



## *Maa Aur Shishu Suraksha Programme(MASS)*

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Supported by JNJ Foundation

### IMPACT EVALUATION REPORT



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## **ABBREVIATIONS**

ADS - Aikatan Development Society  
ANM - Auxillary Nurse Midwife  
AWC - Anganwadi Centre  
AWW-Anganwadi Worker  
BPHC – Block Primary Health Centre  
FFHIT- Freedom from Hunger India Trust  
ICDS-Integrated Child Development Services Scheme  
IFA-Iron Folic Acid  
MCH-Maternal and Child Health  
MFI-Micro Finance Institution  
NHM- National Health Mission  
SC - Sub Centre  
SDG-Sustainable Development Goal  
SHG- Self Help Group  
SHPI- Self Help Promoting Institution  
SS-Swasthya Sahayika  
VHSND – Village Health Sanitation and Nutrition Day

## **Acknowledgement**

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## Introduction

This is a report of an impact assessment of the Maa Aur Shishu Swasthya (MASS) Programme of Freedom from Hunger India Trust (FFHIT) implemented by **Bandhan-Konnagar and Aikyatan Development Society**.

MASS Programme of Freedom from Hunger India Trust (FFHIT) began on October 1, 2015 with support from Freedom from Hunger (now integrated with Grameen Foundation, USA) and Johnson & Johnson Foundation. Freedom from Hunger India Trust works in partnership with **Bandhan-Konnagar and Aikyatan Development Society (ADS)** on maternal and child health (MCH) interventions through integrated services. This three year project is related to Sustainable Development Goal (SDG-3) on “Good Health and well-being” that focuses on better health of rural women to ensure enhanced awareness on women’s rights and entitlements related to health, easy access and improved service delivery leading to better health of rural women.

The purpose of MASS is to “Improve health awareness, health-seeking behaviours of and availability and financial access to health providers among MFI (Micro Finance Institution) and Self-Help Promoting Institution (SHPI), SHG clients and their families” and targets approximately 1,35,000 families represented in areas of both implementing partners in West Bengal as well as Jharkhand. The objectives of MASS are:

1. Improve the health-seeking behaviour of and availability and financial access to health providers among MFI and SHPI (SHG) clients and their families.
2. Improve visibility, collaboration, enabling environment for integrated health and financial services.
3. Empower Adolescent Girls with appropriate, high-quality health education.

The three organisations involved in MASS, namely, FFHIT, Bandhan and ADS believe that MFI or SHG is an effective platform for protecting the poor from health shocks. These groups more often than not have an all-woman membership and are:

- Disciplined, committed, meet in groups regularly
- Field staff of implementing agencies are in regular touch with MFI/SHG – so there is trust
- The membership comprises people of similar socio-economic status and under-served areas
- Committed financial services motivate health protection of the poor

After 3 years of intervention, FFHIT wanted to assess the impact of the project on behaviour change and health status of the target community (predominantly pregnant women and lactating mothers with children below 2 years of age, representatives of SHGs and adolescent girls). The objectives of the impact assessment were:

- To assess the change in knowledge, attitude and practice of the community (preferably pregnant women, lactating mothers with children below 2 years and adolescent girls) relating to health, health savings and linkages interventions.
- To document the evidence of positive changes (if any) in the target community.
- To identify the challenges and factors influencing the effectiveness of the health interventions, leading to recommendation for future initiatives.

## **Methodology and process of the impact assessment**

The Impact Assessment was conducted by a team of three external consultants. The exercise involved the following:

1. Review of relevant documents provided by implementing organisations. The documents include a) sanctioned project proposal b) results of baseline study c) reports – annual/six monthly/ quarterly d) map of project area e) case studies / stories of good practice /success stories f) documents and records of field meetings, monitoring visits and reviews g) IEC materials used/ produced
2. Preparation and selection of data collection tools. Guidelines were prepared for FGDs with a) women who had children up to the age of 6 months b) women who had children between the ages of 7 months to 23 months c) government service providers like Anganwadi workers, ASHA, ANM. Nutrition status of 6 to 23 month old children were assessed using the mid arm circumference tape. A questionnaire was used to ask feeding history like breast feeding within one hour of birth, exclusive breast feeding and weaning. The government MCP card brought by women helped to determine the age and immunisation status of the child, while FGD guidelines were used for discussions with mothers, adolescent girls, service providers (ICDS & health), and GP members. The Consultants were also able to observe one immunisation camp in Bankura conducted by the Department of Health, Government of West Bengal.
3. Field work a) Meeting with relevant functionaries of partner organisations b) FGDs with SHG members including pregnant and lactating women , FGDs with adolescent girls, FGDs with service providers of government programmes (ANMs, AWWs, ASHAs) c) meetings GP Head, relevant panchayat members and VHSNC d) assessing nutritional status of selected children under 2 years

Meetings were held with the team of consultants, FFHIT representatives and representatives of Bandhan and ADS to discuss the MASS programme and plan the field visits. It was agreed that visits would be conducted in two GPs of each district, one close to the local office of the NGO and the other a distant one. The implementing agencies were requested to select the most appropriate GPs for the assessment. The table (Table 1) below shows the coverage of the MASS programme.

Sl. no	Implementing agency	District	Block	Total GPs in Block	No of GPs in MASS	No of villages in MASS	No of GPs visited for assessment
1.	Bandhan	Pakur (Jharkhand)	Pakur Maheshpur	69	10	35	2
2		Bankura(WB)	Onda, Kotulpur, Chhatna, Gangajalghati, Patrasayer	57	5	109	2
3		Murshidabad(WB)	Nabagram, Burwan, Khargram	35	5	62	2
4		24 Pgs (N) (WB)	Deganga	13	2	25	0
5	Aikyatan Development Society	Purba Bardhaman	Ausgram – I	7	7	85	1
6	Aikyatan Development Society	Purba Bardhaman	Ausgram – II	7	7	153	1

### Limitations of the study:

1. The field visits were conducted over a period of 8 days across 4 districts.
2. It was not possible to transport children and women across long distances.
3. This study has relied primarily on qualitative methods like focus group discussions (FGD) regarding knowledge, attitude and behaviour.

4. The consultants were able to assess the present level of knowledge in the community. Any comments made about increase are based on anecdotes narrated to us in the field. There was no baseline available for us to compare with.

### **Bandhan-Konnagar and Aikyatan Development Society: the implementing organisations**

Bandhan was set up in the year 2001 to meet the goals of poverty alleviation and women's empowerment. Bandhan-Konnagar is actively engaged in the field of education, health, livelihood promotion, enterprise development, employment generation, renewable energy and others. It runs several development programmes to bring about holistic transformation in underprivileged communities. The organisation expands its scope of services to minimise areas of 'income leakage' in poor families. Bandhan-Konnagar initiated non-financial development programmes from 2006 and began working on health issues from 2007. It has covered 75,175 families through the MASS programme. Most Bandhan programmes are implemented through its SHGs.

Bandhan is well known for its financial services and has a very large geographical outreach. It also has experience in both the financial and health sector. Therefore, it is expected that in the MASS programme, Bandhan will show impact at scale and will sustain and build on the gains and learnings.

Bandhan implements the MASS project through 17 branch offices. Each health branch office is staffed by three Health Community Organisers (HCO), The senior most HCO is in charge of the health branch. One Area Coordinator supervises the work of 5 health branches. Each HCO trains and supports 8-10 community health volunteers, women who are the 'face' of the MASS programme.

Aikyatan Development Society was formed in 1999 as a consequence of the zeal and dedication of fourteen young men to make a change in the lives of poor people. It works mainly in Bardhaman district covering 31 blocks. It also works in Birbhum and Bankura. The MASS programme is being carried out in Bardhaman. ADS has covered 35,182 families through the MASS programme.

ADS, like Bandhan, also has long experience in working on health and other issues through SHGs. They work very closely with their local communities and also have strong links with government departments and panchayat.

The broad strategies adopted by both the organisations include:

- Health education for women and communities through community platforms

- Linking pregnant women and lactating mothers with available government health services
- Initiating a programme on reproductive and sexual health for adolescent girls

The activities carried out by Bandhan and ADS are:

- Health education for the referral community, focusing MCH
- Awareness on menstrual hygiene for adolescent girls
- Follow up for immunisation of children
- Home visits, meetings with pregnant and lactating women

Community meetings with women, especially pregnant and lactating women

- Linkages with field level workers of government programmes, namely, ANMs, SAHIYAs/ASHAs and AWWs
- Assisting service providers in organising regular health and immunisation camps, Outreach camps and special drives/events
- Promoting Institutional deliveries
- Training of staff , volunteers and others

By and large, for the MASS programme, Bandhan and ADS have similar activities. Both the organisations work closely with SHGs that they have promoted in the field. There are some features that they don't have in common, though. Bandhan has a cadre of community health volunteers called Swasthya Sahayika (SS). They are responsible for organising Health Forums, which are conducted by staff of Bandhan. ADS has introduced 'health savings' in its SHGs.

### ***Health Savings (ADS)***

ADS has introduced 'health savings' for SHG members from 2017. FFHIT conducted a training programme for ADS staff on health savings. Group members contribute Rs. 10 per month for health savings. Some groups also pay Rs 20. The purpose of the 'health savings' are to enable group members to have easy access to money for health emergencies. SHG members can take loans at any time of the day or night in case of health emergencies. They return their principal in instalments and pay an interest of Rs 2 per Rs100 per month.

Unlike the 'regular' savings of the SHG which are kept in the bank, the health savings remain with the group so that they are able to access the money at any time. This money is kept in a tiny trunk with two locks and two of the office bearers of the group have a lock each.

### ***Swasthya Sahayika (SS)***

Bandhan has developed a cadre of health volunteers from the community, who are called Swasthya Sahayika (SS). The SS are the 'face, hands and feet' of the programme in the field.



Teams of SS are developed by each health branch. Each HCO works closely with 9 to 10 SS to cover 4 to 5 villages. The SS are women who live in the panchayat area where they work and have some formal education, usually not less than Class VIII. Most SS are recruited from members of Bandhan SHG.

The SS were developed with Bandhan's exit strategy in mind. Bandhan is actively present in the community for 3 years. After that its health branch is withdrawn and support to the community is provided by the SS. Bandhan HCOs continue to support the SS through a refresher meeting every three months.

### **Role of FFHIT in MASS**

FFHIT worked with Bandhan and ADS to a) support health education b) work with PRIs to enable greater co-ordination amongst service providers c) limited financial support.

FFHIT provided financial assistance to Bandhan for developing IEC materials, development and capacity building of staff. In addition to financial support for IEC and training to ADS, FFHIT has also provided fund to cover 30% of the project staff salary as well as their cost for field travel.

FFHIT has also linked Bandhan and ADS with The Community of Practice for Health and Microfinance (COPHAM) in India, an experiment to bring together stakeholders in the health and microfinance sectors to promote universal healthcare coverage.

### **Situation analysis and indicators**

For their situation analysis, Bandhan and ADS compiled data on various MCH services available and accessed by pregnant women and women with children up to the age of 2 years. The MASS programme is geared to fulfilling the Sustainable Development Goal 3(SDG 3) of Good Health and Well-being and is based on the idea that the 1,000 days between pregnancy and a child's second birthday are a critical time for positive impact on a child's cognitive and physical development.

Based on the situation analysis, these are the indicators for the MASS programme:

- pregnant women **receive complete ante-natal care** (This includes attending 3 ANC visits during pregnancy and completed TT injections and consumed at least 100 IFA tablets)
- babies **delivered in a formal health centre or a hospital**
- women make **birth plan during pregnancy** (This includes, savings to cover any pregnancy related health or emergency cost, fixed her transport arrangement as well as where to get delivered)
- women **aware of the common danger signs during pregnancy and delivery** (This includes, bleeding, convulsion, hypertension and high fever)

- babies born **with normal birth weight** (Normal birth weight is considered between 2.5 kg and 3.5 kg)
- **exclusive breast feeding up to the first 6 months of the child's life is established as a norm**
- **complementary feeding from 7<sup>th</sup> month of the child's life**
- women include **iron rich food in their daily diet to prevent anaemia**
- children between 12 to 23 months of age **receive complete immunisation** (this include measles vaccine and 1<sup>st</sup> dose of Vitamin A).
- **adolescent girls** use **sanitary cloths or sanitary pad** during menstruation after attending health sessions (applicable for Bandhan only)
- SHG members **take loans from their Health Savings to cover any medical expenses related to pregnancy and child birth**
- women and adolescent girls **attend sessions of anaemia, MCH and menstrual hygiene education**
- **women, especially those who are pregnant, lactating and/or have children under 2 years, attend sessions on anaemia and MCH health education**
- SHGs **adopt health savings in addition to their regular savings mechanism**

MASS aims to develop an enabling environment in its operational area. It expects that as a consequence of the programme:

- FLWs(Front Line workers) of government will attend health education sessions conducted by Bandhan or ADS field staff
- VHND provides all the basic services like urine test for confirm pregnancy, recording of weight, antenatal checkup, immunisation against tetanus. IFA and Calcium supplies, abdominal examinations during pregnancy, counseling on nutrition and rest during pregnancy, danger signs, institutional delivery and breast feeding. Children will be provided all vaccines, Vitamin A and deworming tablets, weighing and counseling on nutrition.
- FLWs of government visit resistant homes of MASS beneficiaries jointly with Bandhan and ADS field staff
- ***Panchayats will conduct 4<sup>th</sup> Saturday convergence meetings on health and nutrition issues and have minutes of the meeting available.***

The situation analysis focuses on the use and accessibility of health services. Based on this analysis, Bandhan and ADS developed indicators that would enable them to monitor the reach of MCH services. The programme indicators also make it clear that efforts to increase health awareness amongst the community, especially, pregnant women and those with young children, and influence practice, are important components of the programme. Bandhan and

ADS are also directing effort to develop linkages between field level workers of government programmes like NHM and ICDS and the communities where they work. They also work to promote interactions between the panchayat and the people, and enable people to make the panchayats work for them.

## **Achievements of the programme**

A total of 1,10,357 households have been covered in the programme - 75,175 through Bandhan and 35,182 through ADS. Most pregnant women are accessing ANC services provided by the government and opting for childbirth in health centres or hospitals. In the Bandhan operational area 84% of pregnant women were registered with ante-natal services and 79% had institutional deliveries. Twelve thousand (12,000) adolescent girls - 4000 through Bandhan and 8000 through ADS received education on menstrual hygiene management, nutrition and diarrhoea.

Our findings from field meetings and discussions also bore out these findings. Here, we have summarised the achievements of the programme. Swasthya Sahayikas and Health Savings have been discussed earlier, and so, we are not talking about them in this section.

### ***Knowledge of antenatal and postnatal care***

Women, and more specifically pregnant women and women with young children (children up to 23 months), are well aware of early registration of pregnancy, immunisation during pregnancy and then for babies, antenatal check-ups, danger signs during pregnancy, proper diet, rest, institutional delivery and post natal care. Institutional delivery is becoming the established norm. The availability of the ambulance from the health centre and the fact that the delivery in the health centre / hospital is free of cost are enabling factors.

All the 56 women we spoke to said all babies, except in the case of Caesarean births, are breastfed within an hour of birth. The women said that their babies are exclusively breastfed for the first six months of their lives and complementary feeding is introduced from the seventh month. Women with their newly born first child were also confident about nutritional needs of their children. They were very clear about the benefits of exclusive breastfeeding.

A questionnaire was administered to mothers whose last child is between the age ranges of 6 months to 23 months to gauge feeding practices. Nutrition status of 6 to 23 month old children were assessed using the mid upper arm circumference (MUAC) tape.

The satisfactory level of health knowledge in the community is a consequence of health education provided by Bandhan, ADS and government programmes. Messages imparted by government programmes are reinforced by SS and staff of Bandhan and staff of ADS. For example, all SHG members that ADS works with have been trained in anaemia and MCH. Of course, knowledge can be swiftly converted to action because government services exist and can be easily accessed. While this is not to say that the government delivers everything that it's supposed to, it is a fact that basic MCH services are more accessible than before.

### ***Programme with adolescent girls***

Adolescent girls were brought into the purview of the MASS programme from Year 3. The Bandhan intervention with adolescents was conducted by the SS. They had two meetings with in 1 year with adolescent girls – 1 every 6 months. A similar effort has been made by ADS. Since the ADS field workers are all male, the discussion with adolescent girls has been conducted by FLWs from the government.

The adolescent girls have been provided knowledge about:

- Basic nutrition and eating a balanced diet
- Menstruation and menstrual hygiene including use of sanitary towels
- Disposal of sanitary towels

Sessions with adolescents were conducted with games and pictorial aids. Bandhan has also conducted programmes in schools on these issues. These have been one off sessions but they have reinforced the facts that some learnt in sessions in their community.

Adolescent girls are aware of the physiological reasons for menstruation. Many remarked that using sanitary pads was very convenient. However, in West Bengal, access to low cost sanitary towels from government Anwasha Clinics was an important benefit. In areas where Anwasha clinics don't exist, several girls said that using sanitary pads all through the time they are menstruating is expensive. They continue to use cloth and restrict use of sanitary pads to specific situations like school, or when they are visiting relatives and so on.

### ***Linkages with service providers of government***

Developing strong links with government health services and service providers is an objective of the MASS programme. Both Bandhan and ADS encourage joint home visits by programme staff and government FLWs. This is a good opportunity for FLWs since they have to report on home visits they make. Joint visits by NGO and government FLWs help to a) wear down resistance to immunisation b) address and prevent dropouts from health and ICDS services c) encourage and ensure institutional deliveries.

In Bandhan and ADS areas, the staff and volunteers of the organisations also work closely with the government personnel to mobilise women for routine health clinics like ANC and immunisation. They also mobilise for outreach and special events. Government FLWs have a heavy workload and appreciate the support they get from Bandhan and ADS workers and volunteers.

### ***Links with PRIs***

The PRIs are very important in the case of MCH because each household has to be covered. In West Bengal, it is mandatory to have a panchayat level health plan. Each panchayat level health plan then feeds into the plan of the Department of Health, Government of West Bengal (Gov. of WB). During our field visits in West Bengal, we found that both Bandhan and ADS have good links with the panchayats in their field areas. They undertake joint activities for planning, implementation and monitoring. The mandatory fourth Saturday review meetings for public health at the GP level are held regularly with representatives from the Health department, ICDS and concerned NGOs.

In Pakur, we spoke with present and former PRI members. They knew Bandhan for its work with MFIs. The PRI members, both present and former, said that they knew Bandhan worked on health awareness but did not know if it did any other health related activities.

### **Strengths**

- Information about MCH including anaemia, diarrhoea and nutrition has been clearly conveyed to women.
- Health education is enabling changes in attitude and behaviour like high attendance at ANC, making institutional deliveries the norm, adopting new knowledge about breastfeeding and complementary feeding.
- Knowledge about menstruation and use of sanitary towels amongst women and adolescent girls has increased.
- Bandhan and ADS have worked efficiently and effectively to achieve programme objectives of MASS
- Dedicated team of NGO staff and volunteers (Swasthya Sahayikas for Bandhan and SHG members for ADS)
- Good links and relationships with panchayat, government departments and government FLWs (volunteers like AWWs, ASHA).
- Bandhan is in regular contact with SS even in the areas from where it has withdrawn and provides them support including updating their knowledge.
- The 'health savings' programme of ADS is innovative and useful.

### **Learnings**

- ✓ Many women welcomed opportunities to work outside the home even when it was unpaid work. This was evident in discussions we had with SHG members of both Bandhan and ADS, who are all involved in voluntary activities. They feel that they are doing something important in the community and are also a part of different collective efforts.
- ✓ SHG members (ADS) and Swasthya Sahayikas (SS - Bandhan) were very proud to belong to a collective/ group.
- ✓ MASS is focused on ensuring that women and communities have access to MCH services. Also that they have the knowledge to change their attitude and practice to get the optimum benefit from MCH services. Health is seen as a consequence of good service delivery and compliance with rules.
- ✓ Effective links have been made with PRIs by ADS, which as discussed earlier, is ensuring that GPs are playing an effective role in enabling convergence of services. In the Bandhan area this link has been created locally by SS.

- ✓ Persons with disability (PWDs) have not been successfully integrated into the programme. Staff / volunteers have little, if any, knowledge about disabilities and are not able to address the issues of different PWDs. In Jharkhand, we met an SS, who had a child with Down's syndrome. Her knowledge about her child's condition and Down's syndrome appeared sketchy. Encounters with a few other PWD (Persons with disability) during our field visits reflected very little attention to disability.
- ✓ The programme objectives and design have no explicit articulation of women's empowerment or gender equality.
- ✓ The Health Savings intervention of ADS is new but its participants feel supported by it.

## **Conclusion**

Bandhan and ADS have effectively met the objectives of the MASS programme. They have committed organisational leadership, hardworking and dedicated staff and inspiring volunteers. A strong programme focused on rights enables better delivery and quality of services. Bandhan and ADS have the strength on the ground and immense experience to deepen the MASS programme and move towards sustainable social change.

This change will build on work already done but will require a shift in focus of programme goals and a programme design with gender equality and social justice built into it. Needless to say, the activities in the programme will also change and there will be a focus on training of staff, volunteers and community members.