

Impact Assessment
of Eicher Motors
Limited CSR
Projects- Maternal and
Child Health (Ekam)

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Eicher Motors Limited

Submitted By
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List of Abbreviations

ANC- Antenatal care

ANM- Auxiliary Nurse Midwife

ASHA- Accredited Social Health Activist

AWW- Anganwadi Worker

BMO- Block Medical Officer

CAPI- Computer aided Personal Interview

CHV- Community Health Volunteer

CSR- Corporate Social Responsibility

DAC- Development Assistance Committee

EML- Eicher Motors Limited

FGD- Focus Group Discussion

FP- Family Planning

IDI- In- depth Interview

IFA-Iron and Folic Acid

KII- Key Informant Interview

NFHS- National Family Health Survey

OECD- Organization for Economic co-operation and Development

PHC- Primary Health Centre

PNC- Postnatal care

RfP- Request for Proposal

VHN- Village Health Nurse

WASH- Water, Sanitation and Hygiene

Section- A
Summary Report

1. Brief description of project activities

The Eicher Motors Limited, through its brand Royal Enfield, has partnered with the Ekam Foundation to improve maternal and child healthcare services in Tamil Nadu. In March 2019, this collaboration led to the donation of essential life-saving medical equipment to the Obstetric, Paediatric and Newborn Departments at Chengalpattu Medical College Hospital. The initiative also focuses on community-level interventions in four panchayats of Kancheepuram district Vallam, Nattarasampattu, Valayamkaranai and Sennakuppam. These programs emphasize sustainable improvements in maternal and child health by encouraging active participation from local communities. Through this approach, the project aims to enhance healthcare infrastructure and promote healthier practices among mothers and children in the region.

1.2 Key Findings

Mothers and Pregnant Women

A total of 97 female respondents participated, with 7.2% currently pregnant, 38.1% having given birth in the last six months, and 54.64% giving birth 6–24 months ago. These figures illustrate the project's emphasis on both immediate and extended phases of maternal care. Nearly 97.9% of participants attended Ekam Foundation's awareness or training sessions, indicating widespread community involvement.

Of the pregnant women surveyed, **97.94%**¹ had their pregnancies registered at a Primary Health Center (PHC), underscoring the project's effectiveness in connecting women to formal healthcare systems. In addition, 83.51% received continued support from community health volunteers (CHVs), a vital link that ensures consistent follow-through during antenatal visits and fosters a cohesive local support network.

All the respondents (100%) reported familiarity with safe motherhood concepts. Most learned about these practices through Anganwadi and ASHA workers (34.69%), followed by Ekam Foundation's own sessions (27.3%), media outlets such as TV/radio/social media (20.3%), and friends or relatives (17.7%). This multi-channel approach widened the reach of messages, improving maternal knowledge about nutrition, immunizations and danger signs. Most pregnant women showed improvements in dietary diversity, about 88% took Iron and Folic Acid (IFA) tablets.

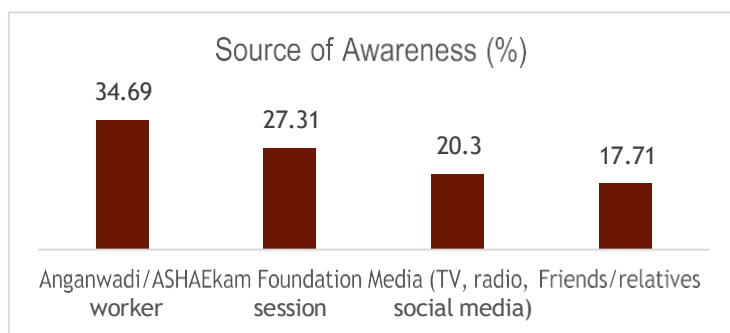


Figure 1: Source of Awareness

While most participants mentioned having access to warmers for newborns, better beds and general upgrades in labour and delivery rooms. These physical enhancements not only foster greater trust in government healthcare facilities but also give medical staff the tools they need for timely interventions. However, while training session participation was high, some mothers from remote areas struggled with transport costs or lack of convenient travel options to get regular ANC/ PNC checkups. Consequently, a portion of these women still found it challenging to attend regular antenatal visits or follow-ups, hinting at the continuing need for accessible healthcare outreach or affordable mobility solutions.

¹ According to NFHS-5, 97.6% of pregnant women registered their pregnancy and received an MCP card in Kancheepuram district, [tamil nadu-nfhs.pdf](https://www.nfhs.gov.in/tamil-nadu-nfhs.pdf)

Postnatal Women

Postnatal mothers formed a significant focus of the project, and their experiences indicate a distinct shift in dietary practices, healthcare-seeking behaviour and family support structures. Among the postnatal mothers surveyed, **100%** embraced exclusive breastfeeding. Moreover, 72.73% found practical guidance on latching and positioning to be highly beneficial. This underscores how well-structured training can demystify aspects of infant feeding and help establish better mother-child bonding early on.

“Anaemic mothers got better nutrition, and they had good deliveries. We see real improvements in maternal outcomes.”- David, BMO, Sriperumbudur Block

After childbirth, mothers widely reported a rise in the intake of green leafy vegetables, pulses, dairy products, and fruits, highlighting a clear trend toward more balanced meals. Before training, 54.55% consumed only two to three types of nutritious foods, while 9.09% consumed 0–1 type. Post-training, the diversity improved, with more mothers incorporating three or more types of essential food groups into their daily diets. This transition directly correlates with improved postpartum recovery and child health outcomes.

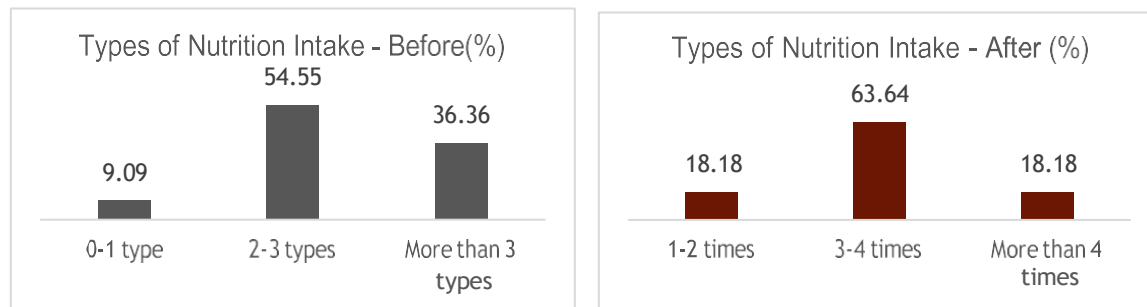


Figure 2: Impact on food consumption pattern

Training seems to have influenced regular postnatal check-ups, as 63.64% of mothers cited Ekam Foundation's sessions for prompting them to seek medical attention more frequently. Some families, however, still encounter barriers like transport challenges or occasional disapproval from older relatives. These hurdles highlight the importance of consistent community-level advocacy and straightforward referral paths.

The involvement of spouses and extended families is pivotal in sustaining positive health behaviors. After the intervention, **81.82%** reported receiving sufficient household assistance, up from 45.45% before training. While this is a promising shift, a minority of mothers still lack robust domestic backing, indicating the continued need for family-inclusive counseling and awareness campaigns. Altogether, the project's focus on exclusive breastfeeding and improved nutrition post-delivery was highly successful in reshaping habits. The consistent emphasis on postpartum visits contributed significantly to early detection of potential complications, although a subset of women remains difficult to reach due to ongoing socio-economic obstacles.

Adolescent Girls

Interventions directed toward adolescent health have proved crucial in fostering early awareness of nutrition, menstrual hygiene and reproductive health. Initially, 90% were unfamiliar with anemia. Post-training, 100% demonstrated knowledge of its causes and preventive measures, with 60% now consuming iron-rich foods three to four times per week. Such a dramatic increase in both awareness and dietary adjustments underscores the potential long-term health benefits for a demographic that may soon enter reproductive age.

After training, 77.78% felt “very comfortable” managing their menstrual cycles, an improvement linked to open discussions and small-group demonstrations that helped normalize a topic frequently shrouded in cultural taboos. Approximately 22.22% still struggled to access sanitary products, reinforcing the necessity of affordable distribution channels and further community sensitization.

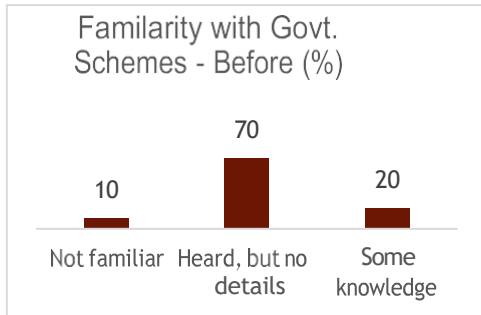


Figure 3: Awareness of government schemes

However, even though 90% learned about government schemes and safe sex practices, only 60% have acted on this entitlements/ knowledge, suggesting bureaucratic barriers or persistent social stigma. Simplifying the application process and offering consistent guidance via Anganwadi centers, schools or local health workers can help convert theoretical awareness into concrete action.

Some teenage pregnancies or at-risk cases go unreported due to familial resistance, compelling local staff to involve higher authorities. This points to a deep-seated cultural hesitation around adolescent reproductive topics, necessitating discreet yet persistent outreach efforts to safeguard the health and rights of young girls.

“In teenage pregnancy or high-risk mothers, we identified issues earlier thanks to the new machines. Mothers had better outcomes.”- Julie, VHN, Vallam PHC

Overall, the adolescent-focused components of the project have made considerable progress in debunking myths, strengthening health knowledge and prompting dietary improvements. Bridging the final gap between information and active scheme enrollment, however, remains a task for ongoing community engagement.

Youth Volunteers

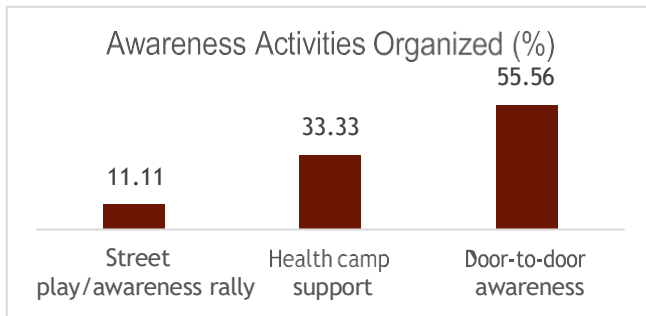


Figure 4: Awareness activities organized

Youth volunteers have emerged as a key player in broadening the project’s scope and reinforcing local ownership. Predominantly in their early 20s, these individuals bring energy, relate well to both peers and authority figures, and communicate effectively in local dialects. These volunteers have organized events ranging from door-to-door health education (55.56%) to health camp assistance (33.33%) and street plays or awareness rallies (11.11%). By tailoring messages to different audiences, mothers, adolescents, or the elderly they ensure more

inclusive outreach. Their youth and approachability encourage families to discuss sensitive issues, including contraceptive methods or teenage pregnancies, that might not surface in formal clinical settings. Given their strategic place as grassroots advocates, youth volunteers offer a sustainable channel for continued support provided there is an established framework that encourages skill updates, performance tracking and recognition of their contributions.

“We show them how neat the place is; they lose fear about government hospital and prefer delivering here. That’s a big change.”- Community Health Volunteer

1.3. Recommendations

Mothers and Pregnant Women

To address inconsistent use of Iron and Folic Acid (IFA) tablets where 12.37% of pregnant women do not adhere, health teams should implement more focused counselling of these women. Home visits or phone reminders can reinforce supplement schedules and quell worries about potential side effects. Additional hygiene demonstrations may be needed for the 37.9% who did not observe fewer waterborne diseases in themselves and their families. Pairing local water testing drives with practical, hands-on sessions could normalize safer water usage across diverse households.

"We suggest they keep covering more remote villages too. Each area has unique needs, so a gap analysis approach works best." - David, BMO, Sriperumbudur block

Offering mobile clinics or subsidized transport in remote areas would further cut travel barriers and elevate antenatal coverage. Finally, consistent spousal involvement through shared workshops can expand the circle of accountability, ensuring that mothers receive the familial support so pivotal to following best practices and improved health outcomes.

Postnatal Women

Having reached 100% exclusive breastfeeding, the next task is to maintain these gains beyond the early postpartum stage. Periodic home visits can verify that latching and positioning techniques remain correctly applied while also providing emotional support to mothers who may face postpartum depression or fatigue. Meanwhile, the 18.18% who still lack adequate family assistance could benefit from male-focused information sessions emphasizing the importance of maternal rest and shared childcare duties. Structured text-message reminders or phone call prompts can anchor postnatal appointments, especially for those who credited training (63.64%) as their main motivator. Additionally, forging closer ties between local primary health centres (PHCs) and community organizations can ease financial and transport hurdles for routine check-ups.

Adolescent Girls

Overcoming bureaucratic obstacles requires streamlined processes to help the 60% who learned about entitlements but have yet to apply. Schools and Anganwadi centres could host periodic "adolescent corners" for step-by-step application guidance and direct linkage to official resources. For the 22.22% who struggle with menstrual hygiene or lack sanitary products, building consistent stock points or peer distribution networks can normalize usage.

"A big waiting area or conference hall would help us conduct awareness sessions for large groups without disturbing the out-patients visiting the centre (OP)." - Facility Staff

Meanwhile, small-group sessions addressing cultural taboos and home-based demonstrations could further enhance girls' comfort levels. Dedicating a private room or conference hall within PHCs would allow sensitive topics like sexual health and contraceptives to be discussed discreetly, making it easier for girls to pose questions and seek help.

Youth Volunteers

To truly capitalize on volunteer enthusiasm, establishing a regular reporting system with simple progress metrics is essential. Periodic refresher training can keep knowledge up to date, while recognition (e.g., community awards or official certifications) sustains motivation. Expanding volunteer presence in remote villages meets the need for consistent maternal support as mothers find a reliable contact close by, they are

more likely to adhere to recommended health regimens and inform volunteers of emerging issues. Providing these youth with deeper mentorship through pairings with experienced community health workers can extend their capacity to deliver accurate advice, distribute nutrition kits or guide referrals. Ultimately, forging formal linkages between volunteer groups and PHCs or local government bodies ensures that grassroots initiatives receive the structural support they need to thrive.

“More volunteers in remote villages can ensure mothers get consistent support. If possible, continue the nutrition kits, mothers really liked them.”- Julie, VHN, PHC- Vallam

Section- B
Detailed Report

Impact Assessment Study

1. Introduction

1.1. Background

Eicher Motors Limited (EML) is committed to Corporate Social Responsibility (CSR), focusing on long-term, sustainable change in communities across India. Eicher adopts a holistic approach, addressing community-specific needs through well-designed programs that enhance quality of life. By collaborating with local organizations, government agencies, and community groups, Eicher ensures its initiatives are impactful and scalable. The company prioritizes self-reliance, creating systems that empower communities rather than offering short-term solutions. Its CSR efforts have led to improved access to essential services, better opportunities, and healthier environments. This report covers the key findings for the maternal & child healthcare project implemented in collaboration with Ekam Foundation. Through these initiatives, EML aims to continue supporting stronger, healthier and self-sufficient communities.

1.2. Objectives of the impact assessment

The key objectives of conducting this impact assessment are as follows:

1. To quantify the extent to which the projects have been successful in achieving the intended outcomes
2. To establish the effectiveness of program implementation
3. To identify and capture success stories, challenges and areas for improvement
4. To provide actionable recommendations to enhance the effectiveness of future programs

1.3. OECD- DAC framework

Considering the objectives of the project, this evaluation will be based on the **OECD-DAC framework**².

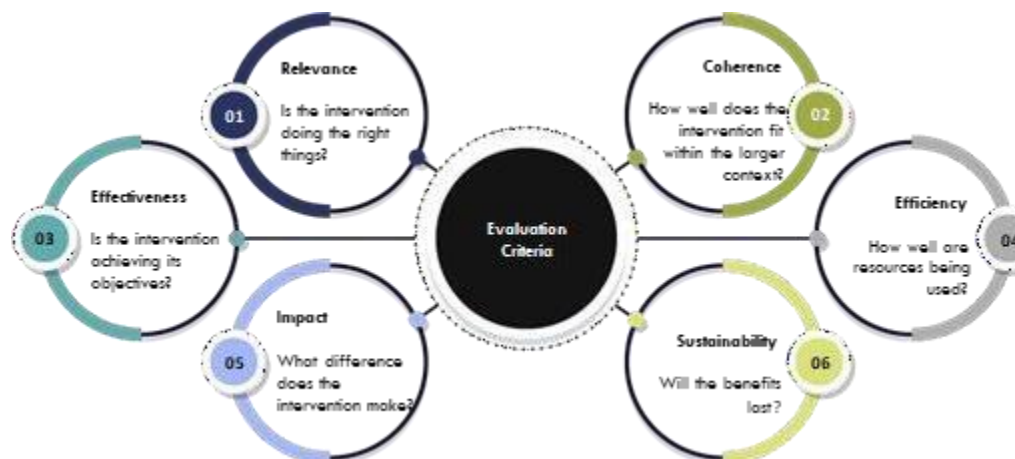


Figure 5: OECD DAC Evaluation Framework

The evaluation will assess the baseline values of various key indicators, against which the impact of the project can be assessed a year after completion. The components of the proposed evaluation framework are –

² <https://www.oecd.org/dac/evaluation/daccriteriaforevaluatingdevelopmentassistance.htm>

Relevance - The extent to which the objectives of the development intervention are consistent with beneficiary requirements, state needs, institutional priorities, partners and funding stakeholders, as well as mission coherence in achieving its objectives.

Coherence – The extent to which activities can converge with other programs/projects running the geography/sector.

Effectiveness - The extent to which the development project's objectives were achieved or are expected to be achieved considering their specificities (not just physical outputs but also high-level results; explaining factors determining achievements, including change of context; looking at other possible achievements)

Efficiency - A measure of how economically resources/inputs are converted into results, with reference to project benchmarks (include project delays, overruns; technical issues; operational cost ratio, economic rates of return)

Sustainability - The likely continuation of net benefits from a development intervention beyond the phase of funding support. It also includes an assessment of the likelihood that actual and anticipated results will be resilient to risks beyond the mission activities.

Impact - The changes that have occurred or are expected to occur in the lives of the target beneficiaries (direct and indirect).

1.4. Evaluation Matrix

The evaluation matrix for Eicher's CSR projects follows the OECD-DAC framework, assessing projects based on relevance, coherence, effectiveness, efficiency, impact and sustainability. It includes specific questions and indicators for each project, whether in education, health, or livelihoods to measure outcomes and how they were achieved. The assessment uses both primary and secondary data, collecting insights from students, teachers, health workers and community members, while also reviewing project reports and public sources. This ensures reliable and cross-verified findings.

The evaluation matrix is adaptable, considering diverse cultural and social contexts. It allows for flexible tools and indicators, ensuring context-sensitive yet methodical evaluations. By aligning with OECD-DAC criteria, it assesses project efficiency, alignment with development goals and long-term sustainability. This approach provides a comprehensive understanding of project successes and challenges, offering insights into future improvements.

The thematic evaluation matrix is included in the [Annexure](#).

2. Approach and Methodology

2.1. Study Design

This impact assessment will use a pre-post study design, which means it will compare data from before and after the project to measure its impact. To get a complete picture, the assessment will follow a mixed-methods approach, combining both quantitative and qualitative data.

The quantitative data will help measure the results in numbers, such as changes in key indicators, while the qualitative data will provide deeper insights into why and how these changes happened. By using both types of data, the study can cross-check findings from different sources, ensuring more accurate and reliable results. The assessment will collect information from both primary sources (like surveys and interviews) and secondary sources (such as existing reports or data) to create a well-rounded understanding of the project's impact.

2.2. Data Collection Methods and Sources

Quantitative Methods

For the quantitative data collection, **structured survey tools** were developed and rigorously pre-tested to ensure their effectiveness in real-field conditions. Pretesting helped identify any issues in the questionnaire, removing ambiguities and minimizing bias and errors. The data was collected using Computer Aided Personal Interview (CAPI) methods to ensure accuracy and efficiency. Our team utilized SurveyCTO, a digital data collection platform that streamlined the entire process—from targeting respondents and survey creation to data entry and visualization. SurveyCTO allowed for real-time data uploads, enhancing efficiency while also offering offline capabilities for data collection in low-connectivity areas. With GPS-based tracking, real-time geo-tagging, multilingual support, and validation features, SurveyCTO ensured high data quality and seamless experience for field investigators.

Qualitative Methods

To complement the quantitative data, qualitative methods were employed to gain deeper insights into the impact of the CSR projects. This included **in-depth interviews (IDIs), focus group discussions (FGDs) and key informant interviews (KIIs)** with relevant stakeholders such as beneficiaries, project implementers and community leaders. These interactions helped uncover contextual nuances, stakeholder perceptions, and the underlying reasons behind quantitative findings. All interviews and discussions were recorded, transcribed, and thematically analyzed to identify patterns and insights that contributed to a holistic understanding of the projects' effectiveness, sustainability and impact.

2.3. Data Collection Process

The study was executed strategically in three phases to ensure completion of time:

- **Phase I:** Design Phase begins with consultative meetings to finalize indicators and methodologies based on stakeholder inputs and desk reviews. Sambodhi collaborated with the EML CSR team to ensure alignment with the RfP, documenting the approach in an inception report covering the assessment framework, sampling methodology, analysis plan, and work plan. Quantitative and qualitative tools, developed in vernacular languages and referencing standardized underwent pre-testing in non-sample areas for refinement. Tools were translated and training materials developed to ensure uniform data collection.
- **Phase II:** Implementation Phase involves executing the sampling strategy, identifying study geographies and conducting primary data collection as per the established methodology.
- **Phase III:** Dissemination Phase focuses on sharing findings and insights with stakeholders, translating results into actionable recommendations for future initiatives and broader knowledge dissemination.

2.4. Data Analysis

The collected data was analyzed using a convergent mixed-methods approach, integrating quantitative and qualitative data for a comprehensive assessment of the project's impact. Quantitative analysis measured key indicators, while qualitative insights provided context to observed outcomes. Triangulation of findings from diverse sources enhanced the reliability and depth of the analysis. The study assessed endline values of key indicators, comparing pre- and post-intervention data to measure changes over time. This approach ensured a holistic evaluation, capturing both measurable outcomes and the underlying factors influencing the project's effectiveness.

2.5. Limitations

While this impact assessment provides valuable insights into the outcomes of these CSR initiatives, certain considerations must be acknowledged to contextualize the findings appropriately:


- **Selection Bias:** Given the scale of the intervention and the sampling approach, there is a possibility of some selection bias, particularly if certain sub-groups were self-selected into the study. However, concerted efforts were made to ensure diverse participation and capture a wide range of perspectives.
- **Timeframe Constraints:** The assessment reflects outcomes observed within the available study period, and while it provides a meaningful snapshot of impact, some long-term effects may emerge over time. Future follow-ups could further enrich the understanding of sustained change.
- **Self-Reported Data:** A significant portion of the data is based on self-reported responses from beneficiaries and stakeholders. While every effort was made to enhance accuracy through careful data collection and validation techniques, minor variations due to recall or interpretation are natural in such studies.

2.6. Structure of the report

This report is structured to provide a holistic analysis of Eicher’s CSR projects, ensuring that insights are embedded within the OECD-DAC evaluation framework to highlight key findings across diverse thematic areas. The framework, encompassing **relevance, coherence, effectiveness, efficiency, impact and sustainability**, enables a multifaceted evaluation that captures both the outcomes achieved and the processes that led to those results. Our presentation of these findings weaves the data seamlessly into each criterion, clarifying how well projects align with broader development goals and how effectively resources are utilized.




To enable meaningful interpretation of the findings, a **two-tiered** benchmarking approach has been employed across the report. The benchmarking has been **limited** to key project-specific outcomes and impact indicators. Wherever credible benchmarking data is **available**, project outcomes have been compared against standardized external datasets such as NFHS (for health indicators) and ASER (for learning outcomes), as well as baseline or need assessment figures. In such cases, performance that exceeds these benchmarks is highlighted in **blue**, denoting a positive deviation from established standards.

Table 1: Colour coding - benchmark data is available

Performance Band	Interpretation	Colour
Exceeds benchmark	Performance surpasses credible external benchmark figures/baseline values	 Blue

Where external benchmarks are **unavailable**, a progressive scoring scale based on project duration, nature, and literature review has been applied to assess outcomes. In this scale, scores are categorized as High, Moderate and Low each reflecting the level of performance and potential for scalability.

Table 2: Performance band- colour coding where benchmarking data is unavailable

Performance Band	Score Range	Interpretation	Colour
High	61–100%	Strong performance, scalable potential	 Green
Moderate	31–60%	Average, in line with similar interventions	 Yellow
Low	0–30%	Below average, needs improvement	 Red

Additionally, for indicators where lower values indicate better outcomes (such as *dropout rates or disease incidence*), both the desired direction of change and the colour coding have been reversed to reflect positive performance. This structured approach ensures consistency, clarity and contextual relevance in evaluating project impact across varied geographies and interventions.

3. Impact assessment- Maternal and Child Healthcare- Ekam Foundation

3.3.1. Brief description of project activities

The Eicher Motors Limited, through its brand Royal Enfield, has partnered with the Ekam Foundation to improve maternal and child healthcare services in Tamil Nadu. In March 2019, this collaboration led to the donation of essential life-saving medical equipment to the Obstetric, Paediatric and Newborn Departments at Chengalpattu Medical College Hospital. The initiative also focuses on community-level interventions in four panchayats of Kancheepuram district—Vallam, Nattarasampattu, Valayamkaranai, and Sennakuppam. These programs emphasize sustainable improvements in maternal and child health by encouraging active participation from local communities. Through this approach, the project aims to enhance healthcare infrastructure and promote healthier practices among mothers and children in the region.

3.3.2. Key Findings

3.3.2.1. Relevance and Coherence

The project’s relevance and coherence have been assessed from the perspectives of key stakeholders, including mothers aged 15-49, pregnant women, postnatal women, adolescent girls and youth volunteers. The analysis aligns with the OECD-DAC definitions of relevance assessing how well the project addresses stakeholder needs and coherence evaluating the consistency of the intervention within the broader policy and institutional landscape.

Mothers and Pregnant women

“Pregnancy is important, and many don’t know the dos and don’ts, especially in nuclear families. We give them training to make their pregnancy easier.” - Implementation Partner (Ekam) Staff

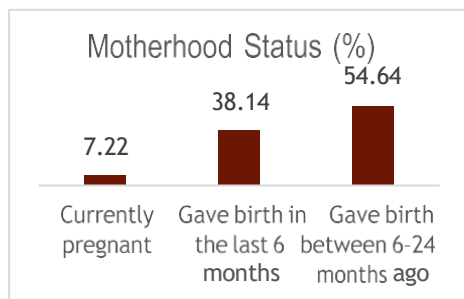


Figure c: Motherhood Status

Of the 97 female respondents, 7.2% were currently pregnant, 38.1% had given birth in the last six months, and 54.64% had given birth within the previous 6–24 months. These figures demonstrate the project’s strong focus on addressing maternal health needs across the continuum of care, from pregnancy to the postpartum period. The intervention’s relevance is clearly reflected in the near-universal participation rate: 97.9% of these women reported attending Ekam Foundation’s awareness and training sessions. Furthermore, safe motherhood awareness reached 100% of respondents, with Anganwadi and ASHA workers playing a crucial role in outreach (34.69%)³, followed by Ekam Foundation sessions (27.3%).

³ [India’s Auxiliary Nurse-Midwife, Anganwadi Worker, Accredited Social Health Activist, Multipurpose Worker, and Lady Health Visitor Programs, Association between coordinated counselling from both ASHA and Anganwadi Workers and maternal health outcomes: A cross-sectional study from Madhya Pradesh and Bihar, India | PLOS Global Public Health](#)

In terms of service uptake, **97.9%**⁴ of the respondents registered their pregnancy at a Primary Health Center (PHC), and 83.5% benefited from regular community health volunteer support, a strong indicator that the intervention aligns well with community dynamics and fosters a supportive ecosystem for maternal healthcare. The project also demonstrates coherence with existing public health structures, as **91.7%**⁵ of women sought antenatal care at government PHCs, reinforcing the synergy between Ekam Foundation's efforts and established health systems.⁶

"They have given warmers for children, three of them as well as beds which are neat and clean. If we see any complications, we refer them to the next level (Chengalpattu District Hospital)."-ANM, Vallam PHC

Postnatal women

For postnatal women, the project's relevance is reflected in its emphasis on postpartum care, with 100% of participants receiving breastfeeding guidance. Exclusive breastfeeding reached 100%, with 72.7% of mothers finding latching and positioning techniques very useful. Vaccination awareness was comprehensive, with all respondents receiving newborn care information⁷. The project effectively addressed nutritional gaps, as all postnatal respondents reported increasing their intake of green leafy vegetables, pulses, dairy products and fruits following training, which is further detailed in the section on impact in this report.

"Not only labour room and infrastructural development, but also giving awareness about diet, nutrition, and health care."- David, Block Medical officer, Sriperumbudur block

Coherence is evident in the integration of community support structures. Postnatal check-up attendance increased⁸, with 63.6% of women attributing their decision to Ekam training. However, coherence gaps remain in family support structures, as only 45.4% of respondents reported regular assistance from their spouses or families before training. Post-training, **81.8%**⁹ noticed an increase in family support, demonstrating the intervention's impact in promoting shared caregiving responsibilities.

Adolescent girls

The project is highly relevant to adolescent girls, particularly in addressing anemia and reproductive health awareness¹⁰. Prior to training, 90% had never heard of anemia, but post-intervention, **100%** respondents demonstrated improved knowledge, with 60% consuming iron-rich foods 3-4 times per week. Similarly, menstrual hygiene awareness increased, with **78%** of respondents now feeling "very comfortable" managing their menstrual health. Additionally, 90% of participants received information on contraception and safe sex practices, addressing critical gaps in reproductive health education.

The coherence of the intervention is reflected in the integration with rights and entitlements education. Prior to training, only 50% of adolescent girls were aware of government schemes, but **60%** actively sought or applied for at least one scheme post-training. However, some gaps persist in translating knowledge into

4 According to NFHS-5, 97.6% of pregnant women registered their pregnancy and received an MCP card in Kancheepuram district, [tamil_nadu-nfhs.pdf](#)

5 As per NFHS-5, 62% of mothers had an ANC checkup in the first trimester and 76% received 4 or more ANC checkup during pregnancy, [tamil_nadu-nfhs.pdf](#)

6 [Trends in the quality of antenatal care in India: Patterns of change across 36 states and union territories, 1999–2021 — JOGH](#)

7 According to NFHS-5, children aged between 12-23 months fully vaccinated rose from 56.8% to 69%, [tamil_nadu-nfhs.pdf](#)

8 According to NFHS-5, mothers who received PNC from a doctor. Nurse/ LHV/ ANM/ Midwife within 2 days of delivery increased from 83.6% to 87.3% in Kancheepuram, [tamil_nadu-nfhs.pdf](#)

9 [\(PDF\) An Assessment of Implementation of Family Participatory Care in Special Newborn Care Units in Three States of India](#)

10 According to NFHS-5, all women aged 15-19 who are anemic rose from 58% to 62.7%, [tamil_nadu-nfhs.pdf](#)

action, as 40% had not yet applied for entitlements, indicating the need for further engagement to facilitate access.

Youth Volunteers

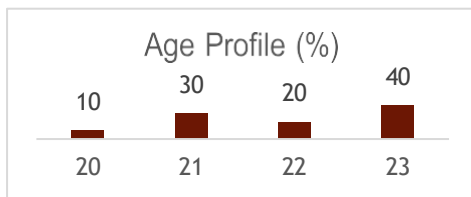


Figure 7: Age profile of volunteers

The relevance of engaging youth volunteers, predominantly in their early 20s, is critical to their role as knowledge disseminators within the community. This age profile is significant for several reasons. First, individuals in this age bracket often have closer peer and community networks, making them effective conduits for disseminating information on key maternal and adolescent health issues. By leveraging their social circles and school or community

group affiliations, these volunteers can convey important messages and influence behaviours more rapidly than external personnel might. This cadre is extremely important as NFHS-5 data suggests that current users of any family planning (FP) services reduced from 31.4% (NFHS-4) to 15.7%, even while there was a considerable reduction in the total unmet need for FP services in the community which reduced from 9.6% (NFHS-4) to 7.2% during NFHS-5 in Kancheepuram.¹¹

Moreover, the training imparted to these volunteers has proven effective, as evidenced by their capacity to identify and articulate the importance of proper antenatal care, nutritional needs, and preventive health practices for adolescents. This ability to “translate” technical information into accessible language enhances community understanding and encourages shifts toward healthier behaviours. For instance, data shows that these youth volunteers have played a role in highlighting the significance of Iron and Folic Acid supplementation among pregnant women, directly impacting maternal health outcomes in their localities.

From a coherence standpoint, these youth-led initiatives integrate well with broader institutional frameworks. Many of these volunteers collaborate with Anganwadi or ASHA workers, or they engage through school-based clubs, aligning with existing community health strategies. However, gaps do remain: the current structure does not consistently track longer-term contributions of these volunteers. Establishing clear follow-up protocols, such as monthly community meetings or digital reporting platforms could further harness the enthusiasm and reach of the young adults to ensure sustainable community health improvements.

“They came to us through CSR, wanted to know our needs, and aligned well with existing government efforts on maternal care.”- David, BMO, Sriperumbudur Block

“We show them the labour room, explain the procedures, and they feel less fear about GH (government hospital) care. The facility now matches what they need.”- Akila, Padappai PHC Staff

Overall, the project design demonstrates high relevance by addressing critical gaps in maternal, child, and adolescent health while fostering community engagement. It aligns with existing public health initiatives, ensuring coherence in implementation. However, improvements in sustained behavioural change, access to entitlements and structured follow-up mechanisms could enhance the intervention’s overall impact. Addressing these gaps will further align the project with national health and development goals, ensuring long-term sustainability and effectiveness.

¹¹ [tamil_nadu-nfhs.pdf](#)

3.3.2.2. Efficiency and Effectiveness

Mothers (Aged 15-49) and Pregnant Women

The project's effectiveness in raising awareness among mothers and pregnant women is closely linked to the variety of information channels utilized. According to the data, Anganwadi and ASHA workers were the most frequently cited sources of awareness (34.69%), reflecting the importance of grassroots-level outreach. Ekam Foundation's own sessions accounted for 27.3%, underscoring the organization's pivotal role in educating communities. Media outlets including TV, radio and social media comprised 20.3% of sources, offering a broader public platform for health messaging. Finally, 17.7% of respondents credited friends and relatives, highlighting the value of informal community networks in spreading critical health information.

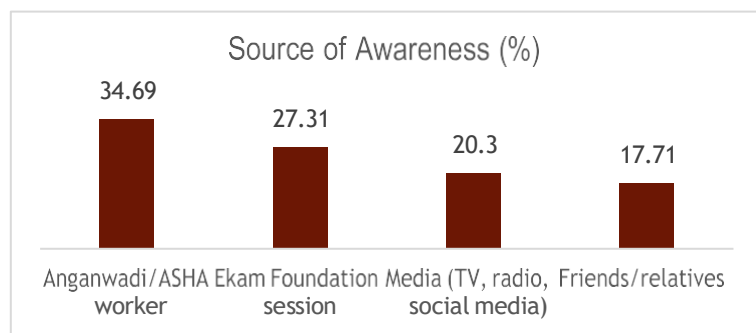


Figure 8: Source of information for pregnant women and mothers

This multifaceted approach appears to have yielded strong outcomes: nearly all participants (97.94%) attended Ekam Foundation's training sessions, leading to a 100% awareness rate of safe motherhood practices. Furthermore, 97.94% of pregnant women registered at Primary Health Centers (PHCs), and **83.51%**¹² received ongoing support from community health volunteers; another testament to the impact of localized intervention and peer-to-peer influence. The effect on service utilization is evident in the 67% who reported

improvements in healthcare quality following CHV training. Meanwhile, 62% observed fewer waterborne diseases post-WASH interventions, but 37.9% saw no difference, suggesting the importance of sustained hygiene education across all awareness channels.

"They do conduct trainings regularly. Mothers come for check-ups more often, so the coverage and service utilization have clearly improved." - David, BMO, Sriperumbudur Block

Postnatal Women

The project's impact on postnatal care is clearly illustrated by a notable shift in the number of postnatal check-ups before and after the training sessions. Prior to training, 9.09% of women received no postnatal check-ups, while 36.36% had only one. Although some women (27.27%) managed two visits, and smaller percentages reached three (18.18%) or five (9.09%), this distribution shows that consistent follow-up was lacking for a significant segment of new mothers.

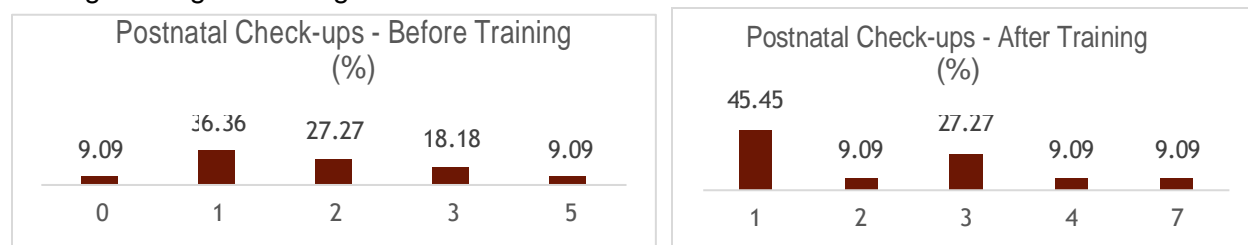


Figure 5: Impact on post-natal check up

¹² According to NFHS-5, 93% of children received PNC within 2 days of birth

After training, the scenario changed substantially as no participants reported zero visits while 45.4% had reported completing at least one postnatal check-up. Moreover, 27.2% achieved three check-ups, and while smaller groups reported two (9%), four (9%), or even seven (9%) visits, the overall distribution indicates heightened awareness and utilization of postnatal services¹³. This improved healthcare-seeking behaviour aligns with the finding that **63.64%** of respondents credited Ekam Foundation training sessions for their decision to pursue postnatal care.

In tandem with these improvements in antenatal check-ups, all postnatal respondents received breastfeeding guidance and reported exclusive breastfeeding, with **72.73%** specifically praising the usefulness of latching and positioning techniques. Dietary choices also improved universally, as every postnatal mother increased her intake of green leafy vegetables, pulses, dairy products and fruits. While family support rose from 45.45% before training to **81.82%** afterward, continuing to reinforce structured family involvement remains key to sustaining these positive outcomes and ensuring that postnatal care continues to thrive within the community.

Adolescent Girls

The intervention has been highly effective in addressing anemia and menstrual hygiene awareness. Pre-training, 90% of adolescent girls had no knowledge of anemia, whereas post-training, 100% understood its causes and prevention, with 60% consuming iron-rich foods 3-4 times per week. Similarly, menstrual hygiene confidence improved, with **77.78%** of respondents now feeling “very comfortable” managing their menstrual health. Additionally, 90% received information on contraception and safe sex practices, addressing significant reproductive health knowledge gaps. Despite these gains, only 60% applied for government entitlements after training, suggesting the need for stronger support in accessing benefits.

Youth Volunteers

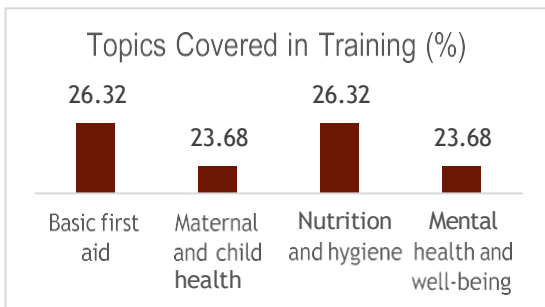


Figure 10: Training topics covered

Youth volunteers have been integral in delivering health education across a range of topics, with the training curriculum reflecting diverse community needs. According to the data, sessions covered four main areas: basic first aid (26.3%), maternal and child health (23.6%), nutrition and hygiene (26.3%), and mental health and well-being (23.6%). These topics align closely with the volunteers’ key responsibilities—disseminating essential health information to peers, neighbors and family members.

Feedback on usefulness reveals that mental health sessions were especially impactful (37.5%), highlighting an area of growing recognition and demand in the community. Additionally, participants found nutrition and hygiene (25%) and first aid (12.5%) helpful, while maternal and child health also garnered 12.5% of the “most useful” responses. These variations suggest that, while all topics are relevant, some areas, particularly mental health, resonate more strongly and may warrant additional emphasis. By

Feedback on usefulness

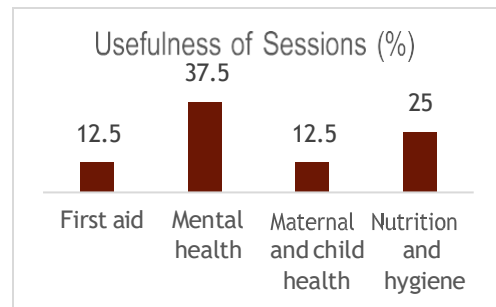


Figure 11: Benefits of training

“We go to people’s homes and conduct classes, because we don’t have a separate hall. We gather pregnant mothers, teach them what to eat, and when to go for scans.”- Community health volunteer

¹³ According to NFHS-5, 87.3% women received PNC care within 2 days of delivery, increase from 83.6% during NFHS-4

actively engaging with these sessions, youth volunteers have reinforced program sustainability and expanded their reach. They have served as conduits for transferring knowledge about maternal and adolescent health, bridging the gap between formal training and everyday community practice. However, the absence of structured follow-up mechanisms remains a limitation. Clear tracking and continued mentorship of these volunteers could capture their evolving influence over time, helping the program refine its approach and better quantify its long-term impact.

Efficiency

Efficiency assesses whether resources have been used economically and in a timely manner to achieve the desired impact. The project effectively leveraged existing community structures, such as Anganwadi workers, ASHA workers, and CHVs, to ensure cost-effective outreach and dissemination of health information. Government PHCs played a central role, with **91.7%**¹⁴ of antenatal care seekers utilizing these facilities, reducing reliance on more expensive private healthcare options. This highlights the project's ability to optimize resource utilization while maintaining accessibility for beneficiaries.

"They have done the construction in phases, so we could continue daily operations. It was well planned, and now we have a modern, advanced centre."- Akila, Padappai PHC Staff

Training sessions were a key driver of efficiency, significantly enhancing service delivery and engagement across multiple stakeholder groups. The quality of training was positively rated, with **67%** of CHVs demonstrating substantial improvements in effectiveness, while adolescent girls benefited from anemia awareness and reproductive health sessions. However, gaps remain in their ability to secure entitlements post-training. The intervention also resulted in improved health-seeking behaviour, as evidenced by increased antenatal and postnatal visits, dietary diversification and strengthened family support. Notably, 81.8% of postnatal women reported increased household assistance post-training, facilitating better childcare and recovery. These positive shifts were achieved without excessive additional costs, reinforcing the program's efficiency.

"We have infection control teams checking biomedical waste disposal. The new infrastructure helps us give quality care more efficiently."- Akila, Padappai PHC Staff

However, some challenges remain, particularly in minimizing waiting times at healthcare facilities and establishing structured follow-ups for youth volunteers to enhance long-term engagement. Addressing these inefficiencies will further bolster the project's ability to maximize resource utilization and sustain its impact. Thus, the project has been largely effective in increasing awareness, improving health-seeking behavior, and fostering positive community engagement. Efficient use of resources through existing public health structures ensured cost-effective outreach. However, strengthening post-training follow-ups, improving adherence to supplementation and ensuring sustained access to government entitlements will further enhance effectiveness and efficiency.

"They showed us a map, had their protocol, and constructed it (the labour room) with approval from the Deputy Director of Health Services. No disturbance was caused to the PHC's daily operations."- Facility Staff, PHC

¹⁴ Mothers who had at least 4 ANC visits rose from 73.6% (NFHS-4) to 76.1% (NFHS-5)

3.3.2.3. Impact

Mothers and Pregnant Women

The project’s impact is further evident in improved dietary diversity and heightened awareness of maternal danger signs. Before training, nearly one-quarter of respondents (24.74%) consumed 0–1 food group daily, while a majority (65.98%) managed only 2–3. Very few (8.25%) included 4–5 food groups, and just 1.03% surpassed five. After training, the nutritional landscape changed significantly: only 8.25% continued with 0–1 food group, while 38.14% expanded to 2–3. Notably, **35.05%** now consume 4–5 food groups, and 18.56% surpass five indicating a robust shift toward more balanced diets. **87.63%**¹⁵ of pregnant women and mothers also reported consuming IFA tablets regularly. These gains align with the program’s emphasis on educating pregnant women and mothers about the importance of micronutrients, protein sources and fruits and vegetables.

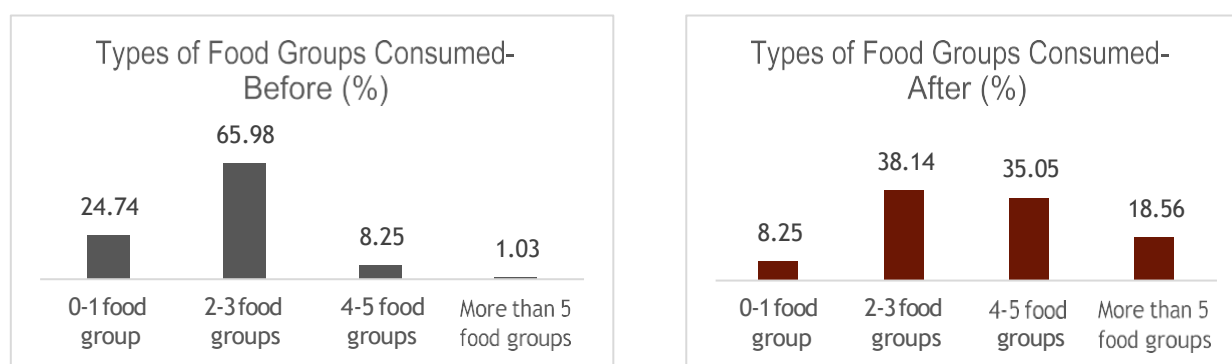


Figure 12: Impact of food consumption pattern

Danger sign awareness also showed marked improvement. Previously, half of respondents (50%) recognized no warning signs and only 20% were aware of three to four. Post-training, a substantial 50% reported learning one to two new signs, while 30% gained knowledge of three to four. Additionally, 10% now identify more than four danger signs, reflecting significantly enhanced vigilance around potential maternal health complications. This progress complements existing achievements such as **97.94%** pregnancy registration at PHCs and consistent involvement of community health volunteers and underscores the project’s

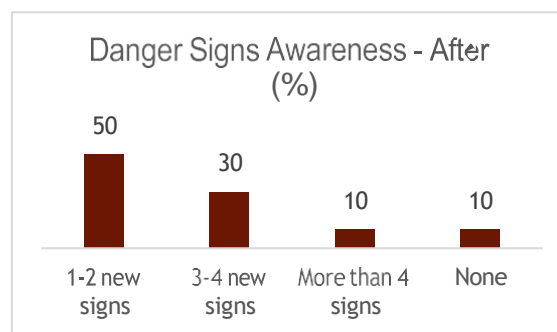


Figure 13: Impact on awareness of danger signs

“We show them labour rooms and toilets after consultation. They see how good it is, so they decide to come here. It’s a wonderful job.”- Vallam PHC Facility Staff

“Mothers have got confidence now; the place is clean, so they utilize these facilities. Quality delivery and care is there, which makes them happy.”- Implementation partner

“After Ekam Foundation did all these changes, it became like a private hospital. We are getting 4-5 deliveries; patients are surprised it’s a government hospital.”- Nithya, Labour Room Staff

¹⁵ According to NFHS-5, mothers who consumed IFA for 100 days or more when they were pregnant rose from 60.4% (NFHS-4) to 73.5% (NFHS-5), while those who consumed IFA for 180 days also saw a rise from 38.5% (NFHS-4) to 47.9 % (NFHS-5)

broader success in equipping women with the knowledge and resources necessary for safer pregnancies and childbirth.

Postnatal Women

An additional indicator of the project's success lies in the significant shift in nutritional habits among postnatal mothers. Before the training, 9.09% of women reported consuming only 0–1 type of nutrient source, while over half (54.55%) had diets limited to 2–3 types. The remaining 36.36% reported more than three types. Following the training, these patterns improved markedly: only 18.18% continued with 1–2 nutrient types per day, while 63.64% moved to 3–4 types, and 18.18% progressed to more than four. Although the labels differ slightly between “types” and “times,” the overall trend reflects a broader, more frequent inclusion of nutrient sources in daily meals.

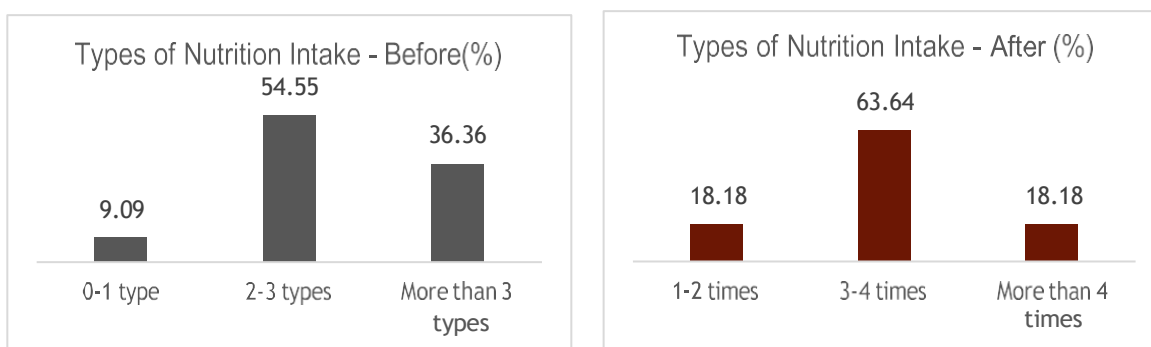


Figure 14: Impact on food consumption pattern

This enhanced dietary diversity complements the universal adoption of exclusive breastfeeding (100%) already observed in the group, underscoring a more holistic approach to postnatal care. The participants' increased confidence in feeding practices 72.73% found latching and positioning guidance “highly useful” demonstrates how targeted education can translate directly into healthier behaviours.

“Anaemic mothers got better nutrition, and they had good deliveries. We see real improvements in maternal outcomes.”- David, BMO, Sriperumbudur Block

Alongside these dietary changes, 63.64% of mothers specifically attributed their increased postnatal check-ups to Ekam Foundation's training, reinforcing the project's role in encouraging prompt medical follow-up. Greater family support, which rose from 45.45% to 81.82% post-training, further magnifies these positive outcomes by facilitating a supportive environment that promotes recovery and fosters sustained behavioral change in the critical postpartum period.

“Mothers are now comfortable doing skin-to-skin (Kangaroo care). They start breastfeeding quickly; no negative feedback.”- Nithya, Health Labour Room Staff

Adolescent Girls

Before the training, the majority of adolescent girls had only superficial awareness of government schemes—70% had merely “heard” of them but lacked details, while 10% were entirely unfamiliar, and 20% had some knowledge. This limited familiarity likely hindered the girls' ability to tap into social welfare benefits, including scholarships, nutrition programs, or other adolescent-friendly services. Against this backdrop, the

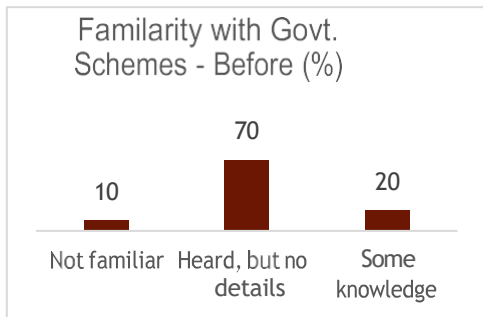


Figure 15: Awareness of government schemes

project made significant strides in closing critical knowledge gaps around anemia prevention, menstrual hygiene and reproductive health. Initially, 90% of these girls were unaware of anemia; after the training, **100%** (n=11) could identify its causes and preventive measures. This newfound understanding spurred 60% to consume iron-rich foods three to four times per week likely aided by ongoing support from Community Health Volunteers (CHVs) and family members who also participated in the sessions. Additionally, the open dialogue on formerly taboo topics boosted menstrual hygiene confidence, with 77.78% feeling “very comfortable” managing their cycles post-training. Although 90% learned about contraception and safe sex, only

60% proceeded to apply for or use government schemes and entitlements. Barriers such as bureaucratic complexities, parental disapproval or insufficient follow-up support to navigate application processes may account for this gap. Strengthening linkages with social welfare programs and adolescent-friendly services could further enhance both the immediate and long-term benefits of the project, ensuring teen health and empowerment continue to advance.

“In teenage pregnancy or high-risk mothers, we identified issues earlier thanks to the new machines. Mothers had better outcomes.”- Julie, VHN, Vallam PHC

Youth Volunteers

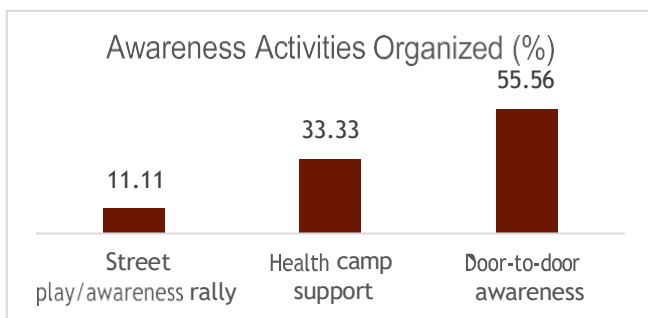


Figure 1c: Awareness activities organized

Youth volunteers are pivotal in extending the project’s reach, as evidenced by the various awareness activities they organize. According to the data, 11.11% of these volunteers focused on street plays or awareness rallies, creatively engaging the community and drawing attention to important health messages in a public setting. Another 33.33% contributed through health camp support, helping manage logistics, guide attendees, and provided basic information, a hands-on approach that not only aids local healthcare services but also fosters the volunteers’

own expertise. Most notably, 55.56% participated in door-to-door awareness efforts, allowing for more personalized interactions with families and neighbors. This intimate form of outreach can be especially effective in communities where trust and familiarity greatly influence behavior change.

“We show them how neat the place is; they lose fear about government hospital and prefer delivering here. That’s a big change.”- Community Health Volunteer

By facilitating peer-to-peer learning and incorporating culturally relevant campaign strategies, these youth ambassadors become catalysts for sustainable health practices. However, the minimal structured follow-up reported indicates a missed opportunity to bolster long-term volunteer engagement. Implementing more robust training evaluations, periodic mentorship sessions and clear reporting frameworks could amplify their influence. Such measures would enable the project to monitor their progress, collect valuable feedback and continue refining the volunteers’ skills. Ultimately, harnessing the full potential of these youth-led activities

will deepen community ownership and ensure that positive health behaviors are both adopted and maintained over time.

3.3.2.4. Sustainability

Mothers and Pregnant Women

Sustainability for this group hinges on institutional linkages and ongoing community engagement. With 97.94% participation in awareness sessions and **91.75%** of antenatal care seekers utilizing government PHCs, the project has effectively integrated with existing public health systems, ensuring continuity of care beyond the intervention period.

“We do have a dedicated team who cleans the labour room daily. Even though it’s new equipment, we’ve learned to maintain it well.”- Nithya, Labour Room Staff

83.51% of respondents reporting regular support from community health volunteers (CHVs) further cements local ownership; these CHVs can continue monitoring pregnant mothers, maintaining health records, and reinforcing the importance of Iron and Folic Acid (IFA) supplementation. Although 12.37% did not take IFA tablets, the structure is in place for sustained follow-up, highlighting a need for persistent awareness campaigns and behaviour-change strategies to keep usage high.

Postnatal Women

Long-term impact for postnatal mothers is rooted in strengthened family and community networks, alongside health system integration. The project’s emphasis on exclusive breastfeeding (reported at 100%) demonstrates a robust cultural shift that can last beyond immediate training sessions, especially when bolstered by repeated messaging from CHVs. Additionally, **81.82%** of postnatal mothers reported increased household assistance, a key factor in sustaining positive maternal and child health practices at home. By linking mothers to postnatal check-ups with **63.64%** citing the project’s role in prompting more frequent visits, the intervention ensures that monitoring and support continue, thereby fostering long-term maternal wellbeing.

Adolescent Girls

For adolescent girls, sustainability centers on lifelong health knowledge and empowerment. The 100% awareness of anemia prevention and 60% rate of consuming iron-rich foods 3–4 times per week reveal promising shifts in daily habits that can endure as adolescents transition into adulthood. Importantly, 77.78% now feel “very comfortable” managing menstrual hygiene an attitudinal transformation likely to persist if local institutions (e.g., schools, CHVs) continue to reinforce these practices. While **90%** received guidance on contraception and safe sex, only 60% accessed relevant entitlements or services pointing to a partial gap in converting knowledge into action. Overcoming bureaucratic or social barriers is key to sustaining the benefits of their newly acquired health insights.

Youth Volunteers

The role of youth volunteers is integral to sustainability, given their capacity to embed health messages within community networks. By conducting peer-to-peer learning and supporting sessions, they reinforce program goals and amplify reach among mothers, adolescents and other community members. However, structured follow-up remains limited, suggesting that additional mentorship, reporting tools or refresher trainings could help maintain their enthusiasm and ensure they continue to champion healthy behaviours long after the

project's official end. Establishing simple tracking mechanisms or periodic check-ins would strengthen volunteers' ability to sustain momentum in promoting maternal, child, and adolescent health.

Overall, the project's sustainability rests on community-driven approaches, effective linkages with public health facilities and empowered stakeholder groups; especially mothers who have experienced the new and improved facilities provided at the revamped PHCs. By deepening local ownership, maintaining consistent CHV support, and reducing barriers to entitlements, these interventions can continue delivering tangible benefits long after initial implementation.

"So far, there are no issues. If anything comes up, the medical officers handle it. We did a one-time upgrade, but they maintain it independently."- Implementation Partner (Ekam)

"We want it to go on for a long time; it'd be nice if they conduct regular meetings for us. If we run it properly and regularly, that's enough."- Udhayakumari, Anganwadi worker

"We do monthly patient welfare society meetings with local bodies. They learn about the hospital's needs, so we can keep it running well even if Ekam steps away."- Facility Staff

3.3.3. Challenges

Mothers and Pregnant Women

Despite 97.94% participation in training sessions, a key challenge lies in ensuring consistent Iron and Folic Acid (IFA) supplement intake, as 12.37% did not consume them at all. Potential factors include side effects, lack of awareness or cultural beliefs/misconceptions. Similarly, while 62% reported a reduction in waterborne diseases, 37.9% did not perceive any change, indicating uneven adoption of improved WASH practices or possibly limited access to clean water sources.

"Some pregnant women live in remote areas, so it's still tough to bring them in regularly, especially if they don't have transport money."- VHN, PHC- Padappai

Moreover, although 83.51% benefited from community health volunteer (CHV) support, occasional difficulties may arise around travel logistics or time constraints for antenatal visits, further complicating consistent healthcare engagement.

Postnatal Women

For postnatal mothers, a shortage of continuous family support remains a challenge, even though 81.82% reported an increase in assistance after training. The residual 18.18% still experience limited help, making it harder to maintain exclusive breastfeeding or attend follow-up check-ups. Additionally, 63.64% cited training sessions as the reason for their increased postnatal visits, but the remaining segment may still face transport hurdles, financial constraints, or social norms that restrict regular attendance. While universal breastfeeding has been achieved (100%), sustaining this practice over time without robust reinforcement and nutrition education could pose difficulties if household income or food availability becomes scarce.

Adolescent Girls

For adolescent girls, the transition from knowledge to action stands out as a persistent challenge. Although 90% learned about contraception and safe sex and other entitlements, only 60% effectively utilized or applied for relevant entitlements possibly due to bureaucratic complexities, lack of parental support, or confusion over eligibility criteria. Furthermore, while 77.78% report feeling "very comfortable" managing

menstrual hygiene post-training, the remaining 22.22% may still struggle with accessing sanitary products or navigating cultural taboos.

“If we detect teenage pregnancies or high-risk cases, some families don’t cooperate. We get higher officials or local leaders involved.”- Julie, VHN, PHC- Vallam

In many instances, families are reluctant to address teenage pregnancies or high-risk cases, making it necessary to involve local leaders or higher officials for effective follow-up. These challenges underscore the importance of providing safe, consistent channels for adolescents to seek guidance on sexual and reproductive health, ensuring they receive the knowledge, confidence and resources to make informed decisions particularly when family structures or social norms might otherwise hinder critical care and support.

Youth Volunteers

The project relies heavily on youth volunteers to disseminate information at the grassroots level. Yet a lack of structured follow-ups and formal mentorship makes it challenging to measure their long-term impact or maintain their motivation. Without refresher training, feedback loops or progress-tracking tools, volunteers may face burnout or lack of direction, reducing the overall reach and consistency of health messages. This gap could also limit the breadth of peer support networks, especially for adolescent girls and newly pregnant women who might benefit from continuous youth-led engagement.

Implementation partner

One of the primary obstacles encountered by the implementation partner involved obtaining the necessary approvals from government authorities, a process that proved more time-consuming than anticipated. As the partner noted, *“Getting permission initially took time, but we did a proper presentation and got it. That was our main hurdle.”* This highlights how administrative requirements and procedural checks created a significant bottleneck, delaying the commencement of project activities. The team was compelled to invest considerable effort into preparing detailed proposals, clarifying objectives and demonstrating compliance with local regulations. As a result, valuable time and resources were diverted to navigating bureaucratic roadblocks, thereby prolonging the overall implementation timeline. However, while the project has substantially improved overall health awareness and practices, logistical and behavioural challenges persist across all stakeholder groups. Addressing transport limitations, cultural norms, information gaps and family support dynamics will be key to sustaining progress and maximizing long-term impact.

3.3.4. Recommendations

Mothers and Pregnant Women

For mothers and pregnant women, a primary recommendation involves addressing the 12.37% who did not consume Iron and Folic Acid (IFA) tablets. Tailored counseling sessions, alongside culturally sensitive communication about potential side effects, would help reduce resistance to supplements. This approach could be bolstered by home-based follow-ups or phone reminders, ensuring that those who forget or resist supplementation receive consistent reinforcement. In addition, 37.9% who did not perceive changes in waterborne disease incidence might require more localized hygiene demonstrations and customized support to encourage uniform adoption of WASH practices. Partnerships with local government agencies could help improve water supply infrastructure and reduce health disparities.

“We suggest they keep covering more remote villages too. Each area has unique needs, so a gap analysis approach works best.”- David, BMO, Sriperumbudur block

Further, the project could facilitate more accessible antenatal services by offering travel solutions or mobile clinics vital for families with limited transportation. Building on the existing 83.51% who benefit from CHV support, involving spouses or relatives more actively in antenatal visits could reinforce consistent follow-through while normalizing shared responsibility in maternal care.

Postnatal Women

For postnatal women, ensuring that 100% maintain exclusive breastfeeding over the recommended duration requires reinforcing best practices and connecting mothers to supportive peer groups. Periodic home visits or follow-ups by CHVs would allow for ongoing guidance, especially around latching, positioning, and addressing any emerging breastfeeding difficulties. As highlighted by the labour staff room, providing additional infrastructure needs in the postnatal ward would ensure a conducive environment for mothers who have just given birth to heal and recuperate while building a safe space for the mother and family to bond with the infant.

“We need a geyser for hot water in the postnatal ward and a separate breastfeeding room; that would improve mother’s comfort.”- Nithya, Labour Room Staff

Although 81.82% reported increased household assistance, the remaining segment still lacks sufficient support; structured family counseling or sessions specifically engaging male relatives can highlight the importance of shared caregiving responsibilities and improved postpartum recovery. Meanwhile, building on the 63.64% who credited Ekam Foundation training for increased postnatal visits, reminder systems through SMS/ calls or community announcements could further boost consistent attendance and help identify postpartum complications early. As suggested by the BMO, working closely with local PHCs to organize routine screening events may also ease logistical barriers, particularly for those facing travel constraints or financial limitations.

Adolescent Girls

Adolescent girls require targeted interventions to translate their high awareness levels into tangible actions. While 90% learned about contraception and safe sex, only 60% have utilized related entitlements, which could be attributed to bureaucratic hurdles or social stigma. Simplifying government scheme information and guiding them through application steps would likely close this gap, especially if schools or local centers hosted periodic “adolescent corners” staffed by trained personnel. Additionally, although 77.78% feel “very comfortable” with menstrual hygiene, the remaining 22.22% may benefit from small-group discussions or demonstrations that reduce cultural taboos and ensure adequate access to sanitary products. Sustaining nutritional gains given that 60% now consume iron-rich foods three to four times weekly may be facilitated by linking adolescents to clubs or vendors offering affordable iron-rich meal options, ensuring these positive dietary shifts persist over time.

“A big waiting area or conference hall would help us conduct awareness sessions for large groups without disturbing the out-patients visiting the centre (OP).”- Facility Staff

In addition, establishing a dedicated room or conference hall at the PHC would not only minimize disruptions to routine clinical operations but also offer a secure, private space for adolescent-focused sensitization sessions. Such a room could accommodate demonstrations on menstrual hygiene and address cultural taboos more effectively, allowing girls to ask questions and seek guidance without feeling exposed or judged. Moreover, having this distinct venue could serve as a hub for sanitary product distribution, counseling on family planning (FP) services, and other adolescent health topics ultimately bridging the awareness gaps that often prevent girls from accessing the full spectrum of reproductive and sexual healthcare.

Youth Volunteers

Youth volunteers play a crucial role in disseminating health information, yet their long-term impact depends on structured follow-up and mentorship. Creating clear reporting mechanisms through periodic refresher training, community recognition events and simple progress-tracking tools would help maintain their motivation and sense of responsibility.

“More volunteers in remote villages can ensure mothers get consistent support. If possible, continue the nutrition kits—mothers really liked them.” - Julie, VHN, PHC- Vallam

Additionally, expanding the network of volunteers in remote villages can offer mothers a reliable point of contact for day-to-day health needs, reinforcing the impact of existing interventions. By establishing a trusted presence at the grassroots level, youth volunteers can become a go-to resource for guiding families, addressing their health concerns, and facilitating referrals to higher-level facilities when required. This consistent, community-based support structure is particularly vital for maternal and child health in geographically isolated regions, where access to formal healthcare may otherwise be limited. Through ongoing engagement and regular follow-ups, volunteers can not only provide information and resources (such as nutrition kits) but also build confidence among mothers, ultimately leading to better health outcomes for pregnant women, new mothers, and young children across the project geography.

Designating senior community health supervisors or experienced volunteers as mentors could also strengthen intergenerational knowledge transfer, ensuring newcomers receive guidance and ongoing support. Encouraging peer-to-peer education, such as youth-led small-group sessions on maternal care and adolescent health, would deepen grassroots ownership of the project and broaden the reach of essential information to families and schools. By institutionalizing these measures, the intervention can fully leverage youth volunteer networks and sustain positive health behaviours across target groups.

3.3.5. Annexures

3.3.5.1. Sample distribution

Table 3: Sample distribution- health project

Beneficiaries across key tools	Sample
Structured Survey	
Mothers	97
Semi-structured Interviews	
Adolescents	11
Pregnant Women	10
Postnatal mothers	11
Youth Volunteers	10
In-depth Interviews	
Facility Staff	3
Labor Room Staff	1
Community Health Volunteers	1
Anganwadi Workers	1
VHNs	4
Implementing Partner	2
Key Informant Interviews	
Block level department of Health official	1
ICDS member	1

3.3.5.2. Evaluation Matrix

Table 4: Evaluation matrix- Health

Study Population	Key Area of Enquiry	Tool Type	Planned Analysis	Evaluation Dimension (OECD -DAC)
Mothers of children received immediate medical support And/or utilized model labour room	<ul style="list-style-type: none"> Health outcomes and recovery rates among children receiving immediate medical support Impact on reduction of child morbidity and mortality rates Accessibility of medical support services Satisfaction with facilities, amenities, and support in the labour room 	<ul style="list-style-type: none"> Structured interview Semi-Structured interview 	<ul style="list-style-type: none"> Descriptive statistics to analyze satisfaction levels and accessibility trends. Thematic analysis of satisfaction, challenges, and qualitative health outcomes 	<ul style="list-style-type: none"> Effectiveness Effectiveness Relevance
Health facility staff and management	<ul style="list-style-type: none"> Training and capacity building of healthcare staff Challenges faced in maintain upgraded health facilities 	<ul style="list-style-type: none"> In-depth interview 	<ul style="list-style-type: none"> Thematic Analysis of staff challenges, training outcomes, and facility maintenance issues 	<ul style="list-style-type: none"> Efficiency Sustainability
Community members trained on maternal, newborn and adolescent care	<ul style="list-style-type: none"> Knowledge and awareness levels Adoption of healthy practices Engagement and participation in promoting health activities 	<ul style="list-style-type: none"> In-depth interview 	<ul style="list-style-type: none"> Thematic Analysis of knowledge uptake, behaviour change, and community engagement 	<ul style="list-style-type: none"> Impact Sustainability
Adolescent Girls	<ul style="list-style-type: none"> Knowledge and awareness levels Adoption of healthy practices Engagement and participation in promoting health activities 	<ul style="list-style-type: none"> Semi-Structured interview 	<ul style="list-style-type: none"> Descriptive analysis of adoption rates. 	<ul style="list-style-type: none"> Impact Effectiveness
Local youth trained on healthcare topics	<ul style="list-style-type: none"> Knowledge and awareness levels Involvement in scaling healthcare initiatives 	<ul style="list-style-type: none"> Semi-structured interview 	<ul style="list-style-type: none"> Descriptive analysis and thematic analysis to evaluate involvement and knowledge acquisition. 	<ul style="list-style-type: none"> Relevance Sustainability

Study Population	Key Area of Enquiry	Tool Type	Planned Analysis	Evaluation Dimension (OECD -DAC)
		<ul style="list-style-type: none"> In-depth interview 	<ul style="list-style-type: none"> Thematic analysis of specific challenges and success stories in scaling healthcare 	
Implementation Partner	<ul style="list-style-type: none"> Roles and responsibilities Challenges and barriers Success stories – Stories of change 	<ul style="list-style-type: none"> In-depth interview 	<ul style="list-style-type: none"> Thematic analysis of barriers, role efficacy, and qualitative insights from success stories 	<ul style="list-style-type: none"> Efficiency Sustainability
Key Stakeholders (AWW, ANM/VHN, DEIC, MOIC, ICDS at Block/ District level)	<ul style="list-style-type: none"> Roles and responsibilities New strategies introduced. Challenges and barriers Success stories – Stories of change 	<ul style="list-style-type: none"> In-depth interview 	<ul style="list-style-type: none"> Thematic analysis of stakeholder roles, strategy adoption, and qualitative success evaluation 	<ul style="list-style-type: none"> Relevance Effectiveness