

Process Evaluation & Impact Assessment UNM Foundation-Torrent Group

Submitted to



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Date: 3rd May 2025

To
V K Patel
Vice President- Torrent Group
SUGEN, Surat, Gujarat

Subject: Submission of Final Report of Process Evaluation & Impact Assessment UNM Foundation

Respected Sir,

I am pleased to submit the final report titled "*Process Evaluation & Impact Assessment – UNM Foundation, Torrent Group*", covering the assessment period from September to December 2024. The report documents the implementation and impact of the REACH initiative in addressing malnutrition, anaemia, and menstrual health across four intervention sites.

Through a mixed-methods approach, the findings reveal significant improvements in child health outcomes and menstrual hygiene practices among adolescent girls, alongside high levels of community satisfaction. The report also highlights operational strengths and provides actionable recommendations to enhance the initiative's effectiveness, sustainability, and potential for scale-up.

We trust this report will serve as a valuable resource for informing policy decisions, strengthening service delivery, and advancing community healthcare for children in underserved regions.

Thank you for the opportunity to undertake this important assessment. We look forward to your continued collaboration.

Warm regards,



Prof. (Dr.) Deepak B. Saxena
Director
Indian Institute of Public Health Gandhinagar

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Abbreviations

CSR-Corporate Social Responsibility
REACH- Reach EAch Child
MHH- Menstrual Health and Hygiene
NFHS- National Family Health Survey
NGO-Non-Governmental Organization
NABH- National Accreditation Board for Hospitals & Healthcare Providers
NABL- National Accreditation Board for Testing and Calibration Laboratories
IIPHG- Indian Institute of Public Health Gandhinagar
PHFI- Public Health Foundation of India
Hb- Haemoglobin
OBC- Other Backward Class
ST- Scheduled Tribe
SC- Scheduled Caste
APL- Above Poverty Line
BPL- Below Poverty Line
IEC- Information, Education and Communication

1. Executive Summary

Driven by the belief of Chairman Emeritus of Torrent Group, Sudhir Mehta ‘Children are the future of our nation and this future must be well preserved’, the flagship CSR program of the Group “REACH” – Reach EAch Child was initiated in the year 2016 under the aegis of UNM Foundation, a Section 8 Company (“UNMF”) of Torrent Group. UNMF adjusted its approach towards community healthcare initiatives and now the same is carried out in two distinct categories viz. Outreach Activities and Medical Services.

Outreach Activities

Targeting baseline health of children, these activities are designed to improve the health and well-being of children in underprivileged communities, establishing a foundation for a healthy future. Under this programme, UNMF organises baseline screening camps to addresses key public health issues such as Malnutrition, Anaemia, community-based education & pediatric care, and Menstrual Health & Hygiene in more than 1,600 villages across various villages in three states of Gujarat, Maharashtra, Uttar Pradesh and Union Territory of Diu, Daman and Dadra and Nagar Haveli. Children are screened for anaemia and malnourishment and necessary interventions are done towards improvement.

The objective of this assessment was to document the process of Outreach Activities and Medical Services and to conduct an impact assessment of the services provided by the REACH initiative of the UNM Foundation for addressing Malnutrition, Anaemia and Menstrual Health & Hygiene.

To assess the reach and impact of the program, a cross-sectional assessment using a mixed-method approach (qualitative followed by quantitative) was conducted from September to December 2024 across the four implementation sites. For the qualitative component, 34 in-depth interviews were conducted with UNM Foundation Staff, including administrative and field personnel, to understand planning, service delivery, follow-up processes, and challenges. For the quantitative component, data were collected using a structured digital questionnaire from 470 participants (320 children and 150 adolescent girls) across 12 villages.

Qualitative findings reveal the initiative’s strong operational design, clearly defined roles & responsibilities of staff, strategic planning, and sustained community engagement as key drivers of success. The collaborative efforts of auxiliary support systems, including the trained staff, local leaders, ICDS/healthcare staff, and volunteers, have ensured high levels of participation and trust within the community. Moreover, pre-camp mobilization strategies such as house-to-house surveys, line-listing, and village profiling alongside strategic partnerships with local stakeholders, and consistent follow-ups contributed to effective and smooth implementation.

Quantitative data reinforces the impact of the REACH initiative, demonstrating positive health outcomes and high levels of user satisfaction. Significant improvements in Children's weight (97.9%) and Haemoglobin levels (97.6%) indicate the effectiveness of the interventions (Nutrient Cookies, Iron Supplement Syrup). Regular consumption of Nutrient Cookies and Iron Supplement Syrup was observed in the majority of Children, with 76% of parents/guardians attributing this to continuous communication and support from the UNM Foundation. Additionally, high acceptance and usage of Reusable Sanitary Pads among Adolescent girls, with 72% willing to recommend them to peers, indicates success in behaviour change communication. More than 90% of Adolescent girls reportedly follow correct hygiene practices, including washing with soap & water and drying it in the sun. Overall, above 90% of parents/guardians and Adolescent girls reported being satisfied with the camp experience, staff behaviour, and quality of services provided.

Despite these achievements, challenges like geographical barriers, logistical issues, and occasional community resistance were reported. To enhance the initiative's effectiveness and sustainability, the following recommendations are proposed such as routine internal assessments, structured monitoring, strengthening follow-up and referral systems, expanding camp coverage, and standardising screening protocols. Future efforts should focus on data validation, digital expansion, community ownership, and innovative awareness methods like Health Melas, street plays, and interactive exhibitions.

2. Background

2.1 Disease Burden Among Indian Children and Adolescent Girls

India carries a significant disease burden among its Children and Adolescent girls, leading to high morbidity and mortality rates. Malnutrition, Anaemia and infectious diseases are some of the most prevalent health issues affecting these age groups. According to the National Family Health Survey (NFHS-5)^{1,2}; Gujarat stands higher than the national average in both Malnutrition and Anaemia, as shown in Figure 1. Anaemia, majorly caused by iron deficiency, leads to serious consequences in Children, including impaired cognitive function, developmental delays, poor academic performance, and compromised physical and behavioural growth.³ Similarly, one of the causative factors for Malnutrition is undernutrition (weight-for-age), which causes a developmental delay in Children due to reduced immunity and poses a greater risk of getting recurrent infections.⁴

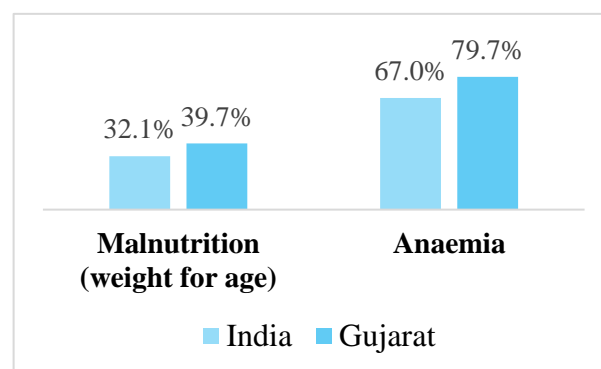


Figure 1: Facts related to Malnutrition & Anaemia according to National Family Health Survey (NFHS-5)

Menstrual Health represents a significant concern for Adolescent girls in India, alongside the issue of Anaemia. Many Adolescent girls face considerable challenges during menstruation due to inadequate access to safe sanitation facilities and limited availability of sanitary products. A meta-analysis of menstrual hygiene practices indicates that 64% of Adolescent girls in India encounter at least one menstruation-related issue.⁵ Poor menstrual hygiene can lead to reproductive health complications, along with psychological and physical discomfort, which may result in increased absenteeism from school. In addition, the stigma linked to menstruation exacerbates these difficulties, preventing Adolescent girls from obtaining essential support or advice related to their menstrual health. Additionally, menstrual health issues persist among Adolescent girls, with inadequate access and awareness regarding Menstrual Health & Hygiene. The burdens of Anaemia, Malnutrition and Menstrual Health are very pertinent in different parts of Gujarat, resulting into a public health concern among Children and Adolescent girls.

¹ Ministry of Health and Family Welfare India. *Ministry of Health and Family Welfare India Fact Sheet*. (2020).

² Ministry of Health and Family Welfare. *Ministry of Health and Family Welfare Key Indicators State and Districts of Gujarat*. <http://www.rchiips.org/nfhs> (2020).

³ Jáuregui-Lobera, I. *Iron deficiency and cognitive functions*. *Neuropsychiatr Dis Treat* 10, 2087–2095 (2014).

⁴ De, P. & Chattopadhyay, N. *Effects of Malnutrition on child development: Evidence from a backward district of India*. *Clin Epidemiol Glob Health* 7, 439–445 (2019).

⁵ Majeed, J., Sharma, P., Ajmera, P. & Dalal, K. *Menstrual hygiene practices and associated factors among Indian Adolescent girls: a meta-analysis*. *Reprod Health* 19, (2022).

2.2 Healthcare System in India

The structure and organization of healthcare systems differ across various countries. In India, the healthcare system is not just a simple public or private entity but a complex and deeply intertwined network. This diverse and intricate interplay of public and private sectors is a significant characteristic of India's healthcare system. The public healthcare system is divided into three levels which are shown in Figure 2.

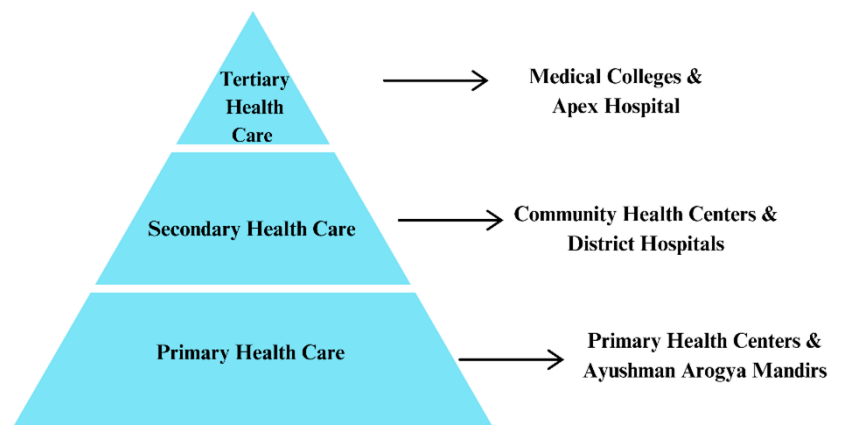


Figure 2: Three tier healthcare system in India

1. Primary Healthcare System: This level, includes Primary Health Centers and Ayushman Arogya Mandirs. These facilities are the initial point of contact between the community and the healthcare system, highlighting the crucial role of the community in India's healthcare delivery.

2. Secondary Healthcare System: This level encompasses Community Health Centers and District Hospitals.

3. Tertiary Healthcare System: This level comprises Medical Colleges and Apex Hospitals.

The private healthcare system includes private clinics & hospitals, corporate hospitals, nursing homes, trust hospitals, and specialised and super speciality hospitals.

Together, these levels form a comprehensive framework for healthcare delivery in India.

3. About Service Provision by UNM Foundation

Apart from the traditional healthcare sector, a few Non-Governmental Organizations (NGOs)

and companies conducting Corporate Social Responsibility (CSR) activities also work within the healthcare gambit. Among others, UNM Foundation is a not for -profit Company and Corporate Social Responsibility vehicle of Torrent Group that works on child health, child education, sustaining the environment, and developing art and culture. It has been

implemented across four locations in Gujarat: SUGEN (Surat), Pakhajan (Bharuch), Balasinor (Mahisagar) and Indrad (Gandhinagar). The UNM Children PHC of Indrad, Gandhinagar is shown in Figure 3.



Figure 3: UNM Children PHC, Indrad, Gandhinagar

The flowchart of services under REACH initiative is shown in Figure 4.

REACH initiative includes two major services: Outreach Activities and Medical Services. Outreach

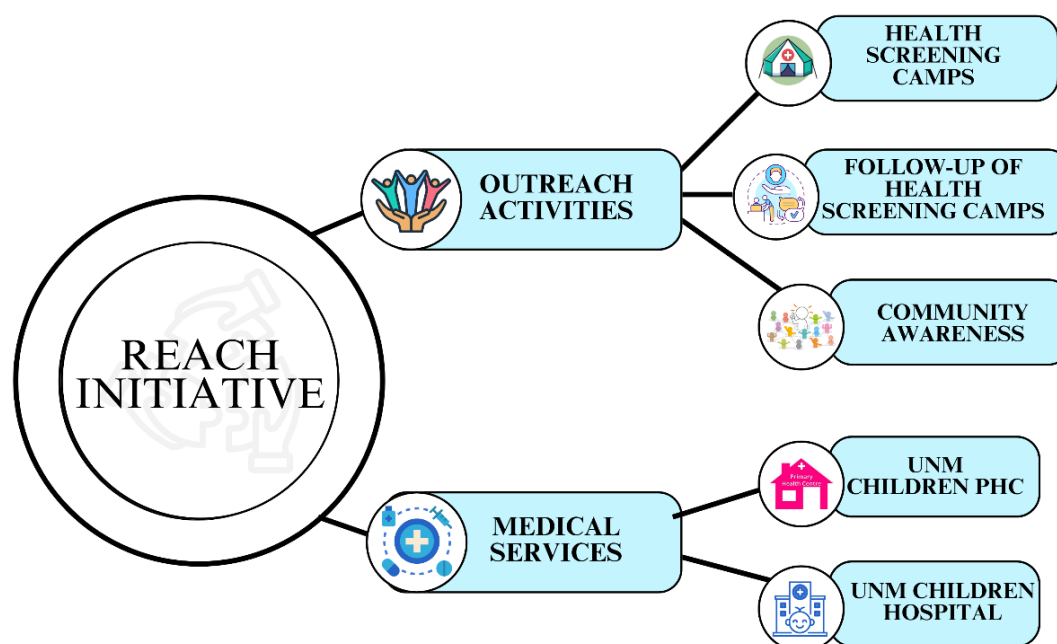


Figure 4: Flowchart of Services under REACH Initiative

Activities of REACH initiative include village health screening camps, their follow-ups, and community awareness activities. Village health screening camps for Children and Adolescent girls aged 6 months to 6 years and 11 years to 18 years, respectively, are conducted to screen the status of Anaemia,

Malnutrition, and to promote Menstrual Health and Hygiene. Children in need of treatment are followed up through home visits and referrals to higher-level healthcare facilities. The Menstrual Health and Hygiene (MHH) program focuses on promoting menstrual health awareness and distributing Reusable Sanitary Pads, accompanied by educational sessions targeted at Adolescent girls aged 11 years to 18 years. Community Awareness Activities target people of all ages. Video awareness sessions on various aspects of health are conducted for the betterment of child health.

UNM Children PHC and UNM Children Hospital are part of the Medical Services of the REACH initiative. UNM Children PHC operates pediatric health centers which facilitate outpatient consultations, daycare admissions, laboratory reporting, and in-house pharmacy catering to Children between the age group of 6 months to 18 years. The UNM Children Hospital, a NABH and NABL accredited 150-bed hospital established at SUGEN, Surat provides secondary & tertiary care to Children from birth to 18 years of age.

Criteria used for identifying eligible participants by the UNM Foundation

Target Population: Those who attended the screening camp aged 6 months to 6 years and 11 years to 18 years.

Malnutrition: Follows WHO's weight for age criteria, which is then divided into Severely Underweight and Moderately Underweight.




Anaemia: Follow the intracapillary method of pricking blood, which is then divided according to the pre-decided cut-off values as: More than or equal to 8.6 g/dl- Normal, 6.1-8.5 g/dl- Mild to Moderate Anaemia, less than 6.1 g/dl- Severe Anaemia

Menstrual Health and Hygiene: Menstruating Adolescent girls aged 11 years to 18 years

Service Provision for eligible participants by the UNM Foundation

Various services provided by the UNM Foundation along with its target population is shown in Table 1 below with Figure 5 showing the UNM Foundation Staff distributing Nutrient Cookies Figure 6 testing participant's haemoglobin, and Figure 7 showing the awareness activity of Menstrual Health and Hygiene.

Table 1: Service Provision for Eligible Participants

Condition	Target Population	Service Provision by the UNM Foundation
Malnutrition	Children (6 months to 6 years)	<p>Nutrient Cookies (i.e Mauji Nutrient Cookies) for Malnutrition</p>  <p><i>Figure 5: Distribution of Nutrient Cookies</i></p>
Anaemia	Children (6 months to 6 years)	<p>Iron Supplement Syrup for Anaemia</p>  <p><i>Figure 6: UNM Foundation Staff testing participant's haemoglobin</i></p>
Menstrual Health and Hygiene	Adolescent girls (11 to 18 years)	<p>Reusable Sanitary Pads for eligible Adolescent girls</p>  <p><i>Figure 7: Awareness activity of Menstrual Health and Hygiene</i></p>

Stages of Camp conducted by the UNM Foundation

The flowchart of the different stages of camp conducted by the UNM Foundation is shown in Figure 8 below.



Figure 8: Stages of camp & follow-up conducted by the UNM Foundation

4. About IIPHG

Indian Institute of Public Health (IIPH) Gandhinagar was established in 2007 through an MoU between the Government of Gujarat and the Public Health Foundation of India (PHFI). The institute is governed by an independent governing council with representation from the Government of Gujarat and the Public Health Foundation of India. Indian Institute of Public Health Gandhinagar (IIPHG) is the first of the five institutes set up by PHFI. Recognized as the 1st Public Health University in the country, the institute is a university established under the IIPHG Act 2015 of Gujarat State which is shown in Figure 9. IIPHG is a response to redress the limited institutional capacity in India for strengthening training,

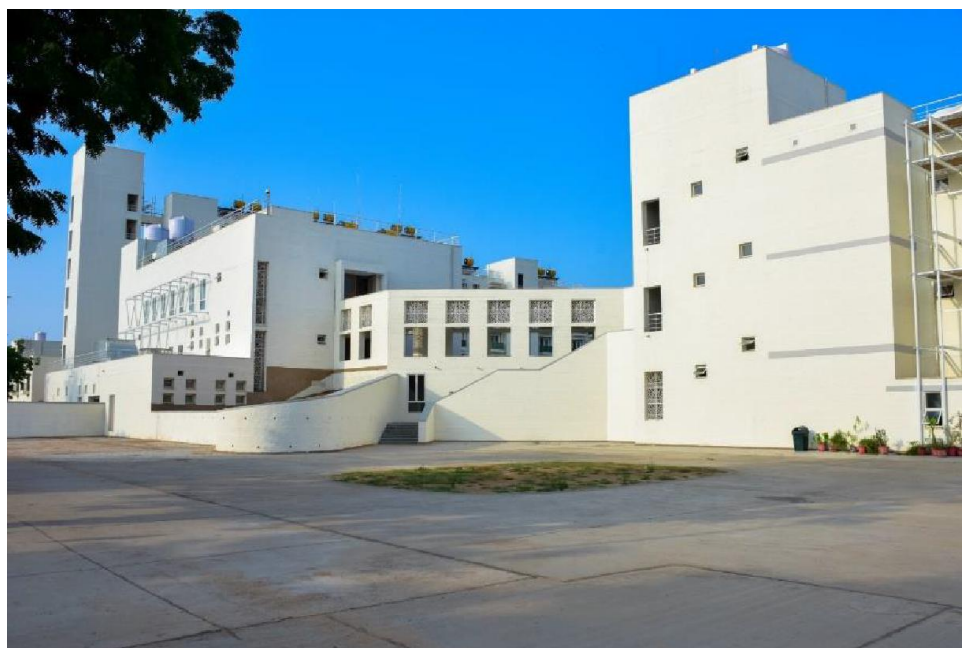


Figure 9: Indian Institute of Public Health Gandhinagar

research, and policy development in the area of Public Health. Structured as an independent foundation, IIPHG adopts a broad, integrative approach to public health, tailoring its endeavours to local conditions and bearing relevance to the rest of the area facing similar challenges and concerns. In addition to academic courses, IIPHG is actively engaged in various health systems research and advocacy activities supported by national and international agencies. The institute has worked on maternal health, child health, infectious and non-communicable diseases, environmental and occupational health, health policy and health systems, and public health nutrition. IIPHG operates several centers in the areas of Health Technology Assessment, Non-communicable diseases, One Health, NIDHI TBI incubation center, and quality improvement and patient safety among others. IIPHG has also evaluated the impact of various government and non-government organizations' projects in the past.

5. Objectives of the assessment

In the four locations of Gujarat, i.e SUGEN (Surat), Pakhajan (Bharuch), Balasinor (Mahisagar) and Indrad (Gandhinagar), from September to December 2024, the following objectives were carried out as shown in Figure 10.

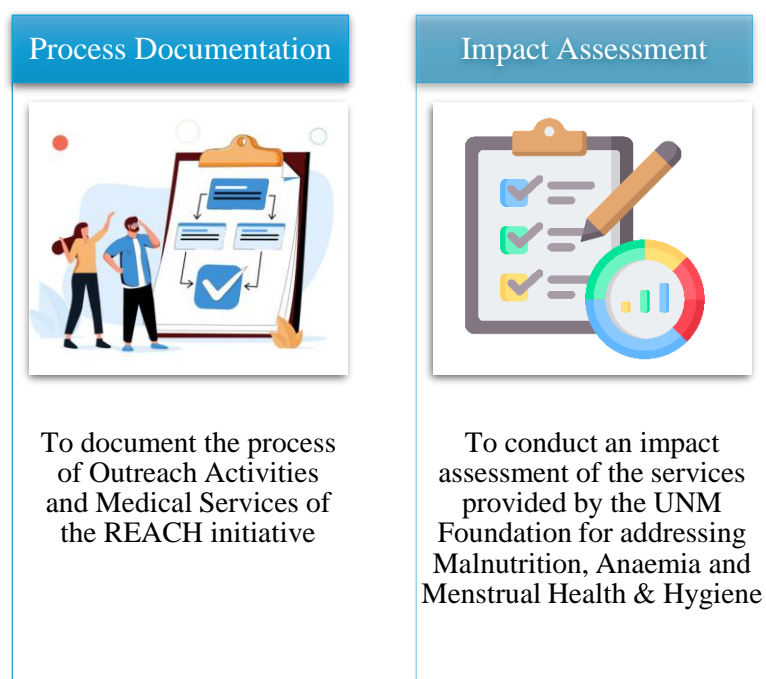


Figure 10: Objectives of the assessment

6. Methodology

6.1 Study Design

A cross-sectional assessment with a mixed-method approach (qualitative followed by quantitative) was conducted in four locations of Gujarat during September-December 2024.

6.2 Study Setting

It is being implemented under the four locations as shown in the Figure 11 of the UNM Foundation:

- 1) SUGEN: Surat
- 2) Pakhajan: Bharuch
- 3) Balasinor: Mahisagar
- 4) Indrad: Gandhinagar

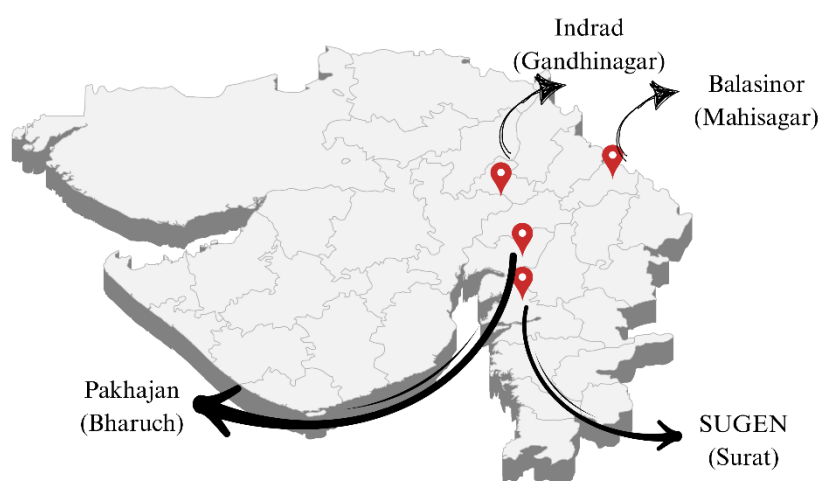


Figure 11: Study locations of the UNM Foundation

6.3 Study Sampling

Sampling for Qualitative

Assessment: All the available UNM Foundation Staffs from the UNM Children PHC and Field Staff were considered for the qualitative interviews.

Sampling for Quantitative Assessment: The eligible participants (Children & Adolescent girls) were selected purposively from 12 villages, i.e. 3 villages from each of the 4 locations covered by the UNM Foundation. Further, the selection included: 40 participants from the camp day, 45 participants from the ongoing follow-up, and 45 participants from the completed follow-up, therefore a total of 520 were proposed to be recruited in the assessment. However, the MHH program was not implemented in Balasinor, therefore final samples included in the assessment were 470 (320 Children and 150 Adolescent girls). A detailed quantitative sampling and participant distribution as shown in Figure 12.

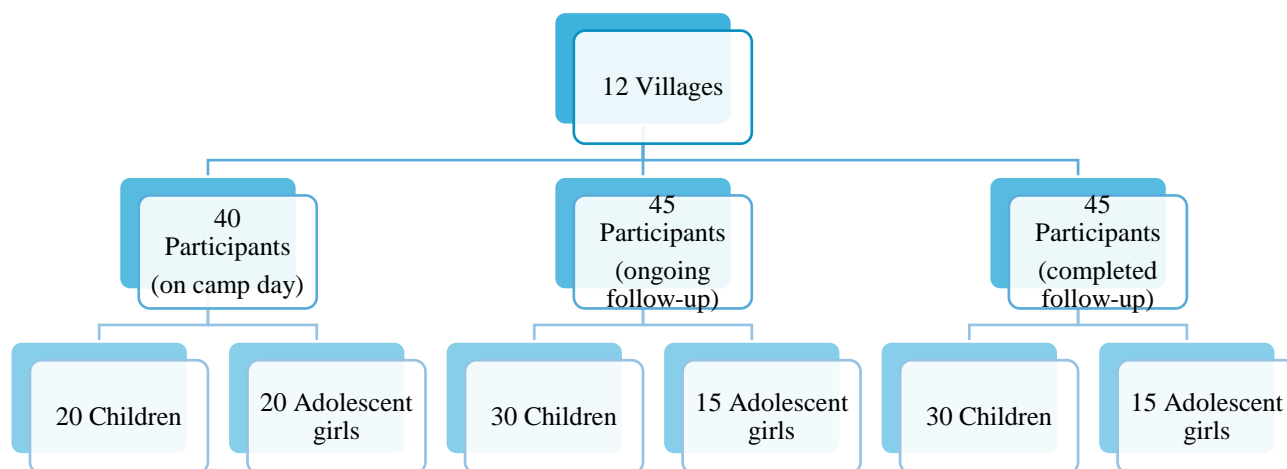


Figure 12: Quantitative study sampling and participant distribution

6.4 Data Collection and Analysis

Data Collection method is divided into two parts as mentioned in Figure 13 below.

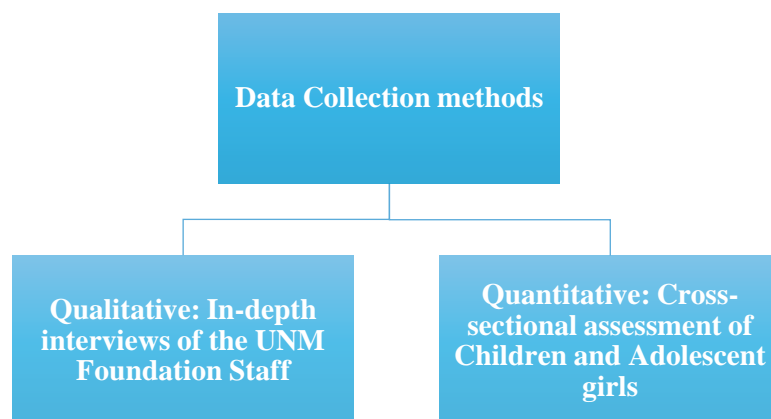


Figure 13: Data Collection Methods

6.4.1 Qualitative data collection and analysis

To understand the overall service provision process, the assessment captured the process by interviewing UNM Foundation Staff using in-depth interviews which is shown in Figure 14 below. A total of 34 interviews were carried out with the available staff on the day of the visit after obtaining their verbal consent. A structured interview guide was developed to interview UNM Foundation Staff, including administrative and clinical personnel. The interview guide contained open-ended questions focusing on roles and responsibilities, planning and execution of activities, follow-up of activities, monitoring and evaluation mechanisms, and any challenges faced. This guide was utilized to initiate discussions and document responses. The discussions were audio-recorded, and verbatim notes were also taken during the interviews. Transcripts were made from the recordings, and the field notes of the interviews. The results were derived from a thematic analysis, highlighting key findings that provide valuable insights.



Figure 14: Qualitative Data Collection

6.4.2 Quantitative data collection and analysis

The quantitative data was collected through a structured digital questionnaire from the enrolled eligible participants at the household level, as shown in Figure 15 below. The questionnaire consisted of a sociodemographic profile, types of services, perception and satisfaction. (The tool is attached as Annexure 1 & 2). Verbal informed consent was obtained from the recruited eligible participants before the data collection. It was done directly from the Adolescent girls (assent) and parents/guardians in case of Children. Trained researchers administered the questionnaire using the Kobo Toolbox to the recruited eligible participants (Adolescent girls - 11 to 18 years; Parents/Guardians of the Children-6 months to 6 years) in the vernacular language. Each assessment at the household level took an average of 15-20 minutes to complete. A descriptive analysis was done using Jamovi software (version 2.3.28).



Figure 15: Quantitative Data Collection

7. Results

7.1 Qualitative Results

7.1.1 Roles and Responsibilities of UNM Foundation Staff

The roles and responsibilities of the UNM Foundation Staff are shown in Table 2 below.

Table 2: Roles and Responsibilities of UNM Foundation Staff

Name	Responsibility
Assistant General Manager/ Manager	Manages field-level challenges and ensures smooth operations; supervises data flow and ensures accurate reporting; selects villages; plans and organizes project activities in coordination with staff and stakeholders.
Assistant Manager/ Executive	Compiles and analyses data, provides training and guidance to field staff, plans field activities in alignment with directives from hierarchy, coordinates logistical arrangements for health screening camps, gets engaged in surgical camps management as per requirement
Field Assistant	Collect data for village profile through field visits. Conduct village survey for preparing the line list of eligible Children and Adolescent girls along with spreading awareness of the health screening camp. Mobilize Children for camp to measure and record anthropometric data. Provide Nutrient Cookies to malnourished Children, Iron Supplement Syrup to Anaemic Children and Reusable Sanitary Pads to eligible Adolescent girls. Conduct awareness session and counselling on various health aspects. Carry out follow-ups of Children as per guidelines through home visits.
Volunteers	Manage camp operations and follow-up through assistance with logistics, data entry, and distribution of Nutrient Cookies, Iron Supplement Syrup and Reusable Sanitary Pads
Laboratory Technician	Carry out laboratory investigation of diseased Children as suggested by Pediatricians.
Pediatrician/ Medical Officer	Consultation and provides medical treatment and referrals for severe cases as necessary and offers counselling to patients and families on health and wellness. Treatment and counselling of unimproved camp Children who have completed a full course of treatment and collaborates with the field team to address community health issues effectively.

Medical Assistant	To provide nursing care to patients admitted in daycare and provide treatment suggested by pediatricians. Check the Hb%, data entry during the camps and distribution of medicines
Pharmacist	Provide prescribed medicines for Children and instruct parents regarding the use and counsel parents for necessary precautions.

7.1.2 Process of the camp and service provision as per the UNM Foundation Staff

The process has been explained under three headings: pre-camp activities, activities on camp day, and post-camp activities which are shown in the Figure 16,17 and 18 below:

Pre-Camp Activities

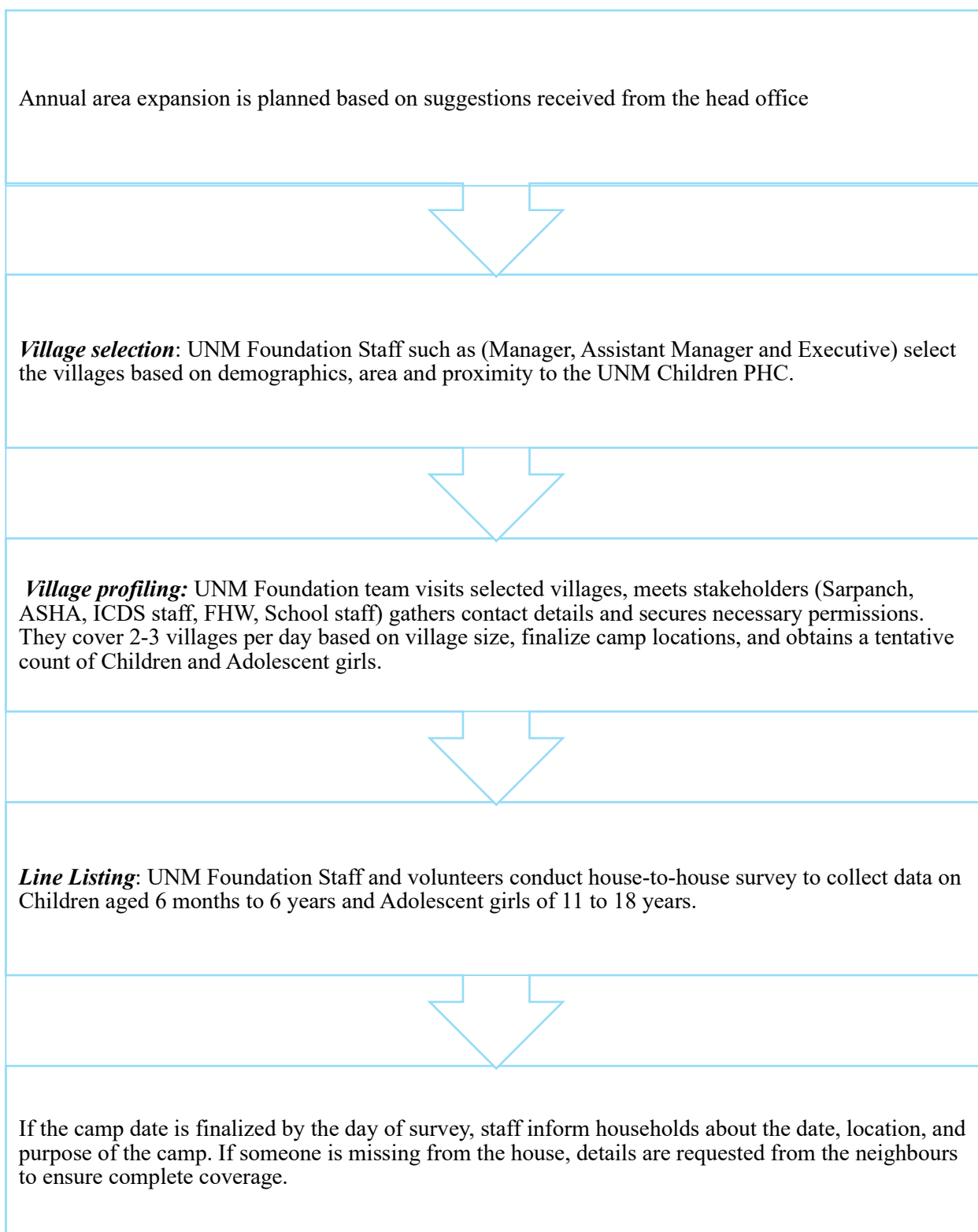


Figure 16: Pre-camp Activities

Activities on camp day

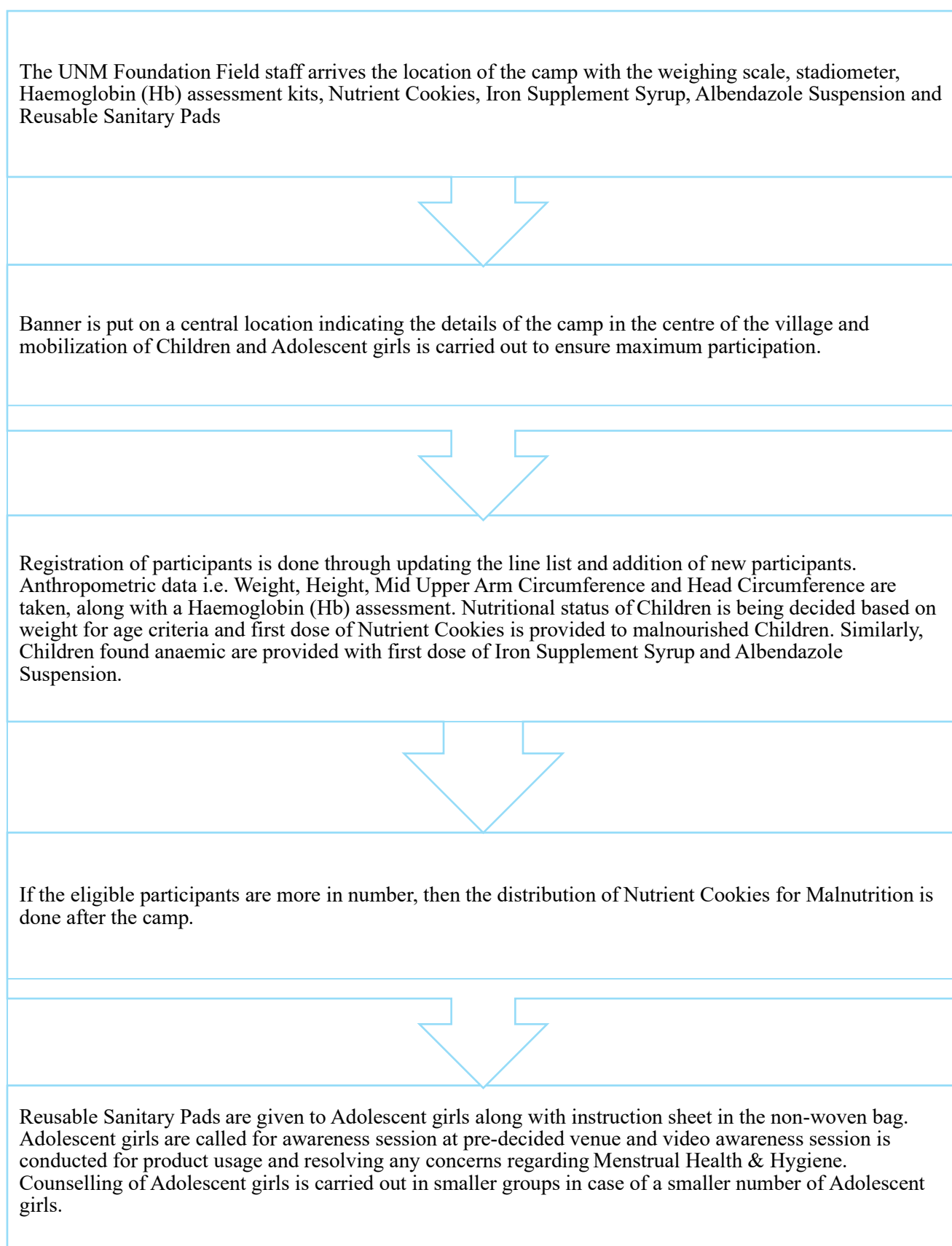
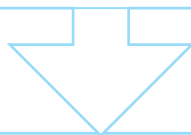


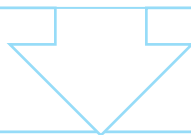
Figure 17: Activities on Camp Day

Post Camp Activities

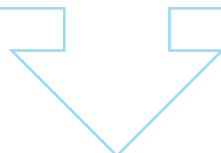
Once the camp is completed, data entry of all enrolled eligible participants (Children-6 months to 6years; Adolescent girls-11 years to 18 years) is done.



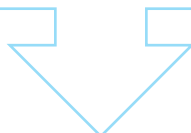
Malnourished Children are treated with first round of supplement that consists of 90 days, the first three visits include distribution of Nutrient Cookies and weight measurement. The fourth visit consists of only weight measurement for final assessment. Based on weight measurement of fourth visit if child still found with Malnutrition, he/she is treated with second round of 90 days. Unimproved Children are considered for medical assessment at UNM Children PHC. Random assessment of improved Children is being done to check sustainability.



Anaemic Children are treated with four visits, first being the camp visit. The visits are carried out at the interval of two months. Hb assessment of only severe anaemic cases are conducted in second visit, while Iron Supplement Syrup is provided to all the Children. Hb assessment of all the Children conducted in third and fourth visit and medications provided to Anaemic Children. Unimproved Children after fourth visit are considered for medical assessment at UNM Children PHC. Random assessment of improved Children is being done to check sustainability.



The feedback from Adolescent girls is taken to ensure product usage and satisfaction and resolving any concerns regarding Menstrual Health & Hygiene.



Reports are generated after completion of follow up activities with the basic analysis such as total number of villages, completed camps, eligible participants, total provision of Nutrient Cookies, Iron Supplement Syrup and Reusable Sanitary Pads.

Figure 18: Post-camp Activities

Auxiliary support system for strengthening the enrolment of participants of targeted age group

The support of local leaders, ICDS and health staff was instrumental in encouraging families to attend the camps, which were strategically held in accessible locations such as community centers, schools, Anganwadi buildings and similar places.

Community volunteers played a crucial role in coordinating attendance and conducting follow-ups, utilizing WhatsApp groups and door-to-door visits to engage parents. This approach helped track child progress and provided guidance on nutrition and hygiene. Additionally, Field Assistants and volunteers conduct house-to-house surveys before camps and house-to-house visits during the follow-ups for treating children, which strengthens trust within the community and ensure program compliance.

“We mobilize Children and mothers by informing them about camp benefits through home visits and WhatsApp groups.” – Field Assistant-UNM Foundation

Field Assistants actively promote participation, coordinate follow-ups, and utilize their established rapport within the community to facilitate camp activities effectively. There is a positive response from eligible participants, reflecting a high level of community trust and acceptance of the camp services. In some cases, resistance from local leaders or officials is resolved by engaging them in discussions and addressing concerns regarding product safety and camp operations.

Perception about the services by the UNM Foundation Staff

Camps and awareness activities improved awareness regarding Malnutrition and Anaemia among parents, which significantly enhanced their understanding of these issues and led to improved health awareness and utilization of UNM Children PHC. Reports indicate that 80-90% of Children from targeted villages attend camps, demonstrating the effectiveness of mobilization efforts. Follow-ups show significant improvements in Children's health, including weight gain and increase in haemoglobin levels.

Health awareness videos were shown to parents in the field to further enhance awareness of child health and nutrition, effectively raising awareness and promoting healthy practices among families.

Furthermore, the initiative included a focus on menstrual hygiene awareness for Adolescent girls, with the distribution of Reusable Sanitary Pads contributing to increased understanding in this area and reducing the community's reliance on disposable pads. The effectiveness of pre-camp surveys and awareness campaigns was also highlighted, as these strategies significantly boosted the program's impact on the target population, fostering a more engaged and informed community. Overall, the

combined efforts of the initiative resulted in tangible improvements in health outcomes and increased awareness of essential health issues among Adolescent girls.

“Effective treatment and counselling boost morale of parents visiting UNM Children PHC and they spread this message to village through word-of-mouth which motivate others to visit the center” -

Medical officer-UNM Foundation

Most stakeholders indicated that there were no challenges in accepting Nutrient Cookies, Iron Supplement Syrup and Reusable Sanitary Pads during camp and follow-up activities.

“We have never come across any such situation when there is a scarcity of stock even when we got more participants than anticipated”- Field Assistant-UNM Foundation

"We proactively address concerns from local leaders & workers, fostering collaboration and ensuring uninterrupted service delivery."- Executive-UNM Foundation

Ensuring the last mile of a healthier life through referrals

For patients not improving after the full course of Nutrient Cookies or Iron Supplement Syrup, further investigations were conducted, and these individuals were referred to the UNM Children PHC for additional assessments to identify underlying issues and treat them. Additionally dietary counselling and treatment of underlying disease was ensured.

Moreover, serious cases were directly referred to higher-level facilities to ensure immediate intervention, addressing critical health needs promptly. Post-camp awareness activities played a vital role in informing patients about available health services, including UNM Children Hospital, Surat thereby promoting accessibility to specialized care. The report also noted that previous surgical camps had successfully increased awareness among villagers that surgical procedures could be accessed easily and effectively at UNM Children Hospital, Surat.

“If they notice a child who needs a pediatric speciality or super specialty treatment, they refer such patients from the camps to the pediatric center. I examine and refer them to UNM Children Hospital, Surat if needed”. -Pediatrician-UNM Foundation

Challenges

One significant issue was the lack of community support in new locations, where limited awareness about UNM Foundation activities necessitated additional outreach efforts compared to more established areas.

Camps were occasionally disrupted by unforeseen events, such as death in village, local events, or natural calamities, which were often discovered only upon arrival at the villages, leading to postponed activities. Parental resistance emerged as another concern, particularly due to fear of blood tests and religious beliefs. While approximately 99% of parents acknowledged the importance of these tests, a small percentage continued to refuse participation. In a few areas, due to worries about food poisoning or diarrhoea, several community members are hesitant for Children to eat Nutrient Cookies. In contrast, few mothers of healthy Children expressed interest in the Nutrient Cookies distributed at camps, prompting the need for careful explanations to address their concerns regarding the program's nutritional focus.

Support from various stakeholders including government and volunteers was reported to be limited at times, which hindered the overall effectiveness of the camps, thereby requiring staff to exert extra effort to maintain momentum. With current manpower capacity few challenges especially during peak periods when outpatient department visits reached 120-150 daily were observed. It is challenging to find and keep medical personnel in remote and difficult places like Nasvadi and Dediapada in the Chota Udepur and Narmada districts.

Lastly, geographical and political constraints sometimes restricted camp activities, particularly in remote villages where logistical challenges impacted accessibility. Local leadership opposition to medical activities further complicated the situation, necessitating strategic approaches to navigate these barriers effectively.

" Sometimes families tend to argue with us that we are not providing nutritional supplements to everybody then we have to explain that it is for Children who are underweight "- Field Assistant-UNM Foundation

"Finding qualified doctors and staff willing to work in remote tribal areas like Naswadi and Dediapada remains a significant challenge."- Field Assistant-UNM Foundation

"Weather disruptions, such as monsoons, often result in delays or rescheduling of camps, complicating logistics and attendance."- Manager-UNM Foundation

7.2 Quantitative Results

7.2.1 Findings from Assessment of Children

7.2.1.1 Demographic characteristics of enrolled Children (N=320)

A detailed summary of the demographic characteristics of enrolled Children (N=320) within the age group of 6 months to 6 years in the selected 4 locations of Gujarat, from September to December 2024 is shown in Table 3 below.

Table 3: Demographic characteristics of Children (N=320)

Variable	Categories of Variables	Frequency N= 320 (%)
Age (years)	<=1 year	45 (14.0)
	>1 to 2 years	83 (25.9)
	>2 to 3 years	56 (17.5)
	>3 to 4 years	72 (22.5)
	>4 to 5 years	53 (16.6)
	>5 to 6 years	11 (3.4)
Gender	Male	162 (50.6)
	Female	158 (49.4)
Caste	General	22 (6.8)
	Other Backward Class (OBC)	176 (55.0)
	Scheduled Caste (SC)	14 (4.4)
	Scheduled Tribe (ST)	108 (33.7)
Religion	Hindu	316 (98.7)
	Others	4 (1.3)
Ration Card	Above Poverty Line (APL)	166 (51.8)
	Below Poverty Line (BPL)	137 (42.8)
	Others	17 (5.3)

Out of the 320 Children screened, the largest proportion belonged to the age group of 1–2 years, followed by those aged 3–4 years. The gender distribution was nearly equal, with a similar proportion of males and females. A majority of the Children attending the health screening camps were from the Other Backward Class (OBC), followed by those from Scheduled Tribes (ST) and Scheduled Castes (SC). Most Children came from Hindu families. In terms of socioeconomic status, nearly half of the Children belonged to families holding an Above Poverty Line (APL) ration card.

The information related to the camp like time and source of the receiving information and about the clarity of the communication is shown in Table 4 below.

Table 4: Pre-camp Information (N=320)

Variable	Categories of Variables	Children N=320(%)
Source of Information*	ICDS/Healthcare staff	250 (78.1)
	UNM Foundation Staff	74 (23.1)
	Others (Friends/Family/Neighbours/Self/IEC)	20 (6.3)
Time of receiving camp information	A few days before the camp	192 (60.0)
	On the day of the camp	112 (35.0)
	Others	16 (5.0)
Clarity of communication about the camp's purpose and activities	Clear	263 (82.2)
	Unclear	57 (17.8)

*Multiple responses captured

Among the 320 Children, most parents/guardians reported receiving information about the camp from ICDS or healthcare staff, followed by the UNM Foundation Staff. As this was a multiple response question, some parents/guardians may have indicated more than one source of information. The majority of parents/guardians received the camp information a few days in advance, while a considerable number were informed on the day of the camp. Most parents/guardians also reported that the communication regarding the camp's purpose and activities was clear and understandable.

7.2.1.2 Product Information

The overall enrolment of 320 Children and the distribution of enrolled Children is shown in Figure 19 below.

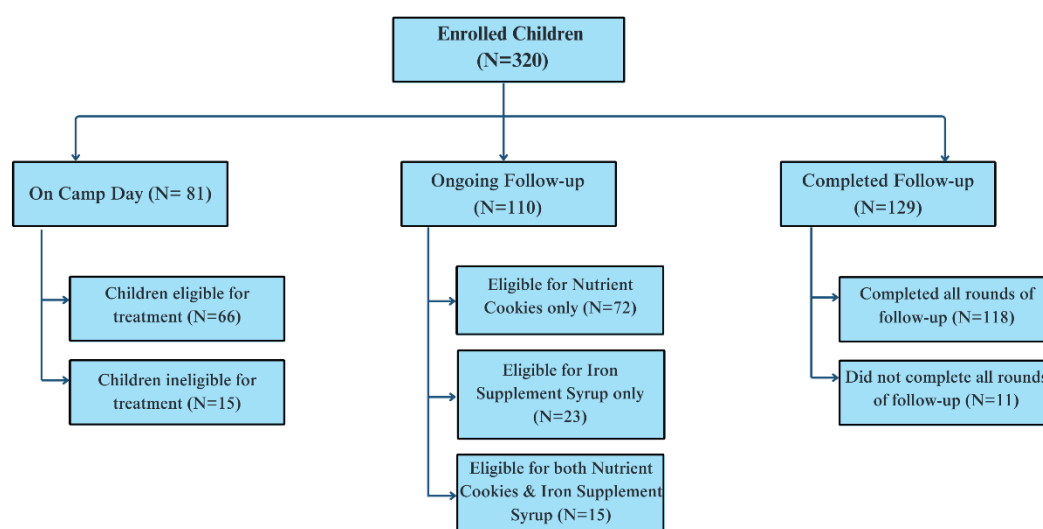


Figure 19: Overall Enrolment and Product Distribution among Enrolled Children

Out of the 320 enrolled eligible Children, 81 Children were enrolled on the camp day. Of these, 66 Children were found eligible for treatment, while 15 Children were ineligible. The eligibility criteria for receiving treatment, as described in the methodology section, determined their qualification.

In the ongoing follow-up stage, 110 Children were enrolled. The 110 eligible Children in the ongoing follow-up stage were further categorized based on the type of supplementation they received: 72 Children

were eligible for Nutrient Cookies only; 23 Children were eligible for Iron Supplement Syrup only and 15 Children were eligible for both Nutrient Cookies and Iron Supplement Syrup. The categorisation of 110 Children based on the type of supplementation is shown in Figure 20.

In the completed follow-up stage, 129 Children were enrolled. Of these: 118 Children completed all rounds of follow-up, demonstrating full adherence to the program. 11 Children did not complete all rounds of follow-up due to various reasons, such as refusal from the family to consume the product and unavailability of the child or family members at home during follow-ups.

The number of Nutrient Cookie packets consumed by a child in a day is shown in Figure 21. Out of 87 Children, the majority of Children consumed one packet of Nutrient Cookies in a day.

The various aspects of Nutrient Cookies liked by the Children, as reported by their parents/guardians, are shown in Figure 22 below. As this was a multiple-response question, parents were allowed to select more than one aspect that their Children liked. Among the 87 Children, most parents/guardians stated that their Children liked the taste of the Nutrient Cookies, followed by the perception that the cookies were healthy and

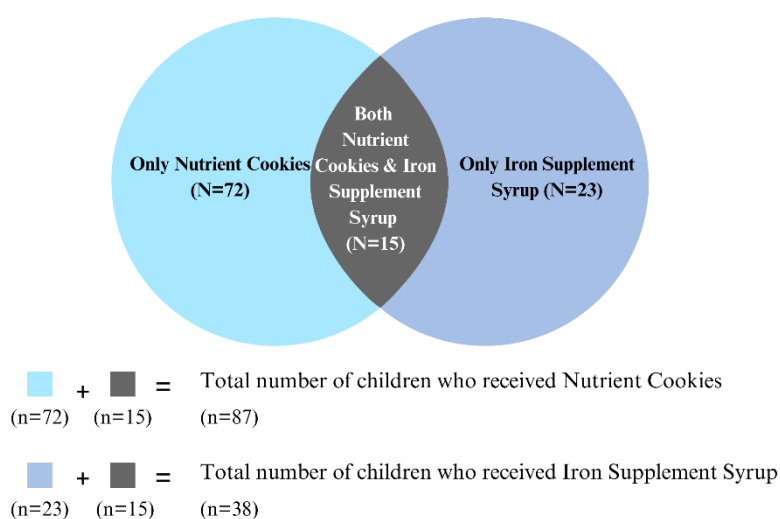


Figure 20: Categorisation of enrolled eligible Children on the basis of type of supplementation provided by the UNM Foundation

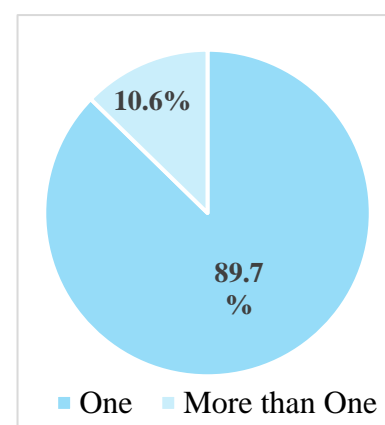


Figure 21: Number of Nutrient Cookies packet consumption

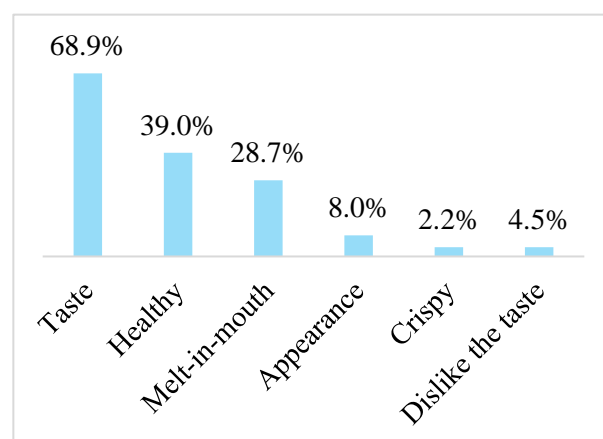


Figure 22: Aspect of Nutrient Cookies responded by Children's parents/guardians

had a melt-in-the-mouth texture. A few also appreciated the appearance, while only a small number mentioned crispiness or expressed a dislike for the taste.

The way Children consumed Nutrient Cookies, as reported by their parents/guardians as shown in Figure 23. Out of 87 Children, the majority of Children consumed Nutrient Cookies alone, followed by consuming with milk and other snacks and a few Children consumed with other accompaniments such as tea, as mentioned by their parents/guardians.

The number of Iron Supplement Syrups provided during follow-up visits is shown in Figure 24 below. The majority of Children received one bottle of Iron Supplement Syrup during follow-up visits.

The factors that encouraged parents/guardians to continue giving the provided Nutrient Cookies or Iron Supplement Syrup to their Children is shown in Figure 25 below. The majority of parents/guardians reported that continuous communication and support from the UNM Foundation Staff was the most important factor, followed by the better taste or flavour of the products. As this was a multiple response question, parents were allowed to give more than one response.

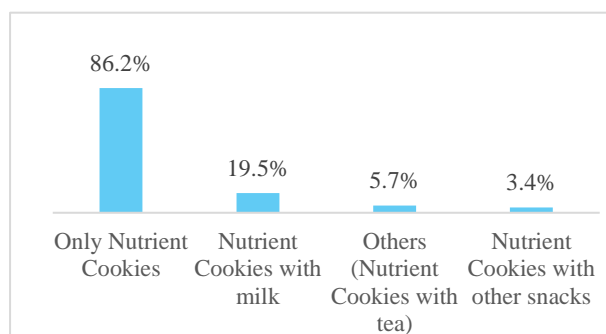


Figure 23: Consumption pattern of Nutrient Cookies

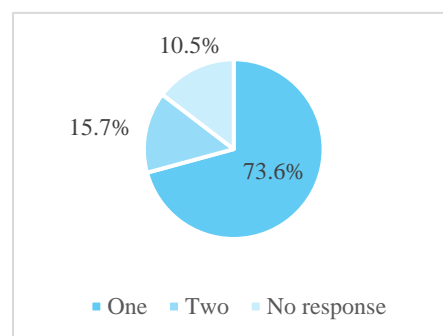


Figure 24: Number of Iron Supplement Syrup provided during follow-up visits

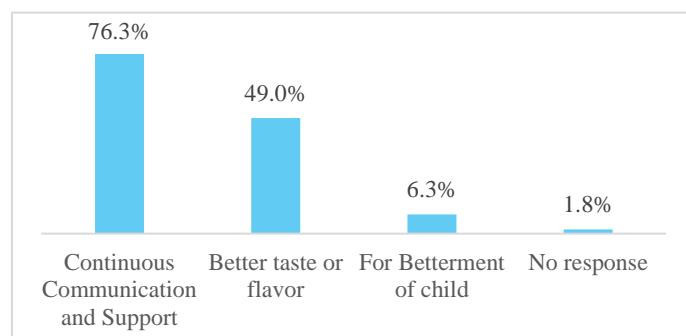


Figure 25: Factors encouraging continued use of provided products by Children parents/guardians

7.2.1.3 Satisfaction Level of Camp and its Services

The reasons for visiting the camp by parents/guardians are shown in Figure 26 below. Most respondents indicated that counselling provided by qualified doctors or staff was a key motivator followed by the availability of free medicines and the provision of blood tests at the camp. Some parents/guardians also

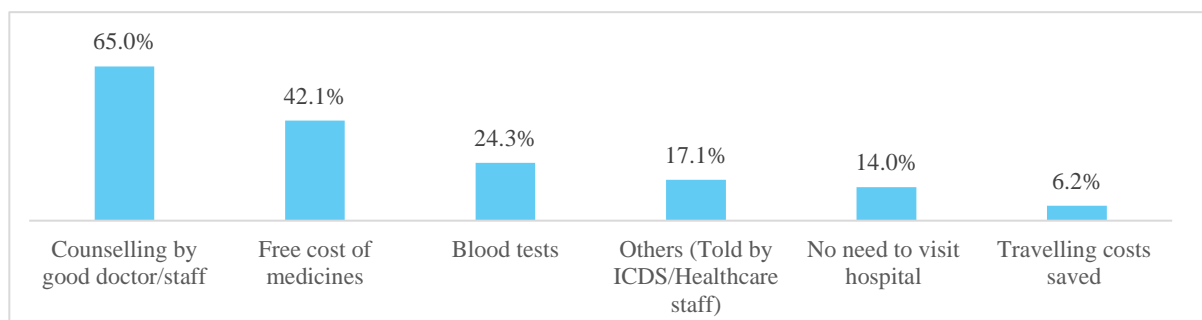


Figure 26: Reasons for visiting the camp provided by parents/guardians

mentioned being informed by ICDS or healthcare staff as a reason for attending. Other less frequently mentioned factors included the convenience of not having to visit a hospital and the savings on travel costs. Since it was a multiple-response question, respondents were allowed to select more than one reason.

The type of services provided at the camp are shown in Figure 27 below, as reported by parents/guardians. Since it was a multiple response question, respondents were allowed to select more than one response. The majority of respondents reported that the camp offered anthropometric

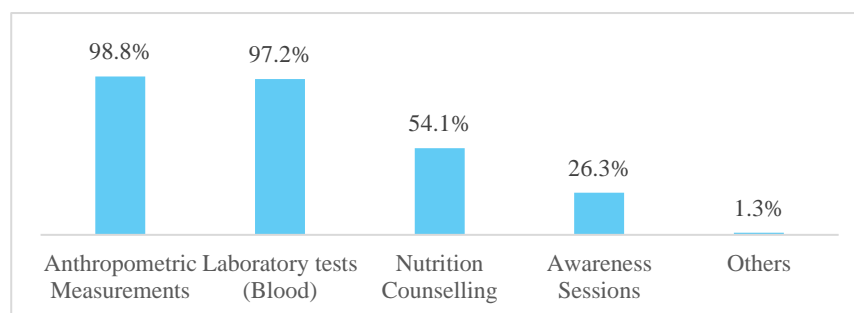


Figure 27: Services provided in the camp as reported by parents/guardians

measurements and blood tests, followed by nutrition counselling, and awareness sessions indicating the camp's focus on health education and a smaller proportion of respondents mentioned other services, which may include individual consultations, guidance on child health, or additional support activities.

The satisfaction level of parents/guardians regarding the camp and its services, as shown in Figure 28 below, reveals a high overall satisfaction rate across different service categories. The overall camp experience received the highest rating, indicating that it met or exceeded the expectations of most participants. The

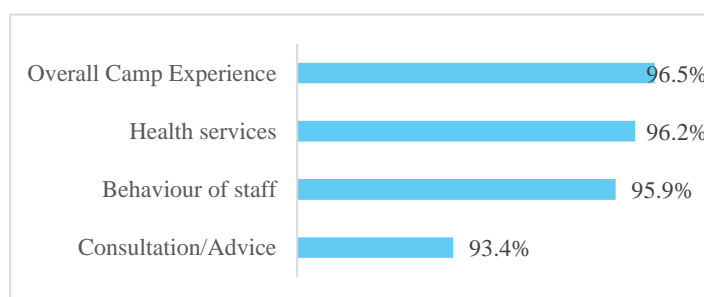


Figure 28: Satisfaction Level of camp and its services as responded by Children's parents/guardians

health services were also highly praised, reflecting their quality and effectiveness. The staff's behaviour was well-appreciated, highlighting their professionalism, courtesy, and supportiveness. The consultation and advice services received slightly lower but still strong satisfaction, suggesting room for improvement in the clarity or quality of guidance provided.

The feedback from parents/guardians on the camp's organization, cleanliness, and facilities reflects high satisfaction across all categories. Most parents/guardians found the camp's organization effective, with many describing it as good or excellent, indicating well-received management and coordination. The cleanliness and hygiene standards were also widely praised, with no neutral or negative feedback, highlighting consistent approval. The facilities, including the waiting area, seating, and restrooms, were deemed adequate or very adequate by nearly all respondents, showing that the camp's infrastructure effectively met participants' needs.

7.2.1.4 Health Improvements

Health improvements after the usage of Nutrient Cookies and Iron Supplement Syrup are shown in Figure 29 below. A total of 239 Children received treatment (refer to Figure 19), out of which only 187 Children whose both initial and current weight available were assessed further. The difference was calculated by subtracting the final observed value from the initial value. A majority of Children had significant improvement in their weight, whereas less than 3% showed a decline in weight after consumption of Nutrient Cookies. Similarly, out of 239 Children only 84 children whose both initial and current Hb available were assessed further. The majority of Children had an increase in their Haemoglobin levels whereas minimal had a decline in their haemoglobin levels even after consumption of Iron Supplement Syrup.

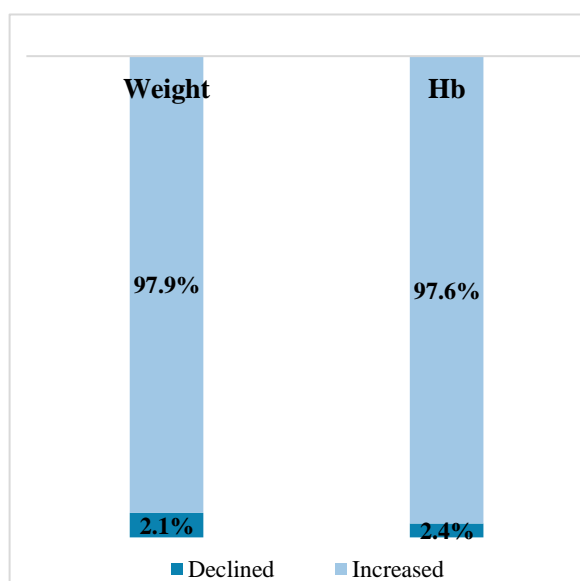


Figure 29: Health Improvements

7.2.2 Findings from Assessment of Adolescent Girls

7.2.2.1 Demographic characteristics of enrolled Adolescent girls (N=150)

The demographic characteristics of enrolled Adolescent girls (N=150) within the age group of 11 years to 18 years in the selected 3 locations of Gujarat, under the Menstrual Health & Hygiene (MHH) program of the UNM Foundation from September 2024 to December 2024 is shown in Table 5 below.

*Balasinor location does not have the MHH program so only three locations were considered for the study.

Table 5: Demographic Characteristics of Adolescent girls (N=150)

Variable	Categories of Variables	Frequency N= 150 (%)
Age (years)	9-13 years	21 (14.0)
	14-18 years	124 (80.7)
	19-23 years	5 (3.3)
Caste	General	8 (5.3)
	OBC	44 (29.3)
	SC	37 (24.7)
	ST	61 (40.7)
Religion	Hindu	149 (99.3)

	Others	1 (0.7)
Ration Card	Above Poverty Line (APL)	64 (42.7)
	Below Poverty Line (BPL)	86 (57.3)

Out of the 150 enrolled Adolescent girls, the majority were in the age group of 14–18 years, followed by those aged 9–13 years. Most of the girls belonged to Scheduled Tribes (ST), followed by those from Other Backward Classes (OBC) and Scheduled Castes (SC). The majority of participants were from Hindu families and held Below Poverty Line (BPL) ration cards.

Among 150 Adolescent girls, 144 visited the health screening camp while 6 did not visit the health screening camp mostly due to lack of awareness and not convenient date and time.

Out of the 144 Adolescent girls who visited the camp, the majority received information about the camp from ICDS or healthcare staff, followed by the UNM Foundation Staff. The sources of information regarding camp are shown in Figure 30.

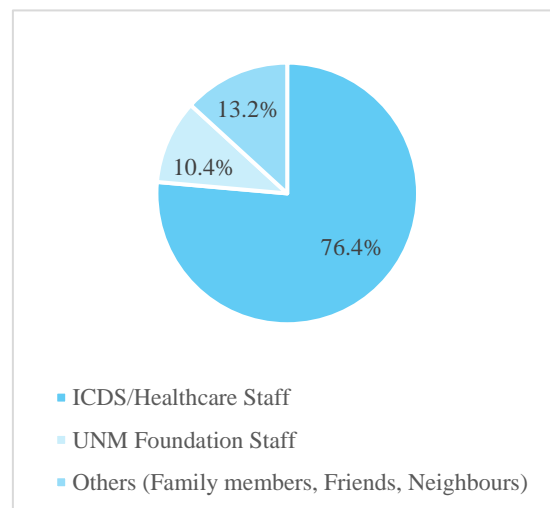


Figure 30: Source of Information regarding camp

The pre-camp information details are shown in Table 6 below. More than half of the Adolescent girls reported receiving information about the camp on the day it was held, followed by those who received the information a few days in advance. Additionally, three-fourths of the Adolescent girls stated that they clearly understood the purpose and activities of the camp.

Table 6: Pre-Camp Information (N=144)

Variable	Categories of Variables	Adolescents N=144 (%)
Time of receiving camp information	A few days before the camp	52 (39.7)
	On the day of the camp	79 (60.3)
Clarity of communication about the camp's purpose and activities	Clear	108 (75.0)
	Unclear	36 (25.0)

Among the 144 Adolescent girls who attended the camp and received either Disposable or Reusable Sanitary Pads, most expressed a preference for the pads provided by the UNM Foundation. The primary reason cited was good absorption, followed by the advantage of not having to purchase pads every month, indicating a cost-

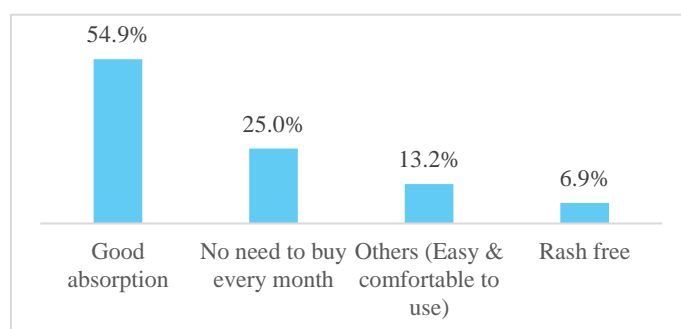


Figure 31: Product Preferences

saving benefit. Other commonly mentioned reasons included the pads being easy and comfortable to use and rash-free. The product preferences are shown in Figure 31.

7.2.2.2 Product Information

The detailed distribution pattern of Sanitary Pads to enrolled Adolescent girls is shown in Figure 32. Out of 150 enrolled Adolescent girls, 144 attended the health screening camps, while 6 did not participate due to reasons such as lack of awareness or the camp being scheduled at an inconvenient date or time. Among the 144 girls who attended, 131 received Reusable Sanitary Pads, while a smaller number (13 girls) received Disposable Sanitary Pads. Of those who received reusable pads, 76 reported using them.

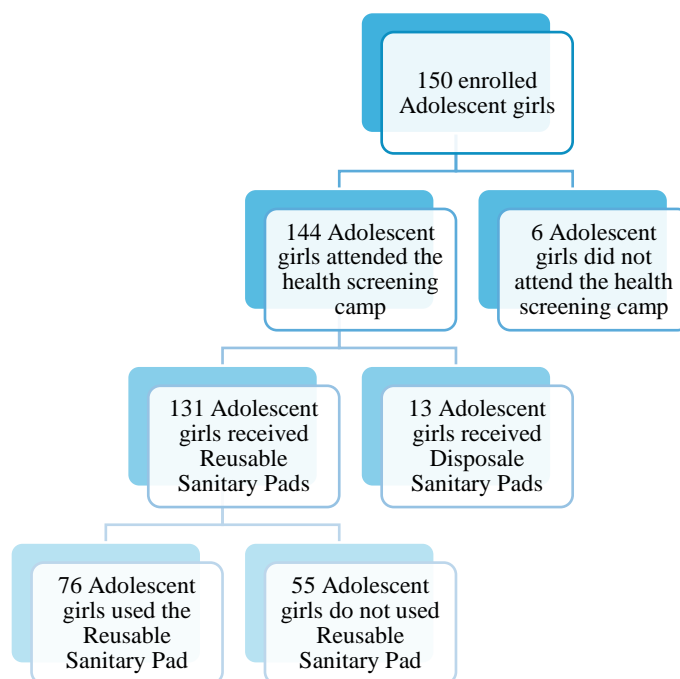


Figure 32: Product Distribution among enrolled eligible Adolescent girls

The product usage and practices of enrolled eligible Adolescent girls within the age group of 11 years to 18 years in the selected 3 districts of Gujarat, under the Menstrual Health & Hygiene (MHH) program of the UNM Foundation from September 2024 to December 2024, focusing on those who have used the Reusable Sanitary Pads provided by the UNM Foundation is shown in Table 7 below.

Table 7: Product Usages and Practices of Enrolled eligible Adolescent girls (N=76)

Variable	Categories of Variable	Frequency N=76*(%)
Frequency of changing Reusable Sanitary Pads during a day	Once	10 (13.2)
	More than once	66 (86.8)
Method of cleaning Reusable Sanitary Pads	Soap and water	73 (96.1)
	Other	3 (3.9)
Method of drying the washed Reusable Sanitary Pads	Dry it in the sun	71 (93.4)
	Dry it inside the house	2 (2.6)
	Others	3 (3.9)
Storage of Reusable Sanitary Pads when unused	Wrapped in polythene	44 (57.9)
	Wrapped in newspaper	29 (38.2)
	Others	3 (3.9)
*N=76 Refer Figure 32 for a better understanding		

Out of 131 enrolled eligible Adolescent girls, the usage and hygiene practices related to Reusable Sanitary Pads were assessed among the 76 girls who reported using the pads provided by the UNM Foundation. The majority of these girls reported changing their Reusable Sanitary Pads more than once a day during menstruation. In terms of cleaning practices, most used soap and water to wash the pads. For drying, the majority dried them in direct sunlight. Regarding storage, more than half of the girls stored the Reusable Sanitary Pads wrapped in polythene.

The reasons for not using the Reusable Sanitary Pads provided by the UNM Foundation are shown in Figure 33. A total of 55 Adolescent girls did not use the Reusable Sanitary Pads (refer Figure 32); however, 21 of them had received the pads on the same day as the assessment and were therefore excluded from this analysis. Among the remaining 34 girls, the majority reported that they were already using other types of sanitary pads. This was followed by those who had not yet experienced their menstrual cycle for that particular month. A small proportion of girls preferred alternative menstrual products, such as cloth, tampons, or menstrual cups. Only a minimal number expressed a lack of trust in the provided Reusable Sanitary Pads.

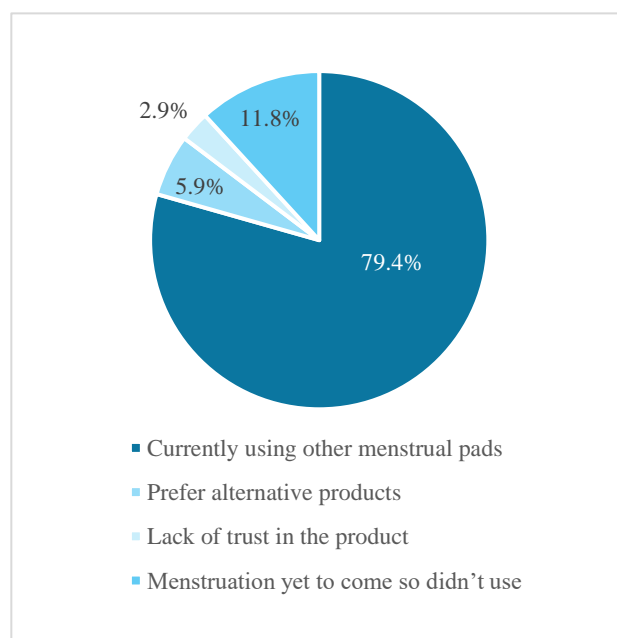


Figure 33: Reasons for not using Reusable Sanitary Pads provided by the UNM Foundation

Table 8: Product Sharing and Recommendations (N=76)

Variable	Categories	Frequency N=76 (%)
Do you share the reusable pads with other family members/friends?	No	61 (80.3)
	Yes	15 (19.7)
Would you recommend reusable pads given by the UNM to your friends?	No	21 (27.6)
	Yes	55 (72.4)

Adolescent girls' behaviours and perceptions regarding Reusable Sanitary Pads are shown in Table 8. Among the 76 girls assessed, the majority reported that they did not share the reusable pads with family members or friends, while less than 20% indicated that they did share the product. In terms of peer recommendation, a significant majority expressed a willingness to recommend reusable pads to their friends, reflecting overall satisfaction and trust in the product. However, more than one-fourth of the girls stated that they would not recommend the pads, indicating possible hesitations or perceived barriers to use.

7.2.2.3 Satisfaction about the camp and its services

The reasons for visiting the camp, as reported by the Adolescent girls, are shown in Figure 34 below. Since it was a multiple response question, respondents were allowed to select more than one response. Among 144 Adolescent girls who attended the camp, the primary reason for attending the camp was the free distribution of sanitary pads, highlighting the

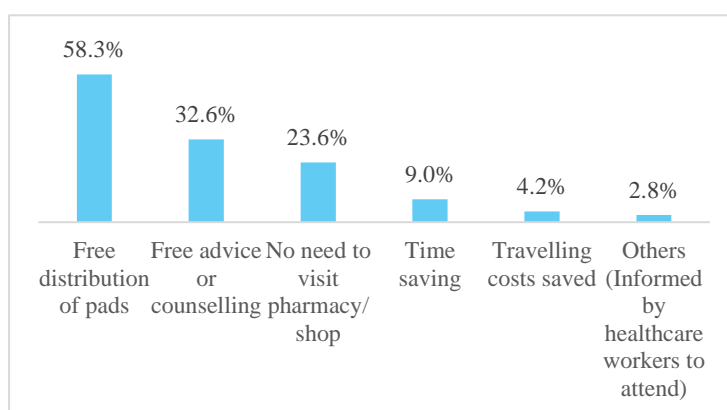


Figure 34: Reasons for visiting the camp by Adolescent girls

significant need for menstrual hygiene products followed by girls visited the camp to receive free advice or counselling, attended the camp because they did not have to visit a pharmacy to purchase sanitary pads, making the camp a convenient alternative, a smaller portion of reported attending the camp as a time-saving option, benefit of travel cost savings and few reasons like informed by a healthcare worker to attend the camp.

The satisfaction levels of Adolescent girls regarding the camp and its various services, as shown in Figure 35, indicate a high overall level of satisfaction across multiple service areas among 144 Adolescent girls. The staff's

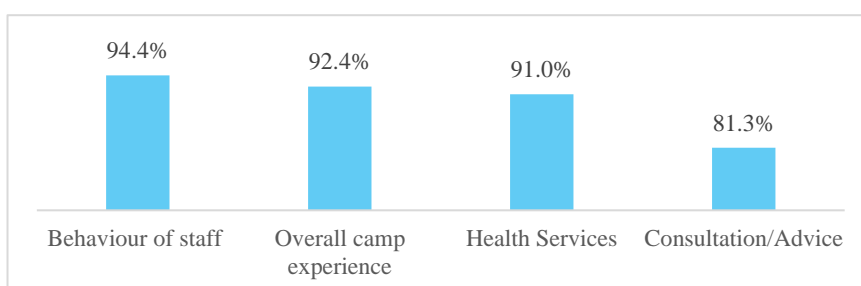


Figure 35: Satisfaction level of enrolled eligible Adolescent girls regarding camp and its services

behaviour received the highest ratings, reflecting their professionalism, courtesy, and supportive approach. This was followed by the overall camp experience, which suggests that the camp met or exceeded the expectations of most participants. Health services were also rated highly, indicating appreciation for their quality and effectiveness. While consultation and advice services received slightly lower ratings compared to other categories, the feedback still reflects a generally positive experience, with some scope for improvement in the clarity or depth of guidance provided.

The feedback from Adolescent girls on the camp's organization, cleanliness, and facilities reflects high satisfaction across all categories. Most Adolescent girls found the camp's organization effective, with many describing it as good or excellent, indicating well-received management and coordination. The cleanliness and hygiene standards were also widely praised, with some neutral feedback. The facilities, including the waiting area, seating, and restrooms, were deemed adequate or very adequate by nearly

all respondents, showing that the camp's infrastructure effectively met participants' needs with few not fully satisfied with the infrastructure facilities of the camp.

The preference to refer others to the screening camps conducted by the UNM Foundation, as reported by Adolescent girls, is shown in Figure 36. Out of 144 Adolescent girls who attended the camp, majority of girls expressed a willingness to refer others, reflecting a positive experience and overall satisfaction with the camp. However, less than 19% of the girls did not provide any response, suggesting indecisiveness. A small number of girls stated that they would not refer others, indicating possible dissatisfaction or a lack of perceived benefit.

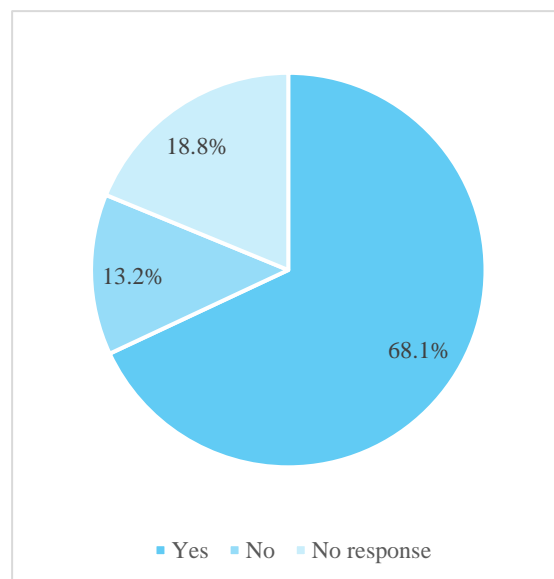


Figure 36: Reference to attend screening camps held by UNM Foundation

8. Conclusion

The UNM Foundation's REACH initiative demonstrates the transformative potential of Corporate Social Responsibility (CSR) in addressing public health challenges, particularly for vulnerable populations in rural and tribal regions of Gujarat. The REACH initiative includes two services; Outreach Activities and Medical Services. Outreach Activities include the health screening camps and follow-up of health screening camps for Children (6 months to 6 years) and the MHH program for Adolescent girls (11 to 18 years). The community awareness activities focus on organising community awareness sessions and video-based education on child health, nutrition, and menstrual hygiene, effectively enhancing understanding and community involvement. The Medical Services involve UNM Children PHC serving as pediatric daycare centers for Children aged 6 months to 18 years and the UNM Children Hospital. These initiatives have effectively bridged critical healthcare gaps by providing access to free screenings, essential nutritional and sanitary products, and health education to communities that often face significant barriers to healthcare access. These innovative, community-centered approaches have not only delivered immediate benefits but also fostered pathways toward sustainable health improvements. This report focuses on the details of the outreach services provided, the satisfaction and the improvement reported.

The qualitative findings emphasize the comprehensive and collaborative efforts of the UNM Foundation staff in addressing Malnutrition and Anaemia among 6 months to 6 years Children, and improving Menstrual Health and Hygiene among 11-18 years Adolescent girls in rural communities through well-structured Health Screening Camps. The findings also highlight that the clear description of the roles and responsibilities among team members and strategic planning of camp (including the pre-camp, on the day of camp and post-camp) activities ensures smooth service delivery and comprehensive outreach. Strong auxiliary support systems, including the involvement of local leaders, ICDS/healthcare staff, and community volunteers, were instrumental in maximizing participation and building trust among the community. Despite considerable achievements, the staff reported challenges such as geographical barriers, occasional community resistance, natural calamities and logistical disruptions in the implementation of the initiative.

The quantitative findings from the Health Screening Camps conducted by the UNM Foundation from September to December 2024 offer valuable insights into the demographic profile, service uptake, satisfaction and health outcomes among Children and Adolescent girls in selected locations of Gujarat.

Among the Children, the camps demonstrated community outreach and effectiveness in terms of improvement in weight and haemoglobin levels. The major age group of enrolled children was between 1–2 years, with equitable gender representation and predominant participation from marginalized communities such as OBCs and STs. The dissemination of the information of camp through ICDS/healthcare staff, providing information few days before the camp along with the clarity of

communication, played a pivotal role in mobilizing the community to participate in the camp. Most parents/guardians appreciated the quality of services and products, especially the Nutrient Cookies and Iron Supplement Syrup, which led to observable health improvements such as weight gain and increased haemoglobin levels in a majority of the assessed children. The satisfaction with the camp organization, cleanliness and overall experience was high, suggesting that the program design was responsive to the needs of the community.

The majority of Adolescent girls who attended the camps expressed satisfaction with the quality of the services and the sanitary products provided. Most Adolescent girls adopted good hygiene practices while using Reusable Sanitary Pads, reflecting the effectiveness of educational and counselling components.

In conclusion, this initiative has been instrumental in addressing pediatric health challenges like Malnutrition and Anaemia. The MHH program has empowered Adolescent girls by enhancing their understanding of menstrual hygiene, improving practices, and boosting confidence in managing their health. Continued investment in timely communication, follow-up mechanisms, and culturally sensitive product education will be essential to sustain and expand these positive outcomes. Overall, the program not only addressed immediate health concerns but also empowered caregivers and adolescent girls with knowledge, access, and agency regarding their well-being. This evaluation underscores the profound impact of community-based healthcare interventions. The UNM Foundation REACH initiative, through its comprehensive and inclusive approach, serves as a model for addressing health outcomes in underserved regions.

9. Recommendations

Based on the findings and challenges identified in the evaluation of the REACH initiative and MHH program, the following recommendations are proposed to enhance the effectiveness, scalability, and sustainability of these initiatives:

9.1 Continuity of the services and the improvement

To maintain the continuity and the quality of the service delivery and remain responsive to the evolving needs of the community, the following are recommended to the UNM Foundation.

- **Routine Internal Assessment:** Internal assessments, led by UNM Foundation Staff, should routinely track implementation progress, assess operational efficiency, and flag areas needing improvement. This ensures ongoing alignment with strategic goals and enables timely adjustments.
- **Institutionalize Routine Monitoring:** Establish a structured mechanism for regular review of field activities, ensuring that program delivery remains aligned with objectives and is responsive to changing needs.
- **Standardize Data-Driven Improvements:** Use insights from internal assessments to inform timely course corrections, enabling adaptive service delivery that maintains quality.
- **Maintain Consistency in Service Delivery:** Ensure uninterrupted delivery of core interventions through strengthened operational planning, buffer resources, and real-time feedback loops.

9.2 Follow-up improvement

- **Integrate Digital Follow-Up Tools:** Use digital tools for the follow up to ensure real-time updates of the field activities.
- **Reinforce Referral Mechanisms:** Ensure timely and systematic referral of non-responding children to appropriate health facilities, with clear guidance and support for caregivers.

9.3 Screening camp improvement

- **Enhance Coverage:** Adopt a strategic approach to camp scheduling to ensure broader outreach, minimize overlaps, and prioritize underserved and high-burden areas.
- **Use Standardized Screening Tools and Protocols:** Use uniform, validated tools and checklists to ensure consistency in data collection and assessment during camps.

9.4 Completed Follow-ups

- **Review and Analyze Completed Follow-Up Data:** Routinely analyze completed follow-up outcomes to assess trends, evaluate program efficacy, and identify persistent gaps in recovery.

- **Recognize and Scale Best Practices:** Document successful follow-up strategies or local innovations and replicate them across other program locations to improve impact.

9.5 Way Forward

The below-mentioned recommendations can be incorporated in future to improve the standards of service delivery.

- **Establish a Robust Validation Framework:** Introduce triangulation techniques using community feedback and internal records to strengthen program credibility and ensure data accuracy.
- **Build Community Ownership for Sustainability:** Train local volunteers and form health committees to gradually transition program responsibilities to community actors, fostering long-term sustainability.
- **Use of Technology:** Expand digital systems for screening, monitoring, reporting, and communication to modernize operations, reduce manual errors, and support evidence-based decisions. Use mobile tracking apps or dashboards to monitor individual health progress and ensure real-time updates for program staff, reducing delays and missed follow-ups.
- **Develop a Feedback system:** Create a continuous learning loop through feedback from frontline workers, community members, and health personnel to keep interventions relevant and more effective.
- **Community Awareness:** Innovative approaches such as organizing "Health Melas" can be highly effective in raising community awareness on key health issues like Malnutrition, Anaemia, Menstrual health and hygiene. These events can serve as vibrant platforms to engage people of all ages through entertainment. Incorporating interactive strategies such as games, quizzes, street plays (nukkad natak), exhibitions, and demonstrations can make health information more relatable and memorable. These engaging activities not only attract larger crowds but also encourage participation, especially from women and adolescents who are often hesitant to attend formal health sessions.

10. Annexure

UNM Children Quantitative Tool

Section 1: Basic Information			
Sr. No.	Question	Response	Remarks/Instructions
1.	UID		
2.	Name of the child		
3.	Date of Birth of the child		
4.	Age of the child		
5.	Gender of the child	1. Male 2. Female	
6.	Name of the father		
7.	Name of the mother		
8.	Name of the grandfather		
9.	Caste	1. General 2. OBC 3. SC 4. ST 5. Others	
10.	Religion	1. Hindu 2. Muslim 3. Christian 4. Others (Please specify)	
11.	Ration card	1. APL 2. BPL	
12.	Name of District	1. Gandhinagar 2. Mahisagar 3. Bharuch 4. Surat 5. Others (Please specify):	
13.	Name of Village		
14.	Survey type	1. On the day of camp 2. Ongoing follow-up 3. Post follow-up (Completed)	
15.	Contact Details		
* Administer Children form to the parent/guardian			
Section 2: UNM Foundation Screening Camp Information			
1.	Have you ever visited the screening camp held by the UNM Foundation (Torrent)?	0. No 1. Yes	
1.1	If not, why have you not visited the screening camp held by the UNM Foundation (Torrent)?	1. Lack of awareness 2. No health concerns 3. Too busy or no time 4. Distance or transportation issues 5. Not convenient date or time 6. Sick/ill child 7. Other (please specify): _____	(Select all that can apply)

1.2	If yes, where did you hear about the screening camp held by the UNM Foundation (Torrent)?	1. Self 2. ICDS/ Healthcare workers 3. UNM Foundation Staff 4. Family members 5. Friends/Neighbours 6. Advertisement (Newspaper/Radio) 7. IEC 8. Other, specify_____	(Select all that can apply)
2.	When did you receive the information about the camp?	1. A few days before the camp 2. On the day of the camp 3. Others (Please specify):	(Select one option)
3.	How clear was the communication about the camp's purpose and activities?	1. Very Clear 2. Clear 3. Neutral 4. Unclear 5. Very Unclear	(Select one option)
4.	Was the location of the camp easy to find?	1. Very Easy 2. Easy 3. Neutral 4. Difficult 5. Very Difficult	(Select one option)
5.	How would you rate the organization of the camp?	1. Excellent 2. Good 3. Neutral 4. Poor 5. Very Poor	(Select one option)
6.	How would you describe the cleanliness and hygiene of the camp?	1. Very Clean 2. Clean 3. Neutral 4. Unclean 5. Very Unclean	(Select one option)
7.	How adequate were the facilities (waiting area, seating, restrooms, etc.)?	1. Very Adequate 2. Adequate 3. Neutral 4. Inadequate 5. Very Inadequate	(Select one option)
8.	Have you availed of similar kinds of services from healthcare providers?	0. No 1. Yes	(Select one option)
8.1	If yes, what kind of providers provided the services?	1. Public agency 2. Aanganwadi centers 3. Schools 4. Private providers 5. None 6. Others, specify_____	(Select all that can apply)
9.	What type of services were provided in the screening camp?	1. Anthropometric measurements 2. Laboratory tests (Blood) 3. Nutrition Counselling 4. Awareness sessions	(Select all that can apply)

		5. Others, specify _____	
9.1	If measurements are taken, please mention it.	1. Height: _____ 2. Weight: _____ 3. Mid-arm circumference: _____ 4. Head circumference: _____ 5. Haemoglobin: _____	(Mention all that can apply)
10.	Why did you visit the screening camp held by the UNM Foundation (Torrent)?	1. Counselling by good doctor/staff 2. Free cost of medicines 3. Blood tests 4. No need to visit hospital 5. Travelling costs saved 6. Others, specify _____	(Select all that can apply)
11.	Have you received anything after the visit?	1. Case Card/Follow-up card 2. Albendazole suspension 3. Nutrient Cookies 4. Iron Supplement Syrup 5. Others, specify _____	(Select all that can apply)
12.	How satisfied are you after receiving the consultation/advice from the camp staff?	1. Very Satisfied 2. Satisfied 3. Neutral 4. Dissatisfied 5. Very Dissatisfied	(Select one option)
13.	How would you rate the behaviour of the camp staff towards you?	1. Very Satisfied 2. Satisfied 3. Neutral 4. Dissatisfied 5. Very Dissatisfied	(Select one option)
14.	How would you rate the healthcare services available at screening camps during your visit?	1. Very Satisfied 2. Satisfied 3. Neutral 4. Dissatisfied 5. Very Dissatisfied	(Select one option)
15.	Overall, how satisfied are you with the camp experience?	1. Very Satisfied 2. Satisfied 3. Neutral 4. Dissatisfied 5. Very Dissatisfied	(Select one option)
16.	Would you attend another screening camp organized by the UNM Foundation?	1. Definitely 2. Probably 3. Not Sure 4. Probably Not 5. Definitely Not	(Select one option)
17.	Would you refer anyone to the screening camps from the UNM Foundation in future?	1. Yes 2. No 3. Maybe 4. Don't know	(Select one option)
17.1	If yes, please mention the reason.		Open-ended
17.2	If no, mention the reason.		Open-ended

18.	Have you ever availed any of the UNM services?	0. No 1. Yes	(Select one option)
18.1	If so, what kind of services have you availed from the UNM?	1. Nutrient Cookies 2. Iron Supplement Syrup /Albendazole suspension 3. Others (please specify): _____	(Select one option)
Section 3: Ongoing Follow-up			
1.	Have you started consuming the products the UNM Foundation gave?	0. No 1. Yes	(Select one option)
1.1	If not, please mention the reasons.	1. Forgot to use them 2. No clear instructions on how to use them 3. Concerns about side effects or safety 4. Did not feel the need for them 5. Dislike the taste or texture 6. Not part of my daily routine 7. Currently using other supplements/medications 8. Unsure about the benefits 9. Prefer alternative products 10. Lack of trust in the product 11. UNM Foundation Staff refused to continue the products 12. Other (please specify): _____	(Select all that can apply)
2.	Are you still consuming the products provided by UNM?	0. No 1. Yes	(Select one option)
2.1	If not, why have you stopped consuming the products?	1. UNM Foundation Staff refused to continue the products 2. Dislike the taste or texture 3. No change is seen after consuming the products 4. Side effects of the products 5. Other (please specify): _____	(Select all that can apply)
3.	How frequently do UNM Foundation Staff visit for follow-up?	1. Every month 2. Every two months 3. Every three months 4. Every four months	(Select one option)
4.	What type of services are provided in the follow-up?	1. Assessment 2. Product delivery 3. Diet Counseling 4. Laboratory test 5. Others (please specify): _____	(Select all that can apply)
5.	How many boxes are given to you at one time in a follow-up?	1. 1 box 2. 2 boxes 3. 3 boxes 4. 4 boxes	(Select one option)

5.1	As per instructions of the UNM Foundation Staff, how many packets should be consumed in a day?	1. One 2. Two 3. Three 4. Four	(Select one option)
5.2.	How many packets your child consumes in a day?	1. One 2. Two 3. Three 4. Four	(Select one option)
5.3	What aspect of Nutrient Cookies do you like?	1. Taste 2. Healthy 3. Appearance 4. Crispy 5. Melt-in-mouth 6. Others (please specify): _____	(Select all that can apply)
5.4	How does your child consume the Nutrient Cookies?	1. Only Nutrient Cookies 2. Nutrient Cookies with milk 3. Nutrient Cookies with other snacks 4. Others (please specify): _____	(Select all that can apply)
5.5	Does the packet given by the UNM Foundation Staff completely consumed by the child only?	0. No 1. Yes	(Select one option)
5.5.1	If no, who else consumes the packets?	1. Mother 2. Father 3. Siblings 4. Others (please specify): _____	(Select all that can apply)
5.6	Does your child have any other sibling who has also been advised to use the products by the UNM?	0. No 1. Yes	(Select one option)
5.6.1	If yes, do you have separate containers/storage for both Children?	0. No 1. Yes	(Select one option)
5.7	What do you do if the Nutrient Cookies become soggy?	1. Throw it 2. Ask the UNM Foundation Staff to give it again 3. Don't know 4. Others (please specify): _____	(Select one option)
6.	How many bottles of Iron Supplement Syrup are given during follow-up?	1. One 2. Two 3. Three 4. Four 5. Others (please specify): _____	(Select one option)
7.	Did you face any issues in accessing or storing the products (e.g., spoilage, packaging problems)?	0. No 1. Yes	(Select one option)

7.1	If yes, what kind of issues are faced?	1. Packaging problems 2. Spillage 3. Sogginess 3. Others (please specify): _____	(Select all that can apply)
7.2	What do you do if you face any issues regarding the product?	1. Do not use it 2. Throw it 3. Ask the UNM Foundation Staff to give it again 4. Don't know 5. Others (please specify): _____	(Select all that can apply)
8.	Have you noticed any change in your child after using the Nutrient Cookies or Iron Supplement Syrup?	0. No 1. Yes	(Select one option)
8.1	If yes, what kind of changes have you noticed in your child? (Please specify)		Open-ended
9.	According to you, is the product given to you is sufficient for your child before the next delivery?	0. No 1. Yes	(Select one option)
9.1	If not, mention the reason for the same. (please specify)	1. Stock related issues 2. Consumed by others 3. Wastage/Damage 4. Delay in next delivery 5. Others (please specify): _____	(Select all that can apply)
9.2	If products were not sufficient, what did you do?	1. Inform UNM Foundation Staff 2. Purchase from pharmacy/store 3. Inform Aaganwadi worker 4. Nothing 5. Others (please specify): _____	(Select all that can apply)
10.	What would encourage you to continue using the provided products?	1. Continuous communication and support 2. Better taste or flavor 3. For Betterment of child 6. Other (please specify): _____	(Select all that can apply)
11.	Provide any additional comments/feedback regarding the camps/services.		Open-ended
Section:4 Completed Follow-up			
1.	Have you completed all the rounds of follow-up?	0. No 1. Yes	(Select one option)
1.1	If not completed, mention the reason. Please specify.		Open-ended
2.	Were the follow-up products delivered by the UNM Foundation Staff completed on time?	0. No 1. Yes	(Select one option)

2.1	If no, what were the reasons?	1. Delay in product delivery 2. Staff refused to continue the products 3. Less stock provided 4. Others (please specify): _____	(Select all that can apply)
3.	According to you, the product given to you were sufficient for your child before the next delivery?	0. No 1. Yes	(Select one option)
3.1	If not, mention the reason for the same. (please specify)	1. Stock related issues 2. Consumed by others 3. Wastage/Damage 4. Delay in next delivery 5. Others (please specify): _____	(Select all that can apply)
3.2	If products were not sufficient, what did you do?	1. Inform UNM Foundation Staff 2. Purchase from pharmacy/store 3. Inform Aaganwadi worker 4. Nothing 5. Others (please specify): _____	(Select all that can apply)
4.	How satisfied are you with the overall follow-up by the UNM Foundation Staff?	1. Very Satisfied 2. Satisfied 3. Neutral 4. Dissatisfied 5. Very Dissatisfied	(Select one option)
5.	After completing all the follow-ups, have you noticed any improvements in your child?	0. No 1. Yes	(Select one option)
5.1	If no, what advice was given by the UNM Foundation Staff?	1. Referred to UNM Children PHC 2. Referred to UNM Children Hospital 3. Referred to private/public hospital 4. Others (please specify): _____	(Select one option)
6.	Provide any additional comments/feedback regarding the camps/services.		Open-ended

UNM Adolescent Quantitative Tool

Section 1: Basic Information
UID:
Name:
Date of Birth:
Age:
Name of the father:
Name of the mother:
Name of the grandfather:
Caste: General/ OBC/ SC/ ST
Religion: Hindu/ Muslim/ Christian/ Others
Ration card: APL/BPL
Name of District:

Name of Village:			
Contact Details:			
Sr. No.	Question	Response	Remarks/Instructions
Section 2: UNM Foundation Awareness Camp Information			
1.	Have you ever visited the awareness camp held by the UNM Foundation (Torrent)?	0. No 1. Yes	
1.1	If not, why have you not visited the awareness camp held by the UNM Foundation (Torrent)?	1. Lack of awareness 2. No health concerns 3. Too busy or no time 4. Distance or transportation issues 5. Not convenient date or time 6. Lack of trust in the service 7. Poor past experiences 8. No perceived need for screening 9. Other (please specify): _____	(Select all that can apply)
1.2	If yes, where did you hear about the awareness camp held by the UNM Foundation (Torrent)?	1. Self 2. ICDS/Healthcare Staff 3. Family members 4. Friends 5. Neighbors 6. Advertisement (Newspaper/Radio) 7. IEC 8. Other, specify _____	(Select all that can apply)
2.	How clear was the communication about the camp's purpose and activities?	1. Very Clear 2. Clear 3. Neutral 4. Unclear 5. Very Unclear	
3.	Was the location of the camp easy to find?	1. Very Easy 2. Easy 3. Neutral 4. Difficult 5. Very Difficult	
4.	How would you rate the organization of the camp?	1. Excellent 2. Good 3. Neutral 4. Poor 5. Very Poor	
5.	How would you describe the cleanliness and hygiene of the camp?	1. Very Clean 2. Clean 3. Neutral 4. Unclean 5. Very Unclean	
6.	How adequate were the facilities (waiting area, seating, restrooms, etc.)?	1. Very Adequate 2. Adequate 3. Neutral 4. Inadequate 5. Very Inadequate	

7.	Have you visited a similar type of camp before by Torrent?	0. No 1. Yes	
7.1	If yes, how many times have you visited this camp?	1. Once 2. Twice 3. Thrice 4. More than thrice	
8.	What type of services were provided in the awareness camp?	1. Awareness sessions 2. Sanitary pads distribution 3. Others, specify _____	(Select all that can apply)
9.	Why did you visit the awareness camp held by the UNM Foundation (Torrent)?	1. Free distribution of pads 2. Timesaving 3. Free advice or counselling 4. No need to visit pharmacy/shop 5. Travelling costs saved 6. Good doctor/ staff 7. Others, specify _____	(Select all that can apply)
10.	Did you receive anything after the visit?	1. Case Card/Follow-up card 2. Sanitary pads: Re-usable 3. Sanitary pads: Disposable 4. IEC materials 5. Others, specify -----	(Select all that can apply)
11.	How did you feel after receiving the consultation/advice from the camp staff?	1. Very Satisfied 2. Satisfied 3. Neutral 4. Dissatisfied 5. Very Dissatisfied	
12.	How would you rate the behaviour of the camp staff towards you?	1. Very Satisfied 2. Satisfied 3. Neutral 4. Dissatisfied 5. Very Dissatisfied	
13.	How would you rate the healthcare services available at awareness camps during your last visit?	1. Very Satisfied 2. Satisfied 3. Neutral 4. Dissatisfied 5. Very Dissatisfied	
14.	Overall, how satisfied are you with the camp experience?	1. Very Satisfied 2. Satisfied 3. Neutral 4. Dissatisfied 5. Very Dissatisfied	
15.	Would you attend another awareness camp organized by the UNM Foundation?	1. Definitely 2. Probably 3. Not Sure 4. Probably Not 5. Definitely Not	

16.	Would you refer anyone to the awareness camps from the UNM Foundation in future?	1. Yes 2. No 3. Maybe 4. Don't know	
Section 3: Product Feedback and Perception			
17.	What do you use during your menstruation?	1. Sanitary pads: Disposable 2. Sanitary pads: Reusable 3. Cloth 4. Menstrual cups 5. Tampons 6. Others (Please specify)	
18.	Have you started using the sanitary pads the UNM Foundation gave?	0. No 1. Yes	
18.1	If not, please mention the reasons.	1. Currently using other sanitary pads 2. Prefer alternative products 3. Lack of trust in the product 4. Pads are uncomfortable 5. Other (please specify): _____	(Select all that can apply)
19.	Where did you receive the sanitary pads from?	1. Camp 2. UNM Foundation Staff delivered products at home 3. Brought from store/pharmacy 4. Others (please specify): _____	
19.	Did you face any issues in accessing or storing the products (e.g., spoilage, packaging problems)?	0. No 1. Yes	
19.1	If yes, what kind of issues have you faced? Please specify.		Open-ended
20.	How many times have you received the sanitary pads?	1. Once 2. Twice 3. Thrice 4. More than thrice 5. Others (please specify): _____	
21.	According to you, is the product given to you is sufficient for your monthly needs?	0. No 1. Yes	
21.1	If not, mention the reason.		Open-ended
22.	Have you received any awareness regarding menstrual health and hygiene during the camp?	0. No 1. Yes	

22.1	If yes, mention what has been explained to you during the camp. (Please specify)		Open-ended
23.	How many times do you change the menstrual pad in a day?	1. None 2. Once 3. Twice 4. Thrice 5. More than thrice	
24.	How do you clean the reusable pads?	1. Soap and water 2. Only water 3. Both of the above 4. None of the above	
25.	Where do you dry the reusable pad after washing it?	1. Dry it in the sun 2. Dry it inside the house 3. Don't dry it 4. Others	
26.	Why do you prefer the pad provided by UNM?	1. Rash free 2. Good absorption 3. No need to buy every month 4. Others (Please specify)	
27.	How do you store reusable pads?	1. Wrapped in polythene 2. Wrapped in newspaper 3. Both of the above 4. Wrapped in another material 5. Others (Please Specify) _____	
28.	What would encourage you to continue using the provided products?	1. Better instructions on usage 2. Assurance about safety and effectiveness 3. More information on health benefits 4. Regular reminders or follow-up 5. Other (please specify): _____	(Select all that can apply)
29.	Where do you usually use pads given by the UNM?	1. School 2. Home 3. Others (please specify): _____	
30.	Do you share the Reusable Sanitary Pads with other family members/friends?	0. No 1. Yes	
31.	Would you recommend Reusable Sanitary Pads given by UNM Foundation to your friends?	0. No 1. Yes	
31.1	If no, mention the reason.		Open-ended
31.2	If yes, mention the reason.		Open-ended
32.	Provide any additional comments/feedback regarding the camps/services.		Open-ended

Qualitative Tool

Interview Questionnaire For Executive/Assistant Manager

1. Can you tell us something about yourself and describe your role in this program?

Probes:

Designation and qualifications, Years of experience, Current responsibilities, Roles in planning, supervision, and facilitation

2. What are the primary goals of the health screening camps, and what specific activities planned and conducted under these camps?

Probes:

Health issues addressed (e.g., Anaemia, Malnutrition, Menstrual Health, Pediatric Care), Age group-specific interventions, Types of camps and services offered, Outreach and engagement strategies, Coordination of logistics for camp setup and operations.

3. How do you select the location for conducting these health screening camps?

Probes:

What criteria do you use for village selection (e.g., population size, health needs, accessibility)? How do you ensure these villages are prioritized based on health conditions or resource availability?

4. How do you assess the performance and success of the health screening camps?

Probe:

patient turnout, quality of care, impact on target health issues

5. What challenges have you faced in planning and executing these health screening camps?

Probes:

Logistical issues, community engagement, staff coordination, resource limitations

6. How do you evaluate the success of the program, and what impact have these health screening camps had on the health of the community?

Probes:

key indicators - e.g., participation rates, health outcomes, patient feedback. specific improvements in health outcomes

7. How do you envision the future of the UNM Foundation's health programs? What are the next steps?

Probes:

Upcoming initiatives or expansions planned, Specific strategies to overcome the existing challenges (e.g., sustainability)

8. Can you share experience from your time working on this project? How did you handle the difficult situation?

Probes:

A memorable success story or impactful moment, lessons learned from the challenging experience, and how did you resolve the issue?

9. Thank you for your patience and insightful responses to our questions. Is there anything else that you would like to add? Do you have any recommendations for improving the program or future camps?

Interview Questionnaire For Field Assistant

1. Can you tell us something about yourself and describe your role in this health screening camps?

Probes:

Designation and qualifications, Years of experience, Current responsibilities and previous work experience, responsibilities specific to camps

2. How do you prepare for the health screening camps?

Probes:

Preparation before the camp, (materials, coordination, etc.) location, enrolment of patients and villages, involvement in setting up and organizing logistics

3. How do you ensure community participation and engagement in these health screening camps?

Probes:

Methods for outreach (e.g., local leaders, schools, etc.), Community response and participation rates

4. How do you ensure follow-up care for patients after the health screening camps?

Probes:

Referral process to hospitals or other healthcare providers, Methods for tracking follow-ups, and documentation

5. What challenges have you faced in planning and executing these health screening camps?

Probes:

Logistical issues, community engagement, resource limitations, difficulties in coordinating with different stakeholders

6. Can you share your experience from your time working on this project? Also, how did you handle the difficult situation?

Probes:

A memorable success story or impactful moment, lessons learned from the challenging experience, and how did you resolve the issue?

7. Thank you for your patience and insightful responses to our questions. Is there anything else that you would like to add?

Do you have any recommendations for improving the program or future health screening camps?

Interview Questionnaire For Assistant General Manager/Manager/Pediatrician/Medical officer

1. Can you tell us something about yourself?

Probes:

Designation and qualifications, Years of experience

2. Describe your role in this program and how does this role differ from your previous medical experience?

Probes:

Current responsibilities and previous work experience, Roles in planning, supervision, and facilitation, clinical and counselling related responsibilities

3. What is the purpose of organising health screening camps?

Probes:

(strategies in selection of camp location, target population)

4. What specific services are you providing for each health category (Anaemia, Malnutrition, Menstrual Health, and Pediatric Care) during the health screening camps? OR How do these camps help the end users/ community?

Probes:

Interventions/treatments for each category, how were the services tailored to the different age groups?

5. How did you ensure that patients receive appropriate follow-up care after the health screening camps? OR Which health indicators do you monitor to document improvement in patients?

Probes:

Coordination with local clinics, tracking systems for patients, challenges in ensuring continuity of care

6. How do you ensure community participation and engagement in these health screening camps?

Probes:

Methods for outreach with local leaders, schools, etc., Community response and participation rates, building trust with the population

7. From your perspective, what impact have these health screening camps had on the health of the community?

Probes:

Specific changes in health outcomes

8. What challenges have you faced in planning and executing these health screening camps?

Probes:

Logistical issues, community engagement, staff coordination, resource limitations

9. Can you share your experience you've had while working on this project? How did you handle the difficult situation?

Probes:

A memorable success story or impactful moment, lessons learned from the challenging experience, and how did you resolve the issue?

10. Thank you for your patience and insightful responses to our questions. Is there anything else that you would like to add? Do you have any recommendations for improving the program or future health screening camps?

Interview Questionnaire For Medical Assistant/Laboratory Technician/Pharmacist/Volunteer

1. Can you tell us something about yourself?

Probes:

Designation and qualifications, Years of experience, Current responsibilities and previous work experience, responsibilities specific to camps

2. Can you describe your role in each health screening camps?

Probes:

Tests conducting, services providing, what type of test/procedures

3. How do you follow-up after the health screening camps?

Probes:

Referral process to hospitals or other healthcare providers, Methods for tracking follow-ups, documentation

4. What challenges have you faced during the health screening camps?

Probes:

Logistical issues, community engagement, resource limitations,

5. Can you share experience from your time working on this project? Also, how did you handle the difficult situation?

Probes:

A memorable success story or impactful moment, lessons learned from the challenging experience, and how did you resolve the issue?

6. Thank you for your patience and insightful responses to our questions. Is there anything else that you would like to add? Do you have any recommendations for improving the program or future health screening camps?

11. Field Photographs



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