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Integrated Behavioral Change Communication

Impact Assessment Report
FY 2023-24

Implemented by



HAND IN HAND INDIA



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Setting the Scene

About this Report

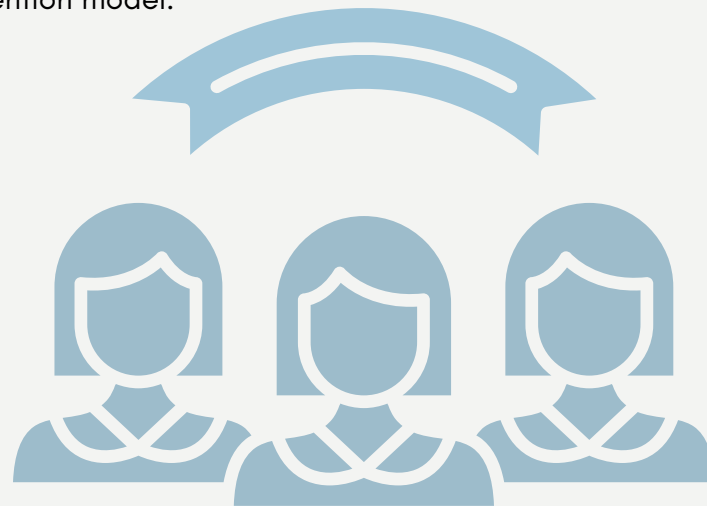
Access to accurate health information, preventive care practices, and timely healthcare services remains a significant challenge for vulnerable populations such as adolescent girls, pregnant women, lactating mothers, and women from underserved communities. In both school settings and low-resource community environments, awareness around menstrual health, sexual and reproductive health, anaemia, nutrition, maternal care, and non-communicable diseases often remains limited, resulting in delayed care-seeking, poor preventive practices, and avoidable long-term health risks.

For adolescent girls, social stigma, lack of open discussion, and inadequate access to structured health education often lead to poor menstrual hygiene management, limited understanding of sexual and reproductive health, and untreated anaemia. Similarly, among women in community settings, especially pregnant and lactating mothers, healthcare decisions are frequently influenced by household norms, financial limitations, and delayed engagement with formal health systems, affecting maternal health outcomes and preventive health behaviour.

The Integrated Behaviour Change Communication (IBCC) programme was implemented to address these interconnected gaps through two location-specific intervention models. In Ankleshwar, Gujarat, the programme focused on adolescent girls through school-based awareness sessions covering menstrual health management, sexual and reproductive health, anaemia prevention, nutrition, hygiene, and immunisation support. In Visakhapatnam, Andhra Pradesh, the intervention focused on pregnant women, lactating mothers, and the general women population through community-based engagement on maternal health, nutrition, NCD awareness, seasonal disease prevention, hygiene practices, and regular household follow-up.

Designed as a preventive and behaviour-change driven model, the programme combined awareness sessions, IEC material distribution, nutritional support, mobilisation through ASHA workers and community leaders, and repeated interpersonal follow-up to strengthen both knowledge and practice. By connecting awareness with access and community trust, the programme aimed to improve preventive health behaviour, increase utilisation of health services, and strengthen linkages with existing government health systems.

This Impact Assessment Report evaluates the extent to which the IBCC programme has contributed to improved awareness, behavioural change, health-seeking practices, and access to healthcare services across both intervention locations. The analysis draws on quantitative survey responses from beneficiaries across Ankleshwar and Visakhapatnam, along with qualitative insights from FGDs, frontline workers, and implementation stakeholders. The report examines outcomes related to menstrual health, nutrition, maternal care, anaemia awareness, preventive healthcare, institutional linkages, and long-term community-level behaviour change, while also identifying strengths and areas for further strengthening of the intervention model.



About Coromandel International Limited and its CSR Interventions

Coromandel International Limited is one of India's leading agri-solutions providers and a part of the Murugappa Group, a well-established business group with a strong legacy of trust and performance. Headquartered in India, the company plays a critical role in supporting the agricultural sector through a wide range of products and services, including fertilisers, crop protection solutions, bio-products, and retail services for farmers. With a strong distribution network and farmer-centric approach, Coromandel is committed to enhancing farm productivity and rural prosperity.

Aligned with its core philosophy of sustainable growth and inclusive development, Coromandel International Limited actively undertakes Corporate Social Responsibility (CSR) initiatives that focus on improving the quality of life in rural and underserved communities. The company's CSR efforts primarily focus on key thematic areas, including health and nutrition, education, sustainable agriculture, water conservation, and community development. Through these initiatives, Coromandel aims to address critical grassroots challenges while contributing to long-term socio-economic development.

A significant aspect of the company's CSR approach is its emphasis on community participation and capacity building. By working closely with local stakeholders, frontline workers, and implementing partners, Coromandel ensures that its interventions are need-based, scalable, and sustainable. Its programs often integrate awareness generation, behaviour change communication, and access to essential services, thereby creating meaningful and measurable impact at the community level.

Image 1: Discussion with health workers at Vishakhapatnam



EXECUTIVE SUMMARY

सरकारी माध्यमिक અને ઉચ્ચતર માધ્યમિક શાળા

નવા દીવા.તા.અંકલેશ્વર.જિ.ભરૂચ



સ્થાપના વર્ષ: 2011
S.S.C. INDEX NO- 61.0303
H.S.C. INDEX NO- 11.0261
U. DISE - 24210204405



PRINCIPAL OFFICE
PRINCIPAL OFFICE

Project Name

Integrated Behavioral Change
Communication

Thematic

Health Awareness and
Behaviour Change

Implementing Partner



Study Sample

48 Surveys in Ankleshwar and
49 Surveys in Visakhapatnam
10 KII
4 FGD

Project Assessment

Year:

FY-2023-24

Project Location

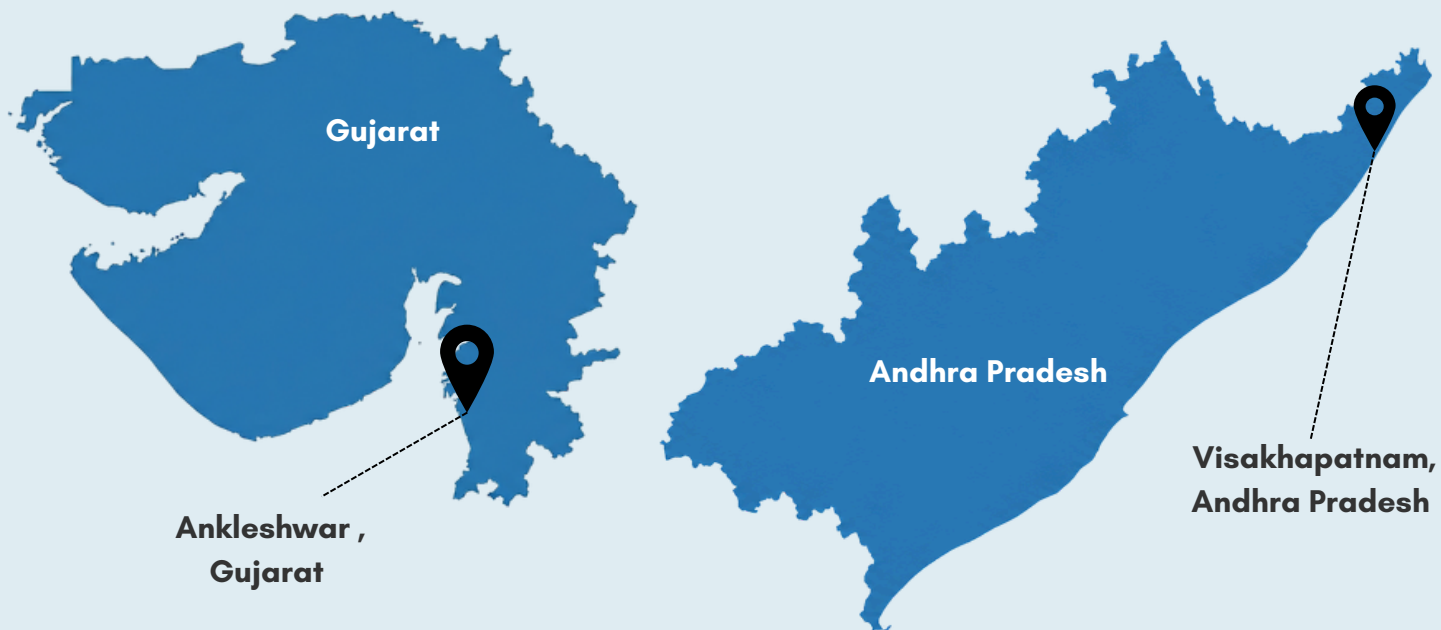


Image 2: A picture of adolescent girls in school



Performance Snapshot

Performance Ankleshwar (Adolescent Girls Health Component)

All respondents attended Menstrual Hygiene Management sessions, reflecting strong programme coverage and improved awareness of menstrual health. This indicates effective outreach and universal participation among adolescent girls.

96% of the respondents reported receiving sanitary napkins regularly through school, improving access to safe menstrual hygiene practices and reducing absenteeism.

All respondents reported taking weekly IFA tablets and receiving iron-fortified salt, and **96%** underwent haemoglobin screening, thereby strengthening anaemia prevention and health monitoring.

70% of the respondents reported improved confidence in understanding their body and health after SRH sessions, indicating stronger adolescent health awareness and self-confidence.

Improved awareness and peer-level knowledge dissemination are evident: **92%** of respondents reported better understanding of menstrual hygiene and shared learnings with family and friends, showing strong diffusion of awareness beyond the classroom.

63% of the respondents rated the programme as having a high impact on their health and well-being, reflecting strong acceptance and personal relevance.

Visakhapatnam (Women's Community Health Component)

94% of the respondents reported receiving door-to-door health awareness visits, demonstrating strong last-mile outreach and repeated household engagement.

Positive behavioural change in nutrition and food practices is evident, with **90%** of respondents reporting improvements in their diet after attending sessions.

84% of the respondents reported that they had started monitoring BP and sugar levels, reflecting a shift from reactive care to preventive health monitoring.

92% of the respondents reported awareness of nearby PHCs and health services, strengthening health system utilisation and maternal care access.

Improved health practices were reported by 88% of respondents, while 69% increased their healthcare visits, indicating sustained behavioural change and more proactive health-seeking behaviour. This reflects the continuity of behaviour change from awareness to regular health action.

86% of the respondents rated the programme as having a high impact on their health and well-being, reflecting high trust, relevance, and long-term community impact.

SDG Alignments



Alignment with National Programs/Coherence:

- National Programme / Policy
- Rashtriya Kishor Swasthya Karyakram (RKSK)
- Anaemia Mukta Bharat (AMB)
- National Health Mission (NHM)
- Ayushman Bharat - Health and Wellness Centres (AB-HWC)

What Worked Well



The programme's dual-delivery model—school-based interventions in Ankleshwar and community-based outreach in Visakhapatnam—effectively addressed health awareness gaps across both adolescent girls and women beneficiaries, ensuring relevance across different life stages and health needs.



Repeated engagement through classroom sessions, door-to-door visits, and frontline worker follow-up helped move the intervention beyond one-time awareness-raising to sustained behavioural change, improving the adoption of preventive health practices such as menstrual hygiene, nutrition, maternal care, and regular health monitoring.



Strong convergence with existing systems, including schools, ASHA workers, Anganwadi centres, and PHCs, improved trust, mobilisation, and continuity of care, allowing the programme to strengthen existing public health structures rather than functioning as a parallel intervention.



The integration of awareness sessions with practical health support—such as IFA tablet distribution, haemoglobin screening, BMI monitoring, iron-fortified salt, maternal health guidance, and referral support—ensured that beneficiaries received actionable health interventions rather than information alone.



Safe and structured spaces for discussing sensitive topics such as menstruation, sexual and reproductive health, and maternal care significantly improved confidence among adolescent girls and women, reducing stigma and encouraging stronger health ownership and help-seeking behaviour.



PROJECT DASHBOARD



Background of the Program

Health awareness and preventive care are critical determinants of long-term well-being, particularly for vulnerable populations such as adolescent girls, pregnant women, lactating mothers, and women living in underserved communities. In many low-resource settings, limited access to accurate health information, delayed care-seeking, poor nutrition practices, and social stigma around reproductive and maternal health continue to create significant barriers to better health outcomes. These challenges often remain invisible until they result in serious health complications.

For adolescent girls and women, key issues include:

- Limited awareness of menstrual hygiene management and anaemia prevention
- Gaps in sexual and reproductive health knowledge
- Poor nutrition practices and dietary deficiencies
- Lack of structured discussions and institutional support in schools and communities
- Irregular health monitoring and delayed treatment-seeking

Among pregnant and lactating women, awareness around antenatal care, postnatal care, nutrition, and seasonal disease prevention remains inconsistent, increasing health risks for both mothers and children.



Image 3: Adolescent girls gathered for a discussion

The Integrated Behaviour Change Communication (IBCC) programme was initiated to address these challenges through a preventive, awareness-led, and community-connected model of intervention. Implemented across Ankleshwar in Gujarat and Visakhapatnam in Andhra Pradesh, the programme focused on two distinct but interconnected beneficiary groups—adolescent girls in schools and women within communities. Through school-based sessions and community outreach, the intervention addressed menstrual health management, sexual and reproductive health, anaemia prevention, maternal health, nutrition, hygiene, NCD awareness, and seasonal disease prevention.

A key strength of the programme lies in its integrated and continuous engagement model, where awareness is reinforced through:

- School-based sessions
- Community outreach activities
- Nutritional support and IEC materials
- Engagement of frontline workers (ASHA, Anganwadi workers, teachers)
- Community leader involvement

By connecting awareness with action and linking beneficiaries to existing public health systems, the programme aims not only to improve knowledge but also to strengthen preventive practices, early health-seeking behaviour, and long-term health ownership. Through this approach, the initiative contributes to healthier communities, stronger maternal and adolescent health outcomes, and improved engagement with formal healthcare systems among vulnerable populations.

Project Objectives



To improve awareness and adoption of healthy practices related to menstrual health, sexual and reproductive health, nutrition, hygiene, and anaemia prevention among adolescent girls through structured school-based interventions.



To strengthen knowledge and understanding of maternal health, antenatal and postnatal care, nutrition, non-communicable diseases, and seasonal disease prevention among pregnant women, lactating mothers, and women in underserved communities.



To enable early identification of health risks such as anaemia, hypertension, and poor nutritional status through regular health screenings, HB checks, household visits, and community-level monitoring.



To promote positive behavioural change by addressing myths, stigma, and delayed health-seeking practices related to menstruation, reproductive health, maternal care, and preventive healthcare.



To improve access to government health services and schemes such as RKSK, WIFS, Anaemia Mukh Bharat, ANC/PNC services, immunization support, and primary healthcare facilities through stronger community linkages.



To strengthen preventive health practices, including balanced nutrition, menstrual hygiene management, use of sanitary products, personal hygiene, and timely medical consultation through repeated engagement and interpersonal communication.



To build sustainable community-level health awareness by engaging ASHA workers, Anganwadi workers, teachers, and local leaders as active partners in mobilisation, follow-up, and long-term reinforcement of health behaviours.



Image 4: A group of aware adolescent girls, Ankaleshwar

April 2026 at 11:33

Project Activities

School-based awareness sessions were conducted for adolescent girls on menstrual hygiene management, sexual and reproductive health, anaemia prevention, nutrition, hygiene, and healthy lifestyle practices.

Training sessions for teachers and school stakeholders to strengthen local support systems for adolescent health education and to reinforce key health messages.

Community-based awareness sessions for pregnant women, lactating mothers, and general women beneficiaries on maternal health, antenatal and postnatal care, nutrition, non-communicable diseases, hygiene, and seasonal disease prevention.

Distribution of IEC materials such as pamphlets, posters, flip charts, and educational videos to improve understanding and retention of health-related information.

Provision of nutritional support interventions, including iron fortified salt distribution, nutrition guidance, and awareness on balanced diets, protein intake, and millet inclusion.

Health screenings and monitoring activities, including haemoglobin (HB) checks, blood pressure monitoring, basic household screenings, and referrals for further medical consultation when required.

Training adolescent girls in the use of period-tracking calendars and promoting access to sanitary napkins through RKSK, in coordination with health sub-centres and Anganwadi workers.

Mobilisation and follow-up through ASHA workers, Anganwadi workers, community leaders, and household visits to reinforce preventive practices, improve health-seeking behaviour, and strengthen linkages with government health services and schemes.



Demographic Overview

Beneficiary Universe

Beneficiary Universe

The IBCC programme targeted two beneficiary groups across two geographies – adolescent girls in Ankleshwar, Gujarat, and women from vulnerable community settings in Visakhapatnam, Andhra Pradesh. The intervention addressed preventive health awareness, nutrition, maternal health, menstrual hygiene, anaemia prevention, and health-seeking behaviour through location-specific delivery models.

A. Ankleshwar, Gujarat – Adolescent Girls

The programme reached adolescent girls through school-based engagement across two government-aided secondary schools – Sarvajanik Vidyalaya and Navadiva School. The intervention targeted girls in Class 11 (aged 16–17 years), an age group at a critical stage of adolescence where awareness around menstrual health, sexual and reproductive health, anaemia, and nutrition is especially relevant. The school-based model enabled consistent, repeated engagement within a structured institutional environment, supported by teachers, Anganwadi workers, and coordination with health sub-centres.

B. Visakhapatnam, Andhra Pradesh – Women and Community Beneficiaries

The programme focused on women in Gullalapalem and Sri Ram Nagar – two low-income settlements with limited access to formal healthcare, poor sanitation infrastructure, and high vulnerability to seasonal diseases. The intervention reached women across multiple life stages, including pregnant women, lactating mothers, adolescent girls, general adult women, and elderly women. Community outreach was delivered through repeated household visits, awareness sessions, and mobilisation supported by ASHA workers, Anganwadi workers, and local community leaders.

Image 5: Data collection of beneficiary mothers at Vishakhapatnam



RESEARCH DESIGN



Research Design

Chrysalis Methodology

1. RESEARCH



- Briefing meetings with the Coromandel team to understand program design, objectives, and implementation details.
- Review of project documents, MoUs, activity plans, and previous reports.
- Secondary research on the government and other institutions' data to align the program.
- Contextual analysis of project geographies and beneficiary profiles.

4. DATA ANALYSIS



- Compilation and cleaning of quantitative survey and assessment data
- Analysis of qualitative insights from stakeholders
- Corroboration of primary findings with secondary data and programme records

2. DEVELOPMENT



- Design of beneficiaries' survey tools, assessment formats, and qualitative interview guides.
- Development of tools for students, women beneficiaries, ASHA workers, and implementing partners.
- Alignment of indicators with SDG goals.

3. ACTION (DATA COLLECTION)



- Survey data collection from project beneficiaries.
- Qualitative data collection with beneficiaries and other stakeholders.

5. DATA VISUALISATION & COMMUNICATION



- Preparation of tables, charts, and summaries for key findings

6. REPORTING



- Preparation of the draft Impact Assessment report.
- Incorporation of feedback from Coromandel and key stakeholders
- Finalisation of the report with findings, SDG alignment, recommendations, and sustainability pathways.

Sampling Approach

This impact assessment adopted a purposive sampling approach to capture perspectives across the two intervention geographies of the Integrated Behaviour Change Communication (IBCC) programme—Ankleshwar, Gujarat, and Visakhapatnam, Andhra Pradesh. The study focused on understanding behavioural change, awareness levels, preventive health practices, and institutional linkages by integrating beneficiary experiences with stakeholder-level implementation insights.

Quantitative data were collected through structured beneficiary surveys across both locations. In Ankleshwar, the survey focused on 48 adolescent girls (13–18 years) who were primary beneficiaries of the school-based intervention, which covered menstrual health management, sexual and reproductive health, anaemia prevention, nutrition, and hygiene awareness. In Visakhapatnam, quantitative surveys were conducted with 49 community beneficiaries, including pregnant women, lactating mothers, and general women beneficiaries who had participated in awareness sessions on maternal health, nutrition, NCDs, anaemia, hygiene, and preventive healthcare. The survey captured outcomes related to knowledge improvement, behavioural change, health-seeking practices, maternal care uptake, menstrual hygiene, and access to healthcare services.



This was complemented by qualitative methods to provide contextual depth and a stronger interpretation of behavioural shifts. In Visakhapatnam, 2 Focus Group Discussions (FGDs) were conducted with women beneficiaries to understand household-level decision-making, adoption of preventive practices, maternal health behaviour, and barriers to sustained change. In addition, beneficiary narratives and field observations were used to document community-level transformations in nutrition practices, health awareness, and healthcare utilisation.

Key Informant Interviews (KIs) were conducted at both locations, involving multiple stakeholders in programme delivery and ecosystem support. In Ankleshwar, KIs were conducted with school principals (2) and teachers (2) to understand institutional support, session effectiveness, and changes in adolescent engagement. In Visakhapatnam, KIs included frontline health workers such as ASHA, ANM, and Anganwadi workers (4 KIs), and local health department representatives (1 KI), to understand mobilisation, convergence with government systems, and sustainability of behavioural outcomes.

By combining quantitative surveys with FGDs and KIs across both geographies, the assessment ensures both statistical validation and qualitative depth. This integrated approach enables a comprehensive understanding of how the IBCC programme has influenced awareness, behaviour change, and preventive health practices across adolescent and community health ecosystems.

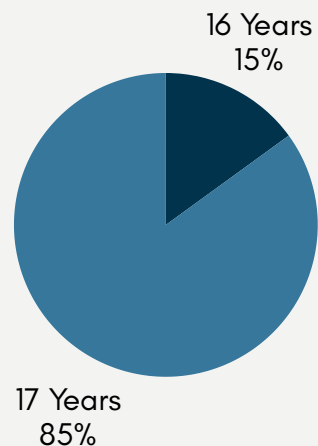
Stakeholder/ Cohort		Tools of study		Achieved Sample Size
Adolescent Girls (Ankleshwar, Gujarat)	-----●	Quantitative Survey	----●	48 Surveys
Pregnant Women, Lactating Mothers, and General Women Beneficiaries (Visakhapatnam, Andhra Pradesh)	-----●	Quantitative Survey	----●	49 Surveys
Women Beneficiaries (Visakhapatnam)	-----●	Focus Group Discussions (FGDs)	----●	2 FGDs
School Principals (Ankleshwar)	-----●	Key Informant Interview	----●	2 KIIs
Teachers (Ankleshwar)	-----●	Key Informant Interview	----●	2 KIIs
ASHA, ANM, and Anganwadi Workers (Visakhapatnam)	-----●	Key Informant Interview	----●	4 KIIs
Local Health Department Representative (Visakhapatnam)	-----●	Key Informant Interview	----●	1 KII

Respondents Profile

The study was conducted with beneficiaries across both intervention geographies of the Integrated Behaviour Change Communication (IBCC) programme—Ankleshwar, Gujarat and Visakhapatnam, Andhra Pradesh. The respondent profile reflects the programme's dual focus on adolescent girls through school-based interventions and women beneficiaries through community-based health awareness and behaviour change initiatives.

In Ankleshwar, Gujarat, the survey covered 48 adolescent girls, all of whom were studying in Class 11, reflecting the programme's focus on senior secondary school settings. In terms of age distribution, 85% of respondents were 17 years old, while 15% were 16 years old, indicating that the programme primarily engaged girls at a critical stage of adolescence where awareness around menstrual health, anaemia, sexual and reproductive health, and nutrition becomes highly relevant.

Age- Ankleshwar



Graph 1- Age of Ankleshwar respondents

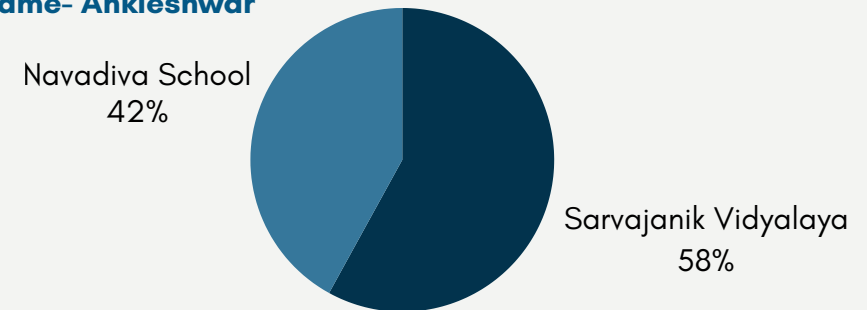
Class - Ankleshwar



Graph 2- Grade of Ankleshwar respondents

The respondents were drawn from two schools, with 58% from Sarvajani Vidyalaya and 42% from Navadiva School, ensuring representation across both partner institutions where the intervention was implemented. This school-based structure enabled consistent engagement through classroom sessions, health camps, and teacher-supported follow-up.

School Name- Ankleshwar

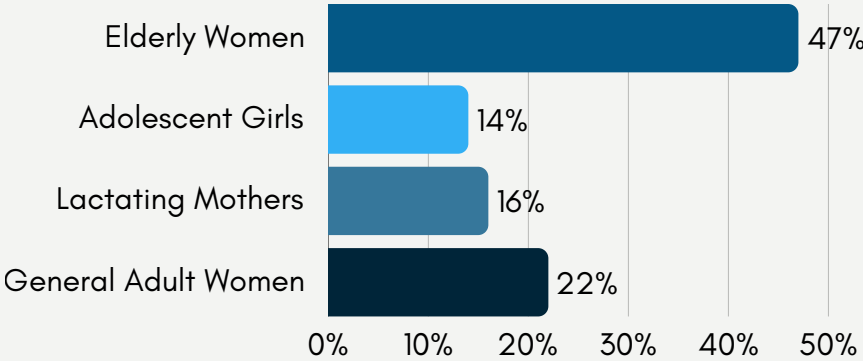


Graph 3- School of Ankleshwar respondents

In Visakhapatnam, Andhra Pradesh, the survey included 49 community beneficiaries, representing diverse groups such as pregnant women, lactating mothers, adolescent girls, elderly women, and the broader adult women population within the intervention area. A majority of respondents (47%) were elderly women, followed by 22% from the general adult women population, 16% lactating mothers, and 14% adolescent girls. This distribution highlights the programme's broader community-level engagement beyond maternal health alone, while ensuring inclusion of high-priority health groups.



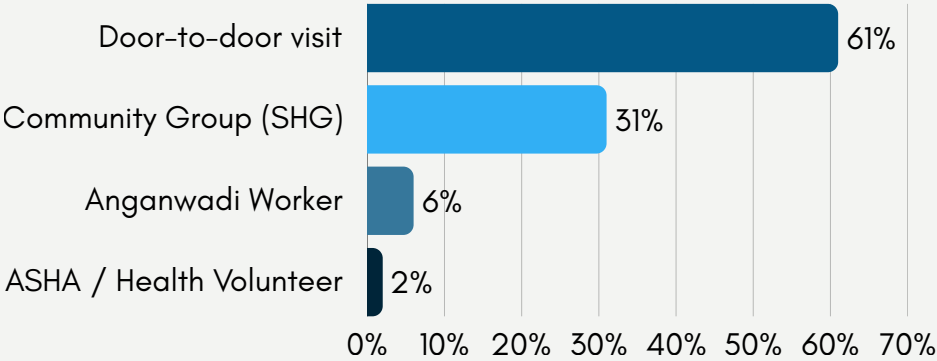
Category - Visakhapatnam



Graph 4- Category of respondents

The primary source of programme awareness in Visakhapatnam was through door-to-door visits (61%), followed by mobilisation through community groups such as SHGs (31%). Smaller proportions were mobilised through Anganwadi workers and ASHA/health volunteers. This reflects the strong role of interpersonal communication and frontline community engagement in ensuring participation and sustained behavioural reinforcement.

How did you receive information about the sessions?



Graph 5- Source of information about the sessions

Overall, the respondent profile demonstrates that the programme successfully reached both institutional and community-based beneficiary groups, allowing the intervention to address adolescent health and women’s health across multiple life stages and social contexts.



Image 6: A picture of children playing at anganwadi, Ankaleshwar

Ethical Considerations

The study adhered to strict ethical principles to safeguard participants' rights and dignity.

Informed Consent: Participants were clearly briefed on the study's purpose, process, and expected outcomes. They were free to ask questions and choose whether to participate, ensuring full autonomy. All data collection practices adhered to the principles of the Digital Personal Data Protection (DPDP) Act, 2023, which emphasises lawful, transparent, and purpose-specific handling of personal information.

Confidentiality & Privacy: All participant data was handled with strict confidentiality. Names and photos used in testimonies and case studies were included only after obtaining explicit consent from the individuals featured. These narratives were shared voluntarily to illustrate lived experiences and do not compromise any participant's privacy.

Voluntary Participation: Participation was entirely voluntary. No pressure or incentives were used to influence responses.

Respect & Fair Treatment: Participants were treated with fairness and respect throughout the study. Their well-being was prioritised, and support was provided whenever needed.



Image 7: During a discussion with Adolescent girls, Ankaleshwar

STUDY FINDINGS

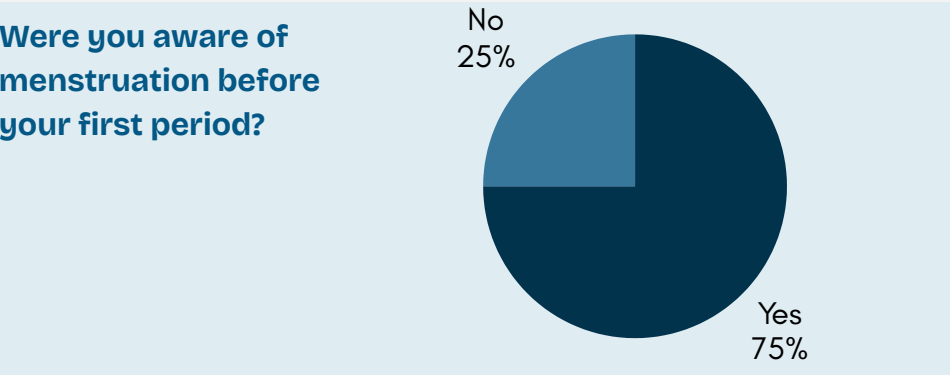


Study Findings

Ankleshwar

1.Improving Menstrual Hygiene Awareness and First-Time Preparedness

The programme has played a significant role in improving menstrual health awareness among adolescent girls by creating structured and open conversations around menstruation—an area that is often surrounded by silence, hesitation, and misinformation. Before the intervention, a large majority of girls had a limited understanding of menstruation before experiencing it for the first time. Survey findings show that 75% of respondents were not aware of menstruation before their first period, while only 25% reported prior awareness. This highlights the importance of early and school-based awareness interventions.

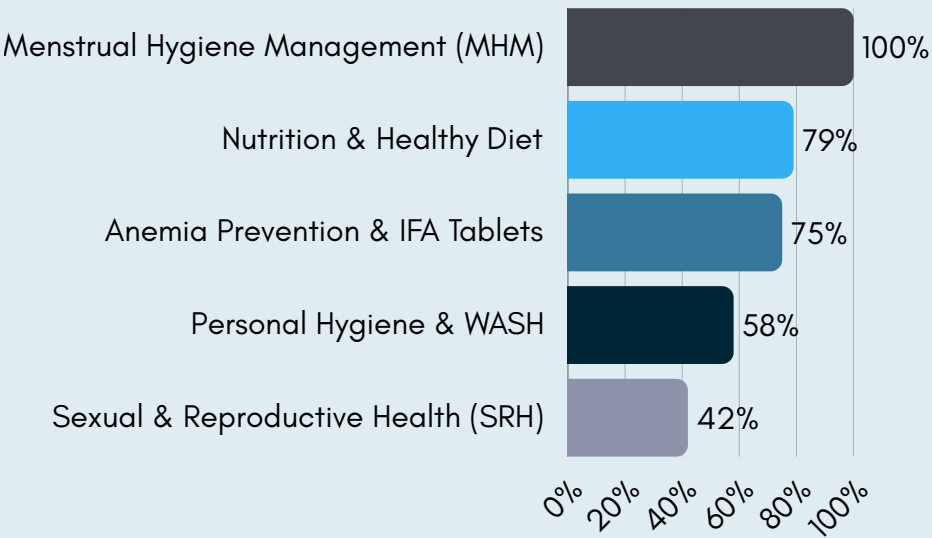


Graph 6- Awareness of menstruation before first period



Menstrual Hygiene Management (MHM) emerged as the most consistently covered topic, with 100% of respondents reporting participation in sessions on menstrual hygiene, followed by nutrition and healthy diet (79%), anaemia prevention (75%), and personal hygiene and WASH (58%). These sessions helped girls understand not only the biological process of menstruation but also hygiene practices, safe handling, and the importance of self-care during menstruation.

Topics Covered in the Sessions (Multiple Responses)



Graph 7- Key topics addressed during the sessions

As a result, 65% of respondents reported significant improvement in their knowledge about menstrual hygiene, while the remaining 35% reported moderate improvement, indicating universal positive learning outcomes.

Teachers and Anganwadi workers strongly reinforced this finding during qualitative discussions. They shared that earlier, girls were hesitant to discuss menstruation even with their mothers, and many experienced fear or confusion during their first period. After the sessions, girls became more open, asked questions more confidently, and began approaching teachers for support rather than silently managing their discomfort. One Anganwadi teacher recalled the case of a young girl who became frightened during her first menstrual pain and later understood through the sessions that menstruation and associated discomfort are normal and manageable. This reflects a clear shift from fear and silence toward understanding and confidence.

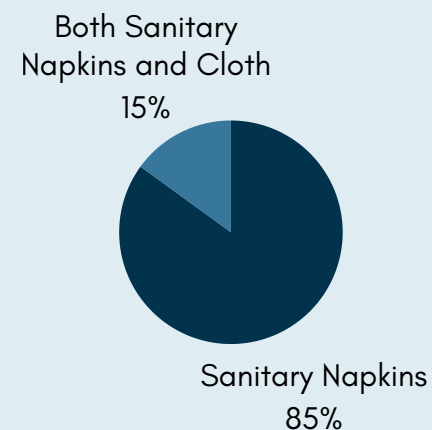
Teachers also noted that trainers created a comfortable environment before discussing sensitive topics, which helped reduce hesitation and allowed girls to engage more openly. This change in confidence and openness is one of the programme's strongest behavioural outcomes and indicates that menstrual health education has moved beyond information delivery to emotional reassurance and trust-building within the school environment.

2. Improved Sanitary Napkin Use and Safe Menstrual Hygiene Practices

Beyond awareness, the programme has contributed to meaningful behavioural change in menstrual hygiene practices, particularly in the adoption of sanitary napkins and safe disposal methods. Earlier, many girls relied on cloth during menstruation due to a lack of awareness, affordability constraints, family practices, and discomfort in purchasing sanitary pads.

Survey findings show that 85% of respondents now use sanitary napkins, while the remaining 15% use both sanitary napkins and cloth. This indicates a strong shift toward safer menstrual hygiene practices and improved access to menstrual care products.

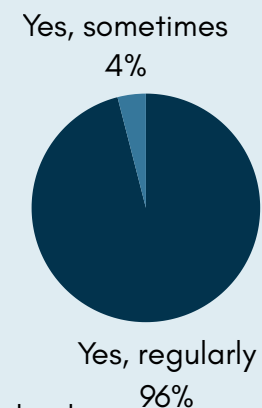
What do you currently use during menstruation?



Graph 8- Current menstrual hygiene practices among beneficiaries

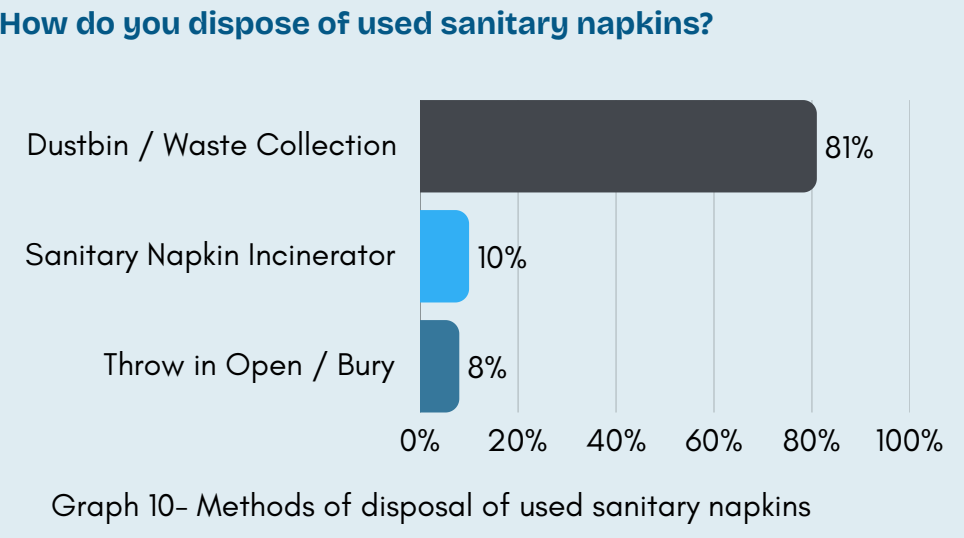
This shift is strongly supported by improved access. 96% of respondents reported receiving sanitary napkins regularly through the school, while the remaining 4% reported receiving them sometimes. Teachers shared that schools also kept additional sanitary napkins for girls who forgot to bring them, creating a supportive and responsive environment for menstrual health needs.

Do you receive sanitary napkins through the school?



Graph 9- Access to sanitary napkins through schools

Safe disposal practices have also improved. 81% of respondents reported disposing of used sanitary napkins in dustbins or waste collection systems, while 10% used the sanitary napkin incinerator installed in the school. Only 8% reported unsafe disposal practices, such as throwing in the open or burying.



Although 60% of respondents reported that an incinerator is installed in the school, qualitative findings revealed that actual usage remains limited. Teachers explained that although the incinerator was installed with project support, it is often underused because it produces smoke and can cause suffocation in the washroom area. As a result, many girls prefer to wrap their pads and dispose of them in dustbins. This points to an important operational gap where infrastructure exists, but usability and comfort remain challenges.



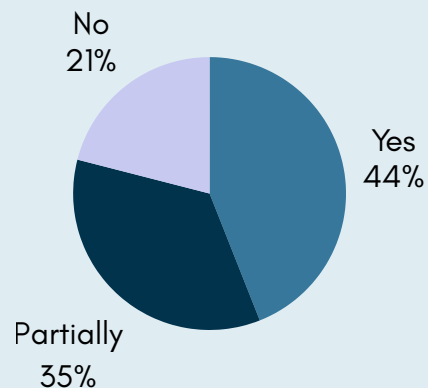
Teachers and Anganwadi workers also highlighted that, earlier, many girls used cloth and reused it due to household habits and limited access. After the programme, most girls learned to use pads properly and gradually became comfortable using sanitary napkins. Some girls even began purchasing pads independently, reflecting stronger ownership of menstrual hygiene practices. Importantly, teachers also observed that period-related absenteeism has reduced significantly, suggesting that improved menstrual comfort and access have directly supported better school participation.

3. Improving Confidence in Sexual and Reproductive Health Awareness

Sexual and Reproductive Health (SRH) remains one of the most sensitive and least openly discussed areas of adolescent health, particularly among school-going girls in conservative social settings. Limited conversations at home, social stigma, and discomfort in asking questions often result in confusion, misinformation, and low confidence around understanding one’s own body and reproductive health. The programme addressed this gap by introducing structured SRH sessions in schools, delivered in a safe, guided environment.

Survey findings show that before deeper engagement through the sessions, awareness levels were limited. Only 44% of respondents reported that they were aware of what sexual and reproductive health means, while 35% said they were only partially aware, and 21% had no awareness at all. This indicates that for a large proportion of girls, the programme served as their first formal exposure to these concepts.

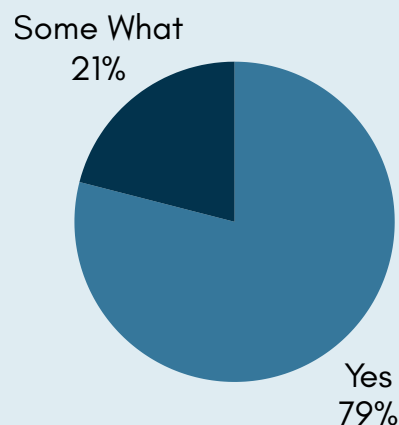
Are you aware of what Sexual and Reproductive Health means?



Graph 11- Knowledge of sexual and reproductive health

Following the sessions, confidence levels improved significantly. 79% of respondents reported feeling confident in understanding their bodies and health, while the remaining 21% reported some improvement. This suggests that the sessions were successful not only in facilitating knowledge transfer but also in reducing hesitation and building personal confidence in discussing and understanding adolescent health.

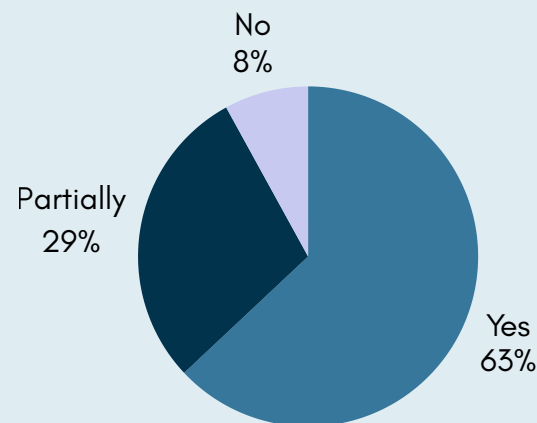
After attending the SRH sessions, do you feel more confident about understanding your body and health?



Graph 12- Confidence in understanding body and health after SRH sessions

Further, 63% of respondents reported understanding safe and responsible behaviours related to reproductive health, while 29% were partially aware and only 8% were unaware. This reflects stronger preparedness among girls to make informed decisions and better understand personal safety, hygiene, and responsible behaviour.

Do you know about safe and responsible behaviours related to reproductive health?



Graph 13- Awareness of safe and responsible reproductive health behaviours

Discussions with teachers strongly reinforced these findings. They shared that before the intervention, girls were often hesitant, even to use basic terminology related to reproductive health and avoided raising questions due to embarrassment. Trainers intentionally began sessions by building trust and making students comfortable before introducing sensitive topics, which significantly improved openness and participation. Teachers observed that girls gradually became more willing to ask questions privately and seek clarification rather than relying on myths or peer misinformation.

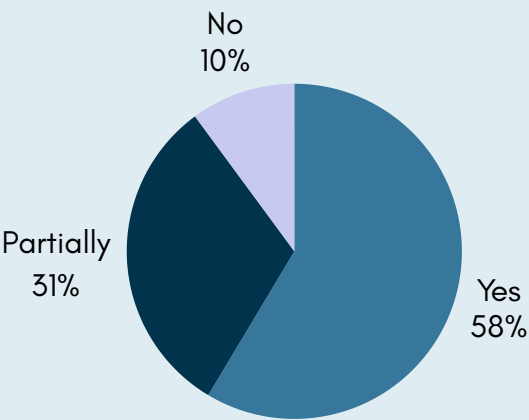
One teacher explained that many students initially associated these topics with shame or discomfort, but after repeated sessions, they began viewing them as normal aspects of health and well-being rather than taboo subjects. Another teacher noted that girls became more confident in understanding physical changes during adolescence and were less fearful or confused about bodily development. This shift reflects an important behavioural outcome—moving from silence and stigma toward awareness, confidence, and responsible health understanding

4. Strengthening Anaemia Awareness and Preventive Health Monitoring

Anaemia remains one of the most common yet under-recognised health concerns among adolescent girls, often affecting energy levels, concentration, immunity, and long-term physical development. In many cases, symptoms such as weakness or fatigue are normalised and left untreated due to low awareness and a lack of regular screening. The programme addressed this challenge by combining awareness sessions with practical interventions, including haemoglobin testing, BMI monitoring, IFA tablet consumption, and the distribution of iron-fortified salt.

Survey findings show that awareness around anaemia improved considerably. 58% of respondents reported being aware of what anaemia is and its effects on health, while 31% were partially aware, and only 10% were unaware. This reflects a strong improvement in understanding a health issue that is highly prevalent but often poorly discussed among adolescents.

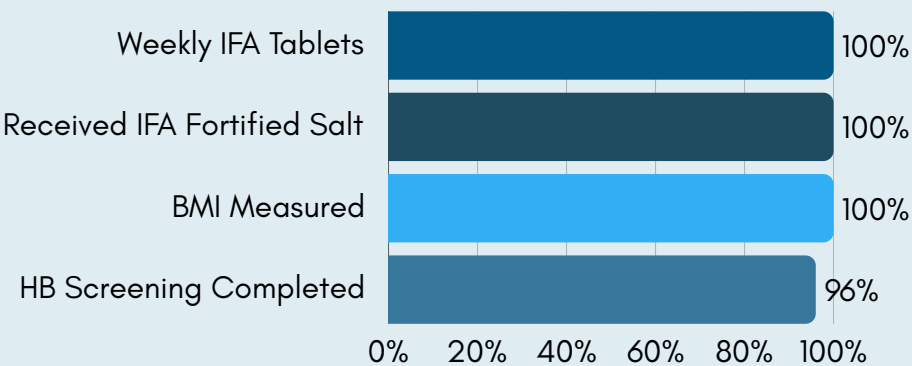
Are you aware of what anaemia is and its effects on health?



Graph 14- Awareness of anaemia and its health effects

Preventive health monitoring under the programme was highly consistent. 96% of respondents reported undergoing haemoglobin (HB) screening, while all respondents reported that their BMI had been measured. In addition, 100% of respondents reported taking weekly Iron and Folic Acid (IFA) tablets, and all had received iron-fortified salt through the programme. These findings reflect strong implementation of anaemia prevention measures beyond awareness alone.

Health Monitoring and Preventive Support



Graph 15- Health monitoring and preventive support

The discussions with teachers and Anganwadi workers highlighted that many girls were initially unaware of why they were being given IFA tablets or the importance of regular HB testing. After repeated sessions, girls began understanding the link between anaemia, weakness, poor concentration, and menstrual health. Teachers noted that students began taking tablets more seriously and were more willing to participate in screenings rather than avoid them. Some girls also discussed these learnings with their families, improving household-level awareness.

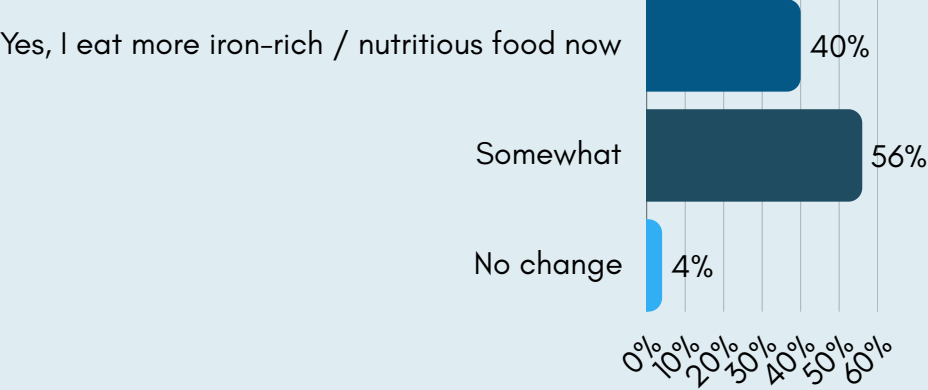
The programme therefore strengthened not just diagnosis, but also acceptance of preventive health practices—an important step toward reducing long-term nutritional and health risks among adolescent girls.

5. Encouraging Better Nutrition Practices and Healthy Food Behaviour

Improving nutrition behaviour was another critical component of the programme, especially considering the high number of underweight girls identified during baseline assessments. Poor dietary habits, irregular meals, and high dependence on junk food often contribute to anaemia, low BMI, and poor adolescent health outcomes. The programme addressed this through nutrition sessions, dietary counselling, and practical tools, including nutrition plans and the distribution of iron-fortified salt.

Survey findings show encouraging behavioural shifts. 40% of respondents reported that they had made clear changes in their diet and now eat more iron-rich and nutritious food, while 56% reported some improvement. Only 4% reported no change, indicating strong overall movement toward healthier food choices

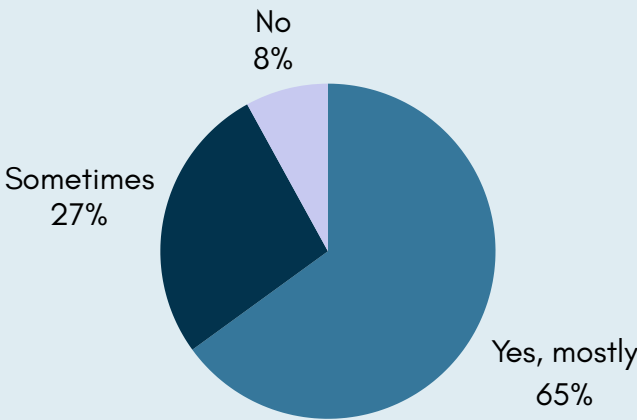
Have you made changes in your diet after attending the nutrition sessions?



Graph 16- Dietary changes after attending nutrition sessions

Similarly, 65% of respondents reported that they now mostly avoid junk food and follow healthier eating habits, while 27% do so sometimes. This reflects a gradual but meaningful behavioural change in daily food practices, which is often one of the most difficult areas to influence in adolescent health programmes.

Do you now avoid junk food and follow healthier eating habits?



Graph 17- Adoption of healthy eating habits among beneficiaries

To support this transition, 79% of respondents reported receiving a nutrition plan or diet chart, which helped translate awareness into practical action. Teachers shared that the sessions helped students understand the importance of iron-rich foods such as green leafy vegetables, jaggery, dates, and protein-rich meals, rather than viewing nutrition only as “eating more food.”

One teacher noted that many girls had previously skipped breakfast or regularly consumed packaged snacks, but after the programme, students became more conscious of their food choices and began discussing healthier eating habits, even at home. Teachers also observed that girls began questioning unhealthy habits and showed greater interest in balanced diets, especially after understanding the connection between food, menstruation, and overall health.

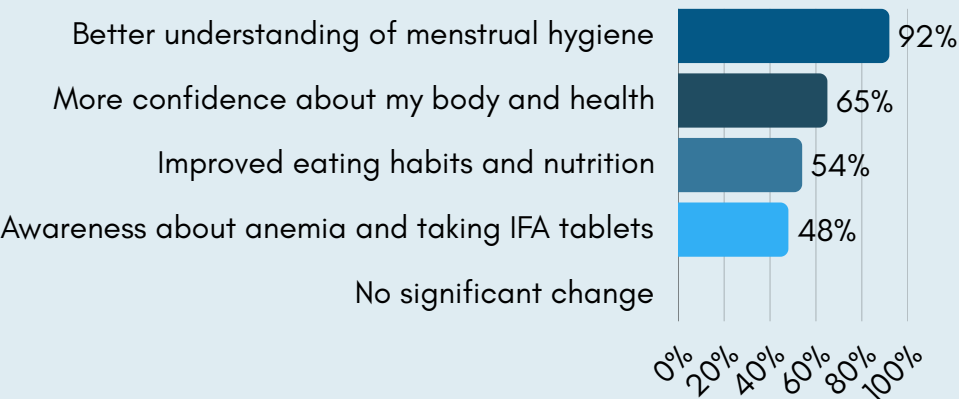
These findings suggest that the programme has successfully moved nutrition awareness into everyday behaviour, helping adolescent girls make more informed and sustainable health choices beyond the classroom.

6. Overall Impact on Confidence, Well-being, and School Environment

The strongest indicator of programme success lies in how adolescent girls themselves perceive the changes in their confidence, daily habits, and overall well-being. Beyond awareness sessions and health screenings, the intervention created a visible shift in how girls understand their health, engage in self-care, and participate in school. The impact extended beyond individual knowledge to confidence-building, peer influence, and stronger support systems within schools.

When asked about the biggest changes experienced after participating in the programme, 92% of respondents reported a better understanding of menstrual hygiene, making it the most significant area of change. This was followed by 65% reporting greater confidence in their body and health, 54% reporting improved eating habits and nutrition, and 48% reporting greater awareness of anaemia and regular IFA tablet consumption. Notably, no respondent reported “no significant change,” indicating universal perceived benefit from the intervention.

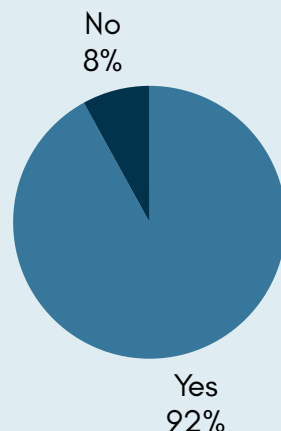
What has been the biggest change for you after participating in this program? (Multiple Responses)



Graph 18- Key outcomes reported by beneficiaries (multiple responses)

The impact also extended beyond individual beneficiaries into families and peer networks. 92% of respondents reported sharing the health information they learned with family members or friends, reflecting strong secondary diffusion of knowledge. This indicates that the programme’s influence extended beyond the classroom and contributed to broader household-level awareness, particularly regarding menstruation, nutrition, and preventive health practices.

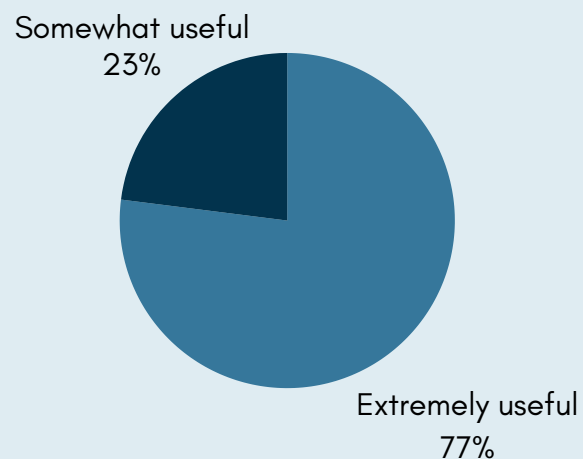
Have you shared the health information you learned with your family or friends?



Graph 19- Sharing of health information with family and friends

it somewhat useful. This reflects both the practical usefulness of the sessions and the emotional importance of having safe spaces for health discussions within schools.

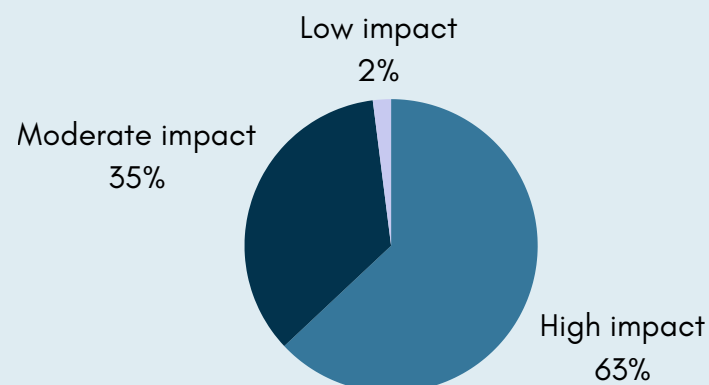
How useful do you find this program for girls in your school/community?



Graph 20- Perceived usefulness of the program for girls

In terms of overall well-being, 63% of respondents rated the programme as having a high impact on their health and well-being, while 35% reported moderate impact. Only 2% reported low impact. This shows that the intervention was not perceived merely as an awareness activity, but as a meaningful contributor to daily life, confidence, and personal growth.

Overall, how would you rate the impact of this program on your health and well-being?



Graph 21- Overall impact of the program on health and well-being

Teachers strongly supported these findings during qualitative discussions. They observed that girls became more confident in discussing their health concerns, approached teachers more openly, and participated more during sessions, compared with earlier hesitation and silence. Some girls who were initially shy later began helping peers understand menstrual hygiene and reminding classmates about IFA tablets and health practices. Teachers described this as one of the most meaningful outcomes of the programme—not just knowledge gain, but a visible improvement in confidence, openness, and self-worth among adolescent girls.

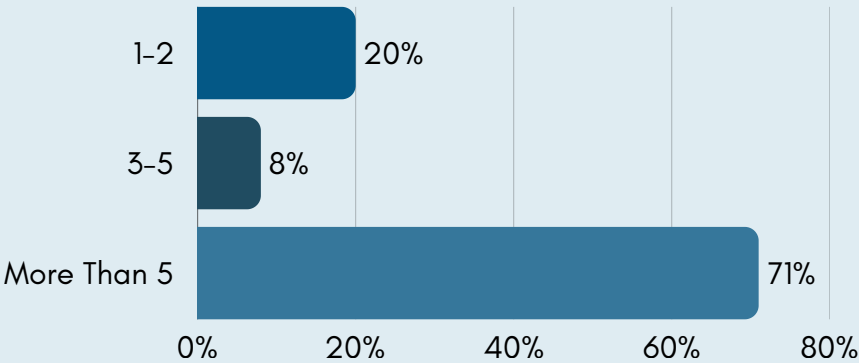
Vishakapatanam- Andhra Pradesh

1. Strengthening Community Health Awareness through Repeated Engagement and Doorstep Outreach

One of the strongest outcomes of the IBCC intervention in Visakhapatnam has been the creation of sustained community-level health awareness through repeated engagement, household visits, and consistent follow-up by the field team along with ASHA workers. Unlike one-time awareness campaigns, the programme relied on continuous interpersonal communication, which helped build trust and allowed health messages to gradually translate into understanding and acceptance within households.

Survey findings show strong participation in repeated sessions. 71% of respondents reported attending more than five sessions, while 20% attended 1-2 sessions and 8% attended 3-5 sessions. This indicates that most beneficiaries were exposed to the programme multiple times, thereby reinforcing key health messages rather than receiving one-time information.

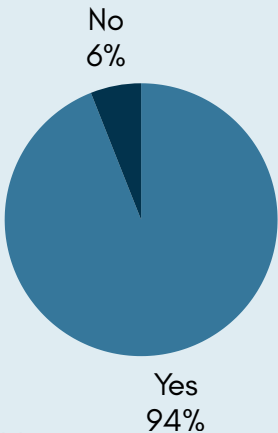
How many sessions have you attended in this program?



Graph 22- Participation level in program sessions

Door-to-door outreach emerged as a critical delivery mechanism. 94% of respondents reported receiving household health awareness visits, demonstrating the strength of personalised engagement, particularly for women who may not always be able to attend community meetings or visit health centres independently. These visits helped ensure that information reached beneficiaries within their own home environment and made follow-up more effective.

Have you received any door-to-door health awareness visit?

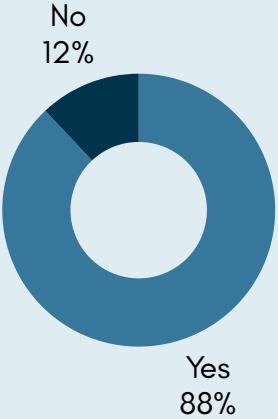


Graph 23- Access to household-level health awareness outreach

This repeated engagement translated into strong awareness across multiple health themes. Awareness was highest around diabetes and BP-related risks (96%), followed by nutrition and balanced diet (94%), seasonal disease prevention (92%), hygiene practices (90%), antenatal and postnatal care (88%), and anaemia prevention (84%). These findings show that the programme successfully covered both preventive and maternal health dimensions, ensuring broad-based community health literacy.

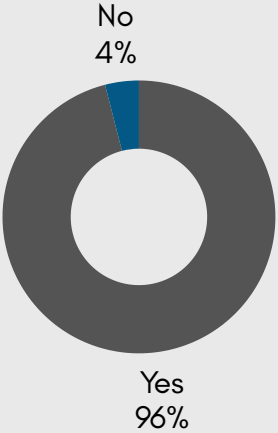
Awareness Across Key Health Areas

Are you aware of the importance of antenatal and postnatal care?



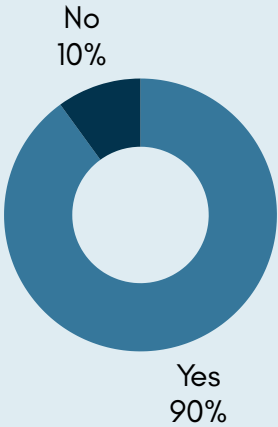
Graph 24- Awareness of antenatal and postnatal care

Are you aware of the importance of antenatal and postnatal care?



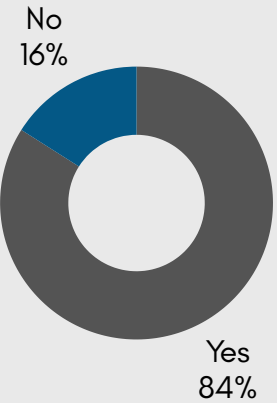
Graph 25- Awareness of antenatal and postnatal care

Are you aware of hygiene practices to prevent diseases?



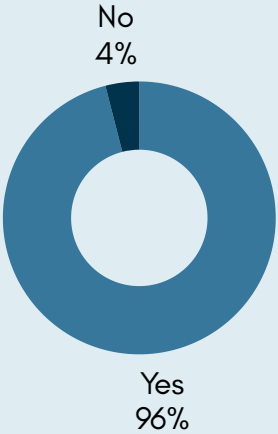
Graph 26- Awareness of hygiene practices to prevent diseases

Are you aware of anaemia and its prevention?



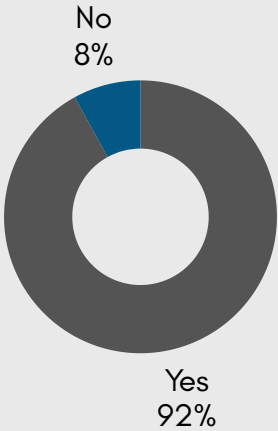
Graph 27- Awareness of anaemia and its prevention

Are you aware of the importance of nutrition and balanced diet?



Graph 28- Awareness of nutrition and balanced diet

Are you aware of seasonal diseases and how to prevent them?



Graph 29- Awareness of seasonal diseases and their prevention

The discussions with community members strongly reinforced these findings. In both Sri Ram Nagar and Gullalapalem, women shared that, earlier, their food habits and health decisions were largely shaped by routine, convenience, and long-held beliefs, with little understanding of preventive care. Through repeated sessions, they began connecting food with strength, immunity, and long-term well-being. One participant shared, “Earlier, we didn’t know much about what to eat for good health. Now we understand the importance of protein, vitamins, and balanced food.”

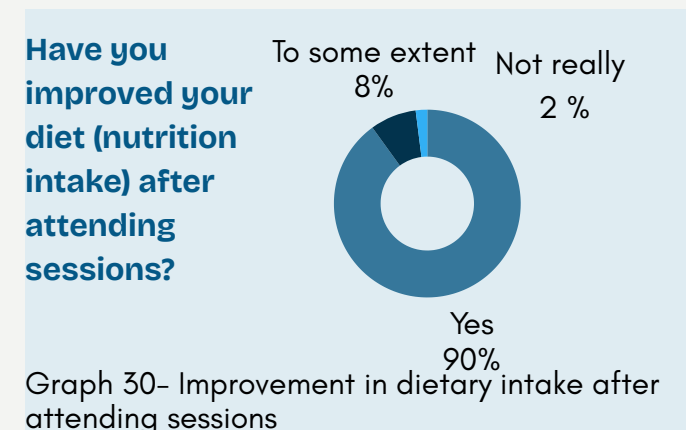
The ASHA worker also highlighted that her regular household visits became more effective because the IBCC team reinforced the same messages through sessions and doorstep screenings. She explained that beneficiaries are now more aware of nutrition, maternal care, and seasonal diseases, and many are seeking treatment earlier rather than waiting for symptoms to worsen. She specifically noted that people are now more careful about drinking safe water, maintaining cleanliness, and taking precautions against seasonal illnesses such as fevers, diarrhoea, and mosquito-borne diseases.

A particularly important observation was the shift from passive listening to active participation. Beneficiaries were not only attending sessions but also recalling health messages, asking questions, and discussing them with family members. This indicates that the programme moved beyond awareness generation to building health ownership within the community.

2.From Awareness to Behaviour Change: Improving Nutrition, Hygiene, and Preventive Health Practices

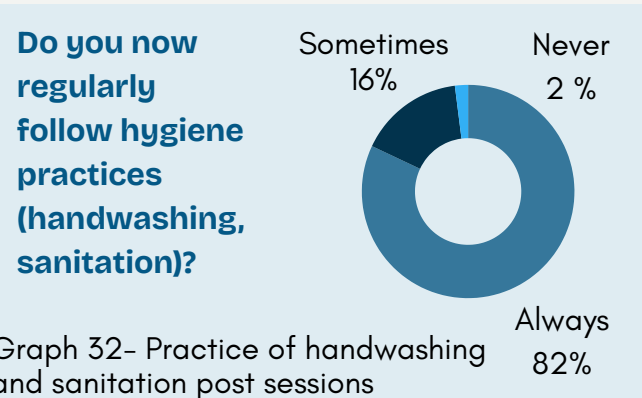
A key strength of the IBCC intervention in Visakhapatnam is that awareness did not remain limited to information-sharing alone, but gradually translated into everyday behavioural change within households. Through repeated counselling, home visits, and practical guidance, beneficiaries began adopting healthier routines in food, hygiene, and preventive health monitoring—areas that were often neglected earlier due to a lack of awareness or delayed prioritisation of health.

Nutrition behaviour showed one of the strongest areas of improvement. 90% of respondents reported that they had improved their diet after attending the sessions, while 8% reported partial improvement and only 2% reported no meaningful change. This indicates that the majority of women were able to move from awareness of balanced diets to actual dietary changes within their households.



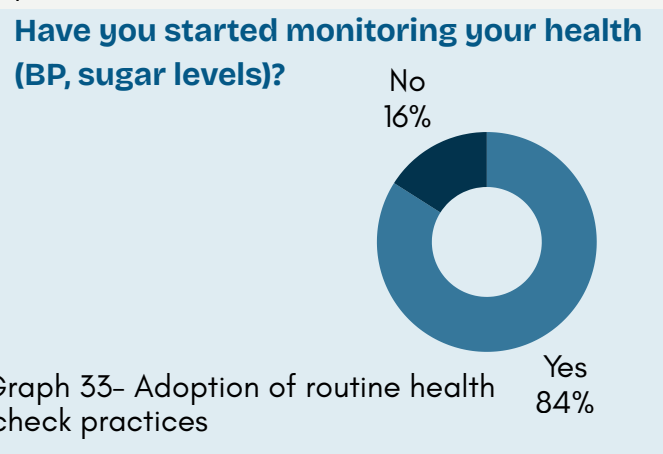
The discussions supported this strongly. Women in both Sri Ram Nagar and Gullalapalem reported that earlier dietary habits were largely driven by routine and convenience, with limited attention to protein intake, micronutrient intake, or meal regularity. After repeated sessions, many families began consciously including more nutritious foods, improving meal timings, and understanding the role of food in maintaining strength and immunity. One participant shared, “We used to skip or delay meals, but now we are eating on time and taking proper food as advised in the sessions.”

Hygiene practices also showed visible improvement. 82% of respondents reported that they now regularly follow hygiene practices such as handwashing and sanitation, while 16% reported doing so sometimes. Only 2% reported not following these practices. This reflects stronger adoption of preventive behaviours related to personal cleanliness, menstrual hygiene, and seasonal disease prevention.



Women explained during FGDs that they had become more careful about cleanliness during menstruation, maintaining household sanitation, and taking precautions during the rainy season when mosquito-borne diseases become common. In Gullalapalem, where drainage and stagnant water increase vulnerability to diseases such as malaria and dengue, beneficiaries reported greater vigilance in keeping their surroundings clean and reducing stagnant water.

A particularly significant behavioural shift was observed in preventive health monitoring. Before the intervention, many beneficiaries did not regularly monitor their blood pressure or sugar levels unless symptoms became severe. Health was often addressed only after visible illness, rather than through preventive check-ups. After the programme, 84% of respondents reported that they had started monitoring their health through BP and sugar checks, while 16% had not yet adopted this practice.



This change was strongly reinforced through qualitative insights. The ASHA worker explained that the doorstep screenings conducted by the IBCC team were especially useful because many people, particularly elderly or bedridden beneficiaries, would otherwise avoid visiting health centres. Several individuals discovered conditions such as hypertension for the first time through these screenings. One woman shared, “I used to faint often and thought it was due to low BP and stress. After the volunteer checked, I came to know I have high BP. Now I am taking medicines regularly.”

This reflects an important shift from reactive to preventive health behaviour. Rather than waiting for illness to worsen, beneficiaries are now becoming more proactive in monitoring and managing their health.



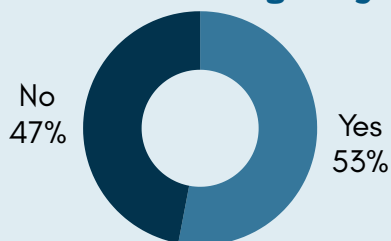
Image 8: A picture of school classroom, ankaleshwar

3. Improving Maternal Health-Seeking Behaviour and Use of Healthcare Services

One of the important objectives of the IBCC programme in Visakhapatnam was to improve maternal health-seeking behaviour among pregnant women and lactating mothers by strengthening awareness around antenatal care (ANC), postnatal care (PNC), institutional support systems, and timely access to nearby health facilities. In many communities, maternal health decisions are often delayed due to household priorities, lack of awareness, or dependence on informal advice rather than professional consultation. The programme worked to address this by promoting regular health check-ups and improving trust in formal healthcare systems.

Survey findings show that among pregnant and lactating women, 53% report visiting health centres regularly, while 47% still do not do so consistently. While this indicates positive progress toward formal maternal healthcare utilisation, it also highlights the need for sustained follow-up to ensure regular service uptake among all women.

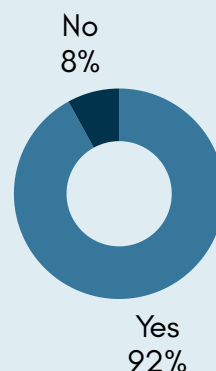
If pregnant/lactating, do you now visit health centres regularly?



Graph 34- Health centre visits during pregnancy and lactation

Awareness and utilisation of nearby public health services showed much stronger outcomes. 92% of respondents reported being aware of nearby PHCs and health services and accessing them when needed, while only 8% reported limited awareness or utilisation. This indicates that the programme has been effective in improving both knowledge of available services and confidence in approaching them for healthcare support.

Are you aware of nearby PHC/health services and avail them when needed?



Graph 35- Awareness and utilization of nearby health services

Interviews with community members suggest that this improvement is closely linked to the role of ASHA workers and the programme's strong household-level engagement. The ASHA worker shared that before the intervention, many families delayed hospital visits unless symptoms became severe, particularly for pregnancy-related concerns or common illnesses. Through regular home visits, counselling, and joint mobilisation with the IBCC team, women gradually became more comfortable seeking medical consultation earlier rather than waiting for complications.

She explained that ASHA workers helped mobilise pregnant women, lactating mothers, and adolescent girls for awareness sessions and health camps, and reinforced key messages during routine household visits. According to her, this repeated interaction improved both trust and follow-through. She noted that many beneficiaries are now visiting health centres more regularly and are more willing to follow medical advice, especially after understanding the importance of antenatal care, nutrition, and early diagnosis. She also highlighted that doorstep screenings conducted by the IBCC team reduced the burden on women who found it difficult to travel, especially elderly or bedridden beneficiaries, making access to health services more practical and less intimidating.

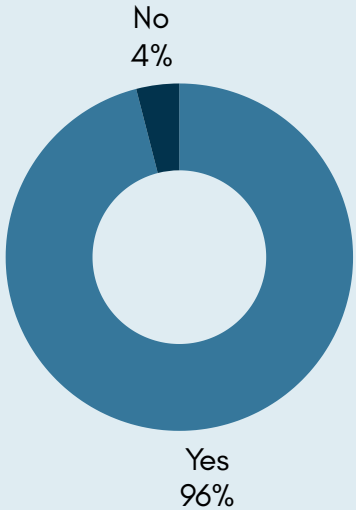
In Gullalapalem and Sri Ram Nagar, FGD participants also shared that earlier they often ignored symptoms or relied on informal remedies, but repeated counselling helped them understand the importance of professional consultation and routine maternal care. This gradual shift reflects growing trust in PHCs and a stronger connection between community members and formal health systems.

4. Community-Level Impact and Strengthening Health System Linkages

The impact of the IBCC programme in Visakhapatnam extends beyond individual awareness and behaviour change to broader community-level transformation and stronger linkages with the local health system. By working closely with ASHA workers, Anganwadi workers, and local health staff, and through repeated household engagement, the programme created a support system in which health awareness became part of everyday community interactions rather than a one-time intervention. This helped improve trust, participation, and continuity of care across beneficiary households.

Survey findings show that the programme was widely recognised as valuable at the community level. 96% of respondents reported that the awareness sessions were useful for their community, while only 4% felt otherwise. This reflects strong acceptance of the intervention and indicates that beneficiaries viewed the sessions as relevant to their daily lives and local health challenges rather than as isolated awareness activities.

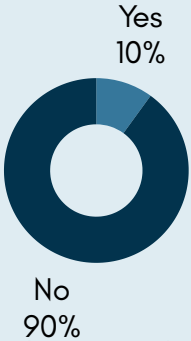
Do you feel the awareness sessions are useful for your community?



Graph 36- Community relevance of awareness sessions

The programme also emerged as the primary source of structured health awareness for most beneficiaries. 90% of respondents reported that they would not have received similar awareness from elsewhere if IBCC had not been implemented, showing the significant gap the intervention filled in community health education. Only 10% felt they may have received similar awareness through other channels. This highlights the programme's role not just as a supplement, but as a critical entry point for preventive health knowledge.

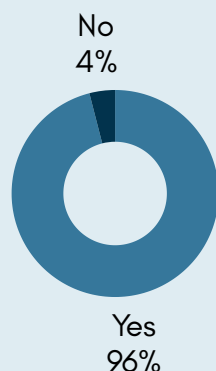
Would you have received similar awareness from somewhere else if IBCC was not there?



Graph 37- Community relevance of awareness sessions

Further, 94% of respondents reported that the IBCC project helped raise awareness of their own health, indicating strong personal relevance and internalisation of the programme's messages. This reflects not only knowledge gain, but also stronger ownership of personal and family health decisions.

Do you think the IBCC project has helped create awareness about your health?



Graph 38- Contribution of IBCC to personal health awareness

In both Gullalapalem and Sri Ram Nagar, beneficiaries shared that prior to the intervention, health information was often limited to occasional hospital visits or informal advice from neighbours and elders. Through the programme, repeated sessions and household visits created a much more consistent and reliable source of information. Women began discussing health topics more openly within families, and the presence of the field team built confidence in seeking guidance without hesitation.

One beneficiary shared: “Earlier, we did not know when to go to the hospital or what problems should be taken seriously. Now we understand that even small symptoms should not be ignored, and we know where to go for help.” This reflects the programme’s success in shifting communities from delayed response to early health action .

The ASHA worker also emphasised that coordination between the IBCC team and the local health system strengthened mobilisation and follow-up. She explained that because beneficiaries already trusted ASHA workers, the joint effort made it easier to bring people into sessions and connect them to PHCs, screenings, and treatment support. This improved not only participation but also continuity of care, especially for women and elderly beneficiaries who required repeated follow-up.

5. Overall Behavioural Change, Confidence, and Long-Term Well-being

The most meaningful measure of the IBCC programme’s success lies in the long-term behavioural changes beneficiaries experience in their daily lives. Beyond awareness sessions and household visits, the intervention created visible improvements in how women understand health, respond to symptoms, make household decisions, and prioritise preventive care. The programme moved health from being an occasional concern to becoming a more regular and conscious part of everyday life.

What has been the biggest change after attending the sessions? (Multiple Responses)



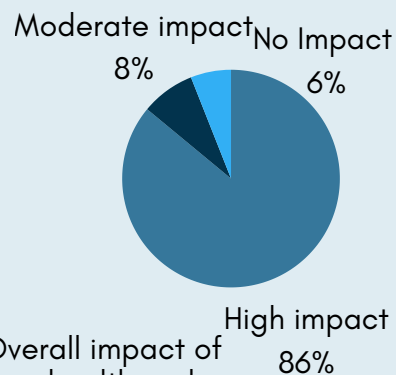
Graph 39- Biggest changes after attending the sessions

Community members shared that earlier, they often ignored symptoms, delayed treatment, and relied on assumptions rather than medical advice. After repeated engagement, they became more conscious about their food habits, BP monitoring, seasonal precautions, and the importance of early consultation. Small daily decisions—such as eating on time, maintaining cleanliness, or visiting a PHC for regular check-ups—began to change gradually across households.

One beneficiary from Sri Ram Nagar shared: “Earlier, we used to think health problems would go away on their own. Now we understand that checking early and taking treatment on time is important. We are more careful about our health now.” This reflects the deeper behavioural shift from reactive treatment to preventive health ownership.

In terms of overall well-being, 86% of respondents rated the programme as having a high impact on their health and well-being, while 8% reported moderate impact. Only 6% reported no major impact. This indicates strong beneficiary recognition of the programme's meaningful contribution to their personal health, confidence, and quality of life.

Overall, how would you rate the impact of this program on your health and well-being?



Graph 40- Overall impact of the program on health and well-being

FGD participants also described a stronger sense of confidence in managing their own health and making informed decisions for their families. Women who were once hesitant to visit health centres or discuss maternal health concerns reported feeling more comfortable seeking help and asking questions. In many cases, this confidence extended beyond the individual, influencing family members and neighbours and creating wider community-level change.

The ASHA worker also observed that people are now more willing to follow medical advice, continue treatment, and take preventive measures seriously. She noted that while behaviour change takes time, repeated counselling and trust-building have helped create lasting improvements in health attitudes across the community.



Image 9: A picture of students after dispersal of school

Case Studies

From High-Risk Pregnancy to Healthy Motherhood: Vijaya's Journey of Behaviour Change and Maternal Well-being

Vijaya, a resident of the Gullalapalem community, is a young mother of a four-month-old baby girl whose journey reflects the tangible impact of the IBCC programme on maternal health awareness, health-seeking behaviour, and long-term well-being. Her experience demonstrates how sustained counselling, regular follow-up, and improved access to health information can transform high-risk pregnancy outcomes, leading to safe motherhood and healthier newborn care practices.

During the early stages of her pregnancy, Vijaya was identified as both anaemic and underweight—two major risk factors that posed serious concerns for both maternal health and fetal development. At that time, her daily diet lacked essential nutrients, and there was limited awareness within the household regarding the importance of maternal nutrition, antenatal check-ups, and preventive healthcare practices. Like many women in vulnerable communities, health was often addressed only when problems became severe rather than through regular monitoring and early intervention.

An additional challenge was a widespread misconception about childbirth. Vijaya, who is approximately 3.5 feet in height, believed that she would not be able to have a normal vaginal delivery because of her height. This created significant anxiety and fear throughout her pregnancy. Through repeated counselling and health education sessions, this misconception was gradually addressed. She was helped to understand that delivery outcomes depend on multiple medical factors and regular clinical monitoring, rather than height alone. This reduced her fear and improved her confidence as the pregnancy progressed.



Image 10: A picture of beneficiary mother Vijaya

As part of the intervention, Vijaya began receiving regular guidance on maternal health and nutrition through continuous engagement and follow-up. She developed a stronger understanding of the importance of a balanced diet and gradually improved her food intake by incorporating iron-rich foods such as green leafy vegetables, jaggery, and pulses, as well as protein-rich foods such as eggs, lentils, and dairy products. These changes significantly improved her nutritional status and reflected the programme's emphasis on practical, household-level behaviour change rather than awareness alone.

Alongside dietary improvements, Vijaya became consistent in attending antenatal check-ups. Regular visits to the health centre enabled timely monitoring of her haemoglobin levels, weight gain, and overall pregnancy progress, and ensured access to supplements and medical guidance. The regular follow-up and encouragement she received helped her overcome hesitation and become more proactive in seeking healthcare services rather than delaying treatment.

Over time, visible improvements were observed in her health outcomes. Her haemoglobin levels improved, and she gained weight in line with recommended maternal health standards. These improvements reduced potential risks during childbirth and supported healthier fetal development. Vijaya successfully delivered a healthy baby girl, and her condition during delivery remained stable without complications. The earlier fear surrounding childbirth was replaced by confidence, preparedness, and trust in formal healthcare support.

Post-delivery, the intervention continued to influence newborn care and maternal practices. A major area of improvement was timely child immunisation. Through regular reminders and follow-up, Vijaya ensured that her baby received vaccinations according to the recommended schedule and actively visited the health centre for immunisation services. This reflected a stronger understanding of preventive healthcare and child protection.

She also adopted improved practices for newborn care, hygiene, and feeding. Vijaya maintained cleanliness around the baby, practised regular handwashing before handling the infant, followed safe feeding practices, and ensured exclusive breastfeeding to support the child's immunity and growth. She became more attentive to early signs of illness and sought timely medical care when needed, demonstrating sustained health ownership beyond pregnancy alone.

The consistent support and follow-up also influenced the household environment. Family members became more involved in supporting maternal nutrition, newborn care, and health visits, reinforcing the sustainability of these improved practices at home. Today, Vijaya's baby is four months old and healthy, and Vijaya herself is more confident, informed, and proactive in managing both her own health and her child's well-being.



Alignment with OECD-DAC Framework

The impact assessment findings of the Integrated Behaviour Change Communication (IBCC) programme align with the OECD-DAC evaluation framework across Relevance, Effectiveness, Efficiency, Coherence, Impact, and Sustainability. The analysis is based on survey responses from 97 beneficiaries across Ankleshwar, Gujarat, and Visakhapatnam, Andhra Pradesh, along with qualitative insights from school principals, teachers, ASHA workers, Anganwadi workers, FGDs, and frontline stakeholders, as captured in the study.



Relevance

The programme is highly relevant to the needs of adolescent girls, pregnant women, lactating mothers, and underserved women populations, where awareness around menstrual health, anaemia, maternal care, nutrition, and preventive healthcare remains limited. In Ankleshwar, 75% of adolescent girls reported that they were not aware of menstruation before their first period, highlighting a significant gap in early health education. Similarly, in Visakhapatnam, low prior awareness of antenatal care, anaemia prevention, and routine health monitoring underscored the need for structured interventions.

The programme's design—combining school-based awareness for adolescent girls with community-based engagement for women—directly addresses these context-specific gaps. By embedding sessions within schools and households and reinforcing messages through ASHA workers and teachers, the intervention effectively addresses both preventive and behavioural health needs, making it highly demand-driven and locally relevant.



Effectiveness

The programme demonstrates strong effectiveness in improving health awareness and preventive practices across both geographies. In Ankleshwar, 100% of girls attended Menstrual Hygiene Management sessions, 96% received sanitary napkins regularly through school, and 65% reported significant improvement in menstrual hygiene knowledge. Additionally, 79% reported improved confidence in understanding their body and health after SRH sessions.

In Visakhapatnam, 94% of respondents reported improved awareness of their own health, 90% improved their diet, and 84% began monitoring BP and blood sugar levels. Awareness levels across critical health themes such as diabetes, maternal health, nutrition, and hygiene remained above 84% across categories. These outcomes indicate that the programme successfully translated awareness sessions into measurable knowledge and behavioural outcomes.



Efficiency

The intervention reflects efficient utilisation of resources through its decentralised, repeated-engagement model. By delivering awareness sessions directly within schools and communities, the programme reduced barriers to access and travel, and delays in healthcare-seeking. Door-to-door visits, which reached 94% of beneficiaries in Visakhapatnam, ensured deeper coverage without requiring beneficiaries to depend entirely on facility-based access.

The integration of awareness sessions, nutritional support, IFA tablet distribution, iron-fortified salt, haemoglobin testing, BMI monitoring, and referral support within a single ecosystem improved delivery efficiency. In Ankleshwar, all respondents received weekly IFA tablets and iron-fortified salt, while 96% underwent haemoglobin screening, demonstrating strong operational execution with minimal fragmentation in service delivery.



Coherence

The programme aligns closely with national public health priorities in adolescent health, maternal care, anaemia prevention, and preventive healthcare. It complements schemes such as Rashtriya Kishor Swasthya Karyakram (RKSK), Weekly Iron and Folic Acid Supplementation (WIFS), Anaemia Mukh Bharat, and maternal health services under NHM by strengthening last-mile awareness and improving utilisation of government health services.

Through collaboration with schools, ASHA workers, Anganwadi workers, and local health systems, the programme integrates effectively with existing institutional structures rather than functioning as a parallel intervention. This strengthens continuity and ensures alignment with broader public health and women's health goals.



Impact

The programme has had a significant impact across the dimensions of awareness, behaviour, and long-term well-being. In Ankleshwar, 92% of girls reported a better understanding of menstrual hygiene, 65% reported increased confidence in their bodies and health, and 92% shared health learnings with family and friends, extending the impact beyond the classroom.

In Visakhapatnam, 88% reported improved health practices, 82% reported better health awareness, and 69% reported increased healthcare visits. Additionally, 86% rated the programme as having a high impact on their health and well-being. These findings indicate that the intervention moved beyond awareness-raising to enable sustained behavioural change, stronger health ownership, and improved health-seeking behaviour at both the individual and household levels.



Sustainability

The sustainability of the programme is supported by its ecosystem-based approach, which combines repeated awareness-raising, frontline worker engagement, school participation, and stronger linkages with public health systems. High programme acceptance—77% of girls in Ankleshwar rated the programme as extremely useful, and 96% of respondents in Visakhapatnam found the sessions useful for their community—reflects strong beneficiary trust and community ownership.

Long-term sustainability is further strengthened by the active roles of teachers, ASHA workers, and Anganwadi workers, who continue to reinforce health messages beyond the project cycle. However, sustained behaviour change will depend on continued institutional support, regular follow-up, and stronger convergence with government health systems to ensure continuity of services and long-term reinforcement of preventive health practices.

Alignment with Sustainable Development Goals

SDG



Relevant Sub-Targets

3.4 Promote mental health and well-being and reduce premature mortality from non-communicable diseases

3.8 Achieve universal health coverage, including access to quality essential healthcare services

Programme Contribution (Integrated Behaviour Change Communication – IBCC)

Strengthened preventive health awareness and practices among adolescent girls and women, including menstrual hygiene, anaemia prevention, maternal health, and early health-seeking behaviour, along with increased adoption of routine health monitoring practices.





5.6 Ensure universal access to sexual and reproductive health and reproductive rights

5.c Strengthen policies for gender equality and empowerment of women and girls

Promoted gender equality by strengthening agency and informed decision-making among women and adolescent girls through improved access to knowledge on menstruation, reproductive health, maternal care, and nutrition, enabling greater confidence, autonomy, and participation in personal health choices.



10.2 Promote social, economic, and health inclusion of vulnerable populations

Reduced inequalities in access to health awareness and preventive care by reaching underserved groups, including adolescent girls, elderly women, pregnant women, and low-income households, thereby bridging critical gaps in information and enabling more equitable access to basic healthcare knowledge and services.



2.2: End all forms of malnutrition, including addressing the nutritional needs of adolescent girls, pregnant and lactating women

Strengthened nutrition outcomes by promoting the use of IFA tablets and iron-fortified salt, alongside targeted nutrition planning for underweight adolescent girls and maternal nutrition guidance for pregnant and lactating women, contributing to improved dietary practices, reduced anaemia risk, and better overall nutritional well-being among vulnerable groups.



Alignment with National Programmes and Policies

National Programme / Policy	Objective	Relevant Focus Area	Programme Alignment (Integrated Behaviour Change Communication – IBCC)
Rashtriya Kishor Swasthya Karyakram (RKSK)	Improve the health and well-being of adolescents through preventive, promotive, and counselling services	Menstrual hygiene, sexual and reproductive health, nutrition, anaemia prevention, adolescent well-being	The Ankleshwar component strongly aligns with RKSK by delivering school-based sessions on menstrual hygiene, SRH, anaemia prevention, nutrition, and adolescent health. With 92% of girls reporting a better understanding of menstrual hygiene and 79% reporting improved confidence in their bodies and health, the programme strengthens adolescent health awareness and informed decision-making.
Anaemia Mukta Bharat (AMB)	Reduce anaemia prevalence among women, children, and adolescents through screening, supplementation, and awareness	Anaemia prevention, Iron and Folic Acid supplementation, haemoglobin testing, nutrition awareness	The programme supports Anaemia Mukta Bharat through regular haemoglobin screening, weekly distribution of IFA tablets, provision of iron-fortified salt, and nutrition counselling. In Ankleshwar, 100% of respondents reported taking weekly IFA tablets and 96% underwent haemoglobin testing, directly contributing to anaemia prevention among adolescent girls.
National Health Mission (NHM)	Strengthen public health systems and improve maternal and community health outcomes	Maternal health, ANC/PNC care, community health outreach, frontline worker engagement	The Visakhapatnam component aligns with NHM by improving awareness around antenatal and postnatal care, maternal nutrition, hygiene, and health monitoring through ASHA and Anganwadi-supported outreach. 92% of respondents reported being aware of nearby PHCs and health services, thereby strengthening community linkages with public healthcare systems.
Ayushman Bharat – Health and Wellness Centres (AB-HWC)	Improve access to comprehensive primary healthcare and preventive services at the community level	Preventive healthcare, NCD screening, early diagnosis, community-based health awareness	Through door-to-door visits and repeated awareness sessions, the programme complements primary healthcare delivery by promoting preventive health practices and encouraging early monitoring of BP and blood sugar, as well as of seasonal illnesses. In Visakhapatnam, 84% of respondents reported starting BP and sugar monitoring, supporting the preventive care objectives of AB-HWC.

RECOMMENDATIONS



Strengthen Institutionalisation Through School and Community Health System Integration

The IBCC programme has demonstrated strong outcomes by combining school-based adolescent health education with community-level awareness for women and families. To ensure long-term sustainability, the programme can be further institutionalised through stronger integration with existing government systems such as schools, ASHA networks, Anganwadi centres, and Primary Health Centres (PHCs). Formalising this as a structured preventive health model across schools and communities can help sustain awareness beyond the project cycle and improve continuity of care through existing frontline systems.

Introduce Structured Follow-Up and Behaviour Reinforcement Mechanisms

While awareness levels and behavioural improvements are strong, sustained change requires regular reinforcement and follow-up. The programme can consider introducing structured follow-up mechanisms such as periodic health tracking, school-based health monitoring registers, repeated counselling cycles, and household-level review visits for pregnant women and high-risk beneficiaries. Strengthening digital tracking of anaemia screening, maternal care visits, and preventive health adoption can improve long-term outcome monitoring and ensure behaviour change is sustained over time.



Image 11: All happy faces



Conclusion

What Changed

The Integrated Behaviour Change Communication (IBCC) programme has enabled a meaningful shift from fragmented, limited health awareness to a more structured model of preventive health education and behaviour change for adolescent girls and women across Ankleshwar and Visakhapatnam. By combining school-based sessions for adolescent girls with community-based awareness for pregnant women, lactating mothers, and underserved women, the programme created a continuum that addresses both immediate health knowledge gaps and long-term preventive health practices.

The findings indicate strong improvements in menstrual hygiene awareness, understanding of sexual and reproductive health, anaemia prevention, maternal health awareness, nutrition practices, and preventive healthcare behaviour. In Ankleshwar, girls reported greater confidence in understanding their bodies, improved menstrual hygiene practices, stronger awareness of anaemia, and healthier food choices. In Visakhapatnam, women reported better dietary practices, improved hygiene habits, increased BP and blood sugar monitoring, and greater utilisation of nearby health services.

Beyond awareness, the programme contributed to greater confidence, health ownership, and improved decision-making at both individual and household levels. Increased sharing of health information within families, stronger trust in ASHA workers and PHCs, and higher healthcare-seeking behaviour reflect a clear shift from reactive healthcare to preventive and informed health management. Collectively, the intervention has moved beyond awareness-raising to enable sustained behavioural change and stronger community well-being.



Image 12: girls busy listening to the teacher



Why It Matters

The programme addresses a critical and often under-recognised gap at the intersection of adolescent health, women's health, and access to preventive healthcare. Menstrual health, anaemia, maternal care, nutrition, and non-communicable disease awareness are often deprioritised in vulnerable communities due to social stigma, limited access to information, and weak health-seeking behaviour. By delivering these interventions directly through schools and community platforms, the programme ensures that health education becomes accessible, practical, and relevant to everyday life.

Importantly, the intervention demonstrates how awareness-led health programmes can generate broader social outcomes beyond immediate health improvements. Increased confidence among adolescent girls, stronger maternal care practices, better preventive monitoring, and greater use of public health systems contribute to long-term family well-being and stronger community resilience. The high acceptance of the programme reflects both the demand for such interventions and the effectiveness of its delivery model.

The programme also strengthens institutional trust by creating stronger linkages between beneficiaries and frontline systems such as schools, ASHA workers, Anganwadi centres, and PHCs. This positions the intervention not only as a health awareness initiative but as a catalyst for long-term health system engagement and sustainable behaviour change.



Image 13: A picture of school corridor, Ankaleshwar



What Remains to Be Addressed

While the programme has generated strong outcomes, there remain opportunities to deepen and sustain its impact. Behavioural change in areas such as regular maternal health visits, consistent preventive monitoring, and long-term dietary improvement requires continued reinforcement beyond the intervention cycle. Awareness alone may not always translate into sustained practice without structured follow-up and repeated engagement.

In school settings, strengthening infrastructure support, such as sanitary napkin disposal systems and ensuring consistent usability of facilities like incinerators, can further improve menstrual hygiene management outcomes. Similarly, in community settings, stronger follow-up mechanisms for high-risk women, pregnant mothers, and elderly beneficiaries can improve continuity of care.

There is also scope to improve structured documentation and long-term tracking of behavioural outcomes, especially around anaemia reduction, maternal health utilisation, and preventive screening uptake. Strengthening convergence with government systems can further improve scale and continuity.

Strategic Way Forward

Going forward, the IBCC programme has the potential to evolve into a scalable model for preventive community health and adolescent well-being across schools and underserved communities. Strengthening formal integration with government systems such as RKSK, Anaemia Mukh Bharat, NHM, schools, and PHCs can help institutionalise the programme and ensure continuity beyond project timelines.

Introducing structured follow-up systems, digital health tracking, periodic school health reviews, and stronger convergence among frontline workers can further strengthen long-term impact. Continued emphasis on repeated engagement, household counselling, and community ownership will remain critical to sustaining behaviour change.

With strong institutional support, effective field implementation, and a proven model that combines awareness with practical health action, the IBCC programme presents a replicable, high-impact framework for improving adolescent health, women's well-being, and preventive healthcare outcomes across vulnerable communities.



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