

# Leading the Way to Better Health

*A Three-Year Journey of Strengthening Reproductive and Child Healthcare for Underserved Women, Adolescents, and Children in Barotiwala, Himachal Pradesh*





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# List of Abbreviations

AGG – Adolescent Girls’ Group

AIDS – Acquired Immunodeficiency Syndrome

ANC – Antenatal Care

ANM – Auxiliary Nurse Midwife

ASHA – Accredited Social Health Activist

AWW – Anganwadi Worker

CHW – Community Health Worker

FHW – Female Health Worker

HPPI – Humana People to People India

ICDS – Integrated Child Development Services

JSSK – Janani Shishu Suraksha Karyakram

JSY – Janani Suraksha Yojana

MAM – Moderate Acute Malnutrition

MMR – Maternal Mortality Ratio

NFHS-5 – National Family Health Survey–5

OPD – Outpatient Department

PHC – Primary Health Centre

PIB – Press Information Bureau

PMMVY – Pradhan Mantri Matru Vandana Yojana

PNC – Postnatal Care

PRI – Panchayati Raj Institutions

SAM – Severe Acute Malnutrition

SDG – Sustainable Development Goal

SUMAN – Surakshit Matritva Aashwasan

UN MMEIG – United Nations Maternal Mortality Estimation Inter-Agency Group

VHND – Village Health and Nutrition Day

VHSNC - Village Health, Sanitation and Nutrition Committee

VHSND – Village Health, Sanitation and Nutrition Day

WHG – Women’s Health Group

# Introduction

Maternal and child health form the foundational building blocks of any society. Ensuring the optimum well-being of mothers, infants, and children is therefore a vital public health goal for every nation.

In India, the Integrated Child Development Services (ICDS) Scheme, under the Ministry of Women and Child Development, is one of the world’s largest initiatives for early childhood care and development. Implemented in close partnership with the Health Department, it delivers essential services such as immunization, health check-ups, nutrition support, and pre-school education to children aged 0–6 years, as well as to pregnant and lactating women. Recent estimates indicate that children in this age group constitute nearly 158 million of India’s population — underscoring the immense scale and importance of the challenge.

Barotiwala, located in the Baddi–Barotiwala–Nalagarh (BBN) industrial corridor of Himachal Pradesh, is home to approx. 1.5 lakh migrant workers and their families from several Indian states. These populations often live in overcrowded areas with poor sanitation and limited access to quality healthcare, creating significant health vulnerabilities. The resulting vulnerabilities — particularly for women, adolescents, and young children — highlight the need for focused interventions to strengthen reproductive and child health services.

Recognising this critical need, **Humana People to People India (HPPI)** in partnership with **Wipro Cares**, launched the project “Strengthening Reproductive and Child Healthcare Services for Underprivileged Women, Adolescents, and Children in Barotiwala” in November 2022.



The project, “Strengthening Reproductive and Child Healthcare Services for Underprivileged Women, Adolescents, and Children in Barotiwala,” was implemented across 25 villages in Solan district, Himachal Pradesh.

Over three years, the project worked to complement government efforts and strengthen maternal and child healthcare delivery at the grassroots level in Barotiwalla. Implemented through 30 Anganwadi Centres and 5 Health Sub-Centres, it reached nearly 40,000 people by addressing key gaps in awareness, access, and service delivery.

A major focus of the initiative was building the capacity of frontline health workers — including Auxiliary Nurse Midwives (ANMs), Accredited Social Health Activists (ASHAs), Anganwadi Workers, and Helpers. Through 48 targeted training sessions, 95 workers were equipped with enhanced technical skills and digital counselling tools, improving the quality of reproductive and child health services.

The project also strengthened community engagement by supporting 551 Village Health, Sanitation and Nutrition Committee (VHSNC) meetings, 1003 adolescent girls' group meetings, and school health sessions that collectively reached 3,393 students. Preventive healthcare access was expanded through 550 mobile health camps and 6 specialised camps, benefitting more than 17,846 people.

Maternal and child health outcomes were further supported through antenatal and postnatal cares, registration of 969 pregnant women and 2,166 children at Anganwadi Centres, screening of 4,508 young children, and distribution of 315 nutrition kits to malnourished children. Women's health groups and 362 nutrition workshops fostered community ownership and engaged over 6,700 participants in improving dietary and health practices.

Overall, the project has helped cultivate a culture of awareness, accountability, and empowerment — enabling women, families, and frontline workers to become active partners in building healthier futures for their communities.





## Hitendra Sharma

Deputy Head, Barotiwala Panchayat,  
Solun, Himachal Pradesh

For the last three years, I have closely observed the intervention of Humana People to People India (HPPI) under this maternal and child health project. The team has played an essential role in strengthening reproductive, maternal, and child healthcare services in our region, particularly by ensuring the timely registration of pregnant women and facilitating their antenatal and postnatal check-ups through awareness activities. Working through 30 Anganwadi Centres and in coordination with the five Primary Health Centres (PHCs) in Barotiwala, the project has ensured that expecting mothers receive continuous support throughout their pregnancy.

The HPPI staff is highly qualified, trained, and deeply committed. Their efforts in raising health awareness, motivating women to seek institutional healthcare, and counselling families have been commendable. Even after childbirth, the team continues to visit homes, guiding mothers on essential vaccinations and post-natal care.

One of the most impactful contributions has been the organisation of specialised health camps in remote parts of the district, bringing services of nutritionists, paediatricians, and gynaecologists to communities that otherwise lack access to such expertise. Their support in training our Community Health Workers has further strengthened the delivery of public health services in the region.

Barotiwala, being an industrial hub, attracts a large migrant population seeking employment. Many of these workers live in unorganised settlements with limited access to healthcare. Although government health infrastructure is strong, still HPPI's intervention has been crucial in bridging gaps, mobilising people and ensuring rural and migrant families receive timely and quality care.

During the project period, community awareness about government health services has grown significantly. Families are now informed about ambulance services available through 108 and government schemes such as the Pradhan Mantri Matru Vandana Yojana (PMMVY), Surakshit Matritva Aashwasan (SUMAN), and Janani Suraksha Yojana (JSY). As a result, more women are availing institutional deliveries, financial support, and newborn care services.

However, the need for such initiatives remains. With continuous migration into this industrial belt, many new families struggle to access entitlements due to lack of documents like Aadhaar or ration cards. Projects like HPPI's continue to be essential in reaching such vulnerable households and connecting them to health services.

We are grateful for this support, and I sincerely hope the initiative continues. It has been of immense benefit to our community, and its long-term presence will only strengthen the health and well-being of the people of Barotiwala. My best wishes to the entire HPPI team for their dedicated efforts.

# 1. Context and Background

The National Family Health Survey–5 (NFHS-5) data (2019–20) for Solan district, Himachal Pradesh, highlights several concerning trends that underscore the urgent need to scale up quality, community-based maternal and child healthcare services. Key findings<sup>1</sup> include:

- About **30.5%** of pregnant women (aged 15–49 years) were anemic.
- **44.3%** of adolescent girls (aged 15–19 years) were anemic.
- Around **12.9%** of pregnant women did not receive antenatal care (ANC) during their first trimester.
- **11.8%** of mothers had not completed the recommended four ANC visits.
- About **9.8%** of all deliveries were non-institutional.
- **30.7%** of children under five years were underweight.

Beyond these statistics, multiple factors continue to contribute to poor maternal and child health outcomes in the district. A 2015 study by Harvard University<sup>2</sup> identified extreme poverty, poor dietary diversity, and limited maternal education as key determinants of undernutrition and poor child health in India.

These findings emphasise the essential role of Community Health Workers and other frontline health service providers in improving maternal and child health outcomes. However, while ANMs receive basic government training, it is often insufficient to address the diverse challenges encountered during the daily service delivery. Similarly, the training received by AWWs and ASHAs as community mobilisers is often inadequate for identifying and managing high-risk pregnancies. Consequently, Anganwadi Centres still struggle to gain full recognition within communities as reliable providers of early childhood care and health services.



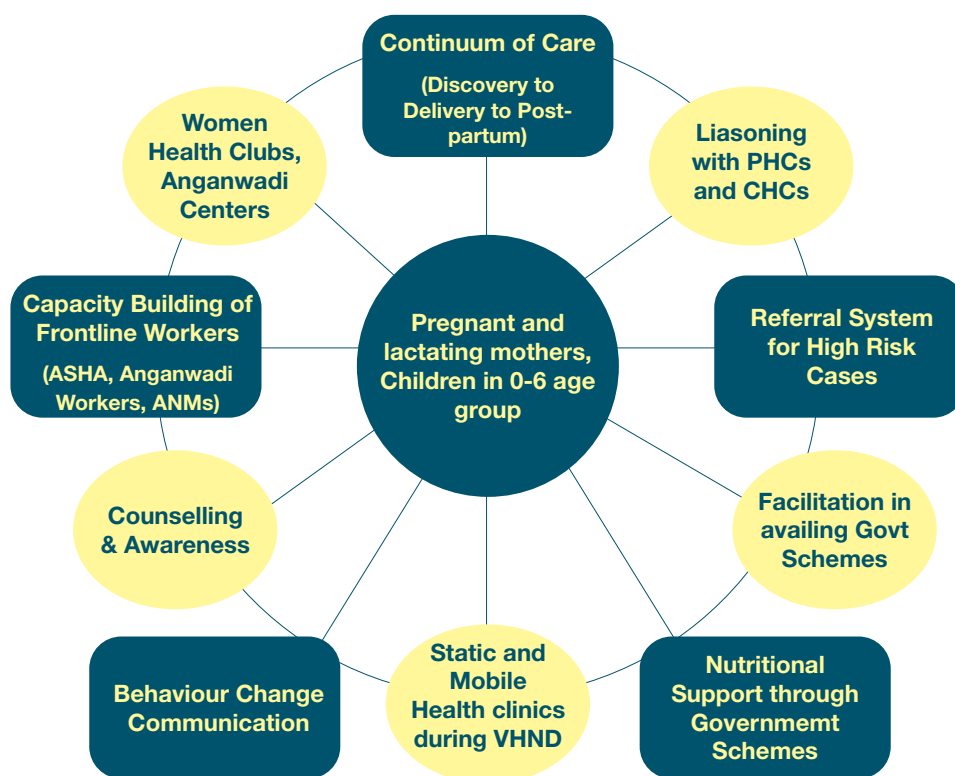
<sup>1</sup> National Family Health Survey–5 (2019–20), District Factsheet, Solan, Himachal Pradesh

<sup>2</sup> Harvard T.H. Chan School of Public Health (2015). "Top risk factors for child undernutrition in India identified."

## 2. Project Overview and Operational Model

Care taken during pregnancy and childbirth plays a critical role in reducing maternal, infant and child mortality. In response to the persistent challenges related to quality maternal and child healthcare in the district, Humana People to People India, in partnership with Wipro Cares, launched a three-year intervention “*Strengthening Reproductive and Child Healthcare Services for Underprivileged Women, Adolescents, and Children in Barotiwala, Solan District, Himachal Pradesh*”. The intervention concluded on 31st October 2025 having made a significant impact across the region.

### HPPI's Approach in Maternal, Newborn and Child Healthcare and Nutrition : Our system strengthening model



Through the project, HPPI reached approximately 40,000 people across 25 villages, driving improvements in community health awareness and building the capacities of Community Health Workers—including ANMs and ASHAs. The initiative placed special emphasis on empowering frontline health workers, who serve as the first point of contact for pregnant and lactating mothers regarding registration, antenatal care, nutrition, and early childhood education.

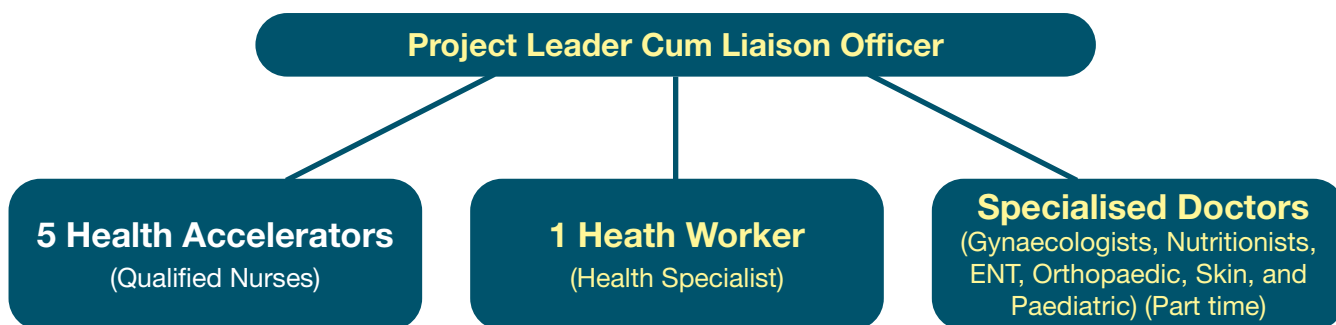
To ensure sustainability, the project also engaged community groups such as *Adolescent Girls' Groups*, *Women's Health Groups*, *VHSNCs* and *PRI* members. These groups played an important role in promoting behavioural change and ensuring the continuation of good health practices beyond the project's duration.



The project’s integrated approach focused on optimising existing human resources and health infrastructure to enhance service efficiency and quality. Regular awareness sessions, capacity-building workshops, and orientation programs were held for ASHAs, ANMs, and CHWs to enhance their knowledge and competencies. Activities such as adolescent girls’ counselling on menstrual hygiene, nutrition workshops, health camps and community-level events ensured widespread participation and ownership.

By combining community engagement, institutional collaboration and skill development, the project has successfully strengthened the foundation for sustainable maternal and child health improvement in Barotiwala and surrounding areas.

### Project Staff Structure



# 3. Project Implementation

## 3.1. Training and Capacity Building of Frontline Workers

Maternal mortality is universally accepted as a key health indicator. In recent years, India has progressed in leaps and bounds in reducing its Maternal Mortality Rate (MMR). According to a special bulletin on MMR released by the Ministry of Women and Child Development, India's MMR has declined from 384 in 2000 to 103 in 2020.<sup>3</sup>

Maternal Mortality Ratio in India has declined over the years to 88 in 2020-22 from 93 in 2019-21 and 97 in 2018-20.<sup>4</sup> The latest data indicates that India has made significant progress toward the Sustainable Development Goal (SDG) target of reducing MMR to less than 70 per 100,000 live births by 2030.

Direct causes of maternal deaths are well known and largely preventable and treatable. One of the ways to ensure this is by optimum and quality training of the primary community healthcare providers who are usually the first point of contact in cases of pregnancy. One of the key aspects of the project has been ensuring early registration of pregnant women, securing proper ANC and Postnatal Care (PNC) check-up and 100% institutional delivery, including securing 100% immunisation. This is secured through community awareness and regular Capacity Building training of the ANMs, ASHAs, Anganwadi Workers and Anganwadi Helpers on maternal and child health, conducted in close cooperation with the district health department and healthcare specialists.

In all, 5 ANMs, 30 ASHAs, 30 Anganwadi Workers and 30 Anganwadi Helpers of the Brotiwala have benefitted from these trainings' under the project.



<sup>3</sup> MMR of India declined from 384 in 2000 to 103 in 2020: UN MMEIG 2020 report, Posted On: 07 Feb. 2024 2:22PM by PIB Delhi

<sup>4</sup> Special bulletin on Maternal Mortality in 2020-22 released on June 2025 by Registrar General of India



## Harjeet Kaur

ASHA Worker,  
Anganwadi Centre Kulhadiwala

I remember when the Maternal and Child Health intervention by Humana People to People India, in partnership with Wipro Cares, began in November 2022. The project team had continuously supported us in strengthening maternal and child health services in our area. Several training sessions were organised by the HPPI team throughout the project period, and I participated in all of them. These training sessions helped us refresh our knowledge and learn practical skills to improve our work. We also attended training conducted by the Health Department, which complemented the support we received from the project.

As part of my regular work, I ensure that every pregnant woman completes at least four ANC check-ups — the first within 12 weeks, followed by the second at 26 weeks, and the next at 34 and 36 weeks. For PNC, I make 6–7 follow-up visits: on the first day of delivery (if at home), and then on the 3rd, 7th, 14th, 21st, 28th, and 42nd day after birth. The project team often accompanies us during home visits and provides technical and motivational support.

I am happy to share that now, all deliveries in our area are institutional. Earlier, transportation used to be a major challenge, but due to increased awareness, families now make advance arrangements or use ambulance services when needed. In some cases, migrant families return to their native places during pregnancy. In such situations, we counsel them to register with health services in their hometowns and share their vaccination and health records for continuity of care.

Initially, we were well connected with local residents but had limited interaction with migrant families. With the help of the HPPI project team, we were able to reach out to them effectively, ensuring early registration and regular follow-ups.

The project has also trained us to use digital content during ANC and PNC visits. We now use mobile-based educational materials to counsel women on pregnancy care, nutrition, and newborn health. This has made our work more effective and has helped women gain accurate, practical information.

I am thankful to the HPPI team for their continued guidance and support. Their efforts have truly strengthened our capacity and improved the health outcomes in our village.

### 3.2. Specialised Health Camps

To address the specific healthcare needs of remote rural populations, the project— in collaboration with the District Health Department—organised Specialised Health Camps at local PHCs. These camps provided villagers with rare access to consultations from qualified specialists including Gynaecologists, Nutritionists, ENT, Orthopaedic, Skin, and Paediatric doctors.

Such specialised care is often inaccessible or unaffordable in rural India. Even where services exist, high consultation costs deter many low-income families from seeking timely care. During the project period, six specialised health camps were conducted, providing free consultation and medical advice to 1,367 people from the intervention villages.

### 3.3. Mobile Health Camps at Anganwadi and Health Sub-Centres

A majority of rural households in India depend on small-scale farming or daily wage labour for their livelihood. Due to financial constraints and lack of time, many community members avoid visiting hospitals even when they fall sick. Limited availability of medical facilities in remote areas further restricts access to healthcare, leading to preventable illnesses and complications.

To bridge this gap, the project regularly organised Mobile Health Camps at Anganwadi and Health Sub-Centres, with a particular focus on women and children. These camps provided doorstep access to healthcare services for disease prevention, early detection, diagnosis, and treatment. The initiative aimed to improve the overall health and quality of life of the rural population while reducing preventable deaths.

The health camps focused on raising awareness about health, hygiene, seasonal diseases, and nutritional intake, while offering free consultation and treatment to beneficiaries. Over the project period, 550 Mobile Health Camps were organised, benefitting more than 16,479 people from the community. Through health screenings, 249 women were identified as high-risk diabetic cases out of 5,412 women tested, who were then referred for further treatment.



### 3.4. Nutritional Support

Despite Himachal Pradesh performing relatively well on certain health indicators, undernutrition, anaemia, and micronutrient deficiencies remain pressing challenges, particularly among women and children. The project has organised health camps to identify Severe Acute Malnutrition (SAM) and Moderate Acute Malnutrition (MAM) children and provide treatment and nutritional support.

To promote healthy dietary habits, the project team conducted Nutrition Workshops at Anganwadi Centres and Health Sub-Centres, demonstrating how to prepare locally available, nutrient-rich recipes. As part of these demonstrations, women also learned how to make tasty, delicious recipes using the Take-Home Ration distributed by the Anganwadi – encouraging families to use it for better nutrition.

These sessions also included discussions on maternal and child nutrition, the importance of exclusive breastfeeding, timely complementary feeding, and maintaining a balanced diet during pregnancy. Through practical demonstrations and easy-to-follow guidance, the workshops helped women adopt healthier food practices for themselves and their children.

During the project period, 362 Nutrition Workshops were conducted with the active participation of 6,744 women and adolescents. In addition, 315 nutrition kits were distributed to malnourished children identified during health screenings. The project also celebrated key national health observances such as Poshan Maah, Exclusive Breastfeeding Week, World AIDS Day, and National Deworming Day, further strengthening community awareness and commitment to better nutrition and health.





## Priyanka Gupta

Mother of Aradhya

I came here from Uttar Pradesh about twelve years ago and live with my husband and two children. Now, I run a small shop in Barotiwala. My younger daughter, Aradhya, was often sick and weak. By the time she turned three, she weighed less than 8 kilograms.

When the Strengthening Mother and Child Health Project, supported by HPPI and Wipro Cares, started in our area, I met Suman madam, the Health Accelerator. She encouraged me to visit the health camp in Mandawa, where the doctors diagnosed Nandini with Moderate Acute Malnutrition .

Under the project, we received nutrition kits twice and regular home follow-ups. Suman madam often visited us, guided me on what food to give, and helped me understand how to care for my daughter's health. Within three to four months, Aradhya gained weight, became active, and started eating better.

Today, she is healthy and cheerful. I'm deeply thankful to the project team for bringing care and guidance right to our doorstep.

### 3.5. Community Health Awareness and Behaviour Change Activities through Formation and Activation of Community Groups

To foster community ownership and ensure long-term sustainability, the project actively formed and strengthened community-based groups such as Women's Health Groups and Adolescent Girls' Groups. These platforms served as vital spaces for dialogue, learning, and collective action on maternal and child health, nutrition, and other priority health issues.

Through regular meetings, awareness sessions, and counselling during Outpatient Department (OPDs), the groups helped women and adolescents build essential knowledge on health practices, hygiene, and nutrition. These efforts not only enhanced awareness but also encouraged positive behaviour change—empowering women and girls to make informed health decisions, seek timely healthcare, and support each other within their communities.

**Adolescent Girls Group:** Adolescent Girls Groups play a crucial role in promoting awareness and positive health practices among young girls in the community. Under the project, 30 Adolescent Girls Groups were formed across the 25 villages with a total of 390 adolescent girls (aged 13–18 years), aiming to create a safe and supportive space for adolescent girls to learn, share, and discuss health, hygiene, and social issues relevant to their age.

These groups meet monthly at the local Anganwadi Centre and was guided by the project's health worker along with Anganwadi and ASHA staff. The sessions focused on enhancing awareness and confidence among adolescent girls to make informed decisions about their health and well-being.

The groups are actively engaged in:

- Learning about Menstrual Hygiene Management (MHM) through regular counselling and demonstrations.
- Receiving and distributing sanitary pads to promote safe menstrual practices and remove social stigma.
- Participating in discussions on nutrition, adolescent health, early marriage, gender equality, and education.
- Supporting awareness activities during school health sessions and community health events.

Through these regular interactions, adolescent girls did not only gain health knowledge but also developed leadership and communication skills, empowering them to become advocates of change within their families and communities.



## Reet

Adolescent Girls Group Leader,  
Kalujhanda Village

In my village, Kalujhanda, many of us girls grew up without really knowing much about our health, our rights, or even how to talk about the changes we go through as we grow up. Most of us were shy, and in our homes, topics like menstruation, nutrition, or mental health were never discussed openly. I used to feel that no one would listen to me or care about what I thought.

Things started changing when the Adolescent Girls Group was formed under the Strengthening Reproductive and Child Healthcare Services Project by Humana People to People India with support from Wipro Cares. “When the group started, there were only a few of us. We met after school, talked about hygiene, nutrition, and even our dreams. Slowly, more girls joined, and now it feels like a family,”

Through our regular meetings, we learned about menstrual hygiene management, balanced diets, and how to take care of our physical and emotional well-being. The project also gave us access to sanitary pads and counselling support, which made it easier to talk about issues we once felt embarrassed about. “Before joining, I used to feel silent and alone. Now, I can speak up, guide younger girls, and even help my friends make healthy choices.”

Today, our group is not just about learning—it’s about supporting each other and creating change in our community. We talk, we share, and we help spread awareness to our families too. “This group gave me confidence and knowledge. I now believe that when girls come together, we can make our voices heard and build a healthier future.”

**Women Health Group:** Women Health Groups are the main driving force behind any community-level health and nutrition program targeting maternal and child health. Under the project, 30 Women Health Groups (WHGs) were formed in each intervention village with a total of 390 women, aiming to create awareness in the villages about available health services and their health entitlements while also sharing knowledge about high risk pregnancy, immunisation, nutritional intake, and general health and hygiene among the women and their children.

These WHGs assemble monthly and are supported by a dedicated health worker from the project. The sessions focus on enhancing knowledge and awareness among women to become active learners and supporting the implementation of the project activities.

The groups are actively engaged in:

- Learning about basic health and hygiene and knowledge sharing with the neighboring community
- Knowing signs of high-risk pregnancies, understanding associated dangers, and promptly referring women to FHWs for timely care
- Knowing about the government schemes related to maternal and child health
- Offering counselling sessions on reproductive health, menstrual hygiene, and communicable diseases
- Supporting health staff by informing nearby residents about the dates of health camps in Anganwadi centre

Some of the key themes discussed during the monthly WHG meetings are ANC/PNC and safe motherhood, seasonal diseases, significance of nutritional intake during pregnancy, institutional deliveries through the national government's Janani Suraksha Yojana and the Janani Shishu. Suraksha Karyakram (JSSK), which promises all pregnant women to have free deliveries in public health institutions, including caesarean section, and provision of free transport.





## Pooja Rani

Sainsiwala Village, Resident

I have been living in Sainsiwala village for the past four years with my husband, who works as an electrician. We stay in a small rented house with our joint family of eight members. Like many women here, I manage the household and look after my two children — my daughter and my newborn son, who was born on 27th August 2025.

When I think back, this pregnancy was very different from my first one. During my first pregnancy, I didn't even know about the Anganwadi centre or how to get registered. I got registered very late. But this time, I understood the importance and got myself registered in the second month itself.

Under the Strengthening Reproductive and Child Healthcare Services Project, implemented by Humana People to People India with support from Wipro Cares, I received continuous guidance and care. The HPPI Health Accelerator and our ASHA worker visited me regularly and checked on my health. "Whenever I faced any issue, I called Ma'am from HPPI. She always guided me. After delivery, she even came home the next day to explain postnatal care." Her visits made me feel supported and confident.

In my fourth month, my haemoglobin level dropped to 10 g/dL. Through counselling, I learned about taking iron and calcium tablets and eating iron-rich foods. "Ma'am told me to eat carrots, beetroot, and green vegetables. I followed her advice, and by the time of delivery, my haemoglobin had increased to 15,"

When complications occurred during childbirth, I knew exactly what to do. Because of the project's awareness sessions, I went to the district hospital immediately. "Their guidance saved both me and my baby,"

Now, as an active member of the **Women Health Group**, I encourage other women to register early and go for institutional deliveries. "I always tell them — every delivery should happen in a hospital. The right care at the right time can save lives."

**School Health Awareness Sessions:** School Health Awareness Sessions play a crucial role in shaping the knowledge, attitudes, and health practices of adolescents—preparing them to make informed decisions during a critical phase of their lives. Under the project, quarterly School Health Awareness Sessions were conducted across intervention-area schools, reaching a total of 3,393 adolescents. These sessions aimed to strengthen understanding of personal hygiene, nutrition, mental well-being, and overall healthy lifestyle habits among young students.

Led by the project’s Health Accelerator, each session used interactive tools such as audio-visual materials, flipbooks, and participatory discussions to create a safe and engaging environment where students could openly ask questions, share concerns, and learn practical health practices they can apply in daily life.

The School Health Awareness Sessions under the project actively contributed by:

- Encouraging students to participate in interactive counselling sessions on topics such as personal hygiene, menstrual health, nutrition, mental well-being, and healthy habits.
- Using engaging learning materials like videos and flipbooks to simplify complex health topics and make discussions relatable for adolescents.
- Helping students clarify doubts through open dialogue, fostering confidence and creating safe spaces for conversations on sensitive health issues.
- Guiding adolescents on practical, day-to-day health practices, including balanced diets, hygiene routines, and emotional well-being.
- Empowering adolescents to share their learning with peers and family, helping promote healthy behaviours within their households and communities.

Key themes covered during the sessions included personal hygiene, menstrual hygiene management, good nutrition, mental health awareness, anaemia prevention, substance abuse prevention and the importance of regular physical activity.





## Manjot Kaur

Class 10 student,  
Dhauladhar Public school, Barotiwala

“Every school session brought something new for us to learn and think about. The Health Accelerator explained important topics in a simple and interesting way using videos and pictures, which made it easy to understand. I especially enjoyed the session on mental health and drug abuse — it helped me see how such issues affect not just individuals but also families and society. I realised how important it is to take care of our emotional well-being. The discussions on healthy eating habits also made a big difference for me. I learned that eating a balanced diet — with fruits, vegetables, pulses, and less junk food — helps improve concentration and keeps us active throughout the day. These sessions really opened my eyes to how small lifestyle changes can make a big impact on our health.”



## Khushi

Class 10 student,  
Dhauladhar Public school, Barotiwala

“I really liked the session on balanced diet and exercise. Before attending these sessions, I didn’t think much about what I ate or how it affected my body. But after learning about the importance of nutrients, I started paying attention to what I eat every day. The Health Accelerator explained how a proper diet can boost energy, improve skin, and even help us focus better in studies. I felt inspired and shared what I learned with my mother. Together, we started cooking healthier meals at home — using more vegetables and cutting down on oily and packed food. Gradually, I stopped eating chips and drinking fizzy beverages. Now, I feel more energetic and positive. These sessions taught me that staying healthy is not difficult if we make the right choices.”

**Village Health Sanitation and Nutrition Day:** VHSND serves as an integrated community platform delivering essential health, nutrition, and sanitation services at the village level. The project supported in regularising VHSND, made sure community members were invited and assembled under the guidance of frontline health workers, supported by a dedicated health worker from the project.

The VHSND under the project plays an active role in supporting various health and nutrition initiatives by:

- Ensuring early registration of pregnant women and making sure their MCP card.
- Providing antenatal and postnatal care, immunisation, and family planning services.
- Conducting growth monitoring and nutrition counselling, with a focus on breastfeeding and maternal nutrition.
- Raising awareness on sanitation and hygiene, including safe waste disposal and prevention of mosquito breeding.
- Encouraging community participation through ASHAs, ANMs, and Anganwadi Workers for improved health-seeking behaviour.
- Ensuring inter-sectoral collaboration among Health, ICDS, and Panchayati Raj departments for effective coordination.

During the project period, 551 VHSNDs were organised, ensuring active community participation and strengthening preventive healthcare delivery at the grassroots level.

### **3.6. Door-to-door visits**

Due to their pregnancies, several women are unable to visit the health sub-centres of the village PHCs for consultations. In such cases, health workers involved with the project who have preliminary qualifications in midwifery and maternal and child health acted as an essential extension to the existing health facilities by bringing basic health services to people's doorsteps.

During their door-to-door visits the health workers would provide information about nutritional support and healthcare for children and pregnant/lactating mothers, to reduce mortality, morbidity, and malnutrition. They also played a major role in supporting Anganwadi workers and ASHAs in tracking pregnant women, new-borns, malnourished children, delivering key health-related information, and promoting better health-seeking behaviour, right at their homes.

The visiting health workers also provided counselling to couples, pregnant women, lactating mothers, supporting peer educators at the village level, helping with village health plans, providing medical care for minor ailments such as diarrhoea and first aid for minor injuries, and mobilising people for immunisations.

During the door-to-door visits, the health worker also ensured that every pregnant woman was getting a minimum of at least four ANCs including early registration and 1st ANC in the first trimester along with physical and abdominal examinations, Haemoglobin estimation, urine investigation, 2 doses of T.T immunisation and consumption of iron folic tablets (6 months during ANC and 6 months during PNC).



## Neelam Kumari

Resident of Barotiwala,  
Himachal Pradesh

“The support I received from the project made my pregnancy journey much easier and healthier.”

I live in my ancestral home in Barotiwala with my husband, mother-in-law, and my 4½-year-old child. I’m now in my seventh month of pregnancy and have been registered at the local Anganwadi Centre since my third month. I am also part of the Women Health Group formed under the Strengthening Maternal and Child Health Project, where we women meet regularly to learn, share, and support each other.

Honestly, I couldn’t always manage to go for my check-ups because of household work and distance. But the project team and Anganwadi workers made sure I never missed the care I needed. Rinki Madam from HPPI and the local ASHA worker often visited my home, counselling me on nutrition, supplements, and the importance of regular ANC check-ups. “Whenever I had any confusion or discomfort, they were just a call away and came home to check on me,”

During these visits, they counselled me about eating a balanced diet — including green vegetables, fruits, and jaggery — to maintain my haemoglobin levels. Their constant motivation and kind reminders helped me stay consistent and confident throughout my pregnancy.

The door-to-door support has truly been a great help for me and my family. They even used videos and flipbooks to explain things in a simple and clear way, which helped me understand everything better. Now, I feel more confident and prepared to take care of myself and my baby. The continued support from the HPPI and Anganwadi team has made this journey smoother and filled me with positivity.

### 3.7. Coordination with Government and PRI Member

Regular coordination was maintained with ICDS, Health Department, and Panchayati Raj Institutions (PRIs) to ensure alignment with government programs and strengthen service delivery. Key actions included:

- Joint planning of VHSNDs, immunisation days, ANC/PNC checks, and diagnostic camps.
- Orientation of PRI members on community health priorities to foster local leadership.
- Engagement of PRI and VHSC members in project activities for sustainable oversight.

- Quarterly review meetings with ICDS and Health officials to assess progress and plan next steps.
- A launch event in the first quarter introduced the project to community members, Panchayat representatives, and district officials.

The project worked closely with the department of Health and ICDS (Women & Child) and coordinated with the district and block level officials for the quality implementation of health and nutrition services on the ground.

The model strengthened the capacity of the frontline workers and field level operational support in organising events, immunisation, ANC clinics, client counselling, and national days etc.

We have introduced e-content based on the smart phone or tablet for capacity building and field level counselling of the frontline workers.

The model engages the local stakeholders and creates their ownership for the health of women and children in the community.





## Saroja Sharma

Lady Supervisor ICDS, Baddi, Solan

“There are 26 Anganwadi Centres under my supervision in Barotiwala. Our role is to ensure that every government scheme reaches its beneficiaries effectively. However, the biggest change I have witnessed in recent years has been after the Maternal and Child Health Project implemented by Humana People to People India (HPPI) in partnership with Wipro Cares began in our area. The organisation has worked tirelessly to strengthen our services, especially in communities with a large migrant population where access to healthcare is often limited.”

Saroj highlights that the project brought significant improvement in both service delivery and community awareness. “The HPPI team provided continuous support through regular training sessions and home visits. Anganwadi Workers and Helpers received much-needed capacity-building training, which has improved how they manage early registration, record keeping, and counselling. Earlier, each centre had at least 4–5 malnourished children. Today, in some of the largest circles like Dharampur, only one or two cases of malnutrition remain — this shows how effective the intervention has been.”

Saroja also points out that institutional deliveries have increased, and more women now seek antenatal and postnatal care in time. “Earlier, we didn’t even know about some pregnancies until very late. Now, with timely registration and regular follow-ups, both mothers and children are healthier. Women are also availing benefits under government schemes like PMMVY and JSY with greater awareness.”

Saroj concludes, “The collaboration between HPPI and ICDS has truly strengthened our work. The project has not only improved the health status of women and children but also empowered our frontline workers with knowledge, digital tools, and motivation. I can confidently say that Barotiwala’s children are healthier, mothers are more aware, and the community is stronger because of this initiative.”









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