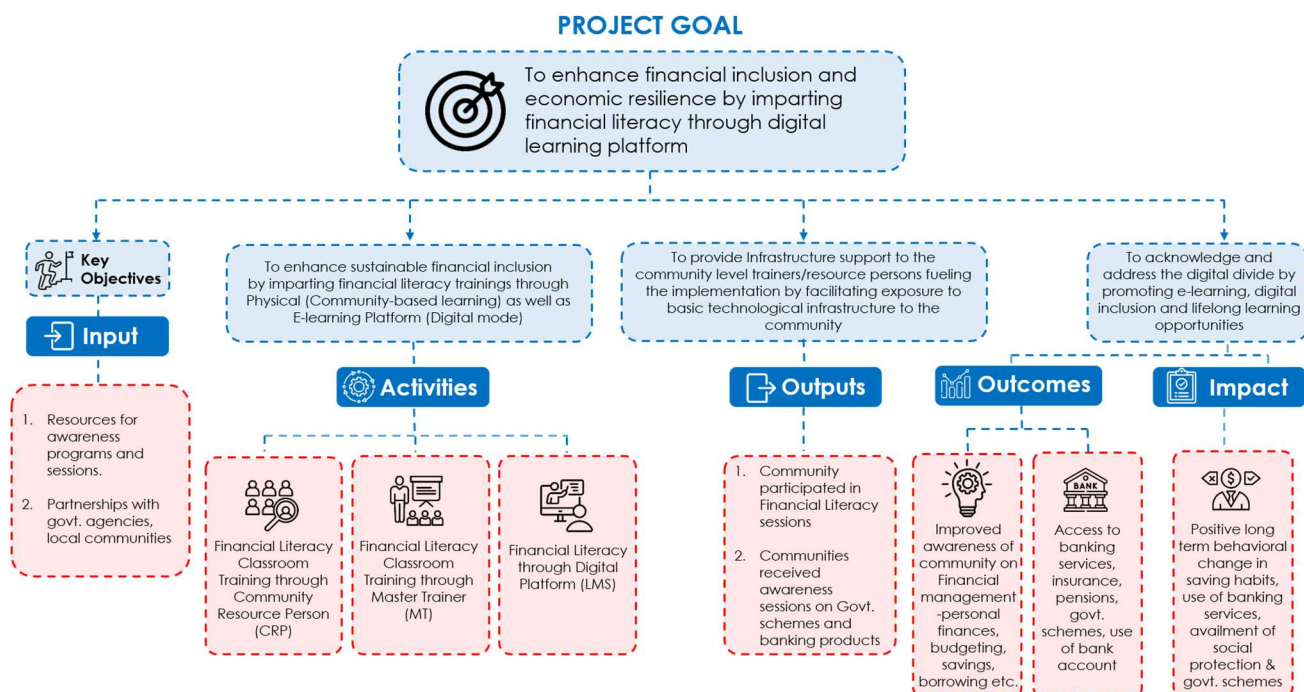
### Impact Assessment Methodology:

The methodology employed a mixed-methods approach. Apart from the secondary research of the data provided by the respective teams of UWF (Utkarsh Welfare Foundation) and Bandhan Konnagar; Quantitative Data was collected through a total of 220 surveys from identified stakeholders across multiple locations. Qualitative data was gathered through 8 KIIs (Key Informant Interviews) and 12 FGDs (Focus Group Discussions), providing in-depth insights from stakeholders. The sampling aimed for breadth and depth of assessment across all program components.

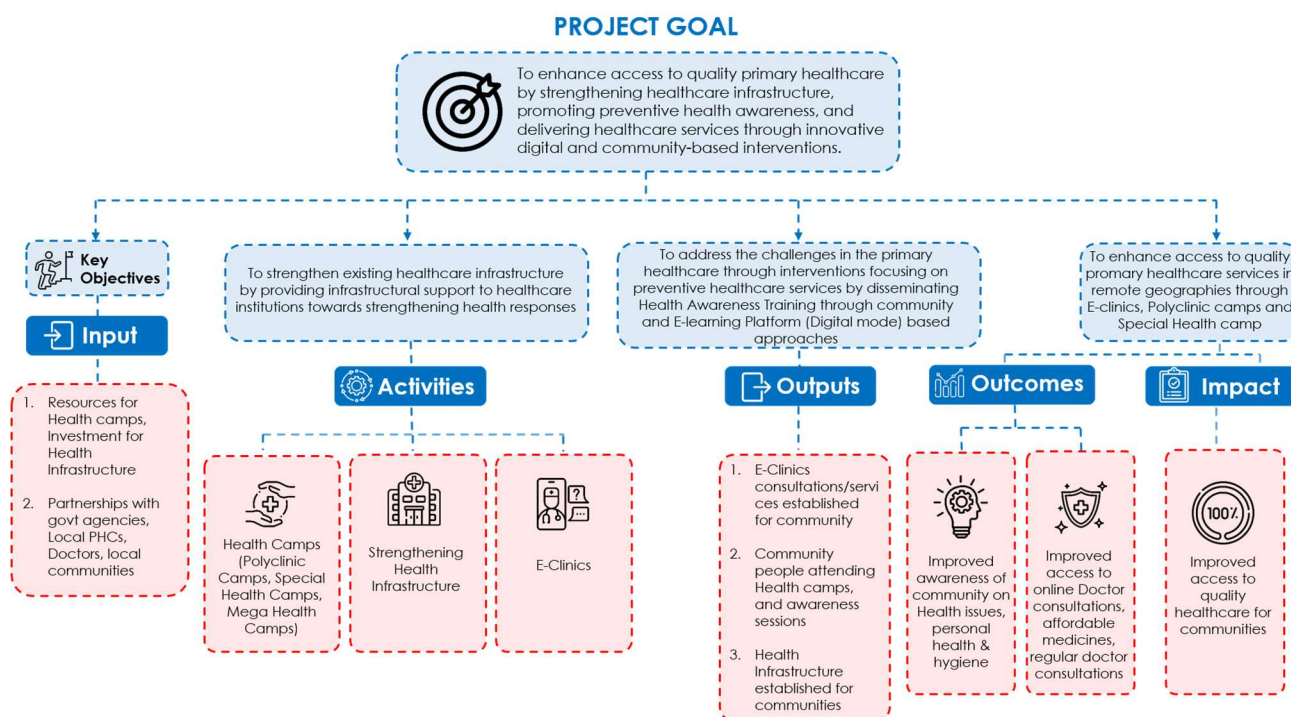


## Impact Map of UWF initiatives:

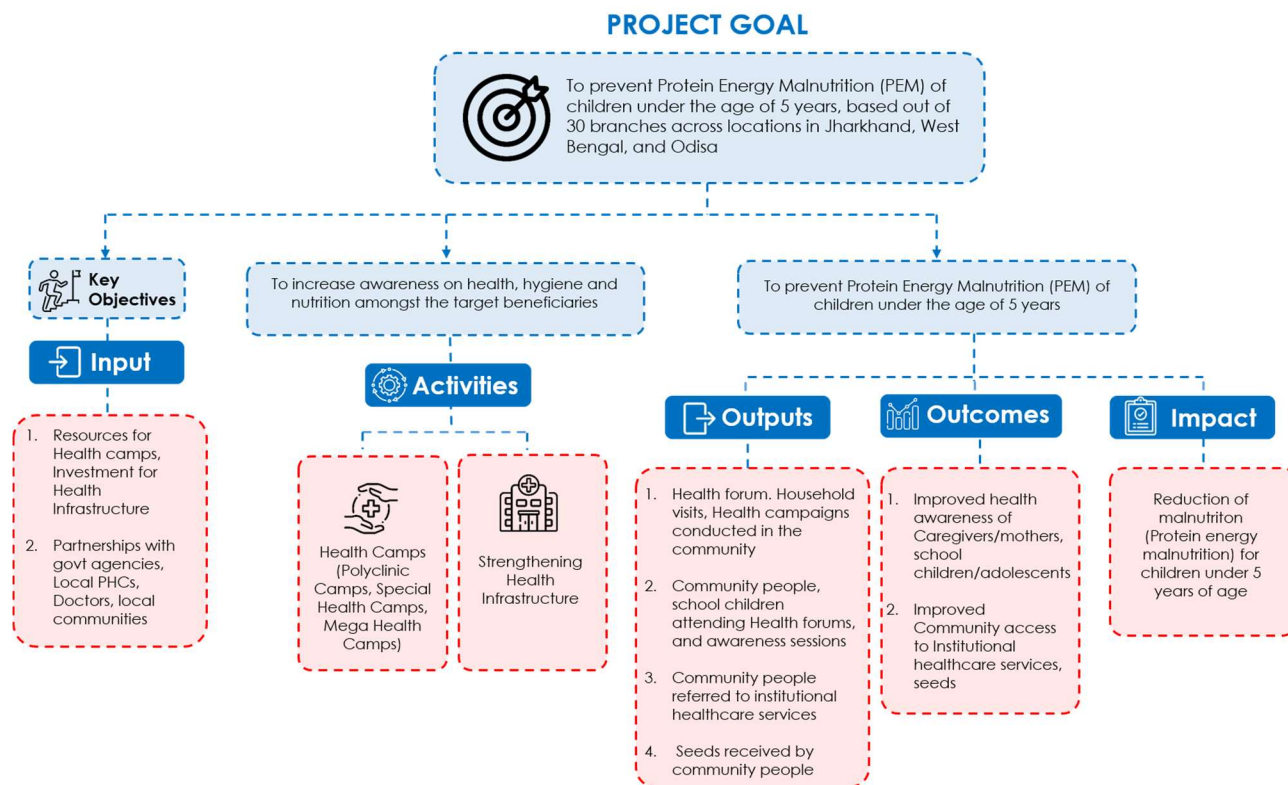
**Fig 1 | Impact Map of 'Imparting Financial Literacy' program**



**Fig 2 | Impact Map of 'Strengthening Healthcare Services' Program**



**Fig 3 | Impact Map of ‘Healthy Baby Wealthy Nation Phase III’ Program**



## Program Alignment to National & International Social Standards:


The Program aligns to the following National & Global Social standards

### A. Program- Imparting Financial Literacy and Strengthening Healthcare Services

Program	Standard/Regulatory Framework	Alignment with the programs
<b>Imparting Financial Literacy and Strengthening Healthcare Services</b>	The Companies Act 2013 Schd VII Sec 135	<p>(i) Eradicating hunger, poverty, and malnutrition, promoting health care including preventive health care and sanitation and making available safe drinking water.</p> <p>(ii) Promoting education, including special education and employment enhancing vocation skills especially among children, women, elderly, and the differently abled and livelihood enhancement programs</p>
	ISO 26000: Guidance on Social Responsibility	<p>Community Involvement and Development</p> <p>Issue 2: Education and Culture</p> <p>Issue 5: Wealth and income creation</p> <p>Issue 6: Health</p>
	UN SDGs	<p>SDG 1: No Poverty</p> <p>SDG 3: Good Health and Well-Being</p> <p>SDG 4: Quality Education</p> <p>SDG 5: Gender Equality</p> <p>SDG 8: Decent Work and Economic Growth</p> <p>SDG 10: Reduced Inequalities</p> 



## B: Program- Healthy Baby Wealthy Nation Phase III

Program	Standard/Regulatory Framework	Alignment with the Program
<b>Healthy Baby Wealthy Nation Phase III</b>	The companies Act 2013 Sec VII Sec 135	(i) Eradicating hunger, poverty, and malnutrition, promoting health care including preventive health care and sanitation and making available safe drinking water.
	ISO 26000: Guidance on Social Responsibility	Community involvement and development Issue 6: Health
	UN SDGs	SDG 3: Good Health and Well-Being 

### Stakeholder Engagement and Feedback:

The Impact Assessment of the 3 Programs - (i) Imparting Financial Literacy (ii) Strengthening Healthcare Services (iii) Healthy Baby Wealthy Nation Phase III; involved gathering data through 220 quantitative surveys, complemented by 8 Key Informant Interviews (KIIs) and 12 Focus Group Discussions (FGDs) across diverse locations.

This combination of quantitative data and qualitative insights allow for a comprehensive evaluation of the program's impact. Tailored data collection methods ensured measurable outcomes and detailed stakeholder perspectives, providing a holistic understanding of the program's effectiveness.

## Sample Counts:

**Table 1 : Sample Counts**

Program	Sample Location	Quant Survey	KII	FGD
Imparting Financial Literacy	Daba and Dulaur villages of Ara, Bhojpur (Bihar) and Dindaspur and Kursato villages in Varanasi (Uttar Pradesh)	80	2	4
Strengthening Healthcare Services	Sample Location	Quant Survey	KII	FGD
	Daba and Dulaur villages of Ara, Bhojpur (Bihar) and Dindaspur and Kursato villages in Varanasi (Uttar Pradesh)	87	2	4
Healthy Baby Wealthy Nation Phase III	Sample Location	Quant Survey	KII	FGD
	Jhargram and Mednipore (West Bengal)	53	4	4

The stakeholder interactions were conducted over 10 days, spread across the following dates: 15<sup>th</sup>, 16<sup>th</sup>, 17<sup>th</sup>, 18<sup>th</sup>, 19<sup>th</sup> and 20<sup>th</sup>, 28<sup>th</sup>, 29<sup>th</sup>, 30<sup>th</sup> Nov 2024 and and 1<sup>st</sup> Dec 2024

## Key findings specific to each program:



Skill level increase in financial planning



Knowledge level change in savings, borrowing, and spending



Knowledge level change in financial services and government schemes



Attitude level change in availing banking services, insurance, and pension schemes



Access to banking services, insurance, pension, and other market opportunities

## 1. Imparting Financial Literacy:



Figure 7: FGD with Community beneficiaries on Financial Literacy



**92%**

of participants reported a better understanding of social protection schemes

**Increased Awareness and Enrollment in Social Welfare Programs: 92% of participants reported a better understanding of social protection schemes and have enrolled in social welfare programs,** indicating that the training successfully increased awareness about government assistance programs, leading to greater enrollment.



**92%**

of participants actively practice financial management for household expenses

**Another 92% of participants actively practice financial management for household expenses,** showing a positive shift in financial planning.



**96%**

of participants began using digital financial services such as UPI, AEPS, and USSD card payments.

**Adoption of Digital Financial Tools for Cashless Transactions: 96% of participants began using digital financial services such as UPI, AEPS, and USSD card payments,** reflecting strong adoption of digital financial tools.



**94%**

of participants gained a stronger understanding of saving practices and responsible borrowing.

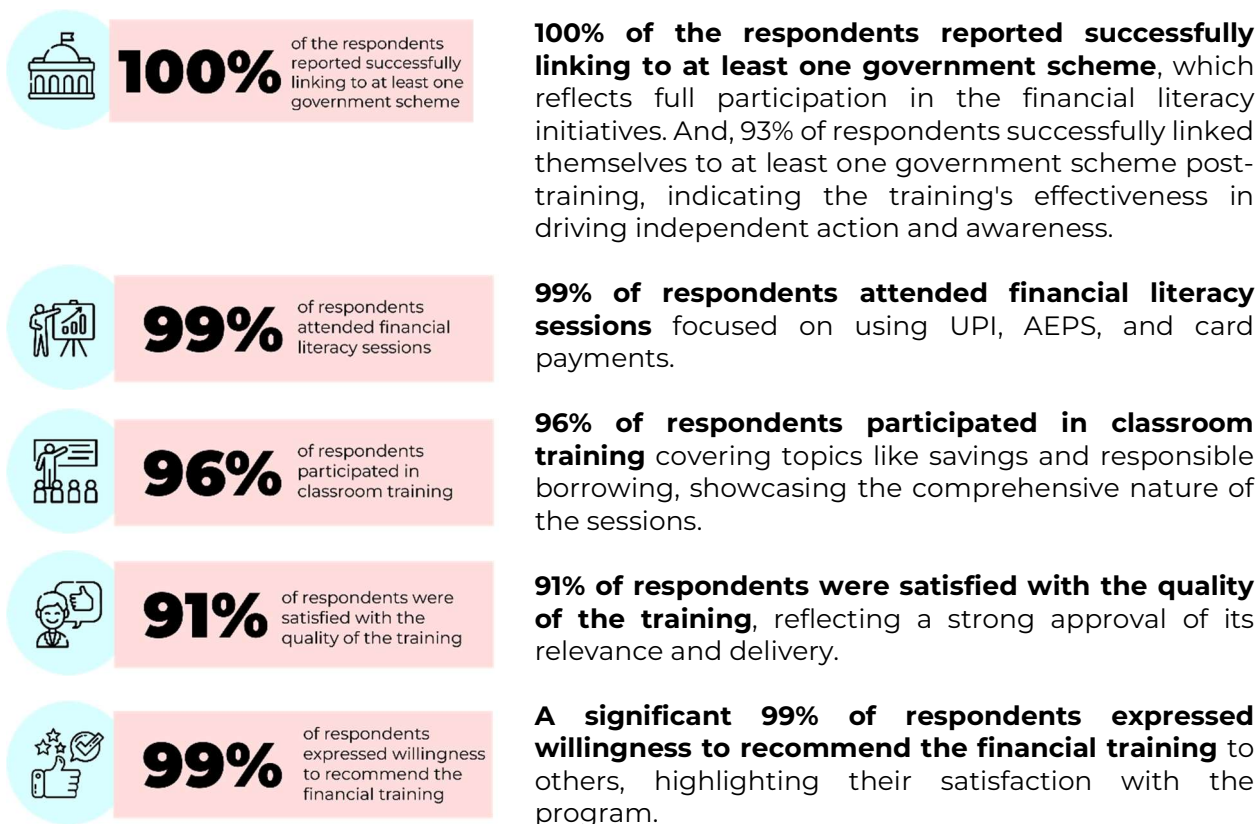
**94% of participants gained a stronger understanding of saving practices and responsible borrowing.**



**94%**

of participants adopted AEPS (Aadhaar Enabled Payment System)

**A significant majority of participants (94%) adopted AEPS (Aadhaar Enabled Payment System),** which allows for basic banking transactions using an individual's Aadhaar number.



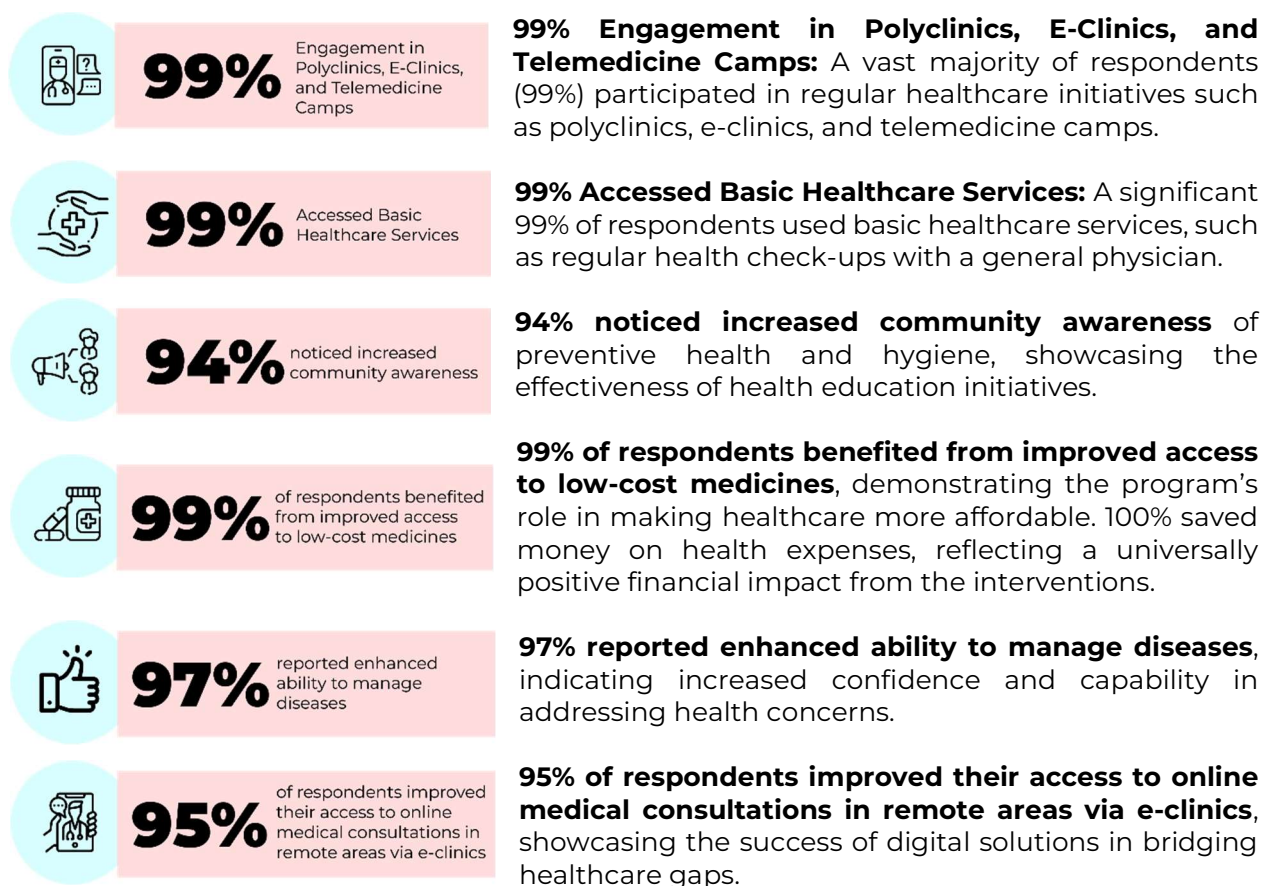
## Strengthening Healthcare Services:



Figure 8: KII with Community stakeholder on Strengthening Healthcare Services

#### Healthcare Services Improvement Indicators:

- Increase in footfall to supported healthcare institutions:
- Increased capacity of institutions:
- Number of medical equipments provided:
- Ease of access to healthcare services:
- Reduction in out-of-pocket medical expenses:
- Access to OPD services and medicines:
- Access to medical counselling:

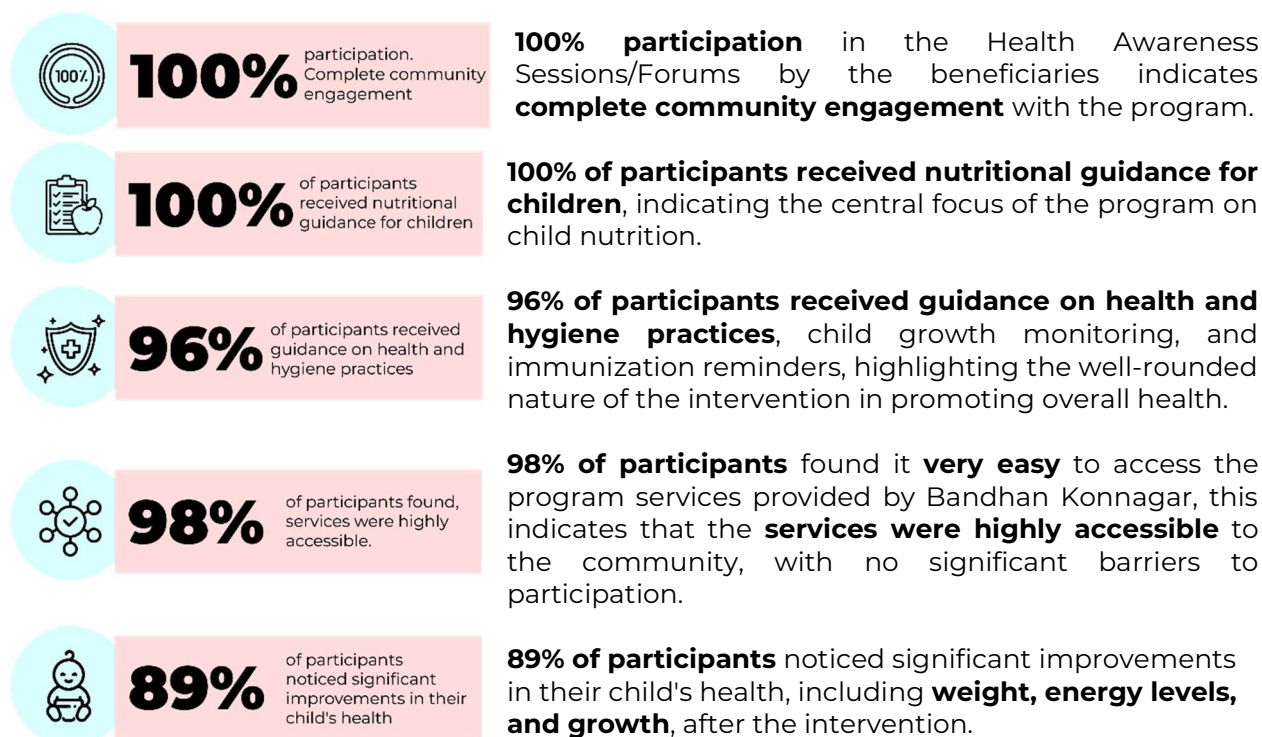




## Healthy Baby Wealthy Nation Phase III :



Figure 9: Community beneficiaries from Jitushol, Jhargram



- **Analysis of the base line and end line survey shows the following results:** Reduction of prevalence of wasting from 24% to 9.5% among U-5 children (wasting of U-5 children was measured with MUAC tape and compared with the standard recommendation of Park's textbook of Preventive and Social Medicine).
- A brief survey on the status of under-5 children malnourishment in adjacent areas of the program implementing locations has been conducted in the adjacent panchayats

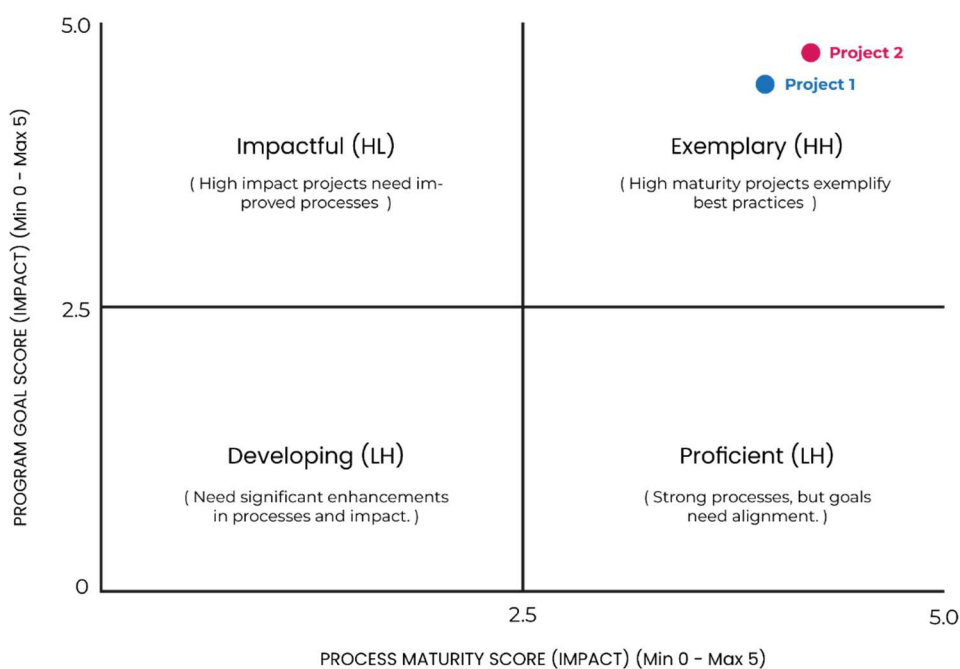
of **30 branches**. A total of **4519 under-5 children assessed for MUAC** and the data revealed that the prevalence of malnutrition (wasting) is around 24%.

## Impact Assessment Matrix –

Based on the proprietary Impact Assessment mapping of CSR programs across 4 quadrants, The programs – (1) Imparting Financial Literacy and Strengthening Healthcare Services (Two Programs) (2) Healthy Baby Wealthy Nation – Phase III; by HDFC Life Insurance Company Ltd. lies in the HH quadrant and is considered an **Exemplary Program**.

Exemplary Programs are recognized as having high process maturity and are successfully reaching their program goals. These programs represent best practices in both implementation and short-term outcomes and long-term impacts - demonstrating an exemplary model for other programs to follow. The challenge for these programs is to maintain their excellence and look for continuous improvement. Analysis of Program documents and stakeholder feedback assessed the program's process maturity (x axis) and effectiveness in achieving its goals (y axis). The results positioned - (1) Imparting Financial Literacy and Strengthening Healthcare and (2) Healthy Baby Wealthy Nation – Phase III; in the top performance quadrant, demonstrating both high process maturity and substantial goal achievement. This exemplifies best practices in implementation and goal attainment, establishing a benchmark for similar programs.

## Project Category



● **Project 1** | Utkarsh Welfare Foundation  
● **Project 2** | Bondhan Konnagar







The criterion to assess the process maturity and achievement of goals is listed in Table 2 and Table 3.





Harvey balls are used to visually represent a score out of 5 for each criterion. Each Harvey ball displays the score based on the level of shading:

- **Fully Shaded** – Score of 5 out of 5 (Represent Maximum Achievement of Criteria) Three quarter shaded- Score of 4 out of 5 (Indicates high-level achievement, close to complete)
- **Half Shaded** – Score of 3 out of 5 (Represents moderate achievement, with room for improvement)
- **Quarter Shaded** – Score of 2 out of 5 (Shows Partial Achievement, requiring significant improvement)
- **Unshaded** – Score of 0 out of 5 (No achievement in meeting the criteria).




**Table 2: CSR Program (Imparting Financial Literacy and Strengthening Healthcare Services)**

**Process Maturity Score: 4.1**

Sl. No	Criteria	Score (1 to 5)
1	Program Relevance & Significance	
2	Program Objectives & Scope	
3	Stakeholder Mapping & Identification	
4	Program Initiation & Risk Assessment	

5	Stakeholder Engagement & Participation	
6	Monitoring & Evaluation (M&E)	
7	Communication (Internal/External)	
8	Program Sustainability	





**Program Goals Score: 3.7 points**





Sl. No	Criteria	Score (1 to 5 with 1=0 2-5 being quadrants)
1	Financial Literacy Classroom Training through Master Trainer (MT)	
2	Financial Literacy Classroom Training through Community Resource Person (CRP)	
3	Financial Literacy through Digital Platform (LMS)	

4	Health Camps	
5	Health Infrastructure	
6	E-Clinics	
7	Health Awareness	




**Table 3: CSR Program (Healthy Baby Wealthy Nation Phase III)**

**Process Maturity Score: 4.1**

Sl. No	Criteria	Score (1 to 5)
1	Program Relevance & Significance	
2	Program Objectives & Scope	
3	Stakeholder Mapping & Identification	
4	Program Initiation & Risk Assessment	

5	Stakeholder Engagement & Participation	
6	Monitoring & Evaluation (M&E)	
7	Communication (Internal/External)	
8	Program Sustainability	

**Program Goals Score: 4 points**

Sl. No	Criteria	Score (1 to 5 with 1=0 2-5 being quadrants)
1	Conducting awareness on health and hygiene (Health Forums, Household Visits, Anthropometric examination camps, Half yearly School Children Campaign on WASH issues at primary schools and yearly Menstrual Hygiene Sessions at high schools)	
2	Seeds Distribution	
3	Providing access to institutional healthcare services (Referrals - referring community people in need of institutional healthcare services and escorting the persons in need of institutional healthcare centers)	

## Observation:

### Imparting Financial Literacy

- The MOU mentions a target of 9,600 individuals for financial literacy through the digital platform (LMS), but the target numbers cannot be verified from the information available in the UWF annual report.
- THE UWF program has contributed to significant improvement of financial inclusion in the villages of the states of Bihar, Uttar Pradesh, Jharkhand – validated by an increase in women's depositing their savings into formal savings accounts. There is scope for further improvement in financial literacy by increasing awareness to encourage investments in advanced saving options, such as fixed and recurring deposits, which offer better returns than savings account.
- Awareness of digital financial tools, such as UPI has scope for improvement. The fear of cyber fraud has increased the resistance towards using UPI for payments.
- SHG members can be upskilled on advanced financial concepts and government schemes by providing them linkages with banks and post offices for recurring and fixed deposit schemes.
- TLM kits can include references to newer financial instruments like Kisan Vikas Patra or Sukanya Samriddhi Yojanam will help demystify the processes involved in applying for these financial products.
- **Following topics are areas for focus to increase awareness: 10%** learned how to use ATMs. **7%** understood how Direct Beneficiary Transfer (DBT) works. **5%** became familiar with digital cash transactions, mobile banking, and internet banking. **1%** became aware of Kisan credit cards, an essential tool for farmers to access credit for agricultural activities. These could be areas of further development wherein UWF could focus on improving more awareness in these areas.

### Field visit in Dindaspur village, Varanasi -

- Villagers in Dindaspur lacked knowledge of critical schemes such as Pradhan Mantri Jeevan Jyoti Bima Yojana, Atal Pension Yojana, Sukanya Samriddhi Yojana, and Ayushman Bharat empaneled hospitals. A general lack of awareness was observed regarding other financial instruments like RD, FD, MIS, and Kisan Vikas Patra. It is suggested that UWF conducts targeted training sessions on government schemes like Sukanya Samriddhi Yojana, PMJJBY, Atal Pension Yojana, and Ayushman Bharat.
- Minimal use of practical tools such as TLMs and live demonstrations for enhanced learning. It is suggested to use easy-to-understand resources, such as visual aids and real-life examples, to explain these schemes. Develop interactive workshops for all age groups to build awareness on deposits (RD, FD, MIS) and online financial tools (UPI, digital payments).
- Regularly engage local trainers and provide updated materials tailored to community needs. Train and deploy master trainers/community resource persons biannually to guide village members. Include modules on digital literacy (Excel, Tally) and practical demonstrations of financial tools.

- **Communication Barriers with Panchayats and Local Systems:** Villagers faced communication gaps with local governance structures, affecting their ability to access government schemes such as pensions, ration cards, and caste certificates. There remains a lack of knowledge about critical procedures for accessing government schemes, such as ration cards, old-age pensions, widow pensions, caste certificates, E-Shram cards, and Ayushman Bharat Cards. It is suggested to work with Panchayats to streamline access to government services and improve information dissemination. Establish a dedicated liaison to bridge the gap between the community and local governance.
- Institute weekly group interactions for women to exchange ideas and share knowledge on financial topics. Develop systems to document meeting minutes and follow-ups for continuity.

#### **Field visit in Dulaur village, Ara (Bhojpur), Bihar –**

- **Awareness Programs on Government Schemes –** Conduct targeted awareness campaigns to educate villagers about schemes like Atal Pension Yojana, insurance options, and other government initiatives. Simplify concepts and provide real-life examples to make them relatable.
- **Enhanced Knowledge on Savings Instruments –** Organize interactive sessions to explain the differences between Recurring Deposits (RD), Fixed Deposits (FD), and other savings options.
- Use tangible tools, such as TLM kits, with sample documents and visuals for better understanding.
- **Regular Member Meetings –** Establish a consistent schedule for SHG or community meetings (e.g., weekly or monthly). Maintain proper documentation, such as minutes of meetings, to track progress and decisions.
- **Interactive Learning Tools –** Leverage Training and Learning Materials (TLM) for financial literacy sessions. Include digital tools and resources to explain online payment methods and secure digital transactions.
- **Capacity Building for Trainers and Leaders –** Train local facilitators and SHG leaders to conduct sessions on financial planning, savings, and government schemes. Regularly update trainers with the latest information on financial products and digital tools.
- **Guest Sessions with Financial Experts –** Invite representatives from banks, post offices, and insurance companies to interact with villagers and address queries. Provide hands-on training in using Aadhaar-enabled systems, UPI payments, and online banking.
- **Structured Feedback Mechanism –** Implement a system to collect feedback after sessions to identify gaps and improve future initiatives.

## Strengthening Healthcare Services

- Improve internet connectivity at E-Clinics to streamline teleconsultations.
- Introduce monthly health camps with specialized doctors for specialized consultations.
- Launch community awareness programs on hygiene, nutrition, and preventive healthcare.

## Field visit of Kursato village, Varanasi

- Basic medicines and e-consultation services have successfully addressed common health issues; however, there is a growing demand for expanded medical support, including treatments for conditions such as hypertension, diabetes, and typhoid
- Expand Specialized Services: Introduce Gynaecologists, Paediatricians, Dentists, and other specialists through periodic health camps.
- Improve Teleconsultation Infrastructure: Strengthen internet connectivity to further streamline consultations.
- Enhance Awareness Campaigns: Conduct more workshops on hygiene (e.g. handwashing activities), nutrition (balanced diet, nutritional awareness) to ensure iron protein and calcium intake could be ensured, and the benefits of preventive healthcare.
- Medical Camps – Improve the frequency of health camps in the community to address awareness gaps in the community. Currently villagers mentioned camps conducted in 3 months.
- Regular Monitoring: Ensure periodic review and monitoring of clinic operations to maintain quality and efficiency.

## Field visit in Daba village, Ara (Bhojpur, Bihar)

1. **Availability of Essential Medicines:** Ensure the availability of critical medicines for conditions like **blood pressure** and **diabetes**, as many villagers suffer from these health issues.
2. **Internet Connectivity for E-Consultations:** Improve **internet connectivity** at health clinics to reduce delays in e-consultations and ensure smooth communication with doctors.
3. **Training for Health Staff:** Local health staff, including **ANMs**, **community health workers**, and **health facilitators**, should receive regular training on various government health schemes (e.g., **Ayushman Bharat**), vaccinations for children, and new health guidelines.
4. **Specialized Doctors During Health Camps:** Organize **specialized health camps** with doctors focused on women's health, children's health, and geriatric care to address specific health concerns.
5. **Regular Training and Awareness Programs:** Regularly update and train **Foundation staff** to keep them informed about the latest health updates, government schemes, and medical practices, ensuring they can educate and assist the community effectively.



6. **Coordination with Anganwadi Workers:** Strengthen coordination with **Anganwadi workers** to raise awareness about **nutritional diets** and **protein-rich foods** available locally. Many villagers are unaware of the health benefits of locally available food resources.
7. **Community Nutrition Awareness:** Focus on educating the community about the **nutritional value** of food available within their village, which could significantly improve health outcomes.

### Healthy Baby Wealthy Nation Phase III :

1. **Community Sensitization:** Conduct targeted education to combat superstitions and traditional practices (e.g., reliance on local healers) that hinder timely medical care. A Gram Panchayat representative from Manikpura GP strongly mentioned that - ***"Health awareness is great, but we have to combat harmful beliefs as well, such as ojhas and maduli, which mostly delay proper medical care to the community beneficiaries"***.
2. **Integration with Government Initiatives:** Collaborate closely with government programs like ICDS and NRCs to increase the reach and effectiveness of interventions. Train volunteers to serve as intermediaries between government services and communities. Another Gram Panchayat member mentioned - ***"We will see the progress of our communities heightened to great heights when volunteers from nongovernmental organizations align their efforts with government initiatives."***
3. **Health Awareness and Collaboration:** Organize more frequent health camps focusing on hygiene, menstrual health, nutrition, and vaccinations. Partner with local schools and Panchayats to amplify outreach efforts.
4. **Advanced Training for Volunteers (Swastha Sahayikas):** Regular refresher sessions on topics such as managing hygiene-related diseases and addressing superstitions that prevent timely healthcare access. Include digital literacy and advanced health training for better data collection and consultation.
5. **Enhanced Medical Interventions:** Provide more targeted medical services, especially for anaemia, chronic malnutrition, and other conditions affecting children and women. Increase availability of iron supplements and other nutritional aids for pregnant and lactating mothers. **Kitchen Gardening:** Expand seed distribution programs for kitchen gardens to ensure a variety of nutrient-rich foods are grown locally.
6. **Enhance Accessibility to Health Camps:** During the FGD with women beneficiaries and community people it was shared that for pregnant women, malnourished children, and elderly villagers it is difficult to reach health camps and clinics. So those cases could be addressed either by making targeted home visits of such beneficiaries for awareness building or by encouraging these beneficiaries to find feasible transport services.

## Conclusion:

**Imparting Financial Literacy Program Impacts:** The financial literacy program, implemented across Uttar Pradesh, Madhya Pradesh, Bihar, Jharkhand, Uttarakhand, and Himachal Pradesh, significantly improved financial knowledge and practices among participants. While the digital platform component was underutilized, the program successfully increased savings and engagement with government schemes (100% linked to at least one). However, gaps remain in understanding advanced savings instruments (RDs, FDs) and digital tools (UPI), highlighting the need for further training and improved communication with local governance structures to facilitate access to government services.

**Strengthening Healthcare Services Program Impacts:** This program, implemented across Uttar Pradesh, Madhya Pradesh, Bihar, Jharkhand, and Uttarakhand, significantly improved healthcare access for over 1,46,265 individuals through health awareness, Polyclinic camps, E-clinics (59,892), and various health camps (over 26,159 reached). High satisfaction rates (99% would recommend) demonstrate the program's success. However, there's a need for improved internet connectivity in e-clinics and increased specialized medical services (gynecology, pediatrics) to address unmet healthcare needs. Further community awareness campaigns are recommended.

**Healthy Baby Wealthy Nation program impacts:** The Healthy Baby Wealthy Nation program has made a significant impact in addressing child malnutrition and improving maternal awareness in Jharkhand, Odisha, and West Bengal. By implementing targeted interventions such as health forums, household visits, and anthropometric camps, the program successfully reduced malnutrition rates from 24% to 9.5%, increased antenatal care coverage to 99%, and enhanced immunization rates. The initiative's strong community engagement, with 100% participation in health awareness sessions and 98% accessibility, highlights its effectiveness in promoting child health and hygiene practices. By aligning with India's Poshan Abhiyan, the program has demonstrated a scalable and sustainable model for improving early childhood nutrition and overall well-being, ensuring a healthier future for vulnerable children and their families.

# Chapter 1 | Introduction

## Setting the context: Relevance of the Programs

### Imparting Financial Literacy Training

- COVID-19 revealed severe financial literacy gaps, impacting low-income households in areas like education and livelihoods.
- Around 76% of Indian adults lack basic financial literacy, limiting their ability to manage finances effectively.
- The "Digital India" initiative focuses on bridging rural digital and financial literacy gaps. Despite these initiatives, gaps in financial and digital literacy remain at the grassroots level, hindering efforts to promote financial stability.
- This program uses e-learning platforms and participatory approaches to promote financial inclusion and empower underserved communities.

### Strengthening Healthcare Services

- Rural India faces critical challenges in accessing quality primary healthcare, with 70% of the population lacking access to specialist care and only 13% having access to primary health centers (NFHS data).
- Dependence on informal health advice leads to preventable complications.
- The COVID-19 pandemic highlighted rural healthcare disparities and infrastructure gaps.
- This program improves healthcare access through low-cost medications, outpatient services, and preventive care awareness campaigns.

### Healthy Baby Wealthy Nation Phase III

- Malnutrition is one of the significant public health concerns affecting the population across the country. Evidence shows that about 80 percent of children with severe acute malnutrition can be treated at home. Therefore, providing these children with prompt care and treatment is essential.
- India accounts for over 24% of the world's malnourished children; 19% suffer from wasting, 32% are underweight, and 36% are stunted (NFHS-5).
- Malnutrition-related child deaths exceed 60%, worsened by poor hygiene and sanitation.
- This program tackles malnutrition via awareness programs, growth monitoring, and sustainable practices like nutrition gardens

# Chapter 2 | CSR Impact Assessment Methodology

## 2.1. About HDFC Life Insurance Company Ltd CSR Programs

HDFC Life's CSR initiatives, in partnership with UWF (Utkarsh Welfare Foundation) and Bandhan Konnagar, address financial literacy, healthcare, and child malnutrition.

UWF promotes digital financial literacy in rural areas and strengthens primary healthcare by providing affordable medications and preventive health awareness.

Bandhan Konnagar's "Healthy Baby Wealthy Nation Phase III " program educates caregivers on nutrition and hygiene to combat child malnutrition.

These efforts empower communities, improve financial and healthcare access, and drive sustainable change.

## 2.2. Implementing Partners

**Table 4: List of Implementing Partners (Financial Year 2020-2023)**

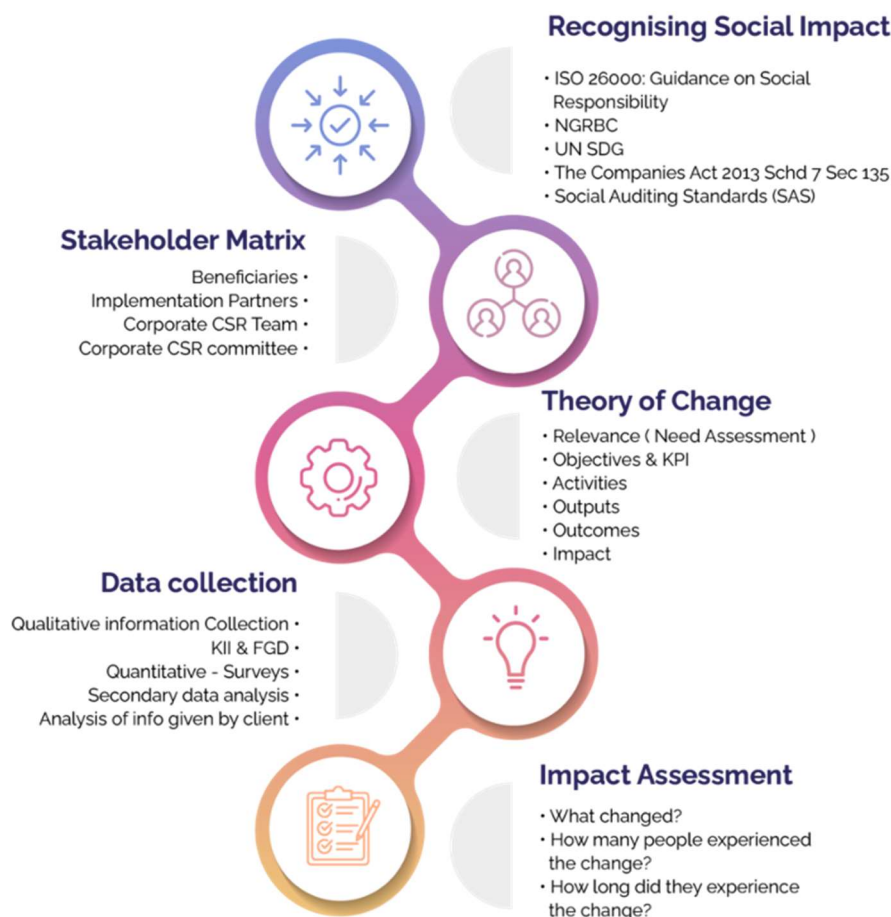
Program Name	Year	Implementing Agency
<b>Imparting Financial Literacy Training</b>	FY 2021-23	Utkarsh Welfare Foundation
<b>Strengthening Healthcare Services</b>	FY 2021-23	Utkarsh Welfare Foundation
<b>Healthy Baby Wealthy Nation Phase III</b>	FY 2020-23	Bandhan Konnagar

## 2.3. Methodology- BlueSky Accredited Quality Process

BlueSky, an Inspection Body for Social Impact, is accredited by NABCB, Quality Council of India, on ISO 17020: Conformity Assessment and thus employs a standardized framework for evaluating social responsibility initiatives. The methodology adopted conforms with ISO 9011: 2018 Guidelines for Auditing Management Systems.

The social impact is assessed based on the ISO IS 26000: 2018 Guidance on Social Responsibility and incorporates a comprehensive approach listed below:

1. It involves an in-depth review of annual and program reports, needs assessments, and baseline and midline surveys conducted over specified timelines, along with MOUs with implementing partners to measure the program's long-term impact.
2. Both quantitative and qualitative data were collected through extensive stakeholder engagements, supplemented by independent verification through site visits to directly assess the effectiveness of waste management practices.
3. The information so gathered is then triangulated to assess the impact of the initiative.



## 2.4. Stakeholder Engagement

This requires a meticulous approach to ensure that not only are the contributors recognized, but the beneficiaries – those whose lives are impacted by the initiative – are also accounted for. Including all relevant parties guarantees a comprehensive social impact assessment, reflective of the diverse perspectives at play within the initiative's ecosystem.

The 4 main types of stakeholders engaged for the social impact assessment were:

- 1. Beneficiary Stakeholders:** The beneficiaries include diverse groups such as the Children, Mothers (Caregivers), Women, Community people, Panchayat representatives etc. Each of these groups represents a vital aspect of the social fabric that the initiative aims to support and uplift.
- 2. Executing Stakeholders (Management):** This group, including the HDFC Life's CSR Team, is responsible for managing the initiative's execution across all locations. Their strategic role is pivotal for aligning resources and ensuring effective program delivery.
- 3. Executing Stakeholders (Participants):** Composed of implementing agencies and relevant government bodies, these stakeholders are critical in the practical execution of the programs. They ensure that activities are conducted efficiently and responsibly, aligning with the initiative's goals.
- 4. Oversight (Sponsor):** The HDFC Life Insurance Company Ltd. plays a crucial role in sponsoring and overseeing the initiative, providing funding and strategic guidance to ensure the program's success and sustainability.

**Table 5: Stakeholder Engagement**

Category of Stakeholder	CSR Programs	Details of stakeholder	Location
Beneficiary Stakeholders	Imparting Financial Literacy	Rural Communities including women	Daba and Dulaur Villages of Ara, Bhojpur (Bihar)  Dindaspur and Kursato villages in Varanasi (Uttar Pradesh)
	Strengthening Healthcare Services	Rural Communities, Hospital and health centres	Daba and Dulaur Villages of Ara, Bhojpur (Bihar)  Dindaspur and Kursato villages in Varanasi (Uttar Pradesh)
	Healthy Baby Wealthy Nation Phase III	Children, Women (Pregnant Women and Lactating Mothers), Adolescent Girls, Swayam Sahiyakas	Jhargram and Mednipore (West Bengal)
Executing Stakeholders (Management):		CSR Team	

Executing Stakeholders (Participants):	All	Implementing Agencies*  Government Agencies	All Above Locations
Oversight (Sponsor):		HDFC Life Insurance Company Ltd	

## 2.5. Sampling

The Impact Assessment report of HDFC Life Insurance Company Ltd.CSR Programs involved gathering data through 220 quantitative surveys, complemented by 8 Key Informant Interviews (KIIs) and 12 Focus Group Discussions (FGDs) across diverse locations.

This combination of quantitative data and qualitative insights allow for a comprehensive evaluation of the program's impact. Tailored data collection methods ensured measurable outcomes and detailed stakeholder perspectives, providing a holistic understanding of the program's effectiveness.

**Table 6: Sample Counts**

Name of the Program	Sample Location	Quant Survey	KII	FGD
Imparting Financial Literacy	Daba and Dulaur villages of Ara, Bhojpur (Bihar) and Dindaspur and Kursato villages in Varanasi (Uttar Pradesh)	80	2	4
Strengthening Healthcare Services	<b>Sample Location</b>	<b>Quant Survey</b>	<b>KII</b>	<b>FGD</b>
	Daba and Dulaur villages of Ara, Bhojpur (Bihar) and Dindaspur and Kursato villages in Varanasi (Uttar Pradesh)	87	2	4
Healthy Baby Wealthy Nation Phase III	<b>Sample Location</b>	<b>Quant Survey</b>	<b>KII</b>	<b>FGD</b>
	Jhargram and Mednipore (West Bengal)	53	4	4

The stakeholder interactions were conducted over 10 days, spread across the following dates: 15<sup>th</sup>, 16<sup>th</sup>, 17<sup>th</sup>, 18<sup>th</sup>, 19<sup>th</sup> and 20<sup>th</sup>, 28<sup>th</sup>, 29<sup>th</sup>, 30<sup>th</sup> Nov 2024 and and 1<sup>st</sup> Dec 2024



# Chapter 3 | Key Findings and Analysis

## CSR Programs of HDFC Life Insurance Company Ltd.

The programs covered under this impact assessment are:

**Program 1 :** Imparting Financial Literacy and Strengthening Healthcare Services (Two Programs) – **FY 2021-23**

**Program 2 :** Healthy Baby Wealthy Nation Phase III – **FY 2020-23**

This impact assessment acknowledges the culmination of the outcomes from the programs over the years but focuses on the following financial years:

**FY 2021-23 for two programs -** Imparting Financial Literacy Training and Strengthening Healthcare Services

**FY 2020-23 for one program -** Healthy Baby Wealthy Nation Phase III

### Program 1 : Imparting Financial Literacy and Strengthening Healthcare Services

#### Implementing Partner: Utkarsh Welfare Foundation

Utkarsh Welfare Foundation (UWF), established in August 2010, is registered under Section 25 of the Companies Act, 1956 (now Section 8 of the Companies Act, 2013). Its initiatives are designed to support the underprivileged and underserved communities by offering services such as market linkage opportunities, education, healthcare, and vocational training programs.

UWF is dedicated to empowering women by building their confidence and equipping them to become successful entrepreneurs. Through a comprehensive, service-oriented, market-driven approach, UWF strives to create a meaningful and lasting impact on communities.

Its key areas of focus include education, healthcare, skill development, micro-enterprise training, and promoting sustainable livelihoods.

#### i. Imparting Financial Literacy Program:

To promote sustainable financial inclusion by delivering financial literacy training through both physical (community-based learning) and digital (e-learning platform) methods. The initiative aims to bridge the digital divide by fostering digital inclusion, lifelong learning, and equipping community trainers with essential technological infrastructure. It focuses on empowering marginalized groups, including low-income households, micro-entrepreneurs, artisans, and vulnerable communities, by improving access to financial services, digital education, entrepreneurial opportunities, and social protection schemes.

The activities of the program were carried out between April 2021-March 2023.



*Figure 10: FGD with community on Financial Literacy*

### Geographical Area:

Uttar Pradesh, Madhya Pradesh, Bihar, Jharkhand, Uttarakhand and Himachal Pradesh.

### Objectives of the program:

1. To enhance sustainable financial inclusion by imparting financial literacy trainings through Physical (Community-based learning) as well as E-learning Platform (Digital mode)
2. To provide Infrastructure support to the community level trainers/resource persons fuelling the implementation by facilitating exposure to basic technological infrastructure to the community
3. To acknowledge and address the digital divide by promoting e-learning, digital inclusion and lifelong learning opportunities.

### Activities:

The Financial Literacy Training program includes sessions on Social Protection Schemes Support, empowering beneficiaries to access government schemes for long-term financial planning (PMJJBY, PMSBY, APY, SSY, Savings A/C, FD/RD F/C, ATM/ PAN CARD, Health insurance Aadhar Card, Ration Card, General Insurance, Ayushman Bharat, Social Pension.

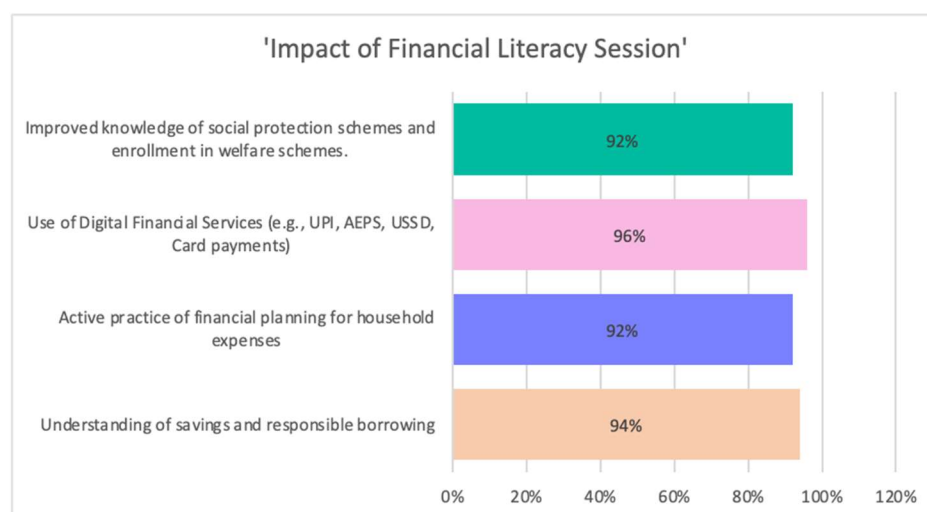
- a) **Financial Literacy Classroom Training through Master Trainers:** A total of 41,494 individuals were engaged through Financial Literacy activities and awareness sessions, which were conducted in 2,291 successfully completed batches.

- b) **Financial Literacy Classroom Training through Community Resource Persons:** Financial awareness sessions reached a total of 36,993 individuals, covering topics such as government schemes, effective utilization of banking accounts, net banking, UPI transactions, opening bank accounts, and savings instruments like Fixed Deposits and Recurring Deposits. These sessions were conducted across 2,889 successfully completed batches.

## Outcomes:

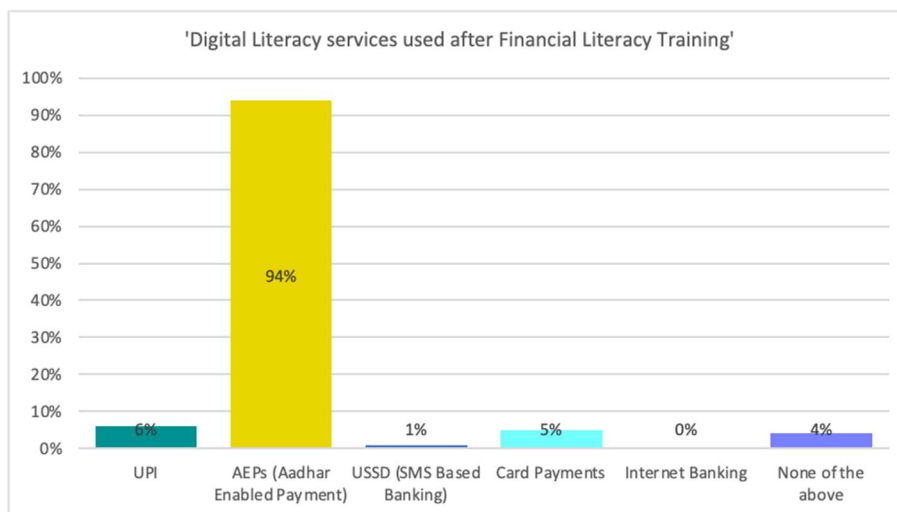
### 1. Improved Knowledge and Practice in Financial Management

The financial literacy sessions led to significant improvements in participants' financial understanding and practices.



- a) **Increased Awareness and Enrollment in Social Welfare Programs: 92% of participants reported a better understanding of social protection schemes** and have **enrolled in social welfare programs**, indicating that the training successfully increased awareness about government assistance programs, leading to greater enrollment.
- b) **Adoption of Digital Financial Tools for Cashless Transactions: 96% of participants began using digital financial services** such as **AEPS**, and **USSD card payments**, reflecting strong adoption of digital financial tools. This suggests that the training encouraged participants to transition to cashless payments, improving their financial inclusivity.
- c) **Improved Household Financial Management and Budgeting: 92% of participants actively practice financial management for household expenses**, showing a positive shift in financial planning. This demonstrates that the training helped participants develop better budgeting habits and manage household finances more effectively.
- d) **Enhanced Understanding of Saving Practices and Responsible Borrowing: 94% of participants gained a stronger understanding of saving practices and responsible borrowing**, leading to improved financial decision-making. This indicates that the training equipped participants with the knowledge necessary for making smarter financial choices and avoiding debt pitfalls.

#### e) Increased Adoption of Digital Financial Tools Post-Training:



Following the financial literacy training, participants showed different levels of adoption and engagement with various digital financial services. The breakdown is as follows:

- **6% started using UPI:** A small percentage of participants adopted UPI (Unified Payments Interface) for digital transactions, indicating that a few were already familiar with digital payments but were encouraged to use it more after the training.
- **94% adopted AEPS:** A significant majority of participants (94%) adopted AEPS (Aadhaar Enabled Payment System), which allows for basic banking transactions using an individual's Aadhaar number. This suggests that AEPS was the most accessible and widely adopted method among participants, likely due to its simplicity and ease of use.
- **1% began using USSD:** Only 1% of participants started using USSD (Unstructured Supplementary Service Data), a service that allows users to access mobile banking features without the need for an internet connection. This low adoption rate could be due to the availability of more user-friendly options like AEPS and UPI.
- **5% switched to card payments:** A small portion (5%) of participants began using card payments, which may indicate a shift from cash transactions to more formal digital payments.
- **None adopted internet banking:** Interestingly, none of the participants adopted internet banking, which may reflect limited access to internet connectivity or comfort with more basic financial services.
- **4% of respondents did not use any of these services:** Despite the training, 4% of respondents did not engage with any of the mentioned digital financial services. This could indicate barriers such as lack of digital literacy, access to technology, or trust in digital platforms.

**During the FGD with women in Dindaspur Village (Varanasi), the respondents reported the following -**

- Women from SHGs gained awareness of Aadhaar-enabled systems for withdrawals and basic banking services like money transfers and withdrawals.
- The initiative bridged gaps in financial inclusion but lacked emphasis on advanced knowledge (e.g., UPI, RD/FD schemes).
- **Key Impact:** Increased confidence among women in managing finances and interacting with financial institutions.

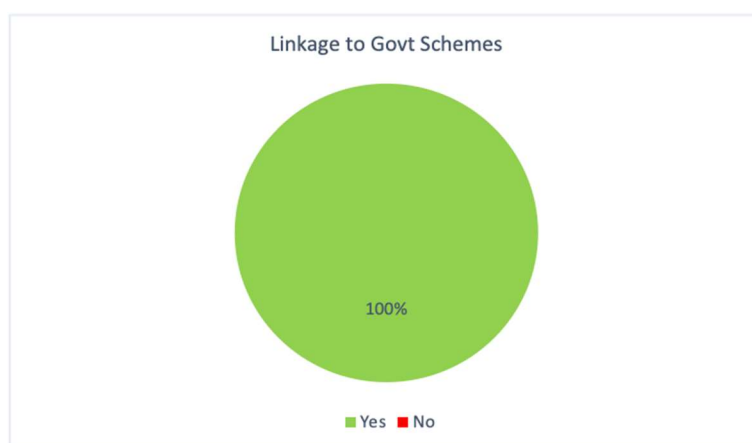
**During the FGD with women in Dulaur Village (Ara, Bhojpur, Bihar), the respondents reported the following –**

- Post intervention of UWF, community women have developed more confidence and knowledge on financial products. A specific knowledge increment was on Deposits. This has led to increased deposit rates amongst the participants. All the participants during the FGD reported having started or increasing deposits in their nearby banks.
- Earlier people in Dulaur village didn't have any access to Aajeevika groups or any support from microfinance companies, people in the community had to resort to local moneylenders who would charge high interest rates. Post intervention from Aajeevika SHG models and UWF's intervention, the communities became better prepared with financial products in terms of availing loans, savings in bank accounts etc.
- The women during the FGD reported that the best utilization of the UWF's awareness training was the withdrawal of money from AEPS (Aadhar Enabled Payment System).

## 2. Enhanced Awareness and Linkage to Government Schemes

The **financial literacy training** had a significant impact on the participants' awareness and linkage to government schemes.

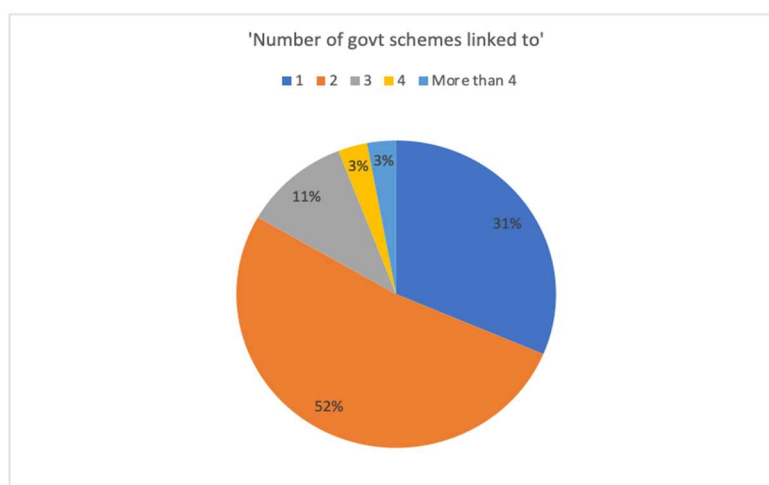
### a) Full Participation in Government Schemes Post-Training:



- **100% of the respondents reported successfully linking to at least one government scheme**, which reflects full participation in the financial literacy

initiatives. This shows that all participants took action after the training, successfully navigating available government programs, such as social protection and credit linkage schemes. This high engagement level highlights the effectiveness of the training in encouraging participation in these important government support programs.

- **During the FGD with women in Dindaspur village, Varanasi; the women reported that** they gained awareness of key government initiatives such as Ayushman Bharat, pension schemes (Old Age and Widow), and other essential services. Women also shared that the interventions from Utkarsh Welfare foundation led formation of various Sakhi groups, such as BC-Sakhi, BC-Lekhpal Sakhi, and Aajeevika Sakhi, which fostered collective participation and empowerment amongst women.



The **number of government schemes linked by respondents** varied:

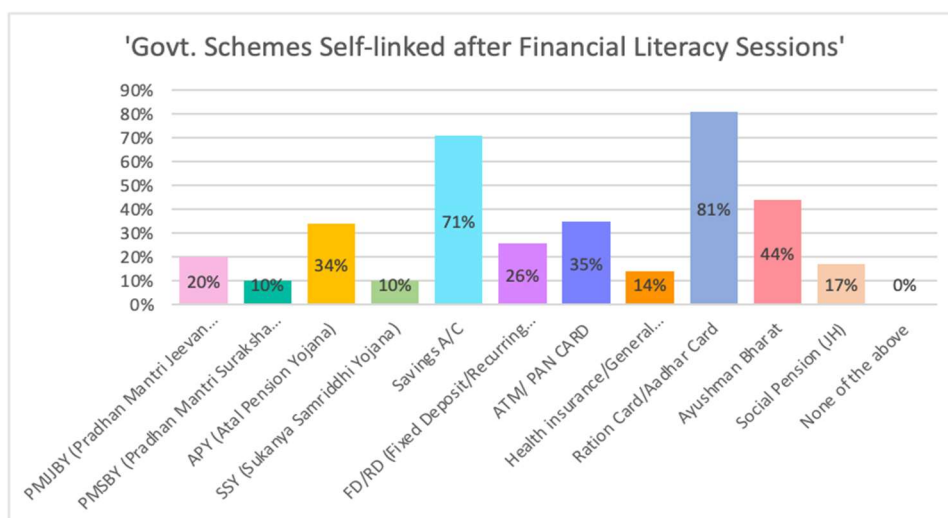
- **52% linked to 2 schemes:** Most participants linked to two schemes, showing moderate engagement with the available options.
- **31% linked to 1 scheme:** A significant portion of participants chose just one scheme, indicating selective engagements.
- **11% linked to 3 schemes:** Some participants accessed three schemes, reflecting broader engagement.
- **3% linked to 4 schemes:** A few individuals linked to four schemes, indicating higher engagement.
- **3% linked to more than 4 schemes:** A small group took advantage of more than four schemes, showing the highest level of engagement.





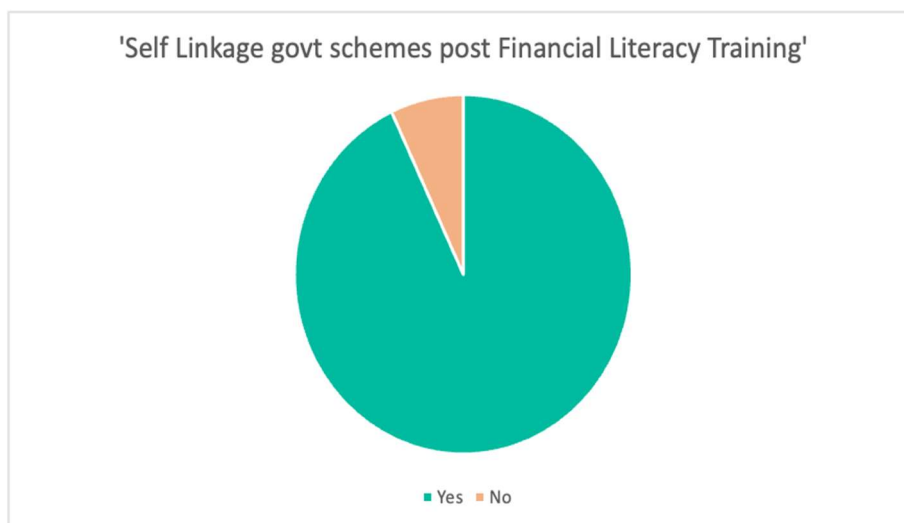
Figure 11: FGD with Community on Financial Literacy

## b) High Engagement and Linkage to Government Schemes Post-Financial Literacy Training:



- Insurance and Pension Schemes:** 20% linked to PMJJBY, reflecting moderate uptake of life insurance benefits. 10% linked to PMSBY, showing some interest in accident insurance. 34% linked to APY, highlighting significant interest in pension schemes. 10% linked to SSY, indicating targeted participation in child-focused savings schemes.
- Financial Tools:** 71% linked to Savings Accounts, demonstrating widespread adoption of basic banking services. 26% opted for Fixed or Recurring Deposits, indicating moderate interest in structured savings products. 35% linked to ATM or PAN cards, reflecting improved access to financial transactions and identification services.
- Social Protection and Health:** 81% linked to Ration or Aadhaar Cards, showing high engagement with essential identification and subsidy systems. 44% linked to Ayushman Bharat, indicating a strong focus on health insurance. 14% linked to Health or General Insurance, reflecting modest adoption. 17% linked to Social Pension (JH), showing interest in social security for specific groups.

### c) Effective Participation in Government Schemes Post-Training:



- 93% of respondents successfully linked themselves to at least one government scheme post-training, indicating the training's effectiveness in driving independent action and awareness.
- Only 7% of respondents did not link themselves to any government schemes, showing minimal disengagement or possible barriers for this small group.



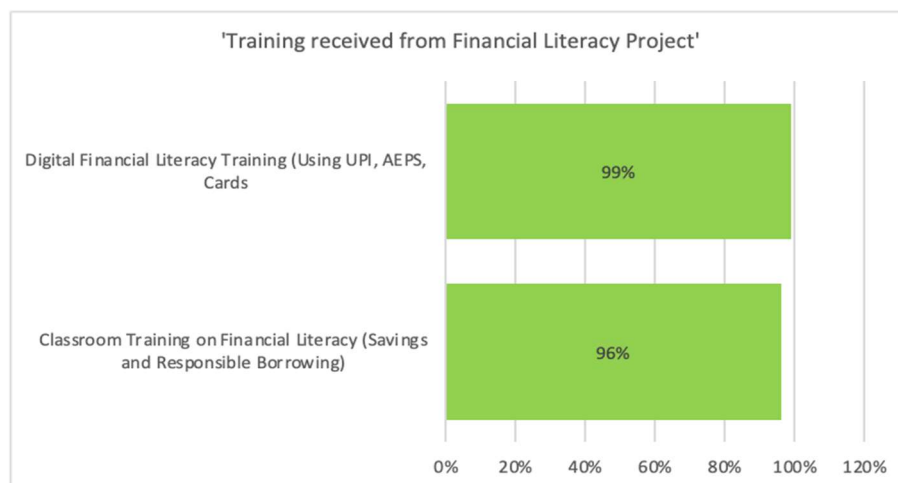
*Figure 12: Community survey with beneficiaries*



### 3. Increased Value and Relevance of Financial Literacy Training

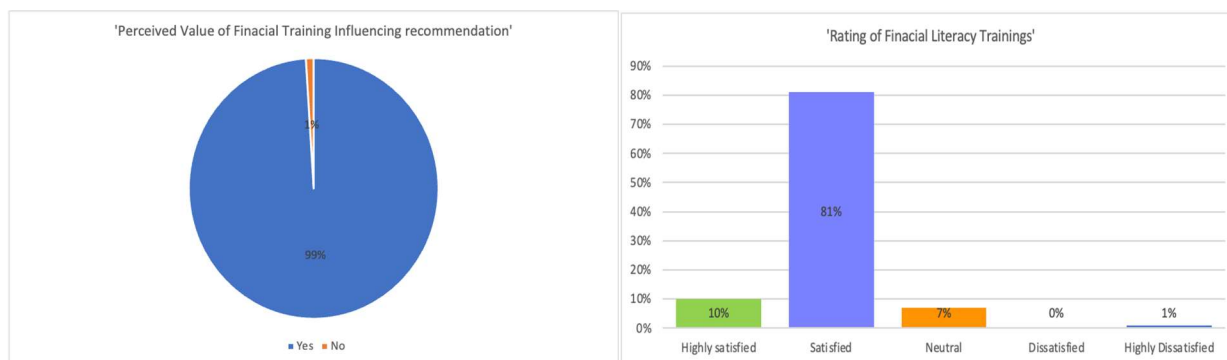
The financial literacy training sessions were designed to equip participants with essential knowledge and practical skills for managing finances effectively. The participants' feedback highlights the program's value, relevance, and overall success in fostering financial awareness and competence.

#### a) High Participation in Financial Literacy Training



- 99% of respondents attended financial literacy sessions focused on using UPI, AEPS, and card payments.
- 96% of respondents participated in classroom training covering topics like savings and responsible borrowing, showcasing the comprehensive nature of the sessions.

#### b) High Satisfaction and Positive Impact of Financial Literacy Training



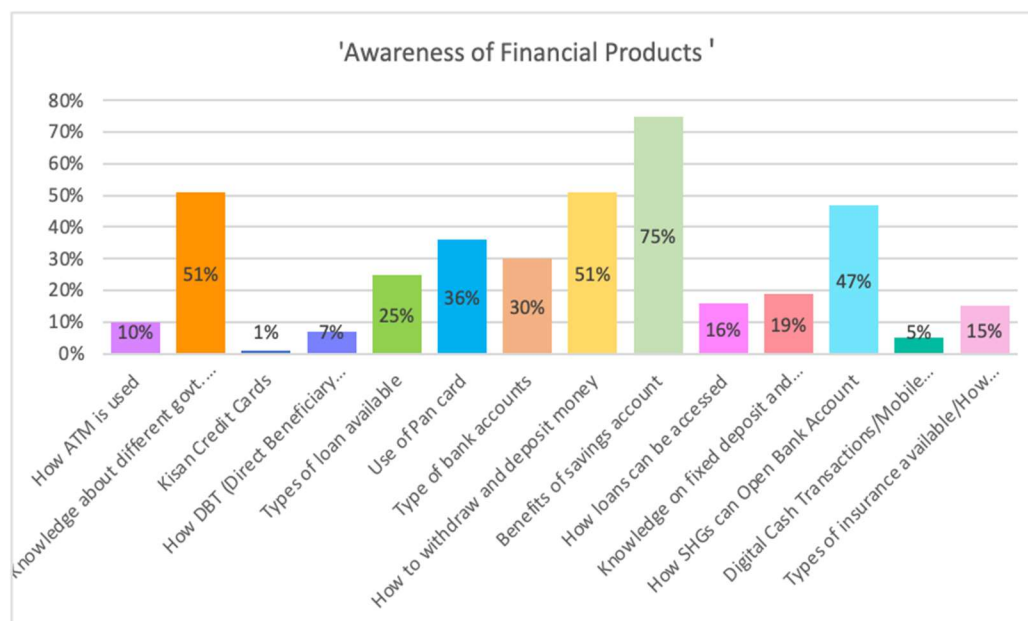
- A significant 99% of respondents expressed willingness to recommend the financial training to others, highlighting their satisfaction with the program.
- Only 1% would not recommend the training, indicating a strong positive impact on the majority.

- 91% of respondents were satisfied with the quality of the training, reflecting a strong approval of its relevance and delivery.
- 7% were neutral, suggesting they found the training adequate but not exceptional.
- A minimal 1% reported being highly dissatisfied, signifying that very few participants had negative feedback.

#### 4. Enhanced Knowledge and Understanding of Financial Products and Services

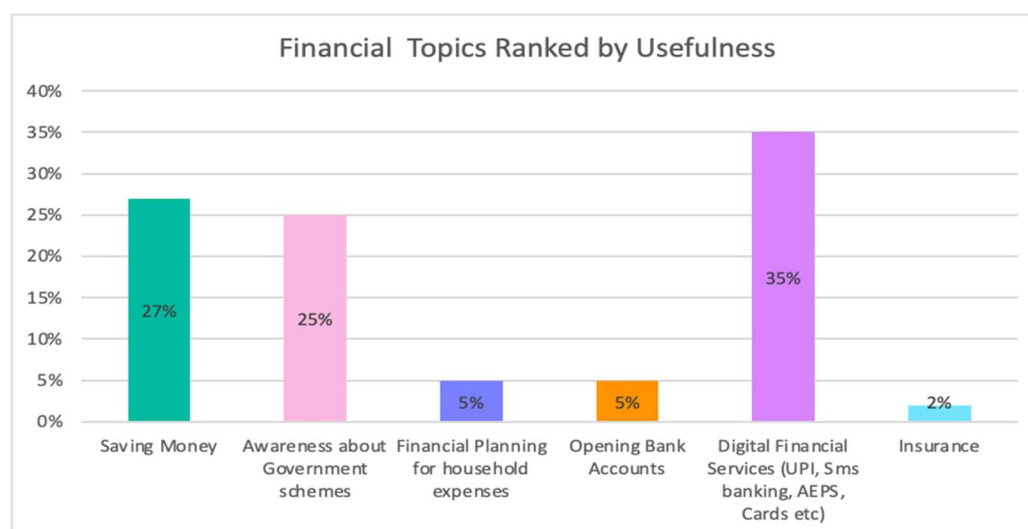
The financial literacy sessions enabled participants to acquire practical knowledge about financial products and services, helping them engage more effectively with financial systems.

##### a) Improved Knowledge of Financial Services and Tools



- **75%** gained a deeper understanding of the benefits of savings accounts, reflecting the importance of saving for financial security.
- **51%** learned about government schemes and the processes for withdrawing and depositing money, emphasizing how these tools can aid in managing finances and accessing public resources.
- **47%** understood how Self-Help Groups (SHGs) could open bank accounts, an essential tool for financial inclusion in many communities.
- **36%** became familiar with the use of PAN cards, an important aspect of financial identity and access to financial services.
- **30%** learned about the various types of bank accounts, which is fundamental to understanding the different financial products available to them.

- **25%** gained insights into the types of loans available, indicating that a quarter of the participants were keen on understanding credit options.
- **19%** learned about fixed and recurring deposits, which are common ways to save and earn interest.
- **16%** gained insights into how to access loans, an essential step for individuals looking to make larger financial investments.
- **15%** became aware of insurance products and how to access them, demonstrating an increased understanding of risk management.
- **10%** learned how to use ATMs, which is a basic but essential skill for managing day-to-day finances.
- **7%** understood how Direct Beneficiary Transfer (DBT) works, showing an understanding of how government benefits reach individuals.
- **5%** became familiar with digital cash transactions, mobile banking, and internet banking, suggesting an increasing reliance on digital financial services.
- **1%** became aware of Kisan credit cards, an essential tool for farmers to access credit for agricultural activities.



- **35%** of participants found digital financial services such as UPI, SMS banking, AEPS, and card usage to be the most useful. This reflects the growing importance of digital tools in managing finances, especially in a rapidly digitizing financial landscape.
- **27%** highlighted saving money as the most beneficial topic, demonstrating that many participants found value in learning about effective saving practices.
- **25%** of participants emphasized the awareness of government schemes, showing the relevance of understanding available financial support initiatives.

- **5%** found topics like financial planning for household expenses and opening a bank account particularly helpful, indicating that some participants focused on foundational financial skills.
- **2%** found insurance-related topics beneficial, suggesting that while insurance is important, it was less of a priority for most participants in this training context.

The training not only enhanced participants' understanding of essential financial services but also helped them navigate different tools for managing their money more effectively. The high level of awareness across these financial products and services highlights the value of such training in enabling participants to make informed financial decisions.

### **Story of Impact | Laxminiya Devi's Journey Towards Financial Resilience**

Laxminiya Devi, a 54-year-old resident of Dindaspur village, faced immense financial hardships with her family. Her husband, who ran a small kirana shop, struggled to provide for their two children. Without farming land, the family once rented land for agriculture, but the effort yielded negligible profits. They were forced to rely on their lifetime savings to sustain the shop and meet household needs.

The financial strain worsened last year when her husband was hospitalized with a severe liver ailment, requiring over 35 days of treatment at a private hospital in Varanasi. The medical expenses exceeded ₹2 lakh, compelling the family to borrow from local moneylenders at exorbitant interest rates, adding to their financial woes.

The intervention by the Foundation marked a turning point in Laxminiya's life. Through financial literacy programs from UWF, she gained awareness about savings and recurring deposit schemes offered by nearby banks. Motivated by this newfound knowledge, Laxminiya began setting aside surplus income from their monthly household consumption into recurring deposits. This habit of systematic saving provided her family with much-needed financial stability and a safety net for the future.

Today, Laxminiya stands as an example of how financial inclusion and literacy can empower individuals to break free from cycles of debt and secure their families' well-being. The initiative not only helped her manage immediate challenges but also instilled a long-term approach to financial resilience.

## **ii. Strengthening Healthcare Services Program**

This program addresses the critical gaps in primary healthcare access and infrastructure in rural areas, aiming to build a robust healthcare system capable of meeting the needs of underserved populations. The initiative emphasizes strengthening existing healthcare facilities, providing essential resources, and improving service delivery to ensure equitable access to quality care.

The activities of the program were carried out between April 2021-March 2023.



*Figure 13: KII with Health worker from Strengthening healthcare Services program*

### Geographical location:

Uttar Pradesh Madhya Pradesh Bihar Jharkhand Uttarakhand Himachal Pradesh.

### Objectives of the program:

1. To strengthen existing healthcare infrastructure by providing infrastructural support to healthcare institutions towards strengthening health responses
2. To address the challenges in the primary healthcare through interventions focusing on preventive healthcare services by disseminating Health Awareness Training through community and E-learning Platform (Digital mode) based approaches
3. To enhance access to quality primary healthcare services in remote geographies through E-clinics, Polyclinic camps and Special Health camp.

### Activities:

- **E-Clinics:** A total of 59,892 doctor consultations were conducted through e-clinics. Each e-clinic serves four surrounding villages, with an average population of approximately 1,500 per village, providing free medical services to around 6,000 individuals annually. During the financial year 2021-2023, 13 e-clinics were operational, benefiting 59,892 people.
- **Health Camps:** The health camps initiative provided critical healthcare services, including regular checkups and preventive care measures, particularly essential during and after the COVID-19 pandemic. These camps went beyond standard care by featuring specialized doctors in fields such as ENT, gynecology, pediatrics, and optometry. This comprehensive approach ensured that the medical needs of individuals in geographically isolated regions were effectively met.



- A) **Polyclinic Camps:** Reached 24,662 individuals through 148 camps
- B) **Special Health Camps:** Served 13,423 individuals across 63 camps.
- C) **Mega Health Camps:** Benefited 12,736 individuals through 13 camps.

- **Health Awareness Training:** This initiative focused on health education through forums, doorstep counseling, and household visits conducted by Community Health Workers (CHWs), Urban Health Workers (UHWs), Health Facilitators (HFs), and staff associated with the HDFC Life Insurance Company Ltd. team.

The program prioritized women (including pregnant and lactating women), mothers, children under five, adolescents, and young adults aged 13–22. The Core Activities under these initiatives include awareness sessions on primary healthcare, sanitation, and hygiene practices, aimed at promoting behavioral change and increasing the use of institutional healthcare services. Training on menstrual health management, prevention of neural diseases, immunization, malnutrition, high-risk pregnancies, and anemia among children and adults.

A total of 35,552 individuals were reached through these activities, significantly enhancing awareness and access to healthcare services in underserved communities. The program successfully completed 1,579 batches.



*Figure 14: Community survey on Strengthening healthcare Services program*

- **Strengthening Health Infrastructure:** Under this initiative, need-based healthcare infrastructure support was provided after conducting detailed assessments in collaboration with government healthcare institutions. The support was extended to four facilities:
  - Civil Hospital Block, Khadima, Udham Singh Nagar, Uttarakhand (2023)
  - Community Health Center, Uchehra, Satna, Madhya Pradesh
  - Civil Hospital, Amarwara, Dist. Chindwara, Madhya Pradesh
  - Directorate of Health Services (DHH), Khordha, Odisha

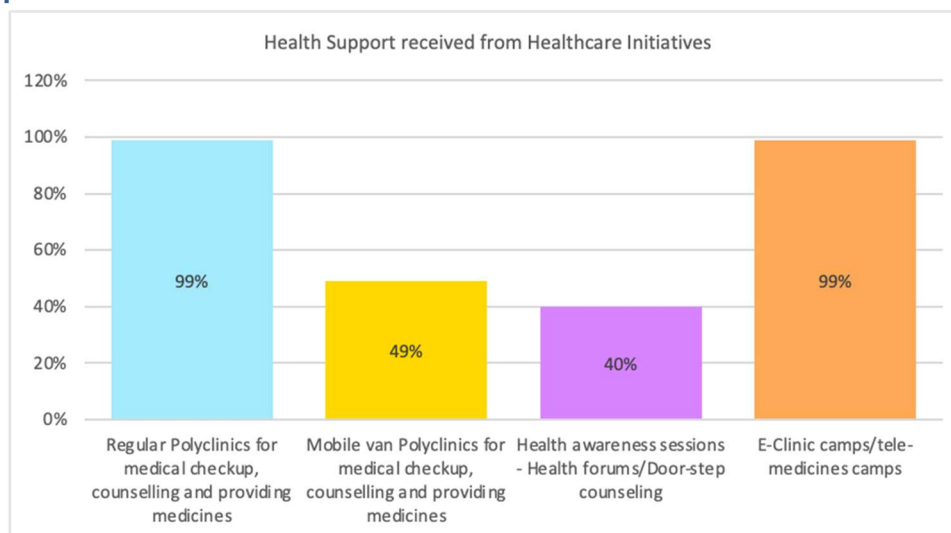


## Outcomes:

### 1. Strengthened Access to Healthcare Services

The data reflects the program's success in improving access to healthcare services.

#### a. Increased Engagement in Healthcare Initiatives with Opportunities for Broader Participation

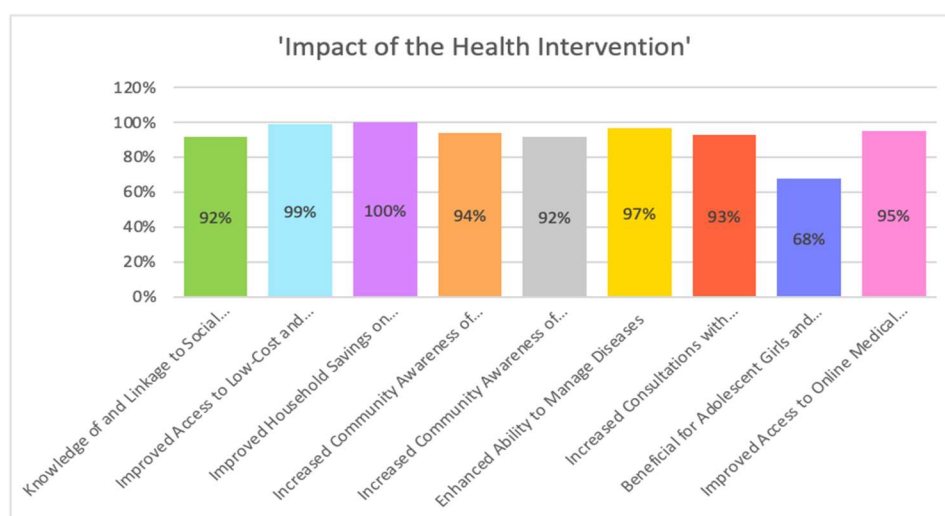


- 99% Engagement in Polyclinics, E-Clinics, and Telemedicine Camps:** A vast majority of respondents (99%) participated in regular healthcare initiatives such as polyclinics, e-clinics, and telemedicine camps. This indicates that both traditional and digital healthcare services are well-received and highly utilized, reflecting a strong adoption of accessible healthcare models. The high participation rate suggests that the services provided are meeting the healthcare needs of the majority of the population.
- 49% Engagement in Mobile Van Polyclinics:** A smaller proportion (49%) of respondents utilized mobile van polyclinics, which are designed to bring healthcare services to more remote or underserved areas. This lower engagement rate could suggest that while the service is available, it may not be reaching or appealing to as large a segment of the population as the fixed-location services like regular polyclinics or e-clinics.
- 40% Participation in Health Awareness Sessions and Forums:** Similarly, only 40% of respondents participated in health awareness sessions and forums. This reflects a lower level of engagement in preventive healthcare education. Health awareness sessions are crucial for fostering long-term health improvements, so the relatively low participation rate may point to a need for better promotion or accessibility of these services.
- During the FGD with community beneficiaries in Kursato village (Varanasi),** 100% of the respondents reported that the establishment of E-Clinics significantly reduced

travel and time for villagers seeking medical consultation, saving an average of 7-8 km travel per visit.

- Also, it was reported during the FGD that over the last three years, basic health issues like fever and body pain have been effectively addressed through accessible medicine and consultations.

## b. Comprehensive Utilization of Basic and Specialized Healthcare Services



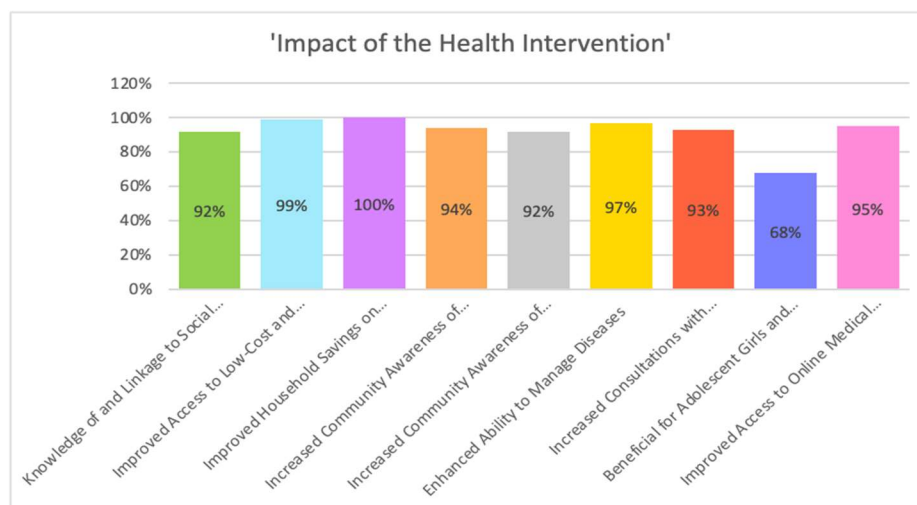
- **99% Accessed Basic Healthcare Services:** A significant 99% of respondents used basic healthcare services, such as regular health check-ups with a general physician. The core healthcare services provided by the initiative are highly utilized and cater to the primary healthcare needs of the population. It shows a broad acceptance of essential healthcare services and suggests that these services are effectively meeting the general health requirements of the community.
- **36% Availing Eye Care Services:** 36% of respondents sought eye care services, indicating that while there is some demand for optometry services, it is not as widespread as general healthcare. This could be due to factors such as lack of awareness about eye care or the perception that vision issues are not as pressing as other health concerns. Nonetheless, this still represents a substantial portion of the population seeking specialized eye care.
- **39% Accessed ENT (Ear, Nose & Throat) Services:** About 39% of respondents used ENT services (ear, nose, and throat), highlighting the relevance and demand for specialized medical services. This number suggests that a significant portion of the population has ongoing issues related to ear, nose, and throat health, which may require regular medical attention. It indicates that these services are valuable and meet an important need within the community.
- **45% Utilized Gynecology Services:** The highest level of use among specialized services was seen in gynecology services, with 45% of respondents benefiting from them. This demonstrates a strong demand for women's health services, which may include pregnancy care, reproductive health, and other gender-specific healthcare needs. It

reflects the importance of providing specialized healthcare for women in rural or underserved areas.

- **16% Accessed Pediatric Services:** A smaller percentage (16%) of respondents sought pediatric services for children's health. This suggests that while there is some need for child healthcare, it may not be as prevalent as other health services. It could be due to factors such as children being generally healthier or the availability of pediatric services being less frequent or accessible compared to other types of healthcare.
- **0% Reported Not Using Any Healthcare Services**
- **During the FGD with community beneficiaries in Kursato village (Varanasi),** all the respondents reported that they had positive experience in terms of availability and affordability of health services. People reported that the improved accessibility and affordability has been instrumental in building their capacities to address health issues in their respective families.
- **The FGD women in Kursato village; especially elderly women (70–80 years old) expressed relief in accessing comfortable teleconsultations.** Earlier old people found it difficult to travel distances for availing doctor consultations which sometimes led to delayed consultations or not going for consultations at all. After the E-Clinics initiative by UWF started, the community people especially old people, women/children have found it useful to avail tele-consultations.

## 2. Positive Health Impact Through Healthcare Interventions

The healthcare interventions implemented through the program have created a substantial positive impact across various dimensions:





*Figure 15: Community survey on Strengthening Healthcare Services*



*Figure 16: Community survey on Strengthening Healthcare Services*

**a. Awareness and Knowledge:**

- 92% of respondents reported improved knowledge of social protection schemes and successfully linked to some welfare programs, highlighting enhanced awareness of available resources.
- 94% noticed increased community awareness of preventive health and hygiene, showcasing the effectiveness of health education initiatives.
- 92% gained greater understanding of sanitation practices, including toilet use, handwashing, and menstruation hygiene, underlining the program's focus on hygiene education.

#### b. Affordability and Cost Savings:

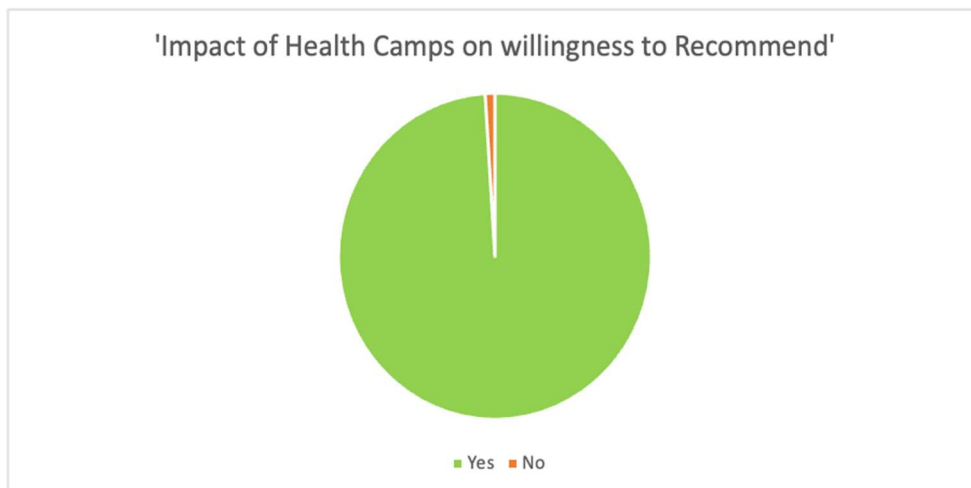
- 99% of respondents benefited from improved access to low-cost medicines, demonstrating the program's role in making healthcare more affordable.
- 100% saved money on health expenses, reflecting a universally positive financial impact from the interventions.

#### c. Health Management and Accessibility:

- 97% reported enhanced ability to manage diseases, indicating increased confidence and capability in addressing health concerns.
- 93% experienced more frequent consultations with community health workers, signaling strengthened healthcare support at the grassroots level.
- 95% of respondents improved their access to online medical consultations in remote areas via e-clinics, showcasing the success of digital solutions in bridging healthcare gaps.

#### d. Targeted Benefits:

- 68% found the interventions particularly beneficial for adolescent girls and pregnant women, emphasizing the program's focus on addressing the needs of vulnerable groups.



#### e. Satisfaction with Health Camps:

- 99% expressed willingness to recommend the health camps, underscoring high satisfaction and trust in the healthcare services provided.

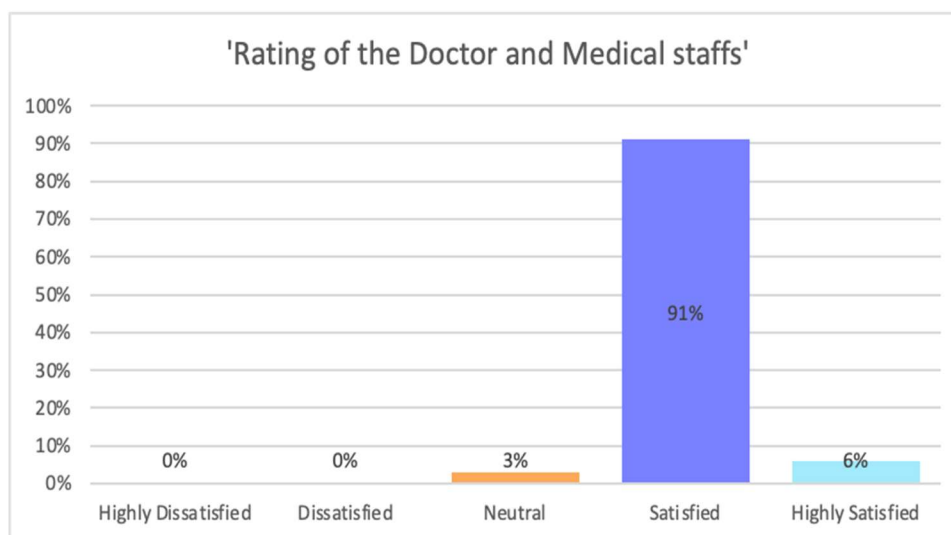




Figure 17: KII with stakeholders from Strengthening Healthcare Services initiative

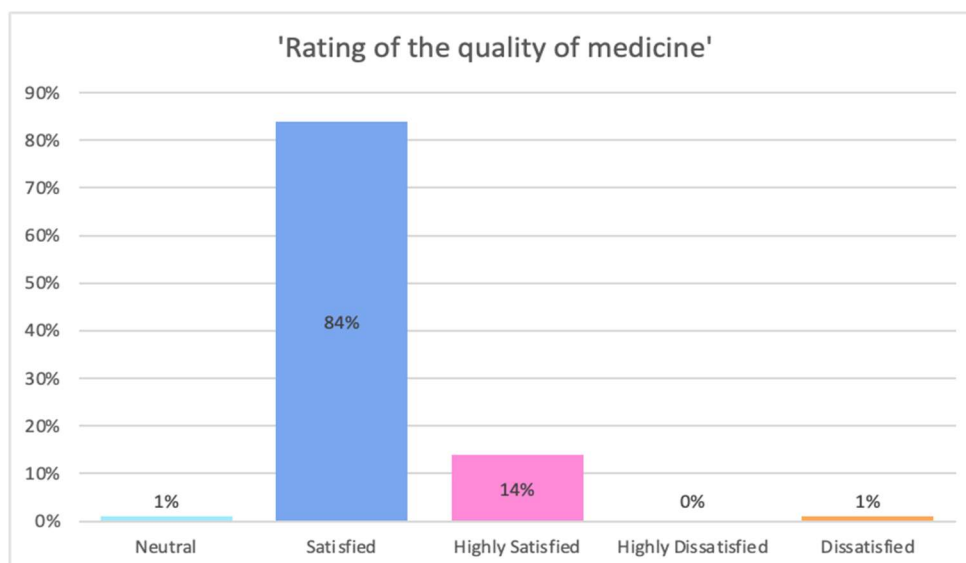
### 3. Enhanced Satisfaction with the Quality of Healthcare Services

The healthcare initiatives have received positive feedback from the community, reflecting satisfaction with both the medical personnel and the quality of resources provided:



- 91% of respondents rated the quality of care provided by doctors and medical staff as "Satisfied," with an additional 6% marking "Highly Satisfied," demonstrating strong approval of healthcare personnel.
- Only 3% were neutral, with no reports of dissatisfaction, showcasing the community's trust in the competency and service quality of healthcare professionals involved.





- 84% of respondents expressed satisfaction with the quality of medicines supplied, and 14% were "Highly Satisfied," indicating a favorable perception of the medical supplies.
- A minimal percentage (1%) remained neutral, while another 1% reported dissatisfaction, with no instances of "Highly Dissatisfied" responses, reflecting an overall positive reception.

### Story of Impact | **Diksha Kumari's Recovery Through E-Clinic Services**

Diksha Kumari, an 11-year-old girl from Kursato village, comes from a family of laborers who rely on rented agricultural land for their livelihood. Her family's financial struggles prevented her elder sister from continuing her studies, leading to an early marriage. Diksha's elder brother works in Gurgaon as a salesman, earning ₹10,000–₹11,000 per month, with much of his income going towards personal expenses. Despite these challenges, the family has benefited from financial tools like Aadhaar-enabled withdrawal systems for managing their limited finances.

Diksha's health took a turn for the worse when she suffered from a persistent fever for over two months. Her parents initially sought treatment from a local doctor in Hathi Bazar, but the lack of regularized medication and follow-up care left her condition unresolved. The situation improved miraculously when they visited the E-Clinic in Kursato, established by the Utkarsh Foundation.

The clinic's structured approach provided Diksha with the necessary medical attention and prescribed treatment. Within 20 days of starting her medication, she fully recovered. Diksha's family now relies on the E-Clinic for any health-related concerns. They appreciate the ease of access, availability of medicines, and timely teleconsultations with qualified doctors.

This case highlights the transformative impact of the E-Clinic initiative in Kursato. By addressing critical gaps in healthcare access, the program has not only improved individual health outcomes but also fostered a sense of security among the community, ensuring that timely and affordable healthcare is no longer a distant dream.

## Case Study | Daba Village Health Facility (Ara, Bhojpur, Bihar)

### Introduction to Ara city –

Ara is a prominent city in the Bhojpur district of Bihar, India, and serves as the district's headquarters. It is situated at the confluence of the Ganges and Sone rivers, approximately 39 kilometers from Danapur and 58 kilometers from Patna. The city holds administrative significance and is divided into eight blocks: Ara, Agion, Barhara, Koilwar, Udwant Nagar, Sandesh, Sahar, and Garhani, each governed by a Block Development Officer (BDO).

Ara also boasts an industrial area near Koilwar, contributing to the region's economic activity. The abundant sand from the Sone River and the alluvial deposits from the Ganga River are pivotal resources, particularly for brick-making and building materials, which are key revenue sources for the city.

### UWF Intervention and impact –

The intervention by the Foundation in Daba Village two years ago brought significant improvements to local healthcare services. Prior to this, the Primary Health Center operated irregularly and lacked essential medicines, leaving villagers without reliable treatment options. Despite complaints to the health administration, no changes occurred.

The Foundation established a clinic offering consistent services, including regular availability of medicines and online medical prescriptions, operating daily except Sundays. Initially, villagers were hesitant to trust the medicines provided, but their confidence grew after experiencing quick recoveries. Institutional deliveries continued at Bihiya Sadar Hospital, complementing the clinic's primary care services.

Community feedback highlighted satisfaction with the new healthcare facilities. Villagers suggested expanding the range of medicines to address conditions like diabetes and hypertension and recommended enhancing health camps to improve preventive care and awareness. The initiative has successfully bridged healthcare gaps, creating a trusted and accessible system for the community.

## Case Study | Kursato Village Health Facility (Varanasi, UP)

### Introduction to Kursato Village

Kursato is a small village in the Varanasi tehsil of Uttar Pradesh, located 20 kilometers from the district headquarters. Spread across 184.54 hectares, the village is home to approximately 1,405 residents, comprising 734 males and 671 females. With a literacy rate of 55.09%, the village faces challenges related to access to basic education and healthcare services, particularly for women, whose literacy rate stands at just 44.41%. Kursato, a gram panchayat with about 200 households, relies on Varanasi for major economic activities and health-related needs.

### Challenges in Healthcare Access

Prior to the intervention by Utkarsh Welfare Foundation, the residents of Kursato faced significant barriers to accessing healthcare. For even minor ailments such as fever, headaches, and body pain, villagers had to travel 7-8 kms to nearby markets like Hathi Bazar and Nepura. These journeys were hindered by poor transportation facilities, financial constraints, and lack

of immediate family support. Neglected minor health issues often escalated into severe illnesses due to the lack of timely medical care and widespread health ignorance.

### Utkarsh Welfare Foundation's Intervention

Recognizing these challenges, the Utkarsh Welfare Foundation initiated a comprehensive health program in Kursato. The key features of their intervention included:

1. **E-Clinics:** Regularly operated clinics offering teleconsultations with qualified doctors. E-clinics has significantly reduced time and effort previously spent visiting distant Public Health Centers (PHCs).
2. **Systematic Patient Management:** Introduction of a structured system to maintain patient records, including personal details, vitals (blood pressure, weight, SPO2), and health history.
3. **Medicinal Support:** Availability of essential medicines for common ailments within the village itself, eliminating the need for long-distance travel.
4. **Community Engagement:** Collaboration with existing Self-Help Groups (SHGs) under the AAJEEVIKA program to increase awareness and mobilize community participation.

### Impact on Community Health

The Foundation's efforts brought transformative changes to Kursato's healthcare landscape:

- **Improved Access to Care:** Residents could now access timely medical consultations and medicines within their village, significantly reducing the burden of travel and associated costs. Teleconsultations are well-coordinated, with appropriate scheduling and reliable network support enabling timely doctor-patient interactions. Elderly women, especially those aged 70-80 years, found the teleconsultation services comfortable and efficient.
- **Health Awareness:** The program introduced systematic health monitoring, which encouraged villagers to prioritize preventive care and address minor ailments before they worsened. Villagers have become more aware of the importance of addressing health issues promptly, leading to the successful treatment of minor ailments within the village itself.
- **Reduced healthcare costs** – Access to local clinics has reduced the dependency on private pharmacies and costly external consultations, alleviating financial burdens on families.
- **Enhanced Facilities for Women's Health** –The provision of sanitary pads through the initiative marked a significant milestone in addressing women's hygiene issues, which were previously overlooked in SHG discussions. E-Clinics provide quick, comfortable spaces for consultations with doctors and ANMs, building trust and satisfaction among community members.
- **Empowered Women through SHGs:** Women, particularly from SHGs, gained confidence in discussing health issues and supporting community health initiatives.

## Feedback from Stakeholders

The initiative was widely appreciated by villagers and local representatives. They acknowledged the convenience and benefits of having healthcare facilities close to home. However, stakeholders suggested improvements, including the need for specialized doctors (e.g., gynecologists and pediatricians), enhanced internet connectivity for teleconsultations, and regular health camps focused on nutrition and hygiene.

## Program 2 : Healthy Baby Wealthy Nation Phase III

### Implementing Partner: Bandhan Konnagar

**Bandhan-Konnagar**, a non-profit organization registered under the West Bengal Societies Registration Act, 1961, has been dedicated to empowering women and alleviating poverty since its inception in 2001. The organization focuses on comprehensive community development, addressing issues related to poverty through innovative, impact-driven programs that target health, nutrition, education, and gender inequality.

The **Healthy Baby Wealthy Nation Phase III** program, implemented by Bandhan-Konnagar in collaboration with HDFC Life Insurance Company Ltd. aimed at improving the health and nutrition of children under the age of five, as well as pregnant and lactating mothers, **through 30 Gram Panchayats across 6 districts of West Bengal** (Purba Medinipur, Jhargram, Nadia), **Jharkhand** (East Singhbhum), and **Odisha** (Mayurbhanj, Puri) **during July 2020 to September 2023**. The gram panchayats were identified based on a few parameters like secondary data from panchayats regarding population; household, health care centres/ICDS centre availability, areas where Bandhan Konnagar did not implement any health initiative previously.



*Figure 18: FGD with Community beneficiaries in Satilapore*

The program worked towards nutritional advancement of the under-five children, pregnant women, and lactating mothers, **changing the lives of more than 141,202 households** as well as **49,599 children under five years of age**.

The program particularly targeted rural areas, with an emphasis on raising awareness about proper hygiene, nutrition, and childcare. In West Bengal, the assessment concentrated on two key districts: **Jhargram** and **Purba Medinipur**, where the program was actively operational.

The initiative focused on engaging pregnant women, lactating mothers, and adolescent girls, with a central emphasis on improving child health, nutrition, and hygiene. It combined health education, community awareness efforts, and sustainability practices such as establishing nutrition gardens to ensure long-term benefits for the communities involved.

## The 'Healthy Baby Wealthy Nation Phase III' has also made strides previously from 2020-2023:

- The prevalence of wasting among children aged below five years has been **reduced to 9.5%, having dwindle all the way from 24%** using Mid-Upper Arm Circumference measurements.
- Under the banner of this program, for instance, the uptake of **antenatal care has been improved by 23%**, this percentage **moving from 76% to 99%. Ninety-nine percent of children now have immunization coverage up to 23 months as against the 84% that was firstly recorded then**".
- The program organized **20,945 health forums** and made over **6,91,600 household visits** to educate people on nutrition, breastfeeding, and sanitation.

## Geographical Location:

30 branches in the backward districts of Jharkhand, Orissa, and West Bengal.

## Objectives of the program:

1. To increase awareness on health, hygiene and nutrition amongst the target beneficiaries
2. To prevent Protein Energy Malnutrition (PEM) of children under the age of 5 years

## Program Coverage:

A total of 1,41,202 households have been assessed during the baseline and around 49,599 u-5 children were covered throughout the program. A total of 80,984 (15,470 pregnant women, 49,599 u-5 children, 10,185 primary school goers and 5,730 adolescent girls aged between 15 and 18) individuals received support from the program directly including malnourished u-5 children. To implement the program, a total of 90 front line workers, 6 field level supervisors were appointed. Also 880 community volunteers (SS) played an active role.

## Activities:

### 1. Conducting awareness on health and hygiene

- **Conducting Health Forums in the Community:** Health forums on mother and child care, nutrition issues, personal hygiene and seasonal diseases are conducted by Swasthya Sahayikas (Program staff members would help Swasthya Sahayikas conduct the health forum to ensure the impact) for direct and indirect beneficiaries. Topic of discussion in health forums - How to reduce health expenditures, Nutrition, personal hygiene, Diarrhea, Family Planning, Healthy Pregnancy, Safe Journey, New born care, Breast feeding, Danger signs of a sick child, Immunization, Complementary Feeding (including nutrition component), Anaemia, Menstrual Hygiene, and seasonal diseases. Health forums organized monthly per SS working area- Total health forums held: 20,945, Total footfall: 4,48,848, Average attendant per health forum: 21



- **Household Visits:** for one-to-one counseling among targeted communities for increasing awareness and knowledge and behavioral change. No. of visits to households by Swastha Shahayika: 1,86,859 and by Health Community Organizer: 5,04,741.
- **Anthropometric examination camps:** Organized twice a year (June/July and Oct/Nov) - All children under 5 years of age (6 months to 59 months) tapped through the camp
  - a) Mid Upper Arm Circumference (MUAC) measurement of malnourished children on a regular basis. Total 49,599 under-5 covered throughout the program
  - b) Anthropometric assessment – June 21-July 21: 27,722 - PEM: 24%, Dec 21-Jan 22: 30,215 - PEM: 17%, June 22 -July 22: 31,969 - PEM: 16%, Dec 22-Jan 23: 32,254 - PEM: 9.5%.

Anthropometric Camp – HBWN III	Baseline (July 2021)	2nd Assessment (January 2022)	3rd Assessment (July 2022)	Endline (January 2023)
Target of Anthropometric Camp	31336	33286	34653	34194
Achievement of Anthropometric Camp	27722	30215	31969	32254
Total Malnourished children Status	6726	5185	5020	3078
No. of Severely malnourished children (up to 11.5 cm) status- <b>Red</b>	162	66	68	28
No. of Severely malnourished children (11.6 cm to 12.5 cm) status - <b>Red</b>	1578	767	850	392
No. of moderate malnourished children (12.6 cm to 13.5 cm) status- <b>Yellow</b>	4986	4352	4102	2658
<b>Prevalence of Malnutrition</b>	<b>24%</b>	<b>17%</b>	<b>16%</b>	<b>9.5%</b>

- **Half yearly School Children Campaign on WASH issues at primary schools and yearly Menstrual Hygiene Sessions at high schools:** the WASH sessions the children were made aware about Health & Hygiene. Total school covered (primary): 300, Total student covered: 10,185, Total school covered (high schools): 84, Total girls student (class IX to XII) covered: 5730.
- *Pre and post awareness sessions with adolescent girls*
- *Capacity building of Swasthya Sahayikas (health volunteers) recruited from the communities (recruitment is based on minimum eligibility of having 8th grade pass)*

2. **Seeds Distribution:** Seeds distribution among the beneficiaries so that the beneficiaries can avail Vitamin rich food. The program ensures that households use the seeds and germination of the seeds is followed up by the Bandhan Konnagar staff members. Additionally, beneficiaries are made aware of the nutritional values of different food items on a routine basis. Preparation of Chattu (Nutritional powder) is also taught by the staff to ensure children consume it.

Twice a year seeds are distributed (summer-rainy and winter season).

### 3. Providing access to institutional healthcare services

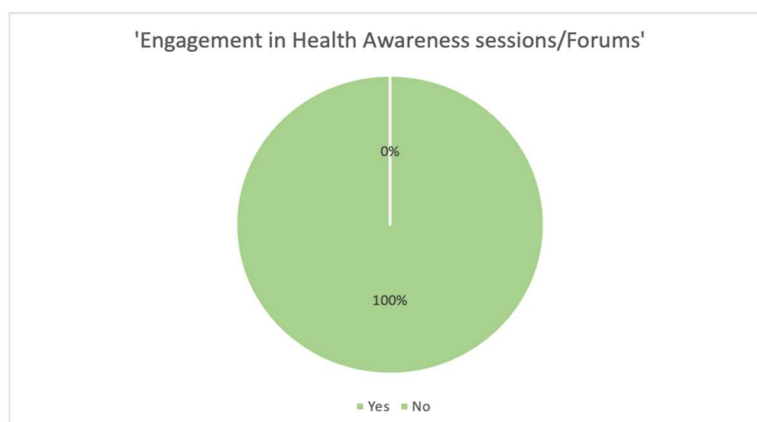
- **Referrals - referring community people in need of institutional healthcare services:** Networking and linkages with government service centres such as nutrition rehabilitation centers, VHND, health care centres etc. Throughout the program “Healthy Baby Wealthy Nation Phase III” team established strong linkages with the govt. service provider to ensure the accessibility and availability of government services such as ANC, immunization, delivery, treatment for illnesses etc. total of 3,572 individuals referred for institutional care.
- Escorting the people in need of such services: Referring or Escorting the persons in need of institutional healthcare centres - mainly the pregnant women with complications and severely malnourished children will be escorted to institutional care centres; all the pregnant women will be referred to institutional care centres. Throughout the program a total of 2,032 individuals escorted.

## Outcomes:

### 1. Improved Awareness of Health, Hygiene, and Nutrition

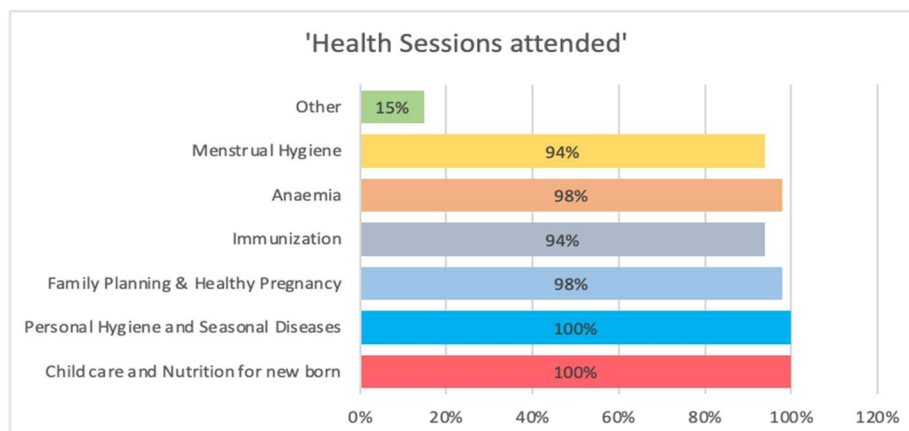
This outcome highlights the increased knowledge and understanding of health, hygiene, and nutrition among the community, driven by health awareness sessions and active participation.

#### a) Achieving Complete Community Engagement in Health Awareness Initiatives:



**100% participation** in the Health Awareness Sessions/Forums by the beneficiaries indicates **complete community engagement** with the program. This highlights the program's strong reach and effective community mobilization.

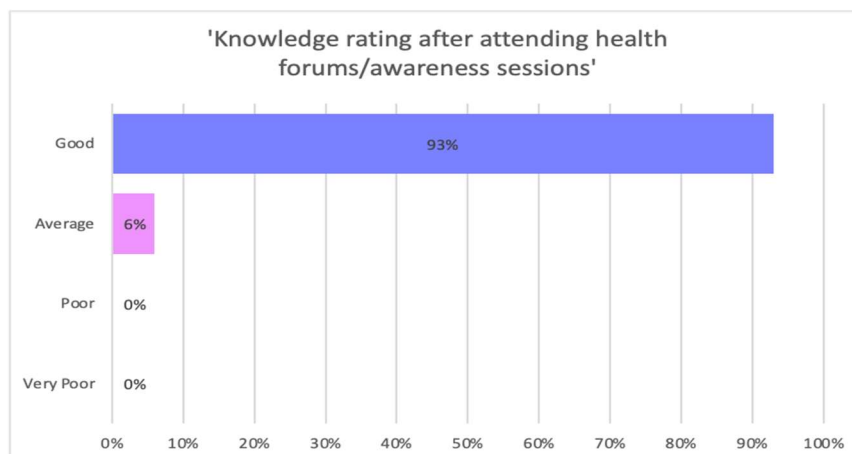
#### b) Diverse Participation in Comprehensive Health and Nutrition Education Sessions:



Participants attended a range of sessions focused on **child care and nutrition for new-borns, hygiene, seasonal diseases, family planning, healthy pregnancy, anaemia, immunization, and menstruation.**

The sessions with the highest participation were on child care and hygiene (100%), followed by family planning and anaemia (98%), and immunization (94%). A small portion (15%) attended other health-related sessions, indicating varied areas of interest among the community.

#### c) High Effectiveness of Health Awareness Sessions in Enhancing Knowledge:



A significant **96% of participants** rated their knowledge as "good" after attending the sessions, showing that the sessions successfully improved their understanding of the topics.

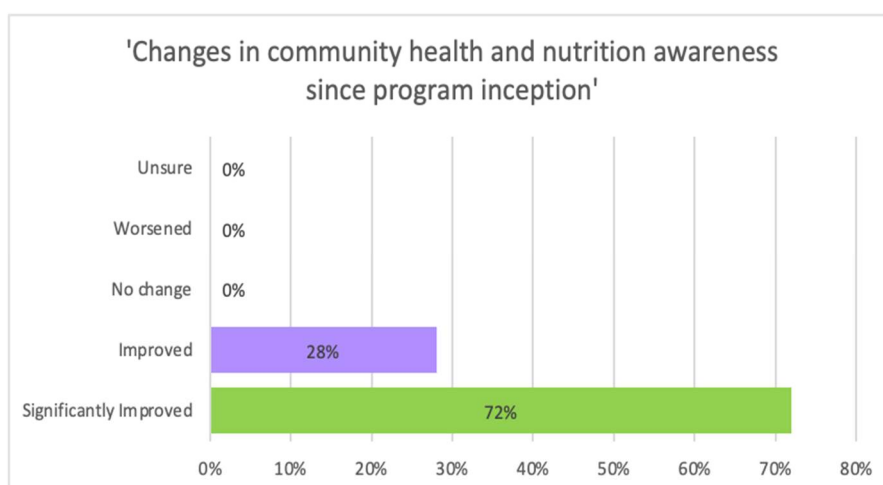
Only 4% rated their knowledge as "average," and no one rated their knowledge as "poor" or "very poor," which further supports the effectiveness of the training provided.

**During the FGD with community beneficiaries in Jhargram, beneficiaries reported improved knowledge about hygiene, nutrition, and child care. Practical tools like sattu preparation and kitchen gardening were adopted widely.**



Figure 19: A mother in her Kitchen Garden

#### d) Increased Community Health and Nutrition Awareness:

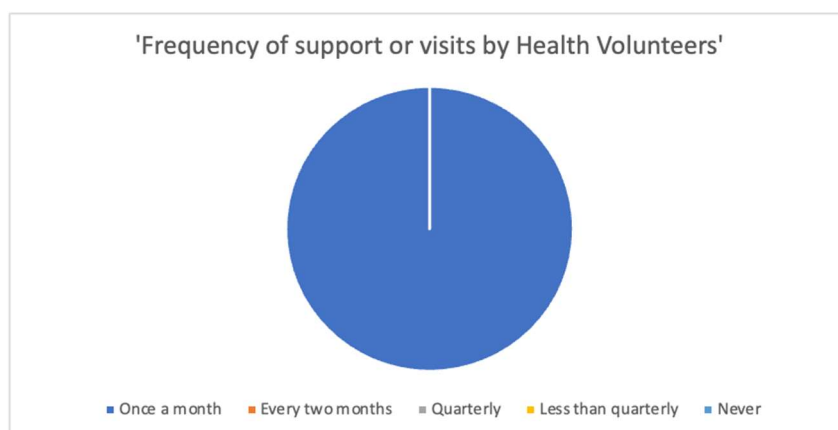


- **72% of participants** reported a **significant improvement** in community health and nutrition awareness, while **28%** noticed some improvement.
- The **absence of negative feedback** (no reports of no change or worsening) highlights the positive impact of the program on the community's health awareness.

## 2. Enhanced Support and Guidance for Health and Nutrition

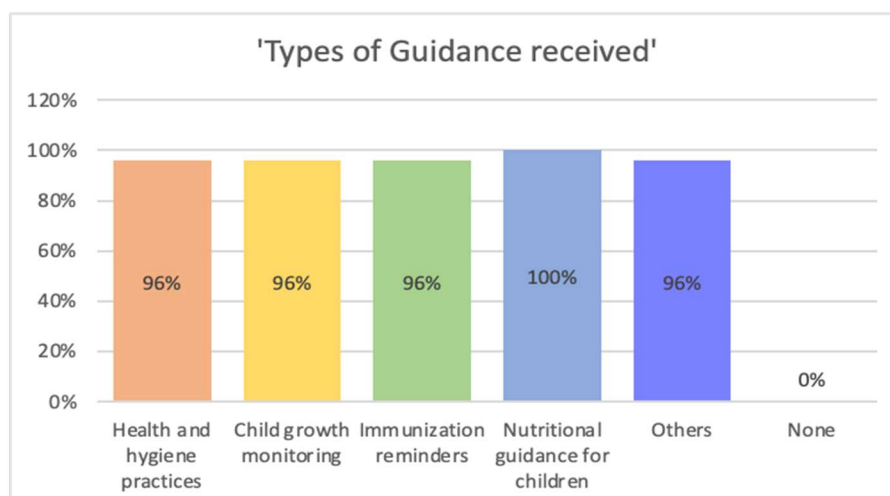
This outcome emphasizes the consistent support and guidance provided to participants, fostering improved health and nutrition practices through regular visits and expert advice.

### a) Consistent Health Support through Monthly Volunteer Engagement



- **100% of participants** reported receiving **monthly visits** or support from health volunteers, ensuring consistent engagement and assistance.
- This shows that the program maintains **regular, continuous contact** with the community, providing stable support for health and nutrition needs.
- **During the FGD with community beneficiaries in Jhargram, the beneficiaries reported that Swastha Sahayikas (Health Volunteers) played a pivotal role in educating mothers, conducting household visits, and referring cases to health centers, fostering trust and sustained behavior change in communities.**
- **The FGD participants in Jitushol, Jhargram** shared that the volunteers (Swasthya Sahayikas) regularly measured their children's weight and height, helping them track progress. They also spoke of learning practical skills, such as making sattu, which became a staple for their children's nutrition. *"They gave us seeds that I still have in my garden," said one participant*, referencing the ongoing benefits of the kitchen gardening initiative.
- **Anita Mirdha (community beneficiary) expressed her gratitude, stating:** *"We've been greatly benefitted from the seeds distribution initiative as we can now provide our children with food without toxic pesticides and fertilizers."*
- **Anjali Mahato (community beneficiary) shared a personal insight:** *"We villagers never used napkins, only clothes... Didi (Swasthya Sahayika) taught us the benefits of it, and we got to know about it more properly with the awareness sessions held every month."*
- The beneficiaries also praised **Mira Didi, their local volunteer**, for her consistent support. *"Mira Didi came in on regular occasions to check if we were preparing sattu correctly,"* they noted, emphasizing the volunteer's dedication and attention to detail.

## b) Comprehensive Health and Nutrition Guidance



- 100% of participants received nutritional guidance for children, indicating the central focus of the program on child nutrition.
- 96% of participants received guidance on health and hygiene practices, child growth monitoring, and immunization reminders, highlighting the well-rounded nature of the intervention in promoting overall health.
- Additionally, 96% of participants received other forms of guidance, reflecting the program's comprehensive approach to addressing various aspects of health and nutrition.

### During the FGD at Satilapore, Purba Medinipur, West Bengal; the FGD participants reported the following –

- **Shoma Giri** elucidated the substantial improvement in her child's weight as a result of the nutritional awareness imparted during the intervention. *"My child's weight increased to a healthy 7 kg after following the guidance on nutrition and hygiene,"* she articulated. Additionally, she noted her adaptation of sattú preparation to cater to her child's preferences: *"I add a little sugar to the sattú, and now my child enjoys it more, which has improved her eating habits."*
- **Poly Giri** reflected on the overarching benefits of the programme: *"We became more aware after the Bandhan intervention. Though it's over, we still discuss about the importance of the discussions held during those awareness campaigns. These discussions have really helped us focus on individual and child hygiene as well as nutritious food."*
- The group emphasized as a collective unit that the seed distribution efforts were important, saying, **"Seed distribution should go on—it really helps us."** This discussion enlightened both the personal benefits of the program as well as the acknowledgement by the community of the potential the program has to transform and, hopefully, its wished continuance.



### Impact of Swasthya Sahayika Volunteers:

- Smriti Mahato, Swastha Sahayika from Joybandhi Village, says,** *"She owes her remarkable journey as a community health volunteer to this work".* Smriti played a crucial role in educating mothers and adolescent girls on health and hygiene, often calling them to sessions at the local primary school. Trained monthly by Bandhan staff, Smriti applied this learning to address critical issues in her village. Smriti recalls, *"Earlier, people didn't use the government-provided bathrooms. I personally visited homes to explain their purpose and encourage their use."* In the absence of Asha volunteers, Smriti accompanied pregnant women to hospitals, arranged transportation for vaccinations, and liaised with hospital authorities to ensure vaccine availability. She added, *"People still come to me for advice or to check the expiry dates of their medicines."* Smriti Mahato This gave her recognition as well as regard, and she was successfully elected to be a Gram Panchayat member. *Smriti boasted, "Thanks to Bandhan's influence, I'm respected throughout the village as a woman, and it gave me the confidence I needed to lead."*



Figure 20: Smriti Mahato, Swastha Sahayika (health volunteer)

- Rita Mahato, another Swastha Sahayika volunteer, who worked from 2019 to 2021, brought changes in Amdia-Manikpara,** her locality, through not only spreading health awareness but also the economic preparedness required of families during health emergencies. She emphasized on saving money for crises and guided several families for proper financial preparedness. One of her many efforts was when she narrated the case of Nilima Mahato and her three-year-old daughter, Supriti, who was both malnourished and diseased with infection through contaminated food. Rita would arrange for the hospitalization and ensure that she gets proper care. Today, this family thrives with no malnourished children left in Rita's area.
- A Focus Group Discussion with Swastha Sahayika volunteers-** Tapati Maharana (Baranga), Alpona Mishra (Depal Bishnu Joggo), Ruma Rani Dhal (Dokhhin Kanpur), and Krishna Shit (Uttar Kanpur) were critical to acting as a liaising agent between the Bandhan-Konnagar authorities and the local villagers. The volunteers educated

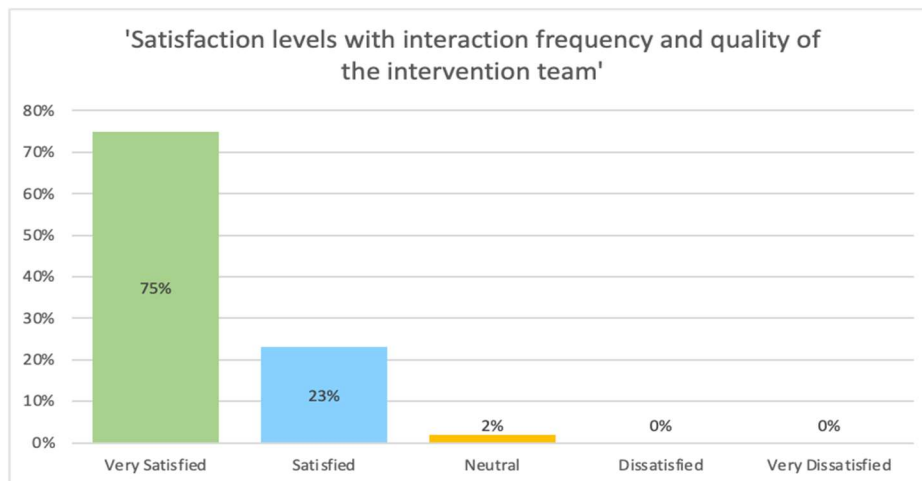
as well as cultivated health and hygiene habits in their locality with long-term sustainability. Their objectives were aimed at working among adolescent girls, creating awareness on menstruation hygiene, nutrition, and anemia. Bandhan reinforced its campaigns by providing them with dresses, medicines, sanitary pads, umbrellas, and certificates of recognition. Meeting participants were also compensated for travel to the respective venue, thus ensuring their participation

- **Alpona Mishra, upon reflecting about the changes, said:** *"Earlier, we went to the houses to measure the children's height, weight, and PEM. But now, villagers have started visiting ICDS centers on a regular basis for check-ups of their children." She proudly noted that her locality, once witnessing three malnourished children, now reports none. Tapati Maharana highlighted similarly that no children from her area are presently malnourished. During the pandemic, these volunteers used every opportunity to conduct door-to-door awareness sessions on masks and social distancing. Tapati added: "We also arranged National Nutrition Day and National Health Day awareness sessions for the diffusion of the importance of these issues."*
- **Ruma Rani Dhal summarized:** "We campaigned in schools. So we were teaching children how to wash properly, even their nails and tongue."
- The programme also had a personal impact. **Krishna Shit said:** *"I didn't use pads myself before the intervention at Bandhan-Konnagar. I have learned now how to use them and teach others to do the same."*



Figure 21: Group of Swastha Sahayikas in the HBWN-III Program

### c) High Satisfaction with Program Engagement and Support

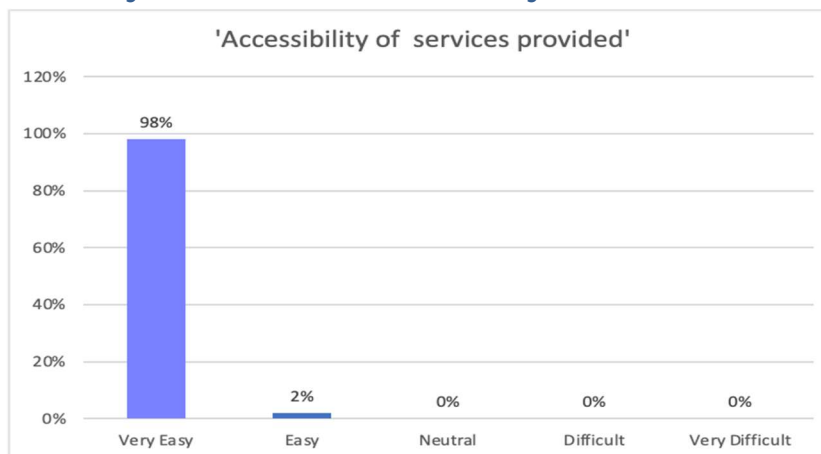


- **75% of participants** expressed being **very satisfied** with the frequency and quality of interactions with the intervention team, while 23% were **satisfied**.
- **2% of participants** were neutral, and there were no reports of dissatisfaction, suggesting that the program's engagement efforts are **highly appreciated** by the community.
- This feedback demonstrates that the **quality of support** and the **consistency of interactions** have had a positive impact on community satisfaction.

### 3. Improved Access to and Utilization of Health Services

This outcome reflects the enhanced accessibility and effective use of health services provided by the program, ensuring that community members can easily benefit from the services offered.

#### a) High Accessibility and Ease of Service Delivery

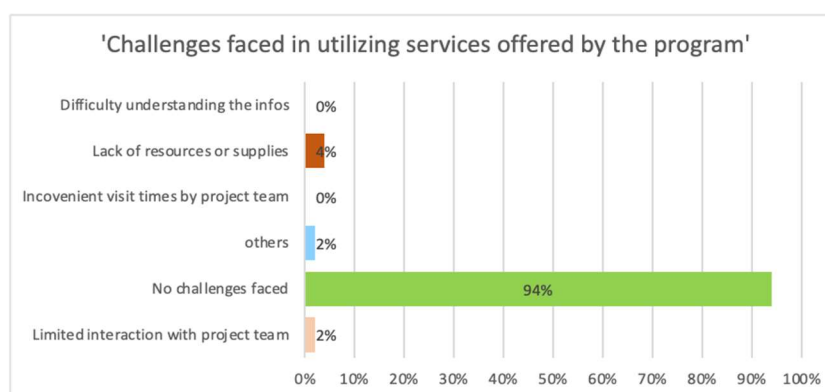


- **98% of participants** found it **very easy** to access the program services provided by Bandhan Konnagar, while the remaining **2%** found it **easy**. This indicates that the **services were highly accessible** to the community, with no significant barriers to participation. No participants reported difficulties with accessing the services, highlighting the **efficiency** and **ease of service delivery**.



Figure 22: FGD in Ramnagar Block 2

## b) Minimal Challenges and Effective Service Utilization



- **94% of participants** did not face any challenges in utilizing the program's services, indicating **smooth service delivery** for the majority.
- Among those who faced challenges, **4%** mentioned **lack of resources or supplies**, **2%** noted **limited interaction with the program team**, and another **2%** cited **other issues**. **No participants** reported issues related to **inconvenient visit times** or difficulty in

**understanding the information**, suggesting that **most challenges were minimal** and could be addressed easily.

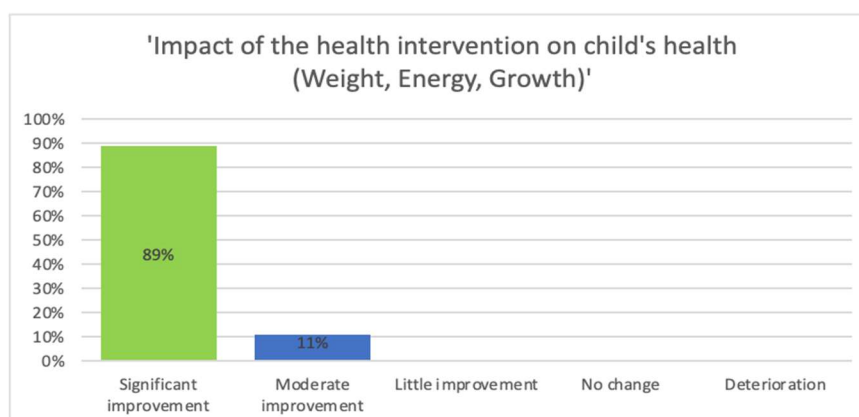
- Overall, the program had **high success** in ensuring that its services were **accessible** and **effectively utilized** by the participants.

#### 4. Positive Impact on Child Health and Nutrition

The program focuses on the positive changes observed in child health and nutrition, particularly in areas such as weight, growth, energy levels, and overall well-being. It highlights improvements in caregivers' knowledge and practices related to child nutrition and hygiene, demonstrating the significant impact of health interventions on children's health.

- Reduction in Malnutrition:** Significant reduction in wasting among children under five, dropping from 24% to 9.5% using Mid-Upper Arm Circumference (MUAC) measurements.
- Increased Antenatal Care Uptake:** Antenatal care coverage improved from 76% to 99%, ensuring better maternal and neonatal health.
- Expanded Immunization Coverage:** Immunization rates for children up to 23 months increased from 84% to 99%.

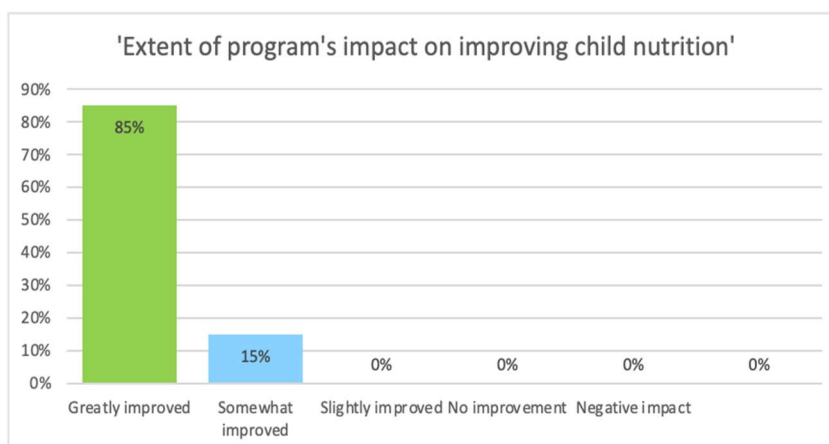
##### a) Impact of the Health Intervention on Child's Health (Weight, Energy, Growth):



- 89% of participants** noticed significant improvements in their child's health, including **weight, energy levels, and growth**, after the intervention.
- 11% observed moderate improvement**, while no participants reported little or no improvement or deterioration in their child's health.
- This indicates that the intervention had a **strong positive effect** on the overall health of the children, with nearly all participants reporting noticeable benefits.



## b) Extent of Program's Impact on Improving Child Nutrition:



- **85% of participants** believe the program has **greatly improved** their child's nutrition.
- **15% feel it has somewhat improved**, with no participants reporting slight improvement, no improvement, or a negative impact.
- This highlights that the program has had a **largely positive effect** on child nutrition, with a significant proportion of participants seeing major improvements.



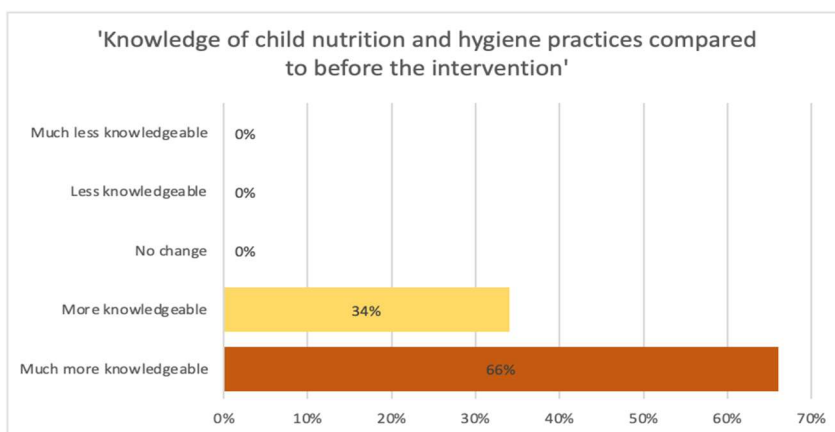
Figure 23: School Teachers meeting to understand school campaigns in HBWN-III Program

**In a Focus Group Discussion (FGD) held in Ramnagar Block 2, 12 women** shared their experiences about the Bandhan program. Many of them, including Banonashini Bor, Kumkum Pandit, Jaba Pandit, Mamoni Pandit, and Preetilata Bor, had children who were previously malnourished but are now thriving.



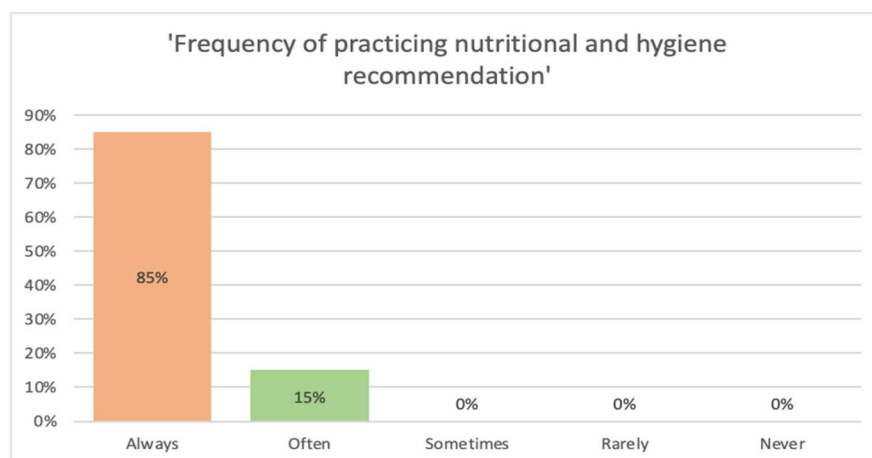
- **Banonashini noted** - *"Thanks to the program, my child went from being in the yellow category on the malnutrition chart to the green category. Today, my child is healthy."*
- **The participants spoke about the knowledge they gained on nutrition, hygiene, and childcare.** *"We now know how to check our children's weight, height, and PEM (Protein Energy Malnutrition) status. This knowledge helps us identify if our child is malnourished and in need of immediate medical care," shared one mother. They also expressed gratitude for learning to prepare satttu, with one participant stating, "Before the intervention, we didn't know how important satttu was for nutrition. Even though ICDS mentioned it, the awareness campaigns and volunteers helped us understand its significance."*
- **The women acknowledged the importance of maternal health during pregnancy, with one saying,** *"A mother's nutrition during pregnancy is vital. It's like building a strong foundation for the home— the entire family benefits from it." They also appreciated the program's role in fostering financial preparedness. "Learning about the importance of finance in medical emergencies has been life changing. Now, we save 100 rupees every month in our self-help group," said one woman.*
- **Jaba Pandit said,** *"My daughter is healthy now because of what Bandhan taught me,"* while **Mamoni Pandit remarked,** *"I'm truly grateful for the selfless service provided by the volunteers. If the program continues, it would benefit all of us even more."* **Tumpa Pandit** shared, *"I still use handwash daily, as the program taught us how important hygiene is."*

**c) Improved knowledge of Child Nutrition and Hygiene Practices Compared to Before the Intervention:**



- **66% of participants** feel **much more knowledgeable** about child nutrition and hygiene practices compared to before the intervention.
- **34% feel more knowledgeable**, indicating a strong shift in understanding.
- This suggests that the intervention effectively **enhanced participants' knowledge** of child health and hygiene.

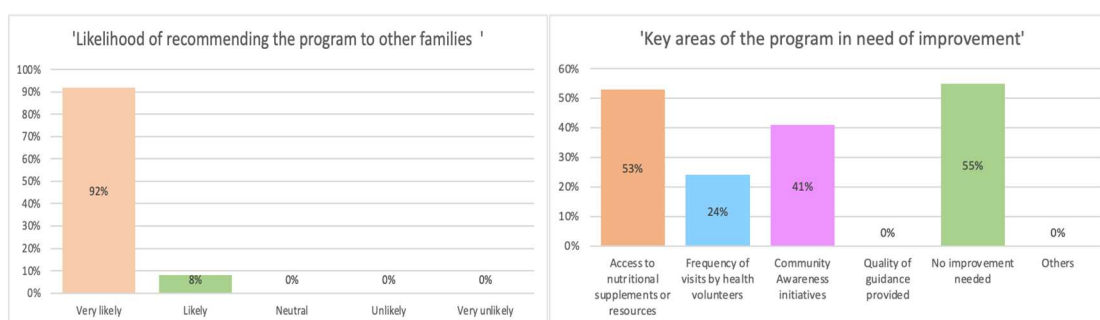
#### d) Consistent Practice of Nutritional and Hygiene:



- **85% of participants always** practice the nutritional and hygiene recommendations provided by the program team, while **15% do so often**.
- No participants reported practicing the recommendations **sometimes, rarely, or never**.
- This indicates **high adherence** to the guidance and recommendations, suggesting that the program has succeeded in encouraging lasting behavioral changes in participants.

#### 5. Program Acceptance with Identified Opportunities for Enhancement

- The program has gained strong acceptance, with 92% of participants expressing a high likelihood of recommending it to other families with young children, reflecting strong trust and satisfaction.



- While 55% felt no improvements were necessary, feedback highlighted key areas for enhancement, including better access to nutritional supplements (53%), more comprehensive community awareness initiatives (41%), and increased frequency of visits by health volunteers (24%). These insights indicate a positive reception alongside opportunities for continued program refinement.



*Figure 24: Visit to Block Public Health Unit, Ramnagar-II*

## 6. School Campaigns and Observations on Hygiene and Nutrition

School campaigns organized under the Bandhan-Konnagar program have brought about significant changes in health and hygiene practices among children in rural areas. Two schools, Amadiha Primary School in Jhargram and Depal Primary School in Purba Medinipur, served as prime examples of this impact. At Amadiha Primary School, Principal Subarna Dey Maiti and local teacher Subhasish Mahato pointed out how the intervention had helped reduce diarrhea cases in students. They lauded the six-monthly soap distribution, which made the children consider hygiene behaviors not just at school but at home as well. "There is no malnourished child in our school now," said Subarna, indicating the need for regular interventions that focus on health and nutrition. Depal Primary School has been under the leadership of Sukumar Das and his later successor Amitava Datta. Similar outcomes were seen there too.



*Figure 25: Handwashing Program organized by Bandhan Konnagar*

Hygiene practices such as hand-washing and maintenance of cleanliness while performing prayers have become an accepted daily routine of the students' life. However, schools face problems too. Subarna mentioned cooking gas nonavailability in the mid-day meals, which causes trouble for her in providing wholesome food for the children. *"We need more nutritious food and resources like stationary products and books from NGOs in order to enhance learning through them,"* added Subarna, asking for more support to supplement their progress so far. The school visits revealed some striking observations, such as many children arriving barefoot at school. Walking barefoot poses a serious threat to health due to parasitic worms as hookworms, which cause anemia and other serious health problems. Providing them with shoes can be one easy and impactful solution towards their health. This would not only foster better health but also be a reflection of commitment to dealing with the economic challenges that their families face. The school campaigns have been successful to this point in teaching awareness of hygiene and therefore improving health conditions for children, but they also point out areas that need more intervention. In this respect, NGOs play an important role in widening the range of support to extend beyond what has been said, including footwear, stationary, and books. In the couple of years that they have done thus far, a healthy foundation for more educated and better children comes ahead in these villages. Further continuation and expansion of such initiatives will sustain long-lasting progress in individuals and the community at large.



Figure 26: Swastha Shahayika Members campaigning for Breast Feeding week

## Contribution of Healthy Baby Wealthy Nation Phase III to Nutrition Agenda:

**Poshan Abhiyan (National Nutrition Mission)** was launched by the Government of India in 2018 to combat malnutrition in the country and improve the nutritional outcomes for children, pregnant women, and lactating mothers. The mission's central goals are to reduce **stunting**, **underweight**, **wasting**, and **anemia** among children, adolescent girls, pregnant women, and lactating mothers. The overarching objective is to ensure that **"every child gets the best nutrition, which is essential for optimal growth and development."**



The **Poshan Abhiyan** aims to address the multi-dimensional nature of malnutrition by focusing on **nutrition-specific** interventions (such as improving access to nutritious food) as well as **nutrition-sensitive** interventions (such as improving health, sanitation, and hygiene). The key pillars of **Poshan Abhiyan** are:

1. **Improved Nutritional Status:** Reducing stunting, wasting, underweight, and anemia.
2. **Promote Behavioral Change:** Raising awareness on proper maternal and child care practices.
3. **Increased Access to Nutritional Support:** Strengthening access to essential services like immunization, maternal care, and nutrition education.
4. **Monitoring and Accountability:** Tracking progress through regular surveys, data collection, and establishing linkages between various health and nutrition services.

"**Healthy Baby Wealthy Nation Phase III**" program, implemented by **Bandhan Konnagar**, aligns seamlessly with the objectives of **Poshan Abhiyan**. The program focuses on improving the nutritional status and overall health of children and mothers, with particular emphasis on preventing **Protein-Energy Malnutrition (PEM)** in children under the age of 5 years, which is one of the primary concerns of **Poshan Abhiyan**. Through a series of well-structured activities, this program addresses the core goals of the mission:

1. **Health and Hygiene Awareness:** One of the key aspects of the **Poshan Abhiyan** is to improve maternal and child care, particularly in rural and marginalized communities. The "**Healthy Baby Wealthy Nation Phase III**" program conducts health forums and one-on-one household visits, educating mothers and caregivers on essential topics such as breastfeeding, complementary feeding, immunization, diarrhea management, personal hygiene, and menstrual hygiene. These efforts are directly aligned with **Poshan Abhiyan's** goal to improve behavioral practices regarding nutrition and hygiene to reduce malnutrition and related health issues.
2. **Nutritional Interventions:** The program goes beyond education by introducing practical solutions, such as the distribution of **seeds** for growing nutrient-rich foods and the preparation of **Chattu (nutritional powder)**, which directly supports **Poshan Abhiyan's** emphasis on improving the diet of children and mothers. These interventions empower households with tools and knowledge to combat malnutrition, aligning with the mission's goal of improving access to balanced nutrition.
3. **Monitoring Child Health:** The program incorporates **anthropometric examinations** through regular **Mid Upper Arm Circumference (MUAC)** measurements to assess the nutritional status of children under five years old. This practice mirrors **Poshan Abhiyan's** objective to track the nutritional health of children and ensure timely interventions to prevent stunting and wasting.
4. **Linkages with Government Health Services:** The program ensures access to institutional healthcare by connecting beneficiaries to government health schemes such as the **Integrated Child Development Services (ICDS)**, **Village Health and Nutrition Days (VHND)**, and **Primary Health Centers (PHCs)**. Pregnant women and severely malnourished children are referred to these healthcare centers, ensuring that they receive the appropriate medical attention and nutritional support. This is in direct alignment with **Poshan Abhiyan's** mission to strengthen

healthcare linkages and ensure that mothers and children receive adequate healthcare services to prevent malnutrition.

5. **School Children Campaigns (SCC):** The program also focuses on improving personal hygiene and nutrition education among school children, which is an important aspect of **Poshan Abhiyan's** strategy to engage children in nutritional education and behavior change. Special sessions on handwashing, menstrual hygiene, and anemia are conducted to promote healthier practices among adolescent girls and school children, contributing to the reduction of malnutrition and related health issues.

By focusing on the **nutrition-specific** and **nutrition-sensitive** needs of children, pregnant women, and lactating mothers, the program works to reduce the incidence of **Protein-Energy Malnutrition (PEM)**, improve maternal and child health, and ultimately contribute to the broader mission of ensuring that every child in India receives the nutrition they need for healthy growth and development.

## Stories of Impact

1. **Beneficiary Profile:** Mou Mahato Location: Indrabani Village, Jhargram Age: 24 Residence: 5 years Indrabani Village's young mother,

Mou Mahato, told of her struggle to rehabilitate her child who was severely malnourished and how the "Healthy Baby Wealthy Nation Phase III" intervention helped her. At baseline, her daughter was underweight and categorized as having severe malnutrition. The community health volunteer or Swastha Shahayika regularly visited Mou's household to monitor her daughter's weight and PEM status. Reflecting on her experience, Mou said: "The Swastha Shahayika volunteers taught me so much about child care. They explained the importance of hygiene and the nutritional benefits of making sattu. They even showed me how letting my daughter enjoy the first rays of sunlight would strengthen her health. When they saw her condition, they referred us to the Nutrition Rehabilitation Center (NRC) and personally accompanied me there for her check-ups." Mou followed the guidance provided by the volunteers, including preparing sattu using a mixture of rice, lentils, and groundnuts—a practice she continues to this day. She said: "I still prepare sattu the way they taught me—three cups of rice, two cups of lentils, and half a cup of groundnuts. It has become a part of our diet, and my daughter loves it." Thus, owing to such activities, the weight of her daughter from 7 to 10 kg changed, which means her nutritional condition had improved considerably. Mou also received additional rations and monetary facilities from the government for the recovery of the child.

Expressing gratitude for the program, Mou added: ***"The volunteers changed our lives. Their advice and regular visits gave me hope and practical steps to improve my child's health. Today, my daughter is healthier, and I feel good as a mother."***

2. **Beneficiary Profile:**

Indrabani Village is a beacon of hope, where the impact of the "Healthy Baby Wealthy Nation Phase III" program is palpable. The tireless efforts of the Swastha Shahayikas have woven a tapestry of health and well-being across the community.

Mothers like Shabita Mahato, a vibrant 27-year-old, proudly acknowledge the volunteers' unwavering dedication to improving community health. Their homes are now adorned



with containers of nutritious sattu and thriving kitchen gardens, all thanks to the program's empowering influence.

One such success story is Rina Mahato, a young mother who faced the challenges of anemia during her pregnancy in 2019. The program's watchful eye ensured she received regular medical check-ups and iron supplements, leading to a gradual recovery. The result? A healthy baby boy, Ritwik, weighing a robust 3kg at birth. Today, at the tender age of 3, Ritwik continues to thrive, a testament to the program's enduring impact.

These stories are a testament to the transformative power of community engagement, personalized support, and accessible healthcare. The "Healthy Baby Wealthy Nation Phase III" program has not only improved the nutritional status of children but has also empowered mothers to take charge of their families' health. It is a shining example of how a holistic approach can create a healthier, happier, and more prosperous future for generations to come.

### **3. Other stories of impact**

The lives of Purnima Manna and her daughter, Bhagyashree, from Gojashimoi Village were forever changed by the "Healthy Baby Wealthy Nation Phase III" program. When Bhagyashree faced severe malnutrition, Purnima turned to the program for help.

Swastha Sahayika volunteer, Susmita Shit, played a pivotal role in guiding Purnima and Bhagyashree to the Nutrition Rehabilitation Center (NRC). It was through a "Bandhan Konnagar'ss" session, conducted by the volunteers, that Purnima gained awareness of the NRC and the support it offered.

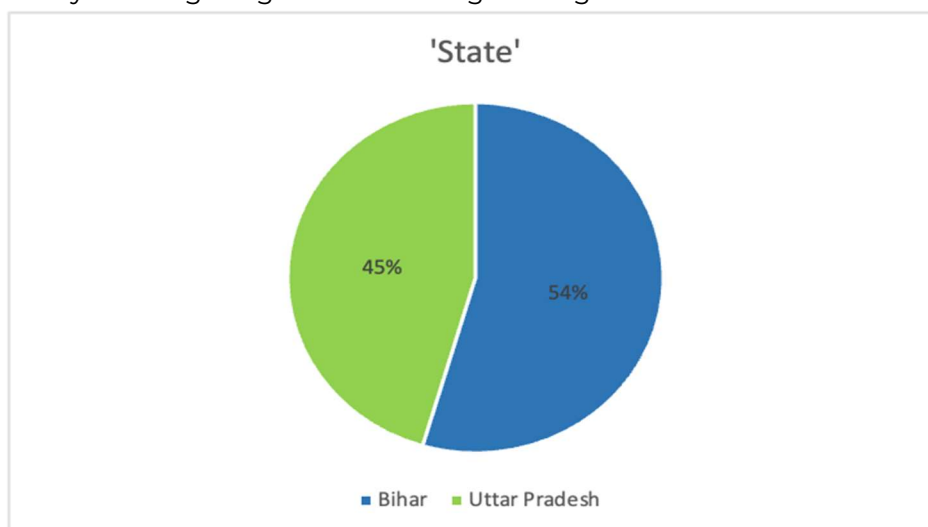
Purnima's gratitude for the volunteer's guidance was evident. She acknowledged that without Susmita's support, she wouldn't have known about the crucial resources available to her family.

These stories highlight the program's commitment to education, timely referrals, and the dedication of its volunteers in ensuring access to essential healthcare services. The program's impact extends beyond just providing medical care; it empowers families with knowledge and support, enabling them to make informed decisions about their children's health.

## Appendix

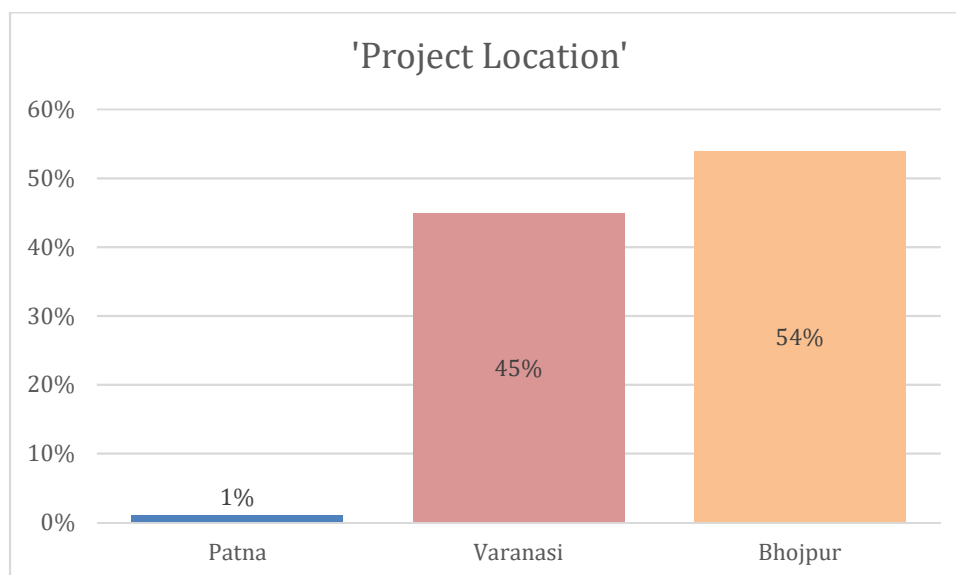
### Survey Demographics

Financial Literacy Training Program and Strengthening Healthcare Services



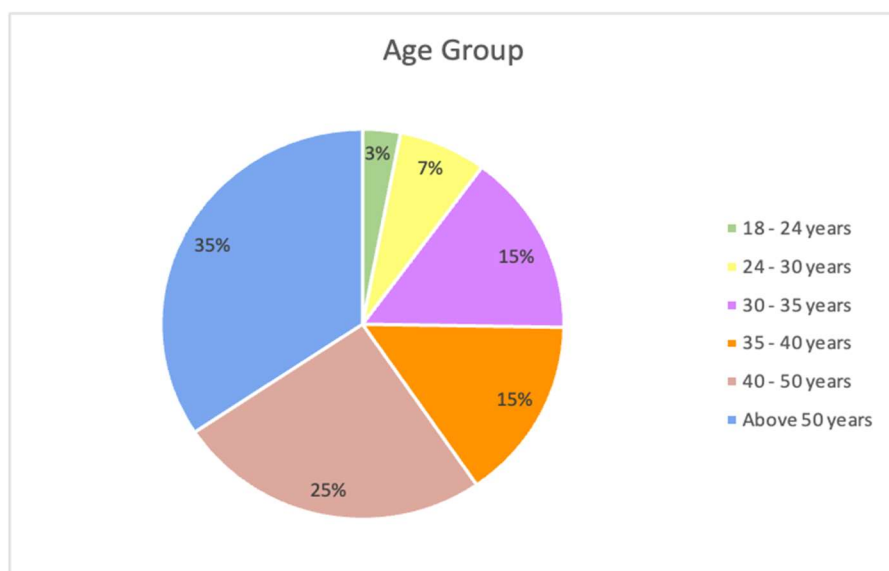
According to the figure, **45%** of the participants are from Uttar Pradesh, while a slightly higher proportion, **54%**, are from Bihar.

### Program Location



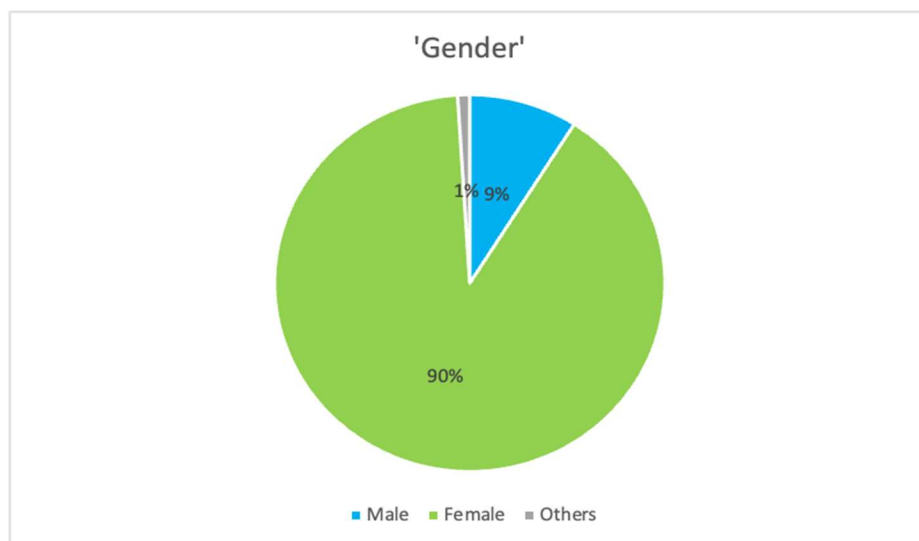
As per the figure, **1%** of the respondents are from Patna, **45%** are from Varanasi, and **54%** are from Bhojpur, indicating that the majority of participants are from Varanasi and Bhojpur.

## Age Group



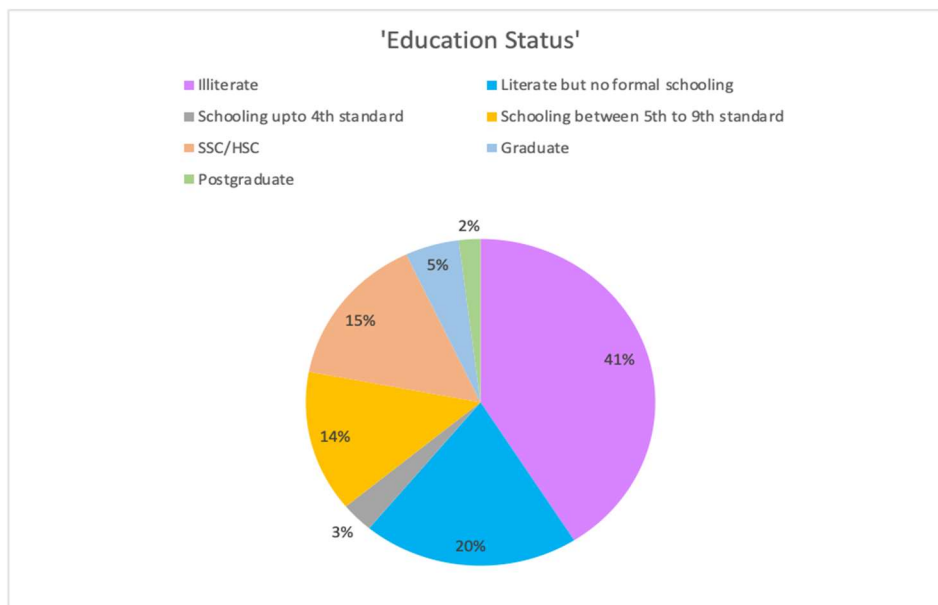
The figure above shows the distribution of respondents by age group: 3% are between 18-24 years, 7% are between 24-30 years, 15% are between 30-35 years, 15% are between 35-40 years, 25% are between 40-50 years, and 34% are over 50 years.

## Gender



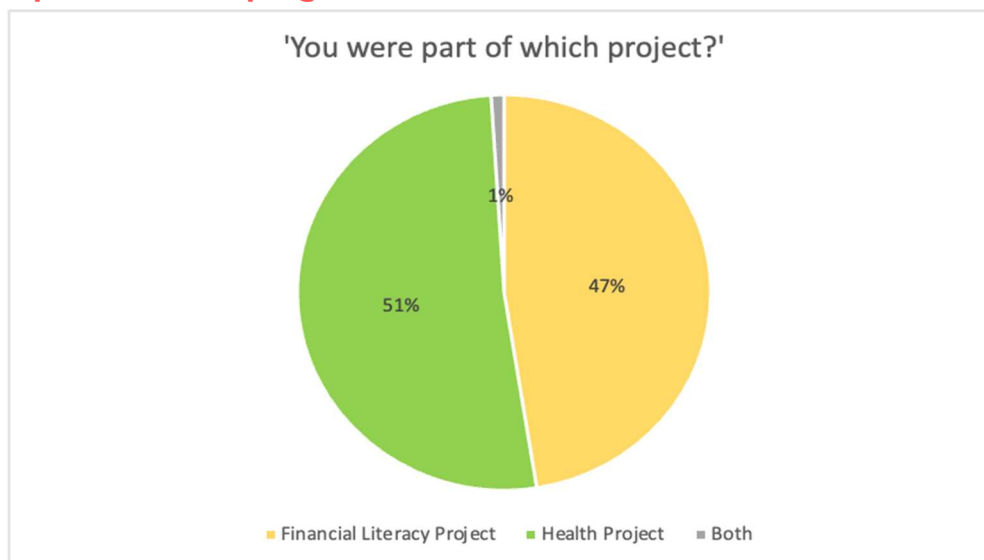
According to the figure above, 9% of the respondents are male, 90% are female, and 1% identify as other.

## Education status



Regarding education status, 41% of the respondents are illiterate, 20% are literate but have no formal schooling, 3% have completed schooling up to the 4th standard, 14% have completed schooling between the 5th and 9th standards, 15% have completed SSC/HSC, 5% are graduates, and 2% are postgraduates.

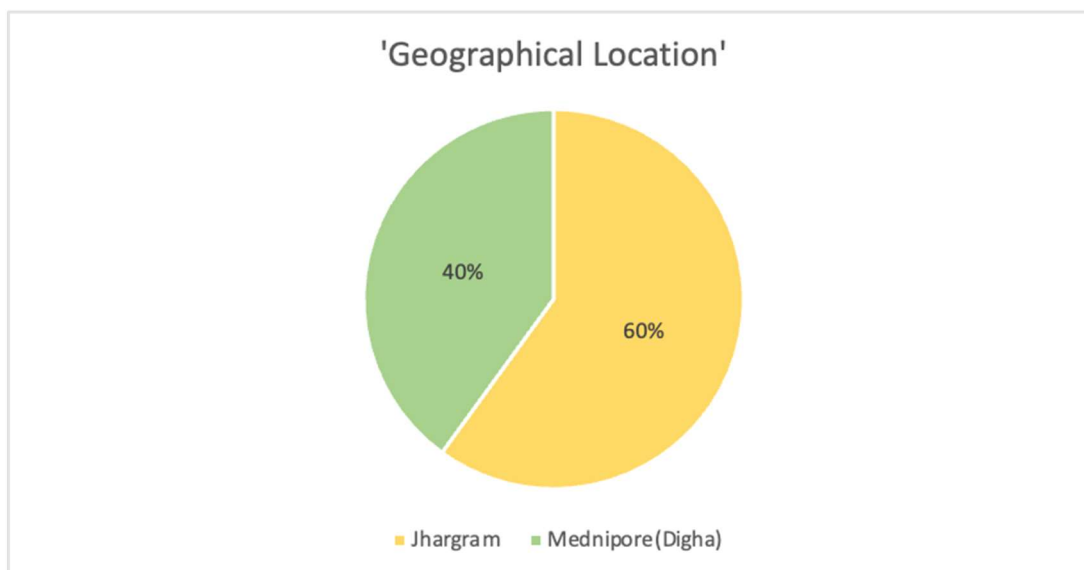
## You were part of which program?



51% of the respondents are part of the Health program, with a total response count of 86. The response rate for financial literacy is 47%, corresponding to 79 respondents, while 1% of respondents, totaling 2 individuals, provided responses for both categories.

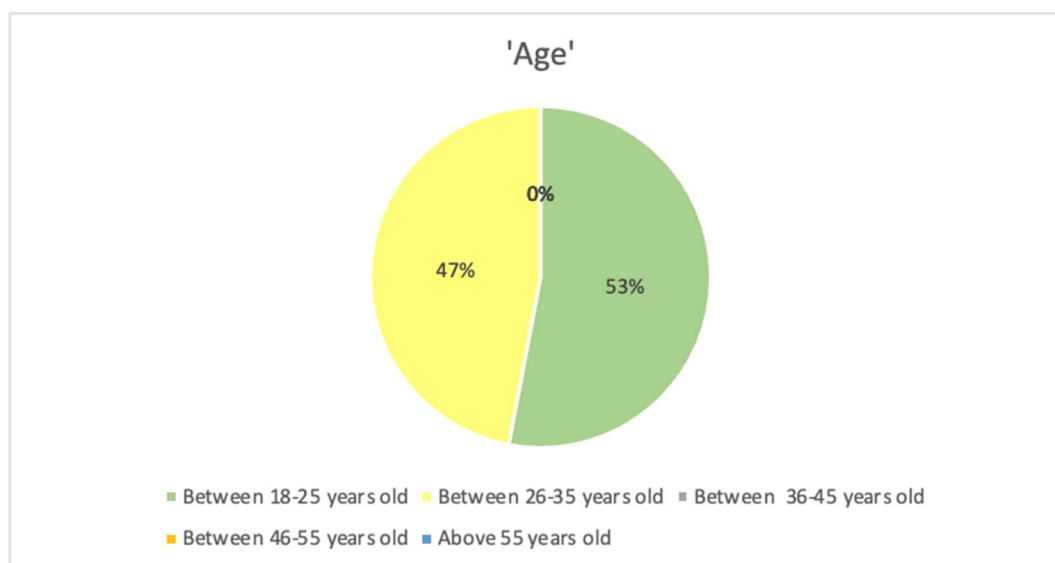
## Healthy Baby Wealthy Nation Phase III

### Geographical Location



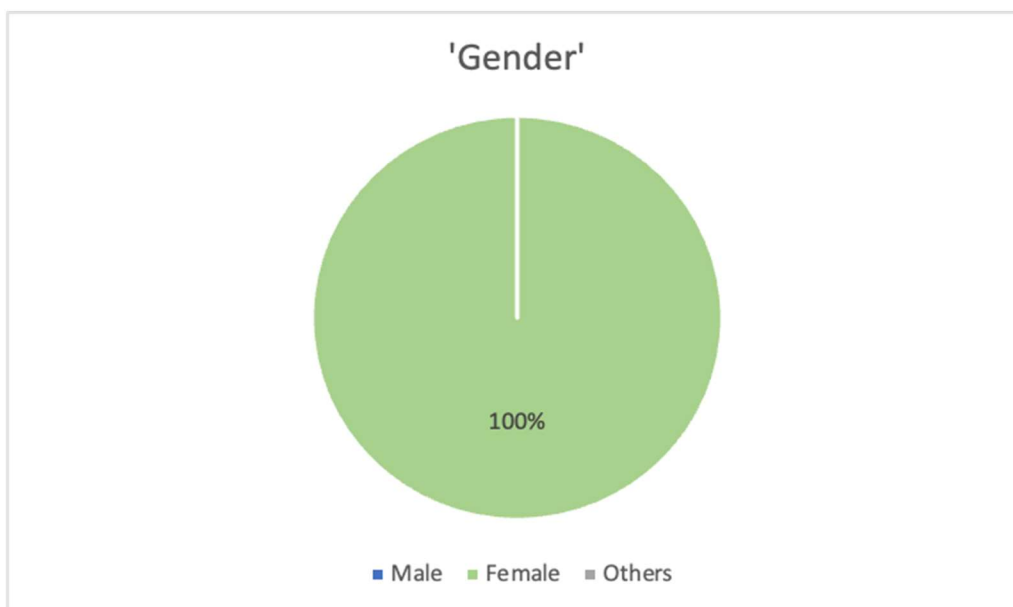
According to the figure, 60% of respondents are from Jhargam, while 40% are from Mednipore, Dinga.

### Age



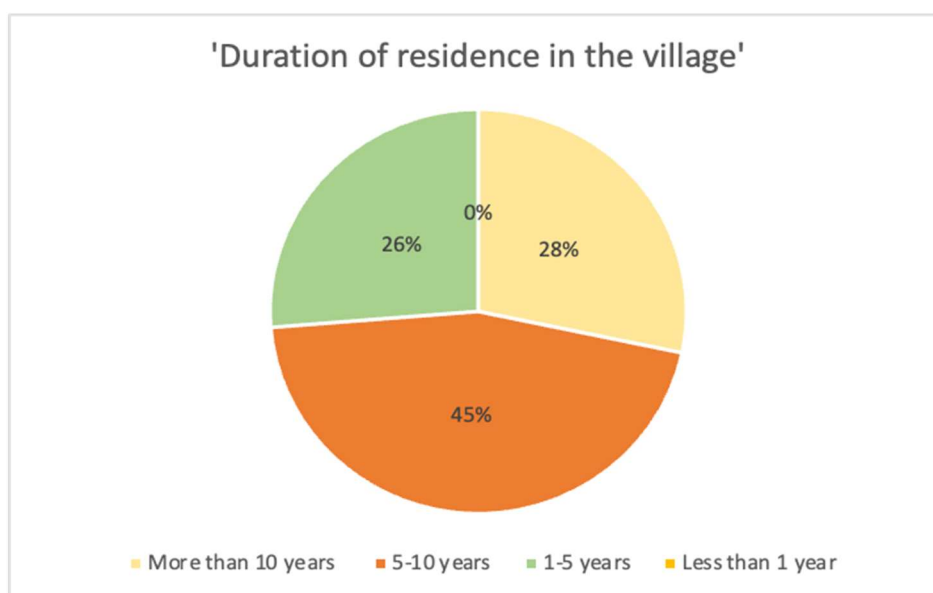
According to the figure, 52% of respondents are between 18 to 25 years old, while 47% are between 26 to 35 years old.

## Gender



According to the figure, 100% of the respondents are female.

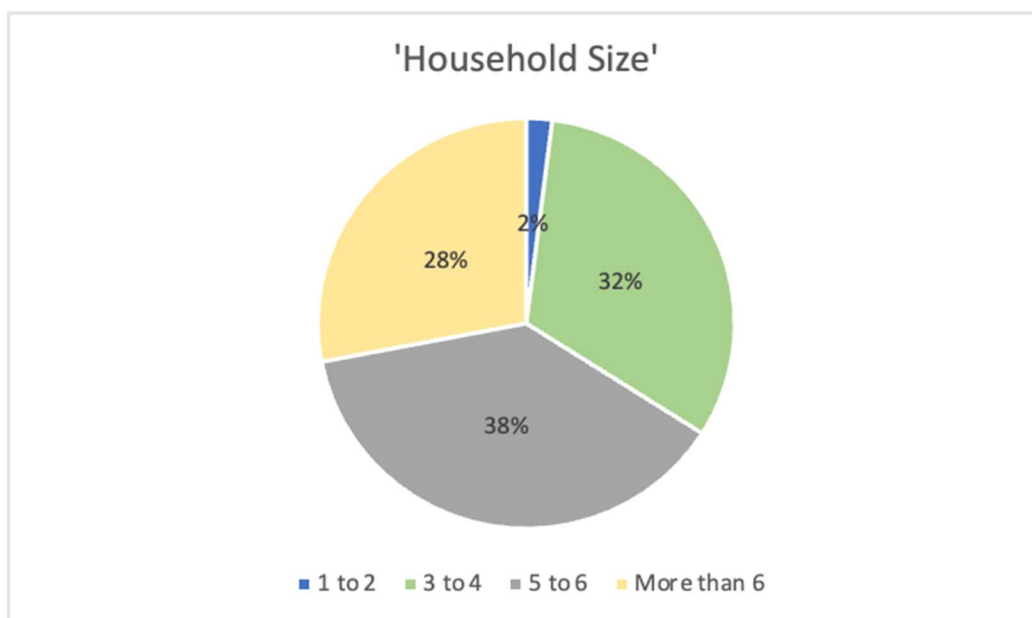
## Duration of residence in the village



According to the figure, 45% of respondents have lived in the village for 5 to 10 years, while 28% have resided there for more than 10 years. Additionally, 26% have lived in the village for 1 to 5 years, and no respondents have been living there for less than 1 year.



## Household Size



According to the figure, 38% of respondents have a household size of 5-6 members, followed by 32% with 3-4 members. Additionally, 28% have households with more than 6 members, and 2% have households with 1-2 members