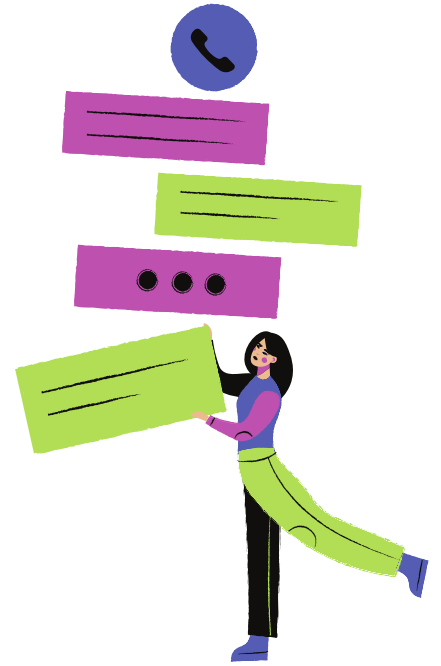


Annual Report

2024
2025



Annual Report

2024

2025

**A Year of Impact, Inclusion, and
Community Transformation**

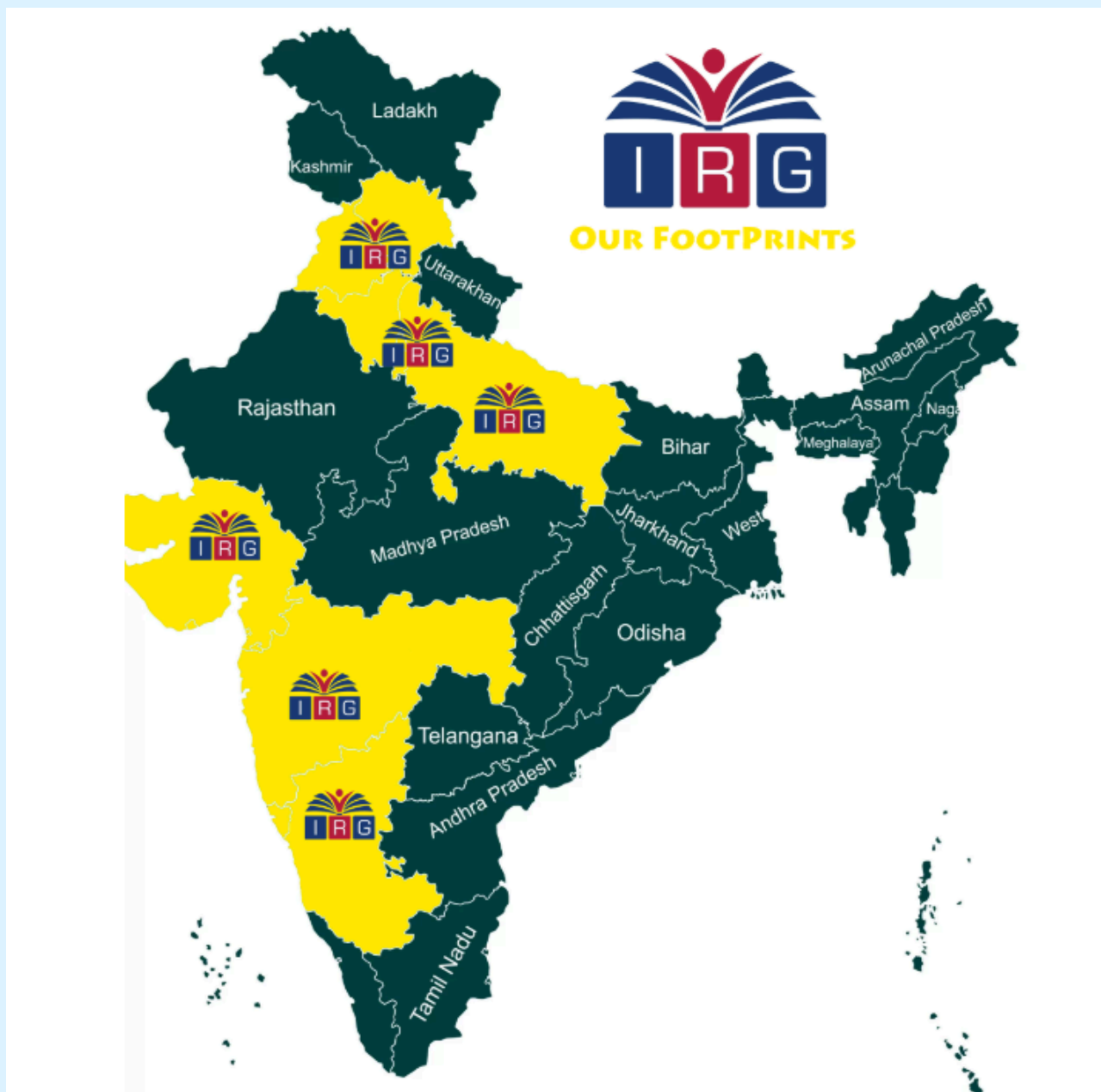
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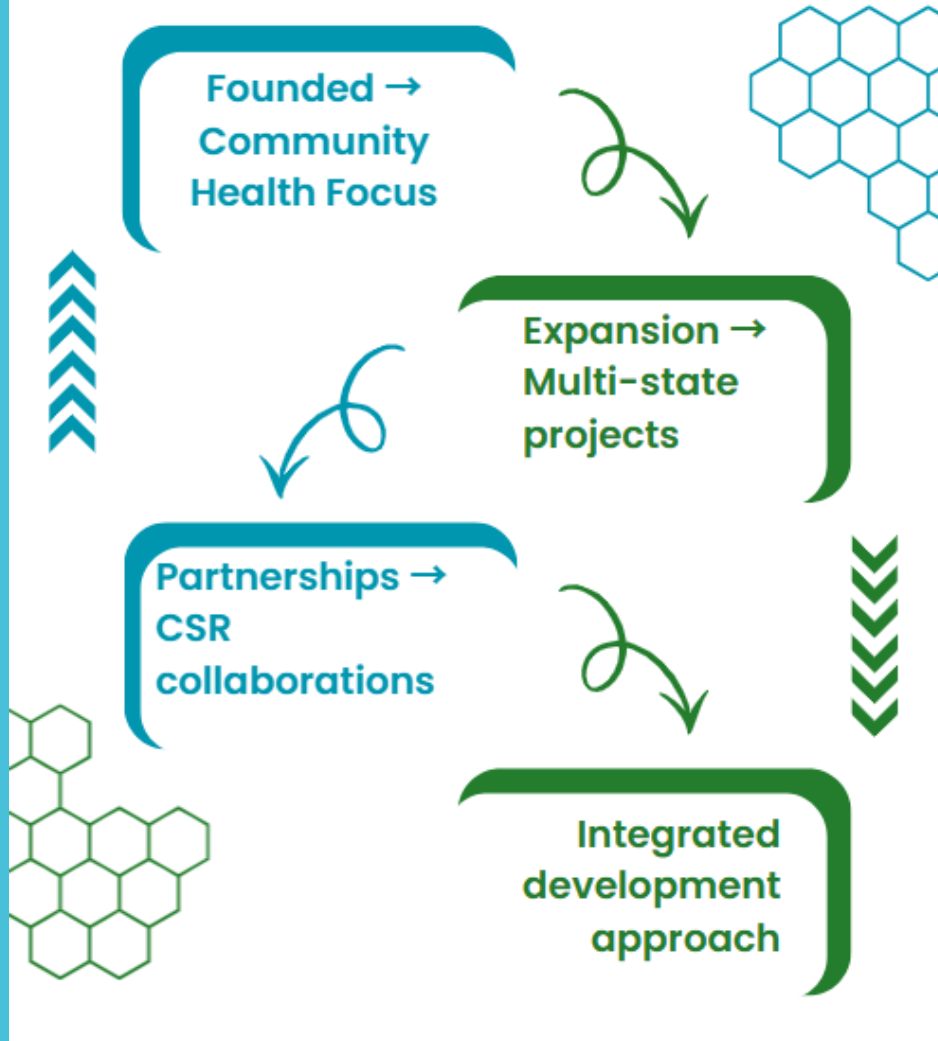
- **About Us**
- **Our Journey**
- **Program Architecture**
- **Impact Overview**
- **Project Implementation & Impact**
- **Stories of Change**
- **Challenges, Solutions & Adaptive Strategies**
- **Looking Ahead**

ABOUT US

Institute for Research and Growth (iRG), registered in 2016, is a non-governmental secular organization engaged in human development through research and education in India vis-à-vis livelihood, skill empowerment, agriculture, health and nutrition, employment etc. in targeted geographies.



OUR JOURNEY



Healthcare Services

Experience in clinic-based care, community health education, and health camps.



Government Integration

Collaboration with ICDS and the Department of Health.



Capacity Building (Education)

Training teachers in emerging technologies and fostering critical thinking.



Public Health Expertise

Extensive work in maternal, newborn, child, and adolescent health.



Community Outreach

Strong engagement with underserved and vulnerable populations.



Advocacy & Holistic Approach

Policy advocacy combined with community empowerment and awareness.





Building a More Equitable Future



Vision

“Working together in building a world that is healthy, just, equitable, empowered and inclusive”



“To empower the underserved and marginalized individuals and community through gender sensitive participatory processes for achieving optimal and sustainable development outcomes”

Mission

OUR PARTNERS

HUNTSMAN

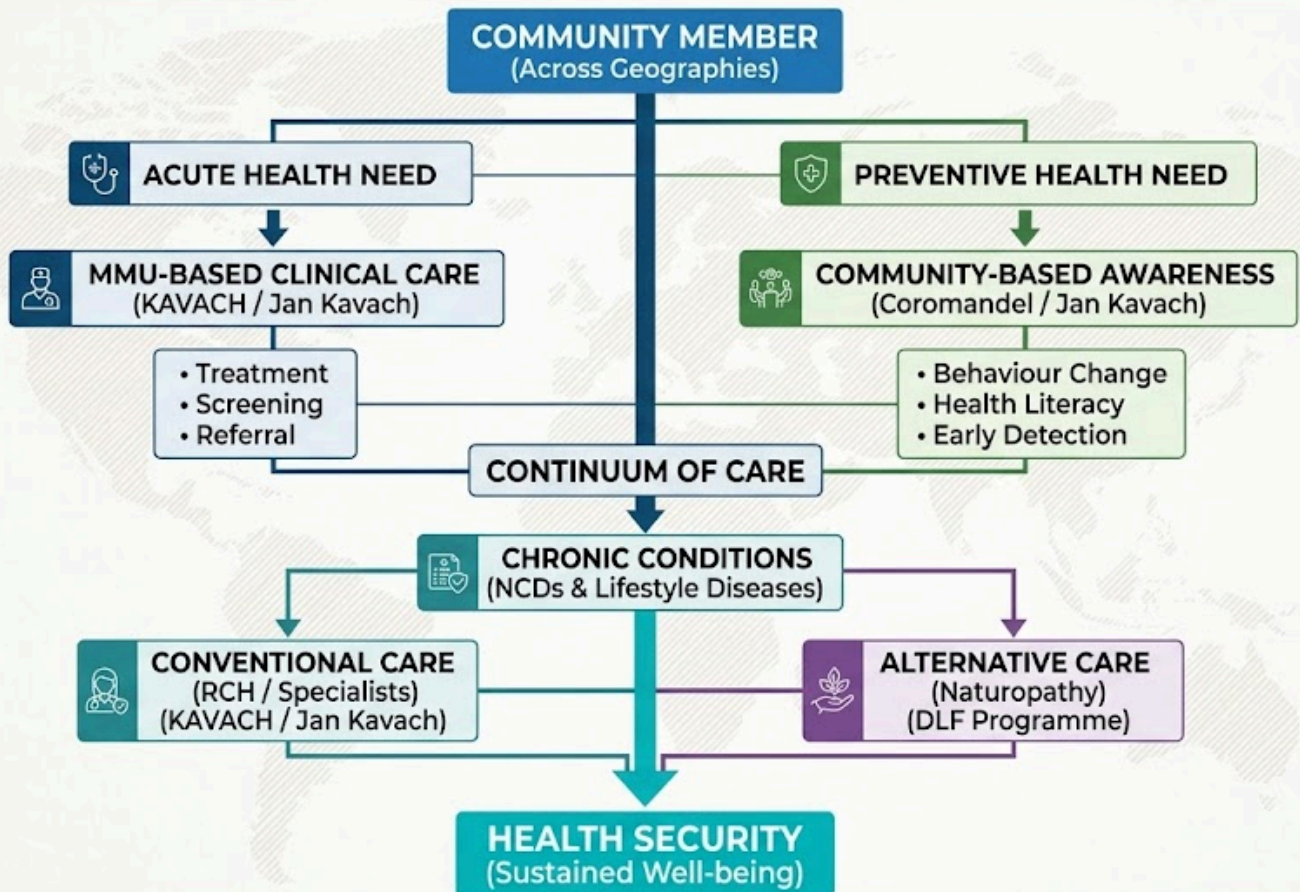
Enriching lives through innovation



Coromandel 
FUTURE POSITIVE

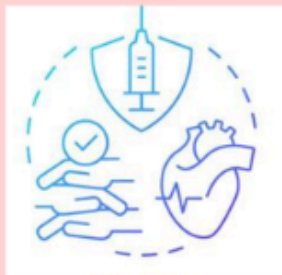
DLF 
Foundation
www.dlffoundation.in

Program Architecture



4 PILLARS

PREVENTIVE & PROMOTIVE HEALTH



COMMUNITY MOBILIZATION & SYSTEMS LINKING



ALTERNATIVE & PREVENTIVE THERAPEUTICS



HEALTH SYSTEM STRENGTHENING



IMPACT OVERVIEW



Key Snapshot (Impact at a Glance)

39,259
children
reached

19,981
beneficiaries
served via
health camps

7,212
naturopathy
beneficiaries

10,037
beneficiaries
(Huntsman
MMU)

448
households
reached
(Coromandel)

KAVACH - CLICK & RCH (GLENMARK FOUNDATION) - BADDI, HIMACHAL PRADESH

In the hilly terrain of Baddi, Nalagarh, Barotiwala, and Dharampur in Himachal Pradesh's Solan District, thousands of children and women face critical healthcare access barriers. These communities- comprising both settled populations and migrant laborers- exist at the margins of formal health systems. Children under six suffer from preventable malnutrition. Pregnant women, often working in industrial settings, receive minimal antenatal care. Vaccination rates remain suboptimal due to geographic dispersion and limited awareness.

Against this backdrop, the Project **KAVACH** emerged as an integrated response, not merely to provide healthcare services, but to fundamentally transform how these underserved communities access and engage with health systems. Supported by the Glenmark Foundation, this project operates a **Health on Wheels Mobile Medical Unit** coupled with community-based health strengthening interventions. The project's foundation rests on a simple but powerful philosophy: Healthcare must go where people are, not require people to come where healthcare is located.

Project at a Glance:

Element	Details
Project Name	Project KAVACH - <u>Glenmark Foundation Health Initiative</u>
Location	<u>Baddi, Nalagarh, Barotiwala, Dharampur (Solan District, HP)</u>
Geography Coverage	Villages: <u>Kishanpura, Khabari Sandholi, Bilanwali, Gurumajra, Rajpura, Jagatkanah, Dhang Uparli, Kaindol, Kathloh, Kaintha, Badaunighat, and CHC Baddi</u>
Duration	April 2024 - March 2025 (12 months)
Project Goal	Provide sustainable integrated services to socio-economically marginalized communities for improved maternal, infant, and child health through better nutrition and healthcare access
Target Population	Children (0-6 years), Pre-adolescents (6-9 years), Adolescents (10-19 years), Women (19-65 years), Adults (25+ years)
Key Objectives	<ul style="list-style-type: none">• Deliver primary healthcare through Mobile Medical Units• Promote curative and preventive services (immunization, ANC, postnatal care)• Expand family planning awareness and services• Build community health literacy• Improve state health indicators

Activities Undertaken:



1. Mobile Medical Unit (MMU) - "Health on Wheels"

The cornerstone of KAVACH's implementation strategy is the Health on Wheels Mobile Medical Unit. The MMU is equipped with basic diagnostic tools and staffed by trained medical professionals capable of managing common acute ailments, screening for chronic diseases, and providing preventive services. Beneficiaries receive vital sign monitoring (blood pressure, pulse, temperature), diagnosis and treatment for common conditions like cough, gastritis, and fungal infections, and counseling on nutrition and lifestyle. Children and pregnant women receive priority screening.

The MMU's operation involved meticulous planning and adaptive management. The team scheduled visits based on community convenience- often early mornings or late afternoons to accommodate working populations. For villages with high migrant populations, the team worked closely with employers and community volunteers who facilitated information flow and patient mobilization. This grassroots approach transformed the MMU from a periodic health intervention to an anticipated community resource.

2. Maternal, Neonatal, and Child Health (MNCH) Strengthening

Recognizing that community health outcomes depend critically on strong frontline health systems, KAVACH invested substantially in training and support of government health workers. The project conducted 12 comprehensive MNCH (Maternal, Neonatal, and Child Health) sessions at CHC Baddi, engaging 85 frontline workers including ASHA workers (Accredited Social Health Activists), CHOs (Community Health Officers), and FHWs (Female Health Workers).

These sessions were not one-time orientations but structured capacity-building programs covering topics in antenatal care, newborn resuscitation, postnatal care protocols, and immunization guidelines. The project provided updated knowledge materials and created safe spaces for frontline workers to ask questions and share implementation challenges. One ASHA worker shared, "The monthly MNCH sessions conducted by IRG NGO have become a valuable learning platform. These sessions not only build knowledge but also boost motivation for our fieldwork."



3. Child Health and Nutritional Assessments

Malnutrition remains a silent crisis in rural Himachal Pradesh, often undetected until severe. KAVACH launched systematic nutritional screening across the operational area. MUAC assessments were conducted across all 100 Anganwadi Centers, screening a total of 5,938 children. This systematic approach identified 32 children with severe acute malnutrition (SAM) or moderate acute malnutrition (MAM).

The project also organized health screening in schools, administering deworming tablets to children who had missed the scheduled school health program dose. In August 2025, the team began structured screening of school children for vision, hearing, and growth parameters—laying groundwork for early identification of developmental issues.

4. School-Based Health and Nutrition Education

Understanding that behavioral change is learned young, KAVACH invested heavily in school-based health education. Sessions covered core topics: the importance of handwashing and personal hygiene, safe water access and household water treatment, nutritional needs for growing children, and healthy food choices. The project used visual aids, games, and demonstrations that resonated with young minds. Teachers noted visible behavioral change- children becoming aware of hygiene, sharing health messages at home, influencing family practices.


To reinforce these messages, the project organized community health observances within schools, leveraging occasions like Nutrition Week and World Breastfeeding Week. Poster and slogan competitions were hosted at RCH (Reproductive and Child Health) Centers, encouraging creative community participation.

IMPACT

CORE HEALTH & DEVELOPMENT IMPACT

TOTAL REACH & CHILD CARE

TOTAL IMPACT THAT ECHOES BEYOND NUMBERS:
thousands across Baddi and Nalagarh blocks.




OVERALL CHILD REACH:
39,259
across children (reporting perics)

NEW CHILDREN REACHED:
19,178
(Nutrition, Sanitation, Immunization)

CHILD NUTRITION & SCHOOL INTERVENTIONS

MUAC Assessments in 100 Anganwadi Centres.



5,938 Children Screened


Underweight Children Identified

18 Children Recovered after 90 days

Before **After**

SCHOOL-BASED INTERVENTIONS

11,275 school children educated at 15+ Government Primary Schools (Hygiene, nutrition, safe water, habits)




19,141 Women received pregnancy & lactation services.

MOBILE MEDICAL CLINIC & CAMPS

MOBILE MEDICAL CLINIC - A LIFELINE ON WHEELS

19,981 beneficiaries in 452 OPD Health camps.



- Male: **5,552**
- Female: **13,262**
- Children (0-6 years): **2,334**
- Pregnant Mothers: **1,220**

NEW PATIENTS: 6,663
Showing trust and outreach expansion

SYSTEM STRENGTHENING & COMMUNITY HEALTH

STRENGTHENING COMMUNITY HEALTH SYSTEMS



85 frontline workers trained (MNCH) in 12 interactive workshops at CHC Baddi



234 Anganwadi Workers engaged to improve capacity in nutrition, monitoring, and community engagement

EMPOWERING COMMUNITIES FOR A HEALTHIER FUTURE

Strengthening Maternal and Child Health in Underserved Communities of GIDC Ankleshwar, Gujarat

The GIDC (Gujarat Industrial Development Corporation) Ankleshwar industrial zone presents a paradox- amid factories and commercial activity, a population of workers lives largely invisible to formal health systems. Migrant laborers from distant states fill industrial jobs, settling in makeshift accommodations with their families. These workers are undocumented in many cases, shifting locations frequently as employment changes. Their pregnant wives continue laboring in physically demanding conditions. Children go unvaccinated due to constant mobility and lack of documentation. Malnutrition is evident yet largely invisible to health statistics, masked by the economic activity surrounding these communities.

Implemented by Institute for Research and Growth (iRG) through a partnership with Coromandel International, this project focuses on strengthening maternal and child health in 15+ industrial settlements within GIDC Ankleshwar. Over just four months (January-April 2025), the project achieved significant traction, reaching hundreds of previously invisible families.

Project at a Glance:

Element	Details
Project Name	Strengthening Maternal and Child Health in Underserved Communities of GIDC <u>Ankleshwar</u>
Location	GIDC <u>Ankleshwar Industrial Zone</u> , <u>Bharuch District</u> , Gujarat
Communities Reached	15+ settlements: <u>Yogi Estates</u> , <u>Ramdevpir Chowkdi</u> , and industrial labor clusters
Population Focus	Migrant workers and families (70%+ migrant composition)
Duration	January - April 2025 (4 months)
Project Goal	Identify and track pregnant women, ensure regular ANC, provide nutritional counseling, deliver immunization services, and strengthen advocacy for improved RCH services in industrial zones
Target Population	Children (0-6 years), Pregnant women (19-45 years), Lactating mothers, Community members
Key Objectives	<ul style="list-style-type: none">• Enhance access to Reproductive and Child Health (RCH) services• Increase immunization coverage• Strengthen community mobilization• Advocate for improved health systems• Contribute to district health indicators improvement

Activities Undertaken:



1. Community Mapping and Household Outreach

The project began not with assumptions but with ground-truth investigation. Field teams conducted comprehensive community mapping across 15+ industrial settlements, visiting high-density areas in phases. What emerged from this mapping was a disturbing yet critical picture: many women were unaware of basic antenatal care requirements. Malnutrition was visible, thin children, pregnant women with low body weights- yet largely unacknowledged. Most concerning, many households possessed no official identification documents, making them ineligible for government health schemes even when services existed.

Over the four-month period, the team conducted **448 household door-to-door visits, significantly exceeding monthly targets of 20 visits.**

2. Community Awareness Sessions and Group Mobilization

From factory lanes to makeshift housing clusters, the project conducted **34 group meetings with 420 community participants.** These sessions became safe spaces for dialogue rather than lectures. Led by trained health educators, the sessions covered topics directly relevant to participants' lives: antenatal care essentials, immunization schedules, menstrual hygiene with practical guidance, family planning options, and newborn care.

In several sessions, the team introduced participants to health conditions like Sickle Cell Anemia and iron-deficiency anemia, helping workers understand symptoms and available support systems. Sessions on menstrual hygiene were particularly well-received, especially when coupled with distribution of sanitary napkins.

3. Health Screening Camps and Mobile Services

Recognizing that many beneficiaries, working long hours or lacking documentation could not travel to fixed health centers, the project organized mobile health screening camps across 15+ hotspots. These camps, led by qualified medical officers, offered free consultations, health check-ups, and medicines to community members.

Each camp included systematic screening of pregnant women (blood pressure, weight, hemoglobin assessment), growth monitoring of children using standardized assessment tools, treatment for common ailments (respiratory infections, skin conditions), and counseling on nutrition and hygiene.



4. Nutritional Support and Government Scheme Linkages

Throughout the project, special attention was paid to nutrition as a root cause of both maternal weakness and child underdevelopment. Identified pregnant women, particularly those underweight or anemic- received nutrition kits with essential items. But nutrition support extended beyond kits to knowledge and system access.

The team made sustained efforts to link eligible women to government schemes, particularly the Mamta Card program. Several women previously unaware or excluded due to lack of ID proof were supported through registration drives and escorted visits to Urban Health Centers. Over 10+ women were successfully linked to schemes, ensuring that healthcare support extended beyond project activities into formal government systems.

5. Home Visits and Individualized Counseling

Health workers and community volunteers conducted over **400 home visits**, offering customized counseling on pregnancy care, breastfeeding, postnatal recovery, and child immunization. These one-on-one interactions built strong personal rapport, particularly with mothers hesitant to attend group meetings or health camps.

During home visits, workers addressed specific concerns: a pregnant woman's fear about hospital delivery was discussed and reframed; a mother's confusion about vaccine timing was clarified; a lactating mother's nutritional challenges were explored with practical household solutions.

6. Advocacy and System Strengthening

The project engaged with the health system through 8 advocacy meetings with block-level health authorities. Key advocacy areas included: Medicine availability at RCH centers as well as Immunization drives coordination. Advocacy led to development of coordinated mechanisms linking unvaccinated individuals with the formal healthcare system, including flexible documentation procedures for migrant populations.

IMPACT

System Access and Equity

448 Households
Across

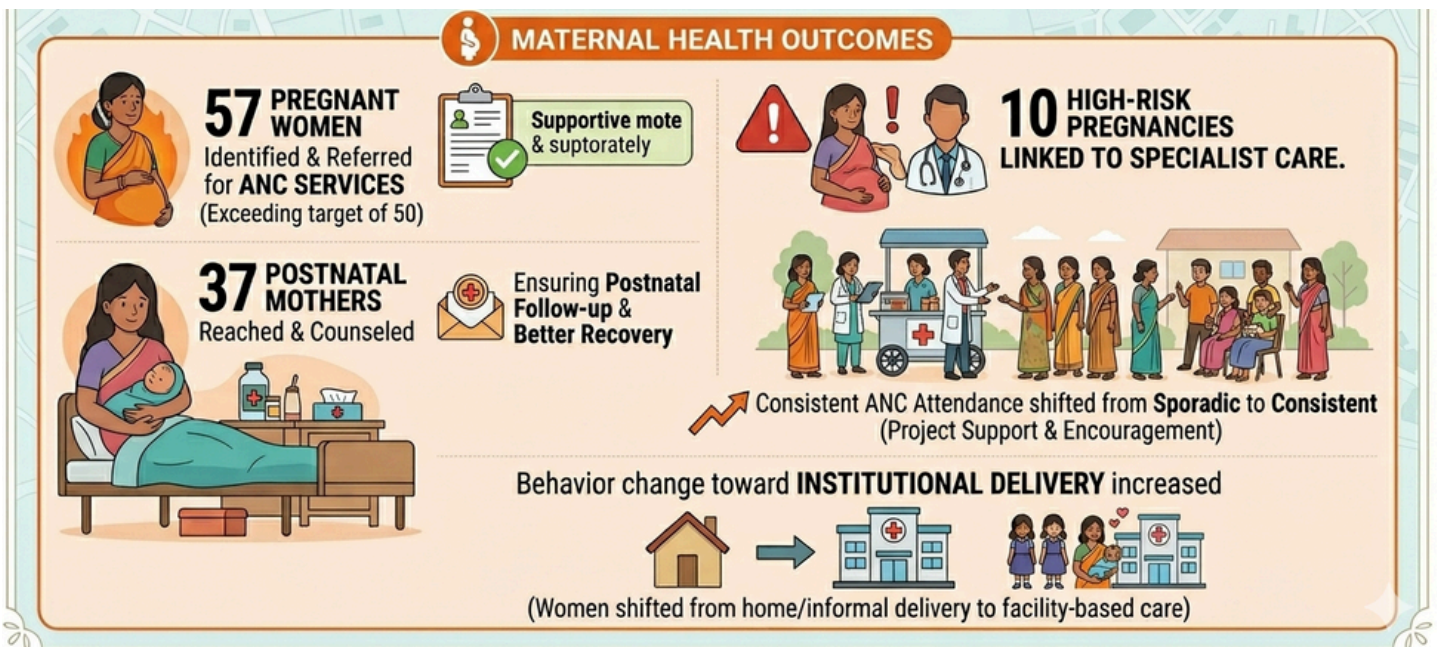
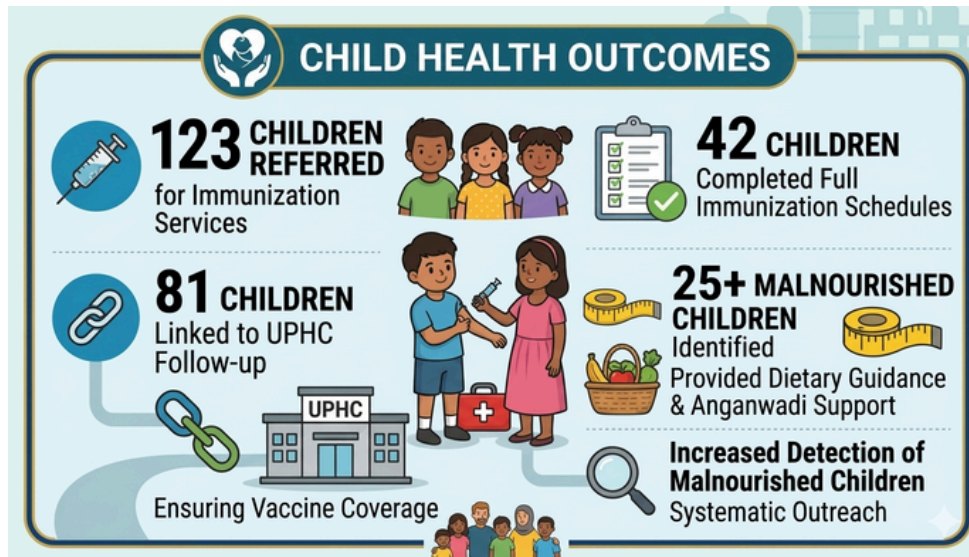
10+

Migrant women successfully registered for Mamta Cards

15+ Industrial settlements

276

Referrals made for maternal health and child health services



KNOWLEDGE & BEHAVIOUR CHANGE

231 PARTICIPANTS Underwent Pre & Post Assessments

School Children & Adolescent Girls Educated

420 COMMUNITY MEMBERS Participated in Group Awareness

BEFORE **AFTER**
MEASURABLE KNOWLEDGE IMPROVEMENT

MENSTRUAL HYGIENE & Behavioral Change Reported

Becoming **HEALTH ADVOCATES** in Networks

Promotion of Complementary and Alternate Medicine- ‘Naturopathy’ and ‘Acupressure Therapy’ Gurugram, Haryana & New Delhi

In a healthcare landscape increasingly dominated by pharmaceutical interventions and institutional medicine, the DLF Foundation Naturopathy Project offers an alternative grounded in wellness, prevention, and the body's natural healing capacities. Naturopathy- a system of medicine emphasizing the body's inherent healing abilities and preventive practices, has gained recognition for treating chronic conditions that conventional medicine often manages through long-term medication.

The project brings naturopathy and acupressure therapy services to underserved communities in Gurugram and New Delhi, providing accessible wellness services to individuals who otherwise might not afford or access specialized care. Implemented by Institute for Research and Growth (iRG) with primary support from DLF Foundation, this 18-month initiative (October 2024-September 2025) has demonstrated remarkable uptake and positive health outcomes, suggesting strong community demand for alternative health approaches.

Project at a Glance:

Element	Details
Project Name	Promotion of Complementary and Alternate Medicine - Naturopathy & Acupressure Therapy
Locations	DLF <u>CyberCity/Gateway Towers</u> , <u>Gurugram & New Delhi</u>
Duration	October 2024 - September 2025 (12 months operational)
Project Goal	Provide naturopathy and acupressure therapy services to underserved communities for improved health and wellbeing
Target Population	Individuals with chronic conditions, lifestyle diseases, and general wellness seeking
Key Objectives	<ul style="list-style-type: none">• Deliver naturopathy services and acupressure therapy• Provide counseling on lifestyle and dietary changes• Contribute to improvement in health indicators• Create awareness about alternative medicine benefits
Medical Team	Dr. <u>Madhubala Singh</u> , Dr. <u>Anupam Kumar</u>
Operational Hours	Monday to Friday, 9:30 AM - 5:00 PM



Activities Undertaken:



1. Naturopathy and Acupressure Therapy Services

The project operates a structured clinic at DLF CyberCity/Gateway Towers with fixed operational hours, making services accessible and predictable for beneficiaries. Each session begins with comprehensive health history and current symptom assessment. Medical officers Dr. Madhubala Singh and Dr. Anupam Kumar employ naturopathic assessment methodologies to understand disease causation and recommend treatment approaches.

Naturopathy services include:

- Dietary counseling tailored to individual constitution and condition
- Lifestyle modification guidance addressing sleep, stress, physical activity
- Acupressure therapy using precise pressure point techniques
- Magnet therapy (in specific cases like autoimmune conditions)
- Herbal preparations (where appropriate)
- Stress management and meditation guidance

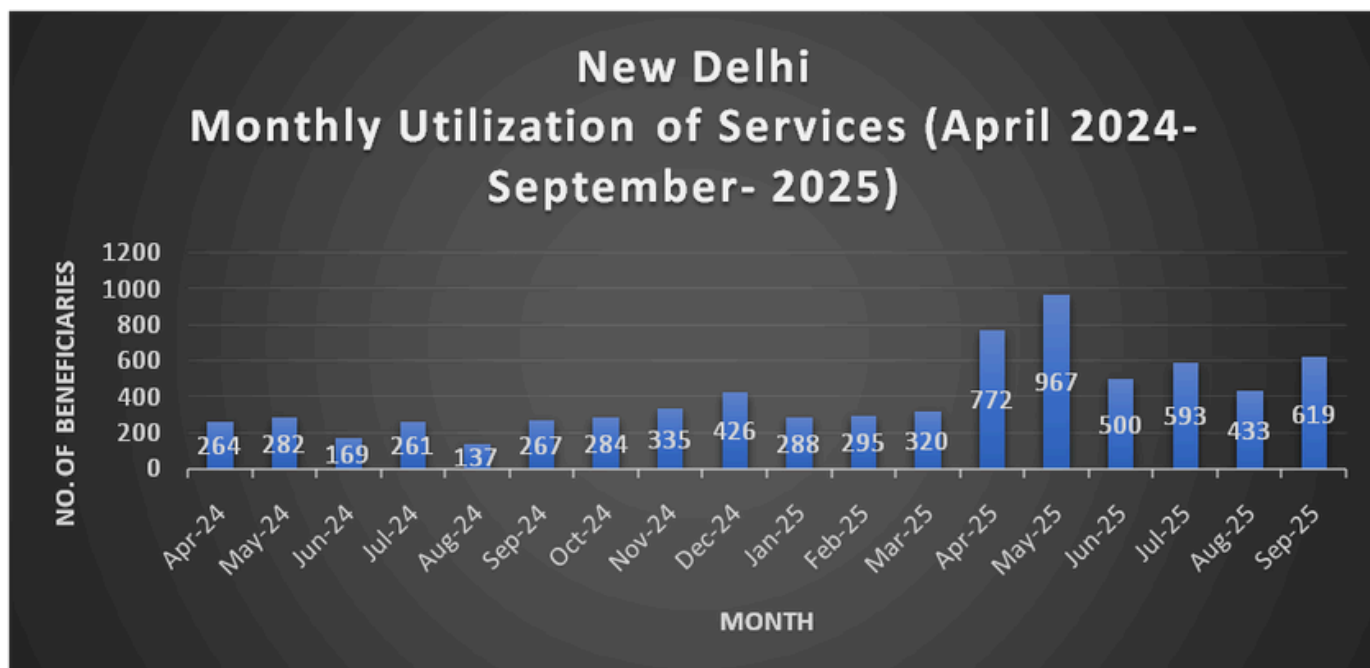
2. Counseling on Dietary and Lifestyle Changes

A core component of every interaction is counseling on dietary and lifestyle modifications. Recognizing that many chronic conditions—arthritis, diabetes complications, digestive issues, skin conditions- are triggered or worsened by dietary and lifestyle patterns, the project emphasizes modification of these root factors.

Dietary counseling is adapted to individual circumstances and preferences. Rather than generic advice, counselors work with beneficiaries to identify affordable, locally available foods that align with naturopathic principles. For example, emphasis on home-cooked food, inclusion of fermented foods (dahi, pickle) to support digestion, adequate hydration, and reduction of processed foods. Lifestyle counseling addresses stress management (through meditation, pranayama, or simple breathing techniques), sleep quality, physical activity appropriate to individual capacity, and emotional wellbeing.

IMPACT

Indicator	Achievement
Total Beneficiaries (12 months)	7,212
Highest Monthly Utilization (May)	967
Average Monthly Beneficiaries	601
Operational Days	240+ (Mon-Fri)
Beneficiaries Per Operational Day (Average)	30
Documented Success Cases (Testimonials)	3+ detailed positive outcomes



Period	Beneficiaries
October 2024	284
November 2024	335
December 2024	426
January 2025	288
February 2025	295
March 2025	320
April 2025	772
May 2025	967
June 2025	500
July 2025	593
August 2025	433
September 2025	619
Total	7,212

From October 2024 to September 2025, the project served 7,212 beneficiaries across the operational period. Monthly beneficiary numbers showed interesting patterns, with May 2025 seeing the highest utilization (967 beneficiaries), suggesting seasonal variation or specific outreach efforts during that period.

JAN KAVACH - MUMBAI & PUNE

SUPPORTED BY: HUNTSMAN SOLUTIONS

The Jan Kavach initiative, supported by Huntsman International, operates through two parallel Mobile Medical Clinics addressing health equity across different terrains: **the urban-industrial landscape of Navi Mumbai and the rural-industrial transition of Chakan/Khed Taluka, Pune.** Together, these dual implementations demonstrate that regardless of geography or population density, mobile health models can effectively reach marginalized communities.

In Navi Mumbai, the project serves scattered urban slums, rural pockets, and tribal populations within a rapidly urbanizing industrial district. In Khed Taluka, it addresses the needs of 19 villages in rural Pune District with an estimated population exceeding 45,000. Despite different contexts, both share common challenges: high non-communicable disease (NCD) burden, limited preventive health awareness, and geographic or economic barriers to institutional healthcare.

Project at a Glance:

Location	Navi Mumbai, Maharashtra (multiple settlements)	Khed (Rajgurunagar) Taluka, Pune District
Duration	January - September 2025 (9 months)	January - September 2025 (9 months)
Population Served	15+ areas: Panvel, Airoli, Belapur, Uran, Kamothe, Nerul, Turbhe	19 villages with 45,000+ population
Population Type	Urban slums, rural pockets, tribal areas	Rural agrarian with seasonal migration
Key Focus	NCD screening, treatment, lifestyle awareness	NCD prevention, health promotion, disease mitigation
Model	Mobile Medical Clinic	Mobile Medical Unit
Beneficiaries (9 months)	5,343	10,037

Activities Undertaken:



1. Mobile Medical Services - "Healthcare at Community's Doorstep"

Both the Mumbai MMC and Pune MMU operate on a similar core principle: bring healthcare to where people are, not require people to travel to distant health facilities. In Mumbai, the MMC serves multiple high-need areas including Bhendichi wadi, Moha gaon, Belapur, Jui gaon (Kamothe), Ambedkar Nagar (Pali), Ova gaon, Wavanje, Jasai gaon, Vitthalwadi, Nerul/Turbhe, Uran road, Airoli village, Samta Nagar, Adai gaon, and Pendhar/Ghot gaon. In Pune, the MMU operates across 19 villages including larger settlements and smaller hamlets.

Clinical services provided include:

- Vital sign assessment: Blood pressure, pulse, temperature, respiratory rate
- Clinical diagnosis: Based on presentation and physical examination
- Treatment of common acute conditions
- Screening for chronic conditions: Blood sugar testing, blood pressure classification for hypertension detection
- Health counseling

2. NCD (Non-Communicable Disease) Screening and Risk Factor Mitigation

Both projects emphasized population-based screening for NCDs- specifically diabetes, hypertension, and common cancers.

Mumbai MMC Activities:

- Systematic blood pressure screening identifying hypertensive individuals
- Blood sugar testing for diabetes screening
- Health assessment including BMI calculation and lifestyle risk evaluation
- Special health camp at Huntsman premises (September 2025) screening 51 employees with BP, blood sugar, and hemoglobin testing

Pune MMU Activities:

- Population-based NCD screening across all 19 villages
- Monthly special awareness sessions on NCD-relevant topics (January: Guillain-Barré Syndrome; April: Tuberculosis; June: Filariasis)
- Each session integrated prevention messaging with lifestyle and immune-building guidance
- High-risk individuals identified through screening were counseled on further investigation and management



3. Health Education and Community Awareness

Mumbai Specific Initiatives:

- Menstrual hygiene session for 35 women/girls in Samta Nagar, Airoli (January 2025) including distribution of sanitary pads
- WASH (Water, Sanitation, Hygiene) health education on handwashing, personal sanitation, and nutritional practices
- Children's health screening with deworming tablet distribution for children who missed school health program
- Health awareness session on lifestyle diseases and stress management (September 2025 at Huntsman workplace)

Pune Specific Initiatives:

- Monthly special health awareness sessions aligned to national health observances
- Tuberculosis prevention messaging emphasizing respiratory health and co-morbidity prevention
- Filariasis awareness and prevention guidance on dietary and immunity support
- Integration of NCD prevention into every awareness session

4. Referral and Emergency Services

Both projects demonstrated capacity for emergency response and appropriate referral:

Mumbai MMC: First-line emergency care including wound management for construction worker with deep laceration; immediate stabilization and referral for unstable asthmatic patient; identification and referral of severely malnourished child and child with suspected measles (July 2025)

Pune MMU: Systematic referral of high-risk individuals identified through screening to appropriate government health facilities or specialists

IMPACT

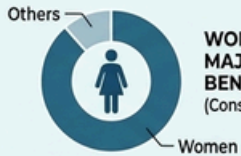
MUMBAI MMC (Mobile Medical Clinic)



5,343

DIRECT BENEFICIARIES

Directly impacting individuals across 15+ settlements in Navi Mumbai

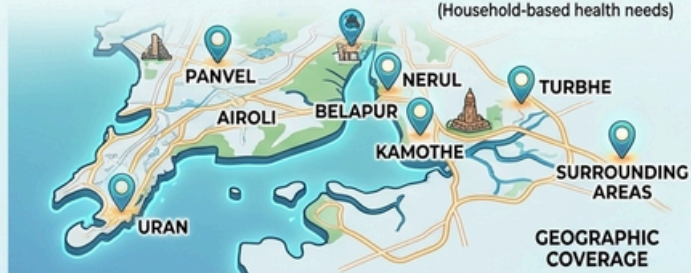


WOMEN COMPRISE MAJORITY OF BENEFICIARIES
(Consistent across projects)

Women



BENEFICIARIES RANGE FROM INFANTS TO ELDERLY
(Household-based health needs)



GEOGRAPHIC COVERAGE

PUNE MMU (Mobile Medical Unit)



10,037

DIRECT BENEFICIARIES

Directly impacting individuals across 19 villages in Khed Taluka



ESTIMATED REACH OF 25%+ OF TARGET POPULATION OF 45,000
Reached in just 9 months



HIGH UTILIZATION RATES
suggesting Strong Community Acceptance



HIGH UTILIZATION RATES
suggesting Strong Community Acceptance



GEOGRAPHIC COVERAGE
(All 19 villages with rotating schedule)



Impact Data Summary:

Indicator	Mumbai	Pune	Combined
Total Beneficiaries	5,343	10,037	15,380
Operational Months	9	9	9
Monthly Average	594	1,115	1,709
NCD Screenings	1,000+	2,000+	3,000+
Special Health Camps	2	1	3
Awareness Sessions	Monthly	Monthly	Consistent
Emergency Cases Managed	3+ documented	Multiple	5+

Mobile models work across contexts- urban slums (5,343 beneficiaries) and rural villages (10,037 beneficiaries) both show strong utilization, suggesting the model's universal applicability

STORIES OF CHANGE



Mamta Rajeshbhai Bamania - From Invisible to Secure (Coromandel) At 19, Mamta worked at a water filter plant in GIDC Ankleshwar, unaware she was pregnant and had no Mamta Card. The project's door-to-door visit in February changed everything. Within weeks, she was registered, received antenatal care, discovered she was expecting twins, and her low hemoglobin (9.8 g/dL) improved to 11 g/dL with nutritional support. Today she attends RCH regularly. Her twins will be born with maternal protection. Mamta now encourages other pregnant women to seek care, transformation rippling through her community.



The project team provided counselling to Ajay and Shalini for their 4-year-old underweight daughter, leading to significant weight improvement. This is the story of their daughter's weight improvement.

Initial Situation:

Ajay and Shalini's daughter was underweight for her age. By the age of four, her weight was below the normal range, causing concern for her parents.

Counseling and Measures:

The health team provided counseling to Ajay and Shalini and implemented the following steps to improve their daughter's weight:

1. Nutritional Counseling:

- Parents were advised on providing a nutritious diet for their daughter. Shalini was helped to create a special nutrition plan for their daughter.

2. Hygiene and Health Care:

- Detailed information was provided on maintaining the daughter's hygiene and general care.
- They were taught habits like regular handwashing, keeping the daughter's clothes clean, and maintaining a clean living environment.

3. Regular Health Check-ups:

- The team ensured that the daughter received regular health check-ups
- Ajay and Shalini were encouraged to visit the RCH Center regularly

Results:

Following the counseling and measures by the team, there was a gradual improvement in the daughter's weight. Within six months, her weight increased noticeably, showing improvement in her overall health and well-being. This improvement brought relief to Ajay and Shalini and boosted their confidence in managing their daughter's health effectively.

Conclusion:

The counseling provided made a significant impact on Ajay and Shalini's daughter's health.

Testimonials

Sushma Yadav - From Medicine Dependent to Medicine Free (DLF Naturopathy) In 2016, Sushma was diagnosed with Pemphigus Vulgaris, an autoimmune disease causing severe oral ulcers. Six years of steroids and multiple medications brought no relief. Beginning 2022, she started acupressure therapy with magnet therapy at the DLF clinic. By 2025, she had recovered 90% and hadn't taken steroids for 2+ years-remarkable for autoimmune disease. She credits Dr. Madhubala and Dr. Anupam's expertise: *"This therapy worked incredibly well. My recovery would not have been possible without them."*

Challenges, Solutions & Adaptive Strategies



Resilience in Practice

Challenge: Mobile Populations (Coromandel, CLICK & RCH, Jan Kavach) Migrant workers shift locations frequently; children miss vaccination schedules; pregnant women default from follow-up.

Solution: Flexible scheduling at multiple locations; community volunteer tracking systems; 3-6 month follow-up trajectories acknowledging partial completion.

Result: 18,814 beneficiaries accessed despite population churn; 123 children referred for immunization despite relocation.

Challenge: Geographic Barriers (KAVACH- CLICK RCH - Hilly Terrain) Baddi's rough roads, weather disruptions, highway construction caused delays. Villages inaccessible during monsoon.

Solution: Alternative route planning; extended operational hours (early morning/late evening); seasonal adaptation (monsoon focus on accessible villages).

Result: Year-round service continuity; 2,500+ individuals in weekly OPD despite terrain challenges.

Challenge: Sustaining Health Worker Motivation (KAVACH) 85 trained workers showed declining attendance over months; workload was heavy, incentives minimal.

Solution: Reframed training as "learning community" addressing real problems; peer-to-peer learning emphasis; recognition + performance-based incentives.

Result: Attendance stabilized, workers shifted from obligated to engaged.

Challenge: Vaccination Resistance (Coromandel, KAVACH) Families resisted vaccines due to myths about side effects, distrust of government, cultural beliefs.

Solution: Peer testimonies from vaccinated children; vaccination side effect preparation (providing Paracetamol, explaining fever as normal); religious/cultural integration.

Result: Resistance declined; 9 completely unvaccinated children traced and enrolled.

Looking Ahead



Building on Impact. Moving Towards Scale.

As we move into the coming year, the Institute for Research & Growth (IRG) remains committed to expanding its reach and deepening its impact across communities. Building on the learnings and successes of 2024–25, we aim to strengthen integrated health models that combine access, awareness, and continuity of care.

Our Focus Areas

- 1. Expanding Community Reach:** Scaling interventions to new geographies while strengthening presence in existing communities.
- 2. Strengthening Preventive Healthcare:** Deepening awareness on nutrition, maternal health, and non-communicable diseases through sustained engagement.
- 3. Enhancing Service Delivery Models:** Improving last-mile access through Mobile Medical Units, community outreach, and innovative care approaches.
- 4. Promoting Integrated Health Solutions:** Bringing together clinical care, behaviour change, and alternative therapies
- 5. Building Stronger Partnerships:** Collaborating with government systems, CSR partners, and communities to create sustainable impact.

“As we look ahead, our vision remains clear - to build healthier, informed, and resilient communities where quality care is accessible to all.”
