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An Independent evaluation of the CHF program conducted in BIHAR, UP & ASSAM

by

Prof Dr. JAYAPRAKASH MULIYIL,

Former Principal CMC Vellore

February 2016

Acknowledgement

This report would not be possible without the support of several people. I extend my thanks to Anindya Biswas and Ashoka who have given us access to the Lumistic online platform for survey and data collection. Onionpy has supported us with data analytics and dashboards which have helped us in effective analysis and presentation of data. Healing Fields staff have been supportive in providing all the information and answering all my questions in order to prepare this report. I thank them for their support and cooperation.

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ACRONYMS

CHF	Community Health Facilitator
ANM	Auxiliary Nurse Midwife
ASHA	Accredited Social Health Activist
AWW	Anganwadi Worker
PHC	Primary Health Centre
MFI	Micro Finance Institution
ANC	Ante Natal Check Up

INTRODUCTION & BACKGROUND

Healing Fields Foundation is a not-for-profit organization led by an Ashoka Fellow, and aims to make quality healthcare affordable to all sectors of society. They aim to bring this to life through their various programs, which leverage the following strategies:

- Scalable health education system
- Innovative health financing model
- Economic empowerment through health microenterprises
- Community level Health infrastructure development

Through its diverse expertise and varied healthcare management programs, the organization serves to bring quality healthcare to the poor, marginalized and underprivileged sections of the society. Healing Fields works with other non-governmental organizations, the private healthcare sector and the government to improve access to basic healthcare services for the underprivileged.

Under its flagship program of Community Health Facilitator (CHF) program, Healing Fields identifies women from underprivileged and marginalized communities who have the potential to become health facilitators/leaders and trains them to become empowered "agents of change" for improving health education in their community. For this "change" to be implemented, Healing Fields believes that it is also critical to build the requisite preventive health and sanitation infrastructure such as toilets, soak pits, access to clean drinking water, access to hospitals and clinics as well as quality medicines and health products. The trained CHFs provide the last mile connectivity in the villages providing access to health products and services.

ABOUT THE CHF PROGRAM

Healing Fields Foundation did a proof of concept of the Health Facilitator training in 2001 and based on the results, they designed and developed the Community Health Facilitator project. The pilot with support from Jamshetji Tata Trust was implemented in Andhra Pradesh, Bihar & Orissa from 2009 to 2012. For 2012 the program has been scaled across 7 States of India with Multi donor support.

Healing Fields identifies women living in local rural communities and members of local Trust groups like Micro Finance Groups, Self Help Groups and other groups to offer them a simple, practical training in the prevention of illness, promotion of wellness, identification of serious illness, nutrition for every age group, first aid, health savings and hygiene, both personal and environmental hygiene. They are taught to identify health problems in their communities through objective data collection and find local solutions to those and also to

create access to various health products and services like toilets, clean water, renewable energy cooking fuels, health financing and personal hygiene products like sanitary napkins. The training is structured in two phases, 6 months of contact training and 6 months of internship. After 6 months of training, the women form a health savings group so that the poor community can access loans from the risk fund available in their village, and purchase discounted medical consultations, diagnostic care and medication at the local networked hospital and pharmacies.

Healing Fields enables their trained Community Health Facilitators to live and work within their communities, as their training is an incentive to take care of their villages by earning an income. To date, they have trained over 2500 CHFs' serving about 625,000 households in 2400 villages.

Objectives of the CHF program:

By educating, training and skills building for women from marginalized backgrounds in India to become leaders in their community, the CHF program aims to achieve the following objectives:

- Build a scalable grass roots preventive health education model
- Deliver an innovative health financing model
- Create economic empowerment through health microenterprises
- Develop community level health infrastructure

Target group

Direct Beneficiaries

The direct beneficiaries are women from low-income and marginalized communities in rural areas of India in which Healing Fieldsoperate. These women are semi-literate, members of local Trust/MFI/SHG groups who otherwise would not be offered opportunities to contribute to the welfare and economic prosperity of their families or communities. The families of women participating in the livelihoods programs are also direct beneficiaries given the earnings are often distributed to family members and children

Indirect Beneficiaries

Indirect beneficiaries include members of the community in which each CHF operates and

educates. Each CHF reaches out to 250 families in her communities with health education, first aid, health financing, health products and services. These families benefit from the health education and referral services provided by the CHF. They can also access products like sanitary napkins from the CHFs.

CURRENT STATUS OF THE PROGRAM

The CHF program was launched as a pilot in Andhra Pradesh and Telangana in 2009, with the focus of the program being to create health behaviour change in the community through the trained Community Health Facilitators. The scale up of the program in other states of Assam, Bihar, Uttar Pradesh, Orissa, Jharkhand, Tamil nadu started in 2010.

As the program was being scaled up the following elements were added to the program:

- **Water & Sanitation –** The CHFs are taught to facilitate construction of household toilets by mobilizing community and helping them access Government subsidy and or subsidised loans available in the MFI.

- **Health Products –** The CHFs learn to create access to health products like sanitary napkins to the community by selling them at the door step. These napkins are being manufactured by the women and sold at subsidized price under the brand MESA (Mera Sathi).

- **Warm clothes** are also distributed every year by the CHFs in partnership with Goonj, a NGO operating in disaster relief, under their clothes for work program. Community sanitation activities are implemented in every village as a part of this program.

- **Livelihoods –** The work of the CHFs needs to be sustained beyond the 1 year training and internship to be able to bring a positive impact not only on their communities but also in their own homes. Towards sustainability of CHFs Healing Fields has been piloting different livelihood initiatives like sanitary napkin manufacture and sale, construction of toilets, health education sessions to MFI client members, referrals to hospitals.

CONTEXT OF THE STUDY

In 5 years the program has scaled about 5 times. In 2010 – 2011 Healing Fields had trained 80 women in AP as CHF today have trained more than 2500 CHFs across 8 States of India. Healing Fields have also added many new elements to the program to increase the sustainability of the impact.

Given this context they approached Dr.J.P.Mulyil to evaluate the impact of the current program and also suggest improvements required going forward to enhance the scale. In this context the current study has been taken up.

The expectation from this study is also to give recommendations for the way forward for the CHF program as well as an understanding to align the indicators from the program with the Millennium Development Goals.

OBJECTIVES OF THE EVALUATION

- Assess the relevance of the CHF program and livelihood initiatives within the context of the current public health scenario in India
- Assess the impact the program has on the CHF
- Assess the impact the CHF program has on the community
- Assess the influence of the CHF on the community
- Assess the impact of the livelihood programs on the CHFs and their communities
- Determine any changes that need to be made to the current program
- Suggestions and advise to make the program effective, relevant and impactful

STUDY TEAM

Dr.J.P.Muliyil – Lead Evaluator

This evaluation is being led by Prof Dr Jayaprakash Muliyil, Former Principal of Christian Medical College Vellore and Professor Emeritus in Community Health, CMC Velllore.

Dr. Jayaprakash Muliyil completed his undergraduate studies in Medicine and Postgraduate studies in Community Medicine from Christian Medical College, Vellore and joined the faculty of Community Health there. Christian Medical Collge & Hospital has a Community Health and Development (CHAD) programme with a secondary care hospital as the base

hospital covering a population of 1,00,000. Dr. Jayaprakash Muliyil was in charge of the Leprosy control programme. In 1985 he went to John Hopkins University at Baltimore from where he completed MPH & Dr.PH in Epidemiology. He became a professor of Community Medicine in 1990. The first formal course in Epidemiology in India was started at CMC, Vellore in 1992. From 2002 he served a 5 year term as the Principal of Christian Medical College, Vellore. He has served ICMR (Indian Council of Medical Research) in many of the scientific advisory committees. He is a Visiting Professor of Tufts University Boston and Copenhagen University Denmark. Presently he is Medical Consultant to The Leprosy Mission International. He has more than 100 papers to his credit in National & International journals. His main areas of research include Infectious Diseases, Leprosy, Child survival & Blindness control.

ASHOKA LUMSTIC – DATA COLLECTION

Ashoka has developed an online platform called Lumistc for collection of data from field surveys. The survey tools can be accessed for collection of data in the field and can be published on this platform. It can be used in any remote locations without connectivity also. Healing Fields being an Ashoka Fellow led organization was offered to use this platform to do the field survey for the evaluation.

ONIONPY DASHBOARD ANALYSIS

OnionPy is an innovative product in Business Intelligence and Analytics with unique and advanced features like Visualization, Multiple Statistical Perspectives, Interactive Drilldown, Responsive Charts with variety of chart options and Customizable Playgrounds. Oniopy dashboards have been used by Ashoka leadership team, Ashoka management, Ashoka fellows and Ashoka partners for which each individual have customized dashboard based on their nature of work and services.

Healing Fields collaborated with Onionpy to do the analytics and dashboards for the evaluation data.

METHODOLOGY

Purpose of the evaluation

The purpose of this evaluation is to assess the overall impact including efficiency of the Community Health Facilitator (CHF) Program. Healing Fields believes the CHF program is a

way to bring health education to the unreached communities and to make healthcare affordable and accessible to their target population through the activities of the Community Health Facilitators. They are:

- Health Education
- Formation of health financing groups
- Creating linkages to access Government and private health providers
- Access to various subsidies from the Govt as well as MFI loans towards products like sanitation loans/subsidies to build toilets, bio gas, solar lighting as well as Sanitary napkins thereby creating livelihoods for the CHFs
- First Aid
- Recommendations on the way forward

METHODOLOGY

The evaluation was done using a randomized sample method with a comparison of intervention and non intervention groups.

The sample was selected from operational areas of the 3 partner Micro Finance Institutes Cashpor Micro Credit, C-Dot Micro Finance & RGVN (North East) Micro Finance Ltd covering the following States:

- Bihar
- UP
- Assam

The evaluation included the following methods:

Primary respondents' survey

The primary respondent's survey include:

1. Community Health Facilitators were interviewed regarding their learning from this program, impact of the program on themselves and their families
2. Community members in the villages where the CHFs were operating to understand the impact of the program on the community.
3. Community members from villages where there was no CHF intervention as a control group.

Secondary survey

Secondary survey was done to corroborate the results of the primary survey and this was done by getting data from the following sources:

1. Schools
2. Primary Health Centres & Auxiliary Nurse Midwives (Both Government)

Study Tools:

The following study tools were designed for the evaluation:

- Interview questionnaire for CHFs
- Interview questionnaire for Community
- FGD triggers for CHF
- FGD triggers for Community
- Template for collection of secondary data

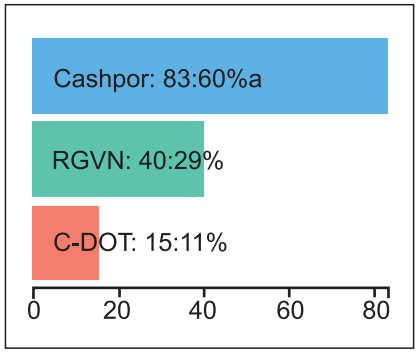
A sample survey was done using the tools before doing the full survey.

Survey tools attached as annexure.

SAMPLE SELECTION:

Community Health Facilitators (CHFs):

CHFs who have completed 1 year training and internship were selected for the survey. In each area 50% of the CHFs selected were from rural locations and 50% from peri urban and urban locations.



MFI wise Percentage of CHFs surveyed The total CHF sample size was 138 – 98 CHFs from Bihar & UP and 40 CHFs from Assam. The spread of the CHFs surveyed across the different MFIs was as follows:

Cashpor Micro Credit – 60%

RGVN (North East) Micro Finance Ltd – 29%

C-Dot – 11%

As of November 2015 the percentage of CHFs trained from these MFIs to total CHFs trained were:

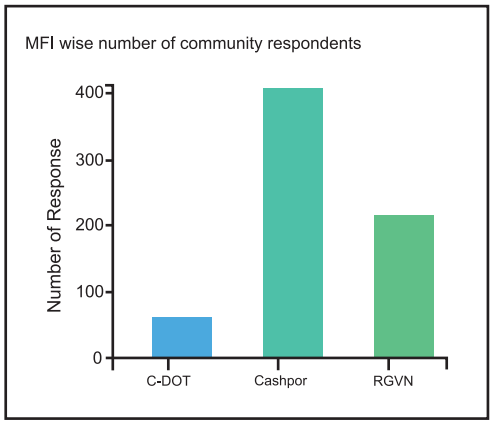
Cashpor – 70%

C-DOT – 5%

RGVN – 10%

Community:

For the community survey, the villages with CHF intervention and the neighbouring villages without CHF intervention were selected. From each village 5 families were selected for the survey using random selection method.



Total sample for the community survey was 1415 from all the 3 States. The spread of the community sample across the three MFI areas is as follows:

Cashpor – 59%

RGVN – 31%

C-Dot – 10%

Schools:

Primary and middle schools from CHF intervention villages and non intervention villages were selected to collect the secondary data on drop outs. The total schools selected for the data collection from the 3 states were – 284 schools.

Primary Health Centre data:

The data on pregnancy registration, antenatal check ups and institutional deliveries was collected from PHCs in both the intervention and non intervention villages. The data was collected from a total of 280 PHCs.

Sample selection:

State	No of CHFs	Community		Schools		PHC	
		Intervention	Non Intervention	Intervention	Non Intervention	Intervention	Non Intervention
Bihar UP	89	480	488	89	104	92	84
Assam	40	223	224	43	48	36	51

Data Collection:

Data collection was done using tablets on an online platform developed by Ashoka called Lumistic. The tools were all published on this platform and using tablets the independent surveyors accessed the tools and conducted the survey in the field.

Independent third party surveyors were selected locally and they were trained on the tools and use of the Lumstic platform. The data being collected by the surveyors was verified on a daily basis through the online platform.

Data analysis:

KEY FINDINGS

The following were the key findings from the study:

- There has been a positive impact of the CHF program on the CHFs in terms of
  i. improved confidence,
  ii. Better earning capacity and
  iii. Increased respect from family and community.
- Health Behaviour changes has been observed in the families of the CHFs and the community they reached out to
- The communities are having better access to health services and products through the CHFs
- CHFs are being recognized as first point health resource in the community
- There has been increased use of sanitary napkins and toilets in the areas where CHFs are working
- The impact of the improved health behaviour changes interms of improvement in health indicators like reduction in child death or reduction in malnutrition among children would need sustained effort in these areas for atleast 3 – 5 years to be able to objectively assess the change.
- The institutional deliveries in the intervention areas have increased and are 89% of the total deliveries.
- It has been observed that the CHFs in Cashpor areas benefitted better from this program

compared to other locations, due to availability of better opportunities and support through Cashpor. For example in Cashpor areas 96% of the CHFs surveyed said they had increased income as compared to 66% CHF with better earning with other MFIs from the total sample.

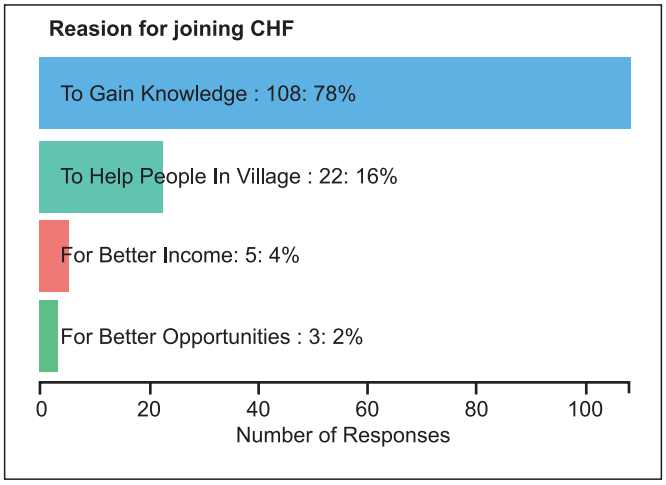
DETAILED ANALYSIS & DISCUSSION

CHF Interviews:

The CHFs were interviewed to understand the impact of the program on them personally and their family members. Following was the findings from the interview of 138 CHFs across 3 States.

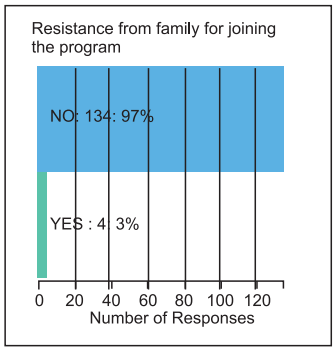
1.1 Reason for joining the CHF program

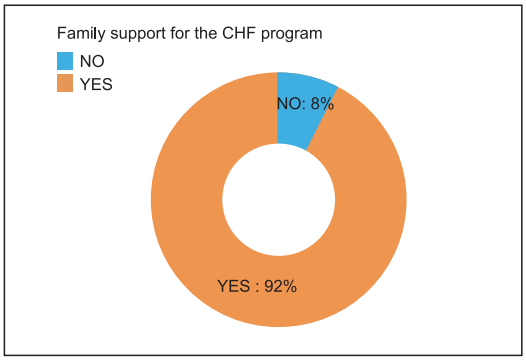
Majority of the women (94%) joined the CHF program to gain knowledge or to help the people in their community as well as their families.



1.2 Family support

Majority of the families (92%) were supportive of the CHF and her work. Only about 4.3%

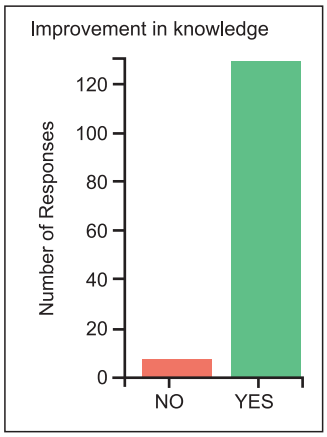




CHFs faced initial resistance from their families for joining the program. In Assam it was seen that 100% of the CHFs had the support of their families for the work they were doing.

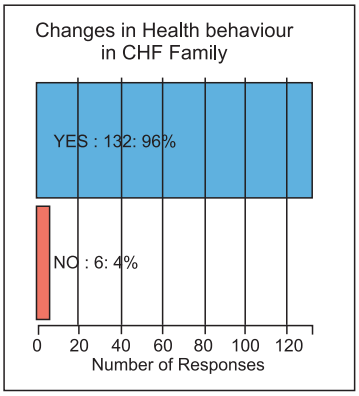
1.3 Improvement in knowledge after joining the program

94% of the CHFs said they had improved knowledge in health after undergoing the training. When probed they said that their knowledge on hygiene, sanitation, nutrition, hand wash, pregnancy and child birth, adolescent health and menstrual hygiene had increased.



1.4 Changes in health behaviour in the family & changes in health practices of the community

96% of the CHFs said they have been able to bring changes in the health practices of their families and 72% have found health behaviour changes in the community after health education by them.



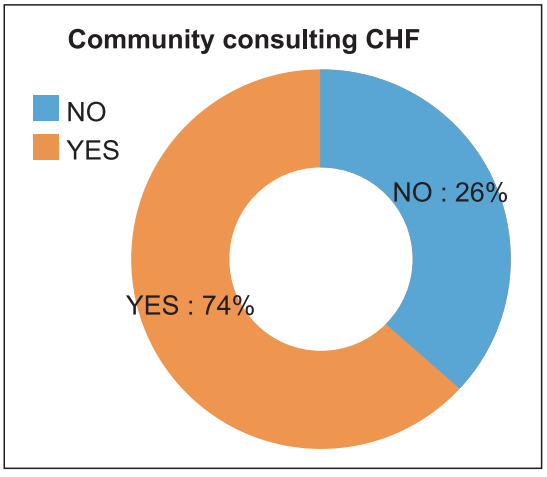
1.5 Involvement in health and financial decisions

33% of the CHFs who were not being involved in financial decisions by the family are now being involved in the financial decisions.

49% of the CHFs who were not being involved in health decisions earlier are now being involved in health decisions.

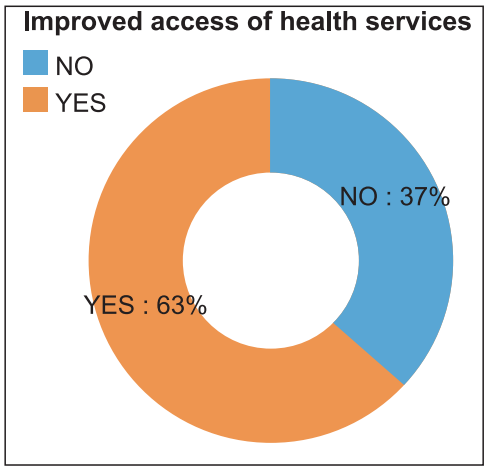
1.6 Consulted by people in the village

74% of the CHFs said the community members consult them for any health related issues. This is much higher in Cashpor areas where 89% of CHFs have said that the community consults them. One of the reasons for this could be due to the sustained work of the CHFs in the communities in Cashpor areas beyond the 1 year training and internship. This has helped in building the trust for the CHF.



1.7 Improvement in access of health services by the community

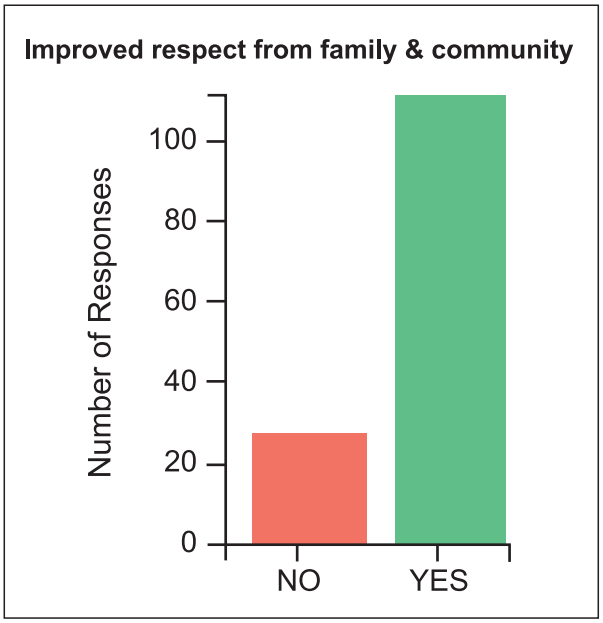
63% of the CHFs have observed improvement in the access of health services both Government and private by the people in their villages after education by them. In Cashpor areas this was much higher at 80% of people accessing health services after education by CHF. This could be attributed to the availability of health loans due to the health saving groups formed in the CASHPOR area. This was further elaborated by the CHFs as follows:



- Earlier for minor illnesses like fever, cough, cold people never consulted doctors instead would take some home remedies, now they consult the nearest Government or private doctor
- Earlier majority of deliveries were happening at home now however people are accessing hospitals for deliveries.

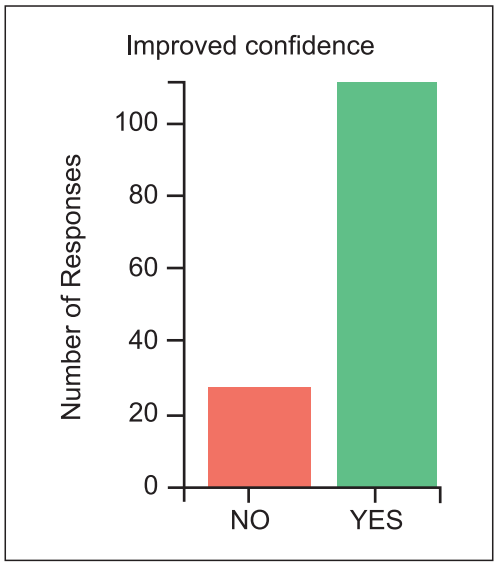
1.8 Respect from the family and community

80% of the CHFs interviewed said that they were getting better respect from their families and community after training as CHFs.



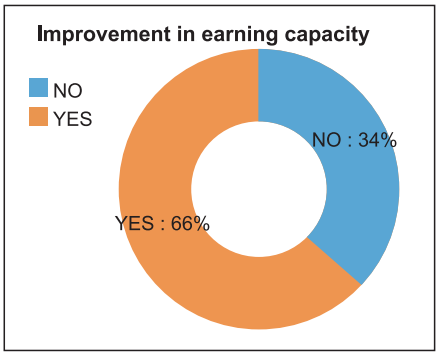
1.9 Change in confidence of CHFs

81% of the CHFs said that their confidence increased due to the training they received as part of the CHF training.



1.10 Improvement in earning capacity of CHFs

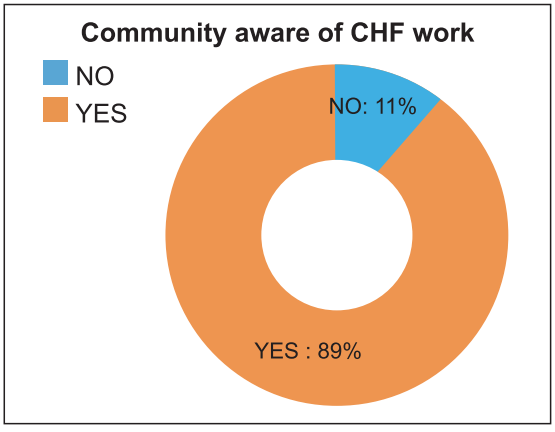
66% of the CHFs interviewed from all the 3 States, reported an increase in income due to this program. However amongst the CHFs trained in Cashpor areas alone, 96% reported an increase in income. This could be mainly due to the involvement of Cashpor in the program and the introduction of different livelihood opportunities like toilets, sanitary napkins, extended internship, financial literacy training etc



COMMUNITY SURVEY:

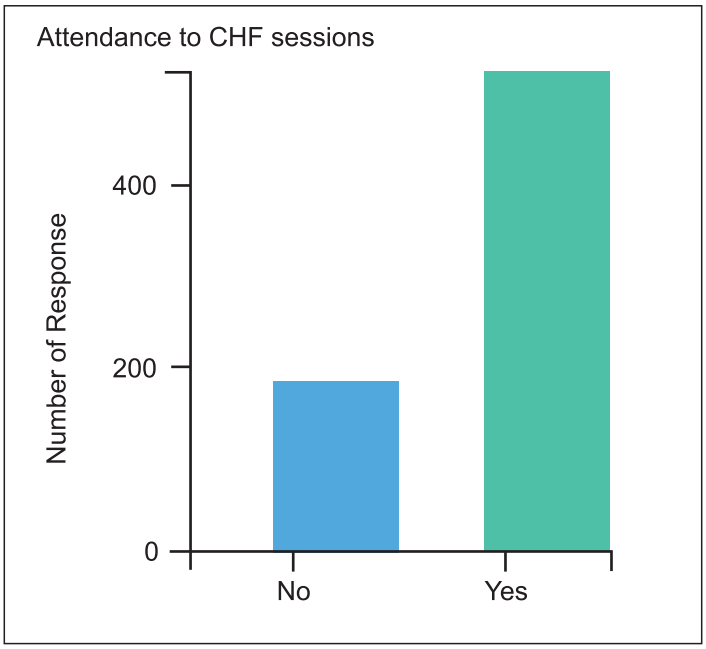
2.1 Aware of CHF work

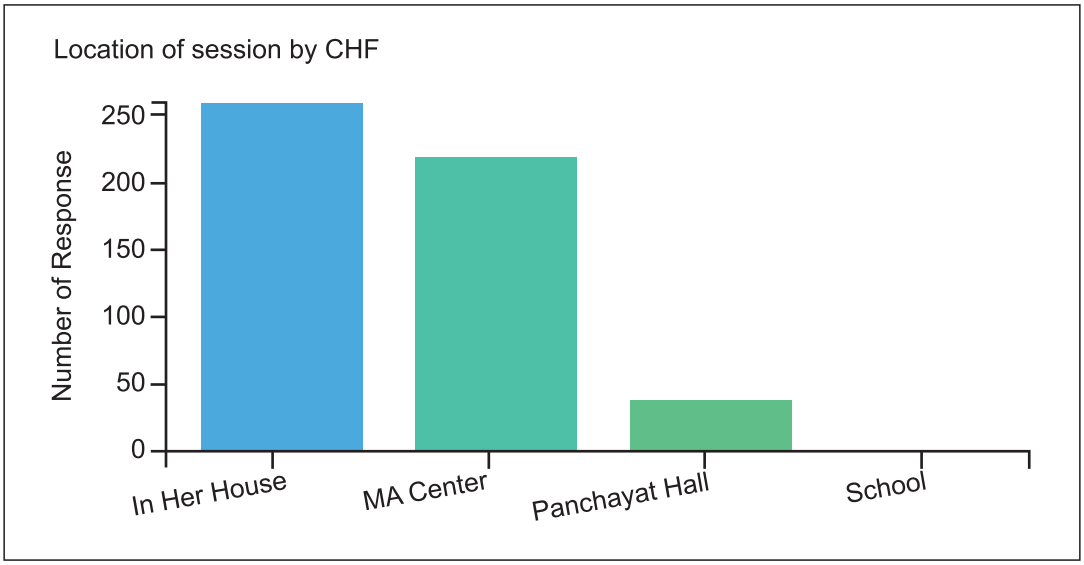
89% of the community surveyed is aware of the CHF and her work in their villages.



2.2 Attendance to CHF health education sessions

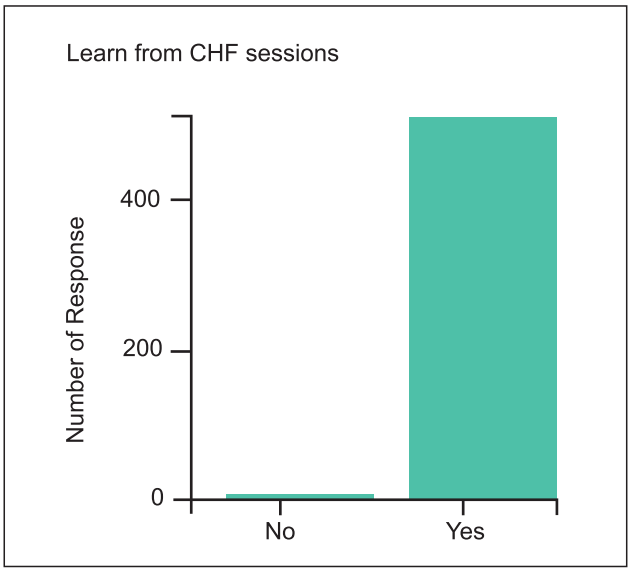
74% of the respondents attended the sessions by the CHFs regularly. Majority of the sessions were either in the house of the CHF (50%) or MFI center (42%). The remaining sessions were conducted in Panchayat halls or schools.

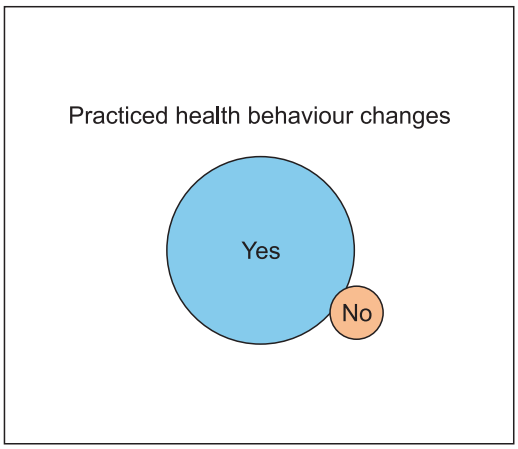




2.3 Learning from Health education session by CHF

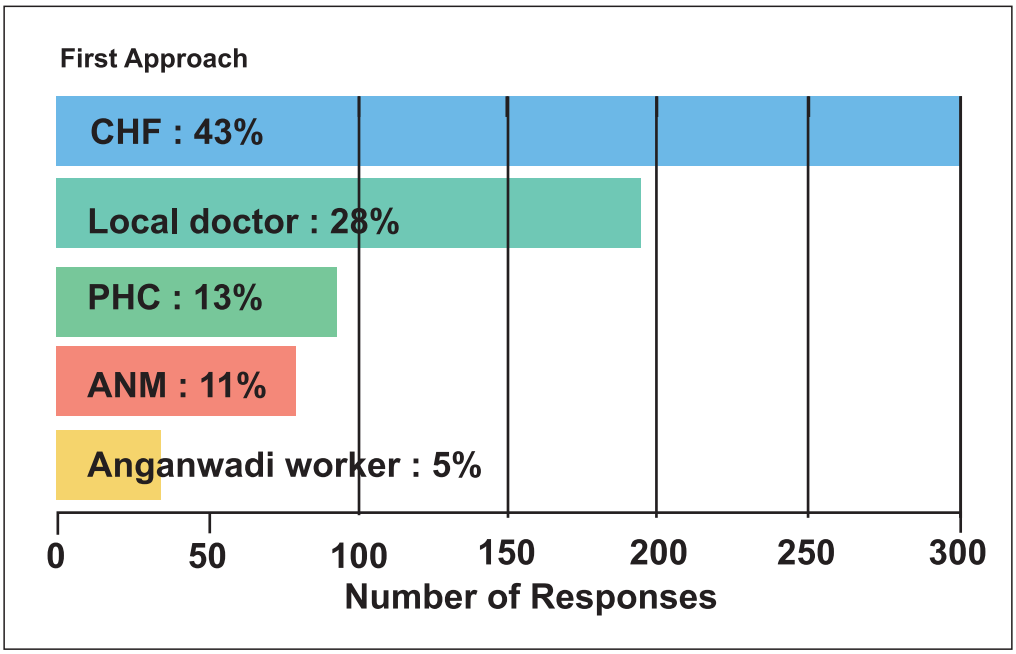
98% of the respondents said they had improved their knowledge on health by attending the sessions by the CHFs. 71% of the respondents said they practiced the health behaviour changes recommended by the CHF.





2.4 First approach

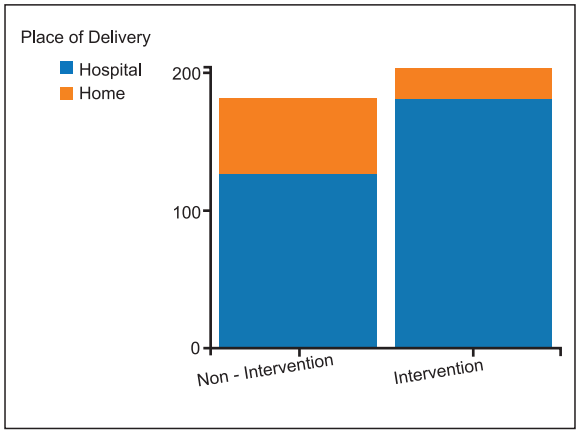
43% of the respondents said they first approached the CHFs in case of any health issues, followed by Local doctors, PHC, ANM. In the Cashpor areas 63% of the respondents approach the CHF as the first point of contact for any health issues.

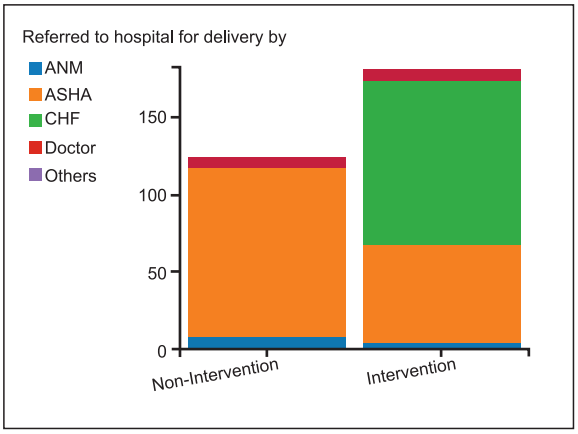


2.5 Place of delivery

This parameter was compared for the intervention and non intervention villages. It was found that 89% of deliveries in the intervention villages were in hospitals in comparison to 70% deliveries in hospitals in non intervention villages.

In non intervention villages, 86% of the referrals to hospitals were done by ASHA workers. While in the intervention villages the ASHA workers referred only 36% cases to hospital while a majority of 61% referrals were done by the CHFs.





INSTITUTIONAL DELIVERY

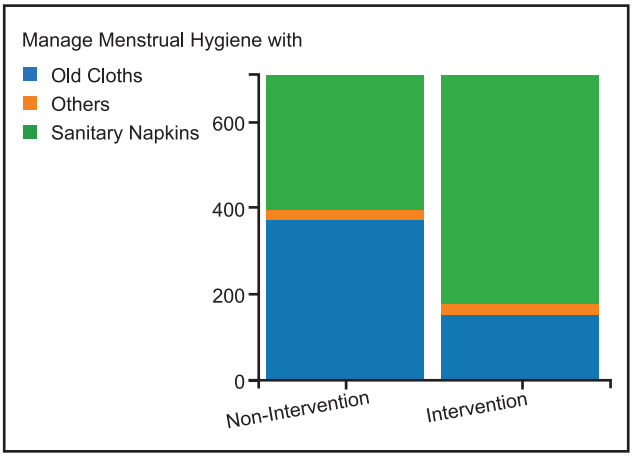
- 38 years housewife 3 children
- 8th std dropout, Cashpor member for 4 years
- Kashmira's achievement
  - Manju Devi a young married women when conceived for the first time approached Kashmira for advise
  - Kashmira guided Manju throughout pregnancy, ensured compliance to antenatal check ups, IFA tablets, TT injections
  - Advised and followed up regarding institutional delivery
  - At the time of labour made all arrangements to shift Manju to nearest hospital and ensured institutional delivery and colustrum feeding.

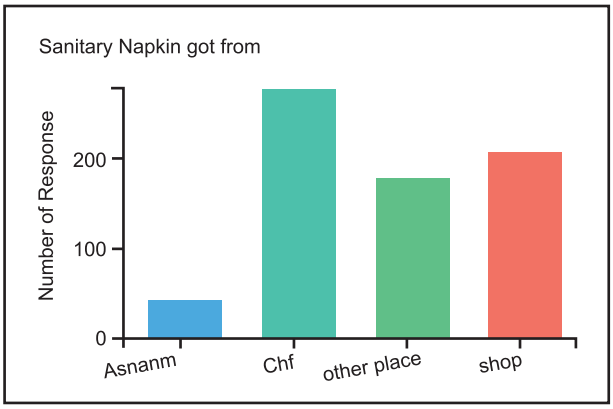
KASHMIRA
Village Kayampur,
Gajipur District, UP

2.6 Management of menstrual hygiene

In the non intervention villages 45% of the women and adolescent girls used sanitary napkins as against 75% women and girls using sanitary napkins in the intervention villages.

In the intervention villages we also looked at the source of sanitary napkins for the women. About 49% of the women got their napkins from the CHF while only 6% women got napkins from ASHA workers.





MENSTRUAL HYGIENE MANAGEMENT

- **Problem Identified**

  - More than 65% women in her village used rags and dirty cloths for MHM

- **Her Intervention**

  - Conducted HE sessions, community meetings & FGDs to create awareness

  - Demonstrated the use and disposal of napkins to women

  - Almost 70% women using MESA sanitary napkins

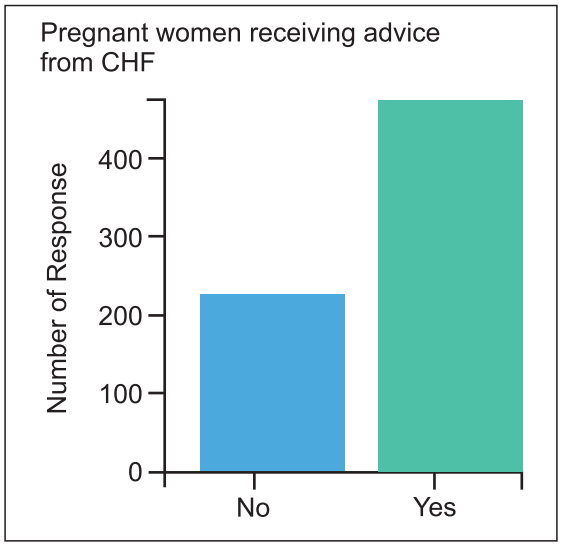
- **Her Aspiration**

  - 100% women in her village to use sanitary napkins

GITIKA DAS
Dubak Village,
Kumrup, Assam

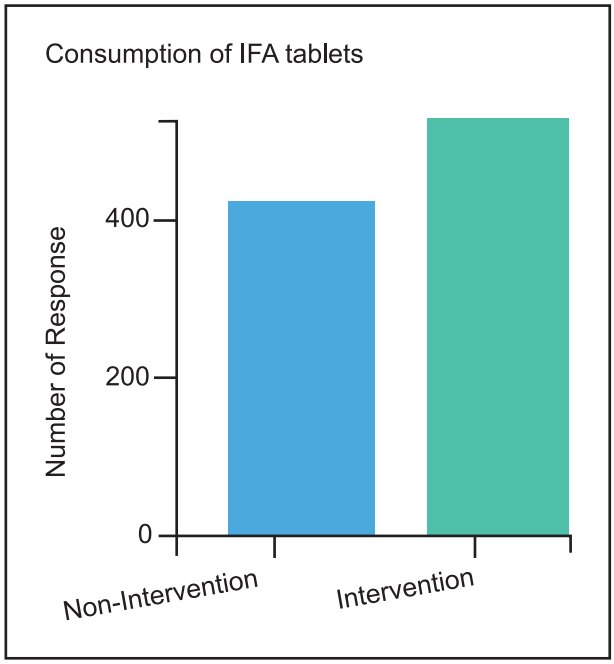
2.7 Advice by CHF

58% of the pregnant women received advice from the CHFs on pregnancy care, nutrition, Ante natal check ups, institutional delivery and colustrum feeding. Of these women 98% were satisfied with the advice.



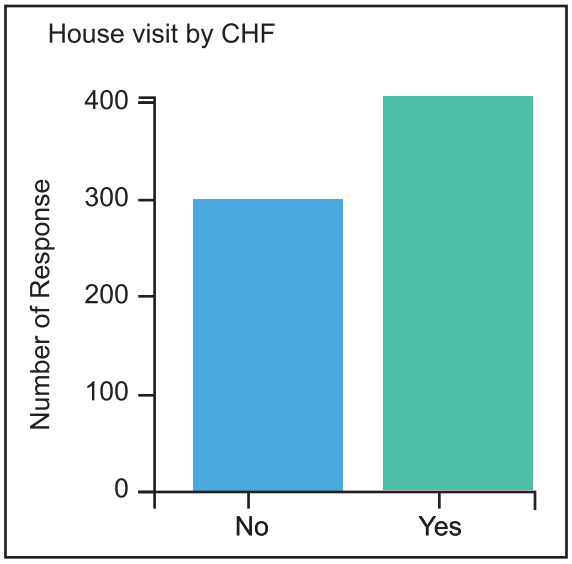
2.8 Consumption of IFA tablets by pregnant women

The consumption of IFA tablets by pregnant women was found to be more in the intervention villages when compared to non intervention villages.



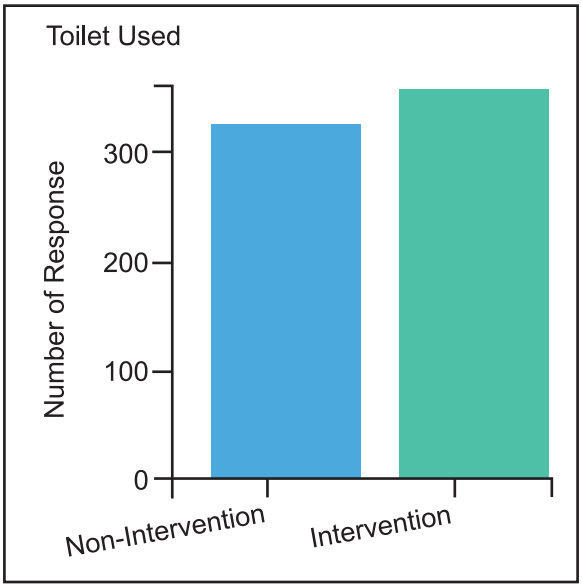
2.9 House visit by CHF

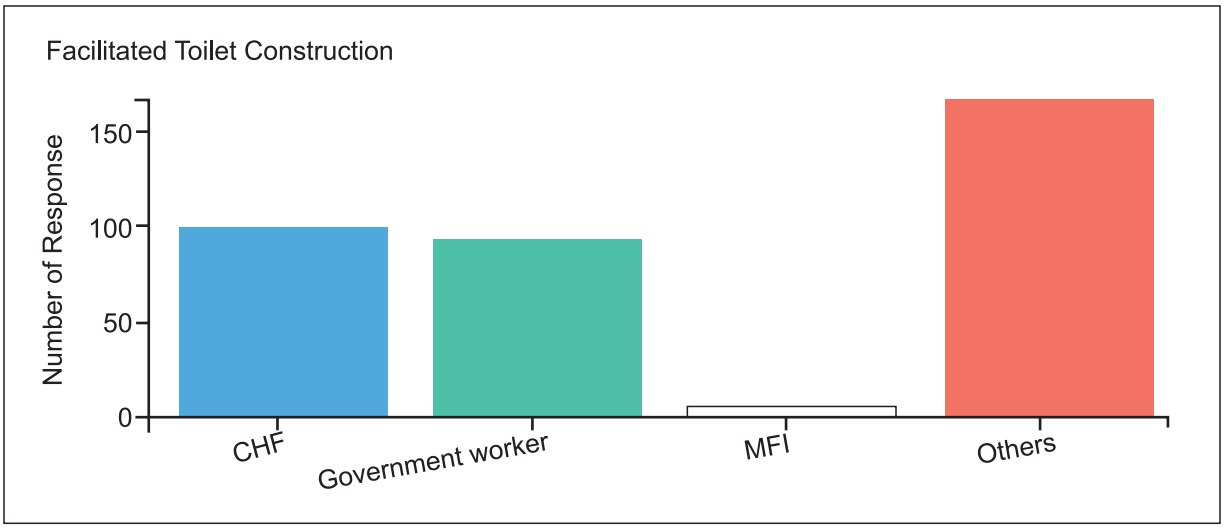
68% of the respondents said the CHF made house visits to their houses. More than 50% of the house visits were for health education.



2.10 Toilet construction and utilization

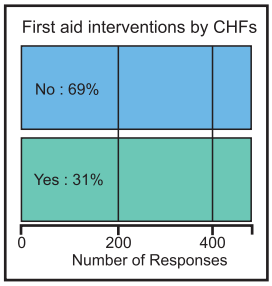
In the intervention villages 51% of the respondents were using toilets in comparison to 46% respondents using toilets in non intervention villages.





2.11 First aid interventions by the CHFs

69% of the respondents in the intervention villages agreed that the CHFs helped someone in their family or village with first aid.



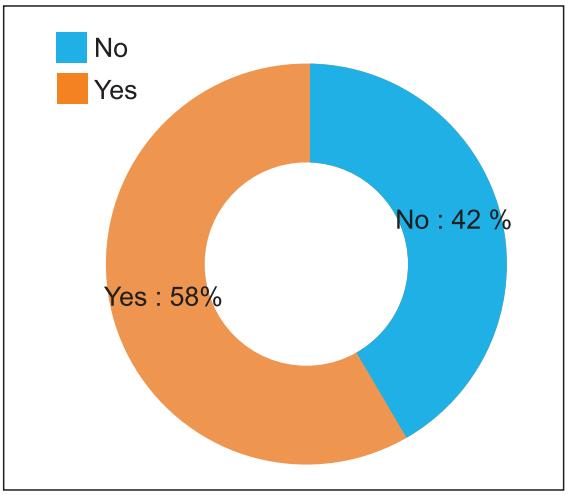
CHFs quick thinking helps in savings lives

- 50 year old housewife
- Underwent CHF training in 2010-2011 with 1st batch Buxar
- Active and highly motivated
- Observed a youngster fallen on railway track and train run over his legs
- Rushed to his help and with the help of her sons moved him to the platform
- With sticks and cloth made a stretcher
- Used cloth to tie a tourniquet to control bleeding and tie the legs of the youth intact and carefully shifted him to the hospital
- He underwent several surgeries and is yet to recover completely
- Doctor appreciated that Tetra's quick thinking helped save the life of the youngster

CHF **TETRA DEVI**
Buxar, Bihar

2.12 Access to health products

58% of the respondents from community in the intervention villages said they had got access to health products like sanitary napkins through the CHFs.



ACCESS TO SANITATION

- **Problem Identified**

  - Health problems due to Open defecation in village,

  - Indignity for women to defecate in open

- **Her Intervention**

  - Motivated the women in her village

  - Created awareness about the Government scheme

  - Approached district administration in group and demanded for toilets

- **Outcome**

  - Order issued by PHED to construct 350 toilets in the village

SEEMA BHARATI
Khushinagar
UP

SECONDARY DATA

Secondary data was collected from PHCs & Schools in intervention and non intervention villages. The data revealed the following:

- The percentage of child deaths to the children below 5 years in the intervention villages is 1.6 as compared 2.5 in non intervention villages. However this indicator showed a reducing trend over the 3 years in both the groups.
- As per the secondary data it was observed that in the intervention villages 80% deliveries were in hospitals as against 83% in non intervention villages. This is different from the primary data which shows 89% institutional deliveries in intervention villages as against 70% institutional deliveries in non intervention villages. This discrepancy can be explained by the following
    - The secondary was collected for the entire area covered by the PHC. However each CHFs only reach out to 250 families in their village on whom the impact is the maximum.
    - Further probing revealed that in intervention villages 75% of the pregnant women accessed private facilities for deliveries while 15% accessed Government facilities. 10% of the deliveries were conducted in the home with trained birth attandents.
- As per the secondary data from PHCs the registration for ANCs is only 37% in intervention villages and 46% in non intervention villages. This data was further probed and it was found that the women are using private nursing homes for ante natal check ups.

CONCLUSIONS

This study has been taken up by Healing Fields to assess the reach and impact of the program. This was measured at 2 levels, impact of the program to the CHFs and the impact on the community the CHFs reached.

The key conclusions that can be drawn from this study is that the program helped to enable an environment for people to progress and gave them tools to improve their health. The empowerment of the CHFs has been very evident from the study where majority of the CHFs reported increased respect and confidence. Increase in income has also been there for the CHFs however it is not substantial. It has also been proved that these trained women if encouraged to work in groups with a financial incentive would be more motivated.

Impact on the community has been observed interms of health behaviour changes like use of sanitary napkins, access to skilled care, institutional deliveries, and use of toilets. However it has been noted that to bring great changes in the behaviour of the communities, access to products, infrastructure and services is essential. Otherwise the awareness creation would not translate into behaviour change.

No discernable changes were observed on indicators like child mortality. This could be because the work being done by Healing Fields is in very difficult and remote locations with already low health indicators and poor access to health services. In these conditions it would take continued and sustained efforts to bring real impact on the health status of the communities. Another factor that could also be affecting the indicator here would be the increase in reporting of death and illness with increased awareness.

To summarize, the project has created an environment that fosters changes in health behaviour and leads to progress of the communities. However the efforts need to be sustained and also access to products and services, has to be provided which are critical to improving the lives of the communities they address.

LIMITATIONS OF THE STUDY

- Since the data was collected using a data collection tool on the tablets, the probing questions which formed a part of the community survey where the answers were open ended, could not be analysed further.
- Currently the sample was restricted to only 3 districtsof the program covering 129 CHFs. However we plan to do this evaluation in all locations going forward.
- Depending on the secondary data for some impact indicators was a challenge because we were not certain of its accuracy.
- Since there was no baseline data available to measure the changes in the health indicators, a comparative study of intervention and non intervention areas was done.

RECOMMENDATIONS & WAY FORWARD

- The work the CHFs are doing is an important one in creating awareness, access to products and services.
- The work of the CHFs needs to continue in the same areas with creation of increased

access to products and services and infrastructure to create sustained change in the health of the communities.

- The program has enabled an environment for change and development. The way forward depends on how the management of Healing Fields builds this program to the next level.
- Product and service delivery innovations like referrals, access to emergency care and basket of health products to be marketed in the communities will lead to a greater impact and sustainability.
- A follow up study is required in the same area after 2- 3 years with more valid data to assess impact of the program.
- Healing Fields need to ensure that there is financial incentive for the CHFs to sustain their work.
- Healing Fields should actively partner with other like minded organizations to constantly improve the program and provide better avenues for the CHFs
- The training content needs to be reviewed and constantly updated to suit the ever changing needs.
- Apart from periodic interviews regular monitoring of the program needs to be done to ensure there is no dilution of quality.
- Focus should be on constant follow up.

Annexure

CHF PROGRAM EVALUATION

Interview questionnaire for CHF interview

Namaste we would like to understand about the CHF training program that you have undergone. Kindly take some time to answer the below questions.

Name of the CHF : _____

Village : _____

HFF ID No : _____ Cashpor ID No: _____

Block : _____ District: _____

1. How did you know about the CHF program?
2. Why did you decide to join the CHF program

   a. To gain knowledge b. For better opportunities c. For better income

   d. To help the people in the village e. Others
3. Did you face any resistance from the family when you joined the program

   a. Yes b. No

   b. If yes, what was the reason for their resistance?
4. Is your family now supportive of the work you do as a CHF

   a. Yes b. No
5. Do you think the training has improved your knowledge on health behavior

   a. Yes b. No
6. If yes list any 5 key things you learned

   1.

   2

   3

   4

   5

   If No, why not?
7. Have you been able to bring changes in the health behavior of your family

a. Yes b. No

If yes can you list 3 key changes that you have brought about in your family

1

2

3

8. Do you think the people in your family & village respect you more now after your work as a CHF

a. Yes b. No

9. If yes please state an instance where you felt the family & villagers respected you because of your work as CHF

10. Has this program brought about any changes in your personality

a. Yes b. No

11. If yes what is the change, list 2/3 changes

1

2

3

12. Are you able to improve your earning capacity now

a. Yes b. No

13. If yes what is the average amount you are earning per month through the different CHF activities

a. SNP Sale

b. Toilet construction

c. Extended Internship

d. Akhandjyothi eye camps

e. Others

14. Are you involved in financial decisions being made in the house

a. Yes b. No

15. If yes were you consulted on financial matters even before the CHF program

a. Yes b. No

16. Are you involved in health related decisions of the family

    a. Yes b. No

17. If yes were you involved in health related decisions before you joined the CHF program

    a. Yes b. No

18. Do the people in your village consult you for any health related matters

    a. Yes b. No

19. If yes how often do you have people taking your advice ? what are the matters on which they consult you

20. Do you observe any changes in health practices of the people in your community as a result of the education given by you?

    a. Yes b. No

21. If yes can you please list 2 -3 changes

22. Do you see an improvement in access of health services by the community after your intervention

    a. Yes b. No

23. If yes please explain

24. Do you think this program has helped you in improving your confidence

    a. Yes b. No

25. Please explain how

26. Do you think this program had improved the way in which you are able to communicate and interact with others

    a. Yes b. No

27. Please explain how

28. Is there a difference between you and other MFI clients in your group?

    a. Yes b. No

29. If yes please list atleast 3

30. Please share one story or incident from your work as a CHF within your family and one in the village

Your responses have been very useful thank you for your valuable time.

CHF PROGRAM EVALUATION

Interview questionnaire for Community interview

Namaste we would like to understand about the work being done by the CHF in your village. This will help us to improve the program. Kindly take some time to answer the below questions.

Name of the Respondent :

Village :

Block : District:

MFI member? Yes/No Name of MFI: MFI ID No:

1. Do you know who the CHF is in your village?

   a. Yes b. No

2. If yes how do you know her?

   a. Neighbour b. MFI group member c. Relative d. Friend. Others

3. Have you attended any health education sessions conducted by her

   a. Yes b. No

4. Where were the sessions conducted?

   a. In her house b. At MFI center meeting c. In panchayat hall

   d. School e. Any other location please specify

5. For what duration were the sessions?

   a. Less than 30 mins b. 30 – 45 mins c. 45 mins – 1 hr d. More than 1 hour

6. Was the CHF responsive to your doubts and questions during the sessions?

   a. Yes b. No

7. For which groups does the CHF conduct health education sessions?

   a. MFI clients' b. Other women in the village c. Adolescent girls

   d. Pregnant & lactating women e. Men f. School Children g. Others

8. Have you learned anything from her health education sessions?

   a. Yes b. No

9. If yes can you list 5 things that you learned

10. If no why

11. Have you made any changes in your health practices after inputs from the CHF

    a. Yes b. No

12. If yes list 3 major changes you have made ?

13. If no why

14. Can you list the different things the CHF does in the community (Prompt for health education, formation of HSG, First aid, referrals, Sale of sanitary Napkins, eye camps, warm clothes etc)

    1

    2

    3

    4

    5

15. Whom do you first approach incase of any health issue /advise/ doubts

    a. ANM b. Anganwadi worker c. CHF d. Local doctor

    e. PHC f. Others

16. Have you approached the CHF for advice on health anytime

    a. Yes b. No

17. If yes please explain

18. Were you satisfied with the advice given by the CHF

a. Yes b. No

19. Has the CHF made any house visits to your house to give advice / health education

a. Yes b. No

20. If yes what was the purpose of her house visit

a. Health education b. Advice on specific health issue c. First aid

d. Mobilization for toilets e. Sale of sanitary napkins f. Others specify

21. Did the CHF help you in accessing health services (PHC/ Government Hospital / Private Hospital)

a. Yes b. No

22. If yes can you relate for what reason she helped you access health services and how did she guide you

23. Has the CHF helped you or anyone in your family / community with first aid

a. Yes b. No

24. If yes please explain

25. Do you see changes in your village after the CHF started working

a. Yes b. No

26. If yes please list them

27. Do you think the work the CHF is doing has increased the respect for her in the community

a. Yes b. No

28. If yes please explain

29. Has the presence of CHF in your village improved access to products or services like sanitary napkins, toilets etc to you and others in your village

a. Yes b. No

30. Do you have a toilet in your house?

a. Yes b. No

31. Is it being utilized?

a. Yes b. No

32. If yes by whom

a. All members in the family b. Only female members c. Only male members

d. Only children d. Female members and children

33. If no reasons

34. Who facilitated the toilet construction

a. MFI b. CHF c. Government worker d. Others

35. What do the women and adolescent girls in your house use to manage their menstrual hygiene

a. Old cloths b. Sanitary Napkins c. Others

36. If they are using sanitary napkins whom have they got it from

a. Shop b. Asha/ANM c. CHF d. Others

37. Has anyone in the family delivered in the last one year

a. Yes b. No

38. Comparison - If yes where was the delivery done

a. Hospital b. Home c. Others

39. Comparison - If at hospital who referred to the hospital

a. Asha b. ANM c. Doctor d. CHF e. Others

40. Were the pregnant women given advice on care during pregnancy by the CHF

41. Comparison - Did the pregnant women consume IFA tablets during pregnancy

a. Yes b. No

42. If yes how many

43. Have any children from the family dropped out from school in the last 2 years

a. Yes b. No

44. If yes what was the reason

45. How do you compare the work of the CHF with the other health workers (ASHA, AWW & ANM)

46. Would you like to relate any incident regarding your interactions with the CHF

Your responses have been very useful thank you for your valuable time.

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