



Impact Assessment of a Project on Skilling of Women in Phlebotomy

A Study Report



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Abbreviations

ASK	Ayur Sanjeevani Kendra
CAPI	Computer Assisted Personal Interview
CSC	Common Service Centres
CSR	Corporate Social Responsibility
FDP	Focussed Development Program
GoI	Government of India
HHs	Households
HRDP	Holistic Rural Development Program
IDI	In-Depth Interview
MI	Monitoring and Impact
VLEs	Village Level Entrepreneurs

Executive Summary

A targeted development project aimed at empowering 3,000 women with phlebotomy skills was funded by HDFC Bank CSR under its Parivartan Program. The project's main objective was to teach participants the skills they needed to take accurate blood samples from patients and prepare those specimens for diagnostic testing. The three days of the skill-building programme included both theoretical instruction in the classroom and laboratory visits. Following the training modules, the candidate was certified as having successfully completed the course and ready to be a phlebotomist.

Creating a pool of skilled female workers to support medical laboratory technologists and pathologists at Ayur Sanjeevani Kendra or through diagnostic service providers was the main goal of the programme. This course was designed to equip those who wanted to work as phlebotomists and had a science background and education at least up to grade 12. In addition, the project aimed to raise their standard of living and offer prospects for future wage increases.

IMPACT PSD was entrusted to undertake the impact assessment study who designed and conducted the study to accomplish the following objectives:

- To ascertain how efficiently and effectively the skills were acquired and benefited to the trainees.
- To understand how the skills helped the trainees to get jobs and its impact on their personal and professional life.
- To understand the perception of the students regarding the training program and effect it had on them, and their family's lives.

Study Coverage

The study was carried out covering 450 women village-level entrepreneurs (VLEs) managing their Common Service Centres (CSCs) with support from the CSC Academy, New Delhi. To reach these VLEs, the study used a telephonic survey methodology across the target states/districts. A semi-structured tool was developed to gather information through interviews.

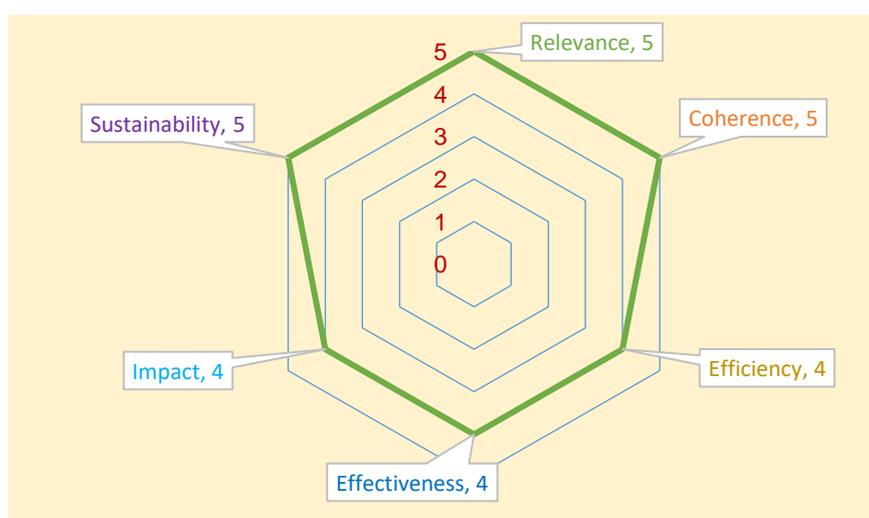
Salient Findings

Following is the summary of study findings demonstrating the outcome of the impact assessment study.

- All the 450 women VLEs received the skills in phlebotomy through theory and practical sessions.
- A good proportion of women (50%) were young women in the age range of 18-25 years followed by 41% into 26-35 years. Training young girls ensures that they are available as phlebotomists for a long duration in rural areas and serve their own communities.
- The majority of women VLEs (90%) had the intention to learn new skills such as phlebotomy that can offer additional livelihood for them. Another 42% wanted to initiate their own blood sample collection centres.
- Almost all women participants (99%) found the training on phlebotomy as highly adequate along with sound theory and practical sessions.
- A high proportion of women (93%) expressed their great satisfaction with the HDFC Bank training support. About 91% of women claimed that skilling in phlebotomy was in demand considering the needs at the diagnostic centres as well as creating the cadre of phlebotomists for future exigencies.
- **Of all, 68% of women were currently working as phlebotomists which is a good achievement.**

- Among all, 36% of women were heads of their households managing their expenses and decisions. Of these, 60% (3 out of 5) were currently working as phlebotomists which eventually reflects that the training support has capacitated these women to run their families.
- Almost half the women phlebotomists were earning an average of INR 400+ on a daily basis along with their CSC business. Almost a similar proportion of women stated an average daily earning of INR 100-400 approximately.
- In terms of the impact of the HDFC Bank project, 90% of women opined that they gained new skills that could provide livelihoods. More than three-fifths (61%) thought that they had gained recognition as trained diagnostic professionals.
- One-third of women participants asserted that their income has increased and are now able to save money for their future. Though a small proportion (3%), some women (N=15) could purchase assets for their families which demonstrates the impact of the project.
- About 89% of women participants perceived that they would continue their employment as phlebotomists.

Assessment on OECD Criteria



Overall rating of the impact assessment is 4.5 out of 5.

Overall, the study highlights the vital role of Phlebotomists in healthcare delivery and the positive impact of HDFC Bank-supported training in empowering women and enhancing their professional trajectories.

Chapter 1 - Introduction

HDFC Bank CSR – Parivartan Program

HDFC Bank helps in transforming the lives of millions of Indians through various social initiatives. HDFC Bank has a comprehensive program named 'Parivartan' aiming to contribute towards economic and social development by sustainably empowering its communities. The Parivartan program has been a catalyst in making a difference in the lives of people through its interventions in the areas of rural development, education, skill development and livelihood enhancement, healthcare & hygiene, and financial literacy.

Under Parivartan, the bank has a flagship "**Holistic Rural Development Program (HRDP)**" focused on Rural Development and caters to the needs of the rural communities in multiple focus areas. Another support program is the "**Focused Development Program (FDP)**" through which the Bank identifies an implementing partner with expertise in one of the focus areas and implements the intervention to improve the lives of the target groups with respect to the focus area. The progress of all the projects under these HRDP and FDPs are assessed through systematic routine monitoring and independent evaluations to assess the effectiveness of projects.

What is Phlebotomy

Phlebotomy, i.e., the collection of blood samples, is one of the most commonly performed procedures in almost all hospital settings. The phlebotomy centre is the first point of contact for patient samples with the laboratory services. The actual phlebotomy procedure requires only a few minutes to draw blood samples for medical laboratory testing.

About the Skilling of Women in Phlebotomy Project

HDFC Bank CSR supported a focused development project on the skilling of 3000 women in phlebotomy. The program was focused on the acquisition of skills necessary to draw quality blood samples from patients and prepare those specimens for medical testing. The skilling course duration was 3 days including both theory/classroom training and practical/laboratory visits. As per the training modules and at the end of the training, the candidate was certified upon completion of the course.

The key objective of the program was to develop a pool of trained female workforce who can be employed at Ayur Sanjeevani Kendra or by diagnostic service providers to assist medical laboratory technologists or pathologists. This course is geared to prepare personnel with 10+2 with a science background who desire to be employed as a phlebotomist. The project was also aiming to provide opportunities for better earnings in the future and to improve their quality of life.

During the COVID-19 pandemic, the deficiency of trained phlebotomists was observed in hospitals across the country. The project was conceptualized to create a large pool of trained phlebotomists to meet the requirements of blood testing services during a pandemic such as COVID-19.

HDFC Bank CSR entrusted IMPACT PSD to conduct an impact assessment study of the program with robust research methods to assess the impact of the skilling course on women candidates who were certified to have the skill.

Objectives of the Study

The impact assessment was designed and conducted to accomplish the following objectives:

- To ascertain how efficiently and effectively the skills were acquired and benefited the trainees.
- To understand how the skills helped the trainees to get jobs and its impact on their personal and professional lives.
- To understand the perception of the students regarding the training program and the effect it had on them, and their family's lives.

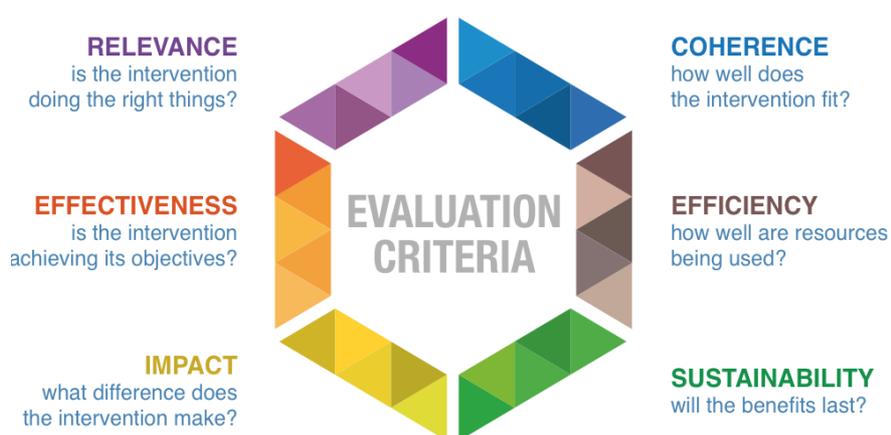
The ensuing chapters of the report present the details of the study methodology, salient findings and assessment results.

Chapter 2 – Study Methodology

The research methodology, sampling, study implementation strategy, and data management are all covered in detail in this chapter. The following sections are explained in a way that breaks down the information into its component parts.

Conceptual Framework

IMPACT PSD proposed to use the standard OECD-DAC criteria¹ which is considered as one of the gold standards in evaluation. This framework recommends evaluating a program under six sub-heads as depicted in the illustration as follows:



This framework helped in framing the specific evaluation questions, which were used to develop the tools and analyse the collected data. To implement this framework, we developed research questions that were required to assess each component of this framework. A set of sample research questions were proposed as given below, and were finalized in consultation with the HDFC MI team.

Evaluation Component	Suggested Research Questions
Relevance	Was there a need for providing skilled manpower for the laboratories or diagnostic centres
	What was the need for women identified for phlebotomy
	Were women skilled in phlebotomy required for improving COVID vaccination?
Coherence	Awareness and acceptability of trained women in diagnostic centres or Ayur Sanjeevani Kendras
	Usefulness of the intervention, as perceived by the skilled women
Efficiency	Number of women received skilling in phlebotomy
	Average number of samples collected per day during COVID
	Number of skilled women received employment

¹ <https://www.oecd.org/dac/evaluation/daccriteriaforevaluatingdevelopmentassistance.htm>

Evaluation Component	Suggested Research Questions
Effectiveness	Proportion of women continued as phlebotomist after COVID
	Earning per day/month of women phlebotomist during COVID
	Effectiveness of the intervention as perceived by the skilled women
Impact	Number of skilled women perceived economic empowerment
	Increase in monthly income of target women
Sustainability	Proportion of trained women in permanent employment
	Proportion of women satisfied with their job as phlebotomist (using 5-point Likert Scale)
	Proportion of women who encouraged other women to become phlebotomist

These research questions were finalized and then translated into quantitatively measurable indicators. These indicators were then fed into developing the tools.

Study Indicators

The following indicators were aimed at assessing the impact of the program:

- Number of women got employment or involved in self-employment
- Number of women perceived economic empowerment
- Number of women perceived training program effective/suitable for the livelihood

Study Phases

Step 1	Step 2	Step 3	Step 4
Design and Development	Study Implementation	Data and Content Analysis	Documentation and Reporting
<ul style="list-style-type: none"> ○ Sampling ○ Tools development ○ Data procurement for the Women received skilling in Phlebotomy 	<ul style="list-style-type: none"> ○ Planning for implementation ○ Field Planning ○ Women' Interviews ○ Follow-ups 	<ul style="list-style-type: none"> ○ Data Management ○ Analysis framework ○ Data analysis 	<ul style="list-style-type: none"> ○ Documenting results ○ Report writing ○ Presentation

Research Methods

Quantitative data was gathered through individual telephonic interviews with women who received training on Phlebotomy and the program implementation team members. The data related to VLEs was shared by CSC Academy which was used for the analysis and sampling purposes.

Target Groups

The following target groups were included in the study:

- Women received training in Phlebotomy
- CSC Academy and HDFC Bank Program Officials

Sample Size

Under the project, a total of 3,000 women were provided with the skilling in Phlebotomy. Identification of the statistically valid sample size for the impact assessment, 95% confidence interval and 5% margin of error were considered and a sample size of 384 was determined. Considering non-response, a sample of 400 women was

proposed. Thus, 400 women were aimed to cover using simple random sampling procedure without replacement.

Sample Coverage

The sample coverage has been shown in the following table:

Sample by Type	Total
Number of Women Skilled in Phlebotomy Covered	450
CSC Academy and HDFC Bank Program Officials	2

Development of Study Tools

One quantitative tool for the impact assessment study was developed. The tool was shared and further scripted for CAPI and translations in regional languages were undertaken for the data collection teams. The translated tool was pre-tested initially to see the flow and smoothness of the survey by the researchers. Later, the scripted tool was shared with the data collection teams for the data collection. For qualitative assessment, in-depth discussion guides were developed focussing on the project implementation aspects.

Team Deployment

For the **phone-based survey**, a team of 8 female investigators was deployed and states were allocated to them. All the team members identified for the telephonic survey were having experience of more than 5 years and had a graduate degree or more in any discipline. All the team members were those who could speak the local dialect of the region allocated to them. The telephonic interviews were conducted simultaneously in all the states (Maharashtra and Telangana).

Training of Data Collection Teams

A 4-hour training was conducted for the data collection teams. All the team members were guided through the process of data collection, the need for the impact assessment, roles and responsibilities, consent seeking and interviewing mechanism, quality assurance, and field planning for the data collection. The training of data collection teams was facilitated by the senior management along with a dedicated researcher who was coordinating the entire study. Post training, the data collection was initiated immediately from the next day.

Implementation Process

The following process was adopted for conducting the impact assessment:

- In close collaboration with the HDFC Bank MI team, CSC Academy initially provided a list of women participants in Phlebotomy training with mobile numbers.
- The data collection teams obtained the contact information of the women who underwent phlebotomy skill development. In each state, female investigators conducted interviews with all of the female participants.
- The day and time of the interview were initially communicated to all of the women participants who had been chosen for the interviews, inquiring about their availability and setting up appointments. Prior to the interviews, the time was agreed upon during the first calls.
- After giving the women participants an introduction, permission was sought for the telephonic interview. Calls were handled at the convenience of the women, no matter where they asked to call at a given time.
- In the end, all the respondents were duly acknowledged for their time and support for the assessment study.
- All the data were collected on CAPI and uploaded regularly and the researcher at IMPACT downloaded and quality assurance checks were administered to provide feedback if required.
- Final data was downloaded at IMPACT and saved onto the external folder and only designated officials processed the data for tabulation and frequency runs.

Data Management and Report Writing

The IMPACT PSD office processed all of the data that was gathered. The information collected was carefully examined, handled, and analysed using SPSS Version 26 and MS Excel. Following scrutiny and other processes, the data was compiled, and the report included potential interpretations under the guidance of senior researchers. The report writing was exclusively undertaken by senior researchers.

Challenges Faced

- Postponement of appointments by women due to their involvement in other tasks and activities.
- Non-availability of women during working hours in the day time as they get involved in other work also.
- Many mobile contacts were found 'not available at the current time' or 'out of coverage area' and very few were wrong numbers or didn't exist.

Chapter 3 – Study Findings

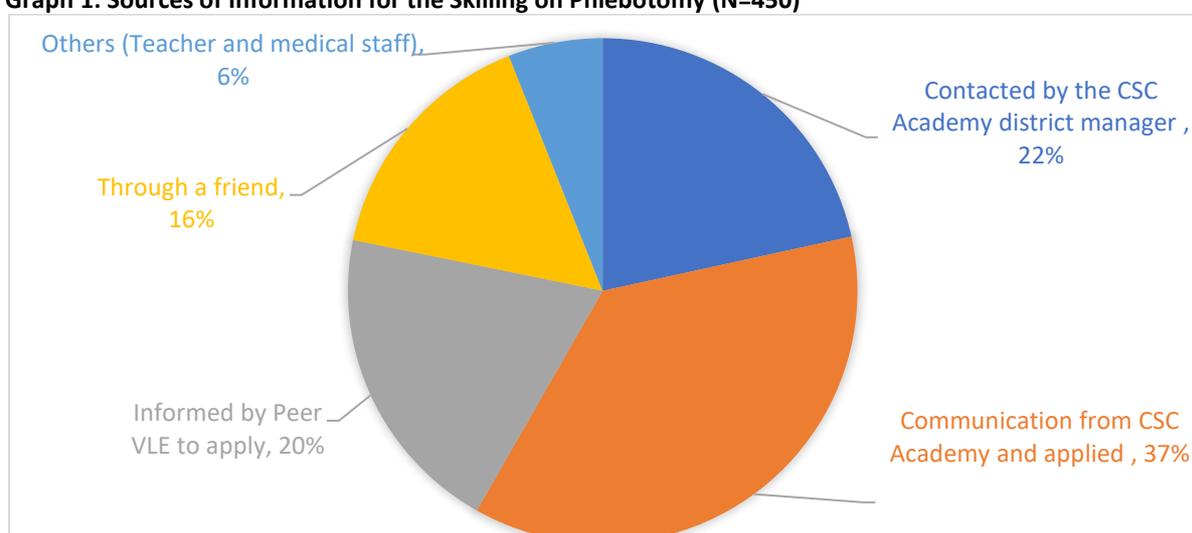
This report presents findings from a survey assessing the impact of Phlebotomy training and employment in Maharashtra and Telangana states. Phlebotomy, drawing blood for medical testing, is vital in diagnostics. The survey explores motivations, employment outcomes, COVID-19's role, and future aspirations. Analyzing responses offers insights into training's significance for healthcare and workforce development.

Training of Women in Phlebotomy

In all 450 women VLEs were interviewed to gather details on their training and experiences as well as to understand the current status of their work as phlebotomists. The information was captured on diversified aspects related to the project so that the impact assessment of the training on phlebotomy could be ascertained and see how the training actually helped the VLEs in shaping their careers and impact on their personal lives.

All 450 women confirmed that they received training on phlebotomy through CSC Academy support. Largely, one out of three women VLEs (37%) received information on the training on phlebotomy for women VLEs through communication from CSC Academy and they applied for the training. Another one out of five women (22%) were contacted by their district managers of CSC Academy and a similar proportion of women VLEs were informed by their peer VLEs motivating them to apply and participate in the training program. The following graph depicts the sources of information for the women participants.

Graph 1: Sources of Information for the Skilling on Phlebotomy (N=450)



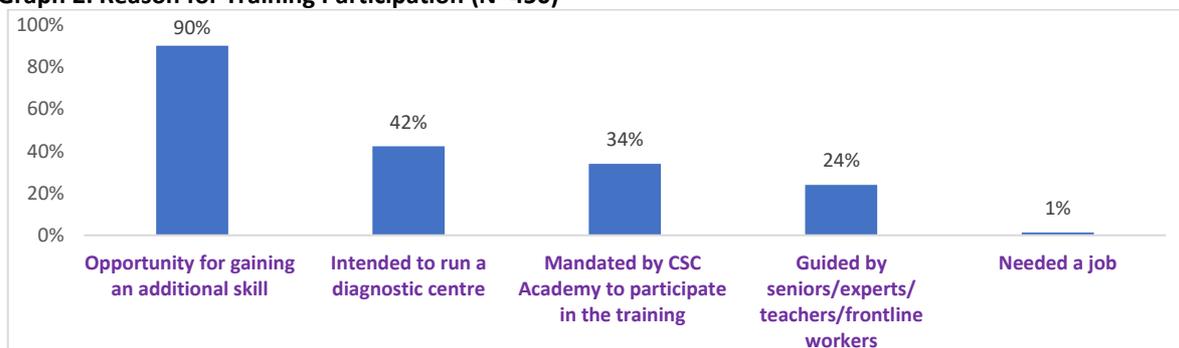
In Maharashtra, more than two-thirds were informed through the CSC Academy whereas 45% of women in Telangana informed that they received information from their peer VLEs.

Reasons for Acquiring the Skills in Phlebotomy

The majority of women participants (90%) claimed that they had the intention to gain new skills to be a Phlebotomist. These women wanted to provide their services for the community using their skills that offer medical tests at the community level. **Two out of five women (42%) mentioned that they wanted to initiate their own diagnostic centre.** Interestingly, one in three women (34%) stated that it was mandated by CSC

Academy (local district manager or someone from CSC). The following graph shows the reasons for opting for training in phlebotomy.

Graph 2: Reason for Training Participation (N=450)

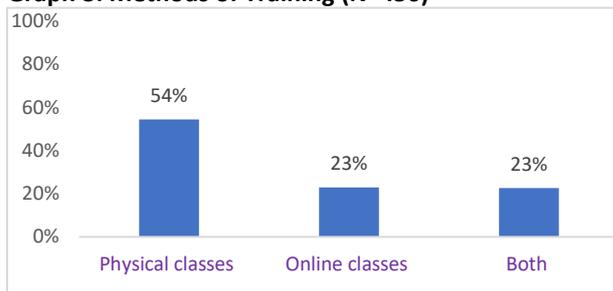


In Maharashtra, all women (100%) participated to gain an additional skill, while in Telangana, 83% had the same motivation. Additionally, a significant proportion of women (66%) in Telangana intended to run a diagnostic centre, showcasing diverse career aspirations.

Training Components

All the women participants confirmed that training on phlebotomy included both theory classes as well as practicals. This demonstrates that training emphasized the stronger focus on hands-on experience for the women.

Graph 3: Methods of Training (N=450)

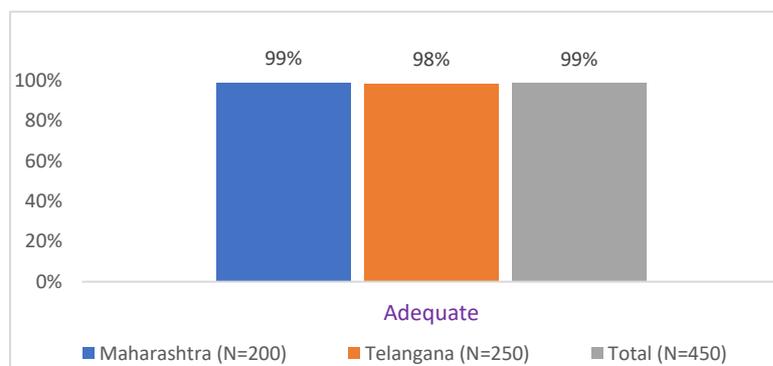


In all, more than half the participants (54%) attested that they received theoretical training through physical classes whereas 23% each claimed that they were provided theory classes through online mode and both modes (physical and online).

The data on theoretical instruction methods in Phlebotomist training in Maharashtra and Telangana informed that Maharashtra predominantly used physical classes (85%), while Telangana favored

online classes (39%). Despite Telangana's emphasis on practical training (80%), it also incorporated online instruction.

Graph 4: Perception on Adequacy of Phlebotomy Training



Findings show higher satisfaction with Phlebotomist training adequacy among all the respondents in Maharashtra (99%) and Telangana (98%). Thus, it demonstrates the overall contentment with the training quality in both states.

Further, there were six women participants (2 in Maharashtra and 4 in Telangana) who did not perceive the training as adequate and were

asked to specify the reasons. The reasons for perceived inadequacy of the training included lack of understanding of theoretical components through online classes (N=2), inability to comprehend the technical terms discussed during the online classes (N=3) and lesser time for practicals to get hands-on experience on

phlebotomy procedure (N=4). However, there was only one participant in Telangana who mentioned that she could not understand the language of the facilitator.

Information on the distance travelled by these women VLEs to the health facilities for the practical sessions is shown in the following graph.

Graph 5: Distance from Home to Practical Training Venue (N=450)



The data indicates that more than half the women participants travelled for more than 10 Km to participate in the practical sessions at the health facilities which are located in their periphery. However, one in three (33%) travelled for up to 10 km. The majority (64%) of women in Maharashtra and close to half (46%) in Telangana had training venues located more than 10 km away, necessitating long-distance travel for practical Phlebotomist training. It is likely because all these participants were from rural areas and quality diagnostic labs may not be available in their vicinity for training.

Further, women participants were assessed on their level of satisfaction with the training infrastructure and arrangements and the status has been illustrated in the following graph.

Graph 6: Satisfaction with Physical Training Infrastructure (N=450)



Evidently, a large proportion of women participants demonstrated their satisfaction with the training arrangements and infrastructure setup. The overwhelming majority of respondents in Maharashtra (99%) and Telangana (88%) reported satisfaction with the physical training infrastructure and arrangements for Phlebotomist training. The high satisfaction results suggest that the physical training infrastructure and arrangements met the expectations and needs of the majority of participants in both states. The reasons for dissatisfaction among 17 participants included seating arrangement was not appropriate (10 women), food was not provided (9 women) and space for the training was crowded (11 women).

Perception on the Need for Phlebotomists

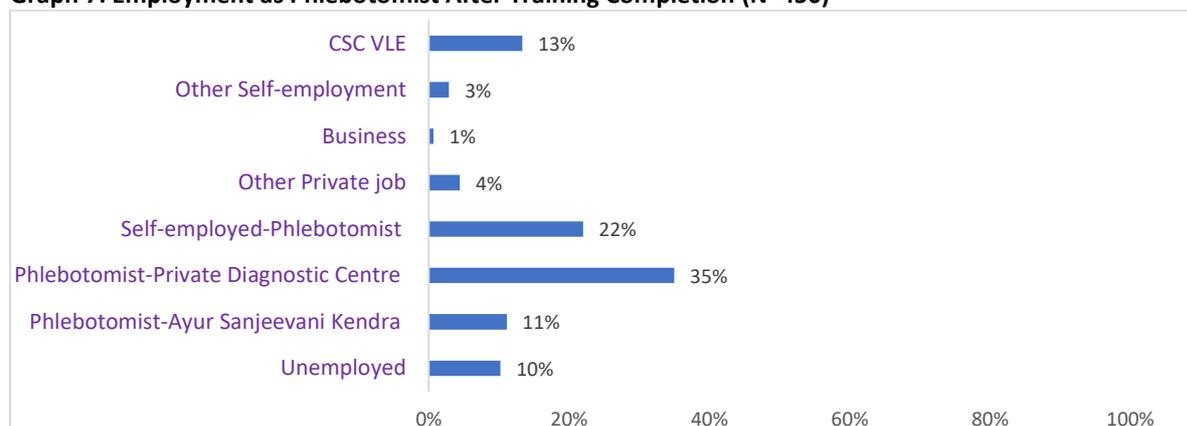
As the skilling of women in Phlebotomy was contextualized considering the need for phlebotomists in future to meet the requirements of Phlebotomists during the pandemics, all the women were asked whether there were any requirements of such a cadre (Phlebotomist) in their areas during the COVID-19 phase. An overwhelming proportion of women (91%) demonstrated their agreement that Phlebotomists were not available and there was a need for having such a trained workforce to meet the immediate emergency of testing people for multiple infections including the COVID-19 virus.

However, there was a slight difference in the proportion of women participants between Maharashtra and Telangana claiming the deficit of Phlebotomists in their areas (96% versus 87% respectively).

Current Work Status

An attempt was made to ascertain the current status of work as a Phlebotomist for these women participants in order to understand the impact of the training. The fact that over two-thirds (68%) of them can now be found employed as phlebotomists in both public and private settings is encouraging and shows that the training has given them a great chance. However, there are a few who are currently working as VLE (13%) and other private jobs (9%). In all, one out of 10 women (10%) were unemployed at the time of the survey.

Graph 7: Employment as Phlebotomist After Training Completion (N=450)



It can be seen that 68% got a job as Phlebotomists and 21% were in other occupations but not as phlebotomists. The remaining were found searching for jobs. Further, findings suggest a substantial number of respondents transitioning into Phlebotomist roles post-training, particularly in Maharashtra, where predominantly these women are employed as Phlebotomists (93%) whereas in Telangana, only 48% of respondents were employed as Phlebotomists. An attempt was made to analyse the proportion of women participants currently working as Phlebotomist by different categories of women as discussed below:

(a) Women who wanted to be Phlebotomist and initiate their own Lab or work in a diagnostic centre

Of the 450 women, 42% said they enrolled in the programme to open their diagnostic facility or work for any diagnostic facility. Of these women (N=191), 57% were presently employed as phlebotomists, fulfilling their desire.

(b) Women who had different streams other than Science (like Commerce and Humanities)

Out of 450 women, one out of five women (20%, N=88) had a Commerce and Arts/Humanities background and were selected for the training. Of these 20% of women, 86% (N=76) were currently working as phlebotomists.

(c) Women who had education up to Grade 12 and/or Diploma

Among 450 women, more than one-third (38%) were educated up to Grade 12 and/or Diploma (N=169). Of these 169 women, 72% (N=119) were currently working as phlebotomists.

(d) Women who were Graduates or more and/or Diploma:

Among 450 women, two out of five (40%) were educated up to a Graduate or more and/or Diploma (N=181). Of these 181 women, 79% (N=142) were those working as phlebotomists.

(e) Women who were Heads of the Households:

In 450 women, one in three women (36%) were head of their households (N=163). Of these 163 women, 60% (N=98) were those working as phlebotomists.

To sum up, it can be said that more than half the women (57%) who had the aspiration of starting their own diagnostic centre or working in a diagnostic centre got their dream fulfilled. These are rural women who aspire to careers in diversified areas and therefore want to be a skilled phlebotomist. Encouragingly, a reasonably good proportion of women running their households as head also got a good job which is excellent support from HDFC Bank training support in achieving the phlebotomist job.

It can also be seen that women from other than the science stream also got the job of Phlebotomist which demonstrates that non-science candidates also can work as Phlebotomists. Also, no differentials were seen in terms of educational qualifications in terms of Grade 12, Graduation, Postgraduation, etc.

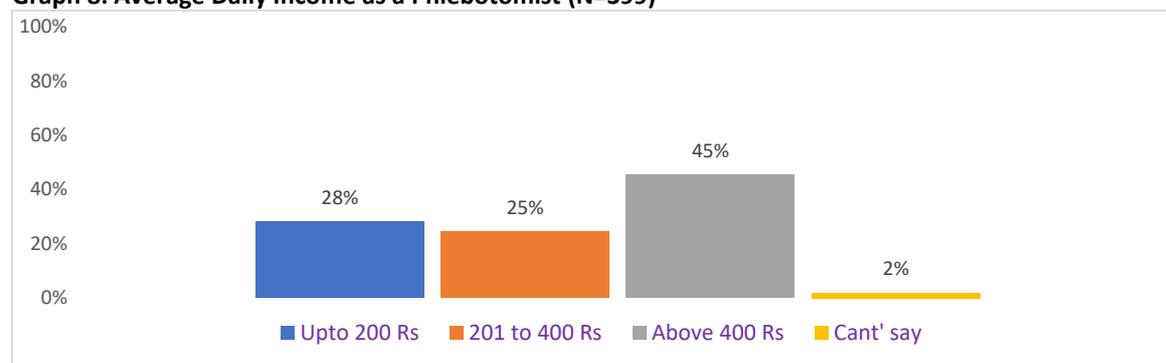
Securing the Job as a Phlebotomist

Of all 450, four out of five women participants (89%) got a job as Phlebotomists after the training, which is an incredibly higher proportion. Of those who got a job as a phlebotomist (N=399), two-thirds of women (64%) are continuing their work as phlebotomists, followed by one out of three (35%) could continue their employment only for 12 months after training. More specifically, 76% of women in Maharashtra and 53% in Telangana are continuing their work as Phlebotomists, indicating job stability and satisfaction.

Average Daily Income

An effort has been made to assess the average daily income as a phlebotomist for these women who were supported with skilling in Phlebotomy. Upon asking, 45% of the women responded that they earn more than INR 400 daily on average. The following graph shows the average daily income of the women working as Phlebotomists.

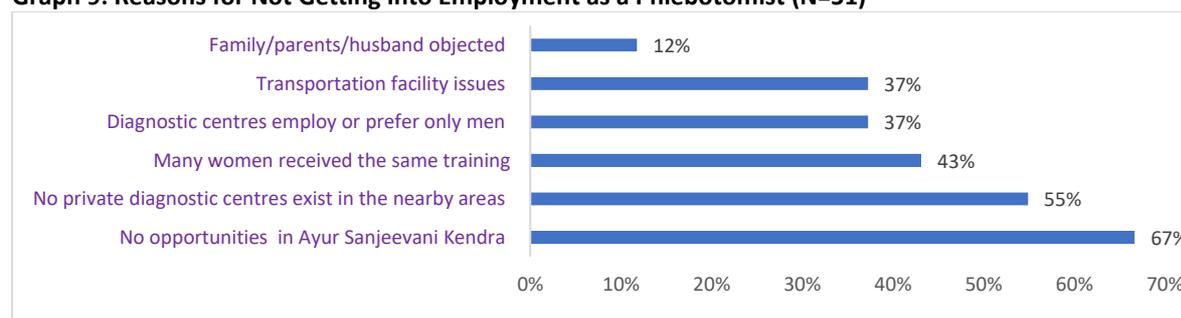
Graph 8: Average Daily Income as a Phlebotomist (N=399)



Findings reveal that more than half the women (53%) were earning up to INR 400 on an average daily basis. In Maharashtra, the majority of Phlebotomists (58%) reported an average daily income of up to INR 200, whereas a significant majority (88%) of women in Telangana were earning more than INR 400 daily, on average. **The findings show the disparities in daily income among Phlebotomists between Maharashtra and Telangana, and women have higher earning potential in Telangana.**

Among those who did not receive employment after the training (N=51) were further enquired about the possible reasons for not getting the jobs. About two-thirds of women (67%) reported that they did not have opportunities for getting jobs in Ayur Sanjeevani Kendra followed by another 55% who had the opinion that there are no private diagnostic centres in and around their areas and **43% did mention that many women received the similar training on phlebotomy so there were limited job opportunities for them within accessible limits.** The following graph illustrates the reasons for not getting the jobs after the training.

Graph 9: Reasons for Not Getting Into Employment as a Phlebotomist (N=51)



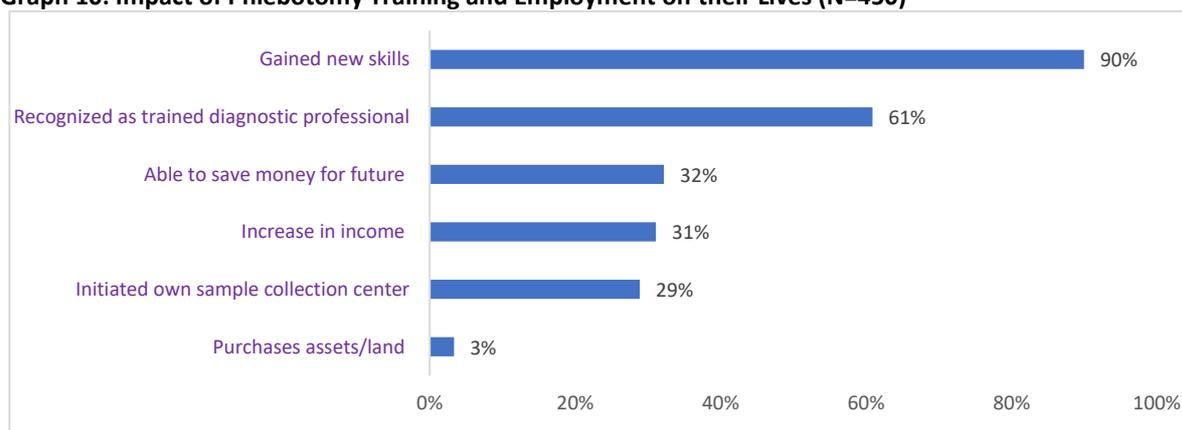
Surprisingly, 37% of women reported that they lacked access to adequate transportation for travelling to neighbouring places where they may have found work. A comparable percentage of women said that the local diagnostic centres preferred to hire men exclusively. Of all 51, 6 were in Maharashtra and 45 in Telangana and it was revealed that several barriers hindered these respondents from securing suitable employment as Phlebotomists.

Not only they faced challenges like limited opportunities in Ayur Sanjeevani Kendra and the absence of nearby private diagnostic centers, particularly prevalent in Telangana, but also **competition from other trained women, gender preferences in employment, transportation challenges, and objections from family members posed the significant obstacles.** These findings underscore the multi-faceted challenges faced by women seeking employment as phlebotomists, highlighting the need for targeted interventions to address these barriers and promote equitable access to job opportunities in the healthcare sector.

Impact on Women's Lives

One of the key objectives of the impact assessment was to assess the impact of skilling in phlebotomy in these women participants' lives. Upon asking to perceive and inform the type of impact on their lives, 90% of women outrightly mentioned that they could gain new skills that everyone does not have. More than three-fifths (61%) had the opinion that they have gained recognition within their community and villages as a trained diagnostic professional. The following graph presents the type of impact observed on their lives shared by women participants.

Graph 10: Impact of Phlebotomy Training and Employment on their Lives (N=450)



There were more than 30% of women who now earn more income than pre-training phase as well a similar proportion of women could save some money for their future.

State-wise differentials could be seen as the **majority of women who gained a new skill were higher in Maharashtra (99%) than 83% in Telangana, with a significant portion being recognized as trained diagnostic professionals (Maharashtra: 64%, Telangana: 58%).** Few respondents purchased assets or land (Maharashtra: 1%, Telangana: 6%), while a small percentage cited other impacts.

Perception of Skilling in Phlebotomy – A Response to COVID-19

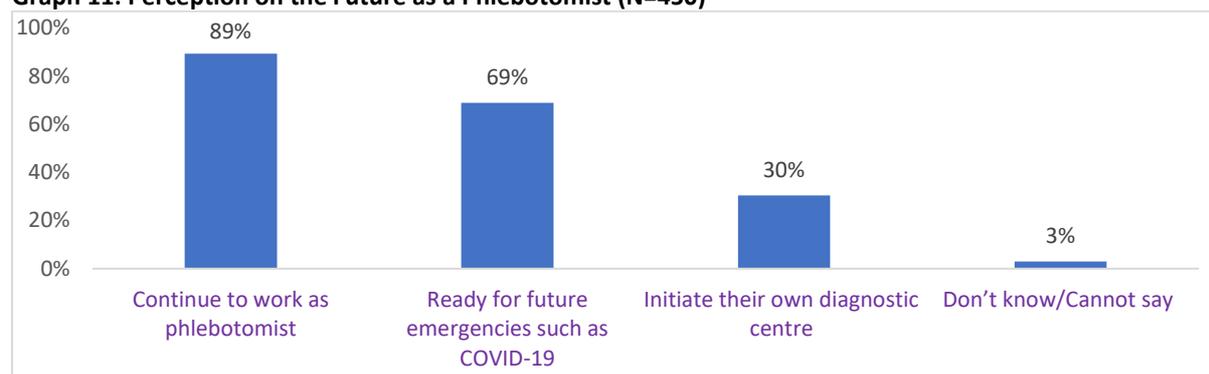
For the assessment, the women participants were asked whether they thought that the phlebotomy training was a true response to COVID-19. About 94% of the total women were in agreement that skilling in phlebotomy is a valid response to the COVID-19 pandemic or similar pandemics. Respondents in both states largely believed that the Phlebotomy training provided during COVID-19 contributed to the fight against the pandemic, with 98% and 90% affirming its efficacy, respectively.

These high levels of confidence among the women participants suggest that the training on phlebotomy played a significant role in combating COVID-19 as well as in future by enhancing their diagnostic capabilities and supporting healthcare efforts.

Perception on the Future as a Phlebotomist

All the women were asked to share about their future as phlebotomists and almost nine out of ten women (89%) were confident that they would continue to work as Phlebotomists in the future. The following graph shows the women's responses to future roles and responsibilities.

Graph 11: Perception on the Future as a Phlebotomist (N=450)



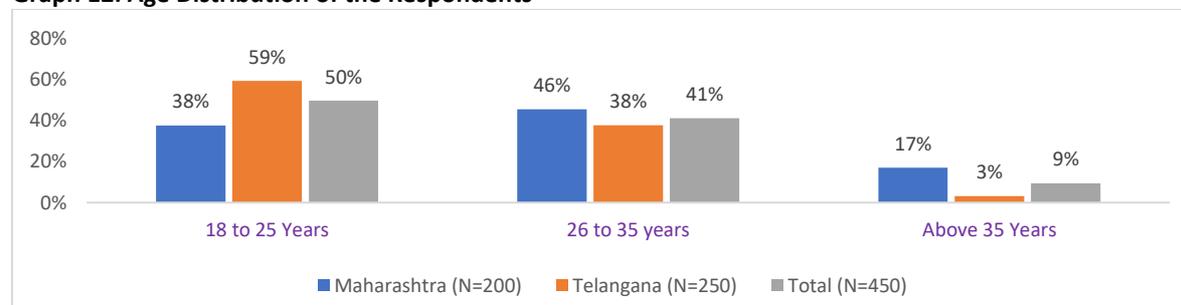
More than two-thirds of women (69%) stated that they believed that they are ready to work as phlebotomists in future during the exigencies such as COVID-19. This would be a great support to the healthcare sector in medical and laboratory testing. Interestingly, 3 out of 10 (30%) had the opinion that they would start their own diagnostic centre in future which again demonstrates their confidence and strategic planning for their future.

Between states, the majority of respondents envision continuing their work as Phlebotomists in Maharashtra (96%) and 84% in Telangana. A significant proportion of women in Maharashtra (72%) and Telangana (67%) expressed their readiness to handle future emergent situations like the COVID-19 pandemic.

Profile of Women Skilled in Phlebotomy

In the course of the impact assessment study, 450 women VLEs were interviewed. Of these women, half belonged to the 18–25 age group, and 41% to the 26–35 age group. Compared to Maharashtra (38%), the majority of women in Telangana (59%) belonged to the younger age group. While the average age was 25 years in Telangana and 29 years in Maharashtra, the overall average age of the women who took part in the study was calculated to be 27 years.

Graph 12: Age Distribution of the Respondents

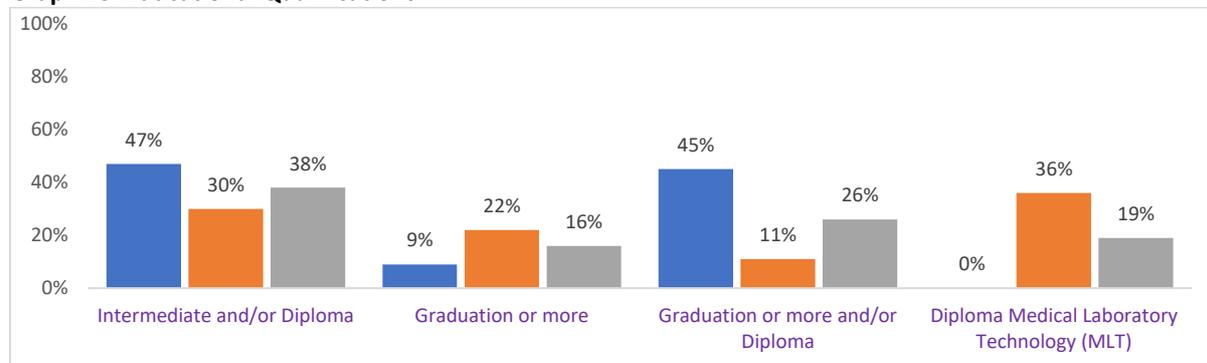


Of all 450 women covered in the study, only two-thirds of them were working as VLE in their CSCs. In Maharashtra, 96% were currently VLEs, contrasting with Telangana where only 46% hold this position. **A higher prevalence of VLEs currently at CSCs was in Maharashtra.** About 98% of these women did not have any family members working in CSCs as VLEs.

Educational Qualifications

Encouragingly, more than one-third of women (38%) were educated up to Grade 12 and/or with a diploma followed by 26% of women having a graduate or a higher degree and/or diploma. The following graph presents the educational qualifications of the women participants.

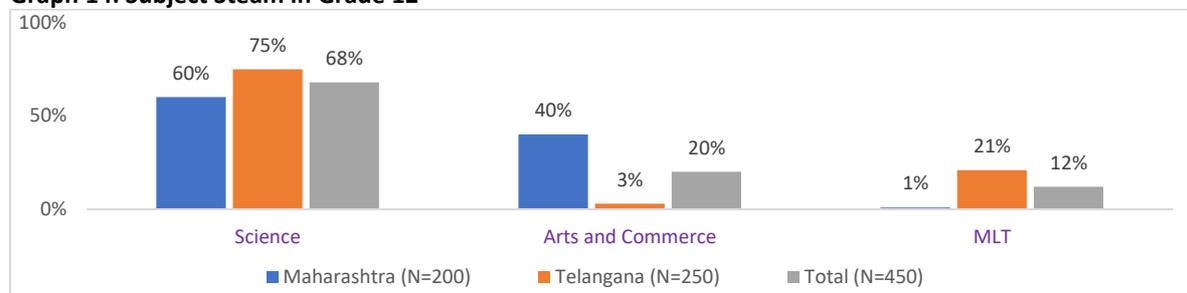
Graph 13: Educational Qualifications



The graph highlights that 19% of the women had an MLT diploma which is other than the skilling in Phlebotomy provided by the project. State-wise differentials could be seen in the graph with respect to the proportion of women having diplomas in MLT.

The criteria adopted for the selection of women for the Skilling in Phlebotomy was only those women who had Science or equivalent subjects in Grade 12. The information on stream for the Grade 12 was obtained from the study participants. More than two-thirds of women (68%) had Science and 12% had MLT an diploma. However, one out of five women (20%) were from an Arts and Commerce background were also covered. The following graph illustrates the streams in which women participants cleared their Grade 12.

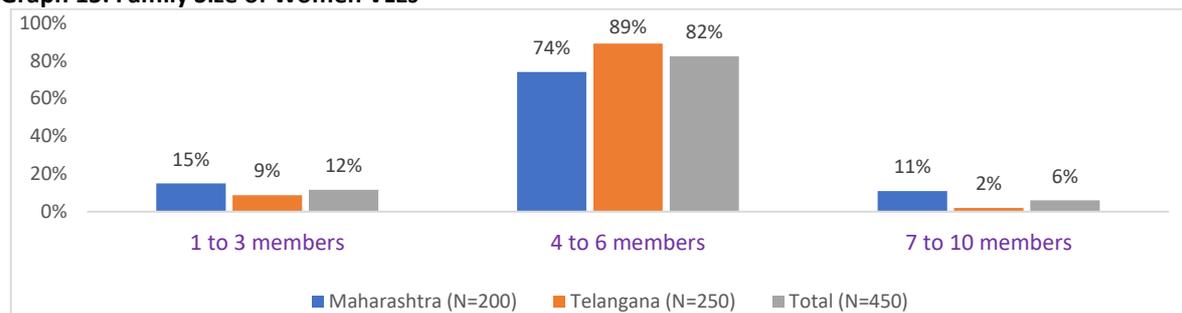
Graph 14: Subject Steam in Grade 12th



In Maharashtra, more women from the Arts and Commerce stream were included in the training which is not the criteria.

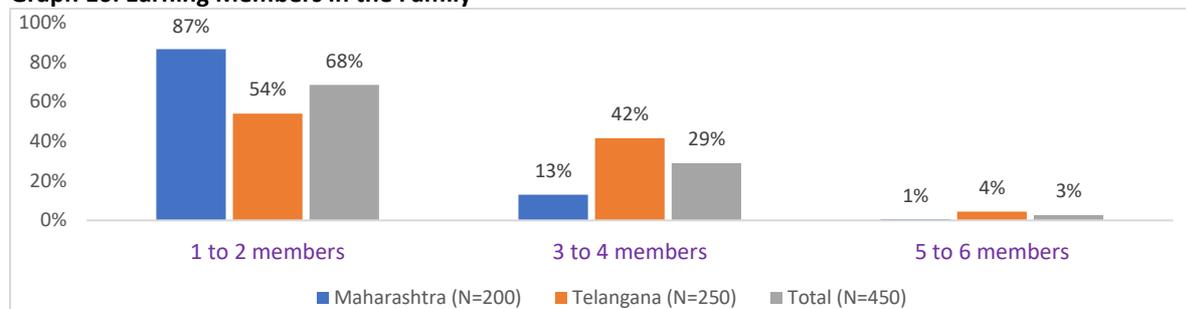
Family Size and Number of Earning Members

To understand the family size of the women, information on the number of family members was also collected. Expectedly, 4 out of 5 women participants (82%) had 4-6 members in their families followed by 12% having 1-3 members. The following graph shows the family size of the women participants.

Graph 15: Family Size of Women VLEs

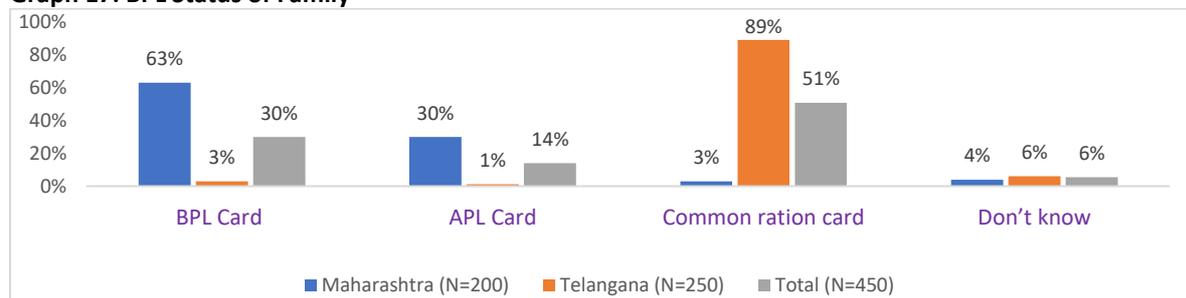
In both Maharashtra and Telangana, most respondents (74% and 89% respectively) have families with 4 to 6 members.

Information was also captured about the number of earning members in the family. Most of the women (68%) had 1-2 members who were earning members contributing to the family. Only a quarter of women (29%) reported having 3-4 members earning in the family. The following graph depicts the status of earning members in the family.

Graph 16: Earning Members in the Family

BPL Status

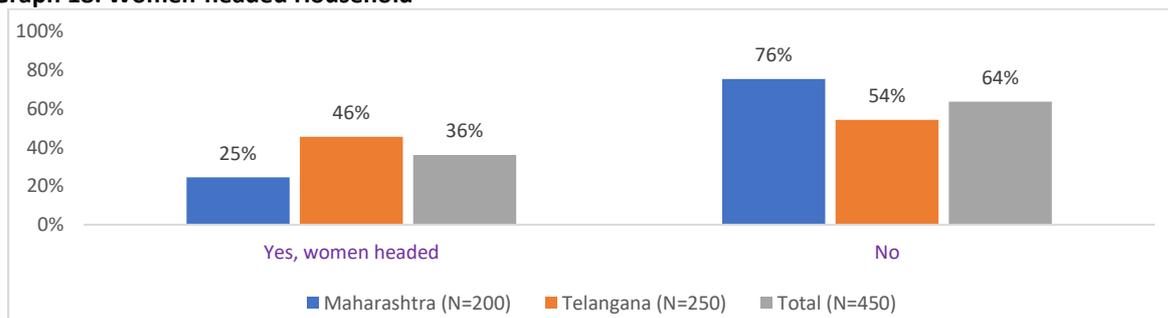
On enquiry about the type of ration card these women have, it was found that more than three-fifths of women in Maharashtra had BPL Card and 89% of women in Telangana had common ration cards which indicates their BPL status as they get free ration through Government support. The following graph portrays the BPL status of women participants.

Graph 17: BPL Status of Family

Women Headed Households

To assess the women's situation in their families, a question was posed to know whether these women are the heads of their households. Strikingly, slightly more than one-third of women participants were head of their households as shown in the following graph.

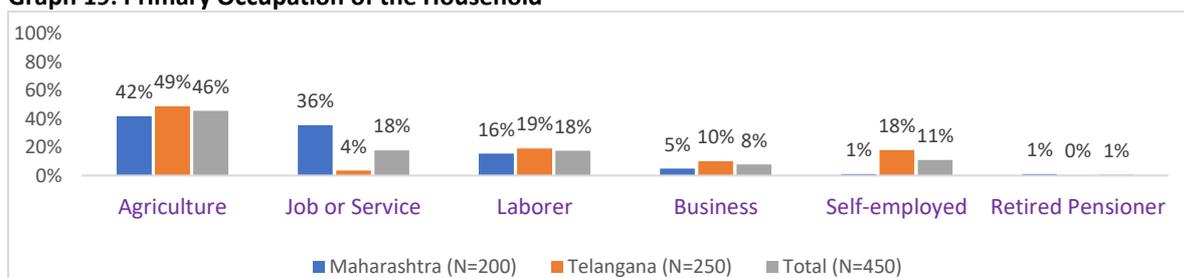
Graph 18: Women-headed Household



State-wise, the majority of households are not led by women, signifying a distinct contrast between them. In Maharashtra, 25% of households were woman-headed, whereas in Telangana, a larger proportion (46%) of families were headed by women. This indicates that these women have the responsibilities of running their households and of course, they bear the financial burden also.

With respect to the primary occupation of household, largely families were found in the agriculture profession (46%) followed by 18% each in job/service or any type of labourer work. The following graph depicts the situation of households' occupation.

Graph 19: Primary Occupation of the Household



In Maharashtra, 42% were engaged in agriculture, while a slightly higher proportion (49%) in Telangana were involved in the same occupation. Notably, there's a significant disparity in the service sector, with 36% in Maharashtra compared to only 4% in Telangana.

Chapter 4 – Impact Assessment Findings on OECD Criteria

This chapter provides the impact assessment findings considering the OECD research framework or criteria to oversee the overall impact of the HDFC Bank-supported project on the Skilling of Women in Phlebotomy through CSC Academy.

Relevance

(HDFC Bank's support to CSC Academy for creating a cadre of Phlebotomists among women VLEs by providing them skills-based training in Phlebotomy was relevant to the needs of diagnostic services in the rural areas and making them future-ready for the pandemics such as COVID-19 or any other emergent situations as well as support required for their career escalation)

The HDFC Bank's support for supporting women VLEs through training on phlebotomy was found to be absolutely relevant as there was a need for creating a cadre of trained phlebotomists in the rural areas who could play a vital role in diagnostic services at different levels such as Ayur Sanjeevani Kendras and other health facilities (government and private both).

5

The assessment team observed that the HDFC Bank support was exceedingly relevant. The women VLEs are already present in the CSCs in rural areas and have the infrastructure set up as well as the linkages with the healthcare delivery system. Making them trained phlebotomists created a large pool of trained cadre who can play a facilitating role in managing the diagnostic services at Ayur Sanjeevani Kendras as well as government and private diagnostic centre. Findings revealed that women not only got jobs in Ayur Sanjeevani Kendras and diagnostic centres but also started their own diagnostic centre with blood sample collection centres.

Under this component, HDFC Bank support has been found profoundly RELEVANT. The context indicates that HDFC Bank understood the need to create a pool of Phlebotomists at the rural level for the communities and rightly in partnership with CSC Academy through their women VLEs at CSCs.

Coherence

(HDFC Bank support was timely and envisaging future emergencies such as pandemics like COVID-19 and providing livelihoods support for VLEs to escalate their service delivery at the community level)

CSC Academy officials and women participants were of the opinion that the HDFC Bank support was timely in creating a cadre of phlebotomists at the rural level that can provide diagnostic services at the community level through CSCs. The support also paved the way for the women VLEs to enhance their service delivery and earn income through their users/customers. Moreover, the trained women also got employment after the training support from HDFC Bank. Women perceived the training in Phlebotomy as very useful.

5

Discussion with the women suggested that there was a high acceptance among women VLEs for this training support as these women intended to gain new skills like Phlebotomy. Moreover, women VLEs found the support extremely coherent as CSC has recognition within the community as a service provider at the doorstep.

Additionally, phlebotomy services provided them an edge for their business. Some of the women VLEs got inducted into the diagnostic centres as they could secure regular jobs for them.

The HDFC Bank's support for skilling women in Phlebotomy was labelled as COHERENT. The training support along with practical hands-on experience was timely and executed efficiently with the required level of standards.

Efficiency

(HDFC Bank supported skilling of women project has been executed to generate a pool of trained and skilled phlebotomists that served the purpose and achieved its objectives)

HDFC Bank project support to the CSC Academy on the inclusion of women VLEs in creating a cadre of phlebotomy at the rural level actually provided the desired skills and made them employable. A convincingly higher proportion of skilled women were found currently working as phlebotomists.

4

Assessment findings suggest that HDFC Bank supported about 3000 women VLEs in Phlebotomy so that they could secure employment opportunities as well as their lives could be impacted positively. Discussion with 450 women participants confirmed the training quality as good and 97% of women expressed their satisfaction with the training infrastructure and arrangements for the practical sessions. Though less, more than two-thirds of trained women (68%) were currently working as phlebotomists which is incredible that reflects the project's efficiency.

The skilling support in phlebotomy provided by HDFC Bank was found to be very good and efficient. The training support along with practical hands-on experience facilitated getting employment either in Ayur Sanjeevani Kendras or private diagnostic centres. Even some of the women were employed on a contractual basis in the government set-ups (healthcare facilities).

Effectiveness

(HDFC Bank supported project provided the opportunity to women VLEs and make trained and skilled phlebotomists for the healthcare facilities in rural areas)

In association of CSC Academy through inclusion of CSC VLEs, the HDFC Bank support generated around 3000 women trained and skilled in phlebotomy. All the 450 women expressed that the training was good and assisted them in securing the jobs or employment as expected by the project objectives.

4

Assessment could capture the minute possible details in terms of coverage and outcome of the training. Out of 450 women covered under the study, 68% were currently working as phlebotomists which displays the success of the intervention. At least these women could get jobs or initiate their own blood sample collection centres in rural areas. Women participants were found satisfied with the training and stated the project was effective in terms of aiming at the right target group and providing the appropriate opportunity for the women. In terms of income, more than half the women (53%) were earning up to INR 400 per day followed by another 45% reported earning of more than INR 400 per day which is a reasonably good earning for the rural women.

HDFC Bank support has generated a cadre of skilled women in phlebotomy in rural areas who are suitably earning which demonstrates the effectiveness of the project. Two out of three women were earning as phlebotomists which was the objective of the project. The project not only provided increased income but also supported the decision-making of starting their own blood sample collection centres as well as secured jobs in private and government sector jobs in the diagnostic centres.

Impact

(HDFC Bank's support to women VLEs ensured the increase in income and enhanced their recognition)

In terms of Impact, the HDFC Bank support has impacted the life of women who received the skilling in phlebotomy. The support has been able in generating opportunity of being employed that has increased their income and they could save money for their future and a very few could buy worthy assets for them.

4

Findings suggest that more than three-fifths of women (63%) claimed that their income has increased due to their job or employment as a phlebotomist and they could save some money for their future needs or emergency. The inference is simple the training support could provide them additional income generation sources as phlebotomists to increase their monthly income. Support also yielded money to save for their families and may opt to buy valuable assets for their family. Still, some women did not get the desired work and undertook other work not related to phlebotomy.

The HDFC Bank support has demonstrated high IMPACT in terms of increased income, making them able to save money or buy valuable assets and enhanced recognition as trained and skilled service providers in the community perceived by them.

Sustainability

Evidently, the trained women have gained the skills in phlebotomy for life that can be continuously utilized which ensures permanent livelihoods options for them. All the women trained in phlebotomy wished to continue their work as phlebotomist and were found satisfied.

5

Overall score – 4.5 out of 5



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