Case Study on Draft Social Impact Assessment Standard (SAS) 400

Promoting Gender Equality, Empowerment of Women, and LGBTQIA+ Communities

NGO Sakhi implemented a Women Healthcare Program in rural India to address significant challenges in accessing healthcare services for women, particularly in maternal and reproductive health. The program aimed to improve access to essential healthcare, raise awareness about health issues, and empower women to make informed decisions about their well-being.

Key Initiatives

- **Mobile Health Clinics**: Provided on-site medical services, including prenatal care, vaccinations, and family planning counselling. These clinics reached remote villages, ensuring women who previously lacked access to healthcare could receive timely medical attention.
- **Awareness Workshops**: Conducted sessions on reproductive health, menstrual hygiene, and the importance of regular check-ups, attended by over 15,000 women.
- **Training for Healthcare Workers**: Local healthcare workers were trained on best practices in maternal care, enhancing service quality.
- **Distribution of Sanitary Pads**: Addressed menstrual hygiene challenges, significantly reducing health complications.
- **Partnerships with Hospitals**: Offered safe deliveries and postnatal care at reduced costs, improving maternal outcomes.
- **Mental Health Support**: Integrated counselling and support groups for women experiencing stress or anxiety, particularly new mothers.

The program achieved notable successes, including a reduction in maternal mortality, improved health knowledge among women, and a decrease in menstrual health issues. Over 25,000 women benefited from mobile health clinics, and more than 2,000 received mental health support. Despite challenges such as cultural barriers and resource constraints, the program has made a lasting impact. Moving forward, Sakhi NGO plans to expand its reach by increasing mobile clinic services and launching a digital platform for health education, further improving women's healthcare access in underserved areas.

Section I – Introduction

In India, women's health is a significant concern, particularly in rural and underserved communities where access to quality healthcare is limited. Sakhi's Women Healthcare Program aimed to address these gaps by providing essential healthcare services and education to women in these areas. Despite challenges like limited infrastructure and cultural barriers, the program has made a tangible impact in improving women's health, particularly in maternal and reproductive care. The success of the program underscores the importance of community involvement, local partnerships, and the dedication of the NGO's staff in overcoming systemic healthcare challenges. This case study highlights the role of targeted interventions and local engagement in improving women's health in rural India.

Objective and Scope

The objective of this case study is to assess the social and health impacts of the Women Healthcare Program implemented by Sakhi NGO in rural India. The study aims to evaluate the effectiveness of the program in improving access to healthcare services, enhancing health knowledge, and empowering women in underserved communities.

The scope includes analysing key indicators such as maternal health outcomes, awareness of reproductive health, community involvement, and mental health support, through a combination of field data, stakeholder consultations, and impact assessments.

Section II – Evaluation of Social Impact

Data Collection

Data was collected from several key stakeholders to understand the impact and challenges of the Women Healthcare Program. Stakeholders included:

- **Direct Beneficiaries**: Women who directly benefited from the healthcare services, such as sanitary napkins, prenatal care, vaccinations, and mental health support. Their feedback provided insights into health improvements, satisfaction with services, and barriers to accessing care.
- **Implementing Team**: NGO staff responsible for program execution, including healthcare providers and field staff. They provided insights into the operational aspects of the program, including resource constraints and delivery challenges.
- **Local Government Representatives**: Panchayat members and local healthcare officials who played a role in supporting the program through resource allocation and policy implementation.
- **Partner Organizations**: NGOs and healthcare entities that collaborated with Sakhi to improve healthcare delivery in remote areas.

Data collection methods included Key Informant Interviews (KII), Focus Group Discussions (FGD), and quantitative surveys. A 15% sample of beneficiaries, including women and community members, was selected across 20 villages within the program's reach. The data collection process included:

- Desk reviews of program documentation, reports, and health outcomes.
- Field inspections to observe the implementation of mobile health clinics and community health initiatives.
- Personal interviews and group discussions with beneficiaries, healthcare workers, and community leaders.

Desk Review

A desk review of existing program documents helped assess the impact of the Women Healthcare Program. Reviewed materials included:

- Reports on maternal health outcomes and healthcare access in rural areas.
- Annual program reports detailing health service delivery, coverage, and outcomes.
- Data on healthcare utilization, including the number of women reached, types of services provided, and health improvements.
- Feedback from beneficiaries on service quality and effectiveness.

Inspection and Personal Interviews

To understand the on-ground realities, physical inspections of mobile health clinics and community outreach activities were conducted. Stakeholder interviews were held with healthcare workers, local leaders, and beneficiaries to evaluate the program's impact and gather qualitative feedback. Methods included:

- 20 Focus Group Discussions (FGDs) with women, community members, and local healthcare providers.
- 8 Key Informant Interviews (KIIs) with NGO staff, healthcare professionals, and local government officials.
- 750 Quantitative Surveys conducted with women and community members to assess the reach and effectiveness of healthcare services.

Evaluation Questions

The evaluation aimed to answer key questions about the program's effectiveness:

1. How effective is the Women Healthcare Program in improving maternal health outcomes in underserved areas and in improving menstrual hygiene?
2. What improvements have been seen in women's knowledge of reproductive health and hygiene?
3. How has the program impacted access to healthcare services, including prenatal and postnatal care?
4. What role do healthcare workers play in empowering women and fostering community health?
5. How involved are local communities in supporting and sustaining the healthcare initiatives?
6. What social impacts have been observed, such as improved mental health, reduced maternal mortality, and greater health equity for women?

Key Metrics for Evaluation of Women's Health Program

To assess the impact of the Women's Health Program implemented by the NGO, a comprehensive evaluation was conducted based on key metrics derived from baseline, midline (monthly/quarterly), and end-line assessments. The evaluation focused on understanding the program's effects on the direct beneficiaries, specifically women in rural areas, with an emphasis on maternal and reproductive health.

(a) Demography

- **Financial and Social Background**: Age, marital status, occupation, family income, and literacy levels of the women and their families.
- **Health Literacy**: Awareness of health practices, usage of sanitary napkins, reproductive health, and maternal care among women.

(b) Access to Healthcare

- Number of women enrolled in the program pre- and post-implementation.
- Reduction in barriers to healthcare access such as cost, distance, and cultural taboos.
- Improvement in maternal health services, such as access to prenatal and postnatal care.

(c) Health Outcomes

- Improvement in maternal health: Reduced maternal mortality rates, improved prenatal and postnatal care.
- Improved menstrual hygiene and practices among women and adolescent girls.
- Improvement in reproductive health awareness and practices among women.
- Increased vaccination and healthcare service utilization (e.g., family planning, immunizations).

(d) Community Involvement

- Parental and community participation in supporting women's health initiatives.
- Community contributions such as the establishment of health centres or mobile clinic support.

(e) Social Impact

- **Improved Health Outcomes for Women**: Enhanced access to maternal and reproductive healthcare reduces maternal and infant mortality rates.
- **Economic Empowerment**: Healthier women can participate more actively in the workforce, improving household income and economic stability.
- **Education and Awareness**: Programs often include health education, empowering women with knowledge about nutrition, hygiene, and preventive care.
- **Enhanced Family Well-being**: Better women's health positively impacts children's health and family dynamics.

- **Improved Menstrual Hygiene**: Access to sanitary pads reduces infections and promotes better reproductive health among women and girls.
- **Increased School Attendance**: Girls are less likely to miss school during their periods, improving educational outcomes.
- **Reduced Stigma**: Awareness drives with sanitary pad distribution help break taboos around menstruation, fostering open conversations and acceptance.
- **Gender Equality**: Providing targeted healthcare fosters equity by addressing systemic barriers to women's well-being.
- **Social Inclusion**: Empowering marginalized women leads to greater participation in community development.
- Reduction in gender disparities in healthcare access.
- Improved mental health and coping mechanisms among women, especially new mothers.

Assessment of Evaluation Criteria (Illustrative Key Impact Indicators)

(A) Quantitative Criteria

1. Over 20,000 women directly benefitted from the Women's Health Program.
2. 50,000+ indirect beneficiaries, including family members and the wider community.
3. 75% increase in healthcare access among women in remote areas.
4. 80% improvement in maternal health knowledge among women participants.
5. 65% of program participants received prenatal care, a marked increase from baseline.
6. 60% reduction in maternal mortality in areas with high-risk populations.
7. 90% attendance at health workshops and mobile clinic visits.
8. 30% improvement in postnatal care practices in beneficiary households.
9. 40% decrease in child marriage rates in participating communities.
10. 120 villages supported by mobile health clinics and community outreach.

(B) Qualitative Criteria

1. Improved access to maternal health services in rural and underserved areas.
2. Enhanced awareness about reproductive health and family planning among women.
3. Positive behavioural changes in health practices, such as hygiene and nutrition.
4. Empowerment of women as healthcare advocates within their communities.
5. Increased parental involvement in healthcare decisions, particularly maternal and child health.
6. Strengthened community pride and ownership of health programs.
7. Reduction in gender disparities related to healthcare access and decision-making.
8. Increased confidence and self-awareness among women regarding their health and well-being.

Section III – Assessment of Challenges and Limitations

Challenges / Areas for Improvement

The evaluation identified several key challenges faced during the implementation of the Women's Health Program:

1. **Infrastructure Gaps**: Limited healthcare facilities and basic amenities in rural areas, which hindered access to consistent care.
2. **Resource Constraints**: Insufficient funding for continuous outreach programs, training for health workers, and the provision of essential healthcare supplies.
3. **Cultural Barriers**: Resistance from communities due to traditional beliefs and practices that obstructed the adoption of modern healthcare services.
4. **Workforce Challenges**: Difficulty in retaining healthcare workers, particularly in remote areas, due to low wages and difficult working conditions.
5. **Awareness Gaps**: Limited community understanding of long-term health benefits and the importance of maternal and reproductive care.

Limitations of the Assessment

Several limitations were encountered during the evaluation process:

- Non-availability of consistent baseline data for key health indicators, which made it challenging to measure the program's long-term impact accurately.
- Overlap of roles among stakeholders, where women health workers, community leaders, and beneficiaries were often involved in multiple capacities, complicating the assessment.
- Challenges in quantifying qualitative aspects, such as changes in behaviour and health perceptions, which were difficult to measure through surveys alone.
- Variation in healthcare infrastructure and community support across different regions, leading to inconsistencies in program delivery and outcomes.

Source: NISM Series XXIII: Social Impact Assessors Certification Examination workbook

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