



**TATA** CONSUMER PRODUCTS

# Impact Assessment Report 2023-24

REPORT PREPARED BY



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## ABBREVIATIONS

<b>RHRC</b>	Rural Healthcare and Research Centre
<b>TCPL</b>	Tata Consumer Products Limited
<b>CSR</b>	Corporate Social Responsibility
<b>SDGs</b>	Sustainable Development Goals
<b>PMJAY</b>	Pradhan Mantri Jan Arogya Yojana
<b>UPI</b>	Unified Payments Interface
<b>OECD</b>	The Organization for Economic Cooperation and Development
<b>NGO</b>	Non-Governmental Organization
<b>NRHM</b>	National Rural Health Mission
<b>NICU</b>	Neonatal Intensive Care Unit
<b>CMO</b>	Chief Medical Officer
<b>BPL</b>	Below Poverty Line
<b>ICU</b>	Intensive Care Unit
<b>OPD</b>	Out-Patient Department
<b>COVID</b>	Coronavirus Disease
<b>CT</b>	Computed Tomography
<b>MRI</b>	Magnetic Resonance Imaging
<b>FY</b>	Financial Year
<b>DARE</b>	Developmental Activities in Rehabilitative Education
<b>RCI</b>	Rehabilitation Council Of India

<b>IEP</b>	Individualized Education Program
<b>ADL</b>	Activities of Daily Living
<b>ADHD</b>	Attention Deficit Hyperactivity Disorder
<b>CBR</b>	Community-Based Rehabilitation
<b>DDRS</b>	Deendayal Disabled Rehabilitation Scheme
<b>NIMHANS</b>	National Institute of Mental Health and Neurosciences
<b>UN</b>	United Nations
<b>UNICEF</b>	United Nations Children's fund
<b>AI</b>	Artificial Insemination
<b>MHU</b>	Mobile Health Unit
<b>SHG</b>	Self-Help Group
<b>TCSR</b>	Tata Chemicals Society for Rural Development
<b>CSOs</b>	Civil Society Organisations
<b>DAP</b>	Di-Ammonium Phosphate
<b>FPOs</b>	Farmer Producer Organizations
<b>FYM</b>	Farmyard Manure
<b>IEC</b>	Information, Education and Communication
<b>NFSM</b>	National Food Security Mission
<b>NMSA</b>	National Mission on Sustainable Agriculture
<b>NPK</b>	Nitrogen, Phosphorus, Potassium
<b>NPK</b>	Nitrogen, Phosphorus, Potassium
<b>OC</b>	Organic Carbon

<b>OFRS</b>	Organic Farming Research Station
<b>PKVV</b>	Paramparagat Krishi Vikas Yojana
<b>PMKSY</b>	Pradhana Mantri Krishi Sinchayee Yojana
<b>SEEP</b>	Socio-Economic Empowerment Programs
<b>SVYM</b>	Swami Vivekananda Youth Movement
<b>WASH</b>	Water, Sanitation, and Hygiene
<b>WSIVDM</b>	Water Security through Integrated Village Development Model
<b>NAPCC</b>	National Action Plan on Climate Change
<b>ASHA</b>	Accredited Social Health Activist
<b>CML</b>	Centre for Micro Finance and Livelihood
<b>CRP</b>	Community Resource Person
<b>IRP</b>	Iron Removal Plant
<b>JJM</b>	Jal Jeevan Mission
<b>MHM</b>	Menstrual Hygiene Management
<b>OBC</b>	Other Backward Class
<b>PCOS</b>	Poly Cystic Ovarian Syndrome
<b>PMS</b>	Premenstrual Syndrome
<b>SC</b>	Scheduled Caste
<b>ST</b>	Scheduled Tribe
<b>TE</b>	Tea Estate
<b>TSWT</b>	Tata Social Welfare Trust
<b>WaSH</b>	Water, Sanitation and Hygiene

<b>AAA</b>	ASHA-AWW-ANM Platform/ Network (Collectively Used)
<b>ANC</b>	Antenatal Care
<b>ANM</b>	Auxiliary Nurse Midwife
<b>ASHA</b>	Accredited Social Health Activist
<b>AWC</b>	Anganwadi Centre
<b>AWW</b>	Anganwadi Workers
<b>BCC</b>	Behaviour Change Communication
<b>GMP</b>	Growth Monitoring and Promotion
<b>ICDS</b>	Integrated Child Development Services
<b>LBW</b>	Low Birth Weight
<b>MIS</b>	Management Information System
<b>NFHS</b>	National Family Health Survey
<b>NHM</b>	National Health Mission
<b>PLA</b>	Participatory Learning And Action
<b>PLW</b>	Pregnant and Lactating Women
<b>VCF</b>	Vijayvahini Charitable Foundation

## ESTABLISHING THE CONTEXT

### A PRELIMINARY OVERVIEW

Tata Consumer Products (TCPL) has focused its CSR efforts on focused key areas, as per need based areas including water management, healthcare, education, and empowering communities with projects in Assam, Kerala, Karnataka, and Gujarat. TCPL has conducted CSR interventions for the projects namely RHRC, Supporting Cancer Affected Children, Promoting Vocational Skills for Differently-Abled, Education of Differently Abled Children, Project Jalodari - Water and Sanitation (Assam & Himachal), Agriculture & Livestock, Biodiversity Conservation. The key pillars are with the focus on water and nutrition. TGBL foundation & Coorg foundation are 100% supported while other foundations like APPL foundation & Ma Foundation are supported by TCPL.

This Impact Assessment Report has been meticulously crafted by SoulAce Consulting, a distinguished PAN India agency specializing in the Social Impact Assessment of CSR and related services. From systematic planning to appropriate framework designing, from comprehensive field studies to rigorous data collection, analysis, and report preparation, every stage of this endeavor reflects a commitment to excellence.

Guided by the ethical principles of social research, this report maintains an unwavering commitment to objectivity. It presents findings from the field without bias or fervor, ensuring that the realities of the beneficiaries' lives are portrayed accurately.

In addition to evaluating the performance of CSR projects, this report presents valuable insight, illuminating the myriad ways in which these interventions have touched the lives of beneficiaries across diverse geographical landscapes.

The study, which was made as a result of a thorough examination and evaluation of the CSR interventions executed by TCPL during the fiscal year 2023-24, offers a comprehensive analysis of the impact created. It assesses the multifaceted effects on various aspects of beneficiaries' lives, ranging from socio-economic empowerment to educational advancement, healthcare accessibility, environmental sustainability, and beyond.

Furthermore, this report not only quantifies the tangible outcomes but also captures the intangible benefits that these initiatives have brought forth, such as enhanced community cohesion, strengthened social fabric, and increased resilience in the face of adversity.

By providing a holistic perspective on the transformative power of CSR initiatives, this report serves as a valuable resource for stakeholders, policymakers, and practitioners alike, offering invaluable insights to inform future strategic planning and decision-making processes.

## ABOUT TCPL

Tata Consumer Products Limited is a prominent player in the consumer goods sector, consolidating the key food and beverage interests of the Tata Group. Under its umbrella, the company offers an extensive range of products encompassing tea, coffee, water, ready-to-drink beverages, salt, pulses, spices, convenience meals, breakfast cereals, snacks, and more.

Renowned as the world's second-largest branded tea company, Tata Consumer Products boasts a lineup of distinguished beverage brands, including Tata Tea, Tetley, Eight O'Clock Coffee, Tata Coffee Grand, Himalayan Natural Mineral Water, Tata Copper+, and Tata Gluco+. Complementing its beverage portfolio, the company's food division features popular brands such as Tata Salt, Tata Sampann, and Tata Souful.

With an impressive presence in India, Tata Consumer Products reaches over 201 million households, capitalizing on the formidable Tata brand in the consumer goods arena. The company maintains a consolidated annual turnover of approximately Rs. 13,783 Crs, operating across both domestic and international markets.

The Natural Food and Beverages Policy of the Company integrates Sustainability, Corporate Social Responsibility (CSR), Affirmative Action, Community Initiatives, and volunteering. It is anchored in the company's commitment to CSR as per Section 135 of the Companies Act, focusing on 'Building Sustainable Livelihoods'. Governance of CSR is overseen by the CSR Committee appointed by the Board, ensuring compliance with relevant regulations. The Committee formulates CSR policies, activities, and expenditures while monitoring implementation. Projects undertaken align with Section 135 of the Companies Act, 2013 and related regulations.

TATA Global beverages is involved in CSR activities from last 50 years. TCPL CSR programmes aim to be relevant to local, national and global contexts, keep disadvantaged communities as the focus based on globally agreed sustainable development principles and be implemented in partnership with governments, NGOs and other relevant stakeholders. Tata companies are involved in a wide variety of community development and environment preservation projects.

In FY 19, the group has spent INR 1,095 crore on CSR expenditure and has positively impacted 11.7 million lives. The Tata group's activities relate to education, livelihoods and skill development, rural development, water and sanitation, healthcare and strengthening services.

Tata Sons Private Limited is the promoter and principal investment-holding company of the Tata group, which includes Tata Consumer Products Limited (TCPL).

## VISION OF TCPL

"To build better lives and thriving communities"

## TEN PRINCIPLES OF TCPL



### BEYOND COMPLIANCE

While all CSR interventions shall fully comply with the relevant laws of the land in which they operate, they will strive to meet core needs, even if it is beyond what is mandated.



### IMPACTFUL

Interventions will focus on impact on communities and to this end, all companies will work collaboratively and synergistically on a set of agreed Tata group Focus Initiatives.

**LINKED TO BUSINESS**

All companies may seek business benefits and leverage their core competencies while undertaking CSR activities. However, community benefits will have to be paramount and clearly defined.

**RELEVANT TO NATIONAL & LOCAL CONTEXTS**

The CSR initiatives must be closely aligned with and relevant to the local and national contexts in which the company is located.

**SUSTAINABLE DEVELOPMENT PRINCIPLES**

All CSR interventions will follow sustainable development principles - they will factor social, human rights and environmental impacts in their design and execution.

**PARTICIPATIVE & BOTTOM-UP**

Communities must be central to the interventions and they must be actively involved in identifying the issues to be addressed and in the management and monitoring of the interventions.

**FOCUSED ON THE DISADVANTAGED**

Special care must be taken to ensure that the needs of the most disadvantaged in the community - in terms of gender, ethnicity, disability and occupation - are addressed.

**STRATEGIC & BUILT TO LAST**

By design, all CSR initiatives shall ensure that communities can sustain them on their own, beyond the involvement of the Tata group. Hence, the initiatives must be part of a long-term CSR strategy.

**PARTNERSHIPS**

All CSR interventions will be done in partnership with institutions that are close to the ground - community organizations, NGOs, companies (within & outside the Tata group) and government: local, state and central.

**OPPORTUNITIES FOR VOLUNTEERING**

The CSR initiatives will be designed to provide a range of volunteering opportunities for Tata employees.

Some of the key areas of CSR Interventions at TCPL include Livelihood and Skill Development, Healthcare, Women Empowerment, Water & Sanitation, Farming, Water harvesting, Tata Chemicals Society for Rural Development (TCSRDI), Coorg Foundation and Affirmative Action.

## OVERVIEW OF THE PROJECTS

TCP's CSR interventions for the financial year 2023-24 focused on key areas like affordable healthcare, empowerment of differently-abled, rural development, Water & Sanitation and Nutrition. Program related to CSR activities is running since 2019.

Projects (Thematic Areas)	Primary SDG	Time Span	Total Beneficiaries	Projects	Implementing Agency
Affordable Healthcare	3,10,17	2014 onwards	42,833	Referral Hospital & Research Centre	APPL Foundation
Affordable Healthcare	1,2,3,4	2014 onwards	336	Supporting Cancer affected children	St. Jude India Childcare Centres
Affordable Healthcare	3,10,17	2019 onwards	30,787	RIHP Trust Hospital	Coorg Foundation
Empowerment of Differently-abled	1,3,4,5,8,10,11	2014 onwards	188	Promoting vocational skills for differently-abled	TGBL Foundation
Empowerment of Differently-abled	1,2,3,4,5,8,10,17	2019 onwards	924	Education of Differently Abled Children	Coorg Foundation
Rural Development	1,2,3,5,6,8,10,13	2019 onwards	4,702	Agriculture & Livestock, Biodiversity Conservation	Tata Chemicals Society for Rural Development
Rural Development	1,2,8,9,12	2023 onwards	14,906	Supporting Millet Farmers with Agriculture Inputs	Swami Vivekananda Youth Movement
WaSH (Water & Sanitation)	6,13,15,17	2019 onwards	9,159	Project Jalodari - Water and Sanitation(Himachal Pradesh)	Tata Trust/Himmatthan
WaSH (Water & Sanitation)	3,5,6,10,12	2019 onwards	8,854	Project Jalodari - Water and Sanitation (Assam)	Centre for Micro Finance and Livelihood
Nutrition	1,2,3,12	2023 onwards	4,937	Improve Nutritional Outcomes for Women & Children	Tata Trusts and VCF
Nutrition	1,2,5,8,10,12	2024 onwards	4,677	Ma Ki Roti	Ma Foundation



### 1,410 (2023 - 2024)

BENEFICIARIES WERE INTERVIEWED  
FOR THIS IMPACT ASSESSMENT STUDY



### 15,19,563

LIVES POSITIVELY IMPACTED THROUGH  
CSR INTERVENTIONS SINCE 2018

## PROJECT DASHBOARD



2

**FOCUSED  
PILLARS**


Water



Nutrition



11

**PROJECTS**

- Referral Hospital and Research Centre (RHRC), Assam
- Supporting Cancer Affected Children , West Bengal
- RIHP Trust Hospital, Karnataka
- Promoting Vocational Skills for Differently-Abled , Kerela
- Education of Differently Abled Children, Karnataka
- Agriculture & Livestock, Biodiversity Conservation , Gujarat
- Supporting Millet Farmers with Agriculture Inputs, Karnataka
- Project Jalodari - Water and Sanitation Himachal Pradesh
- Project Jalodari - Water and Sanitation, Assam
- Improve Nutritional Outcomes for Women & Children, Andhra Pradesh
- Ma Ki Roti, Odisha and Agra



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**LOCATIONS**
Assam  
(Golaghat)Uttar Pradesh  
(Agra)Andhra Pradesh  
(Sricity)Himachal Pradesh  
(Paonta Sahib)Assam  
(Chubwa)West Bengal  
(Kolkata)Kerela  
(Munnar)Karnataka  
(Coorg)Gujarat  
(Mithapur)Odisha  
(Canjam)Karnataka  
(Kodagu)
**UNITED  
NATION  
SDG GOALS**


## PROJECT LOCATIONS



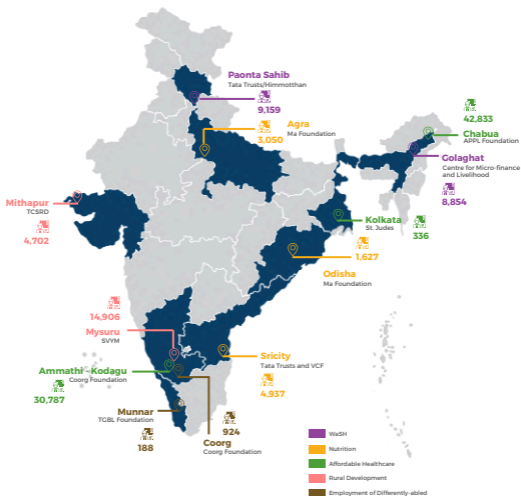
Targeted Beneficiaries



Targeted Geographies



Implementing Partners



1,22,303

TOTAL NUMBER OF  
BENEFICIARIES  
IMPACTED ACROSS  
ALL LOCATIONS



TARGET

TATA CONSUMER PRODUCTS  
LIMITED (TCPL) IS COMMITTED  
TO IMPROVE THE LIVES OF  
2 MN. BENEFICIARIES BY 2030

# Referral Hospital and Research Centre (RHRC)

## Impact Assessment Report



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# 01. EXECUTIVE SUMMARY

## PROJECT BACKGROUND

The Rural Healthcare and Research Centre (RHRC), established in 1994 by Tata Tea Limited, is a secondary care hospital located in Chabua, Assam. With an 80-bed capacity, RHRC provides affordable, high-quality healthcare to rural populations, including underserved communities from neighbouring Arunachal Pradesh. The hospital is recognised for its ethical practices, SA8000 certification, and its role in addressing significant healthcare gaps in the region. Over the years, RHRC has catered to over 3,00,000 beneficiaries, focusing on accessibility, sustainability, and community health awareness.

The Rural Healthcare and Research Centre (RHRC) program aims to bridge critical healthcare gaps in underserved rural areas, such as Chabua, Assam, and neighbouring regions, where communities face inadequate medical facilities, skill shortages, and limited access to specialized care.

The APPL Foundation (APPLF) has partnered with the Referral Hospital and Research Centre (RHRC) in Dibrugarh, Assam to provide healthcare services.

APPL Foundation was formed on 29 August, 2011, as an irrevocable trust with the dominant objective of the welfare of the general public in distress. The Trust has been formed as a charitable organization among others to provide medical aid, services and relief, attending and propagation of education and learning, environment protection and food security to general public at large and for the revival of indigenous tribal, music and dance.

TATA Global beverages is involved in CSR activities from last 50 years. TCPL CSR programmes aim to be relevant to local, national and global contexts, keep disadvantaged communities as the focus based on globally agreed sustainable development principles and be implemented in partnership with governments, NGOs and other relevant stakeholders. Tata companies are involved in a wide variety of community development and environment preservation projects.

In FY19, the group has spent INR 1,095 crore on CSR expenditure and has positively impacted 11.7 million lives. The Tata group's activities relate to education, livelihoods and skill development, rural development, water and sanitation, healthcare and strengthening services.

Tata Sons Private Limited is the promoter and principal investment-holding company of the Tata group, which includes Tata Consumer Products Limited (TCPL).

To assess the effectiveness of these initiatives, TCPL commissioned a third-party evaluation of RHRC. The study focused on measuring the tangible impact of the hospital's services, including: Accessibility to quality healthcare for rural and underserved populations. Affordability and financial relief are provided to economically disadvantaged communities. Effectiveness of diagnostic, curative, and preventive care. Sustainability of the hospital's operations and alignment with national health objectives. Community health awareness and outreach initiatives. This evaluation provided critical insights into RHRC's performance, identifying its strengths, challenges, and contributions to bridging healthcare gaps in rural Assam.

As part of its commitment to community development, Tata Consumer Products Limited (TCPL) has set an ambitious goal of positively impacting 1 million lives by 2023. TCPL's Corporate Social Responsibility (CSR) initiatives are designed to foster inclusive growth by addressing pressing social needs in areas such as healthcare, education, and the environment. The RHRC hospital is a flagship initiative under this framework, demonstrating TCPL's dedication to improving healthcare access and outcomes in underserved regions.

## RHRC HOSPITAL CAMPUS



## PROJECT DETAILS



## Year of Implementation

FY 2023-2024



## Year of Assessment

FY 2024-2025



## Targeted Geographies

Chabua, Assam



## Beneficiaries

Population of Chabua and neighbouring Arunachal Pradesh



## No. of beneficiaries

42,833



## Implementing Partner

APPL Foundation



## Budget

Rs. 5,10,00,000/-



## Alignment with SDG Goals



Alignment with National Policies-

- Ayushman Bharat-PMJAY
- National Rural Health Mission (NRHM)
- Skill India Mission
- National Policy on CSR

## PROJECT ACTIVITIES

## PATIENT CARE AND TREATMENT



Prevention of Communicable Diseases



Deliver OPD, IPD, major and minor surgeries, imaging diagnostics, and pathological tests (100%).



Cater to patients from neighbouring states like Nagaland and Arunachal Pradesh.

## COMMUNITY OUTREACH



Offer medical services to the general public at affordable costs compared to other private hospitals.



Strengthen healthcare accessibility in the Chubwa Tea Estate and surrounding areas.

## OPERATIONAL EXCELLENCE



Ensure cost-effective hospital operations (49.0%).

# Key Findings and Key Impacts

	COMPONENT	FINDINGS	IMPACT
	Healthcare Access	RHRC has significantly improved access to quality healthcare for rural populations in Chabua and neighbouring Arunachal Pradesh.	Improved healthcare availability for approximately 42,833 beneficiaries annually.
	Patient Satisfaction	High satisfaction levels across multiple services: <ul style="list-style-type: none"> <li>• Diagnostic services (99.0%)</li> <li>• Pathological testing (99.0%)</li> <li>• Cleanliness (99.0%)</li> <li>• Queue management (97.0%)</li> <li>• Nursing care (98.0%)</li> </ul>	Enhanced patient trust and positive perception, with 100% of respondents willing to recommend RHRC.
	Affordability	<ul style="list-style-type: none"> <li>• 49.0% of the respondents believe RHRC's treatment costs are lower than other private hospitals.</li> <li>• Free consultations and surgery discounts for BPL cardholders enhance affordability.</li> </ul>	Strengthened community health support for economically disadvantaged families.
	Staff Dedication	High professionalism among staff, with 100% patient satisfaction in doctor-patient interactions and care quality.	Strengthened trust in healthcare services, contributing to increased patient flow.
	Health Outcomes	Treatment and care provided by RHRC showed high effectiveness.	94.0% of the respondents achieved their expected health results fully resulting in the prevention of secondary infections as compared to 76.2% in the FY 2023 - 24
	Community Health Awareness	100% free consultations and 25.0-75.0% discount for BPL cardholders, depending on the surgery.	Improved health awareness and accessibility for economically disadvantaged families resulting in increased admissions
	Hospital Pharmacy	Improved accessibility with technological upgrades like UPI payments.	Better patient convenience, though areas like storage and cashless insurance require further attention.
	Patient Flow Growth	The increased number of patients reflects RHRC's growing reputation and impact on the local healthcare system.	A 10.0 - 15.0% increase in patient visits over the past year. Accessibility of the patients has been increased over the years which has been reflected in the increased visits.

## 02. OECD FRAMEWORK



Relevance



Coherence



Effectiveness



Efficiency



Impact



Sustainability

### RELEVANCE

The RHRC program is highly relevant to the healthcare needs of underserved rural populations in Chabua and neighbouring regions. Its objectives, such as enhancing access to diagnostic, curative, and preventive care, directly address local healthcare challenges like inadequate medical facilities and a shortage of skilled professionals. Patient feedback reflects the relevance of these efforts, with 90% of respondents citing the quality of medical care as their primary reason for choosing RHRC.

### COHERENCE

**Internal Coherence:** RHRC's activities, such as free consultations and surgery discounts for BPL cardholders, align well with its mission to provide affordable and accessible healthcare. The operational structure, including prioritising free services for local communities, ensures alignment with its objectives.

**External Coherence:** The program aligns with national policies such as Ayushman Bharat, the National Rural Health Mission (NRHM), and the Skill India Mission. It also supports the National Policy on Corporate Social Responsibility (CSR). Additionally, it contributes to global development by aligning with key Sustainable Development Goals (SDGs):



### EFFECTIVENESS

The program has been highly effective in achieving its goals, as evidenced by:

- Healthcare access for approximately 42,833 beneficiaries annually.
- High satisfaction rates: 99.0% for diagnostic services, 98.0% for nursing care, and 97.0% for queue management.
- Positive health outcomes, with 94.0% of the respondents achieving their expected health results fully.
- Patients have also expressed strong trust in RHRC, with 100% of the respondents willing to recommend the hospital to others. Despite these successes, challenges such as staffing shortages and infrastructure gaps (e.g., lack of advanced medical equipment) slightly hinder its full effectiveness.



### EFFICIENCY

The hospital has shown commendable efficiency in financial management. Technological upgrades, such as the implementation of UPI payment systems, have streamlined operations and improved patient experience. However, operational inefficiencies remain a concern, including:

- Overburdened staff due to high patient-to-nurse ratios.
- Administrative bottlenecks that reduce the time available for patient care.

Addressing these issues through better resource allocation, recruitment, and digital transformation could significantly enhance efficiency.



### IMPACT

RHRC has made a significant impact on the local healthcare ecosystem, with measurable benefits such as:

- Improved healthcare access for rural populations.
- Enhanced community health awareness through free medical camps and outreach programs.
- High patient satisfaction, with 99.0% of the respondents rating cleanliness and diagnostic services positively.
- The hospital has reduced healthcare disparities, with 49.0% of the respondents reporting that RHRC's treatment costs are lower than other private hospitals. Additionally, a 10.0-15.0% increase in patient flow over the past year reflects its growing reputation. Expanding advanced care options, such as NICU facilities and specialised departments, could further amplify its impact.



### SUSTAINABILITY

The program demonstrates strong potential for sustainability through:

- A financially viable model supported by revenue generation and cost-effective treatments.
- Ongoing efforts to build partnerships with organisations and state governments.
- Community trust, with 100% of the respondents recommending RHRC to others.

However, the presence of a railway gate in front of the centre creates accessibility issues for critical case patients to the hospital.



Relevance



Coherence



Effectiveness



Efficiency



Impact



Sustainability

## CHAPTER 3

# INTRODUCTION



*RHRC Waiting Area*

### BACKGROUND AND NEED OF THE PROGRAM

The Rural Healthcare and Research Centre (RHRC) program was initiated to address critical gaps in healthcare access in underserved rural areas, particularly in Chabua, Assam, along with the neighboring areas. Many rural communities face challenges such as inadequate medical facilities, a shortage of skilled healthcare professionals, and limited access to specialized healthcare services. These gaps often lead to poor health outcomes, higher rates of preventable diseases, and inadequate care for the population.

The key challenges faced by remote and rural regions when it comes to healthcare, are accessibility to good quality services, and limited knowledge and understanding about health issues. These challenges are seen among the North East Communities, in addition to the limited number of specialist doctors and facilities.

APPL Foundation, through its interventions, has tried to bridge this gap of accessibility and knowledge. The Referral Hospital and Research Centre (RHRC) at Chubwa, Assam, provides access to quality healthcare services to the rural areas in North East India by equipping the healthcare units at the remotest locations with latest technology, treatment by medical specialists and skilled healthcare personnel. The field programmes strive to eliminate diseases such as Tuberculosis and Fungal Infections while also increasing awareness about it.

Established in 1994, RHRC is a secondary care hospital located at Chubwa Tea Estate, Assam. Operating on a non-profit basis, the hospital provides affordable treatment to both employees and the general public. Known for its ethical medical practices, RHRC has earned a strong reputation locally and in neighbouring states like Nagaland and Arunachal Pradesh, attracting patients seeking quality medical care.

## OBJECTIVES OF THE PROGRAM

The primary objectives of the RHRC program, supported by Tata Consumer Products Limited (TCPL), were:



**Enhance Healthcare Access:** To provide rural communities with access to quality healthcare services, including diagnostic, preventive, and curative care.



**Improve Health Outcomes:** To address preventable diseases, and the lack of medical attention by offering comprehensive healthcare solutions.



**Build Capacity of Healthcare Workers:** To train and equip healthcare professionals in rural areas to better serve the needs of the community.



**Increase Health Awareness:** To promote health education and raise awareness about preventive and curative measures, hygiene, and disease prevention in the local population.



**Sustainability in Healthcare Services:** To establish a sustainable healthcare model that continues to serve rural communities even after the program's completion, ensuring long-term health benefits.

## ABOUT RURAL HEALTHCARE AND RESEARCH CENTRE (RHRC)

The Rural Healthcare and Research Centre (RHRC), established in 1994 by Tata Tea Limited, is a non-profit, secondary care hospital located in Chubwa, Assam. With an 80-bed capacity, RHRC provides a wide range of medical services to rural populations, focusing on affordable, high-quality healthcare.

Conceived by Tata Tea in 1989, RHRC has gained significant recognition for its ethical medical practices, offering cost-effective treatment to the local population as well as individuals from neighbouring states like Nagaland and Arunachal Pradesh. The hospital holds the distinction of being the only healthcare centre in the region with SA8000 certification, highlighting its commitment to social accountability and ethical business practices.

Since its inception, RHRC has served over 3,00,000 beneficiaries, the majority of whom are non-employees of Tata Tea, demonstrating the hospital's widespread impact. In addition to providing secondary medical care, RHRC also focuses on sustainability, ensuring that its operations and healthcare delivery continue to benefit the community in the long term.

Through its partnership with TCPL and the APPL Foundation, RHRC has strengthened its commitment to improving healthcare access, providing education on health-related issues, and supporting sustainable development in the region.

## ABOUT APPL FOUNDATION

The APPL Foundation is a trust dedicated to the public welfare, focusing on supporting those in need. The foundation's initiatives cover areas such as healthcare, education, environmental conservation, food security, and the preservation of indigenous culture, with a particular emphasis on North East India. Through its work in improving education, providing healthcare, promoting skill development, and supporting environmental sustainability, the APPL Foundation has made a significant impact in Assam and West Bengal. Committed to enhancing the quality of life for marginalised communities, the foundation collaborates with various partners to drive meaningful, long-term social change. TCPL has been dedicated to improving the quality of life for individuals in rural communities by providing access to essential services, enhancing livelihoods, and supporting initiatives that foster long-term sustainable growth. Through its CSR efforts, TCPL aims to create meaningful social value and contribute to the well-being of individuals and communities.

## CHAPTER 4

# RESEARCH METHODOLOGY



*Conference Hall*

### OBJECTIVES OF THE STUDY

The primary objectives of the study were to:



**Evaluate Accessibility:** Assess the extent to which RHRC has improved access to quality healthcare for rural and underserved populations, including its reach across Chabua, Assam, and neighbouring regions.



**Measure Affordability:** Analyse the hospital's success in providing cost-effective treatments, free consultations, and surgery discounts for economically disadvantaged groups, such as BPL cardholders.



**Assess Service Effectiveness:** Examine the hospital's performance in delivering diagnostic, curative, and preventive care services, including patient satisfaction and health outcomes.



**Identify Challenges and Opportunities:** Highlight operational gaps, such as staffing shortages and infrastructure needs, while identifying opportunities for improvement and growth to enhance RHRC's long-term impact.

## DEFINITION OF RESEARCH

Research refers to a systematic process of inquiry aimed at discovering, interpreting, or revising facts, events, behaviours, or theories. It involves the collection, analysis, and interpretation of data to answer specific questions, solve problems, or contribute to general knowledge. In this study, research was undertaken to evaluate the effectiveness, challenges, and impacts of the RHRC program in providing quality healthcare to underserved populations in Chabua, Assam. This evaluation also aimed to assess the alignment of RHRC's operations with the strategic objectives of its CSR initiatives and its broader impact on the community.

## USE OF MIXED METHODS APPROACH

This study employed a mixed methods approach, combining both qualitative and quantitative research techniques to provide a comprehensive understanding of RHRC's impact. The quantitative methods included structured surveys to measure patient satisfaction, service utilisation, and affordability, offering measurable and comparable data. The qualitative methods, comprising in-depth interviews and focus group discussions, allowed for the exploration of personal experiences, operational challenges, and stakeholder perceptions in greater detail. By integrating these methods, the study captured both the statistical and human dimensions of the RHRC's operations. This approach not only illuminated key outcomes but also provided a deeper understanding of underlying issues and opportunities for improvement.

## ENSURING TRIANGULATION

Triangulation was employed to enhance the validity and reliability of the study findings. Data collected from structured surveys were corroborated with qualitative insights from interviews and focus groups. Observations during site visits and secondary data from hospital records further supported the analysis. This multi-faceted approach ensured a robust and comprehensive evaluation, as it reduced biases and discrepancies by comparing and cross-verifying findings across different methods and sources.

Triangulation also allowed the study to identify consistencies and variances in stakeholder experiences and perspectives, enriching the depth and scope of the analysis.

## KEY STAKEHOLDERS

The study engaged a wide range of stakeholders to provide a holistic evaluation of RHRC:



### BENEFICIARIES

Patients and their families who directly experience the healthcare services provided by RHRC



### HEALTHCARE STAFF

Including doctors, nurses, technicians, and support staff who contributed insights on service delivery, challenges, and resource needs.



### ADMINISTRATIVE PERSONNEL & OTHER STAFF

Management staff who shared perspectives on operational strategies, outreach, sustainability, and the alignment of RHRC's activities with organisational objectives.

## DESIGN SNAPSHOT



### Name of the project

Referral Hospital and Research Centre (RHRC)



### Implementing agency

APPL Foundation



### Research design used

Descriptive Research Design



### Sampling technique

Purposive Sampling



### Sample size

100 (Males - 54, Females - 46)



## Quantitative Method Used

Questionnaire tool



## Qualitative Methods Used

Semi-structured interviews, testimonials, case studies, and focus group discussions with beneficiaries along with key stakeholders

## STUDY TOOLS

The following tools were utilised for data collection:

**Structured Questionnaires:** Designed to gather quantitative data on patient satisfaction, service usage, and perceptions of affordability. These were administered to a diverse sample of beneficiaries to ensure representativeness.

**In-depth interviews:** Conducted with healthcare staff, administrative personnel, and other staff to explore qualitative insights. These interviews provided rich narratives about operational dynamics, individual experiences, and stakeholder expectations.

**Focus Group Discussions:** Facilitated among beneficiaries and local community members to understand collective perceptions and experiences. These discussions helped uncover shared challenges and community-specific insights.

**Observational Checklists:** Used during site visits to assess hospital infrastructure, workflow efficiency, and service delivery. Observations provided an objective basis for understanding operational realities and identifying gaps.

## ETHICAL CONSIDERATIONS

Ethical principles guided the study to ensure fairness, integrity, and respect for participants:



### INFORMED CONSENT

Participants were fully informed about the study's purpose, methods, and their rights, ensuring voluntary participation. Consent was obtained verbally and in writing to respect literacy levels among participants.



### CONFIDENTIALITY

Measures were taken to anonymise personal data, protecting the privacy of participants. Data were securely stored and accessible only to the research team.



### NON-MALEFICENCE

The study was conducted in a manner that avoided disruption to hospital operations or harm to participants. Special care was taken to ensure that vulnerable populations felt comfortable and safe during the research process.



### CULTURAL SENSITIVITY

Research activities were designed to respect local customs and norms. Translators and local facilitators were engaged where necessary to bridge linguistic and cultural gaps.



### ETHICAL APPROVAL

Necessary permissions were obtained from RHRC management and relevant oversight bodies, ensuring compliance with ethical standards.

## CHAPTER 5

# KEY FINDINGS AND IMPACTS



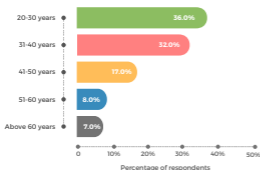
### PROGRAM OVERVIEW

This section provides an in-depth analysis of RHRC Hospital's healthcare services, patient demographics, and overall satisfaction levels. It examines key areas, including the hospital's accessibility and affordability. The section covers the demographic and occupational profiles of respondents, their treatment preferences, and satisfaction with medical care, nursing services, and hospital facilities. Additionally, it highlights critical challenges such as staff shortages, infrastructure gaps, and the need for specialised departments. The findings offer insights into RHRC's impact on the community and suggest improvements to enhance healthcare delivery and patient experience.



## DEMOGRAPHIC PROFILE

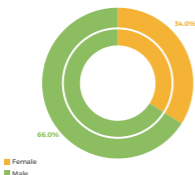
CHART 1: PERCENTAGE DISTRIBUTION OF RESPONDENTS BY AGE-GROUP



### 36.0%

of the respondents were aged 20-30 years, followed by 32.0% aged 31-40 years. Respondents aged 41-50 years accounted for 17.0%, while those aged 51-60 years and above 60 years made up 8.0% and 7.0%, respectively, indicating that the majority of the respondents fell in the bracket of twenty to thirty years.

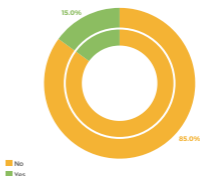
CHART 2: PERCENTAGE DISTRIBUTION OF RESPONDENTS BY GENDER



Additionally, the gender distribution revealed that 66.0% of respondents were male, and 34.0% were female.

## ASSOCIATION WITH TATA TEA ESTATES

CHART 3: WHETHER THE RESPONDENT OR THEIR FAMILY MEMBER IS AN EMPLOYEE OF TATA TEA ESTATES IN THE LOCALITY



No  
Yes

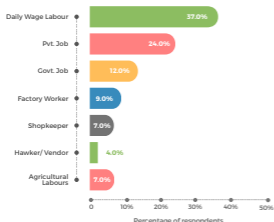


### 15.0%

of the respondents or their family members were employees of TATA Tea Estates in the locality, while the majority, 85.0%, had no direct affiliation. According to the Chief Medical Officer, this demonstrates that RHRC Hospital serves a diverse community beyond tea estate workers. The hospital's initiatives, such as free consultations on Saturdays and significant surgery discounts of 25.0% to 75.0% for eligible patients, have made healthcare more accessible to economically disadvantaged individuals. As a result, a large proportion of patients come from outside the tea estates, reflecting RHRC's commitment to inclusive and affordable healthcare for all.

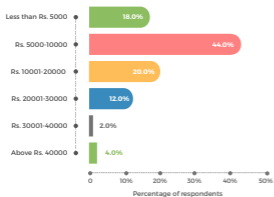
## OCCUPATIONAL PROFILE AND INCOME DISTRIBUTION OF RESPONDENTS

CHART 4: OCCUPATION OF THE HEAD OF THE HOUSEHOLD



Most household heads work as daily wage labourers (37.0%) or in private jobs (24.0%), with fewer in government jobs (12.0%) and factories (9.0%).

CHART 5: MONTHLY INCOME OF THE RESPONDENTS

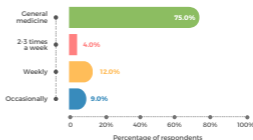


- Low-income, informal jobs dominate, with 44.0% earning Rs. 5000-10,000 and 18.0% earning less than Rs. 5000 monthly.
- Only 6.0% earn above Rs. 30,000, reflecting limited high-income households.

The higher number of patients from economically vulnerable households can be attributed to RHRC's mission, which focuses on providing accessible and affordable healthcare services to low-income households. This mission attracts economically vulnerable populations who seek comprehensive healthcare support. RHRC's commitment to serving underprivileged communities ensures that these patients receive the necessary medical attention, further explaining the increased turnout of patients from these areas.

## DEPARTMENTS VISITED BY THE RESPONDENTS ON THE DAY OF THE SURVEY

CHART 6: SPECIALITY/ DEPARTMENT VISITED IN THE HOSPITAL



The analysis of hospital visits shows that general medicine is the most in-demand department, as 75.0% of the respondents visited this department for health consultations. Gynaecology follows with 12.0%, reflecting visits for women's health and reproductive care. Other departments collectively account for 9.0%, likely covering specialised services such as paediatrics or orthopaedics. Surgery has the lowest proportion at 4.0%, suggesting fewer instances of surgical interventions among respondents.

Total number of OPD Patients	Total number of patients admitted	Total number of surgeries performed	Total Pathology Tests	Total X-Ray	Total ECG	Total ECHO
40,056	2,777	1,634	1,87,053	7,374	2,737	436

The table presents a comprehensive overview of a healthcare facility's annual statistics. It reports a total of 40,056 patients visiting the outpatient department, 2,777 admissions, and 1,634 surgeries performed. Additionally, the facility conducted 1,87,053 pathology tests, 7,374 X-ray procedures, 2,737 ECG tests, and 436 ECHO tests, showcasing the facility's extensive range of medical services and significant patient volume.

Patients like Sanjeeta Tati, who underwent surgery at RHRC, mentioned that without such financial assistance, seeking treatment would have been impossible.

“

"I underwent a gall bladder surgery at RHRC; they provided me financial assistance, without which it wouldn't have been possible for me to seek the treatment. I am highly satisfied with the quality of treatment and the post-operative care that I received."

- Sanjeeta Tati, Tea Plucker, patient of RHRC

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## RHRC GENERAL WARD NURSING STATION



## TREATMENT PREFERENCE AND SATISFACTION WITH SERVICES

CHART 7: REASON FOR CHOOSING THE RHRC FOR TREATMENT



The primary reason for selecting RHRC for treatment is the high-quality medical care, cited by an overwhelming 90.0% of the respondents. This highlights the hospital's reputation for excellence in healthcare services. Additionally, 23.0% of the respondents chose RHRC due to its proximity, emphasising the importance of accessibility in healthcare decisions. These findings highlight the significance of maintaining high care standards while also ensuring convenient access to attract and serve more patients effectively.

In discussions with patients, they have expressed satisfaction with the treatment they receive at RHRC Hospital, particularly in comparison to private hospitals, which are often more expensive. However, some patients prefer to travel to Dibrugarh Medical College for specialised treatment, such as paediatrics and advanced surgeries, due to the shortage of permanent paediatrics in the RHRC hospital.

“

“We are highly satisfied with the maternity care and postnatal support that we received at the RHRC hospital after the delivery of our child. The hospital's services are affordable as well as efficient. It made healthcare more accessible to our family.”

- Sita Patwari Mohanti, wife of a tea garden worker

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R.H.R.C Female General Ward.



## CASE STUDY HOSPITAL'S EXECUTION STRATEGY AND COMMUNITY OUTREACH



During an interview with Debasish Chowdhury, Chief Medical Officer (CMO), insights were shared regarding the hospital's execution strategy and community outreach initiatives. The hospital is committed to providing quality healthcare to the local community, particularly to economically disadvantaged groups. Operating hours are structured to prioritise free services for the local community from 7:30 AM to 11:30 AM, followed by paid services from 12:00 PM onwards. Footfall has also increased in the pathology section, leading to revenue generation.

A notable addition to community services includes free consultations every Saturday from 7:00 AM to 11:00 AM for BPL cardholders, along with surgery discounts ranging from 25.0% to 75.0% based on the procedure. Most patients hail from Chabua village in Tinsukia and nearby regions of Arunachal Pradesh.

- Interview with Debasish Chowdhury, Chief Medical Officer



“

"As a school teacher in Chabua tea garden, I've seen firsthand the healthcare journey of our tea garden workers. For initial treatment, they usually go to the garden hospital, and if needed, they're referred to RHRC Hospital for more advanced care. Critical cases are sent to the medical college in Dibrugarh for specialised treatment.

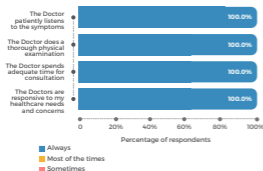
Reflecting on my own experience, I had a smooth and safe delivery at RHRC under the care of Dr. Rashmi Tiwari. The hospital's facilities were excellent, and the staff was incredibly dedicated. However, many people still prefer the medical college due to its wider range of specialised services. Overall, my experience at RHRC was very positive and memorable."

- Raveena Bhumi, teacher of Chabua tea garden

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## BENEFICIARIES' SATISFACTION WITH DOCTORS AT RHRC

CHART 8: SATISFACTION LEVEL OF BENEFICIARIES CONCERNING THE SERVICES BY DOCTORS



The data indicates an exceptionally high level of satisfaction among beneficiaries regarding doctors' services at RHRC.

Across all parameters—listening to symptoms, conducting thorough physical examinations, spending adequate time for consultation, and being responsive to healthcare needs and concerns—100% of the respondents consistently rated their experience as "Always" satisfactory. This unanimity underscores the dedication and professionalism of the medical staff, reflecting their commitment to patient care and engagement.

The respondents appreciate the dedication and commitment of doctors at RHRC, particularly their availability on campus, which ensures 24/7 emergency care. According to Kajol Pal, a long-time nursing aide, having doctors readily available has improved emergency response times and patient outcomes.

## INSIGHTS FROM THE DISCUSSION WITH THE DOCTORS

In discussion with the doctors at RHRC Hospital, they have identified some gaps affecting healthcare delivery and operational efficiency:



### SHORTAGE OF MEDICAL STAFF

There is a need for additional specialists, particularly anesthesiologists, paediatricians, and endocrinologists, to manage increasing patient loads effectively.



### LIMITED INFRASTRUCTURE

The absence of a Neonatal Intensive Care Unit (NICU) and the lack of advanced surgical facilities for heart and brain surgeries restricts comprehensive patient care.



### COMPETITION FROM PRIVATE NURSING HOMES

Reduction in patient numbers due to the unavailability of hospital cabins.



### OPERATIONAL LIMITATIONS

Night surgeries are restricted to emergencies; a significant drop in delivery cases due to the lack of a paediatrician.



### LIMITED SURGICAL FACILITIES

No facilities for heart surgeries, major brain surgeries, and NICUs.



### RETENTION ISSUES

Many doctors and nurses leave due to lower salaries compared to private hospitals, impacting service continuity.



### ADMINISTRATIVE BURDEN ON NURSES

Nurses are overloaded with paperwork, limiting their ability to focus on patient care. A dedicated administrative team is needed.



### INCONSISTENT PATIENT FLOW

Competition from private hospitals and a new medical college in Tinsukia has affected patient numbers.



### LIMITED AWARENESS AND OUTREACH

Many potential patients are unaware of RHRC's services, necessitating stronger marketing and community engagement efforts.



### LACK OF DIGITAL PATIENT MANAGEMENT

The hospital requires a structured feedback mechanism and a help desk to streamline patient support and improve service quality.

Addressing these gaps can add to the hospital's impact, improving both patient experience and community engagement. By implementing these initiatives, the hospital can strengthen its visibility, communication, and convenience.



## INTERVIEW WITH DR. ABRIN AKHTAR (ANESTHESIOLOGIST)

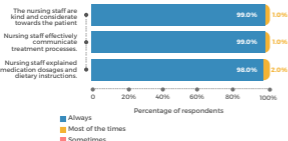
Dr. Abrin Akhtar, anesthesiologist and intensive care specialist at RHRC Hospital, who manages 30-40% of major procedures, highlighted the increasing demand for surgical services. She emphasised the need for an additional anesthesiologist to meet growing surgical demands.

Dr. Akhtar praised the hospital's strong infrastructure, with doctors stationed on campus for prompt emergency care and efficient ICU management. She also underscored RHRC's commitment to community outreach through free medical camps and suggested implementing a formal feedback system and help desk to enhance patient experience and service delivery.



## PATIENT SATISFACTION TOWARDS NURSING CARE

**CHART 9: SATISFACTION LEVEL OF BENEFICIARIES CONCERNING THE SERVICES BY THE NURSES**



The satisfaction levels concerning nurses' services at RHRC are overwhelmingly positive. 99.0% of the respondents rated the nursing staff as "Always" kind, considerate and effective in communicating about the treatment process. Additionally, 98.0% reported that nurses "Always" explained dosages and diet regimens clearly. These results highlight the nursing staff's commitment to compassionate care and effective communication, ensuring high-quality patient support.

While patients generally appreciate the nursing care at RHRC, the nursing staff faces significant workload challenges. According to a discussion with the general nursing staff, the current nurse-to-patient ratio is high, with nurses in the general ward handling 30-35 patients per shift.

“

"I'm proud to work in the neuro section, supporting doctors and ensuring top care for patients. The trust from both patients and staff motivates me, and it's rewarding to be part of a team that makes a difference."

- Kajol Pal, Nurse, RHRC Hospital

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## INSIGHTS FROM THE DISCUSSION WITH THE DOCTORS



### UNDERSTAFFING

Urgent need for 3-4 additional nurses, especially for laparoscopic surgeries.



### HIGH PATIENT-TO-NURSE RATIO

Two nurses managing 30-35 patients in the general ward along with OPD and emergency duties. In ICUs and cabins, a single nurse handles 5-6 patients, causing workload strain.



### INCREASED NON-ENTITLED CASES

Post-COVID-19 surge in non-entitled cases, straining limited resources.



### SECURITY ISSUES

Occasional disturbances from alcoholic patients requiring extra staff attention.



### LOW SALARIES

Comparatively lower pay than other hospitals, leading to low morale and staff retention issues.



### LACK OF BASIC AMENITIES

No proper changing rooms or toilets for nursing staff.



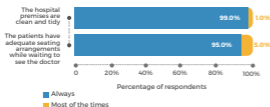
### GROWTH OPPORTUNITIES GAP

Limited opportunities for skill enhancement and cross-departmental exposure, which could improve motivation and career growth.

The above discussion highlighted some important issues. The resolution of these issues will significantly add to the hospital's effectiveness and efficiency.

## BENEFICIARIES' SATISFACTION REGARDING HOSPITAL FACILITIES

CHART 10: SATISFACTION LEVEL OF BENEFICIARIES CONCERNING THE HOSPITAL FACILITIES



The analysis of satisfaction levels regarding hospital facilities reveals strong performance in cleanliness and minor scope for improvement in seating arrangements. 99.0% of the respondents reported that the hospital premises are "Always" clean and tidy, reflecting excellent maintenance standards, while 1.0% rated it as "Most of the time." Regarding seating arrangements, 95.0% of the respondents found them "Always" adequate, and 5.0% indicated "Most of the time." Overall, the hospital facilities are well-regarded, with a small opportunity to enhance patient comfort in the waiting areas.



### RECENT IMPROVEMENTS IN FACILITIES AND INFRASTRUCTURE

- Installation of a UPI payment system to facilitate smoother transactions.
- Addition of front glass partitions at the pharmacy for better service delivery.



### AREAS NEEDING IMPROVEMENT

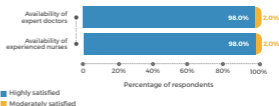
- Lack of proper waiting areas and overcrowding in OPD sections and in-patient families.
- Insufficient space in in-patient wards, requiring additional beds and facilities.
- Need for better lighting and signage for easier navigation around the hospital.
- Need for better waste disposal management and enhanced hospital hygiene practices.



### CHALLENGES IN PHARMACY AND FINANCIAL OPERATIONS

- Storage issues in the pharmacy impacting medicine inventory.
- The absence of a cashless insurance facility causes inconvenience for insured patients.
- Single-window cash counters are needed for streamlined financial transactions.

CHART 11: SATISFACTION LEVEL OF BENEFICIARIES CONCERNING THE AVAILABILITY OF HOSPITAL STAFFS



The satisfaction levels concerning the availability of hospital staff are overwhelmingly positive. 98.0% of the respondents were highly satisfied with the availability of expert doctors, while 2.0% were moderately satisfied. Similarly, 98.0% expressed high satisfaction with the availability of experienced nurses, with 2.0% moderately satisfied. These results highlight a strong overall satisfaction with the hospital's staffing, with only a small fraction of respondents expressing moderate satisfaction.

In spite of the satisfactory responses, there are challenges in regard to the availability of the staff, as discussed by the nurses and other staff. There is a critical shortage of nurses, anesthesiologists, and ward boys, impacting the hospital's ability to provide efficient care. The pathology department would benefit from additional lab technicians. With an increasing patient load, there is a pressing need for more healthcare professionals across multiple departments to maintain service quality.

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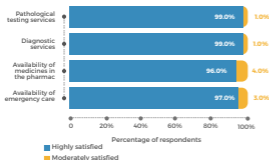
"There's a gap in nurse training, which impacts their ability to handle advanced medical tasks. Low staff morale is another concern, as many nurses feel overburdened without extra compensation. I recommend enhancing training, recruiting more specialists, and providing better operational support to ensure efficient care."

- Dr. Rona, Sonography Specialist at RHRC Hospital

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## BENEFICIARIES' SATISFACTION TOWARDS ACUTE CARE AND CLINICAL SERVICES AT RHRC

CHART 12: SATISFACTION LEVEL OF BENEFICIARIES CONCERNING THE AVAILABILITY OF PATHOLOGICAL & DIAGNOSTIC SERVICES AND MEDICINES & EMERGENCY CARE



More than 95.0% of the respondents were highly satisfied with the diagnostic services, pathological testing services, availability of medicines in the pharmacy and availability of emergency care services.

The results show a strong level of satisfaction across all critical services, which reflects positively on the hospital's ability to meet patient needs in these essential areas.

“

"When my husband was admitted to the ICU, I was impressed by the attentiveness of the doctors and nurses. However, I feel there is a need for better facilities and more staff in the ICU to ensure even more efficient and comprehensive care."

- Beena Das, Patient's wife

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## GAPS AFFECTING THE QUALITY OF HEALTHCARE SERVICES



Absence of specialised departments, particularly paediatrics and gynaecology.



Limited availability of advanced diagnostics, particularly the lack of an MRI machine.

“

"As a CT Scan Technician, I've seen a significant increase in the number of cases we handle, with the in-patient store collecting over 1 crore in just 3-4 months. This growth reflects the trust people have in our services. Being part of a team that makes a difference in so many lives keeps me motivated, and the hospital's commitment to improving care drives me to continue contributing to the healthcare of others."

- Bidyut Bikash, CT Scan Technician

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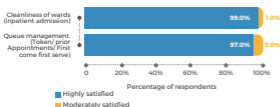
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"I've seen RHRC Hospital's strong diagnostic capabilities, serving up to 100 patients daily during peak months. The lab offers a wide range of tests with prompt report delivery by 4:00 PM. RHRC provides high-quality, personalised care at affordable rates, especially compared to private hospitals in Dibrugarh. To improve, I believe boosting hospital visibility and implementing computerised report generation would enhance service quality and efficiency."

- Dr. Nitamani Khandait, Specialist in Haematology at RHRC Hospital

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**CHART 13: SATISFACTION LEVEL OF BENEFICIARIES CONCERNING THE CLEANLINESS AND QUEUE MANAGEMENT**



**99.0%**

of the respondents were highly satisfied with the cleanliness of wards (in-patient admission).



**97.0%**

of the respondents were highly satisfied with the queue management system (including the token system, prior appointments, and first-come, first-serve system).

Both cleanliness and queue management received very positive feedback, with only a small percentage of respondents expressing moderate satisfaction.

These results highlight the hospital's strong performance in maintaining a clean environment and managing patient flow effectively.

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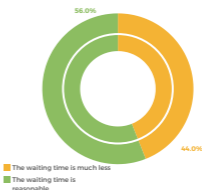
"I help maintain a clean and safe environment for patients and staff. Along with my team of 8, we ensure the OPD, emergency areas, and in-patient wards are thoroughly cleaned. Our duties include mopping, as well as keeping walls and glass spotless. We take pride in ensuring the cabins and wards remain hygienic for patient recovery."

- Rumi Guhani, Cleaner at RHRC Hospital

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## BENEFICIARIES' SATISFACTION TOWARDS WAITING TIME

**CHART 14: OPINION ON THE WAITING TIME AT THE HOSPITAL**

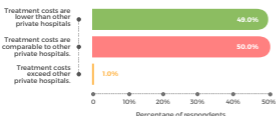


The data shows that respondents have a largely positive opinion about the waiting times at the hospital. Specifically, 44.0% of the respondents believe that the waiting time is "much less," indicating a good portion of the population is satisfied with the promptness of service and perhaps perceives an improvement compared to their expectations or past experiences.

However, in discussions with patients, it was also revealed that long waiting lines were a concern, particularly at OPD and diagnostic services. Dr. Nitamani Khandait suggested implementing a digital patient management system to expedite appointment scheduling and reduce delays.

## AFFORDABILITY OF TREATMENT AT RHRC

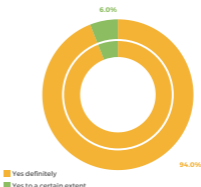
**CHART 15: OPINION ON THE AFFORDABILITY OF TREATMENT AT RHRC**



Overall, the data indicates that RHRC is perceived as affordable by most (99.0%) of the respondents, with the majority finding the pricing competitive or lower compared to other private hospitals in the area. Free consultation slots and discounts for BPL cardholders have made treatment more accessible. Dr. Debasish Chowdhury recommended further collaborations with insurance providers to enhance affordability. Several patients emphasised that without RHRC, they would have struggled to afford even basic healthcare services.

## ACHIEVEMENT OF HEALTH OUTCOMES AT RHRC

**CHART 16: ACHIEVEMENT OF THE HEALTH OUTCOMES AS EXPECTED ON VISITING RHRC**



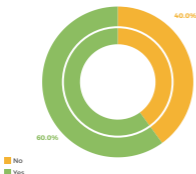
The majority (94.0%) of the respondents report positive health outcomes following their visit to RHRC.

There has been a 10.0-15.0% increase in patient numbers over the past year, indicating improved community trust in RHRC's services. Preventive healthcare practices, such as increased participation in free medical camps, have contributed to better health outcomes. Dr. Sharmon highlighted that patient recovery rates have improved due to better post-operative care and increased awareness about regular check-ups.



## HOSPITAL VISITS OTHER THAN RHRC

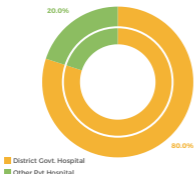
CHART 17: WHETHER ANY HOSPITAL VISITED OTHER THAN RHRC



**60.0%**

of the respondents have visited a hospital other than RHRC, with the majority, 80.0%, choosing District Government Hospitals and 20.0% opting for other private hospitals. This suggests that while RHRC is a preferred choice, many patients also seek care at government hospitals, likely due to cost or specific services, with fewer turning to other private hospitals.

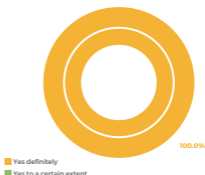
CHART 18: HOSPITALS VISITED OTHER THAN RHRC



Many patients still travel to Dibrugarh Medical College for specialised care, particularly for paediatrics, cardiology, and advanced surgeries.

According to Baman Pal, a watchman, the absence of critical departments like orthopaedics and endocrinology at RHRC necessitates these referrals. Patients suggested that expanding specialist services at RHRC could reduce the need for external referrals.

CHART 19: WHETHER SUGGEST FRIENDS/RELATIVES TO VISIT RHRC FOR TREATMENT



**100.0%**

of the respondents indicated that they would definitely suggest RHRC for treatment, with no respondents expressing any reservations or suggesting it only to a certain extent.



## KEY IMPACTS



### IMPROVED HEALTHCARE ACCESS

RHRC has significantly enhanced access to quality healthcare in underserved areas, particularly for rural populations that previously struggled with limited medical facilities. Its efforts ensure that essential healthcare services reach those in need, reducing barriers such as distance, affordability, and awareness. Improved healthcare availability for 42,833 beneficiaries annually.



### AFFORDABILITY AND FINANCIAL RELIEF

By offering free consultations, discounted surgeries, and cost-effective treatments, RHRC has made healthcare more affordable for economically disadvantaged communities. This reduces financial strain on families and ensures that even the most vulnerable have access to essential medical care. 49.0% respondents believe RHRCs treatment costs are lower than other private hospitals resulting in enhanced patient trust with 100% willing to recommend RHRC



### ENHANCED HEALTH OUTCOMES

RHRC's focus on curative, preventive, and diagnostic services has contributed to better overall health outcomes. It addresses key health challenges such as communicable diseases, maternal and child health issues, and lifestyle-related conditions, creating a healthier community. 94.0% achieved their expected health results fully.



### SUSTAINABILITY IN HEALTHCARE DELIVERY

RHRC has established a sustainable model of healthcare that integrates affordability, accessibility, and quality. Its focus on long-term impact ensures continuous service delivery, even in resource-constrained settings.

Opinion on the affordability of treatment at RHRC	No. of respondents	% of respondents
The cost of treatment is less compared to any other private hospital in this region	49	49.0
The cost of treatment is almost the same as in any other private hospital	50	50.0
The cost of treatment is higher compared to other private hospitals in the region.	1	1.0

The majority of respondents (49%) felt that the cost of treatment at the Rural Health Resource Center (RHRC) is less compared to other private hospitals in the region. An equal percentage (50%) believed that the cost is almost the same, while only 1% thought the cost is higher. This suggests that RHRC is perceived as an affordable treatment option by nearly half of the respondents.

Achievement of the health outcomes as expected on visiting RHRC	No. of respondents	% of respondents
Yes definitely	94	94.0
Yes to a certain extent	6	6.0

The majority of respondents (94%) reported achieving the expected health outcomes after visiting the Rural Health Resource Center (RHRC). Only 6% reported achieving health outcomes to a certain extent. This indicates a high level of satisfaction with the health services provided at the RHRC.

Satisfaction level of beneficiaries concerning the hospital facilities	No. of respondents		
	Always	Most of the times	Total
The hospital premises are clean and tidy	99.0	1.0	100.0
The patients have adequate seating arrangements while waiting to see the doctor	95.0	5.0	100.0

The beneficiaries expressed a high level of satisfaction with the hospital facilities, 99% reported that the hospital premises are always clean and tidy. 95% stated that patients have adequate seating arrangements while waiting to see the doctor, with 5% saying this is true most of the time. Overall, the findings indicate a strong positive perception of the hospital's facilities among beneficiaries.



## FUTURE PLANNING

The hospital is enhancing its outreach strategies to improve community engagement and patient satisfaction. Plans include a continuous television advertisement to boost visibility and promote services. A mobile SMS notification system is also being developed to send welcome messages to patients, improving communication. Additionally, an Axis Bank ATM will be installed on-site for added convenience. To increase awareness, the hospital will place display boards with information on common disease symptoms and showcase "Happy Patient" photos to build trust and positivity.

# IMPACT CREATED ACROSS MULTIPLE LEVELS



## INDIVIDUAL LEVEL

- Improved health outcomes for 94.0% of the patients, with effective treatment across general medicine, gynaecology, and diagnostic services.
- Many individuals, particularly those from economically disadvantaged backgrounds, have benefited from lower treatment costs, as nearly 50.0% of the patients noted RHRC's services to be more affordable than other private hospitals.
- For individuals in rural Chabua and neighbouring Arunachal Pradesh, healthcare has become more accessible due to the local presence of RHRC.



## HOUSEHOLD LEVEL

- Affordable healthcare: Nearly 49.0% of the respondents found the hospital's treatment cost lower than other private hospitals, reducing the financial burden on families.
- Increased awareness and access to healthcare services for family members through free consultations and surgery discounts for BPL cardholders.



## COMMUNITY LEVEL

- Improved accessibility to quality healthcare for 50,000 beneficiaries annually, serving populations from Chabua and neighbouring Arunachal Pradesh.
- Community health awareness increased through medical camps and display boards with preventive healthcare information.
- Positive perception of the hospital, with 100% of the respondents recommending RHRC to friends and relatives.



## DISTRICT LEVEL

- RHRC's services help bridge healthcare gaps in Chabua and surrounding regions, particularly addressing the lack of specialised medical facilities in the district.
- Employment opportunities were created for local residents, including nurses, technicians, and support staff.
- Enhanced healthcare delivery through partnerships with organisations and corporate entities like Star Insurance.



## STATE LEVEL

- RHRC serves as a regional healthcare hub for Assam, drawing patients from districts lacking secondary care facilities.
- Contribution to state healthcare goals by aligning with Sustainable Development Goals (SDGs) focused on health and well-being.



## NATIONAL LEVEL

- Recognition as a model healthcare facility with SA8000 certification, showcasing its ethical and professional standards.
- By addressing preventable diseases and malnutrition and promoting hygiene awareness, RHRC directly contributes to India's goals under Ayushman Bharat and other health missions aimed at universal health coverage.
- RHRC bridges healthcare gaps in rural and semi-rural areas, providing essential services to marginalised communities and reducing the urban-rural divide in healthcare access.
- RHRC's emphasis on cost-effective and community-driven health services aligns with national efforts to ensure the sustainability of healthcare infrastructure.

## 06. SWOT ANALYSIS



### STRENGTHS

- **High-Quality Healthcare Services:** RHRC is known for its professional staff and high-quality medical care, as reflected in the 90.0% of the patients who cited quality as their primary reason for choosing the facility.
- **Affordable Treatment:** Free consultations, discounted surgeries, and cost-effective treatments make RHRC accessible to economically disadvantaged communities.
- **Dedicated Workforce:** High patient satisfaction with both doctors and nurses underscores their commitment to excellent care and effective communication.
- **Sustainability Focus:** Efforts to establish a sustainable healthcare model and alignment with national policies like Ayushman Bharat and Skill India Mission.
- **Strategic Location:** Proximity to rural communities in Assam and Arunachal Pradesh increases accessibility for underserved populations.



### WEAKNESSES

- **Infrastructure Gaps:** Absence of advanced medical equipment (e.g., MRI, NICU) and inadequate facilities like display boards and storage space.
- **Staffing Shortages:** Limited healthcare professionals, especially in specialised roles like anesthesiology, paediatrics, and ward support.
- **Operational Inefficiencies:** Overburdened staff due to high patient-to-nurse ratios and lack of adequate administrative support.
- **Employee Concerns:** Low salaries, lack of benefits, and insufficient opportunities for skill enhancement contribute to low morale.



### OPPORTUNITIES

- **Expanding Services:** Introducing specialised departments (e.g., paediatrics, orthopaedics) and acquiring advanced equipment.
- **Improved Outreach:** Leveraging digital marketing, SMS notifications, and community medical camps to enhance visibility and attract more patients.
- **Partnerships:** Collaborating with insurance providers, corporate programs, and government schemes to increase patient base and financial resources.
- **Skill Development:** Offering training and mentorship programs to boost staff morale and retention.

**THREATS**

- **Competition:** New government medical colleges and private hospitals may divert patients.
- **Logistical Challenges:** Delays were caused by the upgraded railway gate and the lack of patient accommodation in distant regions.
- **Sustainability Risks:** Rising patient demand without proportional expansion in infrastructure and staffing could compromise service quality.
- **Economic Constraints:** High dependency on low-income employment in the region limits the ability to pay for healthcare.

# EXIT STRATEGY

To ensure a structured and sustainable exit, the following strategy has been outlined for RHRC:



## STRENGTHENING FINANCIAL SUSTAINABILITY

- Diversify funding by collaborating with other CSR initiatives, insurance providers, and government schemes like Ayushman Bharat.
- Gradual withdrawal is essential for the project's sustainability, allowing the implementing agency sufficient time to arrange either alternative funding or develop a self-sufficiency model.



## COMMUNITY ENGAGEMENT & OWNERSHIP

- Build an alumni network of recovered patients and their families to support hospital initiatives and advocacy.
- Strengthen partnerships with local NGOs and community organizations for continued support.



## WORKFORCE DEVELOPMENT & RETENTION

- Address staffing shortages by collaborating with medical and nursing colleges for internship and recruitment programs.



## ENHANCING HEALTHCARE SERVICES & INFRASTRUCTURE

- Enhance medical facilities by obtaining crucial equipment like MRI and NICU units to attract more patients.
- Improve hospital infrastructure, including better reception areas, signage, and patient.



## LONG-TERM MONITORING & POLICY ALIGNMENT

- Align RHRC's strategy with government health policies to ensure long-term sustainability and funding support.

## CHAPTER 7

# CONCLUSION

RHRC has consistently earned the trust of its beneficiaries, as reflected in the overwhelmingly positive feedback it receives. For instance, 100% of the respondents expressed their willingness to recommend the hospital to friends and relatives. High satisfaction levels with diagnostic services (99.0%), nursing care (98.0%), and hospital cleanliness (99.0%) underline RHRC's commitment to quality care. Patients have also highlighted the affordability of treatment, with 49.0% noting that the cost is lower than other private hospitals in the region. Staff interviews highlighted the hospital's strengths, including a dedicated workforce, exceptional cleanliness, and high patient satisfaction in key areas like diagnostic services and emergency care. Staff members spoke of their pride in contributing to meaningful healthcare outcomes, with some expressing gratitude for the trust patients place in the hospital.

At the same time, the interviews brought attention to a few challenges. These include the need for advanced equipment, addressing staffing shortages, and improving operational processes. Staff shared concerns about workload pressures, limited career growth opportunities, and the absence of amenities like changing rooms and proper staff rest areas. Despite these issues, there was a consistent acknowledgement of RHRC's role in positively transforming the lives of patients and communities.

Overall, RHRC continues to play a vital role in bridging healthcare gaps in underserved regions, providing a blend of affordability, accessibility, and quality. By incorporating feedback into its development strategy and focusing on the way forward, RHRC is well-positioned to amplify its impact and strengthen its reputation as a model for sustainable rural healthcare.

# Supporting Cancer Affected Children

## Impact Assessment Report



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# 01. EXECUTIVE SUMMARY

## PROJECT BACKGROUND

As part of its Corporate Social Responsibility, Tata Consumer Products contributes to the operational costs of the St. Jude ChildCare Centre in Rajarhat, New Town Kolkata. The primary aim of the program is to prevent the discontinuation or abandonment of treatment for children coming from far away due to financial crises.

In 2015, St. Jude shifted to Premashraya, Rajarhat. Today, the area is teeming with development and opportunities, justifying St. Jude's decision to expand its facilities. It has 50 units at Rajarhat centre. Each unit has separate beds for the children and their parents, a cupboard for storage and adequate ventilation. There are shared kitchen facilities, dining areas, clean washrooms, a place to wash clothes and a playroom where children participate in music, art and other exercises that keep them engaged in community-building."

Through the **Affordable Healthcare Services for Children with Cancer initiative**, underprivileged families are supported by providing safe, hygienic accommodations and nutritious meals to children undergoing cancer treatment. It reduces the financial burden on families while improving curability rates through strict hygiene, dietary regimens, and comprehensive care. This study was undertaken to understand the overall impact of the program on the children and families identified.

The need for St. Jude arises from the critical lack of accessible, high-quality treatment options for children battling catastrophic diseases like cancer, particularly in cases where families face financial barriers.

Many children around the world with life-threatening pediatric cancers do not have access to the necessary research-based treatments due to limited availability and affordability, creating a significant gap in care and impacting survival rates

TATA Global beverages is involved in CSR activities from last 50 years. TCPL CSR programmes aim to be relevant to local, national and global contexts, keep disadvantaged communities as the focus based on globally agreed sustainable development principles and be implemented in partnership with governments, NGOs and other relevant stakeholders. Tata companies are involved in a wide variety of community development and environment preservation projects.

In FY19, the group has spent INR 1,095 crore on CSR expenditure and has positively impacted 11.7 million lives. The Tata group's activities relate to education, livelihoods and skill development, rural development, water and sanitation, healthcare and strengthening services.

Tata Sons Private Limited is the promoter and principal investment-holding company of the Tata group, which includes Tata Consumer Products Limited (TCPL).

CHILDREN IN THE  
MORNING EDUCATION  
CLASS WITH THE TEACHER



## PROJECT DETAILS

**Implementation Year**

FY 2023-24

**Assessment Year**

FY 2024-25

**Beneficiaries**

Children in the age group of 0 to 15 years who are battling cancer and their caregivers

**Targeted Geography**

Kolkata Premashraya Centre. The centre is located in the Tata Centre building, which is near the Tata Cancer Research Hospital

**No. of beneficiaries**

336

**Implementing Partner**

St. Jude India ChildCare Centres

**Budget**

₹30,00,000/-

**Alignment with SDG Goals**

## PROJECT ACTIVITIES



Free accommodation along with necessary arrangements for the caregivers by reducing their financial burden in the treatment process.



Free dry ration distribution.



Providing a safe and Hygienic environment to reduce the maximum chances of secondary infections.



Awareness and training for the parents on preventive measures and diet management.



Counselling services for the children and the caregivers.



Education support for school-going children.



Support for cognitive development in children aged 3 to 5; recreational support for their overall well-being.



Vocational training for the parents.

# Key Findings and Key Impacts

COMPONENT	INDICATORS	FINDINGS	OUTCOMES AND IMPACT
 <b>Free accommodation along with necessary arrangements for the caregivers by reducing their financial burden in the treatment process</b>	Number of families provided with free accommodation	Most of the children (88.0%) were first-time visitors. 50 children and caregivers were given free accommodation.	100% of the respondents consistently received accommodation during their stay, highlighting significant savings as part of the treatment process."
	Satisfaction rate of caregivers regarding the facilities	98.0% of the respondents shared that they were very satisfied with the services and support provided.	
 <b>Free dry ration distribution</b>	The number of families receiving free dry rations	All of the respondents received a start-up ration kit containing essential dry food items like rice, pulses, spices, and oil.	100% of the respondents confirmed receiving both accommodation and food free of cost, ensuring complete financial support during their stay.
	Frequency and consistency of ration distribution	The majority of the caregivers received rations weekly (42.0%) or twice a month (32.0%).	98.0% of the respondents shared that they were very satisfied with the services and support provided.
	Percentage of the families/ parents reporting improved nutrition status	Extensive training was given to parents on nutrition and diet plans. Older children were trained in nutrition.	82.0% of the caregivers shared that they noticed that the patient had a good recovery
 <b>Providing a safe and hygienic environment to reduce the maximum chances of secondary infections</b>	Number of secondary infection cases reported during their stay	Rooms were cleaned twice daily for 44.0% of the respondents, while others experienced cleaning once (42.0%).	Most of the respondents (82.0%) observed a good recovery in their patients, with 12.0% reporting moderate improvement.
	The compliance rate with safety and hygiene standards		Most of the respondents (88.0%) reported no infections during their stay, reflecting strong hygiene and safety protocols.
 <b>Awareness and training for the parents on preventive measures, diet management and counselling</b>	The number of awareness and training sessions conducted	All of the caregivers were trained in aspects like nutrition, health monitoring, etc.	All of the respondents (100%) stated that their patients were emotionally happy despite the physical pain, reflecting the center's success in creating a supportive and positive environment as compared to 76.2% in the FY 2023 -24



COMPONENT	INDICATORS	FINDINGS	OUTCOMES AND IMPACT
	Percentage of parents reporting reduced stress and anxiety levels	96.0% of the caregivers were given psychological counselling. Topics discussed included community living guidelines, child protection policies, aftercare management, dietary restrictions, infection control, and stress management.	All of the respondents (100%) reported that counselling sessions helped reduce stress and improved coping mechanisms, underlining the program's psychological support success.
Education and counselling support for school-going children	The number of children receiving education support	82.0% of the children avail the education support.	Overall improved well-being of children. Creation of a positive environment for healing.
	The number of children receiving counselling support	96.0% of the children received psychological counselling.	
Support for cognitive development in children aged 3 to 5; recreational support for their overall well-being	The number and type of recreational activities provided	Over 50 recreational activities were organised. Over 94.0% of the children participated in the recreation activities.	
Vocational training for the parents and other activities	The number of parents enrolled in vocational training	88.0% of the caregivers are enrolled in vocational training	Improved capabilities of parents to take care of the patient.

## 02. OECD FRAMEWORK



Relevance



Coherence



Effectiveness



Efficiency



Impact



Sustainability



### RELEVANCE

Cancer impacts not only physical health but also places a significant financial burden due to the high costs of treatment. Studies emphasise that childhood cancer can often be cured with strict adherence to hygiene and proper nutrition, which are difficult for families with limited financial resources to maintain. This program bridges that gap by providing safe, hygienic accommodations and nutritious meals, thereby easing the financial pressure on families and improving the chances of recovery for children. Consequently, the program's intervention is crucial in addressing these challenges faced by underprivileged families.



### COHERENCE

The program's initiative intertwines the core values of India's National Health Policy 2014: equity, justice, integrated care, quality, governance, and effective delivery. The intervention is also in alignment with many of the SDGs, namely:



Hence, the program is very coherent.



### EFFECTIVENESS

The Affordable Healthcare Services for Children with Cancer initiative has successfully achieved its core objectives, including providing safe and hygienic accommodations, ensuring adequate nutrition for children, and offering functional education, recreational activities, and counselling support. The program has effectively addressed its targeted goals, making a significant impact on the well-being of children and their families.



### EFFICIENCY

Overall, the project exhibits high operational efficiency by effectively managing infection control, providing emotional support, engaging children in varied activities, and empowering parents through skill-building initiatives.



### IMPACT

The project has provided immediate relief to families by reducing financial strain and improving living conditions for children undergoing cancer treatment.

By focusing on education, psychological well-being, and family empowerment, the program contributes to long-term societal benefits, such as better health outcomes and improved quality of life.

**SUSTAINABILITY**

Sustainability within the program depends on consistent financial support. The program's continuity relies on ongoing financial assistance. Any instability or inconsistency in funding could significantly impact the seamless execution and overall effectiveness of the program. Maintaining a stable financial framework is critical to ensure the program's sustained operation and continued support to its beneficiaries.



Relevance



Cohesence



Effectiveness



Efficiency



Impact



Sustainability

## CHAPTER 3

# INTRODUCTION



*Celebration at St. Jude's*

### BACKGROUND AND NEED OF THE PROGRAM

The affordable healthcare program aims to provide equal opportunities for all children battling cancer, regardless of their economic backgrounds. It focuses on essential aspects such as accommodation, nutrition, education, recreation, and psychological support to promote the well-being and recovery of these children. St. Jude Hospital offers residential support, creating a safe and hygienic environment for childhood cancer patients and their families. The program targets economically disadvantaged children up to 14 years old and provides accommodation, nutrition, transportation, and various support services for both children and parents, including skill development activities.

Research highlights the need for strict hygiene and proper nutrition to reduce infection risks in treatment. St. Jude's "A Home Away from Home" initiative, launched in 2006, operates in 11 locations nationwide to assist underprivileged families undergoing cancer treatment.

As part of its Corporate Social Responsibility, Tata Consumer Products contributes to the operational costs of the St. Jude ChildCare Centre in Rajarhat, New Town Kolkata. The Tata Cancer Centre also offers residential support to financially struggling patients, while the Premashraya Centre, located opposite the Tata Cancer Centre, benefits from additional space provided by the centre.

### OBJECTIVES OF THE PROGRAM



To determine the impact of affordable healthcare on accessible services for underprivileged children with cancer.



To assess the health improvements in children to reduce secondary infection rates.



To evaluate emotional and psychological enhancement among the children in combatting critical diseases.



To measure the reduction in parents' financial burdens due to the support.



To evaluate changes in parental behaviour regarding children's diet and hygiene.



To analyse the emotional and psychological enhancements of the parents to alleviate stress during treatment.



To evaluate the development of employability skills among the parents.

## ABOUT ST. JUDES

St. Jude India ChildCare Centres (St. Jude) is an NGO for childhood cancer patients that provides a 'home away from home' for children undergoing cancer treatment. Cancer-affected children accompanied by their parents migrate from rural and semi-urban areas to metropolitan cities due to the unavailability of cancer treatment in these regions. St. Jude thus creates a "home away from home", which is a hygienic, protective, nurturing environment that gives children the best chance of beating cancer. St. Jude creates a community for our families, who come from all over India, speak different languages and represent all communities but share the common goal of getting their child treated for cancer.



CHILD WITH THE PARENTS AT  
ST. JUDES

## CHAPTER 4

# RESEARCH METHODOLOGY



*Gardens are nurtured by patients father*

### OBJECTIVES OF THE STUDY



Understand the overall impact of the recovery rate and nutritional status improvement during the active treatment process without being affected by secondary infection.



Outreach of the program/support and its importance.



To examine the quality of support and services provided.



To gather feedback on the program to formulate recommendations and further enhancements.

### DEFINITION OF RESEARCH

Research is a structured and logical process undertaken to discover new and valuable information about a particular topic. Social science research, in particular, involves a systematic approach to gaining knowledge by adhering to scientific principles and methods to reduce bias and subjectivity. Unlike speculative or assumption-based writing, social science research is grounded in evidence and follows a methodical process to ensure validity.

While some information may arise from common sense or casual observation, it is only recognised as reliable when acquired through systematic and scientific investigation that stands the test of time. Scientific research is characterised by objectivity, ethical neutrality, reliability, testability and transparency. Research begins with identifying a problem, which is refined through literature reviews or consultations with experts in the field. Since every research problem has multiple dimensions and perspectives, it is not feasible to address all of them in a single study.

## MIXED METHODOLOGY

A mixed methodology was used to evaluate the program's impact. Mixed methodology refers to the integration of both quantitative and qualitative research methods in a single study, creating a balanced approach to data collection and analysis. This approach is highly effective in impact assessments because it captures both the measurable outcomes (through quantitative methods) and the human experiences, insights, and contextual factors (through qualitative methods). Quantitative data provides objective, statistical evidence of change, such as admission to colleges, educational outcomes, etc, while qualitative data offers a deeper understanding of the "how" and "why" behind those changes, capturing the voices and experiences of beneficiaries and stakeholders. Through a process of triangulation, the reliability and validity of the findings are enhanced. This approach enhances the reliability of findings, highlights diverse perspectives, and supports well-rounded, evidence-based recommendations for future improvements.

## APPLICATION OF QUANTITATIVE APPROACH

This approach would concentrate on the numerical analysis of data to identify patterns, trends, and correlations.

### Key aspects include:

- Collection of numerical data to quantify variables and relationships.
- Objective measurement and analysis.
- Application of statistical methods to draw inferences.

## APPLICATION OF QUALITATIVE APPROACH

This approach would focus on exploring the depth and complexity of social phenomena and human experiences.

### Key aspects include:

- Emphasis on narrative data to capture detailed insights.
- Exploration of motivations, perceptions and experiences.
- Building a deeper understanding of contextual influences.

## ENSURING TRIANGULATION

Through the process of triangulation, the quantitative data was cross-verified using the findings of the qualitative data. This process thus prevents confirmation bias and also validates the findings of the study.

## SAMPLING FRAMEWORK

In order to ensure a well-rounded representation of the different sub-groups within the target population, the study employed a stratified random sampling technique. Additionally, purposive sampling was utilised to engage key stakeholders in qualitative interactions.

**Stratified random sampling** is a method that involves dividing the population into distinct subgroups and then randomly selecting samples from each subgroup to ensure representative diversity in the study.

**Purposive sampling** is a method in research where specific individuals or groups are deliberately chosen for inclusion in a study based on their unique characteristics or expertise to provide targeted and specialised insights into the research topic.

## DATA QUALITY CONTROL AND ANALYSIS

The study employed a centralised dashboard and an in-house app for real-time data monitoring, ensuring data integrity and enabling prompt corrective actions when needed. Data analysis encompassed descriptive numerical and graphical methods to systematically present and interpret data patterns, extracting key characteristics and trends.

## STANDARDISED FRAMEWORK FOR EVALUATION

The research study applied the OECD-DAC framework for evaluation, ensuring alignment with globally accepted standards and norms. This framework offered a strong and uniform method to evaluate the project's impact, bolstering the credibility and pertinence of the research findings.

## KEY STAKEHOLDERS



## DESIGN SNAPSHOT



### Name of the project

Supporting Cancer affected children



### Implementing Partner

St. Jude India Childcare centres



### Supported by

TCPL



### Research design used

Descriptive research design



### Sampling technique

Stratified random sampling and purposive sampling



### Sample size

50



### Research method used

Semi-structured interviews, testimonials, FGDs and surveys with beneficiaries.



KITCHEN UTENSILS AT ST. JUDES

## STUDY TOOLS

**Structured questionnaires** were designed after reviewing the project details across all focus areas. Pre-defined indicators were established to guide the survey process, ensuring consistency in data collection.

A survey tool was developed to gather quantifiable data from key project stakeholders.

## ETHICAL CONSIDERATIONS

The impact evaluation was conducted with a firm commitment to upholding ethical standards, ensuring that all research practices were responsible and participant-centred. Ethical principles were strictly followed to safeguard the rights, privacy, and well-being of all individuals involved in the study. Participants were fully informed about the purpose, scope, and processes of the research through detailed consent procedures, allowing them to make voluntary, well-informed decisions about their participation.

Confidentiality was a top priority, with stringent measures in place to protect participant data. Personal information was anonymised or coded to prevent identification, and data was securely stored, accessible only to authorised personnel. The study also ensured that participation remained entirely voluntary, with no coercion or undue influence applied at any stage.

Throughout the research process, participants were treated with respect and fairness. Their perspectives were valued, and their contributions were acknowledged as integral to the study's success. By maintaining a participant-first approach, the evaluation ensured that ethical integrity was preserved at every step, fostering trust and accountability in the research outcomes.



**INTERVIEW WITH STAFF  
AT ST. JUDES**

## CHAPTER 5

# ANALYSIS OF THE PROGRAM DESIGN



### 1. CONTEXT AND PROGRAM OVERVIEW

The Affordable Healthcare for Children with Cancer program, implemented by St. Jude India ChildCare Centres, focuses on providing equal opportunities for economically disadvantaged children battling cancer. It addresses critical needs such as accommodation, nutrition, education, recreation, and psychological support, aiming to improve the overall well-being and recovery of children aged 0-15 years. This program, established in 2006, operates nationwide, offering residential support to children and their families. The program targets underprivileged children undergoing cancer treatment at Tata Cancer Research Hospital in Kolkata, and it provides essential services such as transportation, healthcare, and skill development.



### 2. PROGRAM MODEL AND THEORY OF CHANGE

The Program Model operates on a holistic approach, addressing the physical, emotional, and educational needs of children while simultaneously supporting parents through training and financial assistance. The model follows a Theory of Change based on the premise that by providing a safe and supportive environment, children can continue their cancer treatment without interruption, which in turn improves their recovery chances and overall quality of life. The program operates in three circles:

- Facilitate their safe stay in a hygienic environment during their active treatment process.
- Physical Well-being: Providing nutritional support, hygienic living conditions, and a safe environment.
- Mental Well-being: Offering emotional support through counselling, vocational training for parents, and educational activities for children.

## IMPLEMENTATION STRATEGY

The implementation of the WSIVDM-TCPL program was designed to ensure community participation and long-term sustainability. This section outlines the key steps, stakeholders, and strategies involved in the process.



### IDENTIFICATION OF CHILDREN

All children enrolled in the program are recommended by the Tata Centre's Social Welfare Department who, through a rigorous process of verification, identify families who are in dire need of support for taking care of their young children diagnosed with cancer. Following this, the child's case files and Aadhar card are verified, and the family awaits approval, which is given promptly.



### ACCOMMODATION AND RATION SUPPORT

Upon arrival at the centre, families receive a start-up ration kit containing essential dry food items like rice, pulses, spices, and oil. Monthly ration provisions include diverse items to accommodate taste preferences, with weekly fresh vegetables and regular supplies of eggs and milk for a balanced diet. Each family has a separate kitchen set, and families are encouraged to cook in the common kitchen in the centre.

At Kolkata, there are 6 large kitchens and 4 small kitchens that are made available to the caregivers. The centre has a capacity of 50 rooms and includes 4 designated spaces for washing and drying and an indoor play area for activities. Accommodation includes individual cubicles with a bed, an almirah, a medical box, three linen sheets, yellow sheets, and a caregiver bedroll. Dari, mat, and mosquito net. A basic kitchen setup with essential utensils (plates, glasses, spatulas, etc.) is also provided.



### HYGIENE AND INFECTION CONTROL

Rigorous cleaning protocols and vaccination programs to minimise the risk of infections. Cleaning routines are conducted at least twice a day and parents are trained to clean their cubicles and furniture twice a day, with necessary cleaning materials provided.



### RESOURCE MOBILISATION FOR THE HOUSEKEEPING STAFF

Cleaning staff is outsourced, and their activities are regularly monitored and documented to maintain cleanliness standards. The staff work in two shifts and earn an average salary of INR 14,500(Gross) and receive regular training to enhance their skills and awareness.



### CAPACITY BUILDING OF THE PARENTS ON THE DISEASE AWARENESS, HYGIENE AND NUTRITION

The centre staff tracks children's vitals daily and maintains detailed health records and parents are trained to measure and record their children's temperatures. Nutrition is strictly monitored, medicines are administered on time, and children's vitals are consistently tracked.



### EDUCATIONAL AND EMOTIONAL SUPPORT

Children undergoing treatment often are not able to partake in regular schooling. The program offers academic assistance for school-going children, cognitive development programs for younger children, and emotional and psychological counselling. Education support includes bridge-gap sessions for school-going children, covering language, mathematics, and theme-based studies (history, geography, science, general knowledge, and environmental studies). Career guidance counselling sessions are offered starting from the 9th grade.

Diverse recreational activities for the cognitive development of children aged 3 to 5 years were conducted which include festival celebrations, monthly birthday events, weekly movie days, and therapies like music, art, energisers, and indoor games. Professional psychologists provide individual and group therapy sessions to parents and children.



### PARENT ENGAGEMENT AND TRAINING

The program conducts capacity-building sessions for parents to enhance the accessibility and well-being of their children, offering counselling on topics such as community living guidelines, child protection policies, aftercare management, dietary restrictions, infection control, and stress management. The program also supports families in accessing information and funding sources. Additionally, a skilling program is provided, offering courses like a two-month beautician course certified by Pratham, a three-month basic computer hardware course certified by Rotary, and other activities such as tailoring and basket making. However, the success of the skilling program has been limited, as many parents struggle to engage due to a lack of interest in the trades offered and the time constraints related to caring for their children. Field observations suggest that parents would benefit more from training focused on income-generating skills to improve their earnings. Sushmita and Surabhi identified a gap in their system's ability to manage data effectively, and there is insufficient storage for the third circle program items. Despite these challenges, the program lead, Shampa Choudhury, mentioned that they currently face no major obstacles aside from the need for sponsors for children's treatment.



## **FOLLOW-UP AND EMERGENCY CARE**

The Returnee Tracking and Management Process operates around the clock through a call centre across India, ensuring cases are initially tracked and then forwarded to personnel who speak the relevant languages. A detailed tracking sheet is maintained for each case, and the Kolkata centre is responsible for following up as cases are received. Follow-up calls are made every three months to the patient's family, with active treatment typically lasting 6 months to 1 year. Follow-up can continue for up to 5 years, depending on the doctor's assessment, at which point the survivor or cancer-free status is determined. In addition to monitoring health for any relapse symptoms, such as fever or rashes, immediate hospitalisation is advised when necessary. The program also checks the students' school status regarding dropout, enrolment, and the availability of financial aid. St. Jude plans to establish a forum for survivors up to 25 years of age, focusing on education, vocational guidance, and career placement. Repeated calls are made before follow-up visits to provide necessary information and reminders. Coordinators gather critical health details over the phone and provide guidance on emergency interventions when required.



## **MONITORING**

Constant supervision of children's health, hygiene, and emotional stability, ensuring early intervention when needed.



## **ASSESSMENT OF THE PROGRAM MODEL**

## **ADDRESSING THE REAL NEED**

The program effectively addresses the need for affordable healthcare by offering services that reduce the financial burden on families, allowing them to focus on their child's treatment. The support provided ensures that children do not abandon their treatment due to financial crises.

## **MODEL EFFICIENCY AND IMPLEMENTATION STRATEGY**

The model has been efficient in providing comprehensive care to children and their families. However, some gaps have been identified in the vocational training programs for parents, where engagement has been lower than expected. The focus is shifting toward offering more need-based, income-generating skills that better align with parents' interests and time constraints.

## **OPTIMAL RESOURCE UTILISATION**

The program makes optimal use of available resources by leveraging partnerships with corporate sponsors such as Tata Consumer Products and utilising volunteers through the Kindness Crew initiative. However, the centre's infrastructure, such as the limited space for storage, and the need for improved data management systems, indicates potential areas for resource optimisation.

## **MONITORING AND EVALUATION PLAN**

An extensive Monitoring and Evaluation Plan is in place, which includes:

- Regular assessments of the health and psychological status of children and parents.
- Tracking key performance indicators (KPIs) such as the number of children supported, infection rates, and satisfaction levels of caregivers.
- Follow-up on families post-discharge to track long-term health outcomes and financial impacts.
- Utilisation of a tracking system for returnee cases, ensuring continuous support for children after their treatment.

## CHAPTER 6

# KEY FINDINGS AND IMPACT

This chapter synthesises findings from primary data sources to assess the program's overall impact and efficacy. It incorporates both qualitative and quantitative data collected through comprehensive surveys and in-depth stakeholder interactions. By leveraging insights from multiple perspectives, the chapter provides a detailed summary of the extent to which the program has achieved its targeted outcomes and contributed to long-term sustainability. The study explored multiple aspects of respondents' demographics, occupational status, and income prior to the intervention to create a comprehensive understanding of their conditions and needs.



**CHILDRENS DOING  
ACTIVITY IN THE CLASS**

## GENERAL INFORMATION OF THE CHILDREN

CHART 1: GENERAL INFORMATION OF THE CHILDREN

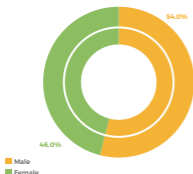
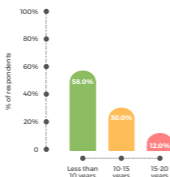
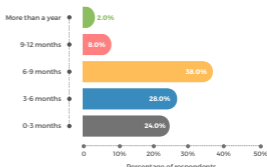


CHART 2: AGE OF THE PATIENT (YEARS)



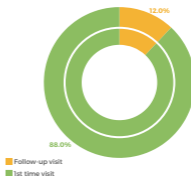
Charts 1 and 2 (Patient demographics): The patient population is predominantly male (54.0%), with females accounting for 46.0%. A significant proportion of patients were under 10 years of age (58.0%), followed by those aged 10-15 years (30.0%), and a smaller percentage (12.0%) aged 15-20 years who come for the second time treatment or some of the children's who are given relaxation on the instruction of the doctors. This is in alignment with the program's primary focus on supporting younger children, particularly children in the age group of 0-14 years.

CHART 3: DURATION OF STAY (IN MONTHS)



The majority of the respondents (38.0%) stayed for 6-9 months, followed by 3-6 months (28.0%) and 0-3 months (24.0%). Longer stays (9-12 months or more than a year) were less common, collectively accounting for 10%, indicating that most patients required medium-term care.

CHART 4: FREQUENCY OF THE VISIT



Most of the respondents (88.0%) were first-time visitors, while 12.0% came for follow-up visits. During the field visits, it was understood that most of the families were recommended by the Tata Cancer Centre's social welfare department where families had to follow a verification process. The study revealed that 94.0% of the caregivers waited for less than a week to get final approval to be enrolled in the program.

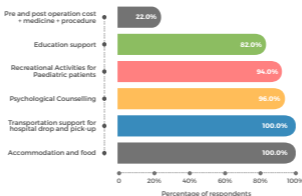


## COMPREHENSIVE SUPPORT AND RELIEF FROM THE FINANCIAL BURDEN

The program provides comprehensive support to patients and families, offering free accommodation, kitchen setup, and ration assistance. This holistic approach immediately alleviates financial pressures by covering essential expenses related to food, lodging, and treatment, ensuring families can focus on medical care without additional economic stress.

The program ensures comprehensive food support for children. Upon arrival, each family receives a monthly start-up ration kit containing essential dry goods like rice, pulses, spices, and oil. The program strategically provides diverse food items to accommodate taste preferences. Additionally, the centre supplements these dry goods with weekly fresh vegetables, regular egg supplies, and consistent milk provisions. These services ensure that the patient has access to a balanced and nourishing diet, which is essential for their healing process. The program provided comprehensive support for children through multiple supplementary services. Beyond essential care, it implemented educational initiatives to foster academic growth, recreational activities for holistic development, and capacity-building sessions for parents to enhance caregiving and income-generating skills. Transportation facilities were also arranged to ensure children's accessibility and overall well-being. Additionally, some respondents highlighted the program's support in providing information and access to funding sources, demonstrating a multifaceted approach to supporting children's welfare and development.

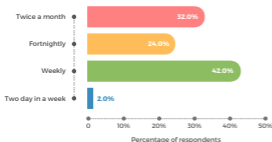
**CHART 5: TYPE OF SERVICES RECEIVED FROM THIS CENTRE**



All of the respondents received accommodation, food, and transportation support (100%). A significant majority of the patients also received psychological counselling (96.0%) and partook in recreational activities (94.0%). Educational support (82.0%) was provided to a majority, while fewer received pre- and post-operative cost assistance (22.0%). The study also revealed that 98.0% of all respondents were very much satisfied with the services and support provided by the program.

## NUTRITION AND ACCOMMODATION SUPPORT

CHART 6: FREQUENCY OF RECEIVING THE RATION



To provide holistic care, each family is given basic food, utensils, and nutritional supplements on a weekly basis. Since the pandemic, families are also being provided an additional booster kit with necessary food supplements such as dry fruits, ghee, and eggs, once a month. The study revealed that the majority of the respondents received rations weekly (42.0%) or twice a month (32.0%).



During the field visit, the SoulAce team observed that upon arrival at the centre, families receive a start-up ration kit containing essential dry food items like rice, pulses, spices, and oil. Monthly ration provisions are diverse to accommodate taste preferences and include weekly fresh vegetables along with regular supplies of eggs and milk for a balanced diet. Families are provided a weekly ration during their stay, which includes rice, dal, fruit, vegetables, masala, oil, ghee, eggs, and 500 ml of milk regularly.



CHART 7: AVAILABILITY OF FREE ACCOMMODATION AND FOOD



- Accommodation and food for free of cost
- Only accommodation, they charge a minimum amount for food

All of the respondents confirmed receiving both accommodation and food free of cost, ensuring complete financial support during their stay.



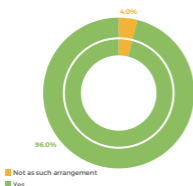
During the field visit, the SoulAce team observed that each family was equipped with a separate kitchen set stored in their cupboard, ensuring hygiene and personalisation.

The facility features six large kitchens, each allowing six families to cook simultaneously, and four smaller kitchens accommodating three families each. The centre prioritises cleanliness and avoids fish and meat consumption, recognising that children undergoing chemotherapy may have reduced appetites for such foods. This approach ensures a healthy, balanced, and culturally considerate dietary regimen for all beneficiaries.



## EDUCATIONAL SUPPORT

CHART 8: ACADEMIC SUPPORT FOR CHILDREN



A significant majority (96.0%) of the participants received academic support for their children, while 4.0% did not have such arrangements. The study revealed that a various educational sessions were conducted to help children inculcate the habit of reading, improve language skills develop their imagination and remain in touch with studies, and join formal schooling after treatment.

## RECREATIONAL ACTIVITIES

CHART 9: RECREATIONAL CLASSES ATTENDED BY THE CHILD

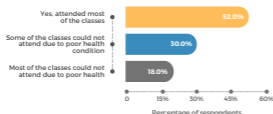
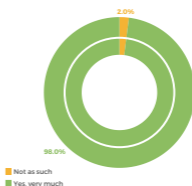


CHART 10: PATIENT'S ENJOYMENT OF THE RECREATIONAL CLASSES



A majority (52.0%) of the patients attended most classes, while 48.0% missed some or most due to poor health. Nearly all of the respondents (98.0%) stated their patients enjoyed the classes, with only 2.0% indicating otherwise.

The study also revealed that between April 1 2023, and March 31 2024, more than 50 sessions of Indoor/Outdoor recreational activities for the child that included art, movies, games, etc., reduced stress and helped children at the centre.

“

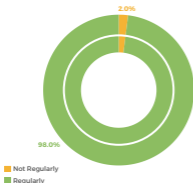
It was also observed that apart from recreational activities, at the centre festivals, monthly birthday celebrations are held for those with birthdays in that month, helping them avoid unhealthy junk food like cake.

The program is strategically designed. As the families all belonged to diverse cultures, these celebrations were an opportunity for cultural exchange and provided the families with a respite from the daily routine of treatment schedules. Creative activities are therapeutic, allow children to express their thoughts and feelings, offer a break from the stress and trauma associated with the disease, and enhance children's peace of mind.

”

## COUNSELLING AND EMOTIONAL SUPPORT FOR CAREGIVERS

**CHART 11: REGULARITY OF ATTENDING THE COUNSELLING SESSIONS AT THE CENTRE**



The chart reveals that almost all of the respondents (98.0%) attended counselling sessions regularly.

It was noted that the organisation organises counselling sessions for the patients and their families to help them overcome emotional/psychological concerns. Bi-weekly meetings were also organised to discuss issues faced by the families and guide them accordingly. Other stress-relieving activities, such as basket weaving for the mothers, are also conducted to help take their minds off their issues and give them a chance to socialise with other mothers. The families also had access to creative and therapeutic healing techniques, sessions of individual and group counselling, awareness sessions that helped children and families, indoor activities like yoga helped families, etc., and need-based music therapy helped relieve stress.

“

I am Surajit Kundu, and I have been working as housekeeping staff with S&IB at St. Jude for the past three years. This job has been a rewarding experience for me, both personally and professionally.

”

## TRANSPORTATION SUPPORT

**CHART 12: TRANSPORTATION SUPPORT**



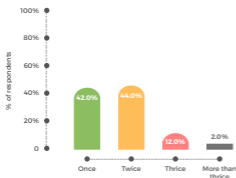
All respondents (100%) confirmed receiving timely transportation services, highlighting the program's reliability in addressing logistical challenges and ensuring patient access to medical facilities. This daily transport support was provided from the centre to the hospital and back and was available to all the families at the centre, thereby reducing their financial burden.

### Monitoring Processes

The centre leads play a pivotal role in overseeing daily operations, ensuring the effective implementation of planned activities, compliance with hygiene and safety standards, and the overall well-being of patients. Each centre manager is tasked with maintaining the MIS and preparing daily and monthly reports to document activities and progress. To uphold cleanliness and hygiene standards, the staff conducts surprise inspections, while senior management undertakes periodic visits to evaluate staff performance and centre activities. The overall progress of the project is systematically monitored through monthly, quarterly, half-yearly, and annual reviews.

## HEALTH AND HYGIENE MEASURES

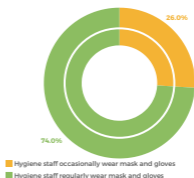
CHART 13: ROOM CLEANING FREQUENCY



44.0% of the respondents shared that their rooms were cleaned twice daily, while others observed that it was cleaned once (42.0%) or three times (12.0%) per day. This cleanliness standard plays a vital role in infection prevention and overall patient satisfaction.

During the field visit, it was also observed that rigorous daily monitoring and supervision was implemented by the staff to minimise infection risks. Cleaning routines are conducted at least twice daily for corridors, seating areas, kitchens, and toilets, with a maximum of three rounds. Additionally, parents were trained to clean their cubicles and furniture twice a day, with necessary cleaning materials provided.

CHART 14: HEALTH AND HYGIENE SAFETY MEASURES



Most respondents (74%) confirmed that hygiene staff regularly wore masks and gloves, while 26% observed occasional compliance. Regular adherence to hygiene protocols is critical in maintaining a safe environment for patients and caregivers.

“

I am Ujjal Naskar, and I have been working as a housekeeping staff member at St. Jude for the past 6 to 7 months. This experience has been both enriching and fulfilling for me.

My responsibilities include housekeeping and infection control, where I ensure that the environment is clean, safe, and hygienic. What I love most about working at St. Jude is the opportunity to learn and grow. Every day brings new lessons and experiences that not only improve my skills but also give me a deeper sense of purpose.

I truly enjoy being part of this team, and I am eager to continue working here. I look forward to learning even more and contributing to the best of my abilities.

- Ujjal Naskar, Housekeeping Staff with S&IB at St. Jude

”

“

During my time here, I have received extensive training that has helped me grow in many ways. The child protection training taught me the importance of maintaining boundaries, such as not touching children unnecessarily, speaking to others with respect, and practising clear communication. I have also learned about personal care and how to maintain hygiene while following proper cleaning processes. These skills have made me more confident in my work and interactions. At St. Jude, every day feels meaningful. My responsibilities include ensuring that the spaces are clean, safe, and welcoming for everyone. The structured cleaning processes and guidance I have received help me perform my duties with precision and care.

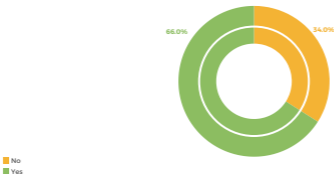
I genuinely enjoy working at St. Jude and look forward to continuing my journey here. Being part of this team gives me a sense of purpose, and I am proud to contribute to the well-being of the children and everyone at the centre.

– Surajit Kundu, Housekeeping Staff with S&IB at St. Jude

”

## EMERGENCY SERVICES

CHART 15: EMERGENCY SERVICES



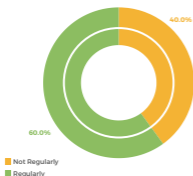
A majority of the patients (66.0%) required emergency services during their stay, with responses confirming timely support within 5-30 minutes.

During the field visit, it was observed that in case of an emergency at night, parents could contact the Tata Centre reception to arrange for an ambulance, which the centre provided.

In case of an emergency at night, parents can contact the Tata Centre reception to arrange for an ambulance, which the centre provides. This reflects the centre's preparedness and efficiency in handling critical situations.

## REGULAR VISITS BY CENTRE OFFICER

CHART 16: REGULAR VISITS BY CENTRE OFFICER



Most of the respondents (60.0%) confirmed that health staff visited and tracked patient vitals regularly, while 40.0% reported inconsistencies. This gap in service may point to staffing challenges or operational inefficiencies that need to be addressed. In an interview with Sushmita Acharya and Surabhi Pal, both centre officers, it was understood that in addition to the outlined protocols where children are closely monitored for any potential infection, the team also maintain a temperature log for both the child and parents three times during the day: morning, afternoon, and evening. A separate file ID is also maintained for this information, and mothers have been trained to track and report the temperatures. They also shared that extensive training is given to parents on nutrition and diet plans, informing them about what they should allow their children to eat and what they should not, setting aside their emotions. Additionally, older children receive training on what foods they should consume and which ones to avoid, as some food items can worsen their condition. The mothers are also trained in cooking techniques since they cannot be given raw food or the skins of fruits and vegetables.

## PARTICIPATION IN VOCATIONAL TRAINING PROGRAMS

CHART 17: PARTICIPATION IN VOCATIONAL TRAINING PROGRAMS AT THE CENTER

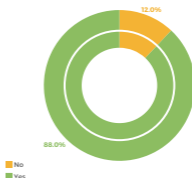
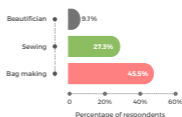


CHART 18: TYPE OF VOCATIONAL COURSE ATTENDED



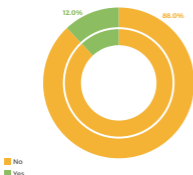
The above-mentioned chart revealed that most of the caregivers responded (88.0%) that they participated in vocational training, while 12.0% did not. The most popular vocational course was bag making (45.5%), followed by sewing (27.3%) and beautician training (9.1%). The study also revealed that the mothers are provided raw materials so that they can continue practising the art at home, and sometimes, at the time of their exit, they carry the goods they made back with them. For the beautician course as well, all the raw materials are provided by the organisation.

The study revealed that apart from accommodation and food support, caregivers were also engaged in arts and crafts, basket making, gardening, yoga, and sessions on special cooking. Indoor/outdoor games, newspaper reading, and building up working literacy sessions at the centre during the period of stay.

Access to current affairs is another important tool for social development. In this regard, the Implementing organisation started interventions with the mothers and fathers separately, called Chai-pe-Charcha (discussions over tea). This included the activity of reading on news topics and discussions over social issues such as gender equality, social development, and the requirement of upskilling.

## PATIENT WELL-BEING AND HEALTH OUTCOMES DURING STAY

CHART 19: PATIENT INFECTIONS DURING THE STAY

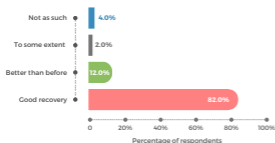


Most of the respondents (88.0%) reported no infections during their stay, reflecting strong hygiene and safety protocols. The 12.0% who reported illnesses, including chickenpox, COVID-19, or colds, underscore the need for continued vigilance in infection control measures.

Field observations highlight the importance of rigorous cleaning, hygiene protocols, and chickenpox vaccinations for staff and caregivers to minimise secondary infections. It was noted that, in cases where the blood test results are reactive, parents, staff, and housekeeping staff would receive mandatory chickenpox vaccinations sponsored by the implementing organisation. Chickenpox can be fatal for children if they contract the virus. So, the staff conducts compulsory blood tests, followed by vaccination. Additionally, the team closely monitors any potential spread of the infection by checking for symptoms such as fever, rashes, or serious or chronic infections when parents return from their hometowns. The same monitoring applies to both in-house and outsourced staff.

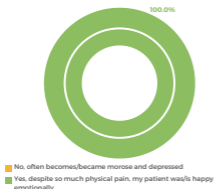
Sushmita Acharya and Surabhi Pal, both centre officers, mentioned that in addition to the previously outlined protocols, they also maintain a temperature log for both the child and parents three times during the day: morning, afternoon, and evening. They have a separate file for this information, and they have trained the mothers to track and report the temperatures. Furthermore, they mentioned that they have an isolation unit available; if any child develops an infection, he or she is immediately sent to isolation.

Continuation and strengthening of these practices are essential for children's recovery and safety. Additionally, caregivers should be trained in preparing and using cost-effective, home-based natural cleaning agents.

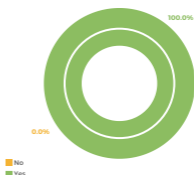
**CHART 20: CHILDREN'S HEALTH IMPROVEMENT DURING THEIR STAY**

Most of the respondents (82.0%) observed a good recovery in their patients, with 12.0% reporting moderate improvement. Only 6.0% saw limited or no improvement, indicating the program's overall effectiveness in achieving positive health outcomes.

## EMOTIONAL WELL-BEING FOR CHILDREN

**CHART 21: CHILDREN'S EMOTIONAL WELL-BEING DURING THE STAY**

All of the respondents (100%) stated that their children were emotionally happy despite the physical pain, reflecting the centre's success in creating a supportive and positive environment.

**CHART 22: IMPACT OF SESSIONS ON STRESS REDUCTION AND COPING MECHANISMS**

All of the respondents (100%) reported that counselling sessions helped reduce stress and improved coping mechanisms, underlining the program's psychological support success.



**KITCHEN FACILITIES AT ST. JUDES**



## VOCATIONAL TRAINING SUPPORT AND OTHER INITIATIVES FOR CAREGIVERS

The program introduced its vocational training initiatives for the caregivers after analysing the need for gender-based upskilling requirements for the families of the patients. The need to support the caregiver was observed given that most of the families belonged to lower socio-economic households and their earning opportunities were negatively impacted by the prolonged time spent outside their hometowns for the children's treatment.



**BASKET MAKING  
SESSIONS AT ST. JUDES**



**CASE STUDY 1**  
**RINKU TIWARI, A SEVENTEEN YEAR OLD FROM**  
**WEST BENGAL**

**Rinku Tiwari** visited our Premashraya Centre in Kolkata with his parents. Pradip had recently cleared his Higher Secondary Examination in first division from the West Bengal Board. His father is a farmer and mother a homemaker. When they came down to Kolkata they had a hard time as they knew no one in the city. Much thankful to have found a place like St. Judes, his family got Pradip treated for Hodgkin Lymphoma at Tata Medical Center, Kolkata. He completed his chemotherapy and went back home. Although he does visit for routine check-ups, he did fight courageously against cancer. Also, he worked hard to catch up on the school work he missed out on during his treatment. He was persistent and diligent when it came to learning and studying with our centre teachers and always gave his cent percent. His dedication towards education did not stop here. After returning home, he gave his all to his studies and passed with flying colours in all his exams.



**CHILD ADMITTED IN THE**  
**ST. JUDES UNIT**

**CASE STUDY 2****PUTUL URAO TIGGA, MOTHER OF AKASH TIGGA-  
A 16-YEAR-OLD CHILD, SOUTH DINAJPUR**

**My name is Putul Urao Tigga, and I am the mother of Akash Tigga, a 16-year-old boy** undergoing treatment for a tumour. We come from South Dinajpur, where my husband works as a daily wage labourer to support our family, which includes Akash and his younger sister, who is 8 years old.

When we first came to St. Jude, we were overwhelmed with fear and depression. Akash had already undergone 28 rounds of chemotherapy, and he was struggling emotionally. He wasn't ready to attend any classes or activities because of his condition. Slowly, with the care and encouragement from the staff, Akash began to recover not just physically but mentally as well. He is now able to walk with the help of a stick and has shown interest in attending classes again, which gives me immense hope.

The support we received here has been life-changing. Seeing other families facing similar struggles gave us the courage and strength to keep going. If we had to manage this treatment and care outside, it would have been impossible for us financially. The funds we received from the Tata centre helped us immensely, and I am forever grateful for this assistance.

During our stay, I also had the opportunity to learn new skills, like weaving bags and tailoring with machinery. These trainings have not only given me a sense of purpose but also the hope of improving our livelihood when we return home.

I have also received guidance on maintaining a clean and hygienic environment at home and following a proper diet chart for Akash's recovery. Though I am scared about managing everything back home, the training and knowledge I gained here have prepared me to handle the challenges ahead.

When I first arrived at this centre, I was deeply depressed and uncertain about the future. Today, I feel supported and empowered to face what lies ahead. This place has been a source of strength and hope for our family.





### CASE STUDY 3 SRISHTI'S JOURNEY

**Srishti, a 7-year-old girl from West Bengal,** has been diagnosed with Acute Lymphoblastic Leukaemia (ALL). Since October 16, 2023, she and her family have been staying at the centre on the Mumbai campus, where her treatment has been progressing positively. Despite her reserved nature, Srishti is a delightful child with a strong passion for both studying and dancing. Dancing brings her immense joy, and she often engages in it with enthusiasm. While at the Centre, she enjoys playing with her friends and has developed a warm relationship with the staff. Her cheerful demeanour is evident in the smiles she shares with everyone around her.

Srishti's parents have expressed their heartfelt gratitude for the support they have received at the centre. They are deeply appreciative of St. Jude for providing them with hope and inspiring them to maintain a positive outlook on life.



# IMPACT CREATED ACROSS MULTIPLE LEVELS



## INDIVIDUAL LEVEL

The program has had a profound and measurable impact on individuals, particularly patients and caregivers.

- All respondents (100%) reported that counselling sessions helped reduce stress and improved their coping mechanisms, underscoring the program's success in providing psychological support.
- Regular recreational activities and vocational training further contributed to emotional well-being and skill development.
- Patients showed marked health improvements, with 82.0% of the respondents observing a good recovery during their stay.
- Moreover, 98.0% of the children consistently attended counselling sessions, which enhanced their ability to manage the emotional and physical demands of the treatment. These interventions have collectively empowered individuals, improving their resilience, mental health, and overall quality of life.



## FAMILY IMPACT

- At the family level, the program has fostered greater emotional stability and strengthened family dynamics. Free accommodation and food support for caregivers alleviated significant financial burdens, enabling families to focus on their child's recovery.
- The provision of transportation services and educational support ensured that the patient's needs were met without disrupting the family's daily functioning.
- Additionally, families reported feeling reassured by the consistent follow-up on health status, with 100% of the respondents acknowledging the program team's regular health inquiries. These efforts not only improved the patient's health outcomes but also created a supportive environment that bolstered the family's capacity to cope with challenges.



## STATE-LEVEL IMPACT

- The program's structured implementation and adherence to hygiene and safety norms have set a benchmark for similar initiatives across the state. By addressing critical gaps in healthcare access and providing comprehensive support services, the program has contributed to improving public health outcomes.
- Regular monitoring by centre managers, surprise inspections by the infection control superintendent, and periodic evaluations by senior management ensured high standards of service delivery.
- The program's success also demonstrated the feasibility of integrating psychological, educational, and vocational support into healthcare models, encouraging other organisations and state agencies to adopt similar approaches.



## NATIONAL IMPACT

- At the national level, the program serves as a model for holistic and inclusive healthcare interventions. Its emphasis on mental health, skill development, and patient well-being aligns with national health and development goals.
- By addressing social determinants of health, such as education and economic stability, the program contributes to reducing inequalities and improving overall health indicators. Furthermore, the program's systematic monitoring and reporting mechanisms provide valuable data for policymakers, enabling evidence-based decision-making.
- As a scalable and replicable initiative, the program highlights the importance of integrating comprehensive support systems into healthcare policies and practices, reinforcing the national agenda for sustainable development and equitable healthcare access.

# SUSTAINABILITY PLAN

To ensure the long-term viability of the program, a comprehensive sustainability plan is essential. This plan integrates financial, operational, and strategic measures to maintain program effectiveness while expanding its impact.



## DIVERSIFIED FUNDING SOURCES

Reduce dependence on a limited number of donors by diversifying funding streams. Collaborate with CSR programs of large corporations and local businesses for consistent funding. Seek grants from international foundations focused on healthcare, child protection, and community welfare. Alternatively, a structured sponsorship program can be developed where donors can support specific areas, such as treatment, vocational training, infrastructure, etc.



## MICROENTERPRISE INITIATIVES

Leverage parental skilling programs to create microenterprises, such as selling handmade products (e.g., baskets, stitched items, natural cleaning agents). This can be done through partnering with companies like Tata or local markets to ensure steady buyers.



## ALUMNI ENGAGEMENT

Establish an alumni network of families who have benefited from the program. These alumni can act as volunteers. Share their success stories to encourage other families and donors and Organise fundraising events and advocacy campaigns.



## TRAINING FOR SELF-RELIANCE

Focus on equipping parents or other identified family members with income-generating skills that are practical and market-relevant.



Link families to government schemes like the Health Minister's Cancer Patient Fund of Rashtriya Arogya Nidhi, Ayushman Bharat, and Railway concessions. Additionally, families can be guided to get treatments in state-run hospitals and Medical Colleges in West Bengal where Cancer treatments have been made free of cost. By addressing these areas with focused strategies, the program can ensure a deeper, more sustainable impact on the families and children it serves.



The Kindness Crew is introduced in 2024- 2025 - which includes CSR volunteering, EV in a planned manner and Individual Volunteers. They classify this into the following categories - Class Master - Education, Ring Master -recreational, and Guiding Star- Special Program. They also established strict dos and don'ts for the volunteers.



For the volunteering process, they created flyers, a QR code form, and a Google form based on recommendations. The field team observed that they should focus more on mobilisation, as it was noted that the volunteers are crucial for minimising their workload. They have 4 active volunteers.

# EXIT STRATEGY

To ensure a structured and sustainable transition, the following exit strategy has been developed for the program:



## GRADUAL REDUCTION OF EXTERNAL DEPENDENCE

- Diversify funding sources to minimize reliance on a limited number of donors by collaborating with CSR programs, local businesses, and international foundations.
- It is recommended to withdraw the funding gradually.



## FACILITATING DIFFERENT GOVERNMENT SCHEMES

- Facilitate connections to government welfare schemes, including healthcare and financial aid programs, to provide families with additional support post-program participation.



## STRENGTHENING FINANCIAL AND LOGISTICAL ASSISTANCE

- Expand partnerships with NGOs, CSR initiatives, and local businesses to provide continued support for accommodation, rations, and essential services.
- Conduct workshops to educate families on available financial resources, grants, and government schemes that provide long-term support.

## CHAPTER 7

# CONCLUSION

The program stands as a beacon of support for families navigating the arduous journey of paediatric cancer treatment, offering a holistic framework that combines medical care, emotional resilience, and financial assistance. By addressing the multifaceted needs of children and their families, it has created an environment where hope and healing co-exist. Its comprehensive approach—ranging from free accommodation and nutritious meals to education, counselling, and vocational training—has significantly alleviated the burden on families, enabling them to focus on their children's recovery. As the program evolves, its enduring success lies in its ability to adapt to the changing needs of families while maintaining a child-centric focus. By fostering resilience, equity, and dignity, it not only transforms lives but also sets a benchmark for holistic healthcare support systems. This is not just a program; it is a testament to the power of compassion and community-driven solutions.

St. Judes provide a safe and clean environment that is essential to the recovery of a child. In addition, it also offer nutritional, educational and recreational support, transportation services and counselling services.

# RIHP Trust Hospital

## Impact Assessment Report

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## 01. EXECUTIVE SUMMARY

### PROJECT BACKGROUND

RIHP Trust Hospital is a hospital recognised under the Plantation Labour Act as a primary health centre. It is a hospital of repute, offering quality health care at an affordable cost to a large number of coffee estate workers in Coorg. The hospital addresses critical healthcare gaps in the Coorg district in Karnataka by focusing on providing healthcare in multiple specialities and community outreach. The hospital was supported by TCPL in the FY 2023-24, with a financial grant of Rs. 10300000/- towards the purchase of critical health care equipment and infrastructural improvements.

Kodagu district, known for its coffee plantation, faces persistent healthcare challenges due to its remote terrain and limited infrastructure. Vulnerable populations, including differently-abled individuals, often lack access to specialized care.

RIHP Trust Hospital, is the only private healthcare facility in the district equipped for providing emergency treatment and life-saving care for snakebites and diabetic complications. The hospital regularly conducts health camps and preventive care sessions to improve awareness and early diagnosis in rural and tribal communities.



**BILLING COUNTER**

Kodagu district, known for its coffee plantation, faces persistent healthcare challenges due to its remote terrain and limited infrastructure. According to the 2011 Census, Karnataka has over 13.2 lakh differently-abled individuals, with rural areas like Kodagu disproportionately sidelined. Recent estimates from the Ministry of Social Justice and Empowerment (2023) indicate that nearly 70% of differently-abled individuals in rural India remain without access to essential healthcare and rehabilitation services. Additionally, the region faces high incidences of medical emergencies like venomous snakebites and diabetic complications.

The partnership between the Rural India Health Project (RIHP) and the Coorg Foundation is crucial because it allows for a more comprehensive and effective delivery of healthcare services to the remote and underprivileged communities in the Coorg region, particularly by leveraging the Coorg Foundation's community outreach capabilities while utilizing RIHP's established medical facilities to provide affordable healthcare access to the local population.

The Coorg Foundation, established by subsidiary, Tata Coffee in 1994, has become synonymous with bringing about economic, ecological, environmental and social change in Coorg. Its objective is to promote the welfare of the local community of Coorg.

TATA Global beverages is involved in CSR activities from last 50 years. TCPL CSR programmes aim to be relevant to local, national and global contexts, keep disadvantaged communities as the focus based on globally agreed sustainable development principles and be implemented in partnership with governments, NGOs and other relevant stakeholders. Tata companies are involved in a wide variety of community development and environment preservation projects.

In FY19, the group has spent INR 1,095 crore on CSR expenditure and has positively impacted 11.7 million lives. The Tata group's activities relate to education, livelihoods and skill development, rural development, water and sanitation, healthcare and strengthening services.

Tata Sons Private Limited is the promoter and principal investment-holding company of the Tata group, which includes Tata Consumer Products Limited (TCPL).

This report highlights the initiative's significant impacts, including enhanced healthcare access for vulnerable populations and improved quality of care through upgraded facilities. It also showcases the program's role in fostering inclusivity, strengthening healthcare systems, and addressing the unique needs of Kodagu's rural population.

## PROJECT DETAILS

**Year of Implementation**

FY 2023-2024

**Year of Assessment**

FY 2024-2025

**Targeted Geography**

Ammathi, Kodagu District

**Beneficiaries**

General Public of Coorg and Coffee estate workers

**No. of beneficiaries**

30,787

**Implementing Partner**

Coorg Foundation

**Budget**

₹1,03,00,000/-

**Alignment with  
SDG Goals**

## PROJECT ACTIVITIES



Installation of an additional Transformer.



Installation of 2 Ventilators for emergency and critical care.



Installation of Harmonic system, which includes harmonic equipment, UPS and Surgeon chair.



Refurbishment of the Hospital Laundry.









Renovation of the Pharmacy.



Purchase of hardware for computers.

# Key Findings and Key Impacts

COMPONENT	FINDINGS	IMPACT
 <p>Critical Care and Emergency Services</p>	Successfully treated 116 snakebite cases with 0% mortality from 2019-2024.	Improved health outcomes for critically ill patients requiring intensive care.
	Treated 642 ICU patients in FY 2023-24.	
 <p>Chronic Disease Management</p>	6,359 diabetes cases were managed from 2018-2023, including 118 cases of wound debridement.	Improved quality of life for chronic diabetes patients through early detection and specialised care.
 <p>Patient Satisfaction and Experience</p>	80.0% of the participating patients were satisfied with doctor consultations, and 74.0% with nursing care.	Built trust and strengthened the hospital's reputation as a reliable care provider.
	100% patient satisfaction with hospital cleanliness.	
	90.0% satisfaction with queue management systems.	
 <p>Community Outreach and Accessibility</p>	1,000+ individuals benefited from tribal health camps and awareness sessions.	Promoted equitable healthcare services for economically and socially disadvantaged groups.
	42.0% of the participating patients were women, and 62.0% came from low-income households.	
 <p>Affordability and Financial Support</p>	28.0% of the participating patients reported that RIHP's treatment cost was lower than that of other private hospitals.	Enhanced affordability for vulnerable populations, supported by the Poor Patient Fund.
 <p>Health Outcomes</p>	66.0% of the participating patients fully achieved the desired health outcomes.	Demonstrated significant impact in delivering effective treatments and improving patient well-being.

## 02. OECD FRAMEWORK



Relevance



Coherence



Effectiveness



Efficiency



Impact



Sustainability



### RELEVANCE

The RIHP Trust Hospital project aligns with the pressing healthcare needs of Kodagu's rural population, particularly differently-abled individuals. With limited healthcare infrastructure in the region and significant barriers to access, the program addresses a critical gap in primary and emergency care. Its focus on inclusivity, such as the provision of affordable care and community outreach, aligns with the objectives of the Accessible India Campaign.



### COHERENCE

The project aligns with several Sustainable Development Goals (SDGs):



- Additionally, the project complements state and national initiatives such as:
- Accessible India Campaign (Sugamya Bharat Abhiyan)
- Ayushman Bharat – Pradhan Mantri Jan Arogya Yojana (PMJAY)
- National Health Mission (NHM)
- National Program for Prevention and Control of Cancer, Diabetes, Cardiovascular Diseases, and Stroke (NPCDCS)
- Rashtriya Bal Swasthya Karyakram (RBSK)



### EFFECTIVENESS

The project has effectively delivered on its objectives to enhance healthcare access and outcomes. Key achievements include high patient satisfaction with emergency care and medication availability, significant trust in the hospital, and improved health outcomes for 66.0% of the patients.



### EFFICIENCY

High satisfaction levels for services like emergency care highlight its efficient use of limited resources. However, field observations revealed inefficiencies in queue management, diagnostic processes, and staff capacity, which impact overall service delivery. Addressing these inefficiencies through digital systems and targeted investments could further enhance the program's efficiency.



### IMPACT

The program has had a transformative impact at multiple levels:

- **Individual Level:** Improved health outcomes and access to critical care, particularly for vulnerable groups like differently-abled individuals and low-income families.
- **Community Level:** Increased awareness of preventive care and trust in the healthcare system.
- **District Level:** Enhanced Kodagu's healthcare capacity, with RIHP being the only private hospital equipped for snakebite treatment.
- While the program has positively influenced healthcare delivery in the region, its long-term impact on reducing systemic barriers for differently-abled individuals will depend on infrastructure upgrades and expanded outreach efforts.



### SUSTAINABILITY

The project's emphasis on upgrading infrastructure, training staff, and providing affordable care ensures its durability. Strengthening financial support mechanisms, such as the Poor Patient Fund, and integrating environmental sustainability measures (e.g., eco-friendly waste management) will further reinforce its long-term viability.



Relevance



Coherence



Effectiveness



Efficiency



Impact



Sustainability

## CHAPTER 3

# INTRODUCTION



Reception Area

### BACKGROUND AND NEED OF THE PROGRAM

Kodagu district, known for its coffee plantation, faces persistent healthcare challenges due to its remote terrain and limited infrastructure. Vulnerable populations, including differently-abled individuals, often lack access to specialised care. According to the 2011 Census, Karnataka has over 13.2 lakh differently-abled individuals, with rural areas like Kodagu disproportionately sidelined. Recent estimates from the Ministry of Social Justice and Empowerment (2023) indicate that nearly 70% of differently-abled individuals in rural India remain without access to essential healthcare and rehabilitation services. Additionally, the region faces high incidences of medical emergencies like venomous snakebites and diabetic complications.

Recognising these barriers, the RIHP Trust Hospital, with support from Tata Coffee Limited (TCPL), initiated a healthcare enhancement program in FY 2023-24. This initiative focuses on improving critical care capacity, empowering differently-abled individuals, and addressing the unique healthcare needs of Kodagu's rural population.

By FY 2024-25, the initiative aims to transform healthcare delivery in Kodagu, directly benefiting thousands of residents and setting a model for rural healthcare interventions in Karnataka.

## OBJECTIVES OF THE PROGRAM



To provide accessible and inclusive healthcare services for differently-abled individuals in Kodagu district.



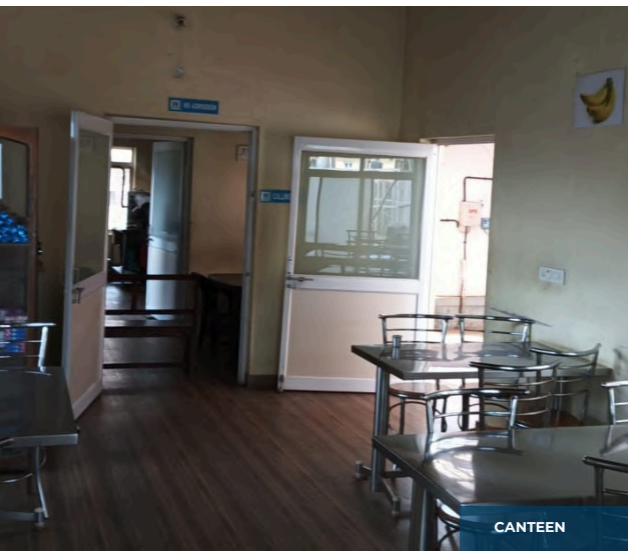
To ensure state-of-the-art diagnostic and treatment facilities through state-of-the-art medical infrastructure.



To conduct community outreach programs focusing on health awareness and early diagnosis.

## ABOUT RIHP

The Rural India Health Project (RIHP) Trust Hospital was established in Ammathi, Kodagu district, to address the unique healthcare needs of the region. Since its inception in 1984, RIHP has provided critical and emergency medical services to remote and tribal communities. With specialised departments for paediatrics, obstetrics, internal medicine, and emergency care, the hospital is known for its innovative approaches, such as comprehensive snakebite treatment, diabetes care, and maternal health initiatives. Over the years, RIHP has become a lifeline for the region, treating over 50,000 patients annually and conducting numerous community outreach programs.



CANTEEN

## CHAPTER 4

# RESEARCH METHODOLOGY

Tata Consumer Products Limited (TCPL) commissioned SoulAce to conduct an impact assessment study to evaluate the immediate and long-term impacts of the healthcare initiative implemented under the RIHP Trust Hospital program. The impact assessment study was conducted in FY 2024-25.



*General ward*

### OBJECTIVES OF THE STUDY



To assess the program's impact on healthcare availability for rural and tribal populations.



To assess satisfaction levels with consultations, care quality, and facilities.



To determine the program's reach and impact on diverse and vulnerable groups.

### DEFINITION OF RESEARCH

Research can be described as a logical and systematic search for new and useful information on a particular subject. Social science research refers to the systematic activity of gaining new understanding by following scientific principles and methods to minimise bias and subjectivity. It is contrary to writing something based on assumptions or speculations. Though information on certain facts can also be gained through common sense and based on general observation and hearsay, those facts will not be considered valid until they have been obtained in a methodical manner, which can stand the test of time.

The defining characteristics of scientific research are objectivity, ethical neutrality, reliability, testability and transparency. The identification of the research problem provides the starting point of research, which is then defined and redefined through a proper review of the literature on the problem or deliberations with research experts and knowledgeable others in the subject matter of interest. Each research problem has a multitude of perspectives and dimensions, and research cannot cover all of those in a single study.

## USE OF MIXED METHODS APPROACH

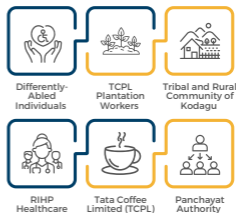
This study utilised a mixed-methods approach, incorporating both qualitative and quantitative research methods. The qualitative component delved into subjective experiences and perspectives, providing a nuanced understanding of beneficiary views. Meanwhile, quantitative methods facilitated the collection and analysis of numerical data, yielding statistical insights and identifying trends. The study's research design was descriptive, aiming to present a detailed situational analysis and exploration of the various facets of the skill development program. Descriptive research is apt for creating an overview, discerning patterns, and grasping the current state of affairs. By integrating both qualitative and quantitative research methodologies within a descriptive framework, the study aimed to deliver a thorough evaluation of the program, elucidating its impact and suggesting avenues for enhancement. This methodological blend ensured a holistic examination of the subject, lending both depth and breadth to the findings and bolstering the study's credibility.

## ENSURING TRIANGULATION

To enhance the reliability and validity of its findings, the study implemented various triangulation techniques. Data triangulation was achieved by gathering information from diverse sources, including survey methods and key stakeholder interviews among the residents. This extensive data collection facilitated a comprehensive evaluation of the program's impact.

Methodological triangulation was also employed, utilising a variety of research methods such as surveys and interviews. This approach allowed for cross-verification of information and helped mitigate potential biases. Through these triangulation strategies, the study ensured a robust and dependable analysis, reinforcing the trustworthiness of its findings.

## KEY STAKEHOLDERS



## DESIGN SNAPSHOT



### Name of the project

Empowerment of Differently-Abled



### Implementing agency

RIHP Hospital



### Research design used

Descriptive research design



### Sampling technique

Purposive Sampling



### Sample size

50



### Qualitative Methods Used

Semi-structured interviews with the Chief Medical Officer, resident doctors, and nursing and paramedical staff of the hospital.

## STUDY TOOLS

Primary data was collected using the following:

**Structured tool of Interview Schedule:**

Questionnaires were prepared to capture quantitative data, the project details for each of the focus areas were reviewed, and indicators were pre-defined before conducting the surveys.

**Interview Schedules for Key Stakeholders:**

A semi-structured questionnaire was developed for key stakeholders. One-on-one discussions were conducted with beneficiaries to prepare testimonials.

## ETHICAL CONSIDERATIONS

The impact evaluation research was guided by a strong ethical framework, ensuring that the study was conducted responsibly and ethically. Adhering rigorously to ethical principles of research, the study prioritised the rights and well-being of participants throughout the process. Informed consent was meticulously obtained by providing comprehensive information about the study and objectives, procedures, potential risks, and benefits, allowing participants to make informed decisions about their involvement after having their questions addressed. Robust measures were implemented to uphold confidentiality and privacy, with data securely stored and accessible only to authorised personnel and participant identities protected through anonymisation or coding techniques. Crucially, participation was fully voluntary, free from coercion or pressure, underscoring the importance of autonomy and respect for individual choice. Throughout the study, participants were treated with the utmost respect, dignity, and fairness, with their well-being being the top priority and necessary support or assistance provided whenever needed.



## CHAPTER 5

# ANALYSIS OF THE PROGRAM DESIGN

This chapter provides an in-depth analysis of the program's design and its overall effectiveness. The evaluation draws on data primarily sourced from the implementing partner, supplemented by insights gathered from discussions with key stakeholders.



### 1. CONTEXT AND PROGRAM OVERVIEW

Kodagu district in Karnataka, renowned for coffee plantations, is home to a predominantly rural and tribal population. This demographic faces significant healthcare challenges, including a high prevalence of snakebites, diabetes, and a substantially differently-abled community.

#### **PREVALENCE OF SNAKEBITES**

Snakebites are a critical health concern in Kodagu. The district's hilly terrain and dense forests increase human-snake interactions, leading to a higher incidence of bites. Coffee estate workers are more vulnerable to snake bites due to the nature of their jobs, which require working in densely grown plantations. Studies indicate that rural populations in Karnataka, including those in Kodagu, often lack awareness and access to timely medical care, resulting in increased mortality and morbidity from snakebites.

Source: Sinha, S. et al. (2023a) 'Perceptions and awareness of snakebite envenoming in hilly areas of Madikeri: A Cross-Sectional Study', *MRIMS Journal of Health Sciences*, 12(3), pp. 171-176. [doi:10.4103/mjhs.mjhs\\_149\\_22](https://doi.org/10.4103/mjhs.mjhs_149_22)

#### **PREVALENCE OF DIABETES**

Diabetes is another pressing health issue in Kodagu. A study conducted in coastal Karnataka, which shares similar lifestyle and dietary patterns with Kodagu, found a 16% prevalence of diabetes among the population. This indicates a significant burden of the disease, with many individuals potentially undiagnosed or inadequately managed.

Source: Rao, C. R., Kamath, V. G., Shetty, A., & Kamath, A. (2010). A study on the prevalence of type 2 diabetes in coastal Karnataka. *International journal of diabetes in developing countries*, 30(2), 80-85. <https://doi.org/10.4103/0973-3930.62597>

The hilly terrain of Coorg, dominated by coffee estates, presents unique challenges for differently-abled individuals, compounded by the prevalence of endogamy, which increases the likelihood of genetic disabilities. The geographic isolation and lack of accessible infrastructure in this region further hinder access to essential healthcare and rehabilitation services. These factors underscore the critical need for well-equipped healthcare facilities to support the differently-abled population effectively in such a challenging environment. It is to be noted that the RIHP hospital provides Health screening and regular treatment to the differently abled children of Swastha, an NGO supported by TCPL, at Coorg.



## 2. PROGRAM OVERVIEW

In response to these challenges, Tata Consumer Products Limited (TCPL) launched the "Empowering Differently-Abled Individuals through RIHP Trust Hospital" initiative in FY 2023-24. This Corporate Social Responsibility (CSR) project aims to address critical healthcare gaps in Kodagu by focusing on three key components:

The following equipment was procured/ infrastructure upgradation was undertaken by RIHP through TCPL's contribution.



Purchase of an additional Transformer.



Purchase of hardware, including buying 17 laptops and installing MOCDOS software.



Purchase of 2 Ventilators.



Upgradation of Hospital Laundry- involving wiring, plumbing, pipe line connections, and getting additional water connections through the panchayat.



Upgradation of the Harmonic system.



### SPECIALIST HEALTHCARE SERVICES

The specialist healthcare services component addresses the critical gap in specialised medical care access in the Coorg region. The hospital provides comprehensive care across multiple departments.



### COMMUNITY OUTREACH

The community outreach component focuses on preventive care and health awareness in rural and tribal communities surrounding Coorg. The hospital has implemented a comprehensive health education program that includes first aid sessions for estate workers, school health programs, and women's health and hygiene awareness initiatives. Medical camps have been a crucial part of the outreach effort, providing blood grouping services for school children and conducting health check-ups for tribal communities, benefiting 1,002 individuals.

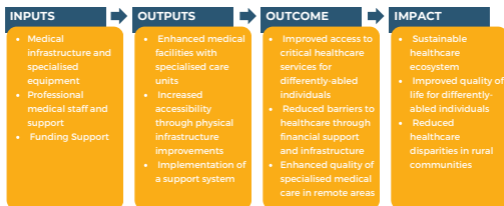


### ACCESSIBILITY FEATURES

The accessibility component addresses both economic constraints and geographic challenges faced by the local population. The hospital has established a Poor Patient Fund specifically designed to support BPL cardholders, ensuring that financial limitations do not prevent access to essential healthcare services. Location-specific services have been tailored to address regional health challenges, while the implementation of an online registration system has improved access to medical services. The hospital maintains 24/7 emergency services with an on-premises medical team, ensuring continuous availability of healthcare support.



### 3. THEORY OF CHANGE



The program tracks essential statistics but lacks comprehensive monitoring and evaluation frameworks. The absence of baseline data makes it difficult to quantify improvements. While patient testimonials provide qualitative insights, structured evaluation data would strengthen the assessment of program effectiveness.



OPD AREA

## CHAPTER 6

# KEY FINDINGS AND IMPACTS

This chapter evaluates the impact and effectiveness of the healthcare initiative implemented at the RIHP Trust Hospital by synthesising data from multiple sources, including patient surveys, field observations, and testimonials from doctors.



### PROGRAM OVERVIEW

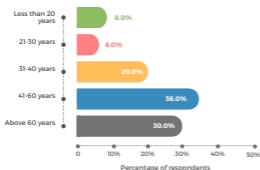
The findings from patient surveys and doctor testimonials highlight the program's strengths and areas for improvement across several themes. The analysis triangulates quantitative data with qualitative insights gathered through field observations, direct interactions with patients, and feedback from hospital staff. These insights are contextualised using secondary research to demonstrate alignment with local and national healthcare priorities, particularly those addressing the needs of differently-abled individuals and underserved rural populations.



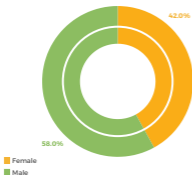
RECEPTION STAFF

## DEMOGRAPHIC PROFILE

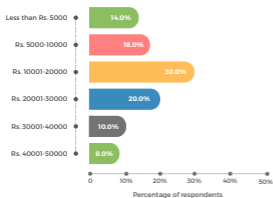
### CHART 1: AGE DISTRIBUTION



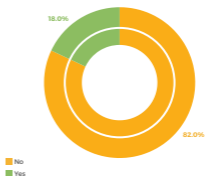
### CHART 2: GENDER DISTRIBUTION



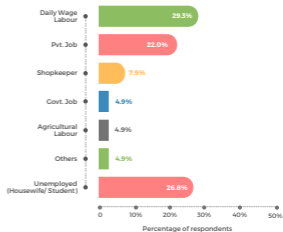
### CHART 3: MONTHLY INCOME



### CHART 4: PATIENT EMPLOYMENT PROFILE



### CHART 5: OCCUPATIONS OF NON-ESTATE WORKERS



## DENTAL CARE

## DEMOGRAPHICS AND HEALTHCARE NEEDS



### AGE DISTRIBUTION

The majority of patients accessing services at RIHP Trust Hospital belong to the 41-60 years and above 60 years age groups. This demographic reflects the community's growing need for healthcare services tailored to middle-aged and elderly populations. The hospital frequently addresses chronic conditions such as diabetes and hypertension, which disproportionately affect these age groups.



### GENDER DISTRIBUTION

With 58.0% male and 42.0% female patients, the hospital addresses the healthcare needs of both genders. The significant proportion of female patients highlights the effectiveness of maternal and reproductive health programs led by the Obstetrics and Gynaecology Department.

## SOCIOECONOMIC BACKGROUND AND ACCESSIBILITY



### MONTHLY INCOME DISTRIBUTION

Over 62.0% of the patients belong to households earning less than Rs. 20,000 per month, with 14.0% earning below Rs. 5,000.



### TEA ESTATE EMPLOYMENT

Only 18.0% of the patients or their family members are employed by Tata Tea Estates, while the remaining 82.0% come from non-estate households. RIHP Trust Hospital has evolved to serve a diverse population beyond its originally intended community, fulfilling its mission to provide accessible healthcare to all residents of Kodagu.



### NON-ESTATE OCCUPATIONS

Among patients from non-estate households, 29.3% rely on daily wage labour, while 26.8% are unemployed (housewives or students). These groups represent economically vulnerable populations who face significant barriers to accessing private healthcare.

## UTILISATION OF HEALTHCARE SERVICES

CHART 6: DEPARTMENTS VISITED AT RIHP

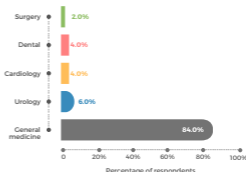


CHART 7: REASONS FOR CHOOSING RIHP

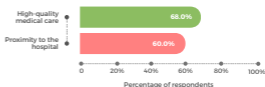


CHART 8: VISITS TO OTHER HOSPITALS

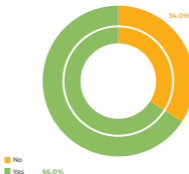
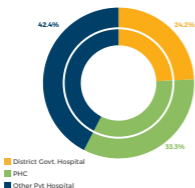


CHART 9: OTHER HOSPITALS VISITED



The utilisation of RIHP Trust Hospital services reflects its critical role as a primary care provider in Kodagu. 84.0% of patients accessed general medicine, showing how much the community relies on RIHP for managing its chronic and common ailments.

Specialised departments like urology (6.0%) and cardiology (4.0%) saw lower footfalls, reflecting the fact that such services cater to a relatively smaller segment of patients. This trend suggests that demand for specialised care is limited, possibly due to the specific nature of these medical needs or reliance on external referral systems for advanced treatment.



## 68.0%

of patients chose RIHP for its high-quality medical care, while 60.0% cited proximity as a key reason. However, 66.0% of patients reported visiting other hospitals, with 42.4% preferring private hospitals, likely due to a lack of specialist services. This reflects RIHP's strength as a primary healthcare provider in the region.

Kodagu is a rural district with limited healthcare options, particularly in specialised care. According to the National Health Profile (2021), rural India faces an acute shortage of specialists, with less than 25% of the required specialists available in Community Health Centres (CHCs). Field observations further revealed that RIHP serves as a critical lifeline, with around 25% of patients being estate workers. Yet, a sizable portion of the upper-middle-class community also frequents the hospital due to its reliability, highlighting the trust placed in RIHP across economic strata.

“

Our hospital serves as a critical lifeline for the Coorg region's coffee estate workers, particularly in treating snake bite cases. Over the past two and a half years, we have successfully treated 129 snake bite cases, with the highest success rates when patients arrive within the first four hours.

- Dr. Chandru, General Surgeon

”



DOCTOR CABIN

## SATISFACTION WITH HEALTHCARE PROVIDERS

CHART 10: SATISFACTION WITH DOCTORS

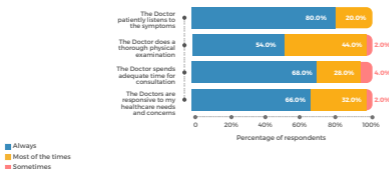
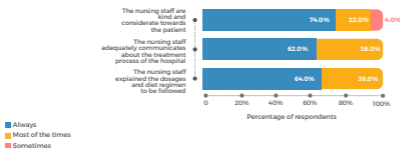


CHART 11: SATISFACTION WITH NURSES



Patients expressed high satisfaction with the behaviour and attentiveness of doctors and nurses. For example, 80.0% of patients reported that doctors consistently listened to their symptoms, and 68.0% felt consultations were thorough. Similarly, 74.0% found the nursing staff considerate, and 62.0% appreciated clear communication about treatment. However, some patients noted gaps in communication, particularly regarding post-treatment care, suggesting areas where additional training could enhance service quality.

Interactions with patients revealed a cultural expectation for compassionate care, which aligns with RIHP's patient-centred approach. However, there is a need for structured communication protocols to bridge gaps in understanding treatment processes, especially for patients from lower literacy backgrounds.

“

Our pediatric department handles 20-25 child patients daily through our outpatient services, treating everything from respiratory tract infections to nutritional rehabilitation cases. What sets us apart is our Type 2 neonatal care facility with 4 beds, offering specialised services like warmth therapy and phototherapy for neonates, ensuring comprehensive support for our youngest patients in their most critical hours.

- Dr. Krishna Prasad, Paediatrician

”

“

In my two and a half years leading the OBC department, we've maintained a remarkable record of zero maternal and neonatal deaths while handling 5-10 deliveries monthly. We're particularly proud of our work with the Swastha program, focusing on adolescent girls' health education and addressing puberty-related issues, helping create a more informed and health-conscious younger generation.

- Dr. Nischala - Head of Obstetrics and Gynaecology

”

## ACCESSIBILITY AND INFRASTRUCTURE

CHART 12: HOSPITAL FACILITIES

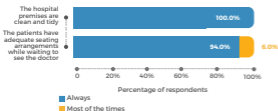


CHART 13: AVAILABILITY OF HOSPITAL STAFF

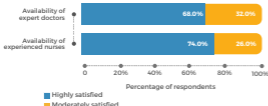
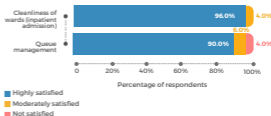


CHART 14: CLEANLINESS AND QUEUE MANAGEMENT



## CLEANLINESS AND PREMISES

100% of the patients expressed satisfaction with the cleanliness of the hospital premises. However, field observations revealed lapses in the hygiene of certain facilities, suggesting a need for systemic improvements to ensure uniform cleanliness, particularly in areas with high patient traffic.

The hygiene of the hospital and the sub-par quality of the canteen food were frequently noted as areas of concern. For differently-abled individuals, who may have dietary restrictions or heightened sensitivity to environmental cleanliness, these factors can create physical and psychological discomfort. Addressing these issues aligns with global best practices in inclusive healthcare, as outlined in the WHO's Global Report on Health Equity for Persons with Disabilities (2022).



## STAFF AVAILABILITY

74.0% of the patients expressed high satisfaction with the availability of nurses. However, a significant section of patients shared that the availability of well-qualified nurses is lacking. This makes it imperative that the hospital take measures to recruit nurses who have undergraduate nursing degrees in good numbers and also conduct regular capacity-building programs for the nursing staff.

“

With our limited staff handling high patient volumes, we sometimes struggle to provide the detailed follow-up care our patients deserve. Our doctors and nurses do their best, but with staff shortages and high patient loads, we sometimes fall short in post-treatment communication.

One of our priorities going forward is structured capacity-building programs for our nursing and paramedical staff to enhance their communication skills. This is especially crucial for differently-abled individuals, who require more detailed and personalised explanations of their care plans. We're developing comprehensive training programs to enhance our nurses' and paramedical staff's ability to connect with patients, especially those with special needs.

- Dr. Rajesh, Chief Medical Officer (CMO)

”



### QUEUE MANAGEMENT

90.0% of the patients were satisfied with queue management system. Yet many of the patients interacted during the study shared that there is big queue at the billing counter and the billing is inordinately delayed. This can partly be attributed to the fact that the hospital recently switched over to the new MOCDOD software and the staff may be finding initial teething difficulties in getting used to it.

“

The recent implementation of MOCDOD software, supported by TCPL's donation of 17 laptops, has revolutionised our hospital operations. From patient registration to prescription management and billing, the integrated system has significantly reduced waiting times and improved efficiency. This digital transformation has been particularly beneficial for our estate workers, who make up 25% of our patient base. The addition of a new ventilator has also proved crucial, especially for treating snake bite victims, as we are the only hospital in the region equipped to handle such emergencies. On average, we receive two to three snake bite cases each month, and this equipment has literally been a lifesaver for many critical patients.

- Dr. Subha, Hospital Administrator

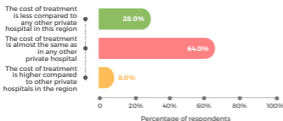
”



GENERAL WARD RECEPTION

## AFFORDABILITY AND HEALTH OUTCOMES

CHART 15: PARTICIPANT OPINION ON AFFORDABILITY OF TREATMENT



### AFFORDABILITY OF TREATMENT

While 28.0% of the patients reported that the cost of treatment at RIHP was lower than other private hospitals, a significant 64.0% felt it was comparable, suggesting that for the majority, the treatment costs at RIHP do not stand out as more affordable. This indicates that RIHP's affordability may not be a distinct advantage for most patients compared to other private hospitals in the region.



"While our rates are more affordable than private hospitals, we know that for many coffee estate workers and daily wage earners, every rupee counts. That's why we created our Poor Patient Fund. But the challenge lies in making people aware of it. Many patients don't know they are eligible for financial assistance. Our Poor Patient Fund ensures that even BPL cardholders receive free medical care, including ICU admissions. We're launching multilingual help desks and reaching deep into our communities to spread the word: no one should have to choose between their health and their savings."

- Dr. Chandru, General Surgeon



The hospital's initiatives, such as the Poor Patient Fund, provide crucial financial relief. However, field observations noted that the fund's availability and criteria for access were not widely known among patients, suggesting a need for increased awareness and streamlined processes to ensure equitable access.

CHART 16: SERVICES AT RIHP

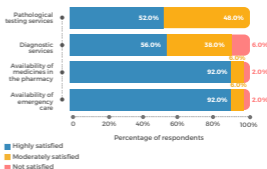
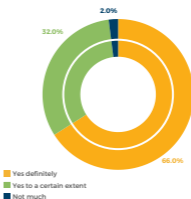
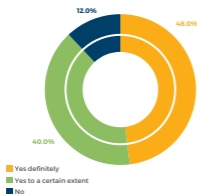


CHART 17: HEALTH OUTCOMES ACHIEVED



**CHART 18: PARTICIPANT FEEDBACK ON RECOMMENDING RIHP**



### HEALTHCARE OUTCOMES

The high satisfaction rates for medicines and emergency care (92.0% each) strongly correlate with 66.0% of the patients reporting that their health outcomes were definitely achieved. The findings speak for the effectiveness of RIHP in providing immediate and life-saving interventions, such as snakebite treatment, which is a key strength emphasised in field observations.



**56.0%**

of the patients expressed high satisfaction with diagnostic services and 52.0% with pathological testing services. These moderate satisfaction levels align with the 32.0% of the patients who felt their health outcomes were achieved only to a certain extent.



The dissatisfaction expressed by some patients regarding diagnostic services may also contribute to the 2.0% of participants who reported that their health outcomes were not much achieved.



### PATIENT SATISFACTION WITH HEALTHCARE SERVICES

Patient satisfaction and willingness to recommend RIHP were strong indicators of trust, with 48.0% definitely recommending the hospital and 40.0% recommending it to a certain extent. This trust reinforces RIHP's standing as a reliable provider in the region.

“

Our department faces unique challenges during the coffee pruning season when snake bite cases surge to approximately two cases per week. These critical cases often require ventilator support, which we are fortunately equipped to provide. Additionally, we have observed a distinct pattern where rheumatic arthritis cases peak during late March, requiring specialised care and pain management protocols. Our EBG machine has been instrumental in providing rapid diagnostics for these and other critical conditions, enabling us to deliver timely and effective treatment.

- Dr. Apurva, Head of Internal Medicine

”

## KEY IMPACTS

The RIHP Trust Hospital's healthcare initiative has significantly impacted the healthcare delivery system in the Kodagu district, Karnataka. The program's achievements align with its core objectives of enhancing healthcare accessibility, strengthening infrastructure, and expanding community outreach, with particular emphasis on serving differently-abled individuals.



### ENHANCED HEALTHCARE ACCESSIBILITY

The hospital has established itself as a crucial primary healthcare provider, with 84.0% of the patients utilising general medicine services. Its strategic location has proven vital, as 60.0% of the patients cite proximity as their primary reason for choosing RIHP. This geographic advantage particularly benefits the rural population, including estate workers, who comprise 25.0% of the patient base.



### QUALITY OF EMERGENCY CARE AND MEDICATION SERVICES

RIHP has excelled in emergency care and medication management, with 92.0% of the patients reporting high satisfaction levels. This success is reflected in positive health outcomes, with 66.0% of the patients reporting their health goals were fully achieved. The hospital's specialised capability in treating snakebite emergencies, combined with reliable pharmacy services, has established it as an essential healthcare institution in Kodagu.



### DIAGNOSTIC AND PATHOLOGICAL SERVICES

The moderate satisfaction levels with diagnostic (56.0%) and pathological testing services (52.0%) highlight areas needing attention. These figures, coupled with 32.0% of the patients reporting partial achievement of health outcomes, suggest a need for modernisation. The ageing diagnostic infrastructure, including outdated equipment, particularly affects the quality of care for differently-abled patients who require regular monitoring and specialised diagnostic services.



### COMMUNITY TRUST AND SERVICE PERCEPTION

The high recommendation rate of 88.0% reflects strong community trust in RIHP's services. This trust stems from consistent service delivery and reliable healthcare access. However, patient feedback indicates opportunities for improvement in waiting time management and hygiene standards.



### INCLUSIVE HEALTHCARE DELIVERY

RIHP has an inclusive healthcare aspect through its service demographics: 42.0% of the patients are women, and 62.0% come from economically vulnerable backgrounds (earning below Rs. 20,000 monthly). The Poor Patient Fund exemplifies the hospital's commitment to equitable healthcare access.

# IMPACT CREATED ACROSS MULTIPLE LEVELS



## INDIVIDUAL LEVEL

- At the core of RIHP's impact is its success in transforming individual healthcare experiences.
- 66.0% of the patients achieve their desired health outcomes, and the hospital is effective in addressing diverse medical needs.
- The hospital's specialised care in managing snake bites (116 cases with zero mortality from 2019-2024) and diabetes (6,359 cases from 2018-2023) showcases its capability to handle both emergency and chronic conditions.
- The high satisfaction rates with doctor-patient interaction (80.0%) and nursing care (74.0%) reflect a patient-centred approach that builds trust and ensures quality care delivery.



## HOUSEHOLD LEVEL

- The Poor Patient Fund has made quality healthcare accessible to families who might otherwise struggle with medical expenses, with 28.0% of the patients reporting lower costs compared to other private hospitals.
- For estate workers and daily wage labourers, the hospital's efficient treatment protocols minimise work absences, helping maintain household income stability.
- The comprehensive diabetes management program, including procedures like wound debridement (118 cases) and preventive screenings (753 cases), supports long-term family health management.



## COMMUNITY LEVEL

- The hospital has emerged as a cornerstone of community healthcare, evidenced by an 88.0% patient recommendation rate. Its impact is particularly notable in serving diverse groups.
- The hospital's community outreach programs, including health camps and awareness initiatives, have benefited over 1,000 tribal community members.



## DISTRICT LEVEL

- In Kodagu district, RIHP stands as the only private hospital equipped for comprehensive snake bite treatment, a crucial service in an area with frequent human-wildlife interactions. The hospital's strategic location serves remote populations, with significant impact on the estate worker community.
- Its enhanced capabilities, including new ventilators, CT scanner (524 scans in 2023-24), and dialysis unit (1,001 cycles in 2023-24), have strengthened the district's healthcare infrastructure.



## STATE LEVEL

- RIHP's model aligns with Karnataka's healthcare objectives by addressing rural healthcare gaps.
- RIHP's comprehensive approach to treating conditions prevalent in the region contributes to the state's health equity goals.



## NATIONAL LEVEL

- The program contributes to national healthcare initiatives by demonstrating effective rural healthcare delivery. RIHP's focus on equitable access, particularly for differently-abled individuals, supports national policies like the Accessible India Campaign (2015) and Ayushman Bharat Yojana.
- The hospital's success in managing region-specific health challenges provides valuable insights for similar rural healthcare initiatives across India.

# SUSTAINABILITY



## COMMUNITY-CENTRIC ACCESSIBILITY

The program's focus on providing accessible healthcare services to differently-abled individuals ensures inclusivity for rural and tribal groups in Kodagu. By improving proximity to quality care and offering financial support through initiatives like the Poor Patient Fund, the hospital fosters long-term trust and reliance on local healthcare resources.



## INFRASTRUCTURE UPGRADATION

Investments in upgrading hospital infrastructure, such as diagnostic tools and critical care equipment, create a sustainable healthcare delivery model. These enhancements reduce dependency on external facilities, ensuring the hospital remains a self-sufficient and reliable provider of specialised care, including snakebite and chronic disease management.



## FINANCIAL SUSTAINABILITY

Affordable treatment costs and the availability of emergency care attract a diverse patient base, including economically vulnerable groups. This patient trust ensures a steady revenue flow while targeted subsidies and financial aid maintain affordability for those most in need.

## 07. SWOT ANALYSIS



### STRENGTHS

- RIHP is a trusted healthcare provider in Kodagu, serving estate workers and local residents through accessible and inclusive services.
- High levels of patient trust and satisfaction, particularly with emergency care and medication availability.
- Community outreach initiatives effectively promote health awareness, addressing rural healthcare challenges.
- Alignment with national initiatives like the Accessible India Campaign and SDG goals strengthens its long-term relevance.



### WEAKNESSES

- The absence of accessibility features, such as ramps and tactile pathways, creates barriers for differently-abled patients, challenging the hospital's inclusivity goals.
- Staff shortages, especially among nursing staff, and inefficiencies in queue management lead to delays, affecting patient satisfaction.
- Hygiene issues in certain areas and sub-par canteen facilities detract from the overall patient experience.



### OPPORTUNITIES

- Upgrading diagnostic tools can establish RIHP as a model for inclusive rural healthcare.
- Increasing awareness of the Poor Patient Fund can enhance access for economically vulnerable groups.
- Collaborations with government programs and development agencies can extend healthcare services.



### THREATS

- Competition from other healthcare providers, particularly private hospitals offering specialised care.
- Increasing patient volumes, coupled with limited staff, risk overburdening the hospital and diminishing service quality.
- Kodagu's remote geography and frequent environmental challenges, such as human-animal conflicts, pose ongoing operational difficulties.

# EXIT STRATEGY (PHASE WISE)

To ensure a sustainable transition and minimize disruptions, RIHP Hospital should undertake the following phased approach to gradually reduce dependence on TCPL's funding while strengthening financial and operational sustainability.



## STRENGTHENING FINANCIAL SUSTAINABILITY

- **Year 1-2:** RIHP should identify and secure alternative funding sources such as government health schemes, grants, philanthropic organizations, and new CSR partners to diversify financial support.
- **Year 2-3:** The hospital should develop revenue-generating activities, such as expanding paid services for those who can afford them while maintaining subsidized care for underserved patients.
- **Year 3-5:** RIHP should gradually reduce reliance on external funding through a structured financial plan. A phased reduction approach could include lowering dependence on TCPL's support in pre-determined percentages (e.g., 75% in Year 1, 50% in Year 2, 25% in Year 3, and complete financial independence by Year 4-5).



## CAPACITY BUILDING & INSTITUTIONAL STRENGTHENING

- **Year 1-3:** RIHP should implement training and capacity-building programs for hospital management and staff in financial planning, fundraising, and hospital administration to enhance internal expertise.
- **Year 2-4:** The hospital should establish partnerships with medical colleges, research institutions, and healthcare networks to expand resource availability and improve medical services.
- **Year 3-5:** RIHP should ensure a robust governance structure is in place to support long-term operational sustainability and strategic decision-making.



## TRANSITIONING TO GOVERNMENT & COMMUNITY SUPPORT

- **Year 1-2:** RIHP should work with local health authorities to integrate into government-supported health programs such as Ayushman Bharat or Karnataka State Health Initiatives.
- **Year 2-4:** The hospital should establish a community-based health fund where local businesses, individuals, and cooperative societies contribute to sustaining hospital operations.
- **Year 3-5:** The hospital's board and local stakeholders should take on increased management responsibilities to ensure a smooth transition and continuity of services.



## INFRASTRUCTURE & TECHNOLOGY STRENGTHENING

- **Year 1-3:** RIHP should complete final infrastructure upgrades and ensure necessary medical equipment, technology, and IT systems are in place to reduce dependency on external funding.
- **Year 3-5:** The hospital should establish tie-ups with telemedicine providers and private healthcare institutions to facilitate remote consultations and referrals, ensuring continued access to specialized medical expertise.



## MONITORING & SUPPORT DURING EXIT

- **Year 1-3:** RIHP should set clear milestones for the transition and conduct annual reviews to assess preparedness for the phased exit from TCPL's support.
- **Year 3-5:** The hospital should prioritize technical assistance and mentorship rather than direct financial dependency, ensuring self-sufficiency post-exit.
- By adopting this phased approach, RIHP Hospital will progressively strengthen its financial, operational, and institutional frameworks to ensure long-term sustainability beyond TCPL's involvement.

## CHAPTER 8

# CONCLUSION

The RIHP Trust Hospital initiative has directly addressed the systemic gaps in healthcare access and services for vulnerable populations in the Kodagu district. Through infrastructure upgrades, specialized care, and targeted outreach, the program has enabled differently-abled individuals and low-income families to receive dignified and equitable healthcare.

RIHP focusses on providing secondary health care facilities at affordable rates to the unreached rural population. Free medical check-up and medicines, awareness programmes on women health and hygiene, and cancer detection are conducted regularly in association with Tata Coffee Ltd.

In-house team of experienced specialists consisting of a General surgeon, Physician, Obstetrician and Gynaecologist, Anaesthesiologist, Paediatrician and medical officers residing in the hospital premises along with a requisite number of nursing and para-medical staff helps in strengthening the healthcare services being provided.

Notable outcomes include a 0% mortality rate in snakebite cases and robust diabetes management services, showcasing tangible improvements in critical and chronic care. Financial assistance mechanisms, such as the Poor Patient Fund, have further ensured that economic barriers do not prevent access to essential services.

This initiative exemplifies a grounded, community-centered approach to healthcare, prioritizing accessibility, inclusivity, and sustained impact for those most in need.

# **Promoting Vocational Skills for Differently-Abled**

## Impact Assessment Report



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## 01. EXECUTIVE SUMMARY

Srishti, a pioneering organisation founded in 1991 with support from Tata Consumer Products, has been dedicated to providing comprehensive rehabilitation services and education tailored specifically for children with disabilities. Srishti's overarching mission is to empower young adults with disabilities residing in Munnar by offering vocational training and employment opportunities.

Towards this end, Srishti has a special school called DARE (Developmental Activities in Rehabilitative Education) as well as its various vocational units to provide livelihood opportunities for adults with disabilities. At DARE ((Developmental Activities in Rehabilitative Education), the children are trained in communication skills, occupational skills, socialization skills, activities for daily living, self - help skills, tailoring, candle making, bookmark making, potpourri making, paper bag making, envelope making, handkerchief making and a host of other handicrafts. These activities cause overall development in the diverse skills of children with various disabilities.

This holistic approach fosters overall development and economic independence and promotes inclusivity and social integration, thereby bridging the gap between disability and mainstream society.

In 1991, Srishti pledged to educate & further rehabilitate differently-abled children & young adults. The network of the Tata Tea facilitated and assisted in the identification of the differently-abled children of the plantation workers through their specially appointed welfare officers in various divisions of the wide-spread tea plantation who were forced to be left alone at home for lack of day-care or education possibilities.

The initiative began as a response to the need for inclusive development within the community of tea estate workers. Tata Global Beverages identified the necessity of providing support and opportunities for differently-abled children of its plantation workers.

TATA Global beverages is involved in CSR activities from last 50 years. TCPL CSR programmes aim to be relevant to local, national and global contexts, keep disadvantaged communities as the focus based on globally agreed sustainable development principles and be implemented in partnership with governments, NGOs and other relevant stakeholders. Tata companies are involved in a wide variety of community development and environment preservation projects.

In FY19, the group has spent INR 1,095 crore on CSR expenditure and has positively impacted 11.7 million lives. The Tata group's activities relate to education, livelihoods and skill development, rural development, water and sanitation, healthcare and strengthening services.

Tata Sons Private Limited is the promoter and principal investment-holding company of the Tata group, which includes Tata Consumer Products Limited (TCPL).

## BACKGROUND OF THE PROGRAM

Srishti's initiatives encompass a range of innovative programs, each designed to address the specific needs of individuals with disabilities. The DARE (Developmental Activities in Rehabilitative Education) Special School serves as a cornerstone, providing holistic training that encompasses communication, occupational, socialisation, daily living and self-help skills. This integrated approach equips children with disabilities with the essential skills required to navigate everyday life with confidence.

Building on the foundation laid by the DARE Special School, Srishti's Vocational Units offer livelihood opportunities for adults with disabilities. These units are carefully designed to tap into individual potential, fostering creativity, skill development and economic self-sufficiency. The vocational initiatives include:

- **Athulya:** A handmade paper-making unit that encourages creativity and fine motor skills.
- **Aranya Natural:** A natural dyeing unit promoting environmental sustainability.
- **Disha:** A tailoring unit developing sewing and garment construction skills.
- **Vatika:** A gardening unit cultivating horticultural skills and appreciation for nature.
- **Deli:** A bakery and confectionery unit teaching culinary arts.
- **Nisarga:** A jam production unit focusing on food processing and preservation.

These diverse initiatives not only provide economic opportunities but also promote social inclusion, self-esteem and overall well-being among individuals with disabilities. By empowering this marginalised segment, Srishti aims to create a more inclusive society where everyone has equal opportunities to thrive.

## PROJECT DETAILS



### Year of Implementation

FY 2023-2024



### Year of Assessment

2024 - 2025



### Targeted Geography

Munnar, Kerala



### Beneficiaries

Children with Disabilities, special employees of the Vocational units



### Number of beneficiaries

188



### Implementing Partner

TGBL Foundation



### Budget

₹4,85,00,000/-



### Alignment with SDG Goals

The sustainable development goals (SDGs) that can be identified in the context of Srishti's initiatives and the vocational training program for individuals with disabilities are:



These SDGs align with Srishti's mission to empower individuals with disabilities, promoting their overall development, economic independence and social integration.

# Key Findings

## KEY FINDINGS FROM THE DARE SCHOOL



### IMPROVED EMOTIONAL REGULATION

30.0%

of the beneficiaries demonstrated significant improvement in emotional regulation and control.



### PARENTAL ENGAGEMENT

85.0%

of the parents participated in training programs, of which 32.5% were highly satisfied with the training programs.



### ENHANCED SOCIAL SKILLS

37.5%

of the beneficiaries showed good improvement in interaction and friendship skills.



### COUNSELLING EFFECTIVENESS

30.0%

of the parents were highly satisfied with counselling services.



### INCREASED INDEPENDENCE

40.0%

of the beneficiaries demonstrated good improvement in the ability to express needs and wants.



### THERAPY OUTCOMES

32.5%

of the parents were highly satisfied with the therapy provided.



### ACADEMIC PROGRESS

32.5%

of the beneficiaries showed good improvement in academic tasks.



### INFRASTRUCTURE ACCESSIBILITY

70.0%

of the parents praised disabled-friendly infrastructure.



### MOTOR SKILL DEVELOPMENT

32.5%

of the beneficiaries demonstrated good improvement, 37.5% of the beneficiaries showed notable improvement in fine motor skills, 47.5% of the beneficiaries showed good improvement, and 25.0% showed notable improvement in gross motor skills.



### CHILD SAFETY

77.5%

of the parents expressed high satisfaction with child safety measures.

## KEY FINDINGS FROM THE VOCATIONAL UNITS



**76.7%**

of the beneficiaries demonstrated significant improvements in physical health, leading to enhanced overall well-being.



**95.0%**

of the special employees reported increased confidence, driving personal growth.



**100.0%**

of the special associates reported increased independence in daily chores, fostering self-sufficiency.



**90.0%**

of the beneficiaries secured effective job placement, ensuring long-term.



**95.0%**

of the special employees exhibited enhanced self-esteem, contributing to boosted confidence.



**93.3%**

of the special associates achieved better community integration, promoting social inclusion.



**86.7%**

of the special associates showed improved mental health, reflecting reduced anxiety and stress.



**76.7%**

of the special employees gained increased economic independence, enabling self-support.



**60.0%**

of the special employees experienced reduced anxiety, leading to improved emotional stability.



**93.3%**

of the special employees developed improved social skills, enhancing interpersonal relationships.

# Key Impacts

## KEY IMPACTS FROM DARE SCHOOL



### TRANSFORMED LIVES

**34.6%**

of the beneficiaries experienced a good improvement in overall quality of life.



### SUPPORTIVE ENVIRONMENT

**74.0%**

of the parents praised the supportive school environment.



### INCREASED CONFIDENCE

**32.4%**

of the beneficiaries demonstrated improved self-confidence.



### BRIGHTER FUTURES

**90.0%**

of the parents expressed hope for their child's future.



### SOCIAL INTEGRATION

**37.5%**

of the beneficiaries showed notable improvement in social relationships.



### EMOTIONAL WELL-BEING

**30.0%**

of the beneficiaries achieved emotional stability.



### ACADEMIC ADVANCEMENT

**32.5%**

of the beneficiaries demonstrated academic progress.



### PARENTS'S AWARENESS OF THE CHILD'S CONDITION

**55.0%**

of the parents exhibited awareness regarding their child's condition through training programs, counselling and periodic parents-teachers meeting.

# Key Impacts

## KEY IMPACTS FROM VOCATIONAL UNITS



### ENHANCED EMPLOYABILITY

Vocational units have significantly improved employability among special associates, with 90.0% reporting increased confidence in their job skills.



### DIGNITY AND SELF-EFFICACY

Vocational units have empowered special associates to take control of their lives, with 90.0% of them reporting increased dignity and self-efficacy.



### FINANCIAL EMPOWERMENT

Special associates have experienced a notable increase in financial independence, with 76.7% of them reporting improved economic stability.



### REDUCED DEPENDENCE

Special associates have experienced a significant reduction in dependence on family members or caregivers for primary needs, with 100% reporting improved independence.



### SOCIAL INTEGRATION

Vocational units have fostered strong social bonds among special associates, with 95.0% reporting improved relationships with peers and colleagues.



### INCREASED PRODUCTIVITY

Vocational units have fostered a culture of productivity, with 95.0% of the special associates reporting improved work habits and time management skills.



### SKILL DEVELOPMENT

Special associates have acquired valuable skills, with 88.0% reporting improvements in areas such as communication, problem-solving and teamwork.



### TRANSFORMED LIVES

Ultimately, vocational units have transformed the lives of special associates, enabling them to lead more fulfilling, independent and purposeful lives.



### INCREASED SELF-ESTEEM

Vocational units have had a profoundly positive impact on self-esteem, with 95.0% of the special associates reporting improved confidence and self-worth.



### IMPROVED MENTAL HEALTH

The supportive environment of vocational units has contributed to improved mental health, with 86.7% of the special associates reporting reduced stress and anxiety.

## 02. OECD FRAMEWORK



Relevance



Coherence



Effectiveness



Efficiency



Impact



Sustainability



### RELEVANCE

Srishti's initiatives align with the OECD's Disability Strategy, Education Policy, Employment Policy, Health Policy and Social Policy, ensuring a comprehensive approach to empowering individuals with disabilities.

Srishti tackles the local challenges of Munnar and supports national development goals in inclusive education and employment. Its relevance shines through:

- Filling the void in rehabilitation and education for children with disabilities.
- Addressing congenital abnormality rates among migrant workers' children.
- Empowering young adults with disabilities through vocational training.



### COHERENCE

Srishti's initiatives are closely aligned with the core values of India's National Health Policy (2014), encompassing equity, justice, integrated care, quality, governance, and effective delivery. Notably, Srishti's intervention also harmonises with numerous Sustainable Development Goals (SDGs), including Goal 1 (No Poverty), Goal 2 (Zero Hunger), Goal 3 (Good Health and Well-being), Goal 4 (Quality Education), Goal 5 (Gender Equality), Goal 8 (Decent Work and Economic Growth), and Goal 10 (Reduced Inequalities). This alignment underscores Srishti's high coherence and strategic integration with existing national disability strategies, complementing vocational training, education, and health initiatives.



### EFFECTIVENESS

Srishti excelled in providing functional education and rehabilitation for children and livelihoods for adults with disabilities. With personalised instruction, high-quality care and suitable therapeutic interventions, Srishti demonstrated remarkable effectiveness. Srishti has provided a functional platform for people with disabilities who would have otherwise been confined to their homes, devoid of opportunities. Vocational units ensured stable income and well-being for individuals with special needs, enhancing vocational skills and offering social interaction. Srishti's effectiveness is highlighted by 95% improvement in interaction and social skills, 95% gain in independence and 90% effective job placement for people with disabilities.



### EFFICIENCY

Srishti optimises financial, human, and material resources, streamlining processes and procedures to maximise impact. Innovative initiatives like vocational training and entrepreneurship opportunities encourage innovation, demonstrating Srishti's commitment to efficiency. Through efficiency and innovation, Srishti fosters a brighter future for individuals with disabilities, ensuring meaningful and sustainable outcomes. Srishti's commitment to efficiency is a testament to its dedication to empowering lives. Efficient systems and processes drive meaningful change.



### IMPACT

Srishti's programs yield profound, life-altering transformations, fostering inclusive growth and sustainable development. Key outcomes reveal remarkable improvements: 90% enhancement in overall quality of life, 87.5% boost in self-confidence, and 85% enrichment in social relationships. Witnessing individuals with disabilities thrive, their faces aglow with newfound confidence and purpose is profoundly moving. Srishti's initiatives not only empower but also humanise, cultivating a culture of inclusivity, compassion, and hope. As lives are transformed, the ripple effect resonates, inspiring a more equitable society. The statistics tell a story, but the smiles, laughter and triumphs underscore the enduring impact of Srishti's work.



### SUSTAINABILITY

Srishti masterfully weaves strategic partnerships, capacity building and environmental stewardship, ensuring long-term sustainability. With precision and compassion, initiatives prioritise environmental sustainability, empowering marginalised communities to thrive. Self-sufficiency ignites, transformative change unfolds, and tears of joy mingle with triumph. Srishti redefines the narrative of marginalised lives, leaving an indelible legacy of hope, resilience and inclusivity.



Relevance



Coherence



Effectiveness



Efficiency



Impact



Sustainability

## CHAPTER 3

# INTRODUCTION


### ABOUT THE NGO PARTNER

Srishti, established in 1991 with support from the Tata Tea network, has pioneered a revolutionary approach to empowering children and young adults with disabilities in Munnar. For generations, this population has faced significant challenges in accessing education, rehabilitation, and social integration. Srishti's dedicated welfare officers played a crucial role in identifying and supporting deserving individuals, facilitating their access to comprehensive services and bridging the gap between marginalisation and inclusion.

Today, Srishti's inclusive education and rehabilitation programs continue to empower individuals, fostering dignity, equality and social inclusion. By promoting accessibility and opportunity, Srishti redefines the narrative of disability, demonstrating the transformative power of compassion, expertise and partnership. As a model of excellence, Srishti inspires a brighter future for marginalised communities, reaffirming the value of every life and the achievability of every dream.

Srishti's impact extends beyond the individual, influencing systemic change and promoting inclusive practices within the community. Collaborations with local organisations and stakeholders have created a network of support, ensuring sustained progress and development. By sharing its expertise and experience, Srishti has become a catalyst for social transformation, improving the lives of countless individuals and families.

Through its tireless efforts, Srishti has created a beacon of hope in Munnar, illuminating a path toward a more inclusive and equitable society. As Srishti continues to innovate and expand its services, its legacy serves as a testament to the enduring power of compassion, dedication and collective action. By redefining the fabric of our humanity, Srishti reminds us that every life is precious, every soul is worthy, and every dream is within reach.



**SPECIAL EDUCATOR  
TRAINING THE STUDENTS  
TO SAY 'VANAKKAM'**

## CHAPTER 4

# RESEARCH METHODOLOGY



*Special associates working in the garden (gardening unit)*

### RESEARCH DESIGN

Descriptive research investigates and picturizes the existing scenario without the need for manipulating the variable to establish casual relationships. Due to this reason, a descriptive research design was deemed fir for realizing the purpose of the study.

### RESEARCH APPROACH



An appropriate mix and balance of both quantitative and qualitative tools were used for better research validation.

Quantitative tools were used for precision

Qualitative tools were used for getting enriched, bring out phenomenon underlying deep beneath.

## SAMPLING DESIGN

### Purposive Sampling

A purposive sampling is one in which research participants are chosen based on specific characteristics or criteria relevant to the research question. Participants were selected based on their involvement in the program.

## SAMPLE SIZE



### Participants

**60**

This research design enables a comprehensive understanding of Srishti's program effectiveness in empowering individuals with disabilities and promoting inclusivity and social integration.

## STAKEHOLDERS

The key stakeholders involved in Srishti's program include:



Project coordinators, who oversee program implementation and management.



Project staff, who provide support and guidance to beneficiaries.



Trainers of the Sarathi Mitra program, who deliver vocational training and mentorship.

### SPECIAL STUDENTS PERFORMING DRILLS LEAD BY BHARATH, A SPECIAL STUDENT WHO IS 20 YRS OLD



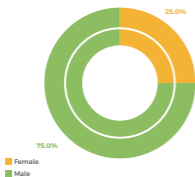
## CHAPTER 5

# KEY FINDINGS AND IMPACTS

This chapter presents the major findings of the study, categorising them into two primary sections: services provided by DARE for children with disabilities and services offered by the vocational units of Srishti.

### SERVICES OF DARE FOR CHILDREN WITH DISABILITIES

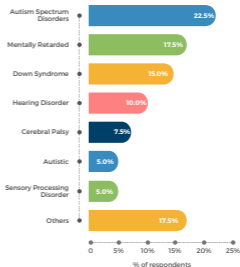
**CHART 1: GENDER DISTRIBUTION OF CHILDREN WITH SPECIAL NEEDS AT DARE SCHOOL**



A total of 75.0% of the children with special needs at DARE school are male, while 25.0% are female.

The data indicates a higher proportion of male children with special needs attending DARE school, with a smaller proportion of female children.

**CHART 2: NATURE OF DISABILITY OF THE DISABLED STUDENTS**

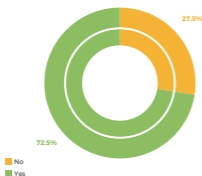


The distribution of disabilities reveals a high volume of individuals with Autism Spectrum Disorders (22.5%), intellectual disabilities (Mentally Retarded, 17.5% and Down Syndrome, 15.0%), and Other disabilities (17.5%). These three categories account for nearly 57.0% of the population, indicating a significant demand for specialised services and support.

### SPECIAL CHILDREN VIDEO MODELING DANCE AND YOGA

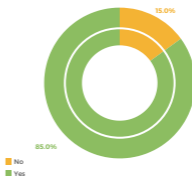


**CHART 3: COUNSELLING RECEIVED BY THE PARENTS ABOUT THEIR CHILD'S DISABILITY**



A notable 73.0% of the parents received counselling about their child's disability at DARE, indicating a significant proportion of families benefited from targeted support. This counselling enabled parents to better understand their child's needs, fostering a more supportive environment and empowering them to effectively manage their child's disability.

**CHART 4: TRAINING RECEIVED BY THE PARENTS ABOUT HOW TO HANDLE THEIR CHILD**



**85.0%**

of the parents indicate that the training effectively empowered parents to manage their children's needs. The high satisfaction rates suggest that the training was relevant, informative and impactful, enabling parents to develop essential skills and confidence in supporting their children.



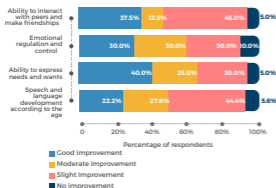
**INTERVIEW WITH THE PARENTS**



## EMOTIONAL AND BEHAVIOURAL ABILITIES

A remarkable 95.0% of the children with various disabilities demonstrated notable improvements in emotional and behavioural abilities, ranging from good, moderate and slight improvement. Specifically, this breakdown included 37.5% showing good improvement, 12.5% exhibiting moderate improvement, and 45.0% displaying slight improvement. These outcomes suggest that targeted interventions were highly effective in addressing emotional and behavioural challenges and promoting positive growth and development.

**CHART 5: LEVEL OF IMPROVEMENT IN EMOTIONAL AND BEHAVIOURAL ABILITIES**



## INTERACTION AND FRIENDSHIP

A high volume of children with various disabilities, 95.0%, demonstrated improvements in interaction and friendship skills. Within this group, 37.5% showed good improvement, 12.5% exhibited moderate improvement, and 45.0% displayed slight improvement. These outcomes underscore the effectiveness of targeted interventions in fostering social connections and friendship skills among children with disabilities.



## EMOTIONAL REGULATION AND CONTROL

A high volume of children with various disabilities demonstrated improvements in emotional regulation and control, with 90.0% showing positive growth. Within this group, 30.0% exhibited good improvement, 30.0% showed moderate improvement, and 30.0% displayed slight improvement. Although 10.0% showed no improvement, the overall trend indicates significant progress in emotional regulation and control, highlighting the effectiveness of targeted interventions in supporting emotional development.



## EXPRESSING NEEDS AND WANTS

A high volume of children with various disabilities demonstrated notable enhancements in expressing their needs and wants, with 95.0% showing improvement. Within this group, 40.0% exhibited good improvement, 25.0% showed moderate improvement, and 30.0% displayed slight improvement. This significant progress underscores the effectiveness of targeted interventions in developing essential communication skills and empowering children to express themselves effectively.



## SPEECH AND LANGUAGE DEVELOPMENT

A remarkable 94.0% of children with various disabilities demonstrated improvements in speech and language development. Within this group, 22.2% exhibited good improvement, 27.8% showed moderate improvement, and 44.4% displayed slight improvement. This significant progress underscores the effectiveness of targeted interventions in enhancing speech and language skills.



## ACADEMIC TASKS

A remarkable 95.0% of the children with various disabilities demonstrated improvements in carrying out academic tasks as assigned by Srishti. Specifically, 32.5% showed good improvement, 25.0% moderate improvement, and 37.5% slight improvement, highlighting the effectiveness of targeted interventions.



## DAILY LIVING SKILLS

A total of 95.0% of the children with various disabilities demonstrated improvements in daily living skills. Within this group, 47.5% exhibited good improvement, 12.5% showed moderate improvement, and 35.0% displayed slight improvement. This significant progress underscores the effectiveness of targeted interventions in enhancing independence and self-sufficiency in daily life.

**CHART 6: LEVEL OF IMPROVEMENT IN DAILY TASK SKILLS**



## SIMPLE PROBLEM-SOLVING SKILLS

A total of 95.0% of the children with various disabilities demonstrated improvements in simple problem-solving skills.

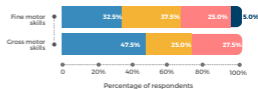
Within this group, 22.5% exhibited good improvement, 30.0% showed moderate improvement, and 42.5% displayed slight improvement. This significant progress highlights the effectiveness of targeted interventions in enhancing cognitive and problem-solving abilities.



## GROSS MOTOR SKILLS

A total of 100% of the children with various disabilities demonstrated improvements in gross motor skills, with 47.5% exhibiting good improvement, 25.0% showing moderate improvement, and 27.5% displaying slight improvement. This comprehensive progress underscores the effectiveness of targeted interventions in enhancing physical abilities and mobility.

**CHART 7: LEVEL OF IMPROVEMENT IN MOTOR SKILLS**



## FINE MOTOR SKILLS

Observing the progress of disabled children at DARE school, it is evident that 95.0% of the children have shown improvement in fine motor skills, with 32.5% demonstrating good improvement, 37.5% showing moderate improvement, and 25.0% exhibiting slight improvement. This significant progress highlights the effectiveness of DARE school's interventions in enhancing the fine motor skills of the children.

## PARENT SATISFACTION



### PERIODIC MEETINGS WITH TEACHERS

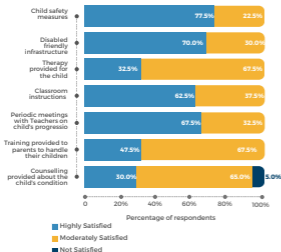
100% of the parents expressed satisfaction with periodic meetings with teachers, with 67.5% highly satisfied and 32.5% somewhat content, indicating effective communication.



### CLASSROOM INSTRUCTIONS

100% of the parents were satisfied with classroom instructions, with 62.5% highly satisfied and 37.5% generally pleased, reflecting positive perceptions of academic support.

**CHART 8: LEVEL OF SATISFACTION WITH DIFFERENT SERVICES OF SRISHTI**



### THERAPY PROVIDED

100% of the parents expressed satisfaction with the therapy provided, consisting of 32.5% highly satisfied and 67.5% making steady progress, showing consistent growth and potential for further growth.



### DISABLED-FRIENDLY INFRASTRUCTURE

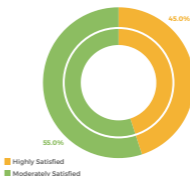
100% of the parents were satisfied with disabled-friendly infrastructure, comprising 70.0% highly satisfied and 30.0% very comfortable, demonstrating well-adapted facilities.



### CHILD SAFETY MEASURES

100% of the parents expressed high satisfaction with child safety measures, with 77.5% highly satisfied and 22.5% completely assured, ensuring a secure environment.

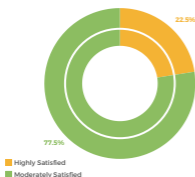
**CHART 9: SATISFACTION WITH EXPERIENCE AND EXPERTISE OF THE STAFF MEMBERS**



### SATISFACTION WITH THE EXPERIENCE AND EXPERTISE OF STAFF MEMBERS

Observations indicate that parents are overwhelmingly satisfied with the experience and expertise of staff members at DARE school. A total of 100% of the respondents expressed satisfaction, with 45.0% being highly satisfied and 55.0% moderately satisfied. This suggests that the staff members possess the necessary skills and knowledge to effectively support children with disabilities.

**CHART 10: SATISFACTION WITH GUIDANCE FOR FUTURE PLANNING AND GOAL SETTING TO PARENTS REGARDING THE CHILD**



### SATISFACTION WITH GUIDANCE FOR FUTURE PLANNING AND GOAL SETTING

Parents have expressed significant satisfaction with the guidance provided by DARE school for future planning and goal setting. A total of 100% of the respondents reported satisfaction, with 22.5% being highly satisfied and 77.5% moderately satisfied. This indicates that the school's guidance has been invaluable in helping parents plan for their child's future.

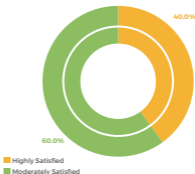


Mrs. Shanthi shares that early intervention plays a vital role in the development of children with autism. She emphasises that children who receive interventions starting at the age of 4 tend to show significantly better improvement. This underscores the importance of timely intervention.

- Mrs. Shanti, RCI registered Autism teacher with 10 years of experience engaging with special students.



**CHART 11: SATISFACTION WITH OVERALL SERVICES PROVIDED**



### SATISFACTION WITH OVERALL SERVICES PROVIDED

Observations reveal that parents are highly satisfied with the overall services provided by DARE school. A total of 100% of the respondents expressed satisfaction, with 40.0% being highly satisfied and 60.0% moderately satisfied. This suggests that the school's comprehensive services have made a profoundly positive impact on the lives of children with disabilities and their families.



### CERTIFIED SPECIAL EDUCATORS

DARE school employs 18 highly qualified special educators, possessing specialised training and expertise in addressing diverse disabilities, including intellectual disabilities, Autism Spectrum Disorders, speech and hearing disorders, locomotor disabilities and emotional and behavioural disorders.

“

Mrs. Shanmuga Priya, a seasoned expert in training children on daily living skills, shares that they follow a child-centred approach. This means that each child's unique needs, interests, and abilities are taken into account to create a personalised learning plan.

- Mrs. Shanmuga Priya,  
RCI certified Special  
Educator focused on  
children with Intellectual  
Disability.

”



## AREAS OF EXPERTISE

The special educators demonstrate proficiency in:

- Designing and implementing personalised education plans
- Utilising adaptive teaching strategies
- Managing behavioural challenges
- Fostering social skills development



## PROFESSIONAL QUALIFICATIONS

The team holds:

- Advanced degrees in special education
- Specialised certifications
- Ongoing professional development and participation in workshops
- Extensive experience working with children of varying ages and abilities



## EDUCATIONAL APPROACH

DARE's special educators employ a:

- Child-centered and inclusive approach
- Individualised education plan
- Focus on individual strengths and needs
- Emphasis on social-emotional learning and life skills development



**SPECIAL ASSOCIATES  
MAKING PAPER PACKAGING  
COVER FOR STARBUCKS**

## HOLISTIC THERAPY PROGRAM



### IMPACT OF INDIVIDUALISED EDUCATION PLANS (IEPs)

Individualised Education Plans (IEPs) are crucial for children with special needs, ensuring tailored learning objectives and strategies. IEPs identify strengths, challenges and goals, fostering academic and personal growth. Their importance lies in promoting inclusive education, addressing unique needs and empowering parents and educators. IEPs' usefulness extends to monitoring progress, adapting instruction and enhancing accountability. The impact of IEPs is profound, leading to improved academic performance, increased confidence and better social integration.



### IMPACT OF SPEECH AND LANGUAGE THERAPY

Speech and language therapy is vital for children with communication challenges. This therapy enhances verbal and non-verbal expression, receptive language and social interaction. Its importance lies in developing essential skills for academic and social success. Speech and language therapy's usefulness is evident in improving articulation, vocabulary and comprehension. The impact is significant, leading to enhanced communication, increased self-esteem and better relationships with peers and family.



### IMPACT OF OCCUPATIONAL THERAPY

Occupational therapy plays a critical role in developing daily living skills, fine motor skills and sensory integration. Its importance lies in promoting independence, self-care and participation in activities. Occupational therapy's usefulness extends to addressing sensory processing disorders, motor coordination and cognitive function. The impact is multifaceted, leading to improved daily functioning, increased confidence and enhanced academic engagement.



### IMPACT OF MUSIC THERAPY

Music therapy is a valuable tool for children with special needs, promoting emotional regulation, social skills and cognitive function. Its importance lies in providing an alternative means of expression and communication. Music therapy's usefulness is evident in reducing anxiety, improving mood and enhancing focus. The impact is profound, leading to improved emotional well-being, increased self-esteem and better social interaction.

#### VIDEO AIDED YOGA THERAPY (SPECIAL CHILDREN VIDEO MODELING YOGA)



#### IMPACT OF MUSIC THERAPY AT DARE SCHOOL

A photograph of three children in a room, wearing red vests over light-colored shirts and dark pants. They are standing in a line, facing right, and appear to be participating in a dance or movement activity. A red fire extinguisher is mounted on the wall behind them. The floor is covered with a green mat.

## IMPACT OF DANCE THERAPY

Dance therapy is essential for children with special needs, developing motor skills, coordination and self-expression. Its importance lies in fostering creativity, confidence and social skills. Dance therapy's usefulness extends to improving emotional regulation, cognitive function and academic engagement. The impact is significant, leading to enhanced physical fitness, increased self-esteem and better social integration.

By integrating these therapies, DARE school provides a comprehensive support system, empowering children with special needs to thrive.

## COLLABORATIVE SUPPORT SERVICES

DARE provides comprehensive therapeutic interventions to enhance multiple skill domains, supplementing functional education that includes,



### THERAPEUTIC INTERVENTIONS

- Physiotherapy
- Occupational therapy
- Speech and hearing therapy
- Music therapy
- Yoga therapy



### FOCUS AREAS

These interventions target:

- Gross motor skills
- Fine motor skills
- Activities of daily living (ADL)
- Grooming
- Receptive language
- Expressive language

## FAMILY-CENTERED APPROACH

Recognising parents as primary caregivers, DARE fosters collaborative support through:



### PARENTAL EMPOWERMENT

- Educating parents on their child's condition
- Enhancing parental competence in home-based interventions
- Promoting independence in daily activities (toileting, bathing, grooming)
- Supporting emotional and behavioural regulation



### COLLABORATIVE CARE APPROACH

DARE engages parents as equal partners in their child's development through:

- Periodic parent-teacher meetings
- Regular progress updates
- Therapeutic intervention planning

By embracing collaborative care, DARE ensures holistic improvements in children with special needs, empowering families to thrive.



**HANDMADE PRODUCTS MADE BY SPECIAL ASSOCIATES OF PAPER MAKING UNIT**

## MEAL PROGRAM

DARE provides a balanced and nutritious diet to enhance the children's general health and well-being. The menu is carefully selected to ensure easy digestion and optimal energy levels. In addition to lunch, children receive milk, tea and snacks during morning and evening breaks to maintain energy levels throughout the day.

### DARE SCHOOL DINING AREA OR CANTEEN



### DINING AREA FOR PRE-PRIMARY CHILDREN



### DARE SCHOOL KITCHEN

## TRANSPORTATION SERVICES FOR CHILDREN WITH SPECIAL NEEDS

DARE school ensures accessibility for children with special needs by operating five vehicles that transport students from their homes to school. These vehicles cover a wide radius, including tea estates in Arivikad, Chittavarrai, Devikulam, Graham's Land, Pallivasal, Gundumally and Letchmi, some of which are 20-25 kilometres away, with challenging terrains in Munnar's hilly regions. To accommodate students from farther locations, pickup times start as early as 7:00 a.m. to ensure timely arrival at school by 9:00 a.m.





## CASE REPORTS OF CHILDREN OF DARE

### CASE REPORT OF SAI NEERAJ

**Sai Neeraj, a 6-and-a-half-year-old boy** diagnosed with Borderline Autism and behavioural disorder with 60.0% Mental Disability, was admitted to DARE School soon after his diagnosis at the age of 5. He was diagnosed as a hyperactive child. He behaves aggressively, makes sounds and cries all the time to get his parent's attention. He used to bite things and exhibited emotional dysregulation problems and self-talking behaviour.



His parents testified that, after joining DARE, Sai Neeraj has improved in regulating his emotions, and his frequent crying and self-talking behaviour has been reduced. His biting behaviour has been managed, and he now bites less. His social interaction and daily living skills have been improved. His teachers mentioned that he has started to use and enjoy playing with toys and that they are working to improve his speech, writing and self-help skills.





### CASE REPORT OF RAJA M

**M. Raja, a 15-year-old boy** who was diagnosed with Downs Syndrome, seizure disorder and Gout, was admitted to DARE at the age of 5 years.

He is also diagnosed with chronic adenotonsillitis, for which he got financial aid from the trust and underwent surgery the same a few months back. Raja's mother is thankful for the financial support that they received from the trust.

He is now pursuing a secondary level and has been a student in DARE for 10 years, and he has shown good improvement in his condition. His mother, Mrs.Vasantha, seems to be happy that her son, M. Raja, has shown very good improvement in his writing, speech and social skills. She was happy that he was now able to mingle with others and communicate well with them. His mother was sure that Raja could improvise in doing vocational tasks if he got trained and that he would be ready to take part in the vocational units.

During a personal conversation with Raja, I observed that Raja is a social, good, and respectful person. He says that he likes to go for shopping and likes to watch TV. He strictly follows the school bell and gets ready for the class as soon as he hears the bell. He communicates well and exhibits good personality skills, like saying thank you and shaking hands while parting.





### CASE REPORT OF DHASARATH

**Dhasarath is a 4-year-old and 10-month-old child** who went through unprovoked seizures and then was diagnosed with Autism spectrum disorder. He was a child who kept crying a lot, showed poor eye contact, didn't sit in a place, showed no interest in playing, showed a delay in performing other age-related activities and displayed repetitive behaviour. The child had speech, communication and sensory processing issues and was prescribed occupational and speech therapy.

Dhasarath's father came to know about DARE special school through a web search and admitted Dhasarath to DARE 4 months back after acquiring a disability certificate for the child.



Dhasarath's parents testify that after joining DARE, Dhasarath has shown significant improvement in his behaviour. He is now able to calm down, stop crying, and sit in a place. He is being trained to solve simple puzzles and given speech therapy. Now, he is able to say his name and shows interest in travelling. He has shown significant improvement in social skills, and he is able to be present at gatherings without crying. Dhasarath's parents have hope that DARE school will make a major contribution to the child's development and overall improvement.





### CASE REPORT OF MITHUN AND MITHRAN

Mithun and Mithran are identical twins, both diagnosed with Autism Spectrum Disorder. Both Mithun and Mithran managed to attend a normal school till class 2. The school had an autism centre facility available inside the school campus, but Mithun and Mithran didn't respond to the treatment and therapies provided there, and their parents were not satisfied with the services provided there. Mithun and Mithran also showed difficulty in coping with their studies and were just present at the school with no academic improvements. So their parents decided to shift Mithun and Mithran to DARESchool, which was referred to them by one of their relatives.

Mithun and Mithran got admitted to DARE school 5 months back in the month of July 2024, and their parents are satisfied with the school's service as their children showed significant improvement in their behaviour. Their parents are satisfied that Mithun and Mithran have shown improvement in their daily life skills. They are now able to dress up and use the toilet independently. Their social skills have been improved where they were phobic to new environments before. Both children have developed their writing skills, and Mithran is able to write independently.

Mithun has started to write with some support. Mithran and Mithun, who were more uncooperative than Mithran, both have started to follow commands, and each of them is trying their level best to be attentive.



Both are given speech training in the school, and they are introduced to solving puzzles in class. Mithun and Mithran's parents have high hopes that their children will receive the best service from the school, and they feel gratified with the service so far.

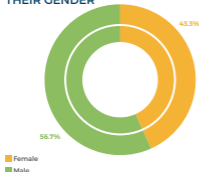


## SERVICES FOR THE SPECIAL EMPLOYEES OF THE VOCATIONAL UNITS OF SRISHTI



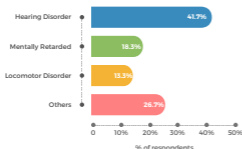
### DEMOGRAPHIC DISTRIBUTION

CHART 12: PERCENTAGE DISTRIBUTION OF RESPONDENTS BY THEIR GENDER



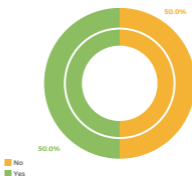
The demographic distribution of beneficiaries shows males (56.7%) and females (43.3%). The age groups are predominantly represented by individuals in their 30s (51.7%) and 40s (31.7%), with fewer beneficiaries in younger (10.0%) and older (6.7%) age groups. This distribution indicates a focus on empowering working-age individuals with disabilities.

CHART 13: NATURE OF DISABILITY



Beneficiaries have diverse disabilities, with hearing disorders being the most prevalent (41.7%). Mental retardation (18.3%), locomotor disorders (13.3%), and other disabilities (26.7%) also have significant representation. This diversity highlights the inclusive nature of the program.

CHART 14: WHETHER THE CHILD COMPLETE HIS/HER TRAINING AT THE DARE CENTRE

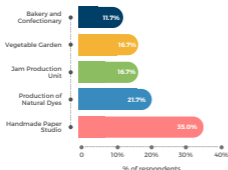


Observations reveal that half of the special associates have completed their training through DARE, while the other half have obtained training from external sources. This 50-50 split suggests that DARE is not only providing in-house training but also acknowledging special associates from outside sources, promoting a diverse and skilled team of special associates.

### HANDMADE STORAGE BOXES MADE BY SPECIAL ASSOCIATES



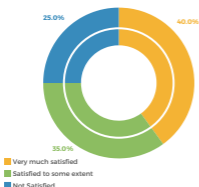
**CHART 15: TYPE OF VOCATIONAL TRAINING CHILDREN ARE INVOLVED AT SRISHTI**



### VOCATIONAL ENGAGEMENT

Sample beneficiaries are engaged in various vocational training programs, with Handmade Paper Studio (35.0%) and Production of Natural Dyes (21.7%) being the most popular. Other programs, such as Jam Production Unit (16.7%), Vegetable Garden (16.7%), and Bakery and Confectionary (10.0%), also provide valuable skills. This diversity in vocational engagement ensures beneficiaries have multiple opportunities for economic empowerment.

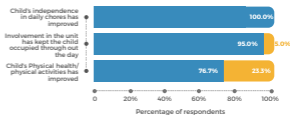
**CHART 16: EXTENT OF SATISFACTION WITH THE MONTHLY INCOME**



### MONTHLY INCOME AND SATISFACTION

Most beneficiaries (90.0%) earn Rs. 8001 or more per month, with 40% being very much satisfied and 35.0% satisfied to some extent. This indicates a high level of satisfaction among beneficiaries regarding their monthly income. Looking forward, many beneficiaries are optimistic about their future earnings potential, aspiring to higher incomes that will enable them to further improve their living standards and secure their financial futures.

**CHART 17: OPINION ON IMPROVEMENT IN PHYSICAL HEALTH AND ACTIVITIES AFTER JOINING THE VOCATIONAL UNIT**



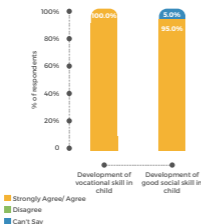
■ Strongly Agree  
■ Can't Say



### PHYSICAL HEALTH AND ACTIVITIES

Significant improvements were observed in physical health (76.7%), daily occupation (95.0%), and independence in daily chores (100%). These improvements demonstrate the program's positive impact on beneficiaries' physical well-being. Notably, many beneficiaries have learned to effectively manage their health issues, adopt healthy habits and seek regular medical check-ups. Encouraged by these positive trends, beneficiaries look forward to accessing better health facilities and services, hoping for continued improvement in their overall well-being.

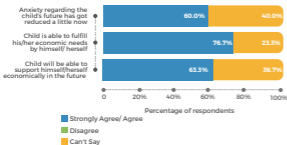
**CHART 18: LEVEL OF DEVELOPMENT IN VOCATIONAL AND SOCIAL SKILLS AFTER INVOLVEMENT IN THE VOCATIONAL UNIT**



## DEVELOPMENT IN VOCATIONAL SKILLS

The vocational unit has yielded remarkable results, with 100% of the associates reporting significant skill growth.

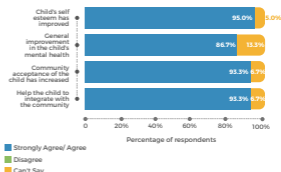
**CHART 19: OPINION ON ECONOMIC INDEPENDENCE OF THE CHILD IN FUTURE**



## ECONOMIC INDEPENDENCE

Most of the beneficiaries (63.3%) believe they will support themselves economically in the future, and 76.7% currently fulfil their economic needs independently. This indicates growing economic self-sufficiency.

**CHART 20: OPINION ON BEHAVIOURAL AND MENTAL IMPROVEMENT OF THE CHILD AFTER JOINING VOCATIONAL UNIT**



## BEHAVIOURAL AND MENTAL IMPROVEMENT

Beneficiaries reported substantial behavioural and mental improvement, including community integration (93.3%), increased community acceptance (93.3%), general mental health improvement (86.7%), and enhanced self-esteem (95.0%). This suggests the program effectively addresses beneficiaries' social and emotional needs.



## COMMUNITY INTEGRATION

Community acceptance increased for 93.3% of the beneficiaries, demonstrating improved social inclusion.



## ANXIETY REDUCTION

Anxiety regarding economic support decreased for 60.0% of the beneficiaries, indicating reduced stress levels.



## SELF-ESTEEM IMPROVEMENT

Self-esteem improved for 95.0% of the beneficiaries, reflecting enhanced confidence and self-worth.

These observations highlight the program's success in empowering beneficiaries with disabilities, promoting skill development, economic independence, and fostering social inclusion.



## COLLABORATIVE APPROACH

Regular team assignments encourage communication, cooperation, and empathy.



## CHALLENGE-BASED LEARNING

Overcoming obstacles together develops problem-solving skills and resilience.

This holistic work setting cultivates essential social skills, including cooperation, empathy, and self-advocacy, empowering individuals with disabilities to thrive and reach their full potential. By integrating individuals with disabilities into the workforce, Srishti promotes diversity, inclusion, innovation, societal impact and driving business success.

### CONFECTIONERY UNIT INAUGURATION PHOTO FRAME



## WORK SETTING OF SRISHTI'S VOCATIONAL UNITS

Srishti's vocational units are specifically designed to accommodate individuals with disabilities, ensuring a supportive and inclusive environment. Key features of our work setting include:



### TAILORED TASKS

Chosen to align with individual abilities, promoting skill development and engagement.



### PERSONALISED SUPPORT

Sensitive staff provide hand-holding guidance until associates achieve independence.



### DAILY INTERACTIONS

Special associates connect with peers, fostering socialisation and community building.



**MURUGAN, A SPECIAL ASSOCIATE WITH HIGH INTELLECTUAL DISABILITY. INSPITE OF HAVING TROUBLE TO PERFORM COGNITIVE TASKS, HE WORKS IN THE HANDMADE PAPER MAKING UNIT. HIS WORK IS TO SHIFT BUNDLES FROM ONE PLACE TO ANOTHER**

## SPECIAL ASSOCIATES ACCESS TO HEALTHCARE

Srishti's approach to healthcare inclusivity is noteworthy, providing special associates with comprehensive services equivalent to those offered to tea estate workers. Key observations include:



### EQUITABLE ACCESS

Special associates receive primary healthcare, financial aid for major surgeries and complementary treatment at Tata Hospital.



### POSITIVE FEEDBACK

Associates express gratitude and optimism, hoping for future enhancements such as specialised care, cutting-edge treatments and upgraded hospital facilities.



### EMPOWERMENT

This inclusive approach has significantly enhanced their quality of life, fostering a sense of well-being and appreciation.



**SPECIAL ASSOCIATES  
WORKING IN THE JAM UNIT**

## ACCESSIBLE CANTEN FACILITY FOR SPECIAL ASSOCIATES AT SUBSIDISED RATES

Srishti demonstrates its commitment to supporting the holistic well-being of special associates through its accessible on-site canteen and kitchen facility. This inclusive amenity provides affordable breakfast and lunch options, catering to diverse dietary needs, and offers numerous benefits. Special associates with difficulties bringing lunch from home can conveniently purchase meals at subsidised rates, fostering economic convenience, social interaction and nutritional well-being. As they benefit from this initiative, special associates humbly express their hope for future salary enhancements, which would enable them to afford sufficient food and other essential necessities, further enriching their lives. "A little extra support would make a big difference," says special associates, "we're grateful for what we have, and any increase would be a blessing."

### NUTRITIOUS MEALS FOR SPECIAL ASSOCIATES





### CASE REPORT OF ALEXANDER P.

**Alexander P. is a 43-year-old male** who is hearing impaired. He completed his 10th in Snehalayam, CSI High School for the Deaf, in the year 2001 with 340 marks. He was given an opportunity to work in Athulya (handmade paper studio) in 2004 when he was 23 years old.

After this, the company provided him with an opportunity to attend a 6-month training course at Hotel Taj, Mumbai, under the supervision of Chef Anand Solomon and Chef Ravi.



During that period, a confectionery unit named Deli was introduced in Srishti, and the unit was inaugurated by Mr. Ratan Tata in 2009. Since then, Alexander has been working in the Deli unit, and now he has been promoted to floor supervisor in the Deli Unit. He is married and has an 8-year-old daughter who is studying at a school-sponsored by Tata. He is very grateful to the Trust for all the benefits, opportunities, and jobs it has provided him.





### CASE REPORT OF PAULRAJ

**Paulraj is a 37-year-old male** born to Mr. Joseph and Mrs. Chellama. He comes from a lower economic background, and he was diagnosed with profound hearing impairment and showed delayed speech and language development. He also has a sister who is diagnosed with the same problem as Paulraj.

He got admitted to DARE when he was 4 years old in the year 1991. At first, he used to be reserved and showed difficulty in mingling with others, but he developed good social skills and started to mingle with others post-training in DARE. He used to babble till the age of 4, and he uttered his first word after joining the DARE school.

He learnt to communicate through gestures and simple words and learned to comprehend gestures and verbal commands. He also developed good functional and mathematical skills.

He was given continuous speech therapy in the school, and he has been provided with a hearing aid through which he hears and listens. He was assessed for suitable vocational training, after which he received specialised training at the Taj Hotel, Mumbai, and he was placed in the confectionery unit named Deli in the year 2009. He specialises in making cookies, cakes and pastries. His initial salary 15 years back was Rs 1500, and now he earns Rs 12000.



Paulraj is married to his relative, and he has 2 children - a son who is 7 years old and a 4-year-old daughter. Paulraj says that his community's acceptance of him increased only after he got placed in a job, and his employment status helped him to get married. His children are studying at a school-sponsored by Tata. He now lives happily, and he is grateful for his job. He hopes for a higher salary and is ready to work for the company with full involvement and gratitude.





### CASE REPORT OF AMAR SINGH

**Amar Singh, a 46-year-old male** who is physically challenged, hails Srishti, saying that 'his company is everything to him'.

Amar Singh is from Tirunelveli, and he studied till Class 9 in Tirunelveli High School. He started working in Srishti's vocational units almost 30 years ago, and he worked in almost all the vocational units. After this, he got an opportunity to attend specialised training in Mumbai and was placed in the bakery unit. Since then, he has worked in the Bakery and earns Rs 12000 per month.

He is married to Mrs. Jabamani, who is now 44 years old. His wife is physically challenged, too, and she got a job in Srishti's vocational unit through Amar Singh's referral. His wife was given the opportunity to receive 10 days of specialised training in dyeing and painting in Japan in 2018 through the company, and she is now working at Aranya Naturals.



Amar Singh is grateful and thankful to the company as the company aided him with financial support for his children's education, and he was happy that he was able to buy a house in Tirunelveli as the company provided both - him and his wife with a job and Amar Singh further says, that's why they were able to buy a house in Tirunelveli.

Amar Singh's wife, Jabamani, works in Aranya.



# EXIT STRATEGY

To ensure the long-term sustainability and continuity of Srishti's services for children with disabilities in Munnar, Srishti must implement the following structured 3-5 year exit plan:



## FINANCIAL SUSTAINABILITY & ALTERNATIVE FUNDING (YEAR 1-5)

- Assess the contribution of Srishti's revenue-generating units to its overall operations and take measures to enhance their scalability.
- Expand existing revenue streams and develop new income-generating activities to surpass the current level of revenue.
- Identify and secure CSR sponsors, philanthropic organizations, and government funding schemes to diversify financial sources.
- Apply for grants from national and international foundations focused on disability support.
- Reduce financial dependency on TCPL progressively: 75% in Year 1, 50% in Year 2, 25% in Year 3, and complete withdrawal by Year 4-5.



## CAPACITY BUILDING & INSTITUTIONAL STRENGTHENING (YEAR 1-5)

### Year 1-2:

- Conduct training programs for teachers and staff on financial planning, grant writing, and fundraising.
- Strengthen internal capacity to manage donor relations and funding applications independently.

### Year 2-4:

- Build leadership capabilities within Srishti to ensure smooth administration post-TCPL exit.
- Collaborate with educational institutions, NGOs, and social enterprises to improve program delivery.

### Year 3-5:

- Involve more philanthropists and educationists in the board.



## COMMUNITY & GOVERNMENT ENGAGEMENT

### (Year 1-5)

- Secure government financial support by integrating Srishti into state disability welfare programs and obtaining per-child funding.

### Year 2-4:

- Establish a local fundraising model involving parents, alumni, local businesses, and cooperatives.
- Develop corporate partnerships for employee volunteering and skill-based contributions.

### Year 3-5:

- Form an advisory board comprising local government officials, disability experts, and philanthropists to provide long-term support.



## STRENGTHENING INFRASTRUCTURE & EDUCATIONAL PROGRAMS

### (Year 1-5)

- Complete final infrastructure upgrades, including classrooms, therapy centers, and assistive technology.
- Develop teacher training programs and digital learning resources to enhance educational quality.
- Introduce a paid model for parents who can afford to contribute a reasonable fee for their children's education.

**Year 3-5:**

- Promote inclusion programs by integrating children into mainstream schools wherever possible.
- Establish collaborations with hospitals and rehabilitation centers for ongoing healthcare support.



## **MONITORING & SUPPORT DURING EXIT (YEAR 1-5)**

**Year 1-3:**

- Set clear milestones for the transition and conduct periodic financial and operational audits.

**Year 3-5:**

- Gradually reduce direct financial assistance while maintaining advisory support for 1-2 years.
- Conduct a post-exit impact assessment to ensure the sustainability of Srishti's operations.
- Srishti must take proactive steps to implement this exit strategy, ensuring financial independence, strengthened governance, and enhanced community and government engagement to continue its mission effectively beyond TCPL's support.

## CHAPTER 6

# CONCLUSION

### Transforming Lives through Inclusive Empowerment

The comprehensive study of Srishti's DARE (Disability, Ability, and Rehabilitation Empowerment) and vocational units reveals a profound and transformative impact on the lives of children and adults with special needs. The multifaceted educational and therapeutic interventions have yielded remarkable progress in functional areas, emotional well-being and behavioural regulation. Parents and special educators have consistently reported significant improvements in daily living skills, academic performance and overall quality of life.

The research team was deeply moved by the heartfelt testimonials of parents, who expressed immense gratitude and satisfaction with the services provided. The alleviation of anxieties surrounding their child's well-being has brought unparalleled relief, empowering them to confidently pursue their own goals and aspirations.

The vocational units have emerged as a beacon of hope and rehabilitation, not only providing financial remuneration but also socialisation and a sense of purpose among special associates, fostering strong bonds and friendships.

This inclusive platform has enhanced their capacities, dignity and self-efficacy, redefining their roles from perceived burdens to productive, contributing members of society.

The study underscores Srishti's unwavering commitment to inclusive empowerment, demonstrating that comprehensive support and acceptance can transcend disabilities. By addressing the unique needs and aspirations of individuals with special needs, Srishti has created a paradigm shift in disability employment and rehabilitation.

As we conclude this study, we are reminded that true empowerment extends beyond physical and economic enhancements to encompass emotional, social and psychological well-being. Srishti's exemplary model serves as a catalyst for transformative change, inspiring a society that values diversity, equity and inclusion.

By embracing and celebrating diversity, we can co-create a brighter future where every individual, regardless of ability, can thrive, grow and contribute to the richness of our society.



REPORT PREPARED BY



**SoulAce**  
Path to Sustainability

# Education of Differently Able Children

## Impact Assessment Report



**SoulAce**  
Path to Sustainability

SOULACE CONSULTING PVT. LTD.

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# 01. EXECUTIVE SUMMARY

## PROJECT BACKGROUND

The program "Education and Rehabilitation of Children with Special Needs", implemented by Swastha, a unit of the Coorg Foundation established by Tata Coffee Trust and supported by TCPL (Tata Consumer Private Limited), is dedicated to promoting the holistic development, inclusion, and empowerment of children with disabilities in Coorg.

The program addresses the critical need for inclusive education, vocational training, and therapeutic support for people with disabilities, who frequently have few opportunities for personal growth and social integration. The initiative's focus on fostering independence, improving functional abilities, and enabling long-term self-reliance ensures a comprehensive approach to disability empowerment.

The program's key outcomes include 100% of the participants reporting an improvement in motor skills among beneficiaries at the good to moderate level, significant gains in emotional regulation (95.1%), and improved daily living skills (91.7%). Participants in vocational training have learnt valuable skills such as tailoring, gardening, and crafting, with many contributing to family incomes by selling their products. Furthermore, 93.3% of the parents received counselling and training, which improved their family support systems and their ability to care for their children effectively. Looking ahead, the program plans to expand its vocational units, expand community-based rehabilitation initiatives, and foster strategic partnerships to ensure long-term impact and socio-economic inclusion for people with disabilities.

The Coorg Foundation was established in the year 1994 with the vision of the late Mr Darbari Seth, Chairman of Tata Coffee. The vision of Coorg Foundation is to promote and secure the upliftment, wellbeing and welfare of the people of Coorg, and the mission is to support the people of Coorg through healthcare, education, sports, culture and ecological interventions.

Swastha, the Center for special education is a unit of the Coorg Foundation and it supports the noble cause of developing and educating children with special needs.

India has 40 to 80 million individuals with disabilities, making them one of society's most marginalised groups (World Bank, 2021). Children with disabilities, in particular, face significant barriers, such as limited access to education and vocational training, which are required for their inclusion in mainstream society. According to UNICEF, more than 30% of the children with disabilities in India are out of school, highlighting the critical need for targeted interventions in education and rehabilitation services.

The main aim behind starting up Swastha is to educate, train and rehabilitate those children who are kept away from mainstream society because of mental and physical impairment.

TATA Global beverages is involved in CSR activities from last 50 years. TCPL CSR programmes aim to be relevant to local, national and global contexts, keep disadvantaged communities as the focus based on globally agreed sustainable development principles and be implemented in partnership with governments, NGOs and other relevant stakeholders. Tata companies are involved in a wide variety of community development and environment preservation projects.

In FY19, the group has spent INR 1,095 crore on CSR expenditure and has positively impacted 11.7 million lives. The Tata group's activities relate to education, livelihoods and skill development, rural development, water and sanitation, healthcare and strengthening services.

Tata Sons Private Limited is the promoter and principal investment-holding company of the Tata group, which includes Tata Consumer Products Limited (TCPL).

## PROJECT DETAILS

**Year of Implementation**

FY 2023-2024

**Year of Assessment**

FY 2024-2025

**Targeted Geography**

Suntikoppa and Polibetta Centers of the Swastha, Coorg district, Karnataka

**Beneficiaries**

Differently Abled Individuals with Special Needs

**No. of beneficiaries**

924

**Implementing Partner**

Coorg Foundation

**Budget**

₹40,00,000/-

**Alignment with SDG Goals**

## PROJECT ACTIVITIES



Needs Assessment and Planning



Community Mobilisation and Awareness



Beneficiary Enrolment



Educational and Therapeutic Implementation



Vocational Training and Life Skills Development



Parental Support and Capacity Building







Extracurricular Activities and Social Integration



Monitoring and Evaluation

# Key Findings and Key Impacts

COMPONENT	INDICATORS	FINDINGS	OUTCOMES AND IMPACT
 Mobilisation and Outreach	Reach and engagement of beneficiaries	68.3% of the children are hostel residents, and 31.7% of the children are day scholars, indicating that the school is accommodative to the needs of children coming from distant places. The program effectively reaches children with diverse disabilities (mental retardation, cerebral palsy, autism, etc.).	Apart from therapeutic interventions for all disabled children, the residential setting at Swastha fosters independence, social skills, and a sense of community among students with diverse disabilities, enhancing their overall learning and personal development thereby reflecting overall impact on their behaviour.
 Training Design and delivery	Quality and comprehensiveness of training materials and delivery methods	93.3% of the parents received training on handling their child's disability, and 91.7% of the children showed improvements in daily living skills. 86.7% of the children showed the ability to carry out academic tasks as assigned by Swastha.	The training provided is effective, as evidenced by significant improvements in children's life skills and academic abilities. The training helps both parents and children develop crucial coping and life skills and overall improvement in the problem solving skills.
 Program Engagement	Level of active participation in activities	73.3% of the children participated in extracurricular activities, with 56.7% engaging in cultural activities and 50.0% in sports activities. 91.7% of the children received medical check-ups, and 100% received support for surgeries as needed.	Active participation in extracurricular activities enhances children's social and emotional development. Regular medical check-ups and health support ensure well-being, reinforcing the program's holistic approach to child development. This attributed to the extended socialization opportunity.
 Level of Improvement	Ongoing support post-behavioural change and level of satisfaction	91.7% of the children showed improvement in peer interaction, and 95.1% showed improvement in emotional regulation. 98.4% of the parents were satisfied with overall services, indicating a positive transition and continued support from the program.	The ongoing support helps children integrate socially, improves emotional regulation, and ensures that they are well-prepared for future challenges, contributing to the program's success in guiding children beyond initial rehabilitation.
 Socio-economic Empowerment	Improvement in socio-economic status, empowerment through skills development, and increased societal integration	100% of the children showed improvement in motor skills, with a high percentage showing good improvement in fine and gross motor skills. 95.1% of the children improved in emotional regulation and social interaction, indicating increased socio-emotional empowerment.	The program boosts socio-economic empowerment by enhancing the children's functional abilities, self-expression, and social interaction, thereby supporting their integration into society. Additionally, the program increases financial independence and family empowerment through skill-building opportunities.

## 02. OECD FRAMEWORK



Relevance



Coherence



Effectiveness



Efficiency



Impact



Sustainability



### RELEVANCE

The Swastha program addresses a critical societal need by empowering individuals who have intellectual disabilities to live independent and dignified lives. The program's emphasis on vocational training and skill development is particularly relevant in light of societal exclusion and limited employment opportunities for people with disabilities. The curriculum and approach are tailored to the participant's specific needs, ensuring relevance in terms of content, pace, and delivery methods (for example, using tactile cues for speech therapy or practical lessons for life skills).



### COHERENCE

Swastha's CSR intervention for special needs children aligns with several SDGs, including education and rehabilitation.



The program also aligns with the Deendayal Disabled Rehabilitation Scheme (DDRS) and National Program for Persons with Disabilities goals. The program promotes the rights of disabled individuals, including equality, dignity, and community living, as outlined in the Disability Rights Act of 2016.



### EFFECTIVENESS

The Swastha program has been highly effective in achieving its goals, as evidenced by improvements in participants' speech, language, social communication, emotional regulation, and problem-solving abilities. Vocational training and life skills development, such as tailoring, vermicomposting, and paper bag production, have increased participants' employability and confidence, allowing them to support their families financially. Therapeutic and vocational activities have been especially beneficial for adults with disabilities, promoting social inclusion and recognition through community service and collaborations with clients such as Ainmane and IKIKIAI.



### EFFICIENCY

The Swastha program makes efficient use of available resources to provide impactful vocational training and life skills development. Revenue-generating activities, such as producing and selling paper bags and plants, provide financial assistance to participants while also increasing the program's sustainability. By using simple, resource-efficient tools and forming partnerships with external clients, the initiative achieves a high cost-benefit ratio. These efforts ensure both tangible financial gains and intangible benefits, thereby increasing the program's overall efficiency and impact.



### IMPACT

The program has had a transformative and long-lasting impact. Beneficiaries' motor skills, emotional regulation (95.1%), daily living abilities (91.7%), and social skills have all improved significantly. The program has improved overall well-being by providing comprehensive welfare support, consistent income opportunities, and personalised educational assistance. Vocational training provided participants with practical skills, allowing them to contribute to their family's income. Parents benefited from counselling (82.5% highly satisfied) and training (93.3%), which helped to foster a supportive home environment. The program promotes dignity, self-efficacy, and social integration, laying the groundwork for long-term inclusion and empowerment.



### SUSTAINABILITY

The Swastha program demonstrates sustainability through income-generating activities like selling bags and plants and promoting self-employment for long-term financial independence. Its vocational training is adaptable, ensuring lasting skill use. The program's community-based approach strengthens family and community support networks, extending its impact beyond direct operations. This holistic model fosters long-term benefits, reducing reliance on ongoing care and creating sustainable livelihood opportunities within the broader community.



Relevance



Coherence



Effectiveness



Efficiency



Impact



Sustainability

## CHAPTER 3

# INTRODUCTION



*Customised Hand Covers*

### BACKGROUND AND NEED OF THE PROGRAM

India has 40 to 80 million individuals with disabilities, making them one of society's most marginalised groups (World Bank, 2021). Children with disabilities, in particular, face significant barriers, such as limited access to education and vocational training, which are required for their inclusion in mainstream society. According to UNICEF, more than 30% of the children with disabilities in India are out of school, highlighting the critical need for targeted interventions in education and rehabilitation services.

The Swastha, Centre for Special Education and Rehabilitation, a unit of the Coorg Foundation of Tata Coffee, is critical in addressing these gaps. It provides specialised education, vocational training, and Community-Based Rehabilitation (CBR) to help children with special needs

achieve self-sufficiency and meaningful participation in society. Swastha's comprehensive programs improve educational attainment, promote skill development, and create job opportunities for people with disabilities, fostering empowerment and social inclusion.

By addressing the educational and rehabilitation needs of children with disabilities, this program helps to reduce stigma and promote equal opportunities. It is consistent with the broader developmental goals of building an inclusive society and ensuring that every child, regardless of ability, has access to education and opportunities for personal growth (Coorg Foundation, 2022).

## OBJECTIVES OF THE PROGRAM

The program "Education and Rehabilitation of Children with Special Needs at Swastha" aims to promote the holistic development, inclusion, and empowerment of children with disabilities in Coorg, Karnataka. It aims to:



Provide inclusive and quality education tailored to the diverse needs of children with disabilities to improve their academic and functional skills.



Offer vocational training programs that equip beneficiaries with practical skills for gainful employment and self-sufficiency.



Provide therapy, counselling, and rehabilitation services to enhance physical, emotional, and social well-being.



Strengthen community-based interventions to help disabled children integrate into mainstream society.

## ABOUT COORG FOUNDATION

Tata Coffee Trust established the Coorg Foundation in 1994 as a philanthropic initiative to promote the socio-economic development of the Coorg region in Karnataka, India. Established to uplift the local community, the Foundation addresses critical issues such as health, education, and livelihoods. One of its flagship initiatives is the Swastha, a Centre for Special Education and Rehabilitation, which aims to empower children with disabilities through education, skill development, and rehabilitation.

Swastha is a source of hope for people with mental and physical disabilities who are frequently excluded from mainstream society. It is a unique residential school that provides free care, training and amenities such as a hostel, food and transportation to children with special needs.

The centre, which is located in Sunticoppa and Polibetta, provides customised curriculums that are tailored to each child's abilities, as well as therapies such as speech, drama, and music, as well as parent counselling services. Swastha ensures that individuals develop holistically and integrate into mainstream society with the help of dedicated educators, therapists, and psychologists.

Its community-based rehabilitation (CBR) program promotes holistic development and integration into society. The initiative also focuses on providing meaningful employment opportunities through pre-vocational and vocational training programs. The centre also focuses on vocational rehabilitation, offering training in crafts such as envelope making, screen printing, bookbinding, mushroom cultivation, and offset printing. Many Swastha alumni have found work or started their own businesses, and they live dignified lives now.

## TAILORING UNIT



## CHAPTER 4

# RESEARCH METHODOLOGY

TCPL assigned SoulAce to conduct a study on the work done by the Swastha, a unit of the Coorg Foundation, and assess the impact of its CSR initiative in promoting skill development, vocational training, and empowerment for individuals with disabilities, focusing on their social and economic inclusion.



Service Provided at Swastha

### OBJECTIVES OF THE STUDY

The primary objectives of the study were:



To evaluate the immediate impacts of the program implemented and assess the enduring impacts of the program.



To measure the extent to which the program has enhanced skill development, vocational training, financial independence, and social inclusion for individuals with disabilities.



To provide insights into the strengths and areas for improvement of the program implementation.

### USE OF MIXED METHOD APPROACH

The evaluation adopted a comprehensive mixed-methods approach, integrating both qualitative and quantitative research methodologies. The qualitative component allowed for an in-depth exploration of the subjective experiences and viewpoints of key stakeholders, offering a nuanced grasp of their perspectives. Concurrently, quantitative methods facilitated the gathering and analysis of numerical data obtained from the beneficiaries- electricians and plumbers, yielding statistical insights and identifying trends. By employing a mixed methodology approach, the evaluation leveraged the strengths of both qualitative and quantitative techniques, resulting in the collection of robust and diverse data. This holistic approach provided a comprehensive understanding of the project and its impact, ensuring a well-rounded and multifaceted assessment.

## APPLICATION OF QUALITATIVE TECHNIQUES

Qualitative methods provide insights into the real-life experiences, viewpoints, and stories of beneficiaries and stakeholders like those responsible for project implementation. Engaging these stakeholders through in-depth interviews and focus group discussions allows for a comprehensive examination of observed changes. These methods facilitate a detailed exploration of improvements in the overall skilling and employability of the beneficiaries through the intervention. By capturing the lived realities and narratives of those involved, qualitative approaches offer a nuanced understanding of the project and its impact.

## APPLICATION OF QUANTITATIVE TECHNIQUES

Quantitative techniques are employed to evaluate the project and its impact objectively through data analysis. Surveys and questionnaires are utilised to collect numerical data on various indicators from beneficiaries of each program. By comparing the data gathered before and after the intervention, the project and its effects and the enhancements it has facilitated can be assessed. These quantitative methods provide a measurable approach to gauge the project and outcomes and evaluate its success through statistical evidence.

## ENSURING TRIANGULATION

To bolster the reliability and validity of its conclusions, the study implemented various triangulation strategies. Data triangulation was achieved by gathering information from diverse sources, including field notes, interviews with beneficiaries, and feedback from project staff. This extensive data collection process facilitated a comprehensive evaluation of the program and its impact. Additionally, methodological triangulation was employed, utilising a range of research methods such as surveys, interviews, and focus group discussions. This approach allowed for cross-verification of information and helped mitigate potential biases inherent to any single method. Through the implementation of these triangulation techniques, the study ensured a robust and dependable analysis, reinforcing the trustworthiness and credibility of its findings.

## KEY STAKEHOLDERS



Beneficiaries (Individuals with disabilities)



Families of Beneficiaries and Community Members



Therapists and Special Educators



Project Implementation team

## DESIGN SNAPSHOT



### Name of the project

Education and Rehabilitation of Children with Special Needs at Swastha



### Implementing agency

Coorg Foundation, Swastha



### Research design used

Descriptive research design



### Sampling technique

Purposive sampling



### Sample size

100



### Qualitative Methods Used

Semi-structured interviews, testimonials and focus group discussions with beneficiaries along with key stakeholders.

## STUDY TOOLS

### Questionnaires for primary beneficiaries

Structured questionnaires were developed, and the project details for each of the focus areas were reviewed. Indicators were pre-defined before conducting the surveys. Stakeholders were identified across the focus areas. Semi-structured questionnaires and focus group discussions were conducted with the project staff.

## ETHICAL CONSIDERATIONS

The impact evaluation research was guided by a strong ethical framework, ensuring that the study was conducted responsibly and ethically. Adhering rigorously to ethical principles of research, the study prioritised the rights and well-being of participants throughout the process. Informed consent was meticulously obtained by providing comprehensive information about the study and objectives, procedures, potential risks, and benefits, allowing participants to make informed decisions about their involvement after having their questions addressed. Robust measures were implemented to uphold confidentiality and privacy, with data securely stored and accessible only to authorised personnel and participant identities protected through anonymisation or coding techniques. Crucially, participation was fully voluntary, free from coercion or pressure, underscoring the importance of autonomy and respect for individual choice. Throughout the study, participants were treated with the utmost respect, dignity, and fairness, with their well-being being the top priority and necessary support or assistance provided whenever needed.



## CHAPTER 5

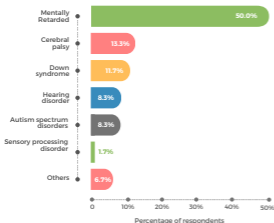
# KEY FINDINGS AND IMPACTS

This chapter compiles and analyses data from multiple sources to evaluate the overall impact and effectiveness of the program. It integrates qualitative and quantitative insights gathered through extensive surveys and detailed interactions with stakeholders. Drawing on diverse viewpoints, the chapter provides an in-depth analysis of how well the program has met its intended goals and contributed to long-term sustainability.



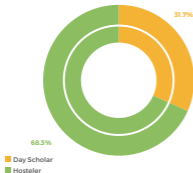
## NATURE OF DISABILITY AND CARE THROUGH DEDICATED RESIDENTIAL FACILITY

CHART 1: CATERING TO A DIVERSE RANGE OF DISABILITIES



Swastha primarily supports children with mental retardation, followed by those with cerebral palsy, Down syndrome, hearing impairments, autism, and other conditions. This diverse representation reflects its capacity to address a wide range of developmental and physical challenges through specialised care. By providing tailored interventions, Swastha fosters inclusivity, holistic growth, and empowerment for every child.

CHART 2: EXTENDED CARE MADE POSSIBLE THROUGH HOSTEL STAY



Swastha's residential facilities provide comprehensive care, rehabilitation services, and opportunities for holistic development, resulting in a long-lasting impact.

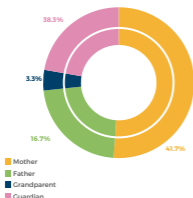
The majority of beneficiaries live in hostels, demonstrating the centre's commitment to providing extended care and a structured, supportive living environment. This residential setting not only allows for full-time assistance but also provides opportunities for socialisation, independence, and the development of multidisciplinary skills. A smaller proportion of day scholars demonstrates Swastha's inclusive approach, which allows children to commute while still benefiting from its specialised services.



## EMPOWERING PARENTS THROUGH COUNSELLING AND TRAINING SERVICES

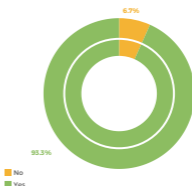
Involving family members who are primary caregivers is crucial for improving treatment outcomes. Consistency is essential in therapeutic interventions for children with special needs. Counselling sessions helped parents better understand their child's disability and establish clear expectations for their child's development. Swastha works with parents through counselling, training, and regular PTA meetings to explain a child's condition and ensure consistency of behaviour modification strategies at home. This reinforces positive behaviour patterns.

**CHART 3: RESPONDENTS' RELATIONSHIP WITH THE CHILD**



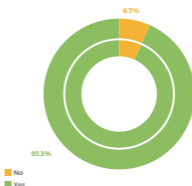
The chart above demonstrates the active participation of parents, grandparents, and other family members in the care and rehabilitation of children with disabilities. Among the respondents, mothers make up the majority, but guardians also play an important role, emphasising the extended support system for these children. Fathers and grandparents, while few, demonstrate the broader familial involvement fostered by Swastha's inclusive approach to rehabilitation and support.

**CHART 4: WHETHER THE RESPONDENTS WERE GIVEN COUNSELLING ABOUT THEIR CHILD'S DISABILITY BY SWASTHA**



Almost all parents (93.3%) say they received counselling for their child's disability. This reflects the organisation's strong emphasis on guiding and supporting parents, providing them with the knowledge and resources they need to better understand and address their child's specific needs.

**CHART 5: WHETHER THE RESPONDENTS WERE GIVEN TRAINING ABOUT HOW TO HANDLE THEIR CHILD**



**93.3%**

of parents received training on effective child-handling techniques, enhancing their ability to support development, foster independence and better understand suitable tasks for daily activities.



### MR. RAM GOWTHAM, VISITING PROFESSIONAL

As a visiting professional at Swastha, I had the opportunity to work with an exceptional team in the screen-printing unit. This group of ten people, all of whom are hearing and speech impaired, with many also having learning disabilities, has been an ongoing source of inspiration. Their commitment, discipline, and perseverance in the face of adversity are truly impressive.

From the very beginning, I was impressed by their focus and ability to engage in tasks that required both precision and creativity, such as screen printing and crafting. Through consistent practice and guidance, they have developed impressive gross and fine motor skills, as well as significant vocational abilities.

Their creations, which include printed trays, spoon holders, tissue holders, fridge magnets, and mobile holders, demonstrate their craftsmanship. These products have gained recognition, with sales on platforms such as IKIKIAI and appearances in prestigious TATA outlets. Seeing their work displayed in such prestigious settings makes them—and me—incredibly proud.

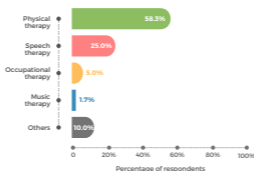


Aside from learning technical skills, this work has given them a strong sense of purpose and confidence. They are no longer just program participants but valuable members of a larger ecosystem. Swastha's screen printing unit is a truly transformative environment that promotes growth, self-reliance, and success.



## THERAPEUTIC AND EDUCATIONAL SUPPORT

CHART 6: TYPE OF THERAPIES PROVIDED TO THE CHILD

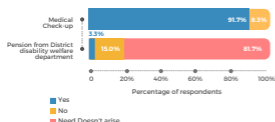


Physical therapy was the most frequently provided support, addressing the critical physical needs of children, followed by speech therapy to enhance their communication abilities. Other therapies, including occupational and music therapy, were offered as needed, ensuring a well-rounded approach. These tailored interventions signify the importance of addressing specific developmental challenges to promote the holistic growth and well-being of the children.

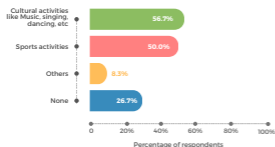
## THERAPEUTIC INTERVENTIONS FOLLOWED BY SWASTHA

Therapeutic Interventions	Key Therapeutic Components	Observed Outcomes
Occupational Therapy	<ul style="list-style-type: none"> <li>Play-based therapeutic interventions.</li> <li>Strength and Coordination exercises.</li> <li>Balance and Posture Training.</li> </ul>	<ul style="list-style-type: none"> <li>Enhanced muscle tone and strength for performing gross motor activities.</li> </ul>
Physical Therapy	<ul style="list-style-type: none"> <li>Use of braces and orthotics.</li> <li>Use of Assistive devices.</li> <li>Use of large physio balls, sponge balls, bean bags, volleyballs, footballs, and hoop activities.</li> </ul>	<ul style="list-style-type: none"> <li>Enhanced coordination and motor planning.</li> <li>Improved balance and stability.</li> <li>Improved gait, leading to proper heel-to-toe movement and posture.</li> </ul>
Use of Assistive equipment	<ul style="list-style-type: none"> <li>Use of walkers, Crutches, Parallel bars, and therapy balls.</li> </ul>	<ul style="list-style-type: none"> <li>Enhanced posture and overall mobility.</li> </ul>

Source: Swastha

**CHART 7: HEALTHCARE FACILITIES RECEIVED**

Regular medical check-ups were provided to 91.7% of children in need, which shows Swastha's strong commitment to health monitoring. While most children did not require surgical support, the need for surgeries would have arisen only for children with certain physical deformities to improve mobility or functionality. Swastha ensured appropriate support for those requiring surgery, too, reflecting its dedication to addressing individual healthcare needs.

**CHART 8: TYPE OF EXTRACURRICULAR ACTIVITIES THE CHILD WAS TRAINED AT SWASTHA**

Most respondents highlighted that children with disabilities actively participated in extracurricular activities at Swastha, including music, singing, dancing, and sports.

These activities not only support skill development, but also enhance confidence, and provide opportunities for self-expression. However, the lack of participation by some children may be due to the limitations posed by the nature of the disabilities the children suffered.

**SINGING CLASS****TAILORING UNIT**



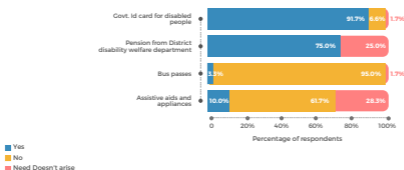
## PRIYA'S JOURNEY TOWARDS INDEPENDENCE

Priya (name changed), a 17-year-old girl, was born with no obvious medical issues. Her early developmental milestones were within expectations, and she appeared to be in good health. However, at the age of four, she abruptly stopped speaking and began exhibiting symptoms of autism, signalling the start of a difficult journey for her and her family. Despite being enrolled in a special school, Priya received limited academic or developmental support. Despite being placed in the fourth standard, her progress was significantly delayed. She also struggled with basic activities such as eating, bathing, and dressing, which intensified her family's difficulties.

At the age of 15, Priya was diagnosed with bipolar disorder by the National Institute of Mental Health and Neurosciences (NIMHANS). The diagnosis, while disheartening, provided clarity and guided her treatment plan. Priya was admitted to Swastha, a specialised institution that treats children with developmental and behavioural disorders. The institution took a personalised approach to meeting her specific needs, emphasising education, therapy, and skill development. Priya followed a first-grade syllabus tailored to her cognitive abilities, as well as occupational therapy activities such as paper cover making, which improved her fine motor skills. Her motor coordination and energy levels improved with regular physiotherapy, while behavioural therapy and psychiatric care helped to manage her mood swings and stabilise her condition.

Priya gradually improved. She gained independence in daily activities, reducing the burden on her carers. Her basic literacy and numeracy skills improved, and she was proud of her occupational skills, especially paper cover-making. Psychiatric care helped her achieve emotional stability, allowing her to interact more effectively with her surroundings. Priya's progress demonstrates the transformative power of holistic and individualised interventions. Her journey gives hope and emphasises the importance of individualised support for people with complex developmental and behavioural needs.



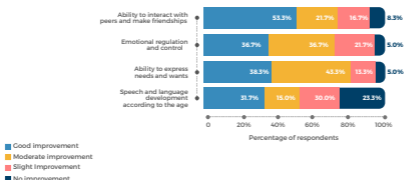
**CHART 9: FACILITIES RECEIVED RELATED TO PASSES, PENSIONS, AND ASSISTIVE AIDS**

Parents of beneficiary children confirmed that the majority of their children received government-issued disability ID cards, which provided access to essential services and benefits. In addition, a large number of children received pensions from the District Disability Welfare Department, which provided critical financial assistance to families. However, access to bus passes and other assistive devices remained limited. These services are critical for promoting mobility, independence, and active participation in educational and social activities, allowing children with disabilities to become actively involved in their communities.



## CHILD'S DEVELOPMENT AND KEY IMPACTS

CHART 10: LEVEL OF IMPROVEMENT IN EMOTIONAL AND BEHAVIOURAL ABILITIES



The majority of participants reported significant improvements in their children's emotional and behavioural development in their ability to interact with others, regulate emotions, and express their needs.



### PEER INTERACTION AND FRIENDSHIPS

More than 75.0% of the respondents reported good to moderate improvement, indicating that the program effectively promotes social connections and inclusion through interactive activities and therapeutic interventions.



### EMOTIONAL REGULATION AND CONTROL

With 73.4% of the respondents reporting good to moderate improvement, the program's counselling and therapy sessions significantly improved participants' ability to manage their emotions.



### ABILITY TO EXPRESS NEEDS AND WANTS

81.6% of the children made good to moderate progress, demonstrating the program's effectiveness in developing communication skills and self-expression.



### SPEECH AND LANGUAGE DEVELOPMENT

While 46.7% of the respondents made good to moderate progress, the relatively higher percentage of slight or no improvement was due to the different levels of disability of the children.

“

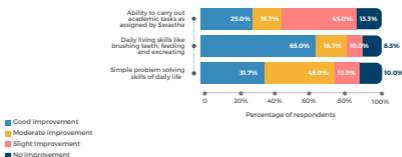
The Swastha program has been a blessing for our child. Previously shy and withdrawn, my son now confidently interacts with peers and even expresses his needs clearly. The therapy sessions have made a huge difference in his emotional control, and I can see him growing happier every day. We are deeply grateful for this life-changing initiative that nurtures not just our children but also strengthens families like ours.

• Father of Abhilsh B from Srirampura

”

## LEVEL OF IMPROVEMENT IN DAILY TASK SKILLS

CHART 11: LEVEL OF IMPROVEMENT IN DAILY TASK SKILLS



The participants reported significant progress in the development of daily task skills among children with special needs, highlighting the program's success in developing self-reliance and functional independence.



### ABILITY TO PERFORM ACADEMIC TASKS

41.7% of the respondents reported good to moderate improvement, 45% showed slight improvement, and 13.3% of the respondents reported no improvement. However, academic task completion yielded more mixed results, with many children showing only minor improvements due to the disability status of the child.



### DAILY LIVING SKILLS

A remarkable 81.7% of the respondents showed good to moderate improvement, demonstrating the effectiveness of interventions in providing children with essential life skills such as feeding, brushing, and toilet training, all of which are necessary for independent living.



### SIMPLE PROBLEM-SOLVING SKILLS

With 76.7% of the children making good to moderate progress, the program effectively assists participants in developing critical thinking and the ability to manage daily challenges, thereby increasing their confidence and decision-making abilities.

*A parent shared that their child now uses the toilet independently and flushes it without assistance from family members, which she did not do previously.*

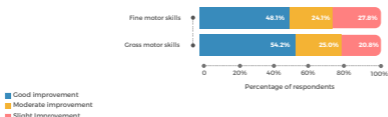
“

As a mother, seeing my daughter return to normalcy was a dream come true. Swastha's personalised care has helped Priya improve academically, socially, and emotionally. Her therapies, particularly occupational and behavioural, have given her a sense of purpose. We are extremely grateful for the team's dedication and support.

- Brindha's Mother from Kudige

”

CHART 12: LEVEL OF IMPROVEMENT IN MOTOR SKILLS



100% of the parents observed improvement in the overall motor skills of their children. Significant enhancements in both fine and gross motor skills, with many kids demonstrating substantial progress.



### FINE MOTOR SKILLS

72.2% of the respondents reported good to moderate improvement in fine motor skills, which include handling small objects, writing, and crafting. This demonstrates how effectively children improve hand-eye coordination and dexterity.



### GROSS MOTOR SKILLS

79.2% of the respondents reported good to moderate improvement in gross motor skills such as walking, jumping, or climbing stairs. This is the effectiveness in improving physical mobility and overall body coordination via therapies and guided exercises.

These findings support the program's role in helping children with disabilities develop functional motor skills that are necessary for independence and active participation in daily activities.

“

My son's motor skills have improved tremendously thanks to the team. He can now hold small objects comfortably and has improved his coordination in gross motor activities such as climbing stairs and walking steadily. Our family has benefited greatly from the support and therapies provided here.

- Chethan's father shared

”

The research team found that most parents are aware of the importance of gross motor skills and have trained their children in physical activities such as jumping, crawling, walking, and running. 100% of the parents noticed an improvement in their children's fine motor skills, with the majority of parents (48.1%) noting a good improvement in fine motor skills, followed by moderate improvement

**MS. SUPRIYA, SPEECH THERAPIST**

As a speech therapist with a Master's degree in Speech-Language Pathology, working at Swastha has been one of the most rewarding experiences of my career. I am now offering therapy to 13 students, each with their own set of challenges and tremendous potential. The majority are intellectually disabled, with some having cerebral palsy and speech-language disorders.

Speech therapy aims to help these children produce sounds, learn to pronounce words and comprehend their meanings. I use tactile cues and modelling techniques to help them articulate sounds. Repetition during sessions helps to internalise and reinforce these skills, resulting in small victories that improve their communication abilities. Therapy for children with autism focuses on improving eye contact, sitting behaviour, and reducing behavioural issues. Structured, individualised lesson plans ensure that each session is goal-oriented and tailored to the student's needs.



The most rewarding aspect of my job is watching these kids grow not just in sound production but also in comprehension and interaction. Some students can now respond to basic questions, demonstrating language development and conceptual understanding.

Swastha's therapy is about more than just teaching words; it's about instilling confidence, encouraging communication, and giving children a voice in the world. I am honoured to be a part of their journey.



## THE PROCESS OF SPEECH AND LANGUAGE THERAPY FOLLOWED AT SWASTHA

Initial Evaluation	Diagnosis	Goal Setting	Treatment Planning	Therapeutic Interventions	Progress Monitoring
Evaluation of the Child's Medical history	Diagnosis undertaken by the Speech and Language Therapist at Swastha based on the Evaluation.	Establishing specific and measurable goals for each child.	Speech therapist prepares a customised treatment plan for each child.	Speech sound therapy	Regular weekly, monthly and Annual review meeting conducted for monitoring the progress of each child.
Development history tracking the milestone developments				Language therapy	
Use of standardised tests for speech Assessment				Voice therapy	

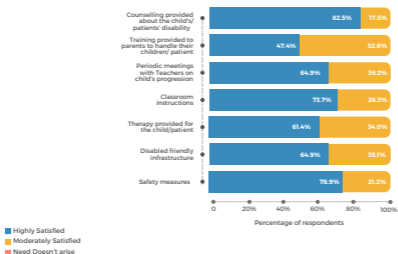
Source: Swastha



PAINTING AND ARTWORKS THAT ARE KEPT FOR SALE

## SATISFACTION WITH SERVICES

CHART 13: LEVEL OF SATISFACTION WITH DIFFERENT SERVICES



The majority of participants were highly satisfied with the various services provided to their children, including counselling, training, and therapy.



### COUNSELLING ON DISABILITY

82.5% of the respondents expressed high satisfaction with the disability counselling provided to their children. This demonstrates the empowerment of parents with critical knowledge and emotional support to help them understand and manage their child's condition effectively.



### SAFETY MEASURES

With 78.9% of the respondents reporting high satisfaction, safety is a well-managed aspect of the program, fostering trust among beneficiaries and their families.



### CLASSROOM INSTRUCTIONS

73.7% of the respondents expressed high satisfaction, demonstrating the relevance and impact of tailored educational approaches on children's learning.



### TEACHER MEETINGS ON CHILD PROGRESS

64.9% of the respondents were very satisfied with periodic teacher meetings, highlighting the importance of consistent communication in tracking and addressing a child's progress.



### DISABLED-FRIENDLY INFRASTRUCTURE

64.9% of the respondents were very satisfied, with 35.1% being moderately satisfied. This demonstrates a significant effort to create accessible environments, though minor gaps may remain.



### THERAPY PROVIDED

61.4% of the respondents were very satisfied, and 34.0% were moderately satisfied, this shows the accessibility and impact of therapy provided to the children.



## PARENT TRAINING

While only 47.4% of the parents were highly satisfied with the training provided, 52.6% were moderately satisfied, indicating the scope for improvement to better meet the diverse needs of parents.

“

The Swastha program has been a source of strength for my family. From counselling to therapy, every aspect is carefully planned to meet our needs. The teachers and staff provide regular updates on my child's progress, and the classroom instructions have greatly improved his learning.

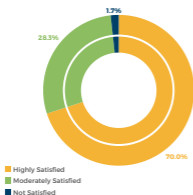
-Shared by many parents

”

## TAILORING

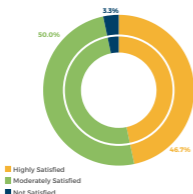


**CHART 14: SATISFACTION WITH THE EXPERIENCE AND EXPERTISE OF THE STAFF MEMBERS**



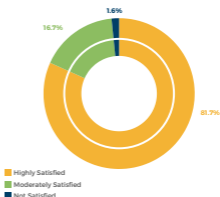
The majority of respondents (98.3%) were satisfied with the staff members' experience and expertise. The majority (70.0%) expressed their high satisfaction with the staff's professionalism and knowledge in dealing with their child's needs. A smaller group expressed moderate satisfaction. This suggests that the staff's competence and approach had a positive effect on the respondents.

**CHART 15: SATISFACTION WITH GUIDANCE FOR FUTURE PLANNING AND GOAL SETTING TO PARENTS REGARDING THE CHILD**



The majority of the parents were either very satisfied or moderately satisfied with the guidance provided for their child's future planning and goal-setting. This indicates that the majority of the parents found the advice useful and relevant in planning their child's care and development.

**CHART 16: SATISFACTION WITH OVERALL SERVICES PROVIDED TO THE CHILD/PATIENT**



**98.4%**

of the parents were satisfied with the overall services provided to their children. The majority of respondents (81.7%) expressed high satisfaction, indicating the effectiveness and quality of care received. A smaller group reported moderate satisfaction, and a small number expressed dissatisfaction. This suggests that the services provided were well received by the majority of parents, implying that the project's interventions effectively met the beneficiaries' needs and expectations.

**MRS. MOHINI, TAILORING UNIT WORKER**

I have been working in Swastha's Tailoring Unit for 18 years, and it's been a rewarding and fulfilling experience. The unit, which consists of five dedicated women, specialises in producing high-quality, handmade bags such as jute bags, bread baskets and shopping bags. Ainmane, a key client in Kodagu, has been a source of pride for us, and fulfilling their orders brings us great satisfaction.



Besides earning, this work promotes teamwork, creativity, and a sense of accomplishment. Each of us receives a monthly incentive of Rs. 3,000, which helps our families and encourages us to improve our skills.

Over the years, I've gained valuable tailoring and design experience, which has boosted my confidence and independence. Swastha has given me not only a job but also a meaningful role in the community. Every bag we make demonstrates our dedication, and I am honoured to be a part of this journey.





### **VIJAY KUMAR'S JOURNEY TOWARDS SELF-RELIANCE**

Vijay Kumar (name changed), a 35-year-old man with hearing and speech disabilities, has demonstrated remarkable perseverance and growth on his path to self-reliance. Vijay suffered from learning disabilities and a low IQ, which had a significant impact on his early life. These obstacles limited his educational opportunities and made it difficult for him to develop the skills required for an independent life. However, Vijay's association with Swastha, a specialised institution, since 2005 has been a turning point in his life.

When Vijay initially began working at Swastha, he was assigned tasks like gardening and nursery maintenance that were tailored to his abilities and provided a therapeutic environment. These activities marked the start of his skill-building journey and helped him gain confidence. Swastha gradually offered Vijay tailored training in gardening, nursery maintenance, beekeeping, and landscaping, allowing him to gain specialised horticultural skills. His responsibilities included planting, watering, pruning, and landscape management, which he did with increasing skill. Vijay was also introduced to the screen-printing unit, where he learnt new skills and adjusted to a structured work environment, thereby expanding his capabilities.

Swastha's assistance went beyond skill development, providing Vijay with a safe and inclusive environment in which he could interact with peers and gradually improve his social confidence. Emotional support and structured interventions assisted him in overcoming many of his disability-related challenges. Vijay's efforts were recognised with monthly financial assistance of Rs. 4,000, which gave him the ability to manage his finances and increased his sense of independence and self-esteem.

Vijay is now a dependable and efficient worker who can handle gardening, landscaping, and beekeeping tasks with little supervision. His adaptability and dedication have made him an indispensable component of Swastha's operations. Despite his disabilities, Vijay has developed meaningful relationships with colleagues and supervisors, demonstrating his social engagement and sense of belonging. His journey demonstrates the transformative power of targeted support and skill development. Vijay demonstrates how, when given the right opportunities and guidance, people with disabilities can overcome obstacles and live fulfilling, independent lives.



# SUSTAINABILITY



## SKILL DEVELOPMENT AND VOCATIONAL TRAINING

Focussing on teaching marketable skills (e.g., vermicomposting, paper bag making, orchid plant cultivation) ensures long-term employability for individuals with disabilities, allowing them to support themselves independently.



## PARENTAL INVOLVEMENT AND COMMUNITY INTEGRATION

Involving parents in vocational training allows for continued learning and skill development at home, which strengthens the program's impact and contributes to local economies.



## MARKET LINKAGES

Collaborations with external clients, such as Ainmane in Kodagu, and platforms like the IKIKIAI online store provide regular market access for products, ensuring a consistent income stream for participants.



## REPLICATION POTENTIAL

The Swastha model's success can be replicated in other communities or institutions, expanding its reach and fostering self-reliance among people with disabilities across the country.

## 06. SWOT ANALYSIS



### STRENGTHS

- Established a track record of providing rehabilitation services since 2005.
- Existing framework for skill-building activities such as gardening, beekeeping, and screen printing.
- A supportive environment fostering social and emotional growth among beneficiaries.



### WEAKNESSES

- Inadequate infrastructure for therapy services.
- Limited diversity in rehabilitation activities, especially at the Polibetta Centre.
- Shortage of qualified professionals for specialised therapies.
- Insufficient psychological support for parents.



### OPPORTUNITIES

- Expanding therapy rooms and integrating new technologies to enhance interventions.
- Partnering with vocational trainers and rehabilitation specialists to diversify skill-building activities.
- Creating support systems for parents through counselling and peer-sharing platforms.
- Enhancing parent-school engagement through digital communication platforms and regular updates.



### THREATS

- Inability to meet the diverse needs of beneficiaries due to infrastructure and staff constraints.
- Reduced effectiveness of the program if specialised staff requirements remain unmet.

# EXIT STRATEGY

To ensure a sustainable transition, Swastha should gradually become self-reliant while maintaining the quality of education and care for disabled children. The following structured 3-5 year plan outlines steps for financial sustainability, institutional strengthening, government and community integration, infrastructure development, and exit monitoring.



## FINANCIAL SUSTAINABILITY & ALTERNATIVE FUNDING

### Years 1-2: Identifying & Securing New Funding Sources

- Swastha should actively seek alternative CSR funding from corporates focused on disability rights and education.

The school should apply for government grants such as:

- National Trust schemes for persons with disabilities
- CSR funds from companies working in Bengaluru and Mysuru.
- District disability welfare initiatives.
- Fundraising campaigns targeting philanthropists, NGOs, and local business communities should be developed and executed.

### Years 2-3: Revenue Generation

- Implement fee-based services for families who can afford them while maintaining subsidies for underprivileged children.
- Strengthen vocational training units (e.g., handicrafts, bakery, farming, tailoring) to establish a sustainable income model.
- Establish a Sustenance Fund, encouraging local businesses, community groups, and donors to contribute regularly.

### Years 3-5: Gradual Funding Reduction

Swastha should implement a phased approach to reducing reliance on TCPL funding:

Year 1: Secure 25% of required funding independently

Year 2: Secure 50% of funding independently

Year 3: Secure 75% of funding independently

Year 4-5: Attain full financial independence, utilizing only advisory support from external sources.



## CAPACITY BUILDING & INSTITUTIONAL STRENGTHENING

### Years 1-2: Strengthening Governance & Leadership

- Staff should undergo training in fundraising, financial planning, and resource mobilization.

### Years 2-4: Partnerships & Networking

- Swastha should initiate collaborations with educational institutions, hospitals, and therapy centers for ongoing support.
- Volunteer networks (local professionals, university students, social workers) should be engaged to provide sustained expertise.

### Years 3-5: Leadership Transition

- The leadership team should be fully prepared to oversee Swastha's operations independently.
- Decision-making responsibilities should gradually be transferred to the local board and community stakeholders.



## GOVERNMENT & COMMUNITY INTEGRATION

### Years 1-2: Leveraging Government Support

- Swastha should proactively seek government financial assistance and integrate with state-sponsored disability welfare programs.
- The school should register under the Right to Education (RTE) Act for per-child funding.

### Years 2-4: Community-Based Support

- A Local Guardian Network should be established, where parents, alumni, and community members actively support Swastha.
- Cooperative societies, coffee plantations, and local businesses should be involved in long-term sustainability efforts.

### Years 3-5: Self-Reliance

- Swastha should establish a 'Friends of Swastha' endowment fund, managed by a board of stakeholders, to ensure continuous financial support. Swastha can raise funds through 'Non resident Indians' belonging to Coorg.



## STRENGTHENING INFRASTRUCTURE & VOCATIONAL TRAINING

### Years 1-3: Upgrading Infrastructure

- The school should ensure assistive technologies and therapy equipment are in place before TCPL's exit.
- Digitization of educational content for self-paced learning modules should be completed.

### Years 3-5: Expanding Vocational Programs

- Income-generating vocational activities should be strengthened, with the establishment of retail outlets at prominent tourist locations in Coorg.
- Products made by students should be sold through local stores, online platforms, and corporate partnerships.



## MONITORING & EXIT SUPPORT

### Years 1-3: Performance Tracking

- Swastha should define clear milestones for financial sustainability and program effectiveness.
- Annual impact assessments should be conducted to evaluate readiness for TCPL's exit.

### Years 3-5: Advisory & Post-Exit Support

- Technical mentorship should be sought instead of financial aid.
- A post-exit impact review should be conducted after Year 5 to assess long-term sustainability and operational effectiveness.

By following this phased strategy, Swastha can ensure a seamless transition to financial and operational independence while continuing to provide high-quality education and care for disabled children in Coorg.

## CHAPTER 7

# CONCLUSION

Swastha's program, implemented with support from TCPL, serves as a beacon of hope and empowerment for Coorg's disabled children. By combining inclusive education, therapeutic interventions, and vocational training, the program has not only fostered functional and emotional growth in beneficiaries but also instilled confidence and independence in their lives.

The outcomes demonstrate the program's transformative impact. Vocational training has enabled participants to make meaningful contributions to their families and society, promoting dignity and self-reliance. Swastha plans to expand its reach through community-based initiatives and innovative partnerships so the program paves the way for long-term change. It embodies a vision of inclusion and equality, transforming challenges into opportunities and creating a brighter future for people with disabilities.

# Agriculture & Livestock, Biodiversity Conservation Impact Assessment Report

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## 01. EXECUTIVE SUMMARY

### PROJECT BACKGROUND

The Tata Chemicals Society for Rural Development (TCSRSD) has undertaken a comprehensive community development initiative aimed at improving the socio-economic conditions and environmental sustainability of communities in the Mithapur region of Gujarat. The project focuses on key areas such as water conservation, livestock development, healthcare, clean drinking water, and skill development. By employing a participatory development approach, TCSRSD ensures community ownership and alignment with local needs, fostering sustainable growth and empowerment.

Established in 1980, the primary aim of Tata Chemical Society for Rural Development (TCSRSD) is to initiate and support community development programmes in and around regions where Tata Chemicals Limited facilities are located.

The Tata Chemicals Society for Rural Development (TCSRSD) supports community development programmes in and around regions where Tata Chemicals Limited facilities are located. The main objective of the TCSRSD is to protect, nurture and uplift the communities by adopting an integrated approach to development, and designing regions specific need-based programmes.

TCSRSD focuses on forming sustainable institutions, enhancing economic activity, conserving the environment and biodiversity, enriching the quality of life and improving health, education and drinking water and sanitation situations for the communities.

### PROJECT - VRUDDHI - DISCUSSION WITH TCSRSD TEAM



In the Okhamandal block of Devbhumi Dwarka district, Gujarat, communities face significant challenges that hinder their growth and development. Water scarcity is a major concern, with low rainfall leading to inadequate water supply for both agricultural and domestic use. This water shortage exacerbates agricultural challenges, as limited access to water and the reliance on traditional farming practices result in low crop yields and income instability for farmers.

This impact assessment evaluated TCSR D's community development programs in Mithapur, Gujarat, focusing on key areas such as individual water harvesting structures, micro-irrigation systems, livestock development, household drinking water connections, and mobile health units. The report highlights significant improvements in water availability, agricultural productivity, livestock health, access to healthcare, and overall community well-being.

TATA global beverages is involved in CSR activities from last 50 years. CSR programmes aim to be relevant to local, national and global contexts, keep disadvantaged communities as the focus based on globally agreed sustainable development principles and be implemented in partnership with governments, NGOs and other relevant stakeholders. Tata companies are involved in a wide variety of community development and environment preservation projects.

In FY 2019, the group has spent INR 1,095 crore on CSR expenditure and has positively impacted 11.7 million lives. The tata group's activities relate to education, livelihoods and skill development, rural development, water and sanitation, healthcare and strengthening services.

Tata sons private limited is the promoter and principal investment-holding company of the tata group, which includes tata consumer products limited (TCPL).



**BENEFICIARY BEING EXPLAINED  
ABOUT THE NUTRITION BY  
FRONT LINE WORKER**

## PROJECT DETAILS



## Year of Implementation

FY 2023-2024



## Year of Assessment

FY 2024-2025



## Targeted Geography

Mithapur, Gujarat



## Beneficiaries

Farmers, Patients, Adolescent Girls



## No. of beneficiaries

4,702



## Implementing Partner

The Tata Chemicals Society for Rural Development (TCSR D)



## Budget

₹3,50,00,000

## PROJECT ACTIVITIES



Construction of Individual Water Harvesting Structures to enhance water availability for agricultural and domestic purposes.



Implementation of Micro-Irrigation Systems such as sprinkler irrigation, and drip irrigation, to improve water efficiency and increase crop yields.



Livestock Development Programs, including health camps, vaccination drives, and introduction of high-yield breeds to improve livestock health and productivity.



Provision of Household Drinking Water Connections to ensure access to clean and safe water, reducing the burden of water collection and improving hygiene.



Deployment of a Mobile Health Unit to deliver primary healthcare services, medical counselling, and nutritional support directly to remote villages.



Conducting awareness campaigns on water conservation, sanitation, and health to foster sustainable community practices.



## Alignment with SDGs



# Key Findings and Key Impacts



## Individual Water Harvesting Structures

- 15 medium farm ponds and 134 smaller structures were created.
- 36.7% of farmers now crop three times a year.
- 55% of respondents saw a 20% increase in cultivable land.
- 

- 66.7% observed significant water retention in wells.
- 68.3% reported better water access for summer cropping.
- 46.7% experienced a 10% increase in income.
- Multi-crop cycles led to improved agricultural sustainability.



## Micro-Irrigation System

- 100% of farmers adopted drip irrigation.
- 95% shifted to cropping twice annually.
- 85% noted a 20% increase in productivity.

- 95% of farmers saw a 20% increase in cultivated land.
- 80% saw a 30% rise in agricultural income.
- 85% reported a 20% increase in productivity.



## Livestock Development

- 100% of respondents received veterinary services.
- 65% gained significant knowledge on cattle estrous cycles.
- 
- 

- 75% of respondents reported better cattle health.
- 40% of farmers increased milk yields to over 10 litres/day.
- 60% experienced a 20% rise in income.
- 10% saw a 40% increase in income.



## Provision of Household Tap Connections

- 106 households received tap connections.
- 76.7% now access water within 500 meters.
- 66.7% have 12 hours of water access/day.
- 

- 60% reported reduced physical strain in water collection.
- Waterborne diseases decreased by 83.3% in children.
- 20% saved time from water collection for productive activities.
- 13.3% reported improved hygiene.



## Mobile Health Unit (MHU)

- 9,037 patients received care.
- 744 adolescent girls and 154 pregnant women underwent haemoglobin (HB) checks.
- 63.3% had blood pressure diagnosed for the first time.
- 53.3% benefited from weekly visits.
- 

- 100% of respondents accessed free medicines and consultations.
- 63.3% reduction in dengue and malaria.
- Gastrointestinal infections reduced by 36.7%.
- 100% benefited from affordable healthcare (Rs. 5 consultation).
- Comprehensive services for both communicable and lifestyle diseases.

## 02. OECD FRAMEWORK



Relevance



Coherence



Effectiveness



Efficiency



Impact



Sustainability



### RELEVANCE

The TCSR D initiatives are very relevant as it effectively addresses critical challenges faced by the communities they serve. For instance, water scarcity was mitigated through the construction of farm ponds and micro-irrigation systems, enabling farmers to shift from single-crop cycles to two or three per year. Programs such as women's empowerment through tribal crafts and skill development courses have also been designed to tackle the economic marginalization of vulnerable groups, offering them pathways to financial independence and increased self-esteem. The alignment of these efforts with broader development priorities, including sustainable agriculture, water conservation, and gender equality, underscores their relevance to the communities' present and future needs.



### COHERENCE

The integrated approach of TCSR D's programs enhances both internal and external coherence, creating synergies between various interventions and aligning them with broader developmental frameworks.

**Internal coherence** is reflected in the alignment and integration of different components within TCSR D's programs. The synergy between water conservation efforts and agricultural productivity improvements demonstrates this, as increased water availability directly supports the expansion of cultivable land and income generation. Similarly, initiatives like mobile health units ensure that communities remain healthy, enabling active participation in economic activities. The coordination across these interventions highlights a unified strategy to address interrelated challenges of poverty, health, and livelihoods.

**External coherence** is achieved by aligning TCSR D's interventions with national and global development goals and policies. The programs' contributions to the SDGs ensure consistency with international development agendas, such as:



### EFFECTIVENESS

The results indicate a good level of effectiveness in TCSR D's interventions, as they have successfully addressed key community needs and delivered measurable positive outcomes. For instance, over 93% of respondents reported significant increases in the water table, which enabled higher cropping frequency and productivity. Similarly, the Mobile Health Unit reduced medical consultation costs to just ₹5 while providing free medicines, addressing both healthcare access and affordability challenges. However, the effectiveness of these interventions could be further enhanced.

Beneficiary contributions toward the services availed remained almost negligible, raising concerns about potential over-reliance on TCSR for all services. Additionally, the criteria for selecting beneficiaries are not clearly documented, which could impact the transparency and equity of the process. Some beneficiaries appear to have benefited from multiple CSR interventions, potentially leading to uneven distribution of resources and opportunities. Addressing these areas could further strengthen the effectiveness and sustainability of TCSR's initiatives.



#### EFFICIENCY

The programs demonstrate efficient use of resources, with high returns on investment visible in improved livelihoods and health outcomes. For example, the deployment of micro-irrigation systems ensured water conservation while maximizing agricultural output. The use of mobile units for healthcare reduced infrastructure costs while enhancing outreach. However, a few areas for improvement exist, such as reducing the time required to resolve water supply issues. Ensuring that these processes are streamlined will further enhance the cost-effectiveness and impact of interventions.



#### IMPACT

The interventions have had significant impacts on individual and community well-being, enhancing livelihoods, health, and empowerment. In agriculture, improved practices have expanded cultivable land and increased household incomes, contributing to poverty reduction. Health initiatives have effectively reduced the prevalence of waterborne diseases while improving diagnostic capabilities for lifestyle conditions, promoting overall well-being. Women participating in tribal crafts have gained greater recognition within their families and communities, alongside increased self-esteem and financial independence.



#### SUSTAINABILITY

Sustainability is a core consideration in TCSR's program designs. Water conservation measures, such as farm ponds and micro-irrigation, have built resilience against climate variability while ensuring long-term agricultural productivity. The promotion of tribal crafts and skill development programs has promoted economic self-reliance, reducing dependency on external support. However, few challenges like some issues in water quality, and gaps in healthcare infrastructure, underscore the need for continuous monitoring and iterative improvement. Strengthening partnerships and fostering community ownership will be vital to sustaining the gains achieved. Additionally, focusing on the survivability and long-term utility of distributed resources (e.g., saplings) can strengthen environmental and economic outcomes. A shift towards more participatory and self-sustaining models will reduce dependency and promote enduring benefits.



Relevance



Coherence



Effectiveness



Efficiency



Impact



Sustainability

## CHAPTER 3

# INTRODUCTION



Buffalo Owner

### BACKGROUND AND NEED OF THE PROGRAM

In the Okhamandal block of Devbhumi Dwarka district, Gujarat, communities face significant challenges that hinder their growth and development. Water scarcity is a major concern, with low rainfall leading to inadequate water supply for both agricultural and domestic use. This water shortage exacerbates agricultural challenges, as limited access to water and the reliance on traditional farming practices result in low crop yields and income instability for farmers. Additionally, there is a high prevalence of malnutrition and anaemia, particularly among adolescent girls and pregnant women, compounded by limited access to primary healthcare services. The community also struggles with a lack of diversified income sources and skills, further restricting economic growth. These issues underscore the need for comprehensive interventions to improve water

management, enhance healthcare access, and create livelihood opportunities, ultimately raising the quality of life in the region.

### OBJECTIVES OF THE PROGRAM

TCSR D's programs aim to address the identified challenges with the following objectives:

#### WATER CONSERVATION AND MANAGEMENT



Promote rainwater harvesting through the construction of individual and community-based structures.



Implement efficient water management practices to support agriculture, livestock, and household water needs.

## MICRO-IRRIGATION SYSTEMS



Promote the adoption of drip irrigation to reduce water wastage and enhance fertilizer efficiency.



Improve agricultural productivity and increase the area of cultivable land for farmers by making efficient use of available water resources.

## LIVESTOCK MANAGEMENT



Improve livestock health and productivity by providing veterinary services, vaccinations, and training in modern husbandry practices.



Support income generation through increased milk yields and healthier livestock.

## PROVISION OF DRINKING WATER



Ensure access to safe and reliable drinking water by providing household tap connections.



Reduce the burden of water collection, particularly for women, and improve water accessibility within communities.

## HEALTHCARE IMPROVEMENT



Enhance access to primary healthcare services, particularly for adolescent girls and pregnant women, through Mobile Health Units (MHUs).



Address malnutrition and anaemia through targeted interventions and nutritional support.

## ABOUT TATA CHEMICALS SOCIETY FOR RURAL DEVELOPMENT (TCSR)

TCSR serves as the CSR arm of Tata Chemicals Limited, focusing on fostering sustainable development in rural communities. The organization employs a multifaceted approach encompassing education, healthcare, skill development, women's empowerment, and sustainable livelihoods to uplift rural populations. By engaging with local stakeholders and leveraging partnerships with government bodies, NGOs, and technical institutions, TCSR ensures the effective implementation and sustainability of its programs.

### TCSR PROJECT TEAM MEMBER



## CHAPTER 4

# RESEARCH METHODOLOGY



*Place where cattle's are kept*

### OBJECTIVES OF THE STUDY



Evaluate the effectiveness of water management practices, including water harvesting and micro-irrigation systems.



Analyze the outcomes of livestock development initiatives on cattle health and income.



Assess the impact of household tap connections on water access, hygiene, and health.



Measure the effectiveness of Mobile Health Units in improving healthcare access and reducing disease.



Assess the socio-economic benefits of these interventions on community livelihoods and sustainability.



Provide recommendations for improving and scaling these programs.

### DEFINITION OF RESEARCH

Descriptive research is a method that focuses on understanding and illustrating the current scenario without altering or manipulating any variables. This approach enables researchers to observe, analyze, and report findings in their natural context, providing an accurate representation of the subject under study.

Given the objective of the study, which involved assessing TCSR D's interventions and their impact on the community, a descriptive research design was deemed most suitable. This design allowed for the systematic collection of data and the presentation of factual insights without imposing experimental constraints. By leveraging this methodology, the study captured both quantitative data and qualitative narratives, ensuring a holistic understanding of the interventions' outcomes. It also allowed for the identification of trends, patterns, and correlations in the data, offering valuable insights into the effectiveness of the programs.

## MIXED METHODOLOGY

### QUANTITATIVE METHODS



Surveys and structured questionnaires collected numerical data on productivity, income, water availability, healthcare access, and employment. Statistical analysis identified trends and impacts.

### QUALITATIVE METHODS



In-depth interviews, focus group discussions, and case studies provided insights into beneficiary experiences, challenges, and perceptions.

### TRIANGULATION



Data from multiple sources was cross validated to ensure reliability and reduce biases.

### PARTICIPATORY APPROACH



Community feedback was integrated to capture ground realities and refine evaluation.

### COMPARATIVE ANALYSIS



Pre- and post-intervention data, along with control groups, were analyzed to assess the effectiveness of interventions.

## CLUSTER SAMPLING

Cluster sampling was employed to efficiently gather data for the study. The population was divided into distinct groups based on geographical areas or program beneficiaries. Specific clusters were randomly selected, and data was collected from individuals within these clusters. This approach ensured representation of diverse beneficiary groups while optimizing time and resources, making it suitable for evaluating TCSR's widespread interventions.

## ENSURING TRIANGULATION

Triangulation in this study involved cross-validating data from multiple sources to ensure the reliability and accuracy of the findings. This process combined both quantitative data (e.g., surveys, structured questionnaires) and qualitative data (e.g., interviews, focus groups) to present a comprehensive view of the impact. By integrating various data sources, including beneficiary feedback, official reports, and field observations, the study minimized biases and strengthened the validity of the results. This approach ensured a more balanced and accurate assessment of TCSR's interventions, allowing for a deeper understanding of their effects on the community.

## KEY STAKEHOLDERS



Sarpanch



Community leaders



Program coordinators



Doctors and Nursing Staff



Field staff

## DESIGN SNAPSHOT



### Name of the project

Agriculture & livestock, Biodiversity conservation



### Implementing agency

TCSR



### Sampling Technique

Purposive sampling



### Sample size

250



## CHAPTER 5

# KEY FINDINGS AND IMPACTS



### SECTION 1: WATERSHED DEVELOPMENT

This section provides insights into the agricultural practices, water conservation efforts, and improvements in land productivity and income experienced by the respondents. It highlights how interventions by TCSR D, such as farm ponds and farm bunds, have contributed to better water management, increased cropping frequency, and enhanced agricultural output. The section also discusses the improvements in land expansion, productivity, and income growth, showcasing the positive impacts of watershed development on the respondents' livelihoods.



Overview of land ownership and the primary crops grown, including peanuts, tomatoes, and mangoes.



#### IRRIGATION METHODS

Description of common irrigation methods used, such as border irrigation, and the adoption of water conservation structures like farm ponds.



#### WATER CONSERVATION IMPACT

Analysis of the improvements in water retention and the water table, boosting water availability for summer cropping.



#### INCREASED CROPPING FREQUENCY

Shift in cropping patterns from once a year to twice or thrice a year, indicating higher agricultural productivity.



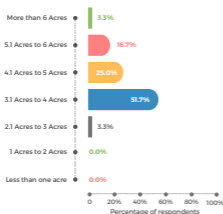
#### IMPROVEMENTS IN LAND AND PRODUCTIVITY

Increases in cultivable land, agricultural productivity, and income reported by respondents.



Overall positive impact of agricultural interventions on land use, productivity, and financial outcomes.

CHART 1: AREA OF LAND OWNED



In terms of the type of farmers based on land size, the majority of respondents are medium farmers, owning land between 2.1 and 5 acres (51.7%), with the most common landholding size being 4.1 to 5 acres (25.0%). Small farmers, owning less than 2 acres, constitute 3.3% of respondents, while large farmers with over 5 acres account for another 16.7%. This distribution highlights the dominance of medium-sized farms and suggests that tailored interventions for this group could maximize impact, while also addressing the unique needs of smaller and larger landholders.

**Categorisation of farmers on the size of farmland.**

# 3.3%

Small farmers

# 51.7%

Medium farmers

# 16.7%

Large farmers

CHART 2: CROPS CULTIVATED

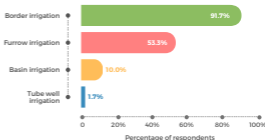


Peanuts are the dominant crop, cultivated by 95% of respondents, while 11.7% grow cumin, indicating its relatively limited presence.

Among vegetables, tomato and chilli are the most popular choices, with 31.7% of respondents cultivating each. This is followed by brinjal, grown by 28.3%, while 25% of respondents do not cultivate any vegetables.

In terms of fruit cultivation, mango is grown by 8.3%, making it the preferred fruit crop, while 1.7% of respondents cultivate watermelon.

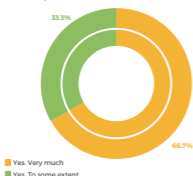
CHART 3: NATURE OF IRRIGATION



The data indicates that 91.7% of respondents practice border irrigation, making it the most widely used irrigation method. Furrow irrigation is practiced by 53.3%, while basin irrigation is the least common method, adopted by only 10% of respondents.

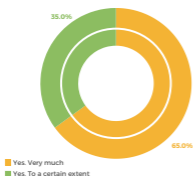
## KEY IMPACT

CHART 4: EXTENT OF INCREASE IN WATER RETENTION IN THE FARM LANDS/ WELLS



A significant 66.7% of beneficiaries noted a considerable water retention their wells following the construction of farm ponds, farm bunds, and well recharge structures. This indicates that these conservation initiatives have been highly effective in enhancing water conservation and management in the area.

CHART 5: EXTENT OF INCREASE IN WATER TABLE IN WELLS



**65.0%**

of the beneficiaries noted a considerable water retention in their wells.



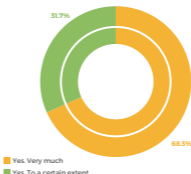
**35.0%**

of the respondents observed a moderate increase in the water table of the wells.

The data shows that the majority of respondents (65%) have noticed considerable water retention

in their wells, indicating a strong positive impact of the water conservation initiatives. A smaller proportion (35%) observed a moderate increase. This highlights the effectiveness of water conservation efforts in enhancing the local water supply.

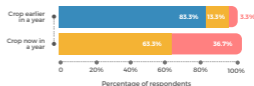
CHART 6: EXTENT OF INCREASE IN WATER AVAILABILITY FOR CROPPING DURING SUMMER MONTHS AFTER THE CONSTRUCTION OF WATERSHED STRUCTURES



**68.3%**

of the beneficiaries said water availability for cropping during summer months while 31.7% of respondents said yes increased to a certain extent. This highlights a improvement in water resources, enabling more effective cropping during the critical summer season.

CHART 7: NO. OF CROPPING DONE EARLIER AND NOW



■ 1 time  
■ 2 times  
■ 3 times



**36.7%**

of the respondents are now cropping three times a year.



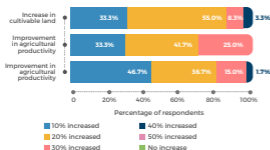
# 63.3%

of the respondents are cropping twice a year.

- No respondents report cropping only once a year anymore.

The data shows a significant shift in cropping patterns over time. Earlier, the majority of respondents (90%) reported cropping only once a year, with only 10% cropping twice a year and none cropping three times. However, the current scenario reveals a substantial change, with 36.7% of respondents now cropping three times a year and 63.3% cropping twice a year. Notably, no respondents report cropping only once a year anymore. This indicates a transition towards more intensive farming practices, suggesting a positive trend in agricultural efficiency and sustainability.

**CHART 8: PERCENTAGE INCREASE IN CULTIVABLE LAND, AGRICULTURAL PRODUCTIVITY, AND INCOME**



## CULTIVABLE LAND



# 55.0%

of the respondents reported a 20% increase in cultivable land, followed by 8.3% of respondents noting a 30% increase.

- Smaller percentages observed a 10% increase (33.3%) or 40% increase (3.3%), while no respondents reported a 50% increase in cultivable land.
- No respondents reported stagnation in cultivable land, indicating that expansion efforts have been uniformly successful to some extent.

## AGRICULTURAL PRODUCTIVITY



# 41.7%

of the respondents reported a 20% increase in agricultural productivity, indicating steady and widespread progress likely driven by enhanced resource availability or improved farming practices.

- A substantial portion (25%) observed a 30% increase, highlighting significant strides in agricultural outcomes and the positive impact of interventions.
- About one-third of the respondents (33.3%) experienced a 10% increase, reflecting moderate improvements in productivity.
- No respondents reported stagnation, suggesting widespread progress in productivity.

## AGRICULTURAL INCOME



# 46.7%

of the respondents reported a 10% increase in income, while negligible 1.7% saw a 40% increase.

- Medium groups observed a 20% increase (36.7%) and no respondents reported no increase in income.

A significant correlation appears between improvements in cultivable land, productivity, and income, with the 20% increase category being an average dominant across all three indicators. The lack of stagnation in cultivable land and productivity demonstrates the success of interventions, though a very small fraction still sees limited income growth, potentially due to other factors.



## TRANSFORMING LIVES THROUGH FARM POND CONSTRUCTION

Deeraj Bhai Rana Bhai is a dedicated farmer from Gadechi Village, Okhamandal Taluk, who owns 23 bighas of land shared with his brothers. Out of this, he cultivates moong phali (groundnut) on 15 bighas and jeera (cumin) on the remaining 8 bighas. For years, his farming practices were dependent solely on rainfall, making crop yields uncertain and unsustainable during dry spells. Despite these challenges, Deeraj remained committed to improving his livelihood and making the most of his land.

For years, Deeraj Bhai Rana Bhai's farming was entirely dependent on rainfall. He cultivated moong phali (groundnut) on 15 bighas of land, but the uncertainty of rain meant constant risk. If the rains failed or were delayed, crop yields suffered, leading to financial losses.



Adding to the challenge was a patch of land on his farm that was rendered useless for cultivation. This area, filled with hard rocks, remained a barren wasteland. Water management was another issue. Without proper systems, waterlogging would occur in certain parts of the field, further damaging crops.

The Tata Chemicals Society for Rural Development (TCSR D) intervened by constructing a farm pond on Deeraj's land. The pond was strategically located in the barren, rocky area—turning a previously unproductive space into a valuable asset. The pond now collects and stores rainwater, ensuring year-round water availability.

The canal constructed by TCSR D in the region runs on the border of the farmland helps prevent waterlogging by channeling excess water away.

**With the construction of the farm pond, Deeraj Bhai's farming has transformed:**



### IMPROVED WATER SECURITY

He now has access to water even during non-rainy seasons.



### INCREASED GROUNDNUT YIELD

Earlier, Deeraj could harvested only 15 munds of groundnut during one cropping season. Now, with increased water availability, he harvests between 20 to 25 munds per season.



### DOUBLE CROPPING

Previously limited to just one crop of groundnut, Deeraj can now cultivate two crops in a year, significantly improving his income and livelihood.



### REVIVING WASTELAND

The rocky, unused area now serves a productive purpose, enhancing the overall utility of his farmland.

*"Earlier, we depended only on the rains and would pray for a good season. Today, with the farm pond, I no longer have to worry about water. My yield has increased, and I can grow moong phali twice a year."*

*"What was once a barren piece of land is now the heart of my farm. I am thankful for this transformation in my fields and life." – said Dheeraj Bhai Rana Bhai*

The construction of the farm pond has not only ensured water security but also unlocked the potential for double cropping and higher yields. This intervention stands as a testament to how sustainable water management solutions can bring lasting change to the lives of farmers like Deeraj Bhai Rana Bhai.





## SECTION 2: MICRO IRRIGATION SYSTEM

CHART 9: AREA OF LAND OWNED



Based on the data:

### MEDIUM-SIZED FARMS (3.1 TO 4 ACRES)



**80.0%**

of the respondents fall into this category, making it the predominant size of farmland.

This suggests a significant concentration of land ownership within this range, likely representing farms capable of both subsistence and market-oriented agriculture.

### SMALL-SIZED FARMS (2.1 TO 3 ACRES)

- A smaller proportion (20%) of respondents own farms within this size range.
- These farms are likely more constrained in production capacity and resources compared to medium-sized farms.

The data indicates that most respondents operate medium-sized farms, which may have better resource utilization potential, while smaller farms make up a minority, potentially requiring targeted support to improve productivity and sustainability.

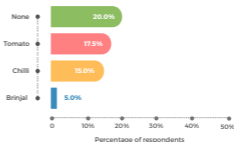
### MAJOR CROP CULTIVATED



**100%**

of the respondents reported cultivating Groundnut making it the most widely grown crop among the surveyed group.

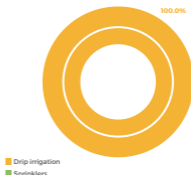
CHART 10: VEGETABLES CULTIVATED



A notable 20% of respondents do not cultivate any vegetables, which represents the largest group. Among those who cultivate, tomatoes are the most commonly grown vegetable, with 17.5% of respondents engaging in its cultivation. This is followed by chillies, which are grown by 15% of respondents. Brinjal is the least cultivated vegetable, with only 5.0% of respondents growing it.

In fruits, 85% do not cultivate anything while 15% cultivates mango. 100% of the respondents use border irrigation.

CHART 11: TYPE OF MICRO IRRIGATION PRACTISED AFTER THE INTERVENTION



■ Drip irrigation  
■ Sprinklers

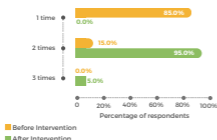


**100%**

of the respondents use drip irrigation while no one uses sprinklers. Drip irrigation's widespread adoption also highlights its importance in optimizing water use.

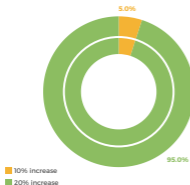
## KEY IMPACT

**CHART 12: FREQUENCY OF CROPPING - BEFORE & AFTER CROPPING**



The data highlights a significant shift in the frequency of cropping among respondents after an intervention. Before the intervention, the majority of respondents (85%) were cropping only once a year, while 15% cropped twice a year. Notably, no respondents engaged in cropping three times a year before the intervention. After the intervention, the cropping frequency have improved drastically. None of the respondents reported cropping only once, as the majority (95%) shifted to cropping twice a year. Additionally, around 5% increased their cropping frequency to three times a year. This analysis indicates that the intervention had a profound impact on increasing the frequency of cropping.

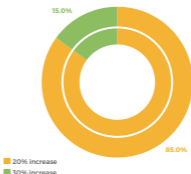
**CHART 13: INCREASE IN CULTIVABLE LAND**



The data highlights the impact of constructing the watershed structure on the increase in cultivable land. A significant majority of respondents (95%) reported a 20% increase in cultivable land after the construction, while only 5% of respondents experienced a 10% increase.

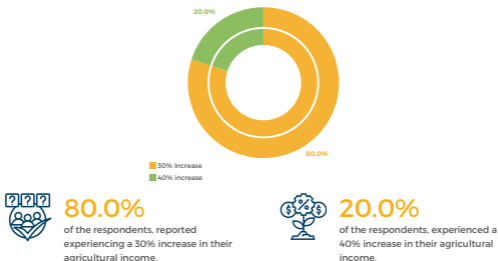
This analysis indicates that the construction of the micro-irrigation structures had a substantial and positive effect on land cultivation. The high percentage of respondents reporting a 20% increase suggests that the intervention was highly effective in improving water availability, enabling a greater portion of land to be cultivated.

**CHART 14: ENHANCED AGRICULTURAL PRODUCTIVITY**



The data indicates a positive impact on agricultural productivity following the construction of the micro-irrigation structures. The majority of respondents (85%) reported a 20% increase in agricultural productivity, while a smaller portion (15%) experienced a more significant 30% increase. This suggests that the watershed structure has been largely effective in enhancing agricultural productivity for most respondents, likely through improved water availability. The 15% of respondents reporting a 30% increase may represent cases where the watershed structure had an especially transformative effect, possibly due to favourable conditions or efficient utilization of the improved resources. Overall, the intervention has resulted in notable gains in productivity for all respondents.

CHART 15: INCREASE IN AGRICULTURAL INCOME



The data highlights the effectiveness of watershed structures in enhancing agricultural income for all respondents, with every individual experiencing at least a 30% or 40% increase. The impact is substantial and shows uniform positive results. The micro-irrigation structures appear to be a successful intervention for improving agricultural income.

#### FIELD TEAM MEMBERS WITH THE WATER DRAWER FROM THE DAMS





## CASE STUDY



"Before adopting drip irrigation, I faced a lot of challenges in managing water on my 6 acres of land. A significant amount of water used to go to waste, and the water that was enough for just 1 acre back then now irrigates 5 acres efficiently. This has brought about a remarkable change in my farming practices.

Drip irrigation has helped me save 40-50% of water and has also reduced fertilizer wastage by preventing washing out. This has not only saved costs but also improved the quality of my crops. I've noticed a 30-40% growth in my income since I started using this system. Additionally, with fewer weeds growing, my farm is easier to manage.

Earlier, I could grow crops in only two seasons, but now, I can grow them across three seasons, which has boosted my production. The system has also reduced my dependency on labor; where I once needed 9-10 people for irrigation, I now manage with much less effort and cost.

With vegetables like bitter gourd, bottle gourd, green chilies, and brinjal thriving on my farm, drip irrigation has truly transformed my life and farming experience. I am grateful to TCSR D for introducing this technology to me," said Dudha Bhai Megabhai Moredau.

**-Vnanraj Bamare's Leadership in Transforming Agricultural Practices in Vasai Village**





## CASE STUDY

Vanraj Bamare, the president of 12 villages in the Vasai region, has been at the forefront of efforts to address agricultural challenges and empower local farmers. Before the intervention of the Tata Chemicals Society for Rural Development (TCSR), farmers in the region faced significant difficulties in sourcing saplings, often having to travel nearly 100 kilometers to Mongrol. This not only incurred high travel expenses but also resulted in the loss of daily wages, impacting the livelihood of many families.



The main challenges faced by farmers were as follows:



### HIGH TRAVEL COSTS FOR SAPLINGS

Farmers had to travel long distances to obtain saplings, which was both time-consuming and costly.



### LOW SAPLING SURVIVAL RATE

The survival rate of saplings was around 55%, leading to a significant loss in planting efforts.



### LIMITED WATER CONSERVATION RESOURCES

Insufficient irrigation infrastructure hampered the efficient use of water for crops, especially in the dry seasons.

With the support of TCSR, the agricultural landscape in these villages began to change dramatically. TCSR supplied 1,20,000 saplings, which were distributed across all 12 villages. This intervention alleviated the burden of long-distance travel and enabled farmers to plant trees more efficiently within their own regions.

TCSR also introduced drip irrigation, which significantly improved water conservation and ensured better care for the crops. These systems helped farmers use water more efficiently, especially during dry periods, boosting crop productivity.

Vanraj Bamare shared, "The arrival of saplings from TCSR was a game-changer for our farmers. It saved us time and money, and we can now focus on cultivating our land rather than worrying about traveling far to get saplings."

A new village committee was formed to procure high-quality saplings, which has had a direct impact on increasing the sapling survival rate. With these efforts, Vanraj and the committee are confident that the survival rate will rise to 80% or more in the coming years.

"We've seen a significant improvement in sapling survival rates since we started procuring better quality saplings locally. With TCSR's support, we are confident that our agriculture will thrive," said Vanraj.

The changes brought about by TCSR's support have led to a marked improvement in the region's agricultural practices. The availability of local saplings, enhanced irrigation systems, and the formation of a dedicated village committee have created a solid foundation for future growth. Vanraj Bamare expressed deep gratitude for the support received from TCSR, stating, **"We are deeply grateful to TCSR for their unwavering support, which has empowered our farmers and brought hope for a prosperous future in our villages. Their efforts have transformed our approach to farming and created a pathway to greater sustainability and productivity."**

”

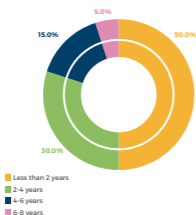
## FARM POND FOR FARMING





### SECTION 3: LIVESTOCK DEVELOPMENT

CHART 16: YEARS OF ASSOCIATION WITH TCSR D



The data highlights the respondents' years of association with TCSR D (Tata Chemicals Society for Rural Development):



**50.0%**

of the respondents have been associated with TCSR D for less than 2 years, making it the largest group.



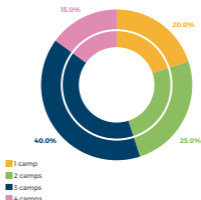
**30.0%**

have been associated for 2-4 years, indicating a significant portion with a moderate duration of engagement.

- A smaller group, 15.0%, has been associated for 4-6 years, reflecting longer-term involvement.
- Only 5.0% of respondents have been associated with TCSR D for 6-8 years, representing the smallest group.

This analysis suggests that TCSR D has a substantial number of newer participants, as evidenced by the high percentage of respondents with less than 2 years of association.

CHART 17: NO. OF VETERINARY CAMPS ATTENDED FOR THE CATTLE IN THE PAST ONE YEAR THAT WERE ORGANIZED BY TCSR D



The data shows the participation of respondents in veterinary camps organized by TCSR D in the past year:



**40.0%**

of the respondents attended 3 camps, making it the most attended frequency among respondents.



**25.0%**

of the respondents attended 2 camps, indicating moderate participation.



**20.0%**

of the respondents attended 1 camp, reflecting occasional participation.

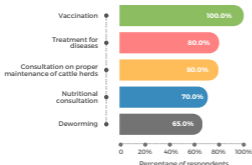


**15.0%**

of the respondents attended 4 camps, representing the smallest group but showing consistent involvement.

This analysis indicates that a majority of respondents actively participated in multiple veterinary camps, with the highest attendance being for 3 camps. The participation trends suggest that the veterinary camps are well-received and utilized by the community, with varying levels of engagement based on individual needs or availability. This also reflects the effectiveness of TCSR D's outreach in addressing livestock health through organized camps.

**CHART 18: SERVICES RECEIVED THROUGH THE VETERINARY CAMPS**



### VACCINATION SERVICES (100%)



All respondents received vaccination services, ensuring their livestock is protected against diseases like foot-and-mouth disease and brucellosis, reducing mortality and boosting herd health.

### DISEASE TREATMENT (80.0%)



Most respondents (80%) benefited from disease treatment services, addressing common ailments such as mastitis and respiratory infections, leading to improved livestock productivity and reduced economic losses.

### GUIDANCE ON HERD MANAGEMENT (80.0%)



A significant portion received long-term herd management guidance, including breeding strategies which help sustain productivity and enhance livestock resilience.

### NUTRITIONAL ADVICE (70.0%)



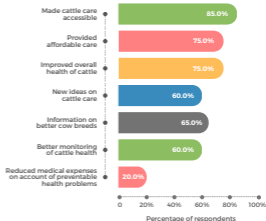
Nutritional advice provided to 70% of respondents included recommendations on balanced feed and mineral supplements, improving livestock growth, milk yield, and overall health.

### DEWORMING SERVICES (65.0%)



Deworming services, accessed by 65% of respondents, helped control parasitic infections like roundworms and liver flukes, resulting in better feed utilization and healthier livestock.

**CHART 19: BENEFITS EXPERIENCED THROUGH THE VETERINARY CAMPS**



### ACCESSIBLE CATTLE CARE (85.0%)



Veterinary camps have significantly improved access to essential cattle care services, such as routine check-ups and vaccinations, reducing the need for farmers to travel long distances for veterinary assistance.

### AFFORDABLE CARE (75.0%)



By offering subsidized services like deworming, vaccination, and disease treatment, the camps made quality cattle care more affordable, easing the financial burden on farmers.

### IMPROVED CATTLE HEALTH (75.0%)



The camps contributed to better cattle health by addressing common health issues like malnutrition and infections, leading to increased milk production and overall productivity.

### NEW IDEAS ON CATTLE CARE (60.0%)



Farmers gained innovative insights, such as adopting silage preparation for fodder preservation and using mineral mixtures to enhance cattle nutrition.

### INFORMATION ON BETTER COW BREEDS (65.0%)



Guidance on high-yielding breeds, such as Jersey or Holstein Friesian, empowered farmers to enhance herd quality and milk yield.

### BETTER MONITORING OF CATTLE HEALTH (60.0%)



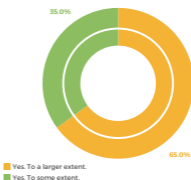
Regular health check-ups and record-keeping initiated at the camps encouraged systematic monitoring of cattle, preventing disease outbreaks.

### REDUCED MEDICAL EXPENSES (20.0%)



Preventive measures like timely vaccinations and deworming significantly lowered medical costs by mitigating preventable health issues.

### CHART 20: IMPROVED KNOWLEDGE OF CATTLE ESTROUS CYCLE THROUGH AI SERVICES



## 65.0%

of the respondents said their knowledge of the cattle estrous cycle improved to a larger extent through AI services.



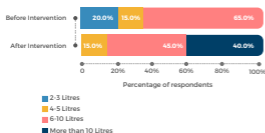
## 35.0%

of the respondents said their knowledge improved to some extent.

AI services have significantly contributed to enhancing respondents' knowledge of the cattle estrous cycle. A majority (65%) reported substantial improvement, indicating that the services were effective in delivering valuable and practical insights. Meanwhile, 35% experienced moderate improvement, suggesting that while the information was helpful, there may be room for further enhancement or targeted outreach to maximize understanding for all beneficiaries.



**MEETING WITH  
TCSR D TEAM**

**CHART 21: INCREASE IN AVERAGE MILK YIELD OF CATTLE**

**BEFORE INTERVENTION**

**65.0%**

of the respondents reported an average milk yield of 6-10 litres.


**20.0%**

of the respondents reported an average milk yield of 2-3 litres.


**15.0%**

of the respondents reported an average milk yield of 4-5 litres.

No one reported an average milk yield of more than 10 litres.

**AFTER INTERVENTION**

**40.0%**

of the respondents reported an average milk yield of more than 10 litres.


**45.0%**

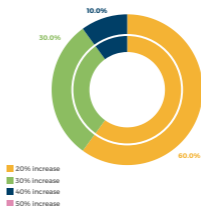
of the respondents reported an average milk yield of 6-10 litres.


**15.0%**

of the respondents reported an average milk yield of 4-5 litres.

No one reported an average milk yield of 2-3 litres.

Before the intervention, most respondents (65%) reported an average milk yield of 6-10 litres, while smaller proportions (20% and 15%) had yields of 2-3 litres and 4-5 litres, respectively. No respondent reported yields exceeding 10 litres. After the intervention, 40% of respondents achieved a milk yield of more than 10 litres. The proportion of respondents in the 6-10 litre category increased to 45%, suggesting a shift toward higher productivity. Those with yields of 4-5 litres remained constant at 15%, while no respondents reported yields as low as 2-3 litres, indicating a clear upward trend in milk production post-intervention.

**CHART 22: INCREASE IN INCOME**

**60.0%**

of the respondents reported a 20% increase in income.


**30.0%**

of the respondents reported a 30% increase in income.


**10.0%**

of the respondents reported a 40% increase in income.

None of the respondents reported a 50% increase in income.

The intervention has led to varying levels of income increase among respondents. A significant proportion, 60%, reported a 20% increase in income, indicating moderate benefits for a large group.

Meanwhile, 30% of respondents experienced a 30% income increase, and another 10% saw a 40% increase, reflecting a more substantial improvement. Notably, none of the respondents reported a 50% increase in income, showcasing the highest impact for a select group. These results demonstrate that the intervention has been effective in boosting income, with the majority seeing moderate gains and some achieving significant financial benefits.



### **MANEK PURIBEN DHANABHA'S LEADERSHIP IN EMPOWERING RURAL FARMERS AND WOMEN ENTREPRENEURS**

Manek Puriben Dhanabha, a transformative leader from Lalshinghpur village in Gujarat, began her journey by leading the "Kalyani" Self-Help Group (SHG) before becoming a Director at the Comti Livestock Farmers Producer Company Ltd. Her leadership and dedication addressed key challenges faced by local farmers, particularly the high cost of cattle feed, limited awareness, and transportation inefficiencies. Through targeted marketing efforts, she educated farmers about the benefits of khadi groundnut meal, which led to increased demand. By organizing bulk purchases and optimizing transportation, she significantly reduced costs for farmers, boosting sales from 15,000 INR in 2023 to 60,000 INR in 2024.



Puriben's efforts not only improved the economic stability of local farmers but also empowered women entrepreneurs by providing low-interest business loans at just 2%. Recognized by TCSR, Puriben was honoured for expanding the FPO's member base in 2022 and achieving the highest sales growth in 2024.

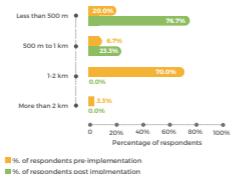
Looking ahead, Puriben envisions establishing an in-house khadi production unit and diversifying into dairy products to further strengthen the community's economic foundation. Her leadership exemplifies how strategic thinking and community-driven solutions can foster sustainable growth and empowerment.





## SECTION 4: PROVISION OF HOUSEHOLD TAP CONNECTION

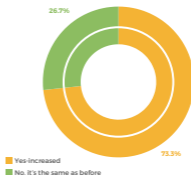
**CHART 23: DISTANCE TRAVELLED TO FETCH WATER (PRE-IMPLEMENTATION VERSUS POST IMPLEMENTATION)**



- **Less than 500 m:** Increased from 20.0% (pre-implementation) to 76.7% (post-implementation).
- **500 m to 1 km:** Increased slightly from 6.7% (pre-implementation) to 23.3% (post-implementation).
- **1-2 km:** Decreased from 70.0% (pre-implementation) to 0% (post-implementation).
- **More than 2 km:** Reduced entirely from 3.3% (pre-implementation) to 0% (post-implementation).

The intervention has substantially improved water access, with most households now traveling less than 500 meters for their water needs. The elimination of long distances (over 1 km) indicates successful infrastructure development or improved water distribution systems. These changes likely enhanced household productivity, reduce physical strain, and improve the overall quality of life for the community. Further efforts can focus on ensuring that the remaining 23.3% who travel 500 meters to 1 km also benefit from nearby water access.

**CHART 24: INCREASE IN HOUSEHOLD WATER AVAILABILITY POST-INTERVENTION**



**73.3%**

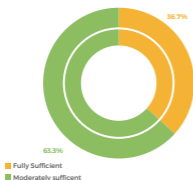
of the respondents stated that access to water has increased.



**26.7%**

of the respondents reported that access is the same as before.

A significant majority, 73.3%, of respondents acknowledged an improvement in water access after the intervention. This reflects the success of the implemented measures in addressing the community's water needs. However, 26.7% of respondents felt that their access to water remained unchanged. This indicates that while the intervention has been largely effective, there may still be a few gaps or specific areas where the benefits have not been fully realized.

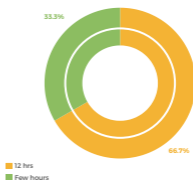
**CHART 25: SUFFICIENCY OF WATER FOR DAILY USE POST-INTERVENTION**

**36.7%**

of the respondents found water to be fully sufficient for their daily needs.


**63.3%**

of the respondents reported having a moderate quantity of water for daily use.

The post-intervention data indicates that while 36.7% of respondents now have access to sufficient water for their daily requirements, a majority, 63.3%, face moderate sufficiency.

**CHART 26: INCREASED WATER AVAILABILITY**

**66.7%**

of the respondents reported having water available for 12 hours a day.


**33.3%**

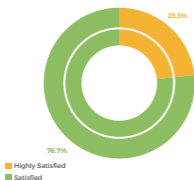
of the respondents stated that water was available for only a few hours a day.

The majority, 66.7%, of respondents now have access to water for 12 hours daily, indicating a substantial improvement in the reliability of water availability. However, 33.3% of respondents still experience limited availability, which could hinder their ability to meet daily water needs effectively.

## DISCUSSION WITH THE BENEFICIARIES ABOUT HOUSEHOLD DRINKING WATER SUPPLY



**CHART 27: SATISFACTION LEVELS ON THE AVAILABILITY OF WATER SUPPLY**



**23.3%**

of the respondents are highly satisfied with the availability of water supply.

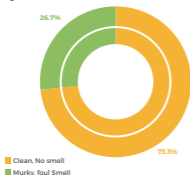


**76.7%**

of the respondents are satisfied with the availability of water supply.

The majority of respondents (76.7%) expressed satisfaction with the improved water supply, and a smaller but significant proportion (23.3%) reported being highly satisfied. This indicates that the intervention has been successful in meeting the expectations and needs of most households.

**CHART 28: IMPROVED WATER QUALITY POST INTERVENTION**



**73.3%**

of the respondents reported that the water is clean with no smell.



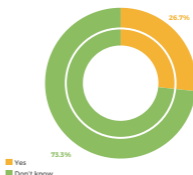
**26.7%**

of the respondents stated that the water is murky with a foul smell.

A significant majority, 73.3%, of respondents perceive the water quality as clean and odour-free post-intervention, reflecting an improvement in water standards for most households. However, 26.7% of respondents still face issues with murky water and unpleasant odours, indicating that water quality challenges still persist for a portion of the community.

## COMMUNITY AWARENESS AND ENGAGEMENT

**CHART 29: WHETHER THERE IS ANY AWARENESS SESSION ON WATER SAFETY, PERSONAL HYGIENE, AND APPROPRIATE WATER USE CARRIED OUT AT COMMUNITY LEVEL**



**73.3%**

of the respondents confirmed that awareness sessions were conducted at the community level.



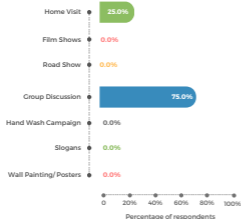
**26.7%**

of the respondents stated that they were unaware of such sessions.

Awareness sessions play a vital role in sustaining the positive impacts of the intervention, and bridging the remaining gap will ensure all households benefit from these efforts. A large majority (73.3%) of respondents acknowledged the implementation of awareness sessions, indicating that efforts were made to educate the community on water safety, hygiene, and optimal water use.

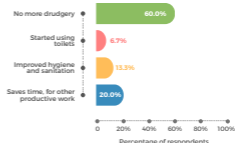
However, the 26.7% of respondents unaware of these sessions highlights a communication or outreach gap that needs to be addressed.

**CHART 30: MODE OF CREATING AWARENESS ABOUT WATER SAFETY, PERSONAL HYGIENE, AND APPROPRIATE WATER USE**



The data highlights the usage and effectiveness of materials for creating awareness about water safety, personal hygiene, and appropriate water use. Group discussions were the most recognized medium (75%), indicating that interactive materials such as guides, charts, or discussion topics used in these sessions were effective in engaging the community. Home visits, acknowledged by 25% of respondents, likely relied on personalized materials like brochures or verbal demonstrations to deliver messages effectively, though their reach may be limited due to resource constraints. Other materials, such as those used in film shows, road shows, hand wash campaigns, slogans, and wall paintings/posters, were not mentioned by respondents. This suggests either these materials were not utilized, lacked visibility, or were not impactful enough to be remembered by participants.

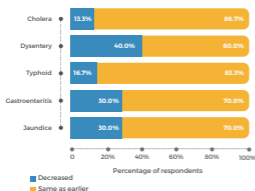
**CHART 31: MOST IMPORTANT CHANGE IN THE DAILY LIFE BECAUSE OF THIS WATER SUPPLY**



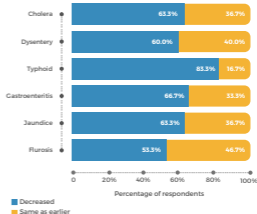
The data highlights the most significant changes in daily life brought about by the water supply. The majority of respondents (60%) reported that the water supply eliminated the drudgery associated with fetching or managing water, significantly easing their daily burden. About 6.7% indicated that the availability of water enabled them to start using toilets, reflecting a positive shift toward improved sanitation practices. Additionally, 13.3% of respondents noted improved hygiene and sanitation as a key benefit, showcasing the health-related impacts of better water access. Lastly, 20% reported that the water supply saved time, allowing them to engage in other productive activities. These findings highlight the multifaceted benefits of improved water supply, ranging from reduced physical effort to enhanced health and productivity, transforming daily life for many respondents.

## GOMATI DAM - WATER IS PROVIDED TO ALL THE VILLAGES



**CHART 32: CHANGE IN THE WATER-BORNE DISEASES IN ADULTS POST-INTERVENTION**


The data indicates a significant reduction in water-borne diseases among adults post-intervention, though the extent of improvement varies by disease. Typhoid showed the most substantial decrease, with 16.7% of respondents reporting a decline, followed closely by gastroenteritis and jaundice, both at 30.0%. Dysentery showed a decrease in 40.0% of respondents, while cholera exhibited the least change, with only 13.3% reporting a reduction and 86.7% indicating it remained the same as earlier. These findings underscore the intervention's effectiveness in reducing several water-borne diseases, though certain illnesses like cholera may require additional targeted efforts.

**CHART 33: CHANGE IN THE WATER-BORNE DISEASES IN CHILDREN POST-INTERVENTION**


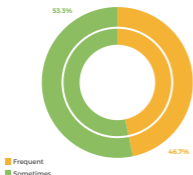
The data shows a notable reduction in water-borne diseases among children post-intervention, with typhoid having the highest decrease at 83.3%, followed by gastroenteritis at 66.7%. Cholera and jaundice both saw a reduction in 63.3% of respondents, while dysentery decreased for 60.0% of respondents. Fluorosis showed improvement in 53.3% of cases but remained the least improved disease, with 46.7% reporting it stayed the same. These results highlight the intervention's significant impact on reducing water-borne diseases in children, particularly for typhoid and gastroenteritis, though additional efforts may be needed to further address fluorosis and other persistent issues.

## INTERVIEW WITH FARM OWNERS



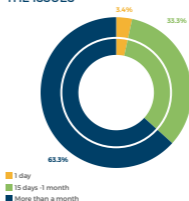
## MINIMAL DISRUPTIONS IN WATER SUPPLY

**CHART 34: FREQUENCY OF SUFFERING FROM WATER SUPPLY RELATED ISSUES SINCE THE TAP WATER SUPPLY IS OPERATIONAL**



The data reveals that since the tap water supply became operational, only 46.7% of respondents reported frequent issues related to the water supply, while 53.3% experienced such problems only occasionally. This indicates a significant improvement in water reliability, with the vast majority facing minimal disruptions.

**CHART 35: TIME TAKEN TO RESOLVE THE ISSUES**



The data indicates that the resolution of water supply issues varies significantly in duration. Only 3.4% of respondents reported their issues being resolved within a day, while 33.3% stated that it took 15 days to a month. However, the majority, 63.3%, experienced delays of over a month in resolving their water supply problems. This highlights a significant area for improvement in the efficiency and responsiveness of issue resolution mechanisms.

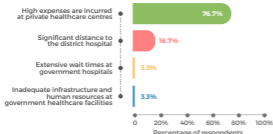
## INTERVIEW WITH LIVESTOCK OWNERS





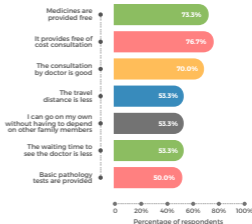
## SECTION 5: KEY IMPACT - MOBILE HEALTH UNIT

**CHART 36: CHALLENGES ENCOUNTERED WHILE ACCESSING HEALTHCARE FACILITIES IN THE PAST**



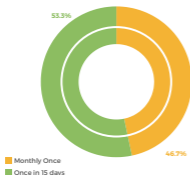
The data highlights key challenges faced by respondents in accessing healthcare services. The most significant issue, reported by 76.7% of respondents, is the high expenses incurred at private healthcare centers, indicating that affordability is a major barrier to healthcare access for many individuals. A smaller group (16.7%) identified the significant distance to the district hospital as a challenge, suggesting that geographical access to healthcare is another important concern, particularly for those living in rural or remote areas. Additionally, 3.3% of respondents faced long wait times at government hospitals, while the same percentage pointed out the inadequacies in infrastructure and human resources at government healthcare facilities. These findings reveal that while private healthcare is costly, public healthcare facilities are still burdened by issues such as long waiting times and resource shortages.

**CHART 37: REASONS FOR CHOOSING MHU OVER OTHER FACILITIES**



The data reveals the key reasons why respondents prefer the services of the Mobile Health Unit (MHU) over other healthcare facilities. All respondents (100%) cited that MHU provides free medicines and consultation, highlighting the financial relief it offers. The quality of consultation with the doctor was also a major factor, with 100% of respondents acknowledging its effectiveness. Additionally, 53.3% of respondents appreciated the shorter travel distance to the MHU, allowing easier access to healthcare. The ability to visit the MHU independently, without relying on other family members, was also noted by 53.3% of respondents, indicating greater autonomy in healthcare access. Furthermore, 53.3% mentioned the shorter waiting times to see the doctor as another advantage. Finally, 50% of respondents valued the availability of basic pathology tests at the MHU. These findings highlight that the MHU is preferred for its free services, convenience, and the quality of care provided, with improvements in accessibility and wait times contributing to its appeal.

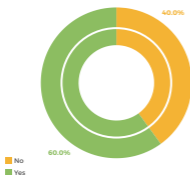
**CHART 38: FREQUENCY OF MOBILE VAN VISITS TO THE RESPONDENT'S LOCATION**



The data shows that 53.3% of respondents receive visits from the mobile van on a weekly basis, while 46.7% have visits on a monthly basis. This indicates that the mobile health service is relatively frequent in its outreach, with a slightly higher proportion of respondents benefiting from weekly visits, ensuring regular access to healthcare services.

## CONSISTENCY IN MHU SCHEDULING

**CHART 39: FIXED SCHEDULE FOR MOBILE HEALTH UNIT (MHU)**

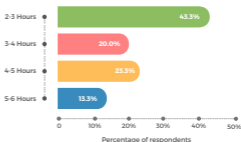


The data indicates that the vast majority of respondents (60%) report that there is a fixed day and time for the Mobile Health Unit (MHU), while 40% do not have a fixed schedule. This suggests that the MHU operates on a consistent and reliable schedule, providing respondents with predictable access to healthcare services.

The data shows that 100% of respondents find the time for visiting the Mobile Health Unit (MHU) convenient, with no respondents indicating any issues with the timing.

## DURATION OF MEDICAL VAN VISITS

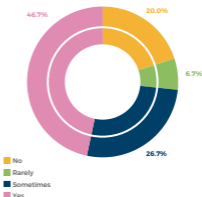
**CHART 40: DURATION OF THE MEDICAL VAN IN A VILLAGE**



The data shows that the medical van stays in a village for varying durations. The majority of respondents (43.3%) reported that the van remains for 2-3 hours. A smaller proportion, 23.3%, indicated a stay of 4-5 hours, while 20.0% mentioned a 3-4 hour duration. The shortest stay, 5-6 hours, was reported by 13.3% of respondents. This suggests that, on average, the medical van spends a sufficient amount of time in the village to provide healthcare services, though there is some variability in the duration of its visits.

## PATIENT EXPERIENCES WITH WAITING TIME AT MHU

**CHART 41: WHETHER NEED TO WAIT IN A LONG QUEUE AT THE MHU CENTRE**

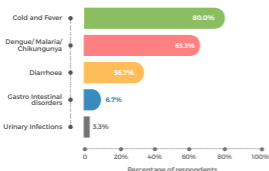


The data reveals varying experiences regarding wait times at the Mobile Health Unit (MHU) center. While 46.7% of respondents reported having to wait in a long queue, experiencing long waits.

Additionally, 26.7% of respondents have to wait sometimes and 6.7% mentioned that they rarely have to wait, and 20.0% reported never facing long queues. This suggests that while wait times are an issue for a significant proportion of respondents, others experience shorter waits or no delays at all, indicating room for improvement in streamlining services or managing patient flow.

## PREVALENCE OF COMMUNICABLE DISEASES AMONG RESPONDENTS IN THE LAST YEAR

**CHART 42: COMMUNICABLE DISEASES FROM WHICH THE RESPONDENTS SUFFERED IN THE LAST ONE YEAR**



The data indicates that the most common communicable diseases suffered by respondents in the last year were cold and fever, reported by 80.0% of respondents. Dengue, malaria, or chikungunya followed with 63.3%, while 36.7% experienced diarrhoea. Gastrointestinal disorders were reported by 6.7% of respondents, and urinary infections were the least common, affecting 3.3%. This highlights that cold and fever, as well as vector-borne diseases like dengue, malaria, and chikungunya, are the primary health concerns in the community.

## COMPREHENSIVE HEALTHCARE SERVICES PROVIDED BY MHU

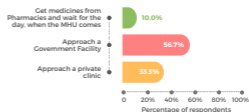
**CHART 43: TREATMENT RECEIVED FROM MHU FOR LIFESTYLE AND COMMUNICABLE DISEASES**



Not Received  
Received

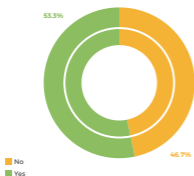
The data shows that 100% of respondents have received treatment from the Mobile Health Unit (MHU) for lifestyle and communicable diseases, with no respondents indicating that they have not received treatment. This highlights the comprehensive role of the MHU in addressing both communicable and lifestyle diseases within the community, ensuring all respondents have access to healthcare services.

**CHART 44: HEALTH CENTERS APPROACHED IN CASE OF GETTING ILL ON THE DAYS WHEN THE MHU IS NOT VISITING**



The data reveals that when the Mobile Health Unit (MHU) is not visiting, 10.0% of respondents choose to get medicines from pharmacies and wait for the next MHU visit, while 56.7% seek care at a government facility, and 33.3% visit a private clinic. This indicates that while many respondents rely on pharmacies for temporary relief, there is also a notable reliance on informal or alternative sources of care.

**CHART 45: REFERRALS TO OTHER HEALTHCARE FACILITIES BY MHU STAFF**



The data shows that 53.3% of respondents have been referred to other healthcare facilities by the Mobile Health Unit (MHU) staff, while only 46.7% reported that they were not referred. This indicates that the MHU staff plays a significant role in ensuring that patients are directed to appropriate healthcare facilities for further treatment when needed.



**MOBILE HEALTH VAN STAFF & BENEFICIARY**



**PLATE DESIGNED FOR LACTATING MOTHERS & PREGNANT WOMEN MENTIONING TYPE OF FOOD TO BE CONSUMED**

## AGRICULTURE AND WATER MANAGEMENT

The implementation of farm ponds and micro-irrigation systems has significantly enhanced water retention and enabled farmers to increase their cropping frequency. These interventions have helped 36.7% of farmers adopt triple cropping and 63.3% adopt double cropping, signaling a shift toward improved agricultural sustainability. With better water availability and efficient irrigation, farmers reported a 10%-40% rise in agricultural income, highlighting the transformative impact on productivity and livelihoods.

## ACCESS TO CLEAN DRINKING WATER

The provision of household tap connections has drastically reduced the distances people, especially women, travel to fetch water. This has improved productivity and reduced the physical strain associated with water collection. Additionally, the availability of clean drinking water has led to a marked reduction in waterborne diseases, with an 83.3% decrease reported among children, thereby contributing to healthier and more productive households.



## LIVESTOCK DEVELOPMENT

Livestock health has improved remarkably through veterinary camps and artificial insemination services provided under the program. These initiatives have resulted in a substantial increase in milk yields, with 40% of respondents reporting production of over 10 liters per day. This improvement has translated into a significant 20%-40% increase in household incomes, underscoring the critical role of livestock in enhancing rural livelihoods.

## HEALTHCARE ACCESSIBILITY

The deployment of Mobile Health Units has revolutionized healthcare access for remote communities. By offering free medicines and affordable consultations, the units have alleviated financial barriers to healthcare. They have also significantly reduced the prevalence of communicable diseases like malaria and typhoid, ensuring that vulnerable populations receive timely and effective medical attention.

# IMPACT CREATED ACROSS MULTIPLE LEVELS



## INDIVIDUAL LEVEL

TCSR's initiatives have directly impacted individuals by addressing basic needs, enhancing productivity, and improving health and well-being.



### AGRICULTURAL PRODUCTIVITY AND INCOME

Farmers benefitted from improved irrigation and water conservation techniques, leading to increased cropping frequency and yields. This enabled individuals like Deeraj Bhai Rana Bhai to double their cropping cycles and boost income by up to 40%.



### ACCESS TO RELIABLE RESOURCES

Farmers benefited from improved water retention through farm ponds and micro-irrigation, reducing dependence on rainfall. This ensured consistent agricultural productivity, reducing individual stress caused by crop failures.



### HEALTH IMPROVEMENTS

Mobile Health Units provided free medicines and consultations, reducing healthcare costs to ₹5 and improving the health outcomes of individuals. For instance, 75% of patients achieved blood sugar control, and waterborne diseases significantly declined.



### REDUCED DRUDGERY

Access to nearby water sources significantly reduced the physical effort and time individuals spent fetching water. This improvement allowed people, especially women, to allocate time to other productive activities or personal well-being.



### WATER ACCESS AWARENESS

Educational programs on water safety and proper usage have instilled healthier habits among individuals, reducing the prevalence of waterborne diseases and promoting sustainable water practices.



## HOUSEHOLD LEVEL

The interventions have resulted in transformative changes for households, ensuring access to essential resources and improving overall living conditions.



### RELIABLE WATER SUPPLY

Household tap connections have eliminated the need to travel long distances to fetch water, drastically reducing the physical burden and freeing up time for other household activities. Improved water availability has also enhanced hygiene and sanitation within households.



### AGRICULTURAL STABILITY

Water retention structures and irrigation systems have supported families dependent on agriculture, increasing income stability and enabling them to plan for their financial futures.



### BETTER HEALTH AND NUTRITION

Access to clean water and reduced waterborne diseases have positively influenced household health, leading to improved nutrition and reduced healthcare expenses.



### LIVESTOCK PRODUCTIVITY

Improved cattle health and increased milk yields have provided additional income for households, creating more opportunities for savings and investments in children's education or home improvement.



## COMMUNITY LEVEL

At the community level, TCSR's efforts have fostered a sense of collective growth and resilience, addressing broader challenges and promoting social cohesion.



### IMPROVED WATER AVAILABILITY

The construction of farm ponds, bunds, and micro-irrigation systems has improved water availability for entire communities, enabling multiple cropping seasons and increasing incomes.



### RESILIENCE AGAINST DROUGHTS

Enhanced irrigation systems and water storage structures helped communities sustain cropping cycles and meet basic needs during dry periods, ensuring food security.



### REDUCED HEALTH BURDEN

The presence of mobile health units and community health campaigns has elevated the overall health standards, reduced the spread of diseases, and increased life expectancy in the community.



### ENVIRONMENTAL RESILIENCE

Sustainable practices introduced at the community level, such as reforestation and improved irrigation, have enhanced the resilience of local ecosystems, benefiting agriculture and biodiversity.



## STATE LEVEL



### AGRICULTURAL STABILITY

Improved cropping patterns due to water retention systems allowed farmers across the state to diversify crops, contributing to overall food security and reduced reliance on rain-fed agriculture.



### STRENGTHENED INFRASTRUCTURE

Programs that developed water connections and health services strengthened rural infrastructure, reducing rural-urban migration by improving the quality of life in villages.



## ENVIRONMENTAL SUSTAINABILITY

Conservation efforts, such as farm ponds and drip irrigation, contributed to better water use efficiency and reduced soil erosion, aligning with state-level environmental priorities.



## NATIONAL LEVEL



### RESILIENT AGRICULTURAL PRACTICES AGAINST CLIMATE CHANGE

By mitigating the effects of climate variability through better water and resource management, these initiatives at at strengthening India's primary sector and ensuring food security.



### IMPROVED RESOURCE UTILIZATION

Initiatives like drip irrigation and micro-irrigation systems optimized water usage, addressing water scarcity and reducing waste in line with government's efforts.



### HEALTHIER WORKFORCE

The reduction in waterborne and lifestyle diseases improved labour productivity, positively contributing to the nation's economy.



### CONTRIBUTION TO SDGS

These interventions support India's progress toward achieving Sustainable Development Goals, particularly those related to clean water, sanitation, health, and climate resilience.



### ALIGNMENT WITH NATIONAL SCHEMES

- Jal Jeevan Mission (JJM): The provision of household tap connections resonates with the JJM's goal of ensuring functional tap water connections to every rural household. The reduction in drudgery, time savings, and improved hygiene mirror the intended outcomes of the scheme.
- Atal Bhujal Yojana (ABY): Water conservation initiatives, such as farm ponds and bunds, align with ABY's objective to improve groundwater management and promote sustainable agricultural practices.
- National Rural Health Mission (NRHM): The Mobile Health Units providing free and accessible healthcare complement NRHM's focus on improving rural healthcare access, particularly for vulnerable populations.
- Pradhan Mantri Krishi Sinchai Yojana (PMKSY): The adoption of micro-irrigation and water-efficient systems supports PMKSY's goals of "Har Khet Ko Pani" (water for every field) and enhancing irrigation efficiency.

## 06. SWOT ANALYSIS



### STRENGTHS

- Strong alignment with SDGs and national schemes like Jal Jeevan Mission and Atal Bhujal Yojana.
- Community-focused participatory approach ensuring relevance and ownership.
- Successful multi-stakeholder collaborations with government and NGOs.



### WEAKNESSES

- Lack of clear beneficiary selection criteria, causing uneven access.
- Limited scalability due to high operational dependence on TCSR D.



### OPPORTUNITIES

- Expanding partnerships with agricultural experts and state welfare schemes.
- Promoting beneficiary-driven models for increased ownership and sustainability.
- Leveraging success stories to scale interventions across similar regions.



### THREATS

- Dependence on external funding and TCSR D's resources may affect long-term program sustainability.
- Climate variability poses risks to water conservation and agricultural productivity.

# EXIT STRATEGY

Since TCSR D is deeply involved in community development activities in Mithapur, its exit strategy should prioritize continuity, local ownership, and the sustainability of programs without disrupting progress. Below is a structured 3-5 year phased exit plan:



## FINANCIAL SUSTAINABILITY & ALTERNATIVE FUNDING

### Years 1-2: Securing New Funding & Revenue Sources

TCSR D should identify and onboard alternative CSR sponsors, government schemes, and philanthropic foundations to sustain key projects.

Apply for government grants & schemes, such as:

- National Rural Livelihood Mission (NRLM)
- Jal Jeevan Mission (for water programs)
- National Skill Development Corporation (for vocational training)
- State agricultural programs

### Years 2-3: Revenue Generation & Community Ownership

Strengthen Self-Help Groups (SHGs), Farmer Producer Organizations (FPOs), and local cooperatives to generate revenue through:

- Handicrafts and sustainable products
- Community-managed water conservation projects
- Agro-business models (organic farming, dairy, fisheries)
- Develop a community contribution model where beneficiaries gradually co-finance projects.

### Years 3-5: Gradual Funding Reduction

Implement a structured financial transition plan:

- Year 1: 75% funding
- Year 2: 50% funding
- Year 3: 25% funding
- Year 4-5: Complete withdrawal while ensuring financial self-reliance



## CAPACITY BUILDING & INSTITUTIONAL STRENGTHENING

### Years 1-2: Strengthening Leadership & Governance

- Train local TCSR D staff, SHG leaders, and community representatives in financial planning, fundraising, and resource mobilization.
- Develop a community-led governance model to ensure programs run independently post-exit.

### Years 2-4: Establishing Strong Partnerships

- Facilitate tie-ups with NCOs, academic institutions, and private sector players to sustain development activities.
- Ensure local panchayats (village councils) and district authorities take an active role in program governance.

### Years 3-5: Full Transition to Local Leadership

- Transfer management responsibilities to trained local committees.
- Establish an accountability mechanism (such as periodic audits and impact assessments) to ensure program sustainability.



## GOVERNMENT & COMMUNITY ENGAGEMENT

### Years 1-2: Integrating Programs with Government Initiatives

- Work with state and central government agencies to institutionalize programs under existing rural development schemes.
- Advocate for government financial support & policy inclusion of TCSR-led initiatives.

### Years 2-4: Strengthening Local Involvement

- Establish community ownership models, such as:
- Village-level Water User Groups for water management projects
- Farmer-led cooperatives for agriculture and fisheries initiatives
- Women-led SHCs for livelihood and microfinance programs
- Engage local businesses, industries, and cooperatives in contributing to development initiatives.

### Years 3-5: Community-Managed Sustainability

- Create a Community Development Fund supported by local contributions, government aid, and donor grants.



## INFRASTRUCTURE & PROGRAM STRENGTHENING

### Years 1-3: Final Infrastructure Investments

- Ensure essential water conservation systems, agricultural facilities, training centers, and health infrastructure are in place.
- Digitize program materials for long-term accessibility.

### Years 3-5: Transition to Self-Sustaining Models

- Support the establishment of micro-enterprises and community-run businesses for continuous revenue.
- Implement training-of-trainers (ToT) models to ensure knowledge transfer within the community.



## MONITORING & EXIT SUPPORT

### Years 1-3: Setting Impact Milestones

- Define clear performance indicators for financial independence, governance efficiency, and program sustainability.
- Conduct quarterly progress reviews with local stakeholders and leadership.

### Years 3-5: Gradual Exit with Advisory Role

- Phase out direct financial assistance while continuing to provide advisory and technical support.
- Conduct a post-exit impact review to assess program sustainability and identify any necessary adjustments.
- This phased strategy ensures that TCSR's transition out of Mithapur can foster self-reliance, institutional strength, and sustainable community development.

## CHAPTER 7

# CONCLUSION

The TCSR D initiatives have profoundly impacted the communities in Mithapur, Gujarat, promoting sustainable development and improving the quality of life for thousands of beneficiaries. By addressing critical areas such as water management, and healthcare, the programs have driven holistic growth and empowered individuals to achieve self-reliance. Interventions in water conservation have ensured year-round availability of water, enabling better agricultural practices and improved livelihoods. These interventions have empowered farmers to adopt multi-crop cycles, enhance agricultural productivity, and secure improved livelihoods. The provision of household water connections has further reduced physical drudgery, improved sanitation, and contributed to better health outcomes. Healthcare services, including the Mobile Health Unit, have made quality healthcare accessible and affordable. This has reduced the prevalence of waterborne diseases and bridged disparities in healthcare access, ensuring a healthier and more productive population.

To build on these successes, it is vital to encourage greater community participation by increasing beneficiary contributions, fostering a sense of ownership and accountability. Strengthening collaboration with government departments and Gram Panchayat (local unit of self-governance) will ensure wider access to welfare schemes and resources. By fostering partnerships, promoting self-sustaining models, and focusing on community-driven growth, TCSR D can continue to create meaningful, lasting change in the region.

# Supporting Millet Farmers With Agriculture Inputs

## Impact Assessment Report

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## 01. EXECUTIVE SUMMARY

### PROJECT BACKGROUND

Tata Consumer Products Limited (TCPL), in partnership with Swami Vivekananda Youth Movement (SVYM), a prominent Non-Governmental Organisation, launched a transformative initiative to promote sustainable millet-based agricultural practices among rural and tribal communities of Mysuru district, Karnataka. The program involved comprehensive awareness sessions on millet cultivation followed by the distribution of millet seeds and paid special emphasis on promoting sustainable farming techniques like vermicomposting, Jeevamrutha preparation and millet value addition. The primary focus was to transition farmers towards organic, natural and millet-based farming, leveraging the resilience and nutritional benefits of millet crops.

#### A MILLET FARM



SVYM through its collaboration with UN & Multilateral agencies, Govt. of India, Non profits, Academic partners, Corporates and Individuals is working towards achieving 13 out of 17 Sustainable Development Goals (Global Goals by United Nations) set to be achieved by 2030.

In regions like Mysuru District, the majority of farmers, especially from tribal and rural communities, rely on conventional farming methods. However, these practices often fail to provide long-term sustainability due to environmental challenges, lack of access to modern techniques and climate-related uncertainties. Millet, which was once a staple crop, has seen a significant decline in cultivation due to changes in agricultural patterns and the rise of more commercially grown crops.

TATA global beverages is involved in CSR activities from last 50 years. CPL CSR programmes aim to be relevant to local, national and global contexts, keep disadvantaged communities as the focus based on globally agreed sustainable development principles and be implemented in partnership with governments, NGOs and other relevant stakeholders. Tata companies are involved in a wide variety of community development and environment preservation projects.

In FY - 2019, the group has spent INR 1,095 crore on CSR expenditure and has positively impacted 11.7 million lives. The tata group's activities relate to education, livelihoods and skill development, rural development, water and sanitation, healthcare and strengthening services.

Tata sons private limited is the promoter and principal investment-holding company of the tata group, which includes tata consumer products limited (TCPL).

## INFORMATION, EDUCATION AND COMMUNICATION

### ಸಿರಿಧಾನ್ಯದ ಪರಿಸರ ಪ್ರಾಮುಖ್ಯತೆ.



## PROJECT DETAILS



## Year of Implementation

FY 2023-2024



## Year of Assessment

FY 2024-2025



## Targeted Geographies

Heggadevana kote and Saragur taluks of Mysuru District



## Beneficiaries

Small and marginal female and male farmers of tribal communities



## No. of beneficiaries

14,906



## Implementing Partner

Swami Vivekananda Youth Movement (SVYM)



## Budget

₹51,49,000/-



## Alignment with SDG Goals



## PROJECT ACTIVITIES



Baseline study to assess the current agricultural practices and identify key areas of improvement in millet farming across the Mysuru District.



Awareness campaigns and training sessions organised for farmers, focusing on the benefits of millet farming, organic farming practices, and sustainable agricultural techniques.



Distribution of high-quality millet seeds to farmers to encourage millet cultivation on their land.



Farmers were trained on organic farming practices such as vermicomposting, Jeevamrutha preparation, and the use of natural pest control methods to enhance soil health and crop productivity.



Farmers were taken on exposure visits to successful millet farms and organic farming demonstrations.

# Key Findings and Key Impacts



COMPONENT	INDICATORS	FINDINGS	IMPACTS
SEED DISTRIBUTION	Cultivation	<ul style="list-style-type: none"> <li>Before the intervention, farmers reported cultivating cotton and some vegetables.</li> </ul>	<ul style="list-style-type: none"> <li>Significant improvement in the sustainability of farming practices.</li> </ul>
	Seed Distribution	<ul style="list-style-type: none"> <li>100% of the respondents received a variety of seeds through intervention.</li> </ul>	
	New Millet Variety	<ul style="list-style-type: none"> <li>90.0% of the farmers cultivated new millet varieties after seed distribution.</li> </ul>	<ul style="list-style-type: none"> <li>Successful acceptance and utilisation of the new millet variety resulted in a high adoption rate of the same among farmers following seed distribution.</li> <li>Most of the farmers reported recommending millet cultivation to other farmers.</li> </ul>
	Millet Crop Adoption		
	Agricultural Income	<ul style="list-style-type: none"> <li>82.9% of the farmers reported a 10.0% to 30.0% increase in agricultural income.</li> <li>91.4% of the respondents observed a reduction of 10.0-30.0% in water usage.</li> </ul>	<ul style="list-style-type: none"> <li>Most of the farmers realised enhanced income through Millet Cultivation.</li> </ul>
	Water Conservation		
	Cultivation	<ul style="list-style-type: none"> <li>Before the program, ragi and cotton were the major crops cultivated.</li> </ul>	<ul style="list-style-type: none"> <li>The majority of the farmers switched over to the cultivation of new millet varieties after the intervention.</li> </ul>
EXPOSURE VISITS	Interaction with Experts	<ul style="list-style-type: none"> <li>97.8% of the farmers benefitted from expert advice from agricultural scientists and exposure visits.</li> </ul>	<ul style="list-style-type: none"> <li>The majority of the farmers received practical solutions and common farming challenges.</li> <li>A significant improvement in the adoption of new cultivation techniques, modern equipment, and marketing strategies post-exposure visits.</li> <li>88.9% of the farmers adopted new seed varieties.</li> </ul>



COMPONENT	INDICATORS	FINDINGS	IMPACTS
SOIL TESTING	Fertiliser Usages	<ul style="list-style-type: none"><li>81.4% of the farmers started using organic fertilisers after the program.</li></ul>	<ul style="list-style-type: none"><li>Changes in fertiliser usage based on nutrient requirement advice.</li></ul>
	Soil Testing Process	<ul style="list-style-type: none"><li>88.4% of the farmers expressed clarity of the soil testing process explained by the NGO.</li></ul>	<ul style="list-style-type: none"><li>93.0% of the farmers were skilled in collecting soil samples for testing post-intervention.</li></ul>
	Crop Yielding	<ul style="list-style-type: none"><li>10.0-20.0% average increases in crop yield post-intervention.</li></ul>	<ul style="list-style-type: none"><li>Soil testing knowledge increased crop yield.</li></ul>
	Agricultural Income	<ul style="list-style-type: none"><li>88.3% of the farmers observed a reduction in expenditure on fertilisers.</li></ul>	<ul style="list-style-type: none"><li>A significant increase in agricultural income.</li></ul>
SPRINKLER IRRIGATION	Sprinkler Usages	<ul style="list-style-type: none"><li>65.0% of the farmers had an awareness of sprinkler usage before the program.</li></ul>	<ul style="list-style-type: none"><li>More farmers started adopting sprinklers after the intervention.</li></ul>
	Sprinkler Procurement	<ul style="list-style-type: none"><li>100% of the farmers received sprinklers through the CSR intervention.</li></ul>	<ul style="list-style-type: none"><li>Enhanced irrigation efficiency and improved water conservation resulted from Sprinkler usage.</li></ul>

## 02. OECD FRAMEWORK



Relevance



Coherence



Effectiveness



Efficiency



Impact



Sustainability



### RELEVANCE

The project aligns with the needs of rural and tribal farmers by promoting sustainable organic millet farming, strengthening farmer groups and facilitating access to government schemes and market linkages. The focus on organic farming practices addresses food safety, environmental sustainability and the socio-economic development of underserved communities.



### COHERENCE

The project complements national and state-level initiatives promoting organic farming, entrepreneurship and rural development and is well aligned with the following Sustainable Development Goals (SDGs):



The program also supports the goals of national policies:

- National Millet Mission
- National Food Security Mission (NFSM)
- Pradhana Mantri Krishi Sinchayee Yojana (PMKSY)
- Paramparagat Krishi Vikas Yojana (PKVY)
- Pradhan Mantri Fasal Bhima Yojana
- Rashtriya Krishi Vikasa Yojana



### EFFECTIVENESS

The project supported 406 farmers in adopting organic millet farming through training programs, exposure visits, technical inputs and the provision of irrigation facilities. Awareness campaigns conducted via community radio effectively reached an estimated 2.5 lakh individuals, spreading knowledge about organic farming practices and their benefits.

**Promotion of organic farming:** The distribution of seeds enabled farmers to adopt millet cultivation, introducing new crop varieties and reducing water usage. Increased awareness and training on sustainable farming practices contributed to effective implementation.

**Knowledge sharing and skill development:** Exposure visits facilitated farmer interactions with agricultural experts, helping them adopt advanced farming techniques, modern tools and innovative seed varieties.

**Improved farming facilities:** Farmers effectively utilise sprinklers for water conservation, and the initiative can be extended to other farmers in need, which may improve water management practices.



### EFFICIENCY

Millet cultivation is a low-cost and resource-saving option for farmers in these taluks. It requires less water, grows faster and reduces the need for chemical pesticides, cutting down farming expenses. By adopting millet farming, farmers improved productivity while saving on inputs, making their efforts more efficient.



### IMPACT

The impact of the program is clearly visible through the transformative outcomes experienced by the farmers of HD Kote and Saragur Taluks. 406 farmers come under 4 different Raitha Samparka Kendra. The impact of the program, as evaluated against its indicators:

**Enhanced agricultural practices:** The shift to millet farming improved sustainability, boosted income and increased the profitability of agricultural activities through reduced input costs and better market demand.

**Strengthened farming capabilities:** Farmers applied knowledge gained from exposure visits to enhance productivity, adopt innovative farming methods and improve market engagement, driving long-term improvements in agricultural output.

**Better soil Management and improved irrigation:** The introduction of sprinkler systems improved farming practices, resulting in higher crop productivity and reduced water usage. This brought significant benefits to farmers, enhancing their agricultural outcomes and contributing to better livelihoods in the region.



### SUSTAINABILITY

The project aimed to create lasting positive changes in the livelihood practices of communities in HD Kote and Saragur taluk. By promoting Self-Help Groups (SHGs), Farmer Producer Organizations (FPOs), skill development, strengthening supply chains, distributing seeds, encouraging millet farming and establishing a millet food restaurant, the project enhanced community engagement in organic farming. These initiatives fostered behavioural changes that improved the nutritional and health status of participants. The socio-cultural shifts in livelihood practices are expected to have enduring impacts beyond the project's duration. SHG members and farmers gained knowledge and skills that bolstered their income generation, livelihood security and self-employment prospects. SVYM is committed to supporting SHGs and FPOs by facilitating connections with government schemes and ensuring ongoing assistance and sustainability of the project outcomes.



Relevance



Cohesence



Effectiveness



Efficiency



Impact



Sustainability

## CHAPTER 3

# INTRODUCTION



*Farmers in Millet Farm*

### BACKGROUND AND NEED OF THE PROGRAM

Agriculture in India is largely dependent on traditional practices that have been passed down through generations. In regions like Mysuru District, the majority of farmers, especially from tribal and rural communities, rely on conventional farming methods. However, these practices often fail to provide long-term sustainability due to environmental challenges, lack of access to modern techniques and climate-related uncertainties. Millet, which was once a staple crop, has seen a significant decline in cultivation due to changes in agricultural patterns and the rise of more commercially grown crops.

The project addresses these challenges by promoting millet farming through a series of interventions such as training, seed distribution, organic farming techniques and community-based initiatives. The focus is to empower farmers, particularly women, to enhance their agricultural practices and enable them to shift toward more sustainable and economically viable models.

## OBJECTIVES OF THE PROGRAM



To uplift the rural and tribal community through the Group Entrepreneurship Development Program and setting up a millet-based processing unit and restaurant.



To facilitate various Govt agriculture-related schemes and social entitlements and strengthen the market linkages by improving the supply chain.



To strengthen 100 SHGs and existing farmers to adopt organic millet farming.

## ABOUT COLLABORATION PARTNER - SWAMI VIVEKANANDA YOUTH MOVEMENT

Swami Vivekananda Youth Movement (SVYM), founded in 1984, has transformed from a small one-room clinic in a tribal hamlet to a prominent development organisation in India.

With its headquarters in Mysuru, Karnataka, SVYM serves over 3 million people across the state, through 40+ projects, 7 institutes and 200+ partners. The organisation focuses on four key areas: Health, Education, Socio-economic Empowerment and Training & Research.

SVYM operates with the belief that developing the human and social capital of the communities it serves will lead to significant economic outcomes. The organisation acts as a facilitator in fostering self-reliance and empowerment, creating local, innovative and cost-effective solutions to support community-centred progress. SVYM is aligned with 13 of the 17 Sustainable Development Goals (SDGs) set by the United Nations and has documented its positive impact on the lives of tribal, rural and marginalised communities.

With a strong foundation in its core values of Satya (Truthfulness), Ahimsa (Non-Violence), Seva (Service) and Tyaga (Sacrifice), SVYM delivers transparency and openness in its operations, emphasising healthy partnerships with communities, the government, corporate sector, civil society organisations (CSOs) and academia. Over the last four decades, SVYM has received 32 national and international awards, reflecting its ongoing commitment to creating lasting and sustainable change.

## FOCUS GROUP DISCUSSION



## CHAPTER 4

# RESEARCH METHODOLOGY

Tata Consumer Products Limited empanelled SoulAce to undertake an Impact Assessment Study of the Project "Promoting Sustainable Natural Millet-Based Agricultural Practices" in Heggadevana Kote and Saragur taluks of Mysuru District implemented by Swami Vivekananda Youth Movement for the FY 2023-24. The study aims to assess the impact of its CSR initiative in promoting sustainable agriculture through the formation of farmer-producer organisations and empowering small landholders.



*Millet Papad's being dried*

### OBJECTIVES OF THE STUDY



To evaluate the immediate outcomes of the program and examine its long-term impact.



To assess the role of the program in improving the well-being of the community, especially those with lower socio-economic backgrounds.



To provide a comprehensive analysis of the strengths of the program and identify potential areas for improvement in its implementation.

### DEFINITION OF THE RESEARCH

Research is a systematic and structured process aimed at discovering valuable and reliable information on a specific topic. Social science research, in particular, follows scientific methods for objectivity and minimise bias, providing an evidence-based approach rather than relying on assumptions or speculation. While some facts can be gathered through common sense or informal observation, they are only considered valid when obtained through a methodical and repeatable process. The core principles of scientific research include objectivity, ethical neutrality, reliability, testability and transparency. The research process begins with identifying a problem, which is further defined and refined through a thorough review of existing literature or discussions with subject matter experts. Each research problem has multiple aspects, and it is not feasible to cover all perspectives in a single study.

## APPLICATION OF QUANTITATIVE TECHNIQUES

Quantitative methods offered an objective approach to assess the project and its impact by analysing data. Surveys and questionnaires gathered numerical information from beneficiaries on various factors. By comparing the data before and after the intervention, the changes and improvements from the project were evident. These methods provided a clear and measurable way to evaluate the project's success with statistical evidence.

## USE OF QUALITATIVE METHOD APPROACH

Interviews and focus group discussions were conducted with individuals and self-help groups involved in the project to gain a deeper understanding of the initiative. Observations and case studies were collected. These conversations provided their insights, experiences and perspectives, offering valuable context on the implementation and impact of the project. This approach helped identify the challenges, successes, and outcomes of those directly engaged in the project.

## KEY STAKEHOLDERS



Self-Help Group members

## DESIGN SNAPSHOT



### Name of the project

Promoting Sustainable Natural Millet-Based Agricultural Practices Among Rural & Tribal Communities



### Implementing agency

Swami Vivekananda Youth Movement



### Research design used

Descriptive Research Design



### Sampling technique

Purposive Sampling



### Sample size

191



### Quantitative Methods Used

Questionnaire tool



### Qualitative method used

Semi-structured interviews, testimonials, case studies, and focus group discussions with beneficiaries along with key stakeholders

## STUDY TOOLS

Semi-structured questionnaires were designed for primary beneficiaries. The project details for each focus area were reviewed and key indicators were established before conducting the surveys. Both semi-structured questionnaires and focus group discussions were used to gather input from involved stakeholders.

## ETHICAL CONSIDERATIONS

The impact assessment was conducted with a strong ethical framework to ensure the study was carried out responsibly. Ethical principles were followed carefully, prioritising the rights and well-being of participants. Informed consent was obtained by giving clear information about the study's goals, procedures, potential risks and benefits, allowing participants to make an informed decision after having their questions answered. Measures were taken to maintain confidentiality and privacy, with data securely stored and accessible only to authorised personnel. Participant identities were protected using anonymisation or coding techniques. Participation was entirely voluntary, free from any pressure, and respect for individual choices. Throughout the study, participants were treated with respect and fairness, and their well-being was a top priority, with necessary support provided when needed.

## CHAPTER 5

### KEY FINDINGS AND IMPACTS

This chapter includes analysis of data from various sources to assess the impact and effectiveness of the program. It includes quantitative information from the questionnaire as well as qualitative insights from discussions with stakeholders and offers a detailed review of how the program has achieved its goals and supported long-term sustainability.



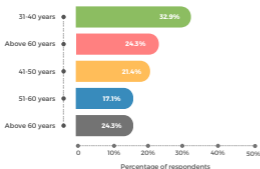
#### PROGRAM ACTIVITY 1: SEED DISTRIBUTION

This section describes the activity of seed distribution and its impact on agricultural practices. The activity focused on the distribution of millet seed varieties, including finger millet, foxtail millet, brown top millet, little millet, and barnyard millet, ensuring their availability for agricultural needs. It also examined the effects of these new millet varieties on agricultural income, water conservation, and farming sustainability. The activity highlighted an increase in the cost-benefit ratio of millet cultivation and the growing interest among farmers in adopting millets as a sustainable farming option. While the program primarily focused on millets, some farmers continued cultivating traditional crops such as cotton, ragi, and maize and vegetables like green chillies, tomatoes, brinjal, beans, and ginger.

#### KEY FINDINGS

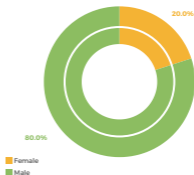
#### SOCIO-ECONOMIC AND DEMOGRAPHIC PROFILE

CHART 1: AGE GROUP DISTRIBUTION



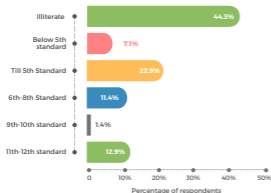
The majority were in the 31-40 years age group. A significant portion belonged to the above 60 years category. A smaller number were in the 41-50 years and 51-60 years age groups. The smallest group was the 25-30 years age group.

CHART 2: GENDER DISTRIBUTION



A vast majority (80.0%) were male. A small number were female.

CHART 3: EDUCATIONAL LEVEL



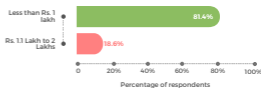
A significant majority (44.3%) were illiterate. A notable ratio had studied till the 5th standard. Smaller groups included respondents who had completed 11th-12th standard and those who studied between 6th-8th standard. A very small number either studied below the 5th standard or completed the 9th-10th standard.

CHART 4: NO. OF FAMILY MEMBERS



The vast majority (87.1%) had 3 to 6 family members, followed by those with 7 family members and the smallest group with more than 7 family members.

CHART 5: ANNUAL FAMILY INCOME



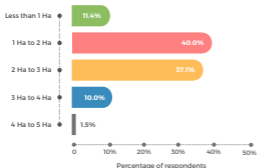
- 81.4% had an annual family income of less than ₹1 lakh. A smaller portion had an annual family income between ₹1.1 lakh to ₹2 lakhs.
- The demographic analysis reveals that the beneficiaries primarily belong to lower socio-economic strata, highlighting their need for external support to enhance agricultural practices—an area effectively addressed by the current intervention.



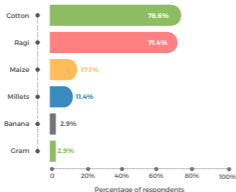


## LAND AND CULTIVATION

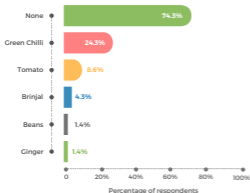
### CHART 6: AREA OF LAND OWNED



### CHART 7: MAJOR CROPS CULTIVATED



### CHART 8: VEGETABLES CULTIVATED



- 77.1% of the respondents reported land owned between 1 Ha to 3 Ha. A small portion mentioned owning the land between 3 Ha to 5 Ha. Whereas a smaller group owned less than 1 Ha.

- A larger majority of the respondents (78.6%) said that they cultivated cotton, while a large number (71.4%) reported that they grew ragi. A small number of respondents cultivated maize (17.1%) and new millet varieties (11.4%), while a very small number grew either banana or gram. The new millet varieties included fox tail millet (navane) seeds, brown top (korale), little millet (sama) or barnyard (oodalu).
- 74.3% of the respondents stated that they did not cultivate vegetables, while a small ratio grew green chilli. Smaller groups cultivated tomato, brinjal, beans and ginger.





## RAGINI'S JOURNEY – FROM STRUGGLES TO SUCCESS

### Background of Ragini

- She lives in Jagnkote Hadi, H.D. Kote Taluk.
- She belongs to the Bettakuruba tribal community
- Due to Lack of steady work, many of their community members migrate to different places.

### Struggles

- Ragini is a mother of two kids and the only earning member of the family.
- Her husband, Sudhakar, was addicted to alcohol and support to family was far away from his thoughts.
- To provide education to her children and fulfilling the daily needs, she was working as a daily wage worker.

### Turning Point: Training & Support:

- Ragini was and is a member of the “Hulimasthamma Sangha” self-help group but knew only about saving money.
- With support of SVYM she took a value addition training, which helped her started a small business.
- In 2017, she attended training at CFTRI, where she learned new skills to prepare Ragi-based products such as Ragi papad, Ragi malt, and Ragi mixture.
- After completing the training, she joined the Prakruthi Food Products unit at Jagnkote, gaining stable employment.

### A Positive Change in Her Family:

- SVYM supported her children's education at the Viveka Tribal Center for Learning at Hosahalli.
- One of her sons also took Spoken English, basic computer, and life skills training at the Viveka Rural Livelihood Center.
- Now, both of her kids are working in factories in Mysore, securing a better future.
- SVYM helped her husband to come out of alcohol addiction.
- Sudhakar has now quit alcohol and works as a daily wage laborer, contributing to the family's income.

### A Moment of Pride

- Ragini and another woman were invited to witness the 76th republic day parade at Kartavya Path in Delhi.
- Of course, it was the first flight experience for them and their dreams, which have really started getting wings.

”





TRIBAL WOMEN MAKING RAGI PAPAD



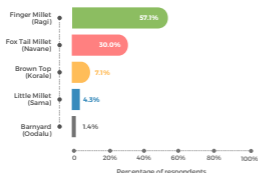
**SHG MEMBERS ON CSR INTERVENTION, MANCHE  
GAUDA HALLI HADI, H.D. KOTE TALUK, MYSURU  
DISTRICT**

A focused group discussion was conducted by the SoulAce team with the female farmers, members of Kallamma SHG, Bhagya Jyoti SHG and Venkata Ramana SHG. The members of the groups introduced themselves and shared that their primary activities included saving and loaning money. They held specific roles, such as president, secretary, or treasurer. Most of the participants had been members for several years, and SVYM supported and guided them in working in groups in the village.

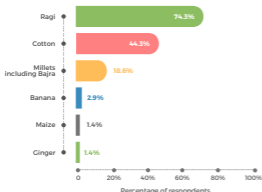
The members of the groups shared that they became part of TCPL-SVYM project activities as women farmers, particularly through millet cultivation initiatives. They reported that SVYM conducted exposure visits and awareness sessions as a part of the program. The Staff of SVYM motivated the members to participate, where they learned about millet farming, its health benefits and the potential to increase income. The members attended monthly SHG meetings and workshops, which helped them understand collective decision-making, savings and loans.

The farmers mentioned that they learned about inclusive and sustainable agriculture practices such as soil testing, vermicomposting, and water conservation using sprinkler systems during the sessions. The group members also reported that their understanding of millet farming and its benefits for both humans and animals has significantly improved. The SVYM team guided discussions on marketing strategies that are necessary for farming as SHG members began making and selling millet-based products like laddus, chikkis and papads.

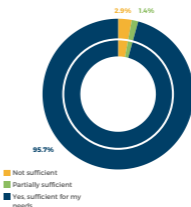


**CHART 9: SEED VARIETIES RECEIVED THROUGH CSR INTERVENTION**

Majority of the respondents (74.3%) shared that they received finger millet (ragi) seeds through the CSR intervention. A significant portion reported received fox tail millet (navane) seeds. Smaller number of respondents received either brown top (korale), little millet (sama) or barnyard (oodalu) seeds.

**CHART 10: ADDITIONAL CROP VARIETIES GROWN ON AGRICULTURAL LAND**

74.3% of the respondents mentioned that they grew ragi on their agricultural land. A significant portion grew cotton. Smaller group grew millets including bajra and even smaller groups grew banana, maize and ginger.

**CHART 11: SUPPLY OF SUFFICIENT SEED QUANTITY FOR AGRICULTURAL NEEDS**

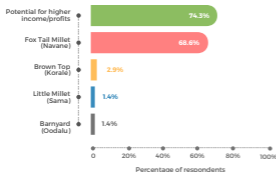
The vast majority of the respondents reported receiving a sufficient quantity of seeds according to the scale of cultivation. A very small proportion of farmers indicated that the quantity of seeds supplied to them was not sufficient, while an even smaller number mentioned that it was partially sufficient.

**95.7%**

of the respondents stated that the availability of seed quantity was sufficient for their needs.

**TEAM INTERACTING WITH FARMERS IN THE FIELD**

**CHART 12: MOTIVATIONS FOR GROWING MILLET SEED VARIETY PROVIDED BY THE INITIATIVE**



**74.3%**

of the respondents mentioned that they were motivated to grow millet seed varieties due to the potential for higher income or profits, while 68.6% cited the adaptability of millet to local climate conditions. Some of the respondents reported being motivated either by increased market demand, reduced dependency on water and inputs or encouragement from agricultural support programs or experts.

“

I live with my family in Brahamagiri Hadi, and we have seven members. Before the program, I used to grow maize and ragi on my 2-3 acres of land, but the earnings for my family were not sufficient. During the program, village meetings were held, and the project team formed self-help groups. Soil testing was conducted, and we were informed about millet farming and its benefits. After that, I received Navane seeds (foxtail millet) and cultivated them on 2 acres of my land, which improved land usage. Growing millets increased my yearly profit.

- Ramesh, Brahamagiri Hadi, HD Kote

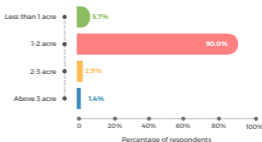
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**TRIBAL FARMERS IN THEIR MILLET FARMS**

## NEW MILLET VARIETY

**CHART 13: LAND AREA CULTIVATED WITH THE NEW MILLET VARIETY (IN ACRES)**



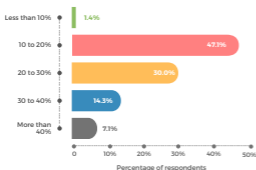
The vast majority of the respondents said that they cultivated the new millet variety on 1-2 acres of land. A small portion cultivated it on less than 1 acre, while even smaller groups cultivated it on 2-3 acres or more than 3 acres.



**90.0%**

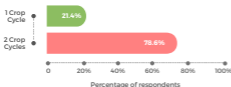
of the respondents reported cultivating new millet variety on 1-2 acres of their land.

**CHART 14: PERCENTAGE INCREASE IN LAND AREA CULTIVATED WITH THE NEW MILLET VARIETY**



A significant majority of the respondents reported a 10 to 20% increase in the land area cultivated with the new millet variety while a small number of the respondents saw a 20 to 30% increase. Smaller groups experienced either an increase of 30 to 40% or more than 40%, while a very small portion saw less than a 10% increase.

**CHART 15: NUMBER OF CROP CYCLES OF THE NEW VARIETY CULTIVATED IN THE PAST YEAR**



**78.6%**

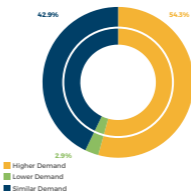
of the respondents said that they cultivated the new variety for two crop cycles in the past year. A smaller portion cultivated it for one crop cycle.



**78.6%**

of the respondents reported cultivating the new variety for two crop cycles past year.

**CHART 16: MARKET DEMAND FOR THE NEW MILLET VARIETY COMPARED TO TRADITIONAL CROPS**



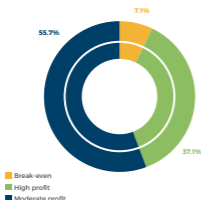
More than half of the majority of the respondents (54.3%) experienced higher market demand for the new millet variety compared to traditional crops, while a significant portion (42.9%) stated that the demand was similar. A smaller group indicated lower demand.

“

After participating in this program, I attended Haddi visits and self-help group meetings. We discussed our farming challenges with the project team. They gave us on-the-spot assistance and advice, including training sessions on millet cultivation and environmentally friendly farming techniques. They distributed millet seeds, and I received Oodalu (Barnyard) seeds. This helped in my farming, and I got early crops, which increased my yearly income.

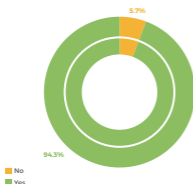
- Surendra Ji, Jaganakote Hadi, HD. Kote

”

**CHART 17: COST-BENEFIT RATIO OF CULTIVATING MILLET CROPS**


More than half of the respondents (55.7%) reported experiencing moderate profits from cultivating millet crops. A notable proportion indicated achieving high profits, while a smaller group reported merely breaking even.

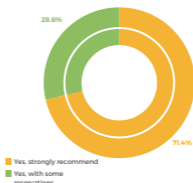
Respondents who reported moderate profits shared that with bring about improvements in cultivation practices and scaling up cultivation, their profits would increase even more.

**CHART 18: INTENTION TO SWITCH FROM TRADITIONAL CROPS TO NEW MILLET VARIETY**


The vast majority of respondents (94.3%) expressed a strong willingness to switch from traditional crops to the new millet variety, highlighting its potential benefits such as higher profitability, better adaptability to local climatic conditions, and improved nutritional value. Only a small portion of respondents showed no intention to switch, possibly due to familiarity with traditional crops or apprehension about the risks associated with adopting a new variety.


**94.3%**

of the respondents reported that they were motivated to switch from traditional crops to the new millet variety.

**CHART 19: RECOMMENDATION FOR MILLET CROP ADOPTION TO OTHER FARMERS**


Significant majority of the respondents (71.4%) reported strongly recommending the adoption of millet crops to other farmers. The remaining 28.6% suggested that they recommending it with some reservations.


**71.4%**

of the respondents reported that they strongly recommended the adoption of millet crops to other farmers.

“

The program helped me understand sustainable millet natural farming, responsible use of fertilisers and its benefits.

I grew finger millets in my land after receiving seeds. There was 10-30% reduction in water use. I would like to switch from traditional crops to new millet variety as it gives 2 cycles per year. This program supported me and my family.

- Basappa, MC Thalu Hadi, Saragur

”



### STORY OF KRISHNAYYA

Krishnaiah, a member of the Betta Kuruba community, lived in B. Matakere Hadi in Saragur taluk. He struggled with alcohol addiction for 25 years, which led to the neglect of his land and family. Eventually, his wife and children left him.

Amid his misery, a ray of hope emerged. Members of the Self-Help Group in B. Matakere spoke with Krishnaiah and encouraged him to join a de-addiction camp organized by SVYM. Initially, he was hesitant. However, staff from SEEP visited his home and explained how the camp could assist him in quitting drinking and rebuilding his life. After some thought, he agreed to give it a try. The 10-day camp transformed his life, and Krishnaiah proudly shared that he had been sober for 11 years.

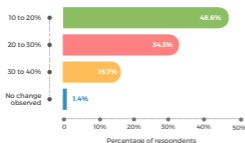
Today, Krishnaiah works on his farm, has irrigation facilities, and owns bullocks to assist in farming. With SVYM's support, he cultivates cereals and earns a good income. Most importantly, he has reunited with his wife and children and led a peaceful and happy life.



## IMPACT

## AGRICULTURAL INCOME

CHART 20: PERCENTAGE INCREASE IN AGRICULTURAL INCOME THROUGH MILLET CULTIVATION



Most respondents (48.6%) reported a 10% to 20% increase in Agricultural income through millet cultivation, while 34.3% of the respondents noted a 20% to 30% increase in agricultural income. A smaller segment of respondent (15.7%) reported 30 to 40% of increase in agricultural income.

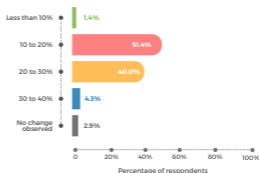


# 82.9%

of the farmers said that they observed an increase of 10 -30% in agricultural income because of millet cultivation.

## WATER CONSERVATION

CHART 21: PERCENTAGE OF WATER CONSERVATION ACHIEVED THROUGH MILLET CULTIVATION



Vast majority of the respondents (51.4%) experienced achieving a 10 to 30% reduction in water usage through millet cultivation while a significant proportion (40%) observed a 20 to 30% reduction in water usage. A smaller proportion (4.3%) reported a relatively larger reduction in water usage in the range of 30 to 40%.

This shows that almost all the respondents experienced a reduction in water usage to an appreciable extent.



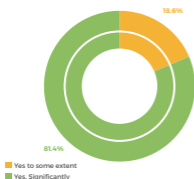
# 91.4%

observed a 10 -30% reduction in water usage through millet cultivation.



MILLET SNACKS

**CHART 22: CONTRIBUTION OF MILLET SEEDS TO ECOLOGICAL DIVERSITY ON THE FARM**



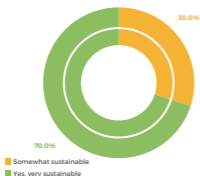
A large majority of the respondents said that millet seeds contributed significantly to the ecological diversity on their farms. A smaller portion reported that the contribution was to some extent.



**81.4%**

of the respondents mentioned that millet seeds had a significant impact on the ecological diversity of their farms.

**CHART 23: IMPACT OF MILLET CROP ADOPTION ON FARMING SUSTAINABILITY**



**70.0%**

of the respondents believed that adopting millet crops made their farming practices very sustainable, while a smaller portion viewed it as somewhat sustainable.

“

I used to grow cotton and ragi before the program, but the year-end income and profit were not sufficient for my family. During the program, the team guided me through other millet varieties like Navane, Saame, Oodalu, and Harka and showed me how growing this millet could increase my income. Following their advice, I received new seed varieties and grew them on my land. Growing new soil varieties not only improved the soil health of my land but also increased the crop cultivation cycle per year compared to traditional crop varieties. My income from farming has substantially improved.

- Devamma, B. Matakere Hadi, Saragur

”



**PACKAGED MILLET PRODUCTS**



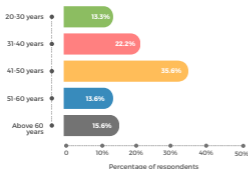
## PROGRAM ACTIVITY 2: EXPOSURE VISITS

The program includes different activities, and this activity majorly focuses on the findings and impact of exposure visits of farmers who have experienced different topics like organic fertiliser production, insecticide and herbicide management, new cultivation techniques, and many more. The farmers had interaction with agricultural scientists and experts their benefits like gaining practical solutions to common farming challenges, learning effective and eco-friendly ways to control pests and diseases as well as includes the information about the cultivation of millet varieties before & after the intervention.

## KEY FINDINGS

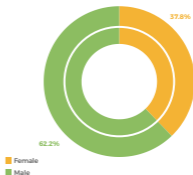
### SOCIO-ECONOMIC AND DEMOGRAPHIC PROFILE

CHART 24: AGE GROUP DISTRIBUTION



More than half of the majority of the respondents (57.8%) were in the 31-50 years age group, while a small number (28.9%) were either in the 51-60 years age group or above 60 years. A smaller group was in the 20-30 years age group.

CHART 25: GENDER DISTRIBUTION

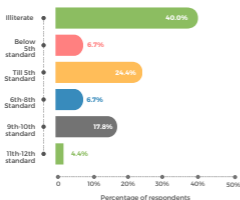


The majority of the respondents (62.2%) were male, while a notable ratio (37.8%) was female.



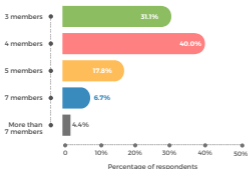
MILLET

CHART 26: EDUCATIONAL LEVEL



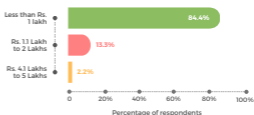
A significant majority (40.0%) were illiterate, while a small number of the respondents (28.9%) were in 6th to 12th standard. A smaller group was educated till the 5th standard, and a few reported their education level below the 5th standard.

CHART 27: NO. OF FAMILY MEMBERS



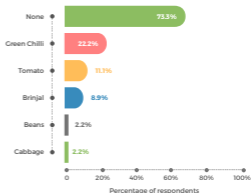
The vast majority (88.9%) had 3-5 family members, while smaller groups reported having either 7 members or more.

CHART 28: ANNUAL FAMILY INCOME



84.4% of the respondents had an annual family income of less than ₹1 lakh, while smaller portions mentioned either between ₹1.1 lakh to ₹2 lakhs or ₹4.1 lakhs to ₹5 lakhs.

CHART 29: VEGETABLES CULTIVATED



- A vast majority of respondents cultivated Ragi, and 73.3% cultivated Cotton. While a small number grew Millet and even smaller groups grew either Maize or Bajra.
- 73.3% of the respondents did not cultivate vegetables, while a significant portion grew Green Chilli. Smaller proportions of tomatoes, brinjal, beans, and cabbage were cultivated.



# 84.4%

of the respondents reported cultivating ragi as a major crop.



### SHG MEMBERS ON CSR INTERVENTION, JAGAN KOTE HADI, MYSORE DISTRICT

The program assessment team conducted a focused group discussion with the female members of the Hullu Masthamma SHG. The members gathered and introduced themselves and told the primary activities of their group, including saving money and lending to those who needed it. They shared that the SHG was formed 38 years ago with facilitation from MYRADA, a Karnataka-based organisation.

The discussion focused on their association with the project activities of TCPL-SVYM, which introduced millet cultivation in their community. The members were motivated by the prospect of economic growth and marketing linkages for millet products. Meetings and workshops were attended quarterly and the expert sessions enhanced their knowledge of SHG proceedings, savings and loans. The participation of members and farmers was collaborative and inclusive.

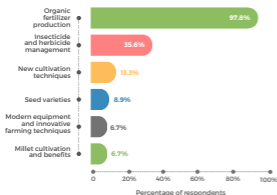
All of the members shared that the sessions significantly improved their understanding of sustainable agriculture practices, such as vermicomposting, soil testing and the use of quality seeds. They began cultivating a variety of millets, including Ragi, Navanee, Same, Harka, Oodalu and Chea and appreciated the health benefits of these crops. The female farmers also noted the need for additional support in marketing strategies since the first millet crop had just been harvested; this discussion was about the empowerment of women in agriculture. The members of the group expressed confidence in their ability to adopt farming techniques traditionally performed by men. They also mentioned challenges such as access to quality seeds and soil testing were addressed through the project. Community-building activities were strengthened by shared responsibilities and mutual support, including the adoption of improved farming tools like cycle ploughs.

The members of the group found the project implementation very helpful in providing resources like seeds, soil testing, sprinklers and exposure visits. Facilitation during meetings was also beneficial for new farmers. The members also expressed the need for continued market linkage support to maximise benefits. They observed positive changes in the community's approach to millet cultivation and emphasised the need for extended project support for at least three more years to achieve sustainable incomes from millet farming.



## TOPICS OF EXPOSURE VISIT

CHART 30: BENEFICIAL TOPICS FROM EXPOSURE VISITS



Almost all of the respondents found the topic of organic fertiliser production to be beneficial during the exposure visits. 35.6% of the respondents found topics of interest including insecticide and herbicide management and new cultivation techniques (13.3%). Smaller groups reported seed varieties, modern equipment innovative farming techniques and Millet cultivation and its benefits.

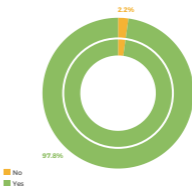


97.8%

of the respondents reported that organic fertiliser production was beneficial for exposure visits.

## INTERACTION WITH EXPERTS

CHART 31: INTERACTION WITH AGRICULTURAL SCIENTISTS AND EXPERTS



Nearly all of the respondents said that they interacted with agricultural scientists and experts during the visits, while a few did not interact.



97.8%

of the respondents mentioned an interaction with agricultural scientists and experts during the exposure visits.

“

I attended exposure visits that improved my understanding of natural farming. Sessions on seeds and soil health, use of fertilisers, Jeevamrutha and new farming techniques. I applied this to my farming and grew a new variety of seeds. I also learned effective and ecofriendly ways to control pests and diseases, which improved my farming and crop yielding.

- Renuka, Brahmagiri Hadi, HD Kote

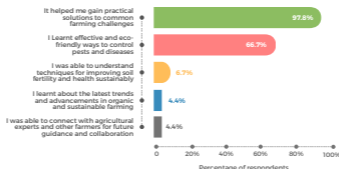
”



PIPES FOR SPRINKLER SYSTEMS

## IMPACT

CHART 32: BENEFITS OF INTERACTION WITH SCIENTISTS AND EXPERTS

**PRACTICAL SOLUTIONS TO COMMON FARMING CHALLENGES**

The interaction with scientists and experts helped 97.8% of respondents gain practical solutions to common farming challenges. This indicates the strong focus of the program on addressing real-world agricultural issues and providing effective, actionable knowledge to farmers.

**ECO-FRIENDLY PEST AND DISEASE CONTROL**

Approximately 66.7% of respondents reported learning effective and eco-friendly ways to control pests and diseases. This shows a significant emphasis on sustainable practices and highlights the growing awareness among farmers about adopting environmentally friendly methods in their farming activities.

**SOIL FERTILITY TECHNIQUES**

6.7% of respondents mentioned gaining knowledge about improving soil fertility and health sustainably. This suggests that while this was addressed, it may not have been a major focus area or applicable to the majority of farmers involved in the program.

**TRENDS IN ORGANIC AND SUSTAINABLE FARMING**

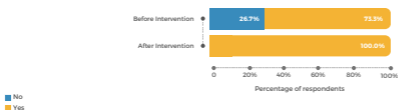
A smaller proportion of respondents (4.4%) reported learning about the latest trends and advancements in organic and sustainable farming.

**NETWORKING AND COLLABORATION**

Another 4.4% of respondents highlighted the benefit of connecting with agricultural experts and other farmers for future collaboration. This suggests that networking opportunities during the program were minimal, and enhancing this component could lead to long-term benefits for farmers through shared knowledge and collective efforts.

**97.8%**

of the respondents interacted with scientists and experts who helped them gain practical solutions to common farming challenges

**CHART 33: CULTIVATION OF MILLET VARIETIES- BEFORE & AFTER INTERVENTION**

## CULTIVATION OF MILLET VARIETIES

### PRE -INTERVENTION

Before the intervention, 26.7% of respondents were not cultivating millet varieties, while 73.3% were engaged in millet cultivation. This shows that while a majority of the farmers were already cultivating millet varieties, there was a significant proportion of respondents that had not adopted millet cultivation practices.

### POST-INTERVENTION

After the intervention, all of the respondents reported cultivating millet varieties. This indicates a complete shift towards millet cultivation among the farmers and shows the effectiveness of the program in promoting the adoption of millet varieties.

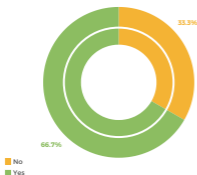
**100.0%**

of the respondents were cultivating millet varieties.

**RAGI MLLET BEING DRIED  
UNDER THE SUN**

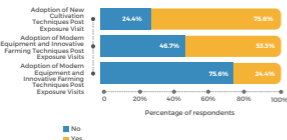


**CHART 34: ADOPTION OF INSECTICIDE AND HERBICIDE MANAGEMENT PRACTICES FOLLOWING EXPOSURE VISITS**



Effective insecticide and herbicide management helps farmers protect crops from pests and weeds while minimising environmental impact and ensuring sustainable farming. Following the exposure visits, 66.7% of respondents adopted these practices, reflecting a significant shift towards informed and efficient pest control. However, 33.3% did not adopt these methods, highlighting the need for continued support and training to ensure broader adoption and maximise the benefits of these practices.

**CHART 35: ADOPTION OF NEW CULTIVATION TECHNIQUES, MODERN EQUIPMENT AND MARKETING STRATEGIES POST-EXPOSURE VISITS**



## NEW CULTIVATION TECHNIQUES

The data shows that 75.6% of respondents adopted new cultivation techniques after the exposure visits. This indicates a significant positive impact of the visits in encouraging farmers to upgrade their traditional practices to more modern and efficient techniques. However, 24.4% of respondents did not adopt these techniques, suggesting potential barriers such as limited resources or hesitation to change.



## USAGE OF MODERN EQUIPMENT

After the exposure visits, 53.3% of respondents adopted modern equipment and innovative farming techniques. However, 46.7% of respondents did not adopt these methods and that indicates that further support or training could be provided to facilitate wider adoption of equipment.



## MARKETING STRATEGIES

24.4% of respondents applied new marketing and value-addition strategies after the exposure visits, while 75.6% did not. This highlights a significant gap in converting marketing knowledge into practice, and this suggests that there is a need to put more emphasis on practical marketing solutions and support systems that could help farmers improve market access and profitability.

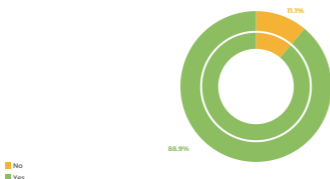
“

During the exposure visits, we met agricultural scientists and experts and they explained the benefits of organic and sustainable farming. I also connected with other farmers for guidance and support. I am now using new marketing and value addition methods, which are helping me improve my crop cultivation.

- Ravi, Nemmana Halli Hadi, HD Kote

”

CHART 36: ADOPTION OF NEW SEED VARIETIES POST-EXPOSURE VISITS



The vast majority of the respondents (88.9%) adopted new seed varieties post-exposure visits, while a small number of the respondents (11.1%) said that they did not adopt the new seed varieties after the exposure visits.

**88.9%**

of the respondents mentioned that they adopted the new seed varieties after exposure visits.



FGD PHOTO



### **RAVI IS A ROLE MODEL FOR PRACTISING INNOVATIVE WAYS OF FARMING**

Ravi, a farmer from Koodagi Haadi, had been cultivating bananas on two acres of land, despite challenges like frequent elephant invasions that destroyed his crops. To protect his crops, Ravi, with the help of his neighbouring farmers, constructed tree huts equipped with solar lights, allowing them to monitor their fields at night. This innovative solution worked well, as it helped him safeguard his livelihood while living close to the forest. For the past 1.5 years, he has received support from the Swami Vivekananda Youth Movement (SVYM), which improved his knowledge about crops and proper farming practices. He diversified his crops, incorporating climate-resilient options like millets and chia seeds and adopted natural farming techniques such as Jeevamrutha and vermicomposting. He also cultivated Super Napier grass on his farm, ensuring a sustainable source of fodder for the five cattle he owned. As part of his commitment to sustainability, he ventured into agroforestry, planting red sandalwood and silver oak alongside existing timber trees on his land. His sustainable farming methods helped him overcome challenges and also inspired neighbouring farmers to adopt similar practices, encouraging them toward more environmentally friendly agricultural methods in the region.





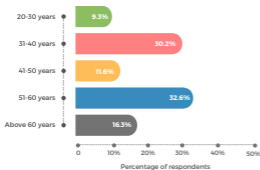
### PROGRAM ACTIVITY 3: SOIL TESTING ANALYSIS

This section of the report presents the findings and impact of soil testing conducted during the program. It includes data on soil composition, such as organic carbon and NPK levels, adjustments in fertiliser use based on nutrient needs, and an understanding of soil pH and its suitability for crops. The chapter outlines the soil testing process as explained by the NGO and shares the perspectives of farmers. It also highlights the impact of soil testing on crop yields, the reduction in fertiliser and pesticide use, and the overall improvement in agricultural income.

### KEY FINDINGS

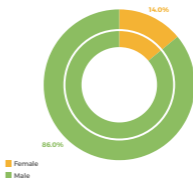
#### SOCIO-ECONOMIC AND DEMOGRAPHIC PROFILE

CHART 37: AGE GROUP DISTRIBUTION



A substantial majority of the respondents (44.2%) belonged to the 41-60 years age group. A noticeable majority (42.2%) were from the 20-40 years age group, while a smaller number were above 60 years.

CHART 38: GENDER-WISE DISTRIBUTION



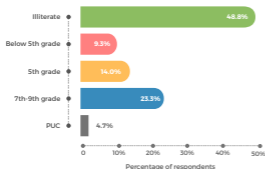
**86.0%**

of the respondents were male, while a smaller number of the respondents were females.

### VERMICOMPOSTING UNDER THE SHADE



CHART 39: EDUCATIONAL LEVEL



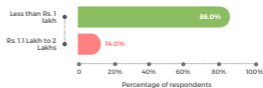
Slightly less than half of the majority being surveyed (48.8%) were illiterate. A substantial portion of the respondents (37.3%) had completed 5th to 9th grade, while smaller groups either had education below 5th grade or had completed PUC.

CHART 40: NO. OF FAMILY MEMBERS



A significant majority of the respondents (67.4%) had 3-5 family members. A significant portion (20.9%) had 3 or 5 family members, while a small number of the respondents either had 6 members or more than 7 family members.

CHART 41: ANNUAL FAMILY INCOME



# 86.0%

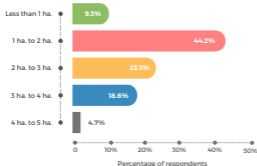
of the respondents had an annual family income of less than ₹1 lakh. A small portion had an income between ₹1.1 lakh to ₹2 lakhs.



**SCARING THE BIRDS  
BEATING THE PLATE**

## LAND AND CULTIVATION

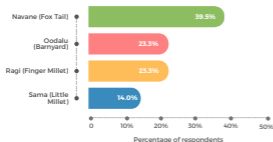
CHART 42: AREA OF LAND OWNED



**67.5%**

of the respondents owned between 1 ha. To 3 ha. Of land. A noticeable portion (23.3%) owned between 3 ha. To 5 ha. Of land, while a small group owned less than 1 ha. of land.

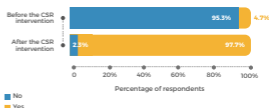
CHART 43: MAJOR CROPS CULTIVATED



A significant majority (39.5%) cultivated Navane (Fox Tail). A considerable portion cultivated Oodalul (Barnyard) and Ragi (Finger Millet), while a small group of the respondents cultivated Sama (Little Millet).

## SOIL COMPOSITION AND FERTILISATION

CHART 44: AWARENESS OF SOIL COMPOSITION (ORGANIC CARBON AND NPK LEVELS) IN AGRICULTURAL LAND



Awareness of organic carbon and NPK levels is essential for farmers as it enables them to assess soil health, apply fertilisers effectively, and improve crop yield while maintaining sustainable agricultural practices. In the study it was found that before the intervention, 95.3% of the respondents were unaware of soil composition (Organic Carbon and NPK Levels) in their agricultural land before the CSR intervention. After the intervention, the vast majority were aware of these soil components. Many of these farmers used their knowledge of the Organic carbon and NPK levels to apply the right fertilisers in the right quantities in their fields.



**97.7%**

of farmers were aware of soil composition in agricultural land after the intervention.

"ಹೆಚ್ಚುತ್ತಿರುವ ನೈಸರ್ಗಿಕ ವಿಪತ್ತಿನಲ್ಲಿ ಲಾಭ ತಂದುಕೊಡುವ ಸಲಹೆಗಳನ್ನು ನೀಡುವುದು."

- ಪ್ರತಿ ಸಿರಿಧಾನ್ಯದ ಮೃತ್ತ ರಾಸುಗಳ ಜಾಲನಿಗೆ ಆಹಾರ.
- ಹೆಚ್ಚುತ್ತಿರುವ ಉಷ್ಣತೆ, ಉದ್ದೇಶ:
- ಯುಕ್ತ ರೈತನಿಗೆ ಲಾಭ ತಂದು ಕೊಡುವುದು ಬೆಳೆಗಳ ಸಿರಿಧಾನ್ಯ.
- ಕ್ಷೀಣಿಸುತ್ತಿರುವ ಮಣ್ಣಿನ ಉದ್ದೇಶ:
- ನಮ್ಮ ಕಾಡಾಡುವ ಸಿರಿಧಾನ್ಯ ಉತ್ತಮ.
- ನಮ್ಮ ಕಾಡಾಡುವ ಕಾಡು ಉತ್ತಮ.

**INFORMATION, EDUCATION AND COMMUNICATION MATERIAL**

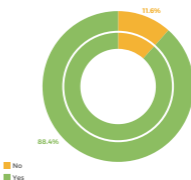
“

After learning about soil testing, I understood how to check the nutrient levels and pH balance of my land. This helped me use the right type and amount of fertilisers and also improved soil health that matches the crops to the condition of the soil.

- Shashi Kumar, Jagana Kote Hadi, HD Kote

”

**CHART 45: CHANGES IN FERTILISER USAGE BASED ON NUTRIENT REQUIREMENT ADVICE**



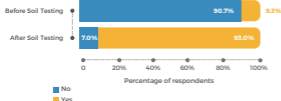
Corroborating with the previous analysis, a substantial majority (88.4%) of the respondents stated that they made changes in fertiliser usage based on nutrient requirement advice, while a small portion did not adopt these changes.

## DATA COLLECTORS INTERACTING WITH FARMERS



## SOIL PH LEVELS

CHART 46: AWARENESS OF SOIL PH LEVELS



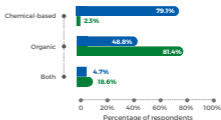
Soil testing is crucial for understanding soil characteristics, such as pH levels, which directly affect nutrient availability and crop growth. Before the soil testing intervention, 90.7% of the respondents were unaware of their soil's pH levels. After the intervention, the majority gained awareness, enabling them to adjust soil conditions and select appropriate crops or inputs, ultimately improving agricultural productivity and sustainability.



**93.0%**

of the respondents were aware of soil pH after soil testing.

CHART 47: TYPES OF FERTILISERS USED



### Pre-intervention

Before soil testing, the majority of respondents (79.1%) depended on chemical-based fertilisers while organic fertilisers were used by 48.8% of respondents and 4.7% mentioned using a combination of both chemical-based and organic fertilisers. This indicates a lower awareness or adoption of sustainable farming practices at the time.

### Post-intervention

After soil testing, there was a significant shift in fertiliser usage patterns the adoption of organic fertilisers increased to 81.4%, while the use of chemical-based fertilisers declined to 2.3%. The number of respondents using both types of fertilisers increased to 18.6%, showing a shift towards more balanced and sustainable farming approaches influenced by the insights gained through soil testing.

The use of chemical fertiliser reduced after the intervention program. The farmers started making Jeevamrutha, a natural fertiliser which improved soil health, helped in good growth of crops and in saving money.



BOARDS SHOWING  
MILLET CULTIVATION

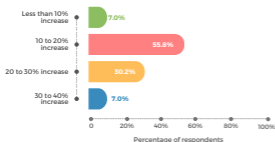


### **MADA'S STORY OF ADOPTING SUSTAINABLE FARMING**

In Brahmagiri Haadi, Mada became a role model for self-reliance and sustainable farming. He started making Jeevamrutha, a natural fertiliser that improved soil health and helped crops grow better. He also used vermiwash, a liquid from the village's compost unit, as a spray for plants. Jeevamrutha was made with simple items like cow dung, cow urine, jaggery and pulse flour. It made the soil richer and crops stronger. Vermiwash provided extra nutrients, which made it a useful addition to farming. These organic methods reduced the need for chemical fertilisers, and they helped in saving money and helping the environment. Mada's work inspired other farmers in his village to try organic farming. By showing how well Jeevamrutha and vermiwash worked, he improved his farm and encouraged a shift to sustainable farming in Brahmagiri Haadi. His efforts proved that small changes at the local level could make a big difference in the future.

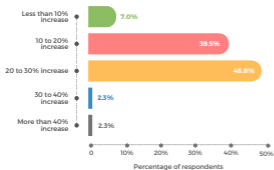


## IMPACT

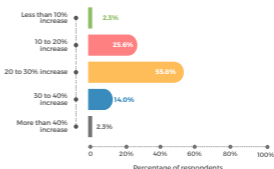
POST-INTERVENTION  
SCENARIOCHART 48: EXTENT OF CROP YIELD  
INCREASE AFTER INTERVENTION

**Crop yield:** More than half of the majority surveyed (55.8%) reported a 10 to 20% increase in crop yield after the intervention.

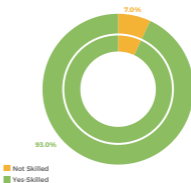
30.2% of the respondents observed a 20 to 30% increase, while a small number of beneficiaries experienced either less than a 10% increase or a 30 to 40% increase in crop yield.

CHART 49: EXTENT OF REDUCTION IN  
EXPENDITURE ON CHEMICAL  
FERTILIZERS AFTER INTERVENTION

**Reduced Expenditures:** The vast majority of the respondents (88.3%) noted a 10% to 30% reduction in expenditure on chemical fertilisers after the intervention. Smaller groups experienced less than a 10% reduction. A few either reported a 30% to 40% reduction or more than 40%.

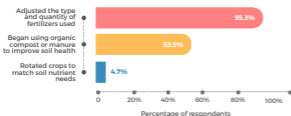
CHART 50: EXTENT OF INCREASE IN  
OVERALL AGRICULTURAL INCOME  
AFTER INTERVENTION

**Increased Agricultural income:** The majority of the respondents (55.8%) experienced a 20% to 30% increase in their overall agricultural income after the intervention. 25.6% of the respondents experienced a 10% to 20% increase, while a small number saw a 30% to 40% increase. A few respondents reported either less than a 10% increase or more than a 40% increase.

CHART 51: SKILLED IN COLLECTING  
SOIL SAMPLES FOR TESTING

**Capacity Building:** A vast majority of the respondents (93%) expressed that they were skilled in collecting soil samples for testing post-intervention.

## CHART 52: APPLICATION OF ORGANIC CARBON AND NPK LEVEL KNOWLEDGE FROM SOIL TESTING IN FARMING PRACTICES



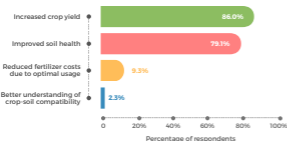
A vast majority of the respondents adjusted the type and quantity of fertilisers used based on the knowledge gained from soil testing while 53.5% began using organic compost or manure to improve soil health, while a small number rotated crops to match soil nutrient needs.



# 95.3%

farmers said that they adjusted the type and quantity of the fertilisers used after gaining the knowledge of soil testing.

## CHART 53: IMPACT OF SOIL TESTING KNOWLEDGE ON FARMING PRACTICES AND OUTCOMES



# 86.0%

of the respondents mentioned increased crop yield as a result of applying soil testing knowledge and a large majority (79.1%) observed improved soil health, such as better organic carbon levels and balanced nutrients

while a small number experienced reduced fertiliser costs due to optimal usage and only a few gained a better understanding of crop-soil compatibility.

“

With better soil management practices, my crop yield increased and knowledge about soil pH reduce my expenses on fertilisers. This change improved the income from my farming activities, making it more reliable. Now I can manage my familial needs easily.

• Shewetha, Nettagalahundi Hadi, Saragur

”



**DATA COLLECTORS  
INTERCATING WITH  
FARMERS**



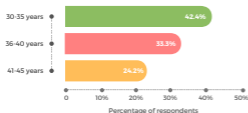
## PROGRAM ACTIVITY 4: SPRINKLER IRRIGATION

This section of the report presents findings on the socio-economic and demographic details of the participants, including land ownership and data on major crops and vegetable cultivation. It also compares the usage of sprinklers for irrigation before and after the intervention. Additionally, the impact assessment highlights how the program has enhanced overall farming practices and outcomes.

### KEY FINDINGS

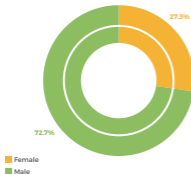
#### SOCIO-ECONOMIC AND DEMOGRAPHIC DETAILS

CHART 54: AGE GROUP



A large majority of the respondents (75.7%) were in the 30-40 years age group. A substantial majority (24.2%) were in the 41-45 years age group.

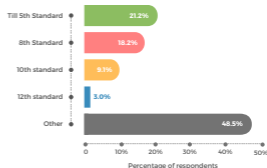
CHART 55: GENDER DISTRIBUTION



**72.7%**

of the respondents were male, while a smaller proportion (27.3%) were female.

CHART 56: EDUCATION

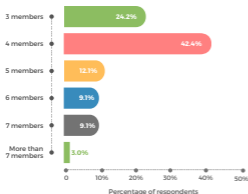


A notable proportion of respondents (48.5%) had an education categorised as "Other," followed by (30.3%) who were either 8th, 10th or 12th, and an even smaller number (21.2%) studied till the 5th standard.



**A TRALLOY SUPPLIED BY SVYM TO FARMERS**

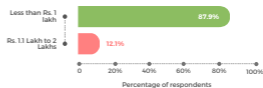
CHART 57: NO. OF FAMILY MEMBERS



## 78.7%

of the respondents had 3-5 family members, followed by 18.2% with either 6 or 7 members. Only a few reported having more than 7 family members.

CHART 58: ANNUAL FAMILY INCOME



## 87.9%

of the respondents stated an annual family income of less than ₹1 lakh, while a small ratio had an income between ₹1.1 lakh to ₹2 lakhs.



### DATA COLLECTORS INTERACTING WITH TRIBAL FARMERS

## LAND AND CROP CULTIVATION

CHART 59: AREA OF LAND OWNED

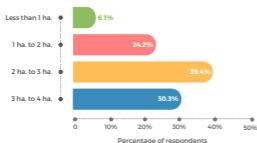
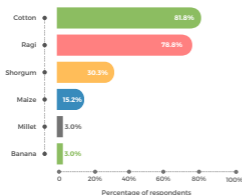


CHART 60: MAJOR CROP CULTIVATED



## BEFORE THE INTERVENTION

CHART 61: USAGE OF SPRINKLERS ON FARMLAND PRIOR TO CSR INTERVENTION

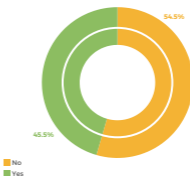
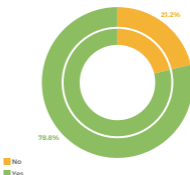


CHART 62: AWARENESS OF SPRINKLER USAGE AFTER THE CSR INTERVENTION



Before the program intervention, slightly more than half of the respondents had not used sprinklers on their farmland, with only 45.5% reporting prior usage. However, following the program intervention, 78.8% of respondents became aware of the benefits and usage of sprinklers. This indicates a significant improvement in awareness due to the program, although a notable portion of respondents still remain unaware, highlighting the need for further outreach and education to ensure widespread adoption.

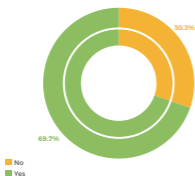


TEAM INTERACTING WITH FARMERS IN THE FIELD

## SPRINKLER SYSTEM IN THE FIELD

### SPRINKLER PROCUREMENT AND USAGE

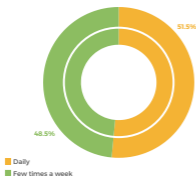
CHART 63: CONTRIBUTION TOWARDS SPRINKLER PURCHASE



**69.7%**

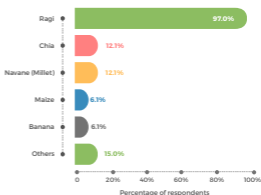
of the respondents contributed monetarily towards purchasing sprinklers, while a small ratio (30.3%) reported no monetary contribution.

CHART 64: FREQUENCY OF SPRINKLER USAGE ON FARM



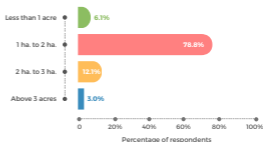
Slightly more than half of the majority of the respondents (51.5%) use sprinklers on their farms daily, and 48.5% use them a few times a week.

CHART 65: CROP VARIETIES IRRIGATED WITH SPRINKLERS

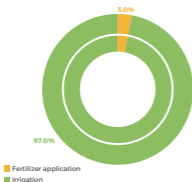


A vast majority of the respondents (97.0%) said that they are using sprinklers to irrigate Ragi. 15.2% of respondents irrigate other crops using sprinklers, while small groups used sprinklers to either irrigate chia or Navane (Millet). Also, a smaller number of the respondents reported using sprinklers to irrigate maize.

CHART 66: LAND AREA COVERED BY SPRINKLERS FOR IRRIGATION



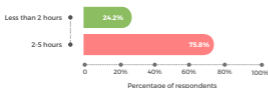
The larger majority of the respondents (90.9%) use sprinklers to irrigate land areas ranging from 1 ha. to 3 ha. A smaller portion irrigates areas less than 1 acre while a few cover land areas above 3 acres with sprinklers.

**CHART 67: PRIMARY PURPOSE OF SPRINKLER USAGE ON THE FARM**


The primary purpose of sprinkler usage on the farm for the majority of respondents (97.0%) is irrigation, few mentioned using it for fertiliser application.


**97.0%**

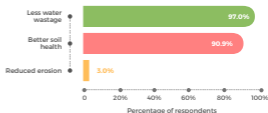
of the respondents used sprinklers for irrigation on their farms.

**CHART 68: TIME SAVED USING THE SPRINKLER SYSTEM COMPARED TO PREVIOUS IRRIGATION METHODS**


The use of sprinkler systems significantly reduces the time required for irrigation by automating water distribution and minimising manual labour. This efficiency allows farmers to allocate their saved time to other productive activities, such as crop management or secondary income-generating tasks.

The study shows that a majority of respondents (75.8%) reported saving 2 to 5 hours by using the sprinkler system compared to traditional irrigation methods, highlighting its efficiency in time management. A smaller group saved less than 2 hours, likely due to variations in field size, setup, or prior irrigation practices.

This establishes the potential of sprinkler systems to optimise water application while freeing up valuable time for farmers.

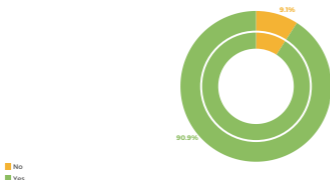
**CHART 69: ENVIRONMENTAL BENEFITS OBSERVED FROM USING SPRINKLERS**


- The vast majority of respondents observed reduced water wastage as a key environmental benefit of using sprinklers, attributing this to the system's ability to deliver water more efficiently and evenly.
- 90.9% of the respondents reported improved soil health, likely due to minimised waterlogging and the prevention of nutrient leaching. A smaller group also highlighted reduced soil erosion, as the controlled water flow from sprinklers prevents the displacement of topsoil.
- These findings indicate that sprinkler systems not only conserve water but also contribute to sustainable farming practices by maintaining soil integrity and fertility. The adoption of such systems can enhance both environmental and agricultural outcomes over time.


**97.0%**

of the farmers stated that less water wastage is an environmental benefit of using sprinklers.

**CHART 70: MOTIVATION TO EXPAND FARMING ACTIVITIES DUE TO SPRINKLER AVAILABILITY**

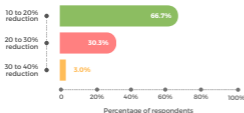


It is encouraging to note that 90.9% were motivated to expand their farming activities due to the availability of sprinklers, which can be due to the observed benefits of using sprinkler systems compared to traditional irrigation methods.

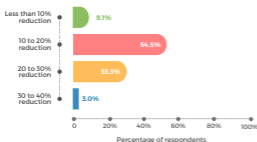
## PACKAGED MILLET PRODUCTS



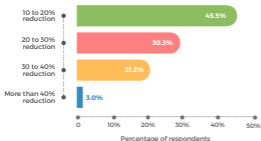
**CHART 71: PERCENTAGE OF REDUCTION IN WATER USAGE FOR IRRIGATION DUE TO SPRINKLER ADOPTION**



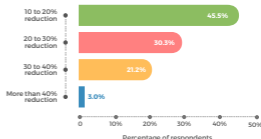
**CHART 72: PERCENTAGE REDUCTION IN FERTILISER USAGE SINCE ADOPTING SPRINKLERS**



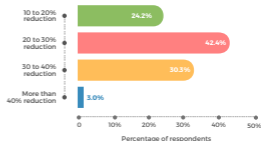
**CHART 73: PERCENTAGE REDUCTION IN PESTICIDE USAGE SINCE ADOPTING SPRINKLERS**



**CHART 74: PERCENTAGE INCREASE IN CROP YIELD AFTER ADOPTING SPRINKLERS**



**CHART 75: PERCENTAGE INCREASE IN AGRICULTURAL INCOME AFTER USING SPRINKLERS**



**MILLET**

## IMPACT OF SPRINKLER IRRIGATION

The majority of respondents reported a 10-20% reduction in water usage for irrigation after adopting sprinkler systems. Additionally, 30.3% experienced a more significant reduction of 20-30%, while a smaller group achieved a 30-40% decrease in water usage. This reduction can be attributed to the precise and uniform distribution of water by sprinklers, which minimises wastage caused by runoff, evaporation, and over-irrigation. By delivering water directly to the crops in controlled quantities, sprinkler systems optimise water use, making irrigation more efficient and sustainable. These results highlight the potential of sprinkler systems to conserve water while supporting effective agricultural practices.



### REDUCED FERTILISER USAGE

The vast majority of respondents (87.8%) reported a 10-30% reduction in fertiliser usage after adopting sprinkler systems. Smaller groups noted either less than a 10% reduction or a higher decrease of 30-40%. This reduction is likely due to the more efficient application of water, which prevents nutrient leaching and ensures fertilisers are better absorbed by the soil and crops. By maintaining consistent soil moisture and minimising runoff, sprinkler systems help optimise fertiliser use, leading to cost savings and improved environmental outcomes.



### REDUCED PESTICIDE USAGE

- A significant majority of respondents (78.8%) reported a 10-30% reduction in pesticide usage after adopting sprinkler systems. A smaller group experienced a reduction of 30-40%, while a few observed a decrease of less than 10%.
- This reduction can be attributed to the even distribution of water, which helps maintain healthier crops and reduces the conditions favourable for pest infestations. By promoting consistent plant growth and minimising waterborne pest proliferation, sprinkler systems contribute to more efficient and targeted pesticide application.



### INCREASED CROP YIELD

A significant majority of respondents (75.8%) reported a 10-20% increase in crop yield after adopting sprinkler systems. A smaller group (21.2%) observed a 30-40% increase, while a few experienced an increase of more than 40%. This improvement in yield can be attributed to the uniform water distribution provided by sprinklers, which ensures optimal soil moisture and supports healthier crop growth. By preventing over- or under-irrigation, sprinkler systems create favourable conditions for maximising agricultural productivity.



### INCREASED AGRICULTURAL INCOME

A majority of respondents (66.6%) reported a 10-30% increase in agricultural income after adopting sprinkler systems. A smaller group (30.3%) experienced a 30-40% increase, while a few observed an increase of more than 40%. This boost in income is likely due to higher crop yields and more efficient resource management, with sprinklers enabling better water and fertiliser use. By improving productivity and reducing input costs, sprinkler systems contribute to greater financial returns for farmers.

# IMPACT CREATED ACROSS MULTIPLE LEVELS



## INDIVIDUAL LEVEL

- Farmers gained knowledge of sustainable farming techniques, including millet cultivation and organic practices.
- The adoption of millet crops increased agricultural income and enhanced farming sustainability.
- Exposure visits improved confidence in managing pests, diseases and soil health effectively.



## FAMILY LEVEL

- Increased agricultural income improved overall household financial stability.
- Women farmers' involvement in training sessions empowered families with better farming practices.



## COMMUNITY LEVEL

- Awareness campaigns promoted collective efforts in water conservation and organic farming.
- Farmers collaborated and shared knowledge through peer learning during exposure visits.



## REGIONAL LEVEL

- Millet cultivation was revived in Mysuru District, promoting sustainable agricultural practices.
- The district became a model for organic farming, inspiring adoption in neighbouring regions.



## NATIONAL LEVEL

- Promoted climate-resilient farming practices, supporting sustainable agriculture in Bharat.
- Empowered women farmers, contributing to gender equity and rural development initiatives.

# SUSTAINABILITY



## PROMOTING MILLET CULTIVATION FOR LONG-TERM AGRICULTURAL VIABILITY

Encouraging farmers to adopt millet crops through the distribution of high-quality seeds, exposure visits, interactions with agricultural scientists and awareness campaigns for sustainable farming practices, improved soil health and climate resilience.



## EMPOWERING COMMUNITIES THROUGH ORGANIC FARMING TECHNIQUES

Training farmers on organic methods like vermicomposting, Jeevamrutha preparation and natural pest control contributes to environmentally friendly agricultural practices and reduces dependency on chemical inputs.

# KEY CHALLENGES AND BARRIERS



## LACK OF ACCESS TO MODERN TECHNIQUES IN FARMING

Farmers in Mysuru District, particularly from tribal and rural communities, relied on conventional farming methods passed down through generations. These methods often failed to address environmental and climate-related uncertainties effectively due to limited access to modern techniques.

## 06. SWOT ANALYSIS



### STRENGTHS

- **Empowering female farmers:** The project supports female farmers, who make up a notable portion of the participants, by providing specialised training and leadership opportunities, strengthening their role in agricultural development.
- **Diverse and holistic activities:** Availability of a wide range of activities, including seed distribution, exposure visits, soil testing and training on organic farming techniques like vermicomposting and Jeevamrutha preparation.
- **Tribal farmers' integration and economic contribution:** Participants are tribal farmers whose contributions to the local agricultural income are crucial. With small landholding sizes and high involvement in livestock integration, they form a vital part of the agricultural landscape.
- **Enhancing agricultural productivity:** Sprinkler systems were used effectively by farmers to conserve water, showing their practical utility and adaptability in tribal farming communities.



### WEAKNESSES

- **Limited coverage of the program:** The program currently covers a total of 38 villages of HD Kote and Saragur Taluks in Mysuru District, limiting its overall impact. Expanding the coverage could help reach more communities.



### OPPORTUNITIES

- **Comprehensive community engagement:** The project successfully engages diverse communities, including tribal, non-tribal and female farmers, by integrating them into the activities of the program, for broad participation and representation.
- **Millet value addition for economic growth:** The millet value addition program presents an opportunity for farmers to diversify their income sources, enabling them to explore market-driven opportunities and boost local economies through processed millet products.



### THREATS

- **Resource Constraints for Scaling:** Expanding the program to additional villages or regions could face challenges in terms of funding, resource allocation, and logistics. There could be difficulties in maintaining the same level of quality and attention to each community as the program scales up.



## THREATS

- **Resistance to New Practices:** While the program introduces innovative farming techniques like organic farming and sprinkler systems, some farmers, particularly those in traditional or less exposed communities, may be hesitant to adopt these methods. This could slow down the program's effectiveness and delay widespread impact.
- **Market Access Challenges:** While the millet value addition program presents opportunities for income diversification, farmers may face challenges in accessing wider markets for their processed millet products.

Inadequate infrastructure, market information, or transportation options could hinder the successful commercialisation of these products.

# EXIT STRATEGY



## FARMER EMPOWERMENT

- Identify 30 lead farmers as community leaders to guide others.
- Provide all 406 farmers with advanced training in millet farming, pest management, and organic practices. As a result, today, 100% of the farmers are growing millets. Currently the harvesting is ongoing and the team yet to get the information from the farmers.
- Enough platforms have been created for farmers to learn and increase their understanding about the sustainability part. As a result, the farmers have started investing nearly 50% of the money from their own pocket
- How to take crop in a resource limited setting. Especially less water consumed crops promotion has been done. Community irrigation models have been developed and promoted.
- Sessions on leadership and management were part of each and every session conducted. Needs further more hand holding on this.
- Entrepreneurship Development. Programs were conducted in different ways by calling the experts from the social marketing and the local APMCs. As a result, the group of farmers including the female farmers have created the federation by following certain norms.
- A unique 'Millet Canteen' will get completed by this financial year end. Thru the canteen all the different kind of millet-based recipes would be prepared and served to the customer. This will be first of such kind in the area. The canteen will be fully in the name of the women SHGs. The operations and the sales would be fully looked after by the tribal federation. This activity is out of the exit scope of this financial year, as it would require another year of the financial assistance to run the operations or to the point till the unit reach the breakeven point.
- The farmers have been taken through the entire process to enroll in the insurance schemes started by the government like the Pradhanmantri Fasal Bima Yojana, Pradhanmantri Kisan Samman Nidhi etc. Nearly 15% of the farmers have been enrolled under the schemes and needs further handholding on the same.



## STRENGTHENING OF FEDERATION

- In a process to Strengthen the Federation Governance and financial management to ensure self-reliance. The efforts under the project have gone in to the right direction so far. Probably needs a hand holding for at least one more year.
- Ensure Federation can manage seed banks, bulk procurement, and marketing independently. The efforts under the project have gone in to the right direction so far. Probably needs a hand holding for at least one more year.
- Train CRPs to act as on-ground support for technical advice and mentoring. As mentioned earlier, all the 406 farmers are scattered across the H D kote and Saragur taluks. The federation needs to strengthen the hold across the farmers. Right now, the hold is on around 50% of the farmers.



## COMMUNITY RESOURCE PERSONS (CRPS)

- Train CRPs to act as on-ground support for technical advice and mentoring. This activity is still under progress and needs further strengthening.
- There is certain selection criteria have been put up to select the CRPs.
- This activity certainly needs a handholding for the next year.



## SEEDS AND RAW MATERIALS SUPPORT

- Planned to create a seed bank for their future needs by getting the good quality of seeds. This will certainly a plan for the upcoming year.
- 2, 50+ Vermicompost units and 25 Ghana Jeevamritha serves as a fertilizer production for the area. Trying to market the same.



## MARKET LINKAGES

- Finalize partnerships with buyers, Establishment of millet canteen.
- Create more value addition (e.g., millet flour, snacks) and branding opportunities.
- Strengthening of Federation regarding marketing.
- Mentioned above, needs a one year of financial assistance for this activity.



## ACCESS TO FINANCIAL RESOURCES

- Facilitate connections with Prakrithi Girijana Mahila Okkuta a tribal women federation, banks, and self-help groups for access to credit.
- Provide training on financial literacy and loan application processes. Most the farmers taken up in the project have been able to do that.



## KNOWLEDGE TRANSFER AND CAPACITY BUILDING

Already distributed Pamphlets and soil report cards regarding fertilizers management for millets in their local language.



## DEMONSTRATION FARMS

Maintain demonstration plots to serve as models for best practices.



## DIGITAL RESOURCES

Develop an online knowledge-sharing platform example WhatsApp group for continued access to training videos, manuals, and Q&A forums.



## INSTITUTIONAL SUPPORT

- Request for Technical support from Raitha samparka Kendra
- Request training arrangements from Prakrithi Girijana Mahila Okkuta.



## MONITORING AND POST-EXIT SUPPORT

- Conduct annual reviews to monitor farmer incomes, productivity, and market access from federation.
- Set up a feedback mechanism for farmers to report challenges and request guidance from community leaders or CRPs.
- Leverage partnerships with local institutions to address emerging issues.



## DOCUMENTATION AND COMMUNICATION

- Publish a final project report highlighting achievements, lessons learned, and sustainability strategies.
- Share case studies of successful farmers and communities to inspire others.
- Host a closing event with stakeholders to celebrate milestones and share the roadmap for the future.
- This exit plan ensures the millet project leaves a lasting impact by building the capacity of farmers and institutions, securing market linkages, and fostering local ownership of the initiative.

## CHAPTER 7

# CONCLUSION

The program, in collaboration with TCPL and SVYM, focused on promoting sustainable millet-based agricultural practices to improve the livelihoods of rural and tribal communities in HD Kote and Saragur taluks of Mysuru District. It addressed critical challenges like water scarcity, declining soil health and over-reliance on chemical farming. The program emphasised organic and natural farming techniques, including vermicomposting, Jeevamrutha preparation and millet value addition. Comprehensive training, exposure visits and the distribution of millet seeds helped farmers adopt sustainable agricultural practices.

The initiative particularly benefited marginal farmers, especially women, by providing them with knowledge, skills and resources to improve agricultural productivity and income generation. Establishing SHGs and FPOs strengthened community engagement and facilitated access to government schemes. The program contributed to better nutrition, enhanced soil fertility and reduced dependence on synthetic inputs, ensuring long-term ecological and economic benefits. It also played a significant role in empowering tribal communities, creating opportunities for women farmers and promoting self-reliance through sustainable practices.

# Jalodari - Water Security Through Integrated Village Development Model

## Impact Assessment Report

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## 01. EXECUTIVE SUMMARY

### PROJECT BACKGROUND

The Water Security through Integrated Village Development Model (WSIVDM-TCPL) is an integrated sustainability initiative implemented by the Himmotthan Society in partnership with Tata Consumer Products Limited (TCPL). Now in its second phase (February 2022 to January 2025), the project focuses on enhancing environmental sustainability and community resilience in the Sirmour district of Himachal Pradesh. The initiative addresses key challenges such as water resource management, sustainable agriculture, sanitation, and hygiene through participatory approaches and capacity building.

Key program activities include plantation drives, organic farming training, composting initiatives, and WASH (Water, Sanitation, and Hygiene) interventions in schools. These efforts collectively aim to create long-term impacts by improving resource availability, supporting livelihoods, and empowering communities with sustainable practices.

### GOVT PRIMARY CENTRAL SCHOOL (GPCS) THANA KASOGA



Sirmour district in Himachal Pradesh, with its rugged terrain and agrarian economy, faces persistent challenges in resource management, environmental sustainability, and community well-being. Water scarcity, unsustainable agricultural practices, and limited livelihood opportunities exacerbate vulnerabilities for marginalised communities. According to the Central Ground Water Board (2022), Sirmour's groundwater levels have steadily declined over the past decade, further stressing agricultural and household water needs.

TATA global beverages is involved in CSR activities from last 50 years. CPL CSR programmes aim to be relevant to local, national and global contexts, keep disadvantaged communities as the focus based on globally agreed sustainable development principles and be implemented in partnership with governments, NGOs and other relevant stakeholders. Tata companies are involved in a wide variety of community development and environment preservation projects.

In FY - 2019, the group has spent INR 1,095 crore on CSR expenditure and has positively impacted 11.7 million lives. The tata group's activities relate to education, livelihoods and skill development, rural development, water and sanitation, healthcare and strengthening services.

Tata sons private limited is the promoter and principal investment-holding company of the tata group, which includes tata consumer products limited (TCPL).

## DATA COLLECTION TIRMALI DAYAR VILLAGE



## PROJECT DETAILS

**Implementation Year**

Phase II FY 2022-2025

**Assessment Year**

FY 2024-2025

**Beneficiaries**

1,680 households across 16 villages

**Targeted Geography**Paonta Sahib Block, Sirmour District,  
Himachal Pradesh**No. of Beneficiaries**

9,159

**Implementing Partner**

Tata Trust/Himmotthan

**Budget**

₹22.00.000/-

**Alignment with  
SDG Goals**

## PROJECT ACTIVITIES

**VEGETATIVE MEASURES**

- Plantation of 7,390 fuel, fodder, and horticulture plants across 15 hectares.
- Napier grass plantation over 10 hectares.
- Establishment of one nursery to support afforestation and community needs.

**SUSTAINABLE FARMING**

Construction of 13 vermicompost pits and promotion of organic farming techniques to enhance soil fertility and encourage eco-friendly practices. Adoption of Biogas plant in 8 families.

**WASH INTERVENTIONS**

Continued implementation of sanitation and hygiene programs in 5 schools, including toilet repairs, provision of water filters, and hygiene education.

**CAPACITY BUILDING**

Training sessions on composting, biogas usage, organic kitchen gardening, and horticulture development, alongside livestock management initiatives such as a milk kiosk.

**COMMUNITY  
MOBILISATION**

- Conducted a "Sandesh Yatra" on water quality awareness across 30 villages.
- 62 village-level meetings and wall writings to disseminate conservation messages.
- Three rounds of water quality testing in all project villages.

# Key Findings and Key Impacts



COMPONENT	FINDINGS	IMPACT
<b>Vegetative Measures</b>	Over 7,390 trees were planted across 15 hectares.	Reduced soil erosion and provided sustainable fuel and fodder.
<b>WASH Interventions</b>	87.0% of the students reported schools improved sanitation and cleanliness.	Improved school sanitation infrastructure and enhanced students' health outcomes.
	100% of the students reported practising handwashing before and after meals and toilet use.	
<b>Biogas and Composting</b>	Adoption rates reached 9.3% for biogas plants and 66.7% for composting.	Reduced dependency on firewood and improved organic farming.
<b>Community Mobilisation</b>	68.7% of the beneficiaries actively participated in project implementation.	Enhanced program sustainability through strong local ownership.

## AREA UNDER VARIOUS LAND USE AND LAND COVER IN THE BATA WATERSHED (IN SQ. KM.)

YEAR	WATER	TREES	CROPS	BUILT AREA	BARE GROUND	RANGELAND
2019	1.075339	185.1731	48.29174	20.13684	1.091054	13.50521
2020	1.177002	185.8696	46.98014	21.76856	1.046604	12.43083
2021	1.185544	192.4149	46.9634	21.80626	0.912349	5.990342
2022	0.895623	190.1695	47.1537	22.02612	0.750016	8.275944
2023	1.126999	191.707	44.57568	24.46604	0.715839	6.681162

## WATER TABLE FLUCTUATION METHOD

YEAR	PRECIPITATION (P IN MM)	$\Delta H$ ANNUAL	SY	RM	RMM	AS % OF P
2014	1170.96	2.388181818	0.16	0.382109	382.1091	32.6%
2015	1278.7	4.745	0.16	0.7592	759.2	59.4%
2016	1034.51	4.636363636	0.16	0.741818	741.8182	71.7%
2017	1400.12	6.474545455	0.16	1.035927	1035.927	74.0%
2018	1418.57	6.451818182	0.16	1.032291	1032.291	72.8%
2019	1403.49	5.717272727	0.16	0.914764	914.7636	65.2%
2020	1112.86	4.955454545	0.16	0.792873	792.8727	71.2%
2021	1293.82	6.204545455	0.16	0.992727	992.7273	76.7%
2022	1487.05	5.689181818	0.16	0.910269	910.2691	61.2%
2023	2058.6	4.969927273	0.16	0.795188	795.1884	38.6%
Average Recharge directly due to Rainfall received						62.3%

## 02. OECD FRAMEWORK



Relevance



Coherence



Effectiveness



Efficiency



Impact



Sustainability

### RELEVANCE

Field observations in Sirmour district reveal chronic water scarcity, soil degradation, and limited livelihood opportunities, particularly in marginalised communities. The declining groundwater levels and dependence on unsustainable agricultural practices establish the urgent need for interventions. The WSIVDM-TCPL program addresses these gaps through a comprehensive approach, making it highly relevant to the region's needs.

### COHERENCE

The project aligns with several Sustainable Development Goals (SDGs):



Additionally, the project complements national initiatives such as:

- Jal Jeevan Mission
- Swachh Bharat Abhiyan
- National Action Plan on Climate Change (NAPCC)

### EFFECTIVENESS

The program has effectively achieved its objectives through measurable outcomes:

- **Sustainable Livelihoods:** Farmers reported a 30% increase in crop yields due to improved soil fertility and water availability.
- **WASH Improvements:** 87% of the school participants reported having clean toilets and those toilets appeared cleaner after repair work.

### EFFICIENCY

Leveraging the community members for activities like tree plantation reduced costs while fostering community ownership. The phased implementation strategy— from infrastructure development to capacity building—ensured systematic and efficient resource allocation.



### IMPACT

The program's most impactful elements include:

- **Awareness Campaigns:** Wall paintings, Sandesh Yatras, and interactive workshops effectively conveyed water conservation messages, fostering behavioural change.
- **Green Coverage:** Planting over 10,000 trees revitalised degraded lands, improving ecosystems and providing sustainable sources of fodder and fuel.
- **Improved Quality of Life:** Beneficiaries highlighted enhanced sanitation, better agricultural productivity, and access to clean energy as transformative outcomes.



### SUSTAINABILITY

Community participation has been a cornerstone, with 68.7% of beneficiaries actively contributing to project implementation. Sustainability ratings for plantation initiatives are high (98.8%), reflecting strong local ownership. Reviving traditional practices like spring shed management and embedding maintenance responsibilities within the community enhance the program's long-term viability.



Relevance



Cohesence



Effectiveness



Efficiency



Impact



Sustainability

## CHAPTER 3

# INTRODUCTION



Wall painting demonstrating safe-drinking water practices

### BACKGROUND AND NEED OF THE PROGRAM

Sirmour district in Himachal Pradesh, with its rugged terrain and agrarian economy, faces persistent challenges in resource management, environmental sustainability, and community well-being. Water scarcity, unsustainable agricultural practices, and limited livelihood opportunities exacerbate vulnerabilities for marginalised communities. According to the Central Ground Water Board (2022), Sirmour's groundwater levels have steadily declined over the past decade, further stressing agricultural and household water needs.

Tata Consumer Products Limited (TCPL), in partnership with the Himmotthan Society, initiated the "Water Security through Integrated Village Development Model (WSIVDM)" project in 2022 to address these critical challenges. The project integrates vegetative measures, sustainable agricultural practices, and WASH interventions to enhance ecological balance and

improve the quality of life for residents across 16 villages. By prioritising community involvement and capacity building, the initiative empowers local populations to adopt sustainable solutions and achieve long-term resilience.

### OBJECTIVES OF THE PROGRAM



To promote sustainable and organic agricultural practices through capacity-building efforts and community mobilisation.



To improve sanitation and hygiene standards through WASH interventions in schools and households.



To reduce dependency on forest resources by promoting sustainable practices, including composting.



To build community ownership and ensure the sustainability of interventions through participatory approaches.

## ABOUT HIMMOTTHAN SOCIETY

The Himmotthan Society, established in 2001, specialises in implementing integrated village development projects across the Western Himalayan region.

Initially funded by the Tata Trusts, Himmotthan has expanded its reach through collaborations with various corporate and philanthropic entities. Its key focus areas include water security, livelihood enhancement, WASH, and environmental conservation. Through the WSIVDM-TCPL project, Himmotthan brings its expertise in participatory approaches, ensuring the long-term sustainability of interventions and strengthening community ownership of development initiatives.



## CHAPTER 4

# RESEARCH METHODOLOGY

TCPL commissioned SoulAce to conduct an impact assessment study to evaluate the immediate and long-term impacts of Water Security through the Integrated Village Development Model. The impact assessment study was conducted in FY 2024-25.



*Focused Group Discussion at Birla Village*

### OBJECTIVES OF THE STUDY



Assess the impact of vegetative measures on improving soil fertility and agricultural productivity.



Evaluate the effectiveness of composting initiatives in promoting sustainable agricultural practices and waste management.



Analyse the role of WASH interventions in improving hygiene practices and reducing absenteeism among school students.



Examine the extent of community participation and its influence on the sustainability of the program.

### DEFINITION OF RESEARCH

Research can be described as a logical and systematic search for new and useful information on a particular subject. Social science research refers to the systematic activity of gaining new understanding by following scientific principles and methods to minimise bias and subjectivity. It is contrary to writing something based on assumptions or speculations.

Though information on certain facts can also be gained through common sense and based on general observation and hearsay, those facts will not be considered valid until they have been obtained in a methodical manner, which can stand the test of time. The defining characteristics of scientific research are objectivity, ethical neutrality, reliability, testability and transparency. The identification of the research problem provides the starting point of research, which is then defined and redefined through a proper review of the literature on the problem or deliberations with research experts and knowledgeable others in the subject matter of interest. Each research problem has a multitude of perspectives and dimensions, and research cannot cover all of those in a single study.

## USE OF MIXED METHODS APPROACH

This study utilised a mixed-methods approach, incorporating both qualitative and quantitative research methods. The qualitative component delved into subjective experiences and perspectives, providing a nuanced understanding of beneficiary views. Meanwhile, quantitative methods facilitated the collection and analysis of numerical data, yielding statistical insights and identifying trends. The study's research design was descriptive, aiming to present a detailed situational analysis and exploration of the various facets of the skill development program. Descriptive research is apt for creating an overview, discerning patterns, and grasping the current state of affairs. By integrating both qualitative and quantitative research methodologies within a descriptive framework, the study aimed to deliver a thorough evaluation of the program, elucidating its impact and suggesting avenues for enhancement. This methodological blend ensured a holistic examination of the subject, lending both depth and breadth to the findings and bolstering the study's credibility.

## ENSURING TRIANGULATION

To enhance the reliability and validity of its findings, the study implemented various triangulation techniques. Data triangulation was achieved by gathering information from diverse sources, including survey methods and key stakeholder interviews among the residents.

This extensive data collection facilitated a comprehensive evaluation of the program's impact.

Methodological triangulation was also employed, utilising a variety of research methods such as surveys and interviews. This approach allowed for cross-verification of information and helped mitigate potential biases. Through these triangulation strategies, the study ensured a robust and dependable analysis, reinforcing the trustworthiness of its findings.

## KEY STAKEHOLDERS



## DESIGN SNAPSHOT



### Name of the project

Water Security Through Integrated Village Development Model (WSIVDM-TCPL, Phase II)



### Implementing agency

Himmothan Society



### Research design used

Descriptive research design



### Sampling technique

Purposive Sampling



## Sample size

Stakeholder	Sample Size
Farmers	108
School Students	92



## Qualitative Methods Used

The study employed a mixed-methods approach, with an emphasis on qualitative insights to capture community experiences and program impacts:

### Semi-structured Interviews:

Conducted with program beneficiaries to gather personal experiences and program outcomes.

**Case Studies:** Developed to showcase exemplary practices, such as successful kitchen gardens or improved hygiene behaviours.

**Field Notes:** Documented during site visits.

## STUDY TOOLS

Primary data was collected using the following:

**Structured Interview Schedules:** Questionnaires were prepared for quantitative data collection. These tools focused on pre-defined indicators, including agricultural productivity, hygiene practices, and community engagement.

**Key Stakeholder Interviews:** Semi-structured interviews were conducted with beneficiaries, school staff, and local leaders to capture qualitative insights and identify barriers and enablers of the program.

**Participatory Rural Appraisals (PRAs):** Used to understand community needs, priorities, and perceptions regarding the program's interventions.

## ETHICAL CONSIDERATIONS

The impact evaluation research was guided by a strong ethical framework, ensuring that the study was conducted responsibly and ethically. Adhering rigorously to ethical principles of research, the study prioritised the rights and well-being of participants throughout the process. Informed consent was meticulously obtained by providing comprehensive information about the study and objectives, procedures, potential risks, and benefits, allowing participants to make informed decisions about their involvement after having their questions addressed. Robust measures were implemented to uphold confidentiality and privacy, with data securely stored and accessible only to authorised personnel and participant identities protected through anonymisation or coding techniques. Crucially, participation was fully voluntary, free from coercion or pressure, underscoring the importance of autonomy and respect for individual choice. Throughout the study, participants were treated with the utmost respect, dignity, and fairness, with their well-being being the top priority and necessary support or assistance provided whenever needed.



**BULK MILK COOLER AT  
DUDH GANGA DAIRY**

## CHAPTER 5

# ANALYSIS OF THE PROGRAM DESIGN

This chapter provides an in-depth analysis of the design and implementation strategy of the "Water Security through Integrated Village Development Model (WSIVDM-TCPL)" project. The analysis draws on quantitative and qualitative data gathered through mixed-methods research conducted by the Himmotthan Society, supplemented by stakeholder interviews and community insights.



### 1. CONTEXT AND PROGRAM OVERVIEW

The Sirmour district of Himachal Pradesh faces challenges that directly affect the sustainability of its natural resources and the well-being of its predominantly agrarian population. Key issues include:

#### WATER SCARCITY

The region's dependence on rainfall and depleting groundwater levels has created significant stress on agricultural productivity and household water supply.

#### SOIL DEGRADATION

Overgrazing, deforestation, and lack of sustainable agricultural practices have led to severe soil erosion, reducing land fertility and crop yields.

#### HYGIENE AND SANITATION

Limited access to functional sanitation infrastructure and awareness around hygiene practices has contributed to health risks, particularly for school-going children.

The WSIVDM-TCPL program addresses these challenges through its integrated approach, focusing on vegetative measures, sustainable agricultural practices, and WASH interventions.



### 2. PROGRAM MODEL AND THEORY OF CHANGE

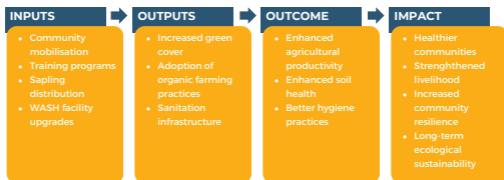
The program follows a community-centric model, placing local stakeholders at the forefront of planning and implementation to ensure long-term sustainability. The model integrates environmental conservation, livelihood enhancement, and improved health outcomes through three key components:

Component	Activity	Focus Area
Vegetative Measures	<ul style="list-style-type: none"><li>Tree plantation</li><li>Grassland development</li><li>Nursery establishment</li></ul>	Soil conservation and ecological balance

Component	Activity	Focus Area
Sustainable Farming	<ul style="list-style-type: none"> <li>Construction of vermicompost pits</li> <li>Training on organic farming</li> </ul>	Sustainable agriculture and waste management
WASH	<ul style="list-style-type: none"> <li>Hygiene Education</li> <li>Sanitation facilities in schools</li> </ul>	Health and sanitation improvements



### 3. THEORY OF CHANGE



### IMPLEMENTATION STRATEGY

The implementation of the WSIVDM-TCPL program was designed to ensure community participation and long-term sustainability. This section outlines the key steps, stakeholders, and strategies involved in the process.

### KEY STEPS IN IMPLEMENTATION

Strategy	Key Steps in Implementation
Community Mobilisation	Formation of Forest Development Committees (FDCs) to oversee and sustain interventions.
	Engagement with Gram Panchayats to secure approvals and align activities with local governance structures.
	Conducting village-level awareness campaigns, including Sandesh Yatras and wall writings.
Baseline Assessments	Participatory Rural Appraisals (PRAs) to identify village-specific needs.
	Surveys and focus group discussions to understand community priorities.

Strategy	Key Steps in Implementation
Infrastructure	Plantation drives, compost pit construction, and school sanitation upgrades.
Capacity Building	Training programs on organic farming and horticulture.
	Training on sanitation practices.
Monitoring and Evaluation	Regular field visits by project staff to ensure adherence to quality and timelines.
	Beneficiary feedback mechanism.

## STAKEHOLDER INVOLVEMENT

Stakeholder	Role
Forest Development Committees (FDCs)	Oversee implementation, maintenance, and community mobilisation efforts.
Gram Panchayats	Provide approvals and facilitate local coordination.
Himmothan Society	Implementation partner; responsible for design, training, and monitoring activities.
Community Members	Contributed labour, attended training, and participated in decision-making processes.



## ASSESSMENT OF THE PROGRAM MODEL

### RELEVANCE

The program addresses the region's most pressing challenges—water scarcity, soil degradation, and sanitation gaps—making it highly relevant to the needs of the community. Its participatory approach ensures that interventions are rooted in local priorities, enhancing their acceptance and long-term impact.

### MODEL EFFICIENCY AND IMPLEMENTATION STRATEGY

The phased implementation strategy demonstrates efficient resource allocation:

- Phase 1: Vegetative measures such as tree plantation and grassland development.
- Phase 2: Training programs on composting and organic farming practices.
- Phase 3: Hygiene awareness campaigns and infrastructure upgrades in schools.

## RESOURCE UTILISATION

The program has demonstrated effective and context-specific utilisation of resources. Detailed insights include:

Resource	Utilisation Strategy
Financial Resources	INR 1.3 crore was allocated, and 80% was utilised for plantation training and WASH upgrades.
Materials	Locally sourced saplings and construction resources minimised costs.
Human Resources	Active community participation to foster ownership and reduce labour costs.

## MONITORING AND EVALUATION

The program employs a structured monitoring framework to ensure quality and effectiveness. Key measures include:

Aspect	Details
Field Visits	Weekly monitoring by Himmotthan Society staff.
Beneficiary Feedback	Focus group discussions and surveys for continuous program improvement.
Outcome Tracking	Monitored improvements in hygiene behaviours and crop yields.



**GARBAGE PIT AT GOVT  
MIDDLE SCHOOL  
THANA KASOGA**

## CHAPTER 6

# KEY FINDINGS AND IMPACTS

### WATER SECURITY THROUGH INTEGRATED VILLAGE DEVELOPMENT MODEL

This chapter presents the findings and impacts of the "Water Security through Integrated Village Development Model (WSIVDM-TCPL)" project in Sirmour district, Himachal Pradesh. The findings are derived from a study conducted by SoulAce, supplemented by field notes, case studies and qualitative observations from beneficiaries.



#### PROGRAM OVERVIEW

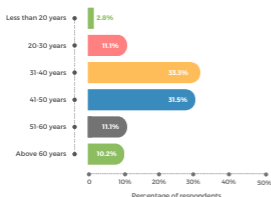
The water security intervention under WSIVDM-TCPL aimed to address critical challenges such as water scarcity, declining groundwater levels, and soil erosion in Sirmour district. By integrating vegetative measures with capacity-building efforts, the program created a comprehensive model for water resource management and community resilience.



FGD AT MEHAT VILLAGE

## DEMOGRAPHIC PROFILE

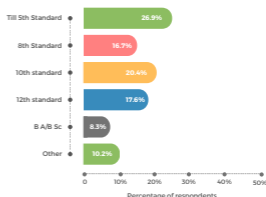
### CHART 1: AGE DISTRIBUTION



#### FARMER-FOCUSED OUTREACH

64.8% of participants fall in the 31-50 years age group, representing economically active farmers. This distribution aligns with the program's goal of empowering middle-aged farmers, who manage both agricultural and household responsibilities.

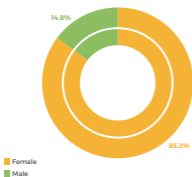
### CHART 3: EDUCATION STATUS



#### EDUCATIONAL BACKGROUND AND AWARENESS POTENTIAL

63.9% of participants had completed up to the 10th or 12th standard. This level of education facilitated active participation in training sessions, enhancing the program's outreach and impact.

### CHART 2: GENDER DISTRIBUTION



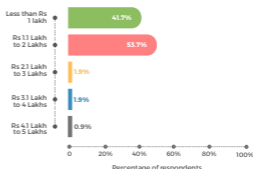
Female  
Male



#### WOMEN AS KEY STAKEHOLDERS

85.2% of participants were female, showing the program's commitment to serving the women of the community. Women are instrumental in collecting water and firewood for both agricultural and household use. The program's vegetative measures improve their quality of life by reducing drudgery and increasing resource availability.

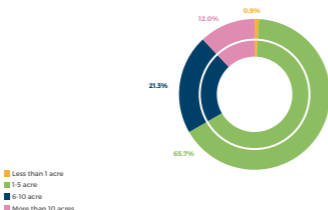
### CHART 4: ANNUAL FAMILY INCOME



#### ECONOMIC VULNERABILITIES

95.4% of households earn below Rs. 2 lakhs annually, with most families reliant on agriculture for their livelihoods. The program's focus on marginalised and economically vulnerable households ensures equitable benefits.

CHART 5: LAND OWNERSHIP



### LAND AND AGRICULTURAL PRACTICES

65.7% of participants owned 1-5 acres of farmland, primarily cultivating wheat (95.4%) and vegetables like potato (87.0%).

Small and marginal farmers have embraced the program's initiatives, especially tree plantations, which have boosted their income and fodder availability.



### MAJOR INTERVENTIONS AND ACTIVITIES UNDERTAKEN

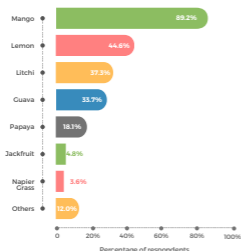
#### VEGETATIVE MEASURES

A total of 7,390 trees were planted across intervention villages in FY 23-24. The plantation drive aimed to address the region's limited green coverage and improve agricultural productivity by creating a sustainable source of fodder, fuel, and income.



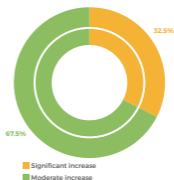
KITCHEN GARDEN OF MANDAKINI  
BHARDWAJ FROM BIRLA VILLAGE

CHART 6: PLANTATION VARIETIES

**TREE PLANTATION**

89.2% of the participants preferred mango plantations in their fields, while lemon (44.6%) and litchi (37.3%) followed in second and third place.

CHART 7: EXTENT OF GREEN COVERAGE

**ORGANIC GARDENING**

The promotion of organic gardening practices has been a cornerstone of the project, enhancing soil fertility and addressing food security.

**KITCHEN GARDEN OF LALCHAND FROM TIRMALI**

## Impact of Tree Plantation



### INCREASE IN GREEN COVERAGE

67.5% of participants reported a moderate increase in green coverage, and 32.5% observed a significant rise. The increase in vegetation has contributed to reducing soil erosion, stabilising the local ecosystem, and creating a conducive environment for crop growth.



### SOIL FERTILITY AND MAXIMISED CROP YIELDS

Farmers practising organic gardening reported improved soil fertility and higher yields. For instance, Chamel Singh in Kotari village has planted jackfruit, guava, mango, and lychee, expecting an annual yield of 3-4 quintals of jackfruit alone, adding Rs. 3,000-4,000 to his income.



### NAPIER GRASS PLANTATION

Napier grass, planted in 10 hectares, has multiple benefits, including increased milk production, soil conservation, and reduced drudgery for women. Mandakini Bhardwaj from Birla village shared how planting Napier grass conserved moisture in her rocky soil and supplemented her fodder needs.



**CHAMEL SINGH FROM  
KOTARI VILLAGE FEELING  
PROUD TO SHOW HIS PLANTS**



**MANDAKINI BHARDWAJ  
FROM BIRLA VILLAGE HAS  
PLANTED NAPIER GRASS AND  
ALSO HAS KITCHEN GARDEN**

“

"Napier grass grows fast, controls erosion, and has made life easier by reducing our dependence on forest fodder."

- Mandakini Bhardwaj, Farmer, Birla Village

”

## BIOGAS PLANT ADOPTION

The program introduced biogas plants as an eco-friendly alternative to traditional cooking fuels, aiming to reduce indoor air pollution and reliance on firewood. These biogas plants use cow dung as a primary resource, which is abundant and easily accessible in rural areas. By converting cow dung into biofuel, the program helps improve indoor air quality and provides a sustainable source of energy for cooking.

Only 8 Families were carefully selected based on specific criteria:



Minimum 4-5 cattle



Open space for plant construction



Water availability

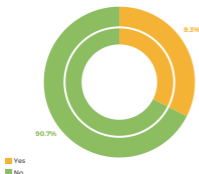


Willingness to maintain the plant

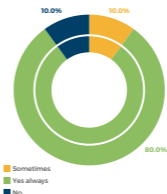


Interest in using slurry as organic manure

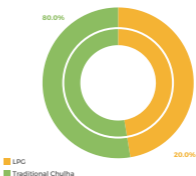
**CHART 8: BENEFICIARY AVAILING BIOGAS PLANT**



**CHART 9: USE OF BIOGAS AS COOKING FUEL**



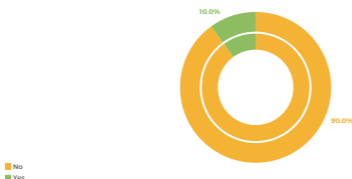
**CHART 10: COOKING FUEL USED PRE-INTERVENTION**



### ADOPTION RATE AND UTILITY

Although only 9.3% of participants have adopted the biogas plant, the data points to a strong usage rate among those who have. Specifically, 80% of adopters use biogas consistently as a cooking fuel. This contrasts with the pre-intervention data, where 80% of households relied on traditional chullas (wood stoves) and 20% on LPG. The transition to biogas represents a significant shift toward a more sustainable and health-conscious cooking method for those who have adopted it.

CHART 11: FINANCIAL ASPECT OF BIOGAS CONNECTION

**COST ACCESSIBILITY**

The finding that 90% of participants did not pay for the biogas connection suggests that the program has made biogas adoption economically accessible to beneficiaries. This is crucial because one of the barriers to adopting eco-friendly alternatives in rural settings is often the cost of installation. By removing this financial barrier, the program has increased the likelihood of continued use and adoption.

**BIOGAS PLANT IN OPERATION  
AT MEHAT VILLAGE**



## TRANSFORMATIVE RURAL EMPOWERMENT - BINDO DEVI'S JOURNEY

Bindo Devi's narrative represents a powerful example of holistic rural transformation. Living in Kotari village with her extended family of eight, she had long struggled with traditional cooking methods that exposed her family to significant health risks and economic burdens. Before the biogas intervention, her kitchen was perpetually filled with smoke, kitchen walls blackened with soot, and her family consumed nearly 12 LPG cylinders annually, supplemented by extensive firewood collection.

By converting to a 2-cubic meter biogas system, Bindo dramatically reduced her family's fuel expenses and environmental impact. The plant not only provided consistent cooking fuel but transformed their agricultural practices. The biogas slurry became a nutrient-rich fertiliser, enhancing their kitchen garden's productivity. Vegetables like garlic, brinjal, cauliflower, and tomatoes now flourished with improved quality and yield.

Beyond economic benefits, the intervention profoundly impacted her family's health and quality of life. The smoke-free kitchen became a safe, comfortable space where children could play without respiratory risks.



The reduction in LPG consumption from 12 to just 2 cylinders annually represented not just financial savings but a significant lifestyle transformation. Bindo's story exemplifies how targeted, holistic interventions can create meaningful change in rural households.

"Biogas has made my life easier. There's no more smoke, and the kitchen walls stay clean. The slurry is great for my crops, too."

- Bindo Devi, Homemaker, Kotari Village





## CONSTRUCTION OF VERMICOMPOST PITS FOR WASTE MANAGEMENT

13 families adopted vermicomposting under the program, transforming waste into high-quality organic manure. This initiative has enhanced soil health and reduced reliance on chemical fertilisers.

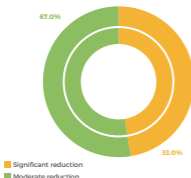
**CHART 12: WASTE MANAGEMENT CONDITION (PRE-INTERVENTION)**



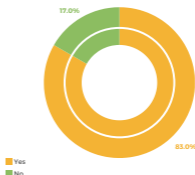
### WASTE MANAGEMENT BEFORE THE INTERVENTION

Before the project, 50% of participants reported no waste reduction practice, while another 50% noted high waste generation. Post-intervention.

**CHART 13: PARTICIPANT PERCEPTION OF WASTE REDUCTION**



**CHART 14: SEGREGATION PRACTICES ADOPTED AT HOME**



### SEGREGATION PRACTICES

66.7% of participants reported moderate reductions in waste, while 33.3% observed a significant reduction in kitchen waste. This indicates that the composting intervention was effective in addressing waste management issues, although with varying levels of success across households. The 83.3% of participants who adopted proper segregation practices further supports the notion that the program's emphasis on educating households on the importance of waste segregation directly contributed to the success of composting.

Households with compost pits reported significant reductions in kitchen waste. Farmers used the compost to grow vegetables, reducing their dependency on chemical fertilisers. Women in these households mentioned an increased sense of responsibility towards managing waste efficiently.



**VERMICOMPOSTING - WASTE TO WEALTH**  
**SUMITRA DEVI, FARMER, KOTARI VILLAGE**

Sumitra Devi from Kotari village installed a vermicompost unit a year ago. Installing a vermicompost unit with her family's support, she meticulously developed a thriving ecosystem.

With guidance from the project team, Sumitra learned to feed her vermicompost pit with carefully selected materials - cow dung, agricultural waste, and kitchen remnants. Covering the pit with pareli (livestock bed waste) and maintaining optimal moisture levels, she cultivated a thriving ecosystem of earthworms. Within three to four months, she was producing 20-25 baskets of high-quality compost, a testament to her dedication and the project's effective training.

The compost's impact extended far beyond waste reduction. Sumitra began applying the nutrient-rich material to her kitchen garden, cultivating crops like peas, spinach, methi, and mustard.



The results were transformative - improved soil health, enhanced crop quality, and reduced dependency on chemical fertilisers. Her success story became a local inspiration, demonstrating how small-scale interventions can create substantial agricultural and economic opportunities.

"Composting has turned our waste into wealth. Our kitchen garden thrives on this nutrient-rich compost."

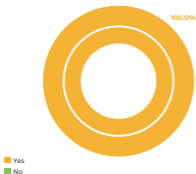
- Sumitra Devi, Farmer, Kotari Village



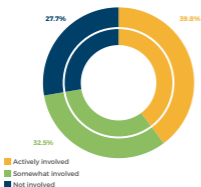
## CAPACITY BUILDING AND AWARENESS

The training workshops under the WSIVDM-TCPL program were designed to equip community members with practical knowledge of water conservation, organic farming, and sustainable agricultural practices. These workshops emphasised participatory learning and hands-on activities to ensure effective knowledge transfer.

**CHART 15: ADOPTION OF ORGANIC GARDENING**



**CHART 16: ENGAGEMENT OF PARTICIPANTS IN IMPLEMENTATION**



### TRAINING WORKSHOPS

23.1% of participants attended training workshops. However, 100% of these participants adopted at least one practice from the training sessions, such as composting or organic gardening. For example, Chandra Mohan from Birla village uses vermicompost for his fruit trees, achieving faster growth and better soil moisture retention.

“

"The training sessions enhanced my knowledge of organic farming. I now use compost for my mango and peach trees, and the results are remarkable."

- Chandra Mohan, Farmer, Birla Village

”



### ENGAGEMENT WITH THE PROGRAM

The use of interactive methods and culturally aligned programs ensured active participation in project implementation, with 72.3% of participants engaged, driven largely by the awareness campaigns. Of the engaged participants, 39.8% were actively involved. This high level of involvement reflects the effectiveness of these campaigns in fostering a sense of ownership among community members.

“

"The training taught us the importance of protecting our water sources. I learned how to make compost at home and use it in my fields, which has reduced my dependency on chemical fertilisers."

- Sunita Devi, Farmer, Rampur Village

”

Participants showed great enthusiasm for adopting organic farming techniques, particularly the use of compost to improve soil health. Many farmers shared that the hands-on demonstrations provided during the training sessions enabled them to implement these practices immediately on their farms. The program's focus on organic methods aligns with global trends in sustainable agriculture, as emphasised in FAO's 2023 report, which highlights the role of organic practices in enhancing soil health and boosting yields. This alignment with global best practices has further motivated participants to embrace sustainable farming methods, indicating a strong potential for long-term impact.



### AWARENESS PROGRAMS

The awareness programs aimed to foster a community-wide understanding of sustainable water management and conservation. These campaigns were tailored to local needs and included culturally relevant methods of communication, such as:

- Sandesh Yatras (message rallies) to promote water conservation.
- Wall writings in prominent locations to disseminate key messages.
- Interactive village meetings to discuss challenges and solutions in water management.

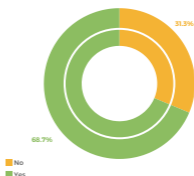


**VERMICOMPOST UNIT  
AT BIRLA VILLAGE**

**CHART 17: PARTICIPANT PERCEPTION  
OF AWARENESS OF PLANT  
CULTIVATION**



**CHART 18: EXTENT OF COMMUNITY  
CONTRIBUTIONS**



### AWARENESS OF PLANT CULTIVATION

41% reported a significant increase, and 59% noted a moderate increase in awareness of plant cultivation and its importance. The increased awareness of plant cultivation practices aligns with the program's emphasis on sustainable agriculture and natural resource management.



### COMMUNITY CONTRIBUTIONS

Farmers reported a high level of ownership after being involved with the program, indicating the success of culturally aligned communication strategies in terms of sustainable water use. 68.7% of participants contributed to project implementation, showcasing the active involvement of the community.



## TRANSFORMATIVE COMMUNITY NARRATIVE BIRLA VILLAGE

Regular village-level meetings emerged as the cornerstone of community engagement. Conducted monthly and sometimes twice monthly, these meetings became dynamic platforms for collective decision-making, knowledge sharing, and community problem-solving. The Himmotthan team maintained consistent engagement. Their regular village visits built trust and created a supportive environment for community dialogue.

These meetings addressed a comprehensive range of topics: Biogas technology, Vermicomposting, Plantation strategies, Organic farming, Kitchen gardening, Environmental conservation etc. The Birla village narrative provides a compelling illustration of the meetings' transformative potential. What began as health-focused discussions three years ago under Ms. Seema's leadership evolved into a robust community development platform.

Initially, meetings focused on women's and children's health, introducing home remedies in a region with limited healthcare access. The conversations gradually expanded, introducing self-help group (SHG) concepts and financial literacy. Women began saving ₹50 monthly, developing critical financial habits and collective economic agency.

**Innovative Problem-Solving:** The meetings became platforms for addressing complex local challenges. In Birla, discussions around water scarcity led to innovative proposals like:

- Utilising domestic wastewater for kitchen gardens
- Proposing rooftop rainwater harvesting
- Suggesting plastic tank installations for water conservation
- Discussing wild animal crop destruction mitigation strategies

### **Awareness through Visual Communication**

Wall writing emerged as another strategic communication tool. Carefully crafted messages in schools and villages about water security, sanitation, and hygiene leveraged visual communication to reinforce behavioural change.



The awareness programs not only educated the community but also united them under a common cause. Villagers now actively participate in maintaining recharge ponds and promoting sustainable farming practices. The program's practical utility is evident in its emphasis on teaching resource optimisation, particularly in water management. This is further reflected in the improved ability of beneficiaries to manage water resources, with 100% reporting enhanced effectiveness due to the awareness program. Secondary research, such as the World Resources Institute's 2022 study, underscores the critical role of grassroots awareness campaigns in driving behavioural changes in water-stressed regions. The program's community-led approach further strengthened its sustainability, as villagers actively took on responsibilities for maintaining recharge ponds and tree plantations.

“

"The wall writings remind us every day about the importance of saving water. It's a simple message but very powerful for our village."

- Ramesh Singh, Community Leader,  
Dhaman Village

”



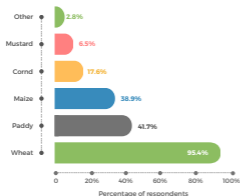
LALCHAND FROM TIRMALI  
IS PLANTED MANGO,  
LEMON, LYCHEE, GUAVA



## BENEFICIARY EXPERIENCES AND OUTCOMES

### AGRICULTURAL DIVERSIFICATION

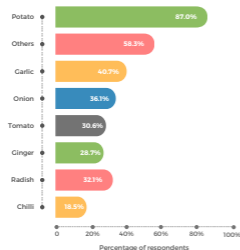
CHART 19: MAJOR CROPS



#### MAJOR CROPS

95.4% of participants grew wheat, while 41.7% cultivated paddy.

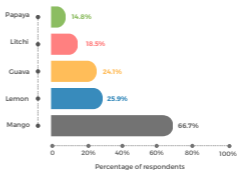
CHART 20: MAJOR VEGETABLES



#### MAJOR VEGETABLES

Vegetable farming was prominent, with 87% growing potatoes and 58.3% cultivating other vegetables like spinach and peas.

CHART 21: MAJOR FRUITS

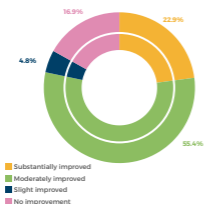


#### MAJOR FRUITS

66.7% of participants planted fruits, including mangoes and lemons, providing dietary diversity and supplementary income.

The shift toward wheat and paddy cultivation, alongside a significant rise in vegetable farming, highlights the influence of the program's vegetative measures and organic gardening initiatives. Training sessions on soil fertility and crop diversification equipped farmers to transition from traditional monocropping practices to a more diversified model. Farmers who diversified their crops experienced better resilience to erratic climatic conditions and market fluctuations. The inclusion of high-demand vegetables and fruits, such as mangoes and potatoes, further enhanced their economic stability.

**CHART 22: PARTICIPANT PERCEPTION OF IMPROVED LIVELIHOOD OPPORTUNITIES**



#### LIVELIHOOD ENHANCEMENT

Over 55.4% of beneficiaries experienced moderate improvements in their livelihoods due to the sale of fruits and other produce from planted trees, while 22.9% noted substantial gains.



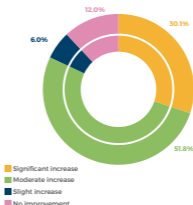
"I started growing mangoes and tomatoes after attending training sessions. The additional income has helped us pay for our children's education."

- Kiran Singh, Farmer, Bhavanipur Village



## IMPROVED RESOURCE AVAILABILITY

**CHART 23: AVAILABILITY OF FUEL-FODDER**

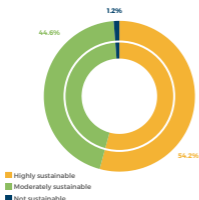


30.1% of participants observed a significant increase in the availability of fuel and fodder. 51.8% reported moderate improvements. The improved availability of fuel and fodder is directly linked to the program's plantation efforts, which provided additional green coverage and ensured a steady supply of resources. This significantly reduced the community's dependence on forest resources and alleviated the burden on women, who traditionally collected fodder and firewood.

The plantation of fodder trees near villages reduced the time women spent collecting resources, allowing them to engage in income-generating activities. Improved access to fuel and fodder also decreased household expenses, contributing to economic stability.

## SUSTAINABILITY OF INTERVENTION

CHART 24: PARTICIPANT RATING ON SUSTAINABILITY OF INTERVENTION



54.2% of participants rated the plantation project as highly sustainable. 44.6% found it moderately sustainable. The sustainability ratings reflect a community-driven approach where beneficiaries actively participated in plantation maintenance. Training programs on resource management further enhanced long-term sustainability by embedding ownership and ecological awareness among participants.

Villagers took collective responsibility for nurturing the saplings, ensuring the plantations thrived. This shared sense of ownership has not only improved the ecological balance but also fostered social cohesion within the community.

“

“These trees are not just for us but for the generations to come. We feel responsible for taking care of them.”

- Kamal Devi, Homemaker, Rampur Village

”



PLANTATION AT BURLA VILLAGE

## CHAPTER 7

# FINDINGS AND IMPACT OF WASH INTERVENTIONS

This chapter highlights the findings and impacts of the Water, Sanitation, and Hygiene (WASH) interventions implemented under the Water Security through Integrated Village Development Model (WSIVDM-TCPL). The study's findings focus on school environments and are derived from quantitative data, field observations, and student experiences.



*Wall writing on adoption of biogas and environmental protection*

### PROGRAM OVERVIEW

The WASH intervention aimed to enhance health, hygiene, and sanitation facilities in schools to improve the well-being and attendance of students. The program's infrastructure development included the provision of Individual Sanitation Unit Incentive to 5 families and WASH upgrades in 5 Schools.

## DEMOGRAPHY

CHART 25: AGE DISTRIBUTION

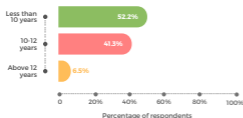


CHART 26: GRADE DISTRIBUTION

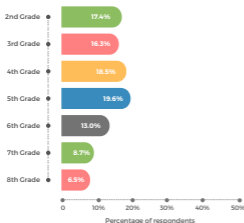
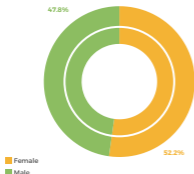


CHART 27: GENDER DISTRIBUTION



### ADDRESSING PRIMARY AND SECONDARY SCHOOL STUDENTS

The demographic composition of the intervention reveals a critical target population for health and sanitation education. With 93.5% of participants aged 12 or younger and predominantly concentrated in primary and middle school grades (2nd through 5th), the program strategically addresses a pivotal developmental stage. Adolescence represents a transformative period where health behaviours, hygiene practices, and environmental awareness are rapidly formed and can be sustainably integrated.



### INCLUSIVITY IN DATA VALIDITY

The nearly balanced gender representation (52.2% female, 47.8% male) ensures an inclusive approach, recognising that early intervention can create generational shifts in community health practices. School-aged children are particularly receptive to learning and behaviour modification, making them ideal agents of change who can not only internalise new practices but also influence family and community behaviours through knowledge transmission.



**SUNIT KUMAR AT MEHAT VILLAGE IS A PROUD OWNER OF THE BIOGAS PLANT**

CHART 28: DUSTBIN USAGE

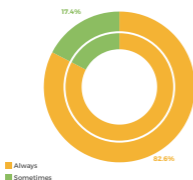


CHART 29: USE OF GARBAGE PIT

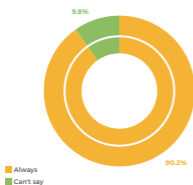


CHART 30: WATER FILTER USAGE



CHART 31: HANDWASHING HABIT AFTER MEALS

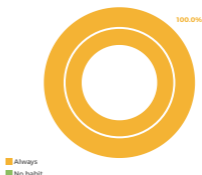


CHART 32: HANDWASHING HABIT AFTER TOILET USE

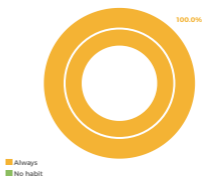
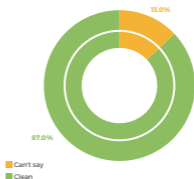


CHART 33: CLEANLINESS STATUS OF THE TOILET







### FGD NOTE: CLASS 8 STUDENTS

**Hygiene Practices:** The students demonstrated a strong understanding of handwashing techniques and effectively applied this knowledge. Amit, in particular, had successfully shared these hygiene practices with his family, emphasising the importance of using handkerchiefs and proper waste disposal. Anjali highlighted the risk of germs associated with playing in the mud.



**Safe Water Consumption:** Students recognised the importance of consuming clean water and highlighted the risks associated with drinking from contaminated sources like hand pumps. Before the water filter, they used to drink water from the hand pump, and there were chances of falling sick as it used to get rusted. Many times, we had stomach upset. There are aspirations among students which reflect the enthusiasm gained because of the training: Anjali, Amit and Vansh want to be in the Army; Monika wants to be a teacher; Abhinav is a scientist; and Ritika is a police officer.



**KEY IMPACTS****IMPROVED WATER SECURITY AND AGRICULTURAL LIVELIHOODS****INCREASED GREEN COVERAGE**

The plantation of over 10,000 trees led to a 67.5% moderate increase and a 32.5% significant increase in green coverage in the project area. This resulted in improved soil fertility and higher agricultural yields.

**ENHANCED LIVELIHOODS**

Beneficiaries reported a 55.4% moderate improvement in income opportunities due to the plantation initiative. Average agricultural income increased from Rs. 5,000 to Rs. 8,000 per month, supported by the shift to high-value crops such as wheat and paddy.

**ORGANIC GARDENING AND COMPOSTING**

Organic gardening was adopted by 25% of beneficiaries, contributing to soil fertility and sustainable agricultural practices. Additionally, the use of compost pits has led to effective waste management and increased vegetable production.

**ENHANCED HYGIENE THROUGH WASH INTERVENTIONS**

The WASH interventions in schools have significantly improved health, hygiene, and attendance among students, particularly adolescent girls.

**HYGIENE BEHAVIOR CHANGE**

Schools with active teacher participation reported higher levels of awareness and behavioural changes. 100% of participants acknowledged an enhancement in their knowledge and awareness of health and hygiene practices due to the intervention in specific ways, for example, handwashing before and after meals and toilet use.

**INFRASTRUCTURE DEVELOPMENT**

All target schools now have water filters, dustbins, and clean toilets.

## STRENGTHENED COMMUNITY ENGAGEMENT AND SUSTAINABILITY

The program's multi-stakeholder approach has encouraged strong community involvement, ensuring the sustainability of its outcomes.



### PARTICIPATORY IMPLEMENTATION

Over 68.7% of beneficiaries actively contributed during project implementation, reinforcing a sense of ownership.



### CAPACITY BUILDING

Training sessions for farmers, school staff, and community members enhanced knowledge of sustainable practices.



### LONG-TERM SUSTAINABILITY

The plantation initiative's 98.8% sustainability rating and the successful integration of hygiene education into school curriculums demonstrate the program's lasting impact.



PRIMARY STUDENTS WASHING HANDS  
BEFORE A MEAL AT GPCS SCHOOL,  
THANA KASOGA

# IMPACT CREATED ACROSS MULTIPLE LEVELS



## INDIVIDUAL LEVEL

At the core of WSIVDM-TCPL's impact is its ability to enhance the quality of life for individuals through its integrated interventions.

- **Increased Income:** Agricultural incomes increased from Rs. 5,000 to Rs. 8,000 per month due to better water availability and the shift to high-value crops like wheat and paddy.
- 100% of students enhanced their hygiene practices through WASH facility upgrades.



## HOUSEHOLD LEVEL

- **Economic Stability:** The plantation initiative reduced household expenditures on fodder and fuel, with 51.8% of participants reporting improved resource availability.
- Organic gardening and composting improved food security and promoted eco-friendly practices, benefiting 25% of households.
- **Health Savings:** Improved hygiene reduced the incidence of illnesses, minimising out-of-pocket medical expenses.



## COMMUNITY LEVEL

- Increased green coverage through plantations reduced soil erosion and contributed to water conservation.
- **Participation:** 68.7% of participants actively contributed to the program's implementation, fostering a sense of ownership.



## DISTRICT LEVEL

- **Agricultural Growth:** The shift to higher-yield crops and improved soil fertility positioned Sirmaur as a model for sustainable agricultural practices.
- WASH interventions improved school students' attitudes towards hygiene.



## STATE LEVEL

- **Sustainability Alignment:** The plantation initiative's 98.8% sustainability rating supports Himachal Pradesh's conservation goals.
- **Health and Education:** Enhanced sanitation and hygiene align with state programs like Swachh Bharat Abhiyan, contributing to long-term rural development.



## NATIONAL LEVEL

- **Rural Development:** The program aligns with the Jal Jeevan Mission and Swachh Bharat Abhiyan by addressing water security and sanitation.
- Focused interventions for women and girls support Beti Bachao Beti Padhao and national gender equity goals.

# SUSTAINABILITY



## COMMUNITY- CENTRIC ENGAGEMENT

The program's participatory approach fostered strong community ownership, with 68.7% of beneficiaries actively contributing to project implementation. This engagement ensures that interventions, such as plantation initiatives align with the specific needs of the local population.



## INFRASTRUCTURE RESILIENCE

Developing essential infrastructure and school sanitation facilities created a foundation for sustainable development. For example:

The WASH facilities in schools have improved hygiene standards, particularly for young students in primary and secondary schools. These infrastructure improvements reduce reliance on external resources, ensuring the community's self-sufficiency.



## ENVIRONMENTAL SUSTAINABILITY

The plantation initiative, with a sustainability rating of 98.8%, has increased green coverage and improved soil fertility in the region. By introducing organic gardening and composting practices, the program promotes eco-friendly agricultural methods, reducing chemical dependency and enhancing biodiversity.



## BEHAVIORAL AND KNOWLEDGE SUSTAINABILITY

Awareness programs and training sessions have instilled lasting behavioural changes in hygiene and agricultural practices. Key outcomes include:

- Improved hygiene practices among students, with 100% reporting enhanced awareness of hygiene practices.
- Adoption of organic farming techniques and composting by 25% of households, ensuring sustainable waste management and soil enrichment. By equipping beneficiaries with the knowledge and tools for sustainable practices, the program ensures the continuity of its impacts.

## 08. SWOT ANALYSIS



### STRENGTHS

- The program's participatory model has fostered strong community involvement, with 68.7% of the beneficiaries actively contributing to project implementation.
- Significant increases in green coverage have improved soil fertility and reduced erosion.
- Specific interventions targeting women, such as biogas plants and WASH initiatives in schools, have empowered marginalised groups and enhanced gender equity.



### WEAKNESSES

- Some schools reported inconsistent water supply.



### OPPORTUNITIES

- The program's successful model can be replicated in other water-stressed regions, leveraging its best practices.
- Collaborations with governmental and non-governmental organisations can expand the program's reach and impact.
- Expanding biogas plant units following the success of existing units.



### THREATS

- Water scarcity and soil degradation could pose long-term challenges if not addressed holistically.
- Persistent traditional practices and resistance to change could hinder the adoption of sustainable methods.

# EXIT STRATEGY

Improving community health through drinking water supply and sanitation is one of the focus areas of the Himmatthan Society, and has carried out several projects within this initiative since 2002. The drinking water supply and sanitation (WaSH) projects, with an added focus on hygiene, are being implemented through village-based water and sanitation committees, which plan, design, implement and manage their own schemes.

Since (Oct 2002 to September 2014), three Phases have been successfully completed, covered 129 villages, benefiting 7,000 household comprising 46,794 beneficiaries. A total of 200 drinking water schemes, 573 Rain Water Harvesting Structures (RWHS) and 7,000 sanitation units were constructed. In the phase 2016-19 additional 500 villages were to benefit through better sanitation and water security. A community-based demand driven and participatory approach is the hallmark of WaSH projects. The villagers contribute around 10% of the capital cost (Capex) giving them a sense of ownership in the project.

As part of established exit policies (once the support ceases), all assets created under the project are handed over to the Village Management Committee (VMC), which is subcommittee of Gram Panchayat for future maintenance, so as to ensure long term sustainability of the investments. The VMC met 100% operation costs (Opex) and appoints a Village Maintenance Worker (VMW) to look after the scheme and each household pays a monthly charge (varying from ₹ 30 to 50) to the VMC for maintenance of the scheme, salary of the VMW, necessary repairs and insurance against natural calamities. On an average, more than 90% of the households are prompt and regular in paying such maintenance charges. The individual assets built under the project like biogas, vermicompost etc. are maintained by the households themselves.

The following action plans are needed to be assured for a successful exit plan:

- In the project villages, Forest development committees (FDC) have been formed and are running effectively in the village where works related to engineering measures were undertaken.
- Community has been trained in maintaining structures created under the project at village level as well as at individual level. They are effectively utilizing the structures created.
- Successful demonstration of engineering measures like contour trenches, gabion structures recharge ponds etc. and vegetative measures like tree and grass plantation for water security in the region has been done for government and other organizations to carry forward the larger goal.
- Forest officials have been handed over the structures created in the forest land and with the support of VDC, proper management needs to be ensured.
- The village development committee regularly meets and discusses village development plans which they are able to push through GPDP.
- Teachers in the school are trained to carry out WASH session on regular basis.
- The dairy milk kiosk will need to be brought to a level where community can manage it on their own.

## CHAPTER 9

# CONCLUSION

The WSIVDM-TCPL program has transformed the landscape of water security and sustainable livelihoods in Sirmour district. By addressing chronic water scarcity, promoting organic agriculture, and improving sanitation, the initiative has demonstrated tangible benefits for marginalised communities. The integration of participatory approaches has not only enhanced community ownership but also ensured long-term viability.

The high levels of community engagement and innovative awareness campaigns, like wall paintings, have fostered a culture of sustainability. Moving forward, the program's focus on strengthening infrastructure maintenance and scaling successful interventions will ensure its legacy as a model for integrated rural development in Himachal Pradesh and beyond.

# Integrated WASH (Water, Sanitation & Hygiene) Project for Tea Gardens

## Impact Assessment Report



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## 01. EXECUTIVE SUMMARY

### PROJECT BACKGROUND

Project Jalodari, a flagship water management initiative by TCPL, aimed to address critical challenges related to access to safe drinking water and menstrual hygiene in Assam's tea garden communities. The program focused on developing sustainable potable water sources, raising awareness about safe water consumption and promoting MHM among women and adolescent girls. Implemented by the CML, the project successfully created iron-free drinking water sources and installed bio-toilets for female tea pluckers, ensuring access to sanitation facilities. During its first phase, the project benefitted communities in three tea estates in Jorhat district. In its second phase, the initiative expanded to four tea estates in Golaghat district. Through these targeted efforts, Project Jalodari made significant strides in improving community well-being and contributed to TCPL's goal of positively impacting 1 million lives by 2023.



**CONVERSATION WITH THE ESTATE  
MANAGER - HATHIKULI T.E**

Access to safe drinking water and proper sanitation has been a persistent challenge for communities in Assam, especially in tea garden areas. Geographic, socio-cultural and economic disparities limited access to clean water and effective MHM. Groundwater in the region was highly contaminated with iron and arsenic, with concentrations often exceeding permissible limits. In districts like Jorhat and Golaghat, only 43.28% of households had access to safe drinking water, which was significantly below the national rural average. Similarly, menstruation-related stigma, lack of hygiene products and inadequate sanitation facilities negatively impacted the health and dignity of women and girls in these communities. To address these issues, TCPL initiated Project Jalodari, a comprehensive program to ensure safe drinking water and improve menstrual hygiene practices in Assam's tea garden communities.

TATA global beverages is involved in CSR activities from last 50 years. CPL CSR programmes aim to be relevant to local, national and global contexts, keep disadvantaged communities as the focus based on globally agreed sustainable development principles and be implemented in partnership with governments, NGOs and other relevant stakeholders. Tata companies are involved in a wide variety of community development and environment preservation projects.

In FY - 2019, the group has spent INR 1,095 crore on CSR expenditure and has positively impacted 11.7 million lives. The tata group's activities relate to education, livelihoods and skill development, rural development, water and sanitation, healthcare and strengthening services.

Tata sons private limited is the promoter and principal investment-holding company of the tata group, which includes tata consumer products limited (TCPL).

## IRON REMOVAL PLANT



## PROJECT DETAILS

**Implementation Year**

FY 2023-2024

**Assessment Year**

FY 2024-2025

**Number of beneficiaries**

8,854

**Targeted Geography**

Borjan, Diftloo, Hathikuli, Lattakoojan

**Beneficiaries**

Plant operators, Tea garden workers,  
MHM Sakhis, Operators of IRP, Women  
and Adolescent Girls

**Implementing Partner**

Centre for Micro Finance and Livelihood

**Budget**

₹92.87,000/-

**Alignment with  
SDG Goals****Alignment with National Policies**

- National Health Policy
- National Policy for Women's Empowerment
- Swachh Bharat Mission

## PROJECT ACTIVITIES

**SUSTAINABLE POTABLE  
WATER ACCESS**

Developing sustainable drinking water sources free from iron contamination and raising awareness about safe water consumption.

**MHM**

Educating adolescent girls and women of reproductive age in tea gardens and schools on menstrual health and hygiene practices.

**WORKPLACE  
SANITATION**

Installing bio-toilets for female tea pluckers at their workplaces to ensure access to sanitation facilities and uphold their right to hygiene and dignity.

# Key Findings and Key Impacts



COMPONENT	INDICATOR	FINDINGS	IMPACT
Menstrual Hygiene Management	Awareness camp	<ul style="list-style-type: none"> <li>92.0% of the respondents attended awareness sessions on MHM.</li> <li>100% of the respondents learned about the use of sanitary napkins and cloth pads.</li> </ul>	<ul style="list-style-type: none"> <li>Improvement in knowledge due to sessions.</li> <li>99.0% of the respondents had improved practice of sanitary product usage during menstruation.</li> </ul>
	Capacity building sessions	66.7% of the MHM Sakhi members attended capacity-building training sessions.	<ul style="list-style-type: none"> <li>Promoting social entrepreneurship.</li> <li>Using Matka incinerator.</li> </ul>
	Managing menstruation	<ul style="list-style-type: none"> <li>56.0% of the respondents received guidance on addressing different symptoms of menstruation hygiene from MHM Sakhis.</li> <li>94.7% of those who received assistance in accessing the appropriate treatment facility had menstrual problems.</li> </ul>	<ul style="list-style-type: none"> <li>86.0% of the respondents had better hygienic conditions at home.</li> <li>Experienced an improvement in hygienic conditions at home.</li> <li>66.0% of the respondents shared information on red flags and green flags regarding menstrual hygiene.</li> </ul>
	Hygiene in schools	<ul style="list-style-type: none"> <li>85.5% of the schools had separate toilets for girls and boys in their schools.</li> <li>90.9% of the respondents reported facing no problems at school during their menstruation period.</li> </ul>	<ul style="list-style-type: none"> <li>85.0% of the respondents had increased awareness of personal hygiene, such as wearing undergarments.</li> <li>98.1% of the girls were comfortable attending school during the menstrual period post-intervention.</li> </ul>



COMPONENT	INDICATOR	FINDINGS	IMPACT
Iron Removal Plant	Water filtration unit installation	<ul style="list-style-type: none"> <li>100% of the respondents fetch potable water regularly from the water filtration unit and visit the water filtration unit.</li> </ul>	<ul style="list-style-type: none"> <li>100% of the respondents received clean water with no metallic taste or odour fetched from the water filtration unit and also increased the consumption on a daily basis, which is more than 50.0% from the previous consumption.</li> </ul>
	Consumption	<ul style="list-style-type: none"> <li>The majority of the respondents reported getting around 25 litres of clean water per visit to the water filtration unit.</li> </ul>	
	Health issues and waterborne diseases	<ul style="list-style-type: none"> <li>70.0% of the respondents mentioned never suffering from waterborne diseases after the intervention.</li> </ul>	<ul style="list-style-type: none"> <li>96.2% of the respondents experienced no cost in their healthcare expenses.</li> </ul>
Bio-Toilet Installation	Cleaning and Maintenance	<ul style="list-style-type: none"> <li>100% availability of cleaning materials.</li> <li>100% of the respondents reported daily maintenance of the bio-toilets.</li> </ul>	<ul style="list-style-type: none"> <li>100% of the respondents experienced increased safety as they no longer get insect bites.</li> <li>100% increased awareness of sanitation practices.</li> </ul>
	Health and Environment	<ul style="list-style-type: none"> <li>100% of the respondents reported an improvement in health.</li> </ul>	<ul style="list-style-type: none"> <li>100% improvement in health and reduction in fungal infections.</li> </ul>

## 02. OECD FRAMEWORK



Relevance



Coherence



Effectiveness



Efficiency



Impact



Sustainability



### RELEVANCE

The project is highly relevant as it addresses critical issues faced by communities in Assam, particularly in the four tea estates. The program tackles the pressing concerns of water contamination, menstrual hygiene and sanitation, which have significant impacts on the health and dignity of local populations. The installation of IRPs, the MHM program and the provision of bio-toilets for female workers are directly aligned with the needs of these communities. These interventions address longstanding challenges such as waterborne diseases, lack of menstrual hygiene awareness and inadequate sanitation for female workers.



### COHERENCE

The project aligns with several Sustainable Development Goals (SDGs):



Additionally, the project complements state and national initiatives such as:

- National Health Policy
- National Policy for Women's Empowerment
- Swachh Bharat Mission



### EFFECTIVENESS

The program has successfully achieved its goals by improving water quality, menstrual hygiene and sanitation for female workers:

- **Access to clean water:** The installation of IRPs in tea estates and schools has reduced waterborne diseases by providing clean, safe drinking water, with regular water quality checks ensuring consistent quality.
- **Menstrual hygiene improvement:** The MHM program has raised awareness and promoted better hygiene practices among women and girls. The distribution of cloth-based napkins has further supported sustainable practices.
- **Sanitation for female workers:** The bio-toilet installation in plucking areas has improved sanitation for female workers, ensuring privacy and hygiene, with awareness sessions promoting proper use and overall health benefits.



### EFFICIENCY

This program has proven efficient in its resource utilisation and in achieving its intended outcomes. The installation of IRPs and distribution of water filters have effectively addressed water contamination issues. The delivery of MHM training sessions has reached large numbers of women and girls, promoting better hygiene practices.

The distribution of bio-toilets has improved sanitation with a focus on mobility and privacy for female workers. The active participation of beneficiaries has strengthened the program's impact, and most activities were completed within the scheduled timeline. The Sakhis played a key role in ensuring effective engagement with the beneficiaries.



## IMPACT

The program has had a transformative impact:

- **Health and sanitation improvements:** The program has reduced waterborne diseases by providing access to clean drinking water. The bio-toilet installation has enhanced sanitation for female workers, improving their health and dignity, which contributes to better work environments.
- **Empowerment and cultural shift:** The MHM program has contributed to empowerment by improving menstrual hygiene education and access to sustainable products, allowing women and girls to manage their health with dignity. This has fostered confidence and participation in schools and workplaces. The program's awareness efforts have led to a cultural shift by breaking taboos around menstruation, encouraging open discussions, and normalising menstrual health as an essential aspect of well-being.
- The IRP installation has empowered communities by providing access to clean drinking water, reducing health risks, and easing the burden of fetching water. Women, traditionally responsible for water collection, have benefited from safer and more convenient access, allowing them to focus on education and work. The shift from reliance on unsafe water sources to treated water has changed perceptions of hygiene and health, reinforcing the importance of clean drinking water in daily life.
- The bio-toilet initiative has empowered women workers by improving sanitation conditions at work sites, ensuring privacy and safety, and reducing health risks. The presence of bio-toilets has encouraged a shift in workplace culture, recognising sanitation as a fundamental right. This change has helped normalise discussions around hygiene facilities for women, promoting a more inclusive and dignified working environment.



## SUSTAINABILITY

The program promoted sustainability by ensuring long-term access to iron-free drinking water through reliable infrastructure and awareness initiatives. Menstrual hygiene education empowered women and girls with sustainable practices, including the use of eco-friendly napkins and proper hygiene management. Bio-toilets at workplaces provided lasting sanitation solutions, improving the health and dignity of female workers. Additionally, the awareness created at multiple levels enabled beneficiaries to share knowledge with family members and integrate improved practices into daily life. This included better health care, overcoming misconceptions, adopting healthier dietary habits, using safe menstrual products, and recognising important symptoms related to reproductive health.



Relevance



Coherence



Effectiveness



Efficiency



Impact



Sustainability

## CHAPTER 3

# INTRODUCTION



*Assessing the Mobile Bio - Toilet*

### BACKGROUND AND NEED OF THE PROGRAM

Access to safe drinking water and proper sanitation has been a persistent challenge for communities in Assam, especially in tea garden areas. Geographic, socio-cultural and economic disparities limited access to clean water and effective MHM. Groundwater in the region was highly contaminated with iron and arsenic, with concentrations often exceeding permissible limits. In districts like Jorhat and Golaghat, only 43.28% of households had access to safe drinking water, which was significantly below the national rural average. Similarly, menstruation-related stigma, lack of hygiene products and inadequate sanitation facilities negatively impacted the health and dignity of women and girls in these communities. To address these issues, TCPL initiated Project Jalodari, a comprehensive program to ensure safe drinking water and improve menstrual hygiene practices in Assam's tea garden communities.

The initiative focused on sustainable water management, sanitation improvements and community awareness. The first phase of the project, implemented by the CML, targeted three tea estates in Jorhat district—Kakajan, Teok and Bhelaguri. Building on its achievements, the second phase expanded to four tea estates in Golaghat district—Borjan, Lattakoojan, Diffloo and Hathikuli. The program developed sustainable water sources, promoted awareness about safe water consumption, provided MHM education and installed bio-toilets to enhance sanitation facilities in workplaces.

### OBJECTIVES OF THE PROGRAM



Providing safe and reliable drinking water to approximately 12,000 individuals (around 2,400 resident households) across four tea estates—Lattakoojan, Diffloo, Hathikuli and Borjan—and three nearby villages in Golaghat District, Assam, by installing water purification systems.



Promoting behavioural change through communication strategies that emphasise the importance of safe drinking water and its impact on health and well-being.



Enhancing knowledge, awareness and sensitivity around MHM among women and adolescents in the tea estates and nearby villages, with the aim of reaching 6,000 beneficiaries.



Improving drinking water and sanitation infrastructure in eight schools located in the villages near the tea estates through targeted rejuvenation activities.



Piloting the construction of mobile toilets at garden work sites (plucking challans) within four tea estates to provide sanitation facilities for tea workers.



Implementing water conservation interventions by recharging aquifers through the revival of old, defunct deep tube wells tailored to local site conditions.



Developing and executing a comprehensive Behaviour Change Communication strategy focused on water quality, water usage, sanitation and hygiene practices.

## ABOUT CENTER FOR MICRO FINANCE & LIVELIHOOD (CML)

CML is a support umbrella organisation for capacity building, collaborative interventions, research, facilitating the implementation of government programs and aiding policy formulations in the development space. It was established in 2008 under the aegis of Grameen Sahara – an NGO based in Assam, with the support of TSWT – an ally of Sir Dorabji Tata Trust, Mumbai. CML is located in Guwahati, Assam. The centre is envisioned to emerge as a resource and capacity-building platform to cater to the evolving needs of the budding development sector of Northeast India. CML strongly believes in associations, partnerships and collaborations to effectively carry forward its vision and mission. CML has the mandate to extend its services to all eight north-eastern states. At present, CML has a linkage with more than 500 NGOs in the region. Initially, it focussed on the states of Assam, Manipur, Nagaland and Arunachal Pradesh. Since the second quarter of 2010, interventions have been extended to the states of Mizoram, Tripura, Meghalaya, and Sikkim. At present, CML's collaborative livelihood intervention is spread across all eight Northeast states.

## CHAPTER 4

# RESEARCH METHODOLOGY

TCPL assigned SoulAce to conduct an impact assessment study to evaluate the immediate and long-term effects of the water mission on the water and sanitation initiative implemented under CML. The study was conducted during FY 2024-25.



*FGD with Women Beneficiaries of Lattakoojan T.E*

### OBJECTIVES OF THE STUDY



To assess the effectiveness of the Iron Removal Plants in providing safe and iron-free drinking water to communities in the tea estates and nearby villages.



To evaluate the impact of the MHM initiative in improving awareness, knowledge and practices related to menstrual health among adolescent girls and women.



To measure the impact of bio-toilet installations in ensuring access to sanitation facilities for female tea pluckers and enhancing workplace hygiene and dignity.

### DEFINITION OF RESEARCH

Research is a structured and logical process undertaken to discover new and valuable information about a particular topic. Social science research, in particular, involves a systematic approach to gaining knowledge by adhering to scientific principles and methods to reduce bias and subjectivity. Unlike speculative or assumption-based writing, social science research is grounded in evidence and follows a methodical process to ensure validity. While some information may arise from common sense or casual observation, it is only recognised as reliable when acquired through systematic and scientific investigation that stands the test of time. Scientific research is characterised by objectivity, ethical neutrality, reliability, testability and transparency.

Research begins with identifying a problem, which is refined through literature reviews or consultations with experts in the field. Since every research problem has multiple dimensions and perspectives, it is not feasible to address all of them in a single study.

## MIXED-METHODS APPROACH

This study employed a mixed-methods approach, combining qualitative and quantitative research methods. The qualitative component explored subjective experiences and perspectives, while the quantitative aspect focused on numerical data to identify trends and provide statistical insights. Using a descriptive research design, the study aimed to present a comprehensive analysis of the skill development program, highlighting its impact and identifying areas for improvement. This integrated approach ensured a balanced evaluation, enhancing both the depth and credibility of the findings.

## ENSURING TRIANGULATION

Through the process of triangulation, the quantitative data was cross-verified using the findings of the qualitative data. This process thus prevents confirmation bias and also validates the findings of the study.

## KEY STAKEHOLDERS



## DESIGN SNAPSHOT



### Name of the project

Integrated WaSH (Water, Sanitation & Hygiene) Project for Tea Gardens.



### Implementing agency

Centre for Micro Finance and Livelihood



### Research design used

Descriptive Research Design



### Sampling technique

Purposive Sampling



### Sample size

- Iron Removal Plant (IRP) Installation and Water Quality Management - 80
- Menstrual Hygiene Management - 100
- Bio-Toilet Installation for Women Workers - 35



### Quantitative method used

Questionnaire tool



## Qualitative Methods Used

Semi-structured interviews, testimonials, case studies, and focus group discussions with beneficiaries along with key stakeholders

## STUDY TOOLS

The study employed a mix of tools to collect both quantitative and qualitative data. For quantitative data collection, structured questionnaires were developed to assess key areas such as water quality, menstrual hygiene and sanitation practices. These questionnaires were designed with predefined indicators to ensure consistency and accuracy in the data. Additionally, semi-structured interview schedules were used to engage with key stakeholders, including facilitators and health professionals, through one-on-one discussions. This approach allowed for gathering in-depth insights into the project's implementation and challenges. Furthermore, beneficiary testimonials were collected through interviews to capture personal experiences and perspectives, offering valuable qualitative data on the project's impact.

## ETHICAL CONSIDERATIONS



### INFORMED CONSENT

Participants were fully informed about the study's objectives, procedures, risks and benefits. They had the opportunity to ask questions and make their decisions voluntarily after understanding the details, ensuring informed consent was obtained.



### CONFIDENTIALITY AND PRIVACY

Participants' data was securely stored and accessible only to authorised personnel. Anonymisation techniques were used to protect identities, ensuring privacy throughout the study.



## VOLUNTARY PARTICIPATION

Participation was entirely voluntary, with no coercion or pressure. Participants had the freedom to withdraw at any time, respecting their autonomy and personal choice.



## RESPECT, DIGNITY AND FAIRNESS

Participants were treated with respect and fairness. Their well-being was prioritised, and necessary support was provided to ensure a positive experience throughout the study.



**INTERVIEW WITH THE IRP OPERATOR BORJAN T.E**

## CHAPTER 5

# ANALYSIS OF THE PROGRAM DESIGN

This chapter presents an in-depth analysis of the design and effectiveness of Project Jalodari, focusing on its key interventions and their overall impact. The evaluation draws on data primarily sourced from the implementing partner, complemented by insights gained from discussions with stakeholders involved in the program. The chapter also seeks to provide a comprehensive understanding of the program's structure, activities and the theoretical framework that underpins its objectives.



### CONTEXT AND PROGRAM OVERVIEW

#### PROGRAM OVERVIEW

Project Jalodari, an initiative under TCPL, aims to address critical water, sanitation and menstrual hygiene issues in Assam's tea estates and surrounding communities. The project's primary focus areas include improving access to safe drinking water, enhancing menstrual hygiene practices and ensuring better sanitation for female workers. These interventions were designed to have a broad and lasting impact on community well-being by integrating water and food security, sustainable agriculture and hygiene practices.

#### MAJOR ACTIVITIES IN THE PROGRAM

**Iron Removal Plant (IRP) installation and water quality management:** The project has focused on improving access to clean drinking water by installing (IRPs) across tea estates and nearby villages. These plants address the issue of high iron contamination in drinking water, a major concern in the region. Regular water quality tests are conducted to ensure the effectiveness of the IRPs, and the local community is educated on water usage and hygiene practices.

**Menstrual Hygiene Management (MHM):** The MHM program under Project Jalodari is designed to raise awareness and educate women and adolescent girls about menstrual hygiene. The initiative involves training facilitators (Sakhis) and conducting awareness sessions in tea estates and schools. Beneficiaries are educated on safe menstrual practices, including the importance of changing sanitary pads at regular intervals, maintaining hygiene by washing the intimate area with clean water, and ensuring that reusable menstrual products, such as cloth pads, are dried in sunlight to prevent infections. The program also provides information on reproductive health, including methods for preventing infections and maintaining overall well-being. Additionally, it aims to break cultural taboos and encourage open discussions about menstrual and reproductive health.



## MHM ACHIEVEMENT FOR EACH SCHOOL

TE	Groups Formed	Beneficiaries attended 1st Module meeting	Beneficiaries attended 2nd Module meeting	Beneficiaries attended 3rd Module meeting	Beneficiaries attended 4th Module meeting
Borjan	141	1229	1109	1050	933
Diffloo	96	861	782	735	654
Hathikuli	95	795	711	670	589
Lattakoojan	72	627	523	483	416
Grand Total	404	3512	3125	2938	2592

School	Adolescent Girls Enrolled under MHM (till March 2024)
Bokakhat Girls High School	44
Borjan High School	36
Diffloo Pathar High School	73
Kaziranga Girls High School	37
<b>Total</b>	<b>190</b>

**Bio-toilet installation for female workers:** In recognition of the unique sanitation needs of female tea pluckers, bio-toilets have been installed in plucking areas. These movable toilets offer a hygienic and accessible sanitation solution, ensuring dignity and privacy for women workers. Awareness sessions have been conducted to promote proper use of these bio-toilets and hygiene practices.



## THEORY OF CHANGE

Project Jalodari follows a Theory of Change framework that outlines how its activities lead to meaningful changes in the target communities. The theory is structured into four key components: Inputs, Outputs, Outcomes and Impact. Below is a brief overview:

### INPUTS

- Installation of IRPs and water quality testing equipment.
- Training materials and resources for MHM.
- Facilitators (Sakhis) for community education.
- Training of trainers session for Sakhis.
- Periodic meetings with women and adolescent girls on safe MHM practices through Sakhis.
- Bio-toilets for sanitation in tea-plucking areas.
- Awareness-building resources and community outreach programs about MHM.
- Drinking Water - Awareness meetings, house visits (door to door), mela.
- Bio-Toilets - Awareness meetings at plucking sites.

### OUTPUTS

- Successful installation of IRPs in tea estates and villages, ensuring access to iron-free water.
- Delivery of MHM training sessions, reaching hundreds of women and girls in tea estates and schools.
- Distribution of cloth-based sustainable menstrual napkins.
- Installation of bio-toilets in plucking areas, with subsequent usage by female workers.

### OUTCOMES

- Improved access to clean, safe drinking water for tea estate communities.
- Increased knowledge and adoption of proper menstrual hygiene practices among women and girls.
- Enhanced sanitation conditions for female workers, leading to improved health and dignity.
- Reduction in waterborne diseases due to better water quality and hygiene practices.
- Increased household-level consumption of potable drinking water.
- Reduced workload for filtering contaminated water.

**IMPACT**

- Long-term improvement in community health and well-being, especially among women and girls, by addressing menstrual hygiene and overall sanitation.
- Empowerment of women through education on menstrual health and access to safe, sanitary practices.
- Sustainable access to clean water contributes to reduced waterborne diseases and improved quality of life.
- Access to sanitation facilities is a fundamental right for women in the workplace, leading to enhanced work environments, improved productivity, and better health.

The program's design is based on a comprehensive understanding of the needs and challenges faced by the communities, particularly in rural and marginalised areas. Through its integrated approach, Project Jalodari has created significant positive changes in health, hygiene and sanitation practices, providing sustainable development within the community.

**STAKEHOLDERS OF DIFFLOO T.E**

## CHAPTER 6

# KEY FINDINGS AND IMPACTS

This chapter evaluates the impact and effectiveness of the water mission's (WaSH) key interventions, including the MHM program, IRP and water filtration unit installations and bio-toilet initiatives. It examines the program's influence on menstrual health awareness, access to safe drinking water and improved sanitation facilities for women workers, highlighting behavioural changes, health outcomes and enhanced access to essential resources within communities.



### COMPONENT 1: IRON REMOVAL PLANT (IRP) INSTALLATION AND WATER QUALITY MANAGEMENT

IRP and Water filtration unit installation aimed to improve access to safe drinking water by addressing issues of iron contamination and water quality. This section evaluates the impact of the intervention on water access, quality and health outcomes. It examines changes in water-fetching practices, the quality of water post-filtration unit installation, the frequency of water-related health issues and associated healthcare costs. The report also assesses the effectiveness of the water filtration unit in providing reliable and clean water to the community and the benefits it has brought to residents in terms of health and daily water usage.

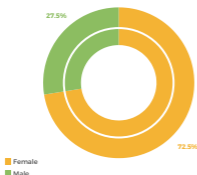


INTERACTION WITH THE  
PRINCIPAL, BORJAN H.S SCHOOL

## KEY FINDINGS

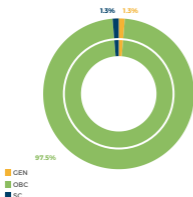
## SOCIO-ECONOMIC AND DEMOGRAPHIC PROFILE OF THE RESPONDENTS

CHART 1: GENDER-WISE DISTRIBUTION



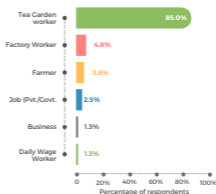
A substantial majority of the respondents (72.5%) were female, and the remaining 27.5% were male.

CHART 2: SOCIAL CATEGORY



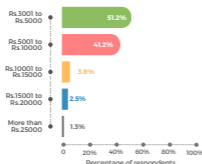
The vast majority of the respondents (97.4%) were from the OBC category, while few were from the general and SC categories.

CHART 3: OCCUPATION

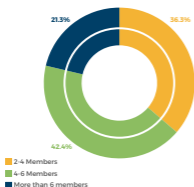


A larger majority of the respondents (85.0%) were tea garden workers, followed by 6.2% who were factory workers. Other occupations included farming (3.7%), private or government jobs (2.5%), and business and daily wage workers (1.3%).

The project successfully targeted the right beneficiaries by focusing on tea garden workers, who face challenging working conditions and have limited access to sanitation and hygiene facilities. This intervention directly addressed their needs, ensuring improved menstrual hygiene and sanitation. The high participation of women further strengthened the program's impact, as they are the primary stakeholders in menstrual health initiatives. Additionally, the inclusion of individuals from diverse occupational backgrounds, such as factory workers, farmers, and daily wage labourers, broadened the program's reach. By engaging marginalised groups, the project effectively addressed health and hygiene challenges in vulnerable communities, making it highly relevant and impactful.

**CHART 4: MONTHLY FAMILY INCOME (INR)**

More than half of the majority of the respondents (51.2%) said a monthly family income between ₹3001 to ₹5000, followed by 41.2% with an income between ₹5001 to ₹15000. Smaller proportions of respondents had incomes between ₹15,001 to ₹20,000 (2.5%) and more than ₹25000 (1.3%).

**CHART 5: NO. OF FAMILY MEMBERS**

A significant majority of respondents (78.7%) mentioned having 2-4 family members, followed by a smaller proportion of respondents (21.3%) reported having more than 6 family members.

**ALIGNMENT WITH PROGRAM OBJECTIVES**

The mobilisation of beneficiaries was well aligned with the program's objectives, ensuring that the intervention reached those most in need of safe drinking water and sanitation improvements. The majority of respondents belonged to low-income households, making them particularly vulnerable to waterborne diseases. By targeting tea estate workers and nearby village residents, the project effectively addressed the communities that lacked access to safe drinking water.

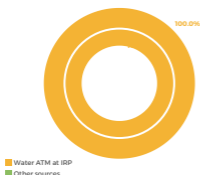
**INCLUSION OF KEY GROUPS**

The inclusion of families with varying household sizes ensured that awareness of safe water consumption and hygiene practices was widely disseminated. The initiative also extended to schools, addressing gaps in water and reinforcing its focus on long-term behavioural change.

**ACCESSIBILITY OF THE WATER RESOURCES (PRE- AND POST-INSTALLATION PHASE OF THE WATER FILTRATION UNITS AT IRPS)****CHART 6: SOURCE OF POTABLE DRINKING WATER BEFORE THE INSTALLATION OF THE WATER FILTRATION UNIT AT IRP****Before the intervention**

A notable majority of the respondents (45.0%) said using pipeline connections at home provided by the local authority for potable drinking water, followed by 35.0% relying on common hand pumps or public taps. A smaller proportion (20.0%) sourced their water from community wells, ponds or bore wells.

**CHART 7: PRESENT SOURCES OF POTABLE WATER AFTER THE INSTALLATION OF THE WATER FILTRATION UNIT**



#### After the intervention

Before the IRP, drinking water was sourced through pipeline connections at home provided by the local authority, common hand pumps or public taps, and community wells, ponds, or bore wells. All of the respondents (100.0%) now fetch potable water regularly from the water filtration unit at IRP, with no respondents relying on other sources.

A water filtration unit is a self-service machine that provides clean drinking water. They are also known as water vending machines. Water filtration units provide access to safe drinking water at any time, even during emergencies. They are a good option for areas where the need for potable water is high.

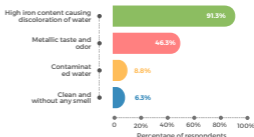


Project Jalodari successfully focused on improving access to clean water in tea estate communities. The installation of IRPs helped address iron contamination in drinking water, benefiting numerous households. By working closely with local authorities, the initiative achieved sustainable improvements in water quality, leaving a lasting positive impact on the lives of the beneficiaries.

- Bipul Karmakar, Tea Garden Worker



**CHART 8: QUALITY OF DRINKING WATER FETCHED FROM DIFFERENT SOURCES PRIOR TO INSTALLATION OF THE WATER FILTRATION UNIT (PRE-INSTALLATION)**



(Disclaimer: Percentages are calculated individually from multiple responses, so they do not sum to 100%)

A vast majority (91.3%) of the respondents noted that high iron content caused the discoloration of water, which was the main issue with drinking water before the installation of the water filtration unit. Additionally, 46.3% experienced a metallic taste and odour, while 8.8% mentioned contamination, and a few found the water clean and without any smell. Challenges included contamination in drinking water, frequent waterborne diseases such as diarrhoea and dysentery, and difficulties in proper water collection, storage, and usage before the intervention.



The water we used to drink had a high iron content, which made it look discoloured and gave it a metallic taste and smell. Sometimes, the water was contaminated, and many of us suffered from diseases like diarrhoea and dysentery. Collecting and storing clean water was also difficult, making daily use even more challenging.

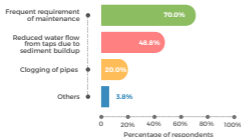
- Voishnabi Lohar, Lattakoojan T.E.



## IRON IN DRINKING WATER

Iron can be a troublesome chemical in water supplies. Making up at least 5% of the earth's crust, iron is one of the earth's most plentiful resources. Rainwater, as it infiltrates the soil and underlying geologic formations, dissolves iron, causing it to seep into aquifers that serve as sources of groundwater for wells. Although present in drinking water, iron is seldom found at concentrations greater than 10 milligrams per litre (mg/L) or 10 parts per million. However, as little as 0.3 mg/l can cause water to turn a reddish-brown colour.

**CHART 9: DIFFICULTIES FACED RELATED TO WATER SUPPLY IN THE CASE OF HIGH IRON CONTENT (PRE-INSTALLATION)**



(Disclaimer: Percentages are calculated individually from multiple responses, so they do not sum to 100%)

The majority (70.0%) of the respondents faced frequent maintenance requirements due to high iron content in the water. 48.8% of the respondents mentioned reduced water flow from taps due to sediment build-up. 20.0% of respondents experienced clogging of pipes, and 3.8% of respondents faced other difficulties.

“

Before the water filtration unit was installed, the water quality was extremely poor. The water we fetched had a high iron content, making it discoloured, with a strong metallic taste and smell. It often felt contaminated and unsafe for consumption. Frequent maintenance issues and reduced water flow due to sediment build-up made access to clean water even more difficult. However, with the new system in place, the water quality has significantly improved, providing safer and better-tasting water.

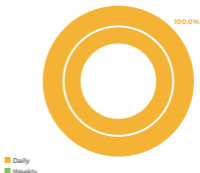
- Junaki Nayak, Lattakoojan Tea Estate

”

## POST WATER FILTRATION UNIT

After the implementation of the program, a water filtration unit was established, and both community members and tea garden workers started fetching water from it. This made potable drinking water easily accessible.

**CHART 10: FREQUENCY OF VISIT TO THE WATER FILTRATION UNIT**



All of the respondents (100.0%) visit the water filtration unit daily.

Water filtration units provide a convenient and reliable source of safe drinking water around the clock, making them essential for daily use and during emergencies. They reduce the need for bottled water, minimise plastic waste and help conserve natural resources by eliminating the need to boil water or fetch it from distant sources.

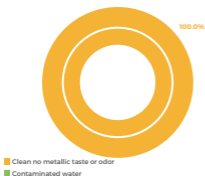
“

We used to rely on government-supplied water, but it was highly contaminated and caused frequent health issues like fever and stomach aches in our family. Since we started using the clean water provided by the iron removal plant, our health has improved significantly. We no longer drink the supplied water, and we are grateful for this facility that ensures safe drinking water for us.

- Bikash Karmakar

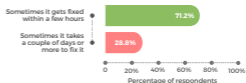
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CHART 11: QUALITY OF WATER FROM THE WATER FILTRATION UNIT (POST-INTERVENTION)



All of the respondents (100%) reported that the water fetched from the water filtration unit was clean, without any metallic taste or odour.

CHART 12: FREQUENCY OF WATER SUPPLY DISRUPTIONS DUE TO TECHNICAL ISSUES



The majority of the respondents (71.2%) said that the water supply is sometimes affected due to technical issues, but it gets fixed within a few hours. 28.8% mentioned that it sometimes takes a couple of days or more to fix the issue.

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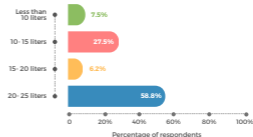
With the installation of the IRP and the Jalodoot Running Water Program, we were able to address the water quality challenges we faced earlier. These upgrades have had a positive impact, providing our students with access to clean and safe drinking water.

- Minati Gogoi - Principal, Borjan Higher

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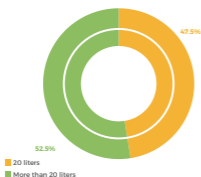
## OUTPUT INDICATORS

CHART 13: DAILY WATER CONSUMPTION FOR DRINKING AND COOKING (PRE-INSTALLATION)



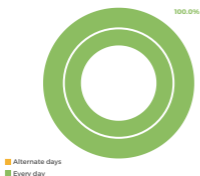
More than half of the majority of respondents (58.8%) used 20-25 litres of water for daily consumption (drinking water/cooking) before the installation of the water filtration unit. 27.5% of respondents used 10-15 litres, 7.5% used less than 10 litres and 6.2% used 15-20 litres.

**CHART 14: AMOUNT OF WATER RECEIVED FROM THE WATER FILTRATION UNIT PER VISIT**



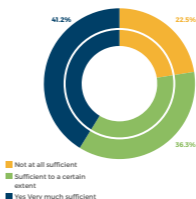
A slight majority of respondents (52.5%) reported getting more than 20 litres of water per visit to the water filtration unit, while 47.5% of respondents received 20 litres of water each time.

**CHART 15: FREQUENCY OF GETTING WATER FROM THE WATER FILTRATION UNIT**



All of the respondents (100%) fetch water from the water filtration unit every day.

**CHART 16: SUFFICIENCY OF WATER QUANTITY FROM THE WATER FILTRATION UNIT FOR DAILY USAGE**



A considerable majority of the respondents (41.2%) found the quantity of water from the water filtration unit to be very much sufficient for their daily usage, while 36.3% felt it was sufficient to a certain extent, and 22.5% considered it not at all sufficient.



**ASSESSING SUPPLY  
WATER CONDITION AT  
LATTAKOOJAN T.E**



### **CASE STUDY ENSURING SAFE DRINKING WATER IN KAKAJAN TEA ESTATE**

In the summer of 2023, Nikita Tanti, a Community Resource Person (CRP) for the Jalodari Project, learned about a rise in waterborne diseases in Kakajan Tea Estate. The Welfare Officer had urged the community to filter their drinking water, but the estate lacked a filtration unit, leaving residents vulnerable to unsafe water. While nearby villages had access to filtered water, Kakajan did not.



Recognising the urgency, Nikita conducted a door-to-door survey and identified 13 households severely impacted by contaminated water. To address this, she organised a local vehicle to transport filtered water from a nearby unit in Bolimora to these households, ensuring a regular supply of 20-litre jars. A nominal fee was introduced to help sustain the service, which was affordable and encouraged community ownership.



As a result, the families reported improved health and a significant reduction in waterborne diseases. The initiative also raised awareness within the community about the importance of safe water and hygiene practices, with other residents expressing interest in similar solutions.



The process was not without challenges. Nikita faced logistical issues with transportation but solved them by establishing a reliable schedule. There was initial resistance to the water fee, which she addressed through awareness sessions highlighting the health benefits. Expanding the project to more households required additional resources, and Nikita sought partnerships with local organisations to secure support. Her initiative showcased the power of grassroots action in improving public health. The success led to the Jalodari Project considering the installation of a community filtration unit in Kakajan Tea Estate, aiming to extend safe drinking water access to more residents.

”

## PURIFICATION METHOD IN HOUSEHOLD

CHART 17: METHODS TO PURIFY DRINKING WATER



(Disclaimer: Percentages are calculated individually from multiple responses, so they do not sum to 100%)

### Before the intervention

100% of the respondents purified drinking water by boiling it, and none used a normal filter.

### After the intervention

92.5% of the respondents continued boiling water for purification, while 10% began using a normal filter.

Before the installation of the water filtration unit, boiling water was the only method used to ensure safe drinking water. This indicated a lack of access to alternative purification methods. The installation of the water filtration introduced a new purification option, while boiling water remained the dominant method. The shift towards filters reflects an improvement in access to alternative water purification solutions.

“

In an interview of impact assessment team with Dr. Anant, he described about the tea estate hospital and its 32-bed facility as vital for the healthcare of workers and their families. He highlighted the significant health improvements observed over time, including a 70-80% reduction in cases of waterborne diseases like diarrhoea, dysentery and issues caused by iron contamination such as stomach problems, dental issues and indigestion. The hospital, reliant on the IRP for safe drinking water and the JJM supply for cooking, has seen fewer referrals and isolation cases for severe illnesses. Dr. Baruah noted positive behavioural changes in the community due to access to clean water but emphasised the need for the hospital to install its own water filtration system to ensure long-term water safety and reduce external dependencies.

Interview-Dr. Anant Kumar Baruah – Senior Medical Officer, Borjan Tea Estate

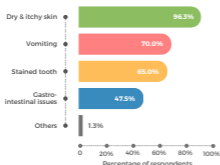
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INTERVIEW WITH THE  
BENEFICIARY REGARDING  
IMPACT OF JALODARI

## PRE-INTERVENTION SCENARIO OF HEALTH ISSUES

**CHART 18: HEALTH ISSUES FACED DUE TO HIGH IRON CONTENT IN WATER (PRE-INSTALLATION)**



(Disclaimer: Percentages are calculated individually from multiple responses, so they do not sum to 100%)



### SKIN ISSUES

Dry and itchy skin was noted by 96.3% of the respondents. Excessive iron in water irritates the skin, causing discomfort that makes daily tasks more difficult.



### DIGESTIVE PROBLEMS

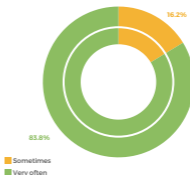
Vomiting affected 70.0%, while a notable portion (47.5%) dealt with gastro-intestinal issues. Consuming water with high iron levels disrupts digestion, leading to frequent illness and reduced energy.



### DENTAL CONCERNS

Stained teeth were mentioned by a majority (65.0%) of the respondents. Continuous exposure to iron-rich water discolours teeth, impacting confidence and oral hygiene over time.

**CHART 19: FREQUENCY OF WATERBORNE AND GASTRO-INTESTINAL DISEASES BEFORE THE INSTALLATION OF THE WATER FILTRATION UNIT**



A larger majority of the respondents (83.8%) stated that they were suffering very often from waterborne or gastro-intestinal diseases such as diarrhoea, stomach pain and vomiting before the installation of the water filtration unit, while 16.2% mentioned experiencing these issues sometimes.

“

Before the water filtration unit was installed, my family and I often suffered from stomach pain, diarrhoea and vomiting due to contaminated water. We had to seek medical help frequently, sometimes very often. Since the water filtration unit has been set up, we hardly ever face these problems anymore. I haven't needed to go to the doctor for water-related issues, and it's been a huge relief for us.

- Binota Tanti, Borjan TE

”

“

I had been suffering from frequent diarrhoea, stomach pain and gastroenteritis for a long time. After switching to the IRP water, I noticed a significant improvement in my health. I could attend my duties regularly, and my children, who were often absent from school due to illness, were now going to school without any issues. We also saved money on medical expenses. I am truly grateful for the clean water, which has made a positive difference in our lives. I now encourage others in the village to drink IRP water for better health.

- Dipankar Lahon, Bolimora village

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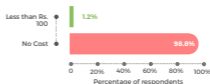
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In a discussion about the IRP program by the assessment team, Sushil Karmakar, the operator of the iron removal plant at Borjan Tea Estate in Golaghat, shared insights into his role and responsibilities. He explained that he oversees the plant's operations, ensuring the distribution of clean water to 2,240 households, including 370 directly covered by the plant. He mentioned that 303 families have been provided with 20-litre water jars for safe storage and consumption, with each family receiving one jar. The plant also supports families living outside the tea garden area, broadening its reach. Sushil noted that, on average, 60 families visit the plant to collect water on alternate days, demonstrating the consistent demand for safe drinking water in the community.

- Sushil Karmakar, Iron Removal Plant Operator

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**CHART 20: MONTHLY EXPENSE (PRE-INSTALLATION) FOR PACKAGED WATER OR OTHER SOURCES**



**Before the intervention**

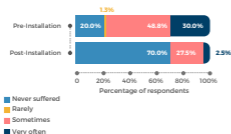
The majority (98.8%) of the respondents reported no cost for purchasing packaged water or paying for monthly rental services. A smaller portion (1.2%) had monthly expenses of less than ₹100.



**INTERACTION WITH THE STUDENTS OF BOKAKHAT GIRLS HIGH SCHOOL**

## IMPACTS

**CHART 21: FREQUENCY OF SEEKING MEDICAL ATTENTION FOR WATERBORNE DISEASES**



### Before the intervention

Nearly half of the majority (48.8%) of the respondents sometimes suffered from waterborne diseases like diarrhoea, stomach pain and vomiting, while 30.0% experienced these issues very often. Only 20.0% of respondents had never suffered from such diseases, and few experienced them rarely.

The high frequency of waterborne diseases highlighted the poor water quality, which directly affected health and disrupted daily life. Contaminated water continues to cause widespread health problems, making daily activities more challenging for many individuals.

### After the intervention

A large majority (70.0%) of the respondents mentioned never suffering from waterborne diseases, a significant improvement. Those who experienced these issues sometimes dropped to 27.5%, and only a few (2.5%) of respondents suffered very often.

The intervention led to a substantial reduction in health issues related to water, allowing the population of selected tea estates to lead healthier lives.

**CHART 22: EXPENDITURE ON WATERBORNE DISEASES**



### Before the intervention

The majority (90.0%) of the respondents reported no cost related to waterborne diseases. However, 10.0% spent between ₹501 and ₹700. Despite a majority not facing direct costs, the presence of some expenditures highlighted the financial burden caused by waterborne diseases. The effects of poor water quality are far-reaching, not just in terms of health but also in the additional financial burden on families.

### After the intervention

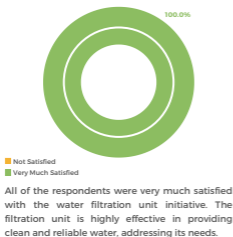
After the intervention, 96.2% of respondents mentioned no expenditure on waterborne diseases. A small number (3.8%) spent less than ₹500, while no one had to spend between ₹501 and ₹700.

The reduction in medical expenditures due to waterborne diseases indicates the positive effect of improved water quality. Clean water plays an important role not only in preventing diseases but also in reducing healthcare costs for individuals and families, leading to less financial strain.

The above data highlights that beneficiaries find the water filtration units highly valuable for several reasons. The most significant impact observed is the reduction in waterborne diseases, with nearly all respondents emphasising how access to clean drinking water has led to improved health outcomes. Many beneficiaries also reported a decrease in healthcare expenses, as the availability of safe water has reduced the incidence of illnesses, thereby easing financial burdens on families.

Additionally, the filtration units have instilled a sense of security among community members, as they now have a reliable and safe source of drinking water, alleviating concerns about contamination. While some respondents specifically noted the convenience of having water available throughout the day, this aspect was seen as a secondary benefit compared to the health and financial advantages.

**CHART 23: LEVEL OF SATISFACTION WITH WATER FILTRATION UNIT**



The smooth operation of the IRPs (Iron Removal Plants) is ensured through timely repairs, regular maintenance, and cleaning, with operators fulfilling their duties to maintain the system's effectiveness. While the IRP runs on solar power, a reliable electricity connection is necessary during the rainy season to ensure continuous operation.





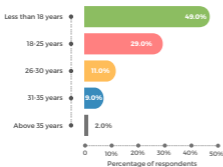
## COMPONENT 2: MENSTRUAL HYGIENE MANAGEMENT PROGRAM

The MHM program focuses on raising awareness and providing support for women and girls in managing menstrual hygiene. This section evaluates the impact of the program, including access to sanitary products, disposal practices and knowledge of menstrual health. It also examines the role of MHM Sakhis in promoting behavioural change, educating about sanitary product usage and ensuring better access to facilities like incinerators and private spaces for menstrual management, particularly in schools and communities.

### KEY FINDINGS

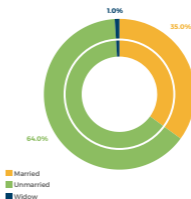
#### SOCIO-ECONOMIC AND DEMOGRAPHIC PROFILE OF THE RESPONDENTS

CHART 24: AGE-GROUP

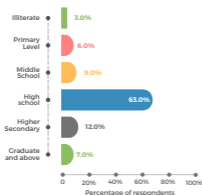


A significant majority (98.0%) of the respondents belonged to the 18-35 years age group or were less than 18 years old. Only a small fraction (2.0%) were above 35 years old.

CHART 25: MARITAL STATUS

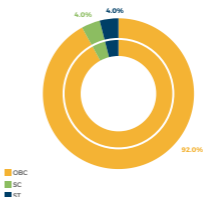


A majority (64.0%) of the respondents were unmarried, and 35.0% were married. Only a negligible were widows.

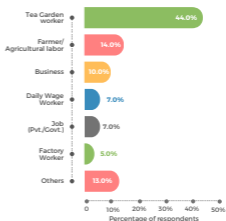
**CHART 26: EDUCATION OF THE RESPONDENT**

A substantial majority (63.0%) of the respondents had completed high school, followed by 12.0% who had completed higher secondary education. A smaller proportion (9.0%) had attended middle school, while 7.0% were graduates or had higher education. Only 6.0% had reached the primary level, and 3.0% of respondents were illiterate.

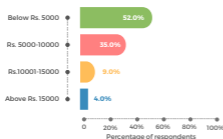
The program successfully targeted the right beneficiaries by focusing on younger individuals, who form a significant portion of the population and are more likely to adopt hygiene practices. The inclusion of both unmarried and married women ensured that the intervention reached diverse groups with different hygiene needs. Additionally, the high level of education among respondents facilitated better awareness and understanding of hygiene practices, making them an ideal group for promoting sustainable behavioural changes.

**CHART 27: SOCIAL CATEGORY**

The vast majority (92.0%) of the respondents belonged to the OBC category.

**CHART 28: FAMILY OCCUPATION**

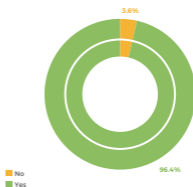
A notable majority (44.0%) of the respondents' families were involved in tea garden work, followed by 14.0% who were engaged in farming or agricultural labour. A small proportion (13.0%) reported other occupations, while 10.0% were involved in business. An equal number (7.0%) had family members working as daily wage workers and in private or government jobs. A few were factory workers.

**CHART 29: MONTHLY FAMILY INCOME (INR)**

More than half of the majority (52.0%) of the respondents reported a monthly family income of below ₹5000, while 44.0% earned between ₹5000 and ₹15000. Only 4.0% were earning above ₹15000.

The project addressed the needs of families involved in tea garden work, farming, and other low-income occupations. This ensured that the project reached those most in need of menstrual hygiene interventions and awareness. By focusing on low-income backgrounds, the project ensured that its benefits reached those who would most benefit from menstrual health education and support. The inclusion of families across different occupations, from daily wage workers to those in government or private jobs, further ensured that the intervention was broad-reaching and relevant to the community's diverse socio-economic background.

## GENERAL INFORMATION ABOUT MENSTRUATION

**CHART 30: WHETHER STARTED MENSTRUATING**

A significant majority (96.4%) of the respondents had started menstruating, while a small ratio (3.6%) had not.

**BORJAN IRON REMOVAL PLANT**



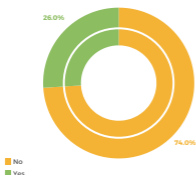
### **BREAKING MENSTRUAL MYTHS NEHA ROUTIA'S JOURNEY TOWARDS AWARENESS**

Neha Routia, a 15-year-old girl from Choto Jan Bagan, joined the MHM intervention led by an MHM Sakhi. Before the program, Neha faced several challenges. She had little knowledge about menstruation and felt anxious about not having started her periods yet. The conflicting information she received from her peers added to her fears, making her uncertain about whether her body was developing normally. She also hesitated to discuss these concerns with her family due to the stigma surrounding menstruation in her community. Through the MHM sessions, Neha learned that the normal age for menarche ranges between 10 and 16 years. The MHM Sakhi reassured her that variations are normal and delayed menarche beyond 16 should be checked by a doctor. This knowledge helped Neha feel more at ease. She also gained essential insights into menstrual hygiene, the female reproductive system, and how to manage her periods safely when they begin.

The program brought a significant change in Neha's confidence and understanding. She no longer felt anxious about menstruation and became more comfortable discussing it with her peers. The open discussions helped her and other adolescents challenge common myths and reduce the stigma associated with menstruation. This story highlights the importance of menstrual health education in preparing young girls for this natural transition and fostering a more informed and supportive community.

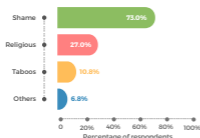


**CHART 31: DISCUSSION ON MENSTRUAL ISSUES BEFORE MHM SAKHIS**



A large majority (74.0%) of the respondents did not have open discussions on menstruation issues with family members or friends prior to their association with MHM Sakhis. A small number (26.0%) had such discussions.

**CHART 32: REASONS FOR NOT DISCUSSING WITH FAMILIES AND FRIENDS**



(Disclaimer: Percentages are calculated individually from multiple responses, so they do not sum to 100%)

A significant majority (73.0%) of the respondents cited shame as the reason for not discussing menstruation with their families or friends, followed by 27.0% who mentioned religious reasons. A smaller portion (10.8%) pointed to taboos, while 6.8% gave other reasons.

The qualitative findings from the study indicate that individuals who had not yet begun menstruating also attended the workshops to equip themselves with knowledge and preparation for when they start their menstrual cycle.

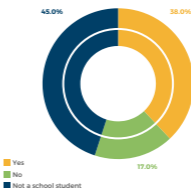
“

I never brought up menstruation with anyone before. In my family, it was considered improper to talk about such things. I never felt like I had anyone to ask questions or talk to about it, and I just followed what I thought was normal without any real understanding.

- Dipa Munda, Difflo

”

**CHART 33: MHM EDUCATION IN THE SCHOOL**



A considerable proportion (45.0%) of the respondents were not school students. Among the remaining, 38.0% had received MHM education in school, while 17.0% had not.

“

Before the MHM program, I never talked about menstruation with my family or friends. I didn't feel it was something that could be openly discussed. It was a topic that made me uncomfortable, and I always kept it to myself because I thought it was something private and not to be shared.

- Puja Tanti, Borjan

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**CASE STUDY  
EMPOWERING THROUGH MENSTRUAL HEALTH  
EDUCATION, DYRGOON DIVISION (LATTAKOOJAN  
TEA ESTATE)**

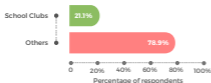
Manti Majhi, a young girl from Dyrgoon Tea Estate, experienced significant anxiety about her delayed menarche. Physically weak and frequently unwell, she was deeply worried about not getting her periods while her friends teased her. Her parents shared her concerns, and her mother even sought help from a priest, who gave Manti an amulet that proved ineffective. At the age of 15, Manti finally got her first period. Initially, her family mistook the bloodstains for a leech bite, but after three days, they realised she had started menstruating, bringing immense relief to everyone.

In June 2023, Manti joined the MHM intervention led by Aruna, the MHM Sakhi. During the first module meeting, Manti shared her story and learned that the normal age range for menarche is between 10 and 16 years. Through the sessions, she gained valuable insights into menstruation and the female reproductive system. Aruna informed the group that delayed menarche beyond 16 requires medical consultation, which reassured Manti that her experience was normal and that she had nothing to fear.

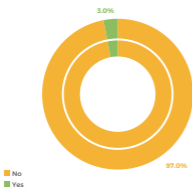


Manti's participation in the MHM program helped her overcome misconceptions and anxiety about menstruation. She received the accurate knowledge and felt confident and empowered to manage her menstrual health. Her story highlights the importance of menstrual health education in dispelling myths, reducing stigma, and encouraging open discussions. Aruna's guidance played a crucial role in helping Manti and her peers understand menstruation, emphasising the transformative impact of community health programs in improving awareness and confidence among young girls.

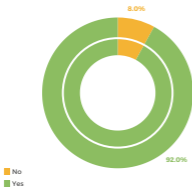


**CHART 34: SOURCE OF MHM EDUCATION IN THE SCHOOL**


A large majority (78.9%) of the respondents received MHM education from sources other than school clubs. A smaller number (21.1%) received it through school clubs.

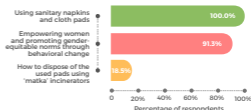
**CHART 35: MEMBER OF MHM SAKHI**


A vast majority (97.0%) of the respondents were not members of MHM Sakhis, while a few were members.

**CHART 36: WHETHER ATTENDED ANY AWARENESS SESSIONS ON MHM**


The larger majority (92.0%) of the respondents had attended awareness sessions on MHM, while a small number had not attended the awareness sessions.

## TOPICS OF AWARENESS SESSIONS

**CHART 37: TOPICS COVERED**


(Disclaimer: Percentages are calculated individually from multiple responses, so they do not sum to 100%)



### USING SANITARY NAPKINS AND CLOTH PADS

100% of the respondents were educated on the use of sanitary napkins and cloth pads during awareness sessions. This ensured that all participants were informed about menstrual hygiene products, helping them make healthier choices.



### EMPOWERING WOMEN AND PROMOTING GENDER NORMS

A vast majority (91.3%) of the respondents were educated on empowering women and promoting gender-equitable norms through behavioural change during the awareness sessions. This emphasises how awareness and education can promote gender equality. It is about shifting mindsets and respect for equal opportunities for all genders.



### DISPOSING OF USED PADS USING MATKA INCINERATORS

18.5% of the respondents learned about disposing of used pads using 'matka' incinerators. This method provided a safe and hygienic way to manage sanitary waste, reducing environmental hazards.

Beneficiaries were sensitised to various types of disposal mechanisms and environmental effects due to improper disposal of sanitary pads. Beneficiaries were advised not to throw their pads in septic tanks but rather to dig pits to dispose of the used pads.

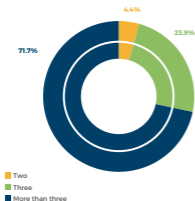
“

I used to learn about menstruation mostly from my family, and we did not talk openly about it before I met the MHM Sakhis. After joining the sessions, I feel more comfortable discussing menstruation issues, and I now understand it better.

- Namita Borah, Bosa Gaon Village

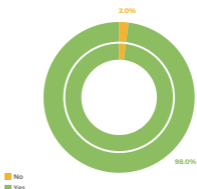
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**CHART 38: NO. OF AWARENESS SESSIONS ATTENDED**



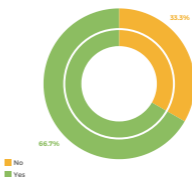
A significant majority (71.7%) of the respondents attended more than three awareness sessions, followed by 23.9% who attended three sessions.

**CHART 39: WHETHER ATTENDED ANY ACTIVITIES ORGANISED BY MHM SAKHIS**



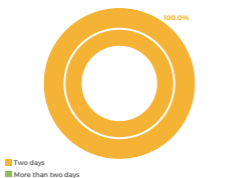
98.0% of the respondents attended activities organised by MHM Sakhis.

**CHART 40: WHETHER ATTENDED ANY CAPACITY-BUILDING TRAINING SESSIONS**



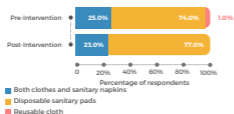
A majority (66.7%) of the MHM Sakhi members attended capacity-building training sessions, while a smaller proportion (33.3%) did not attend the sessions.

CHART 41: DURATION OF TRAINING



All (100.0%) of the respondents attended training sessions that lasted for two days.

CHART 42: TYPE OF MATERIAL USED TO MANAGE MENSTRUATION



#### Before the intervention

A large majority (74.0%) of the respondents used disposable sanitary pads, making it the most common choice, while one-fourth (25.0%) used both clothes and sanitary napkins, and few relied on reusable cloth.

#### After the intervention

The larger majority (77.0%) of the respondents used disposable sanitary pads, followed by (23.0%) who used both clothes and sanitary napkins.

The use of disposable sanitary pads continues to dominate due to the preference for convenience and comfort. While there are sustainable alternatives like cloth pads, these are less commonly used due to hygiene availability. The findings show a clear preference for disposable pads despite the introduction of alternative menstrual management options.



**INTERVIEW WITH THE  
BENEFICIARY IN THE  
LABOUR LINES**



### LOKHI NAYAK'S SUCCESS STORY CHALLENGING GENDER PREFERENCES

Lokhi Nayak, a tea garden worker from Lattakoojan Tea Estate, faced severe abuse from her husband for not bearing a son. Despite having three daughters, her husband blamed her daily, leading to physical and emotional suffering. Lokhi internalised this guilt, believing she was at fault for not having a son. Her perspective began to change when she attended the MHM meetings under Project Jalodari, led by Aruna Mirdha, working as Sakhi at Lattakoojan Tea Estate. During the fourth session, the topic of sex determination was discussed, and Lokhi learned that the sex of a child is determined by the chromosomes contributed by both parents. This new understanding helped her realise she was not to blame and provided her immense relief and a sense of empowerment.



The knowledge gained from the sessions inspired Lokhi to advocate for gender equality and emphasise the need for educating both men and women to address such issues related to discrimination. Her story demonstrates how education can challenge deeply ingrained gender biases, reduce abuse and promote equality. The support and guidance from the MHM program played a crucial role in changing her mindset and empowered her to promote change within her community.





### FOCUS GROUP DISCUSSION MHM AT LATTAKOOJAN TEA ESTATE

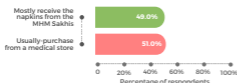
The SoulAce conducted a focused group discussion was conducted with the group members of Lattakoojan Tea Estate, where participants engaged in MHM activities through four weekly meetings. These sessions introduced period calendars for tracking menstrual cycles, emphasised drying cloth pads in direct sunlight for better hygiene and provided nutrition education using the tri-coloured flag food model to promote balanced health. Initially, menstruation was viewed as a taboo topic, and misconceptions were common among the group members. The sessions helped them understand that menstruation is a natural biological process. One group member, who had blamed herself for having daughters, learned about the role of the X and Y chromosomes and stopped feeling at fault. Another group member, who had previously thought menstrual blood was dirty and only discussed it with her mother, now recognised it as normal and felt confident sharing this knowledge with her daughter. Despite the positive changes, the group members noted that the ASHA worker had not previously engaged with them on this topic, highlighting the need for more involvement from community health workers to support continued awareness.

During the discussion with the field team, it was observed that while the sessions successfully challenged deep-rooted misconceptions, sustained engagement was necessary to reinforce behaviour change. The team noted that initial hesitation among participants gradually reduced, leading to more open conversations on menstrual health. They also highlighted that while younger participants adapted quickly to using period calendars and hygienic practices, older women needed more time to accept these changes. Additionally, the lack of prior community-level discussions on menstruation pointed to a gap in health worker engagement, emphasising the need for their active participation in awareness initiatives.



## SOURCE OF SANITARY NAPKINS

**CHART 43: SOURCE OF GETTING THE SANITARY NAPKINS**



### RECEIVING THE NAPKINS FROM THE MHM SAKHIS

Slightly less than half (49.0%) of the respondents were mostly receiving their reusable cloth pads from the MHM Sakhis. This distribution method emphasises the importance of community-driven health initiatives in improving menstrual hygiene management.

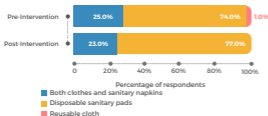


### PURCHASING FROM A MEDICAL STORE

More than half (51.0%) of the respondents purchased their sanitary napkins from a medical store.

## DISPOSING AWARENESS

**CHART 44: PLACE OF DISPOSAL OF SANITARY MATERIAL**



(Disclaimer: Percentages are calculated individually from multiple responses, so they do not sum to 100%)

### Before the intervention

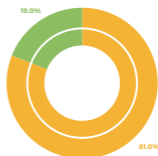
A considerable portion (36.0%) of the respondents threw sanitary material into dustbins without wrapping, while 28.0% wrapped and disposed of it in dustbins, and 26.0% used other disposal methods. A small number (19.0%) threw it in open places, and an even smaller portion (11.0%) disposed of it using a Matka incinerator.

### After the intervention

More than half (59.0%) of the respondents now dispose of sanitary material in dustbins after wrapping, while a notable portion (31.0%) use a Matka incinerator, and 22.0% throw it in open places. A considerable portion (18.0%) use other disposal methods. There was an improvement in the proper disposal of sanitary material, including wrapping it and disposing of it in dustbins. However, some of the participants still disposed of it in open places, creating a need for further improvement in proper disposable and management practices.

## MENSTRUAL HEALTH PROBLEMS

**CHART 45: WHETHER ANY SYMPTOMS WERE IDENTIFIED THAT REQUIRED ATTENTION**



A larger majority (81.0%) of the respondents did not identify any symptoms requiring medical attention, while 19.0% reported identifying the symptoms.





## SUCCESS STORY OF MENSTRUAL HEALTH CAMP – LAKSHMI BAWRI'S JOURNEY

Lakshmi Bawri, a 32-year-old resident of Deering Tea Estate in Hathikuli and a mother of two daughters, suffered from menorrhagia, experiencing prolonged menstrual bleeding for 15 to 16 consecutive days. This condition left her weak and unable to manage her daily responsibilities. Despite her severe discomfort, she hesitated to discuss her problem with her family, enduring the pain in silence.

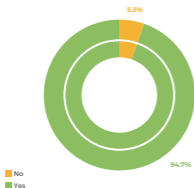
Lakshmi attended all four module meetings of the MHM intervention led by Rojmoni Robidas, the MHM Sakhi. Initially, she sought advice from a physician and received medication that provided temporary relief, but her condition persisted for five months. During this time, a menstrual health camp was organised at Hathikuli Hospital under the Jalodari Project, with a gynaecologist invited to provide specialised consultations.



Encouraged by Rojmoni during an MHM session, Lakshmi attended the health camp on November 26, 2023. There, she consulted the gynaecologist and was formally diagnosed with menorrhagia. She received the appropriate medical treatment, which brought her much-needed relief and significantly improved her health. Her story shows the critical role of accessible healthcare and community health initiatives in addressing menstrual health issues. The guidance provided by Rojmoni and the organisation of the health camp was instrumental in her recovery.



**CHART 46: ASSISTANCE IN ACCESSING TREATMENT POST-SYMPTOM ADDRESSED**



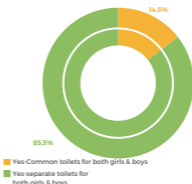
The vast majority (94.7%) of the respondents who identified symptoms requiring medical attention received assistance in accessing the appropriate treatment facility, while a few (5.3%) did not receive the assistance.

#### WaSH IN SCHOOLS

This section of the component highlights the current state of MHM facilities and practices in schools. It discusses the availability of separate toilets for boys and girls, the presence of changing rooms for girls, and the disposal methods of menstrual materials. It also addresses the privacy concerns faced by school-going students during menstruation and the accessibility of proper waste management solutions, such as Matka incinerators, to improve hygiene and health outcomes.

#### INFORMATION ON SANITATION AND HYGIENE FACILITY IN SCHOOL

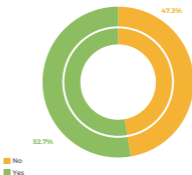
**CHART 47: TOILET FACILITIES IN SCHOOL**



A large majority (85.5%) of the respondents had separate toilets for girls and boys in their schools, while 14.5% stated that there were common toilets for both.

#### MENSTRUAL HYGIENE IN SCHOOLS

**CHART 48: AVAILABILITY OF SEPARATE ROOM FOR MENSTRUAL HYGIENE IN SCHOOL**



Slightly more than half of the majority (52.7%) of the respondents mentioned that their school had a separate room for girls to change their sanitary materials, while a notable portion (47.3%) stated that the facility was not available.



### SUCCESS STORY OF ASHA ROBIDAS IDENTIFICATION OF MENSTRUAL HEALTH PROBLEM

Asha Robidas, a 42-year-old resident of Old Line in Lotabari Tea Estate and president of the Lotabari Women's Association, experienced irregular periods for two months. She became concerned about her symptoms and shared her worries with her daughter, Lokshmita Robidas, a Sakhi working on the MHM intervention under the Jalodari Project.

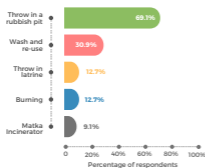
Recognising the seriousness of her mother's condition, Lokshmita took her mother to a gynaecologist at Bokakhat Civil Hospital. Following an ultrasound, Asha was diagnosed with a growing tumour in her uterus. The doctor prescribed medication and advised that surgery might be necessary if the tumour persisted. Asha strictly adhered to the treatment plan, and a follow-up ultrasound revealed that the tumour had disappeared and there was no need for surgery.

Asha credited the MHM program for teaching her that irregular periods should not be ignored and require medical attention. This newfound awareness motivated her to seek timely care, ultimately preventing serious health complications. She expressed gratitude for her daughter's quick action and the knowledge she gained from the intervention.



Asha's story shows the importance of menstrual health education in empowering individuals to address health concerns proactively. Lokshmita's role as a Sakhi and her prompt response highlights the vital impact of community health programs like the Jalodari Project in raising awareness and facilitating access to medical care. This case demonstrates how timely intervention and proper education can bring impactful change in lives, ensuring better health outcomes for individuals and their communities.

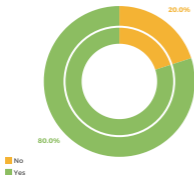


**CHART 49: PLACE OF DISPOSAL OF MENSTRUAL MATERIALS**

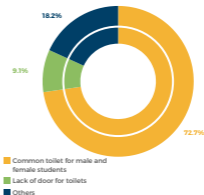
(Disclaimer: Percentages are calculated individually from multiple responses, so they do not sum to 100%)

A majority (69.1%) of the school-going respondents disposed of menstrual materials in a rubbish pit. A smaller proportion (30.9%) washed and reused them, while 12.7% each disposed of materials in a latrine or by burning. Only 9.1% used a Matka incinerator for disposal.

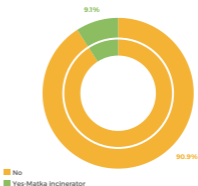
Improper disposal of menstrual materials, like throwing them in rubbish pits or latrines, often happens due to a lack of awareness and limited access to proper waste management. While reusing cloth pads can be cost-effective, it poses health risks if not cleaned properly. Burning and other methods can harm the environment, but introducing solutions like Matka incinerators helps reduce waste and improve hygiene.

**CHART 50: WHETHER PRIVACY IN SCHOOL IS MAINTAINED DURING MENSTRUATION**

A significant majority (80.0%) of the school-going respondents said that privacy was maintained during menstruation in school, while 20.0% reported that it was not.

**CHART 51: REASON FOR PRIVACY NOT BEING MAINTAINED IN SCHOOL DURING MENSTRUATION**

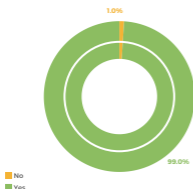
The large majority (72.7%) of the respondents who reported a lack of privacy during menstruation in school attributed it to the presence of common toilets for male and female students. 18.2% cited other reasons, while 9.1% mentioned the lack of doors for toilets as a contributing factor.

**CHART 52: WHETHER THERE IS ANY INCINERATOR SET UP IN THE SCHOOL**

Vast respondents (90.9%) stated that there was no incinerator set up in their school, while 9.1% mentioned the presence of a Matka incinerator.

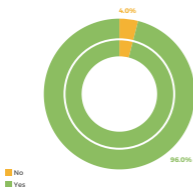
## IMPACT OF THE EVALUATION

**CHART 53: IMPACT OF INTERVENTION ON SANITARY PRODUCT USAGE PRACTICES**



Nearly all of the respondents (99.0%) indicated that the intervention helped in changing their practice of sanitary product usage during menstruation.

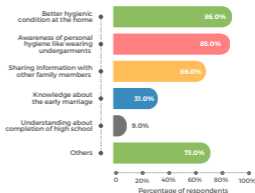
**CHART 54: IMPROVED UNDERSTANDING OF MENSTRUAL HYGIENE INDICATORS THROUGH INTERVENTION**



A vast majority of respondents (96.0%) said that the intervention enhanced their knowledge and awareness of the red flags and green flags regarding menstrual hygiene, while 4.0% mentioned no knowledge and awareness enhancement.

The qualitative findings from the study support the analysis, showing that the intervention led to significant changes in menstrual hygiene practices. Students from Borjan High School mentioned how the program helped them understand the importance of using sanitary pads and maintaining hygiene during menstruation. They also highlighted learning about foods to eat and avoid, along with incorporating light exercises to alleviate discomfort. This reflects the positive impact of the intervention in improving their menstrual hygiene practices. Additionally, students reported an increased awareness of red and green flags related to menstrual health, reinforcing the enhancement in knowledge brought by the program.

**CHART 55: IMPACT OF THE PROGRAM ON OVERALL DEVELOPMENT, GROWTH AND WELL-BEING**



(Disclaimer: Percentages are calculated individually from multiple responses, so they do not sum to 100%)



### BETTER HYGIENIC CONDITIONS AT HOME

The large majority (86.0%) of the respondents experienced an improvement in hygienic conditions at home due to the program. This improvement is linked to better menstrual hygiene practices.



### AWARENESS OF PERSONAL HYGIENE, LIKE WEARING UNDERGARMENTS

85.0% of the respondents became more aware of personal hygiene, particularly regarding the use of undergarments. This awareness highlights the focus of the program on educating individuals about the basic principles of hygiene and cleanliness for better personal care habits and reducing health risks.



### SHARING INFORMATION WITH OTHER FAMILY MEMBERS

The majority (66.0%) of the respondents shared the information they learned with other family members. This social aspect strengthens communal support for improved health outcomes.



### KNOWLEDGE ABOUT EARLY MARRIAGE

A significant majority (31.0%) of the respondents gained knowledge about the harmful effects of early marriage. This aspect of the program focuses on educating individuals about the risks associated with early marriages and the importance of delaying such decisions for better physical and emotional well-being. The awareness helps empower young people to make informed choices.

Early marriage refers to the practice of marrying young girls before they reach adulthood, exposing them to physical and mental dangers and violating their rights as children. It is a form of exploitation that often occurs in socially conservative societies, where women and children are discouraged from challenging the authority of older men. This practice puts young girls at a higher risk of sexual violence and sexually transmitted infections and removes them from their protective social and family networks.



### UNDERSTANDING ABOUT COMPLETION OF HIGH SCHOOL

A small number (9.0%) of the respondents gained a better understanding of the importance of completing Borjan High School.

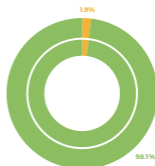


I was able to get the help I needed after I shared my symptoms. The MHM program helped me identify when my symptoms required medical attention, and I received guidance on accessing the right treatment. I feel much better now. In school, we have separate toilets for girls and boys, which makes me feel more comfortable.

- Farah Jahan, Kothiatoli Village



CHART 56: COMFORTABLE IN ATTENDING SCHOOL DURING THE MENSTRUAL PERIOD POST-INTERVENTION



■ No  
■ Yes

98.1% felt comfortable attending school during their menstrual period post-intervention, while a small number did not.

**CHART 57: SATISFACTION WITH THE PROGRAM**

Nearly all of the respondents (99.0%) were highly satisfied with the program, while a small percentage (1.0%) were moderately satisfied.





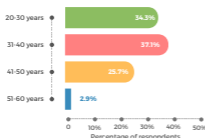
### COMPONENT 3: BIO-TOILET INSTALLATION FOR WOMEN WORKERS

The installation of bio-toilets for women workers aimed to improve sanitation facilities at work sites. Positioned near work areas, these bio-toilets provided a safer and more hygienic alternative to open defecation. This section assesses the impact of the bio-toilet initiative on health, safety and sanitation practices among workers.

## KEY FINDINGS

### SOCIO-ECONOMIC AND DEMOGRAPHIC PROFILE OF THE RESPONDENTS

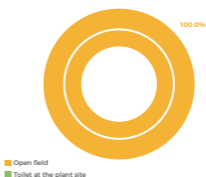
CHART 58: AGE GROUP



The significant majority of the respondents (37.1%) were in the 31-40 years age group, followed by 34.3% in the 20-30 years group. The 41-50 years age group accounted for 25.7%, and the smallest group was those aged 51-60 years, with 2.9%.

### BEFORE THE INTERVENTION

CHART 59: TOILET USAGE BEFORE DURING WORK TIME



Before the intervention, all of the respondents (100%) reported using an open field for toilet purposes during work time.



FGD WITH THE BENEFICIARIES OF BORJAN T.E



### **FOCUS GROUP DISCUSSION MOBILE BIO TOILET SANITATION PROGRAM**

A focused group discussion was conducted with the members of the tea estate, where all permanent workers with varying levels of education from Class 7 to Class 12 work from 8:00 AM to 4:00 PM with a lunch break from 12:00 PM to 1:00 PM. Before the introduction of mobile bio-toilets, the group members relied on open defecation due to the absence of accessible toilets. They used unclean water from drains and puddles for personal hygiene, which led to frequent skin issues such as rashes and itching. During menstruation, the group members often took leave because of the lack of hygienic facilities and washed menstrual clothes in inadequate conditions. The introduction of mobile bio-toilets has provided accessible sanitation facilities at plucking sites, reducing the risks associated with open defecation, including animal attacks. Clean water is now available for washing, resulting in a significant reduction in health issues. Menstrual hygiene management has also improved, allowing the group members to continue working without interruption. However, the group members highlighted the need for additional toilets at more plucking sites to ensure that everyone has access to safe and clean facilities, suggesting the expansion of the program for broader coverage.



## AFTER THE INTERVENTION

**CHART 60: FREQUENCY OF BIO TOILET USAGE**



■ Everyday  
■ Never

All of the respondents (100%) stated using the bio toilet every day.

**CHART 61: CLEANING MATERIALS AVAILABILITY**



■ Yes, always available  
■ Not at all

100% confirmed that cleaning materials were always available.

**CHART 62: REGULARITY OF BIO-TOILET MAINTENANCE**



■ Yes, daily  
■ Never

The entire majority reported that the bio-toilet was maintained daily.

A bio-toilet operates by using a tank filled with anaerobic bacteria to break down human waste into biogas (mainly methane) and water, essentially digesting the waste at the source, eliminating the need for traditional sewage systems and significantly reducing waste volume, cleaning, and maintenance primarily involve replenishing the bacterial culture and periodically checking the tank for proper functioning, with minimal waste removal required due to the efficient decomposition process.

The bio-toilets treat human waste at the source using a bacterial culture, which eliminates the need for excreta disposal and separate treatment. The system disposes of human waste in a 100% eco-friendly manner that saves energy and conserves and produces biogas.

**CHART 63: AWARENESS OF SANITATION PRACTICES**



■ Yes, a lot  
■ No

All of the respondents (100%) acknowledged an increase in awareness of sanitation practices. This shows how the program helped them understand the importance of cleanliness and proper hygiene in their daily lives, creating a positive change in their habits and surroundings.

“

Since using the bio-toilets, I have noticed a significant improvement in my health. Previously, open defecation caused problems like urine infections, fungal infections and dysentery. However, after switching to bio-toilets, I have not faced any of these issues. It has truly made a positive difference, and I am thankful to the project team for this particular intervention.

- **Birosmoni Bauri, Lotabari TE**

”

## KEY IMPACT

**CHART 64: IMPROVEMENT IN HEALTH AFTER BIO TOILET USE**



■ Yes  
■ No

All of the respondents (100%) experienced an improvement in health after using the bio-toilet.

Using bio-toilets can significantly improve health by drastically reducing the risk of waterborne diseases, as they expose human waste on-site, preventing contamination of water sources and the spread of illnesses like cholera, typhoid, and dysentery.

**CHART 65: REDUCTION IN FUNGAL INFECTION**



■ Yes, to a great extent  
■ No

100% of the respondents noted a significant reduction in fungal infections.

“

I have noticed a big improvement since we started using the bio-toilet. My fungal infections have reduced to a great extent, and I don't have to deal with insect bites anymore. The environment around our garden has also changed for the better. It's much cleaner and healthier now.

- **Lakhi Garh, Lotabari TE**

”

CHART 66: CHANGE IN ENVIRONMENT AROUND GARDEN



The majority of the respondents observed a significant change in the environment around the garden.

Before the introduction of mobile bio-toilets, people had to rely on open defecation as there were no safe sanitation spaces available. Mobile bio-toilets use biological mediums, which eliminates the need for desludging and offers a more hygienic and sustainable solution than traditional toilets.



**WALL PAINTING ON  
SANITATION AWARENESS**

# IMPACT CREATED ACROSS MULTIPLE LEVELS



## INDIVIDUAL LEVEL

- 99.0% of the respondents had improved practice of sanitary product usage during menstruation, leading to better personal hygiene.
- Access to clean water from the IRP and water filtration unit led to better health outcomes, with 70.0% of respondents reporting no waterborne diseases.
- Enhanced comfort and safety due to bio-toilet installation, reducing health issues such as fungal infections, as reported by 100% of the respondents.



## FAMILY LEVEL

- Increased awareness about menstrual hygiene within families, with male members and mother-in-laws becoming supportive, helping with household work and bringing sanitary products.
- Improved understanding of the importance of nutritious food during menstruation, leading to better health practices within households.
- Enhanced consumption of clean water, with families practising better methods for collecting, storing, and handling water hygienically.



## COMMUNITY LEVEL

- Gender equitable norms were promoted through MHM programs and increased involvement of women in sanitation efforts.
- Community-wide access to clean water via IRPs and water filtration units reduced the prevalence of waterborne diseases, with a 98.8% reduction in cases.
- Bio-toilet installation contributed to improved sanitation practices and enhanced community health, with 100% of respondents reporting increased awareness.
- The availability of clean water in the community has extended beyond households, with hospitals, offices, and other institutions also collecting water from the IRP for their daily needs.



## DISTRICT LEVEL

- MHM awareness sessions led to a higher rate of participation, spreading important knowledge on menstrual hygiene, with 66.0% of respondents sharing information on red flags and green flags regarding menstrual hygiene.
- The introduction of IRPs and water filtration units reduced water-related health issues, improving overall community health in the district.
- Bio-toilet installations addressed sanitation challenges, promoting safer waste disposal and better hygiene in public spaces.



## STATE LEVEL

- MHM Sakhis received capacity-building sessions to guide women on menstrual hygiene and related health issues.
- The installation of IRPs ensured safe drinking water access for schools and public spaces across the state.
- Bio-toilets became a model for state-wide sanitation improvements, setting a standard for hygiene in rural and urban settings.



## NATIONAL LEVEL

- MHM programs contributed to a national movement for improved menstrual hygiene awareness and education, with 85.0% of respondents reporting increased awareness of personal hygiene.
- The widespread installation of IRPs across various regions of the country strengthened water safety, reducing contamination risks and ensuring 100% access to clean water.
- National efforts in sanitation were boosted by bio-toilet installations, significantly improving public health and reducing infections, with 100% of respondents reporting improved health.

# SUSTAINABILITY



## COMPONENT 1: MHM

- A group of women workers in tea estates can be formed to promote social entrepreneurship. They can be trained to produce sanitary napkins, ensuring a continuous supply of cloth pads while also creating a source of income. This will make the program sustainable by empowering women with skills and economic opportunities.
- Sakhis and local community volunteers can be engaged in a way that allows them to continue spreading awareness on menstrual hygiene and community education to sustain the effect of the program even after that. They can be trained to conduct regular sessions using structured modules, ensuring sustained knowledge-sharing. They can support the distribution of hygiene products and encourage discussions to break taboos, making the program more effective and long-lasting.



## COMPONENT 2: IRP INSTALLATION

The community members of the tea estate already oversee the IRP plant, which comes with a one-year warranty, after which annual maintenance charges apply. Currently, management workers handle any maintenance-related issues, ensuring smooth operations and management, which involves timely repairs and cleaning of the IRP systems. This makes the IRP program sustainable as it remains functional under the community's supervision, ensuring long-term access to clean water.



## COMPONENT 3: BIO-TOILET

The bio-toilets in the tea estates are maintained by Tea Estate management workers, ensuring their proper functioning. Regular inspections help keep them in good condition while management workers handle any repairs and cleaning as needed. This system makes the bio-toilet program sustainable, as it remains under local supervision, providing long-term sanitation support for women workers.

## 07. SWOT ANALYSIS



### STRENGTHS

- **Sanitation:** Improved sanitation through bio-toilets, reducing open defecation and increasing hygiene
- **Health benefits:** The bio-toilets and water filtration unit have reduced incidents of waterborne diseases like diarrhoea, stomach pain and vomiting.
- **Better environmental conditions:** The bio-toilets have improved cleanliness, especially around gardens and residential areas.
- **Water access:** Access to clean water via the Water filtration unit significantly reduces iron contamination and metallic taste in water.
- **Strong Community Participation and Awareness:** High levels of community acceptance and participation in menstrual health programs have led to greater awareness and improved hygiene practices. The presence of dedicated human resources, including MHM Sakhis, has further strengthened education and guidance on managing menstrual hygiene effectively.



### WEAKNESSES

- **Elephant-related damage:** Bio-toilets face the risk of damage from elephants, which could reduce their effectiveness and require additional infrastructure to protect them.
- **Maintenance requirements:** Both bio-toilets and water systems require regular upkeep, and there could be challenges in ensuring sustainability.
- **Limited initial outreach:** While tea garden workers have received education on menstrual health, awareness programs need to be expanded to reach the broader community outside the tea estates.



### OPPORTUNITIES

- **Expansion potential:** The success of bio-toilets and water filtration units in existing areas opens the opportunity to extend these services to more communities.
- **Raising awareness:** Continue educating both men and women on menstrual health to reduce stigma and improve gender equality.
- **Increased community engagement:** Tea estates should take the initiative in managing bio-toilets and water facilities to ensure long-term ownership and sustainability.
- **Protection strategies:** Implementing protective measures for bio-toilets, such as barriers or relocation of sensitive areas, to mitigate elephant-related risks.



## THREATS

- **Elephant-related damage:** As elephants continue to destroy bio-toilets, this remains a significant threat to the sustainability of the project.
- **Climate change:** Harsh weather conditions could disrupt the functioning of water systems and toilets, especially in areas prone to flooding or droughts.
- **Resource limitations:** Continuous funding and support for maintenance and expansion could become a challenge in the long run, affecting the project's sustainability.

# EXIT STRATEGY



## **MENSTRUAL HYGIENE MANAGEMENT (MHM)**

To coordinate with the tea garden authority to engage the Sakhis on either a payroll or contractual basis. Since they are already trained, they can continue the program and manage other garden programs as well.



## **IRON REMOVAL PLANT (IRP) INSTALLATION**

Once transferred to the tea garden authority, they will be responsible for the project's ongoing maintenance, so no exit strategy is necessary.



## **BIO-TOILET INSTALLATION**

- Coordinate tea estate management to oversee maintenance with dedicated staff.
- Partner with local municipal bodies for water supply support and integrate bio-toilet upkeep into estate management responsibilities.

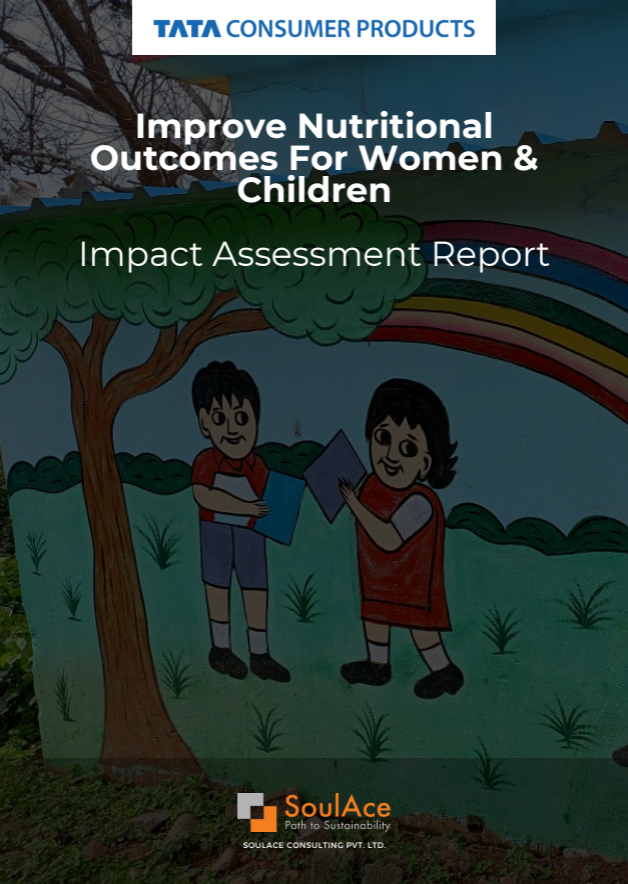
## CHAPTER 8

# CONCLUSION

Project Jalodari successfully focused on improving access to clean water, menstrual hygiene and workplace sanitation in tea estate communities. The installation of the IRPs helped address iron contamination in drinking water, benefiting numerous households. Awareness programs educated women and adolescents about menstrual health and hygiene, while bio-toilets were installed in plucking areas to ensure female workers had access to proper sanitation facilities. The project also facilitated the development of leadership among Sakhis, empowering them to promote hygiene practices within their communities. By working closely with local authorities, the initiative achieved sustainable improvements in water quality, menstrual health and sanitation, leaving a lasting positive impact on the lives of the beneficiaries.

# Improve Nutritional Outcomes For Women & Children

## Impact Assessment Report



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## 01. EXECUTIVE SUMMARY

### PROJECT BACKGROUND

In partnership with Tata Consumer Products Limited (TCPL), the Vijayvahini Charitable Foundation (VCF) launched a program to improve the nutritional status of pregnant and lactating women (infants less than 6 months old) and children aged 6 to 59 months in Satyavedu Mandal, Andhra Pradesh.

The program focuses on increasing dietary diversity and nutritional intake in selected villages. Through strong partnerships with government bodies, the initiative has empowered frontline workers and local women, known as Poshan Sakhis, by providing them with tools, knowledge, and support, resulting in improved maternal and child health.

A key part of the initiative is the Behaviour Change Communication (BCC) campaign, which emphasises dietary diversity for pregnant and lactating women, and children under five. The program has successfully educated women on healthy nutrition habits, leading to improvements in their dietary practices. Home visits and personalised guidance on child growth and nutrition have enhanced infant feeding practices. Additionally, the collaboration of trained health workers with local dietary practices has improved child nutrition, fostered community unity, and strengthened social ties among women.

### TEAM PHOTO IN FRONT OF PAINTED ANGANWADI CENTER SUPPORTED BY TATA TRUST



According to the National Family Health Survey (NFHS-5) conducted in 2019, in Andhra Pradesh, 31.2% of children under five years were stunted, 16.1% were wasted, 29.6% were underweight, and 6.0% were severely wasted. This data indicates that there has been little significant change since the NFHS-4 in 2015-16, which reported that 31.4% of children under five were stunted, 17.2% were wasted (with 4.5% severely wasted), and 31.9% were underweight. Additionally, the NFHS-5 (2019-21) revealed that 14.8% of women aged 15-49 had a below-normal Body Mass Index, and 60% of women (both pregnant and non-pregnant) were anemic.

To address these issues, the Vijayavahini Charitable Foundation (VCF), with support from Tata Trusts, has initiated the 'Suposhit Tirupati' program. This initiative aims to reduce undernutrition by 10% among vulnerable children through system-strengthening initiatives and community education. It focuses on improving dietary diversity and increasing the nutritional intake of vulnerable populations in selected areas.

TATA global beverages is involved in CSR activities from last 50 years. CPL CSR programmes aim to be relevant to local, national and global contexts, keep disadvantaged communities as the focus based on globally agreed sustainable development principles and be implemented in partnership with governments, NGOs and other relevant stakeholders. Tata companies are involved in a wide variety of community development and environment preservation projects.

In FY - 2019, the group has spent INR 1,095 crore on CSR expenditure and has positively impacted 11.7 million lives. The tata group's activities relate to education, livelihoods and skill development, rural development, water and sanitation, healthcare and strengthening services.

Tata sons private limited is the promoter and principal investment-holding company of the tata group, which includes tata consumer products limited (TCPL).

## PROJECT DETAILS



## Year of Implementation

FY 2023-24



## Year of Assessment

FY 2024-25



## Targeted Geography

Satyavedu Mandal of the Tirupati district in Andhra Pradesh



## Beneficiaries

Poshan Sakhi's, AWW, ASHA, Lactating mothers, Pregnant women



## No. of beneficiaries

4,937



## Implementing Partner

Tata Trusts and VCF



## Budget

₹27,00,000/-



## Alignment with SDG Goals



## PROJECT ACTIVITIES



Transforming existing Anganwadi Centres (AWCs) into child-friendly spaces with essential growth monitoring tools to improve health tracking and create a supportive environment for early childhood development.



Enhancing the quality and effectiveness of Growth Monitoring and Promotion (GMP) activities conducted at AWCs to closely track the growth and nutritional status of children.



Selecting and training local women as Poshan Sakhis to educate and support mothers on maternal and child health, nutrition, and hygiene.



Launching a comprehensive campaign focusing on healthy nutrition habits, maternal care, hygiene, and early childhood development.



Capacity Building of Frontline Workers to enhance the skills of frontline workers in maternal and child health, nutrition, and service delivery.



Strengthening coordination with existing health and nutrition schemes to maximise impact.

# Key Findings and Key Impacts

ON THE BENEFICIARY POPULATION



COMPONENT	INDICATORS	FINDINGS	IMPACT
Antenatal care during pregnancy	Number of ANC check-ups (as per the prescribed ANC mandate)	All pregnant respondents completed at least one ANC visit. By the third trimester, 53.3% had completed three visits, and 33.3% had more than three visits.	Increased awareness and practices of all respondents for timely ANC check-ups at the Anganwadi centre, resulting in improved health monitoring throughout pregnancy. 95.23% of the lactating mothers visited ANCs greater than 4 times.
	Access to Anganwadi services	All respondents received supplementary nutrition, including hot cooked meals or take-home rations from the Anganwadi. Additionally, 94.7% received medical check-ups, health monitoring, and pre- and post-natal care information, while 93.3% received iron-folic acid tablets.	
Reach of frontline workers and Poshan Sakhi	Number of home visits conducted by Poshan Sakhis, ASHA/Anganwadi workers	57.3% of the respondents received three visits from the Poshan Sakhi, while 34.7% had four visits. Additionally, 50.7% reported three visits from Anganwadi/ASHA workers in the past six months.	72.0% of the respondents reported significant improvements in child-feeding practices, indicating better feeding habits and nutritional care for infants.
	Education received by pregnant and lactating women from frontline workers/Poshan Sakhi	98.7% of the respondents received training from Poshan Sakhis on maternal nutrition during pregnancy, and 90.7% were trained on exclusive breastfeeding for the first six months	
Nutrition demonstration	Participation in demonstration	98.7% of the respondents reported participating in nutrition demonstrations.	94.6% of the respondents learned about breastfeeding and complementary feeding, while 90.5% learned to prepare nutritious meals with local ingredients.
			98.6% of the respondents reported adhering to the practices demonstrated in the nutrition sessions.



COMPONENT	INDICATORS	FINDINGS	IMPACT
<b>Kitchen garden</b>	Number of respondents who set up a kitchen garden	Nearly three-fourths of the respondents (74.7%) reported setting up a kitchen garden.	88.9% of the respondents reported that the kitchen garden has been completely effective in meeting the nutritional needs of their child.
<b>Growth and nutrition assessment</b>	Skills of frontline workers and Poshan Sakhi	80.0% of the AAA network and Poshan Sakhis reported using growth charts to monitor children's progress, while another	More than two-thirds (68.0%) of the respondents felt highly proficient in identifying SAM and MAM children, while 32.0% felt moderately proficient.
		80.0% felt better equipped to conduct dietary assessments for mothers and children.	97.6% of the lactating women did not report any signs of malnutrition among their newborns during the first six months after delivery.
		96.0% of the respondents reported identifying children with SAM and MAM using weight-for-height or length Z-scores, while 80.0% used visible signs of wasting and undernutrition.	

## 02. OECD FRAMEWORK



Relevance



Coherence



Effectiveness



Efficiency



Impact



Sustainability



### RELEVANCE

The program was highly relevant as it focused on improving nutrition for pregnant women, new mothers, and infants. It aimed to enhance the quality of services in the ICDS (Integrated Child Development Services) program by training frontline workers and upgrading local facilities. The initiative also worked to improve feeding habits and encourage a more diverse diet in the community. This was done by teaching families about nutrition through Nutri Gardens and awareness campaigns aimed at changing behaviour and promoting better eating practices.



### COHERENCE

The program showed strong alignment with the following Sustainable Development Goals (SDGs):



The program also reflected strong coherence with national initiatives:

- Poshan Abhiyan
- Integrated Child Development Services (ICDS) scheme
- Deendayal Antyodaya Yojana - National Rural Livelihood Mission (DAY-NRLM)
- Mahatma Gandhi National Rural Employment Guarantee Scheme (MGNREGS)



### EFFECTIVENESS

The program was highly effective in achieving its key objectives, as demonstrated by several impactful results:

- **Increased ANC Visits:** A significant increase in antenatal care (ANC) visits was observed. By the third trimester, 53.3% of pregnant women completed at least three ANC visits, and 33.3% attended more than three, reflecting higher uptake of ANC services as the pregnancy progressed.
- **Access to Anganwadi Services:** All respondents reported receiving supplementary nutrition, including hot cooked meals or take-home rations, from their Anganwadi centres. Additionally, 94.7% received medical check-ups, health monitoring, and pre- and post-natal care information, while 93.3% were provided with iron folic acid tablets, extending the program's benefits to the wider community.
- **Nutritional Demonstrations:** Nearly all respondents (98.7%) participated in nutrition demonstrations, with 98.6% adhering to the practices demonstrated during the sessions, indicating the program's effectiveness in improving nutrition awareness and practices.
- **Kitchen Gardens:** About 74.7% of respondents set up kitchen gardens, contributing to better access to fresh, nutritious food. However, 25.2% were unable to establish gardens, highlighting an area of improvement in the intervention.



### EFFICIENCY

The Suposhit Tirupati intervention program demonstrated strong efficiency in its implementation, with each phase contributing effectively to its goals. Early efforts concentrated on educating pregnant women and lactating mothers about the importance of child nutrition and practical steps to improve it. The program optimised resources by engaging the community, particularly local women, to deliver educational materials, which helped reduce costs. By linking women with government health services, such as Anganwadi centres, the initiative minimised operational costs while providing direct support to participants.



### IMPACT

The program had a significant impact on the community by improving the nutrition and well-being of pregnant and lactating women while also ensuring their access to healthcare services like Anganwadi centres. By educating women on the importance of dietary diversity and providing tailored messages, the program effectively promoted healthier nutrition habits. This led to improvements in dietary diversity, indicating the program's success in encouraging balanced nutrition among women. Home visits and personalised messages about child growth and nutrition further resulted in better child feeding practices, reflecting improved care and feeding habits for infants. Additionally, the integration of trained health workers and local dietary practices helped increase children's nutrition. This approach also fostered a sense of community cohesion, as it brought women together, strengthening social ties and collective well-being.



### SUSTAINABILITY

The sustainability of the Suposhit Tirupati intervention is built on empowering women and communities to improve maternal and infant care. By training local women such as Poshan Sakhis and promoting behaviour change, dietary improvements, and kitchen gardens, the program tackles immediate health challenges while fostering long-term resilience. Linking women to government health services like Anganwadi ensures continued support and reduces vulnerabilities. Community education and partnerships with government bodies help maintain participation and extend the program's impact, ensuring lasting improvements in nutrition and health for the community.



Relevance



Coherence



Effectiveness



Efficiency



Impact



Sustainability

## CHAPTER 3

# INTRODUCTION



*Lactating Mothers*

### BACKGROUND AND NEED OF THE PROGRAM

Maternal and child health is a significant public health issue in India. The first 1,000 days of a child's life, from conception to the age of two, are crucial for their growth and development. Adequate nutrition during this period establishes the groundwork for lifelong health and well-being. According to the National Family Health Survey (NFHS-5) conducted in 2019, in Andhra Pradesh, 31.2% of children under five years were stunted, 16.1% were wasted, 29.6% were underweight, and 6.0% were severely wasted. This data indicates that there has been little significant change since the NFHS-4 in 2015-16, which reported that 31.4% of children under five were stunted, 17.2% were wasted (with 4.5% severely wasted), and 31.9% were underweight. Additionally, the NFHS-5 (2019-21) revealed that 14.8% of women aged 15-49 had a below-normal Body Mass Index, and 60% of women (both pregnant and non-pregnant) were anemic.

Various factors, including a mother's diet, influence fetal development. After birth, exclusive breastfeeding during the first six months is essential, as it provides all necessary nutrients, antibodies, and hormones for optimal growth and development. Furthermore, complementary feeding, supplementation, and the social context of women significantly impact the nutritional status and growth of children, as well as the well-being of mothers.

To address these issues, the Vijayavahini Charitable Foundation (VCF), with support from Tata Trusts, has initiated the 'Suposhit Tirupati' program. This initiative aims to reduce undernutrition by 10% among vulnerable children through system-strengthening initiatives and community education. It focuses on improving dietary diversity and increasing the nutritional intake of vulnerable populations in selected areas.

The program is being implemented in specific villages within the Satyavedu Mandal of the Tirupati district in Andhra Pradesh. The program includes intensifying the Behaviour Change Communication (BCC) Campaign, specifically targeting dietary diversity among pregnant and lactating women (PLW) and children up to five years old in the Tirupati district.

## OBJECTIVES OF THE PROGRAM



To improve the quality and coverage of services by 10% in the ICDS and National Health Mission (NHM) scheme through capacity building of frontline workers and infrastructure upgradation.



To establish and institutionalise a convergence matrix to effectively leverage the network of Anganwadi, ASHA and ANM (AAA) to identify, screen, diagnose and manage high-risk women and children.



To improve feeding practices and promote diet diversity in communities by building capacities on mother and child nutrition practices through Nutri gardens and five-fold behavioural change campaigns.

## ABOUT NGO PARTNER – VIJAYAVAHINI CHARITABLE FOUNDATION (VCF)

The Vijayavahini Charitable Foundation (VCF) is a non-profit organisation supporting marginalised communities through multi-thematic programs. Operating primarily in Andhra Pradesh across five districts, VCF serves as both a direct implementing partner and a technical advisory partner in areas such as Livelihoods, Water and Sanitation (WaSH), Crafts, and Nutrition. By collaborating with government bodies, corporates, and other NGOs, VCF drives initiatives that improve learning outcomes, promote skill development, enhance healthcare access, and foster sustainable agriculture.



**COLLECTING DATA FROM PREGNANT WOMEN**

## CHAPTER 4

# RESEARCH METHODOLOGY

Tata Consumer Products Limited (TCPL) assigned SoulAce to conduct an impact assessment study for the Suposhit Tirupati program, a corporate social responsibility (CSR) initiative by the Vijayvahini Charitable Foundation aimed at enhancing nutritional outcomes for women and children.



*Interacting with beneficiaries*

### OBJECTIVES OF THE STUDY

The primary objectives of the study were:



To evaluate the immediate impacts of the program implemented and assess the enduring impacts of the program.



To provide the key insights and areas for improvement of the program implementation.

### USE OF MIXED METHOD APPROACH

The evaluation adopted a comprehensive mixed-methods approach, integrating both qualitative and quantitative research methodologies.

The qualitative component allowed for an in-depth exploration of the subjective experiences and viewpoints of key stakeholders, such as community members, healthcare providers, local authorities and project staff, offering a nuanced grasp of their perspectives. Concurrently, quantitative methods facilitated the gathering and analysis of numerical data obtained from the beneficiaries- the community members yielding statistical insights and identifying trends. By employing a mixed methodology approach, the evaluation leveraged the strengths of both qualitative and quantitative techniques, resulting in the collection of robust and diverse data. This holistic approach provided a comprehensive understanding of the project and its impact, ensuring a well-rounded and multifaceted assessment.

## APPLICATION OF QUALITATIVE TECHNIQUES

Qualitative methods provide insights into the real-life experiences, viewpoints, and stories of beneficiaries, stakeholders, and those responsible for project implementation. Engaging stakeholders like women, healthcare providers, local authorities and project staff through in-depth interviews and focus group discussions allows for a comprehensive examination of observed changes. These methods facilitate a detailed exploration of improvements in the overall quality of life of sanitation workers through the intervention done by the CGF. By capturing the lived realities and narratives of those involved, qualitative approaches offer a nuanced understanding of the project and its impact.

## APPLICATION OF QUANTITATIVE TECHNIQUES

Quantitative techniques are employed to evaluate the project and its impact objectively through data analysis. Surveys and questionnaires are utilised to collect numerical data on various indicators from beneficiaries of each program. By collecting such data after the intervention, the project and its effects and the enhancements it has facilitated can be assessed. These quantitative methods provide a measurable approach to gauge the project and outcomes and evaluate its success through statistical evidence.

## ENSURING TRIANGULATION

To bolster the reliability and validity of its conclusions, the study implemented various triangulation strategies. Data triangulation was achieved by gathering information from diverse sources, including field notes, interviews with beneficiaries, interactions with community members, and feedback from project staff. This extensive data collection process facilitated a comprehensive evaluation of the program and its impact. Additionally, methodological triangulation was employed, utilising a range of research methods such as surveys, interviews, and focus group discussions. This approach allowed for cross-verification of information and helped mitigate potential biases inherent to any single method.

Through the implementation of these triangulation techniques, the study ensured a robust and dependable analysis, reinforcing the trustworthiness and credibility of its findings.

## KEY STAKEHOLDERS



Local authorities



Community members



Healthcare providers



Women (pregnant, lactating mothers of children aged 6 to 59 months)



Project Staff

## DESIGN SNAPSHOT



### Name of the project

Nourishing Tirupati for Building Better Tomorrow



### Implementing agency

Vijayvahini Charitable Foundation



### Research design used

Descriptive research design



### Sampling technique

Stratified Random and Purposive sampling



### Sample size

100 ( 75 Pregnant women + Lactating mothers + AWW + Poshan Sakhi + ASHA worker- Total -25)



## Qualitative Methods Used

Semi-structured interviews, testimonials with beneficiaries along with key stakeholders

## STUDY TOOLS

### Questionnaires for primary beneficiaries

Structured questionnaires were developed, and the project details for each of the focus areas were reviewed. Indicators were pre-defined before conducting the surveys. - A semi-structured questionnaire and focus group discussion guide were developed for secondary beneficiaries and stakeholders. Stakeholders were identified across the focus areas. Semi-structured questionnaires and focus group discussions were conducted with local Panchayat officials, community members and project staff.

## ETHICAL CONSIDERATIONS

The impact evaluation research was guided by a strong ethical framework, ensuring that the study was conducted responsibly and ethically. Adhering rigorously to ethical principles of research, the study prioritised the rights and well-being of participants throughout the process. Informed consent was meticulously obtained by providing comprehensive information about the study and objectives, procedures, potential risks, and benefits, allowing participants to make informed decisions about their involvement after having their questions addressed. Robust measures were implemented to uphold confidentiality and privacy, with data securely stored and accessible only to authorised personnel and participant identities protected through anonymisation or coding techniques. Crucially, participation was fully voluntary, free from coercion or pressure, underscoring the importance of autonomy and respect for individual choice. Throughout the study, participants were treated with the utmost respect, dignity, and fairness, with their well-being being the top priority and necessary support or assistance provided whenever needed.



NUTRITIOUS FOOD

## CHAPTER 5

# ANALYSIS OF THE PROGRAM MODEL

This chapter provides an in-depth analysis of the program's design and its overall effectiveness. The evaluation draws on data primarily sourced from the implementing partner, supplemented by insights gathered from focus group discussions with key stakeholders.



### 1. CONTEXT AND PROGRAM OVERVIEW

In partnership with TCPL, Vijayavahini Charitable Foundation launched the Suposhit Tirupati program in 2023 to address critical nutritional challenges in marginalised communities within the Tirupati district of Andhra Pradesh. The program focuses on increasing the existing levels of awareness of nutrition by conducting home visits for pregnant and lactating women (PLW) to help them understand its significance while also improving the delivery of essential healthcare services.

Through the strategically designed and implemented capacity building of the local stakeholders; empowering them to better utilise existing welfare schemes and resources. Through the specific targeted and sustainable interventions designed, Suposhit Tirupati aimed at improving the maternal and child health and nutritional levels and significantly reducing the malnutrition rates in the region.



### 2. PROGRAM MODEL AND THEORY OF CHANGE

The Suposhit Tirupati program adopted a phased approach aimed at reducing undernutrition among vulnerable women and children. The Theory of Change/model is deeply rooted in facilitating and empowering the collaboration of all local stakeholders through capacity-building efforts to empower communities and the implementation of system-strengthening interventions. The long-term sustainability aim is to empower communities through low-cost indigenous but effective ways of eliminating malnutrition and reducing the high risk associated with the same.



### 3. IMPLEMENTATION STRATEGY

#### **1. TRANSFORMATION OF ANGANWADI CENTRES AND PROVISION OF GROWTH MONITORING EQUIPMENT**

The implementation of system-strengthening interventions was a key strategy of the Suposhit Tirupati program. One of the primary interventions involved transforming government-owned Anganwadi Centres (AWCs) into child-friendly spaces to increase enrollment and ensure a nurturing environment for young children. The transformation included infrastructure upgrades, such as minor civil works, the construction of child-friendly toilets, the installation of playgrounds with equipment, and the development of Nutri gardens to promote better nutrition. A significant highlight of this initiative was the creation of concept-specific wall paintings called Murals, featuring pictorial depictions of diet and care during pregnancy, as well as early education tools like alphabets, numerals, and vegetables.

Additionally, streamlining Growth Monitoring and Promotion (GMP) is a crucial component of addressing nutrition, as it plays a vital role in the services provided by Anganwadi Centres. GMP involves the regular monitoring of the growth and development of children under the age of five, with the primary objective of identifying any growth faltering or developmental delays early on and taking appropriate actions to address them. The program supports Anganwadi workers by ensuring regular weighing and measuring of children at fixed intervals (e.g., monthly), using growth charts and records to track their development. Growth monitoring equipment was provided to enable accurate tracking of children's health, ensuring comprehensive support for their well-being.

#### **2. IDENTIFICATION AND CAPACITY BUILDING OF POSHAN SAKHIS**

An important component of the intervention is community education, which is delivered not only through government system workers but also through village-level women known as Poshan Sakhis. Under the program, one Poshan Sakhi per project village is identified, selected, trained, and supported to carry out education and communication activities related to improving maternal and child nutrition. The nomination of a Poshan Sakhi is facilitated through the village-level federation of Self-Help Groups (SHGs), ensuring community ownership and participation.

Organisation data indicates that 25 Poshan Sakhis were identified and trained

Criteria for selection of Poshan Sakhi:



Young, literate, and local woman.



Eager to learn and engage with the community.



Willing to visit homes and hold meetings.



Preferably a Self-Help Group (SHG) member.



Strong interpersonal and communication skills.

**Functions of Poshan Sakhi:** Poshan Sakhi plays a pivotal role in improving maternal and child nutrition at the community level.



Conducting community education sessions on maternal and child nutrition.



Disseminating key messages on the importance of a balanced diet, breastfeeding, complementary feeding, and nutrition during pregnancy.



Visiting homes of pregnant and lactating women (PLW) to provide personalised guidance on nutrition.



Identifying malnourished children or women and supporting their families with practical advice.



Encouraging healthy eating habits and hygienic practices through consistent communication and nutrition demonstration.



Train and educate women in the community on how to run a kitchen garden and its importance.

## VARIOUS COOKED NUTRITIOUS FOOD BY PREGNANT WOMEN



### 3. CAPACITY BUILDING OF FRONTLINE WORKERS

Capacity building has been a key component of the intervention. To improve the nutritional status of women and children, frontline workers—including Anganwadi Workers (AWWs) and Helpers (AWHs), Auxiliary Nurse Midwives (ANMs), and Accredited Social Health Activists (ASHAs)—were oriented on the project's objectives and the Behaviour Change Communication (BCC) plan. Training sessions focused on their roles in interventions during the critical 1,000 Days Window of Opportunity. These sessions were conducted prior to the launch of the BCC campaign, ensuring the workers were well-prepared to support the program effectively.

Organisation data shows that 4 training sessions for frontline workers and Poshan Sakhis were conducted.

### 4. IMPLEMENTATION OF FIVEFOLD BEHAVIOUR CHANGE COMMUNICATION CAMPAIGN

The program involves intensifying the behaviour change communication (BCC) Campaign to promote dietary diversity among pregnant and lactating women (PLW) and children under five in Tirupati district. The BCC campaign focuses on the following key aspects:



Promoting diversified diets for pregnant and lactating women (PLW) and age-appropriate diversified diets for children aged 6 months to 5 Years.



A Chalo Chalein Anganwadi Campaign: Mobilising Communities to utilise services of the ICDS and during Village Health Sanitation and Nutrition Days (VHSNDs).



Encouraging backyard vegetable cultivation to enhance diet diversity.



Engaging women through Participatory Learning and Action (PLA) and community-based events.

To promote optimal nutrition practices and strengthen existing ICDS services, the program adopts a comprehensive five-fold strategy. This includes conducting Participatory Learning and Action (PLA) sessions at the community level to foster collective action, using the positive deviance approach during interpersonal and small group discussions to highlight successful local practices, demonstrating nutritious recipes made with locally available foods, mobilising communities to utilise ICDS and NHM services, and ensuring convergence with relevant departments to encourage fruit and vegetable cultivation.

This strategy operates through three key touchpoints:



#### COMMUNITY LEVEL

Poshan Sakhis and frontline workers facilitate PLA sessions to promote 1,000 days of care and encourage the utilisation of ICDS services.



### HOUSEHOLD LEVEL

Involves direct engagement with pregnant and lactating women by Poshan Sakhis and frontline workers to reinforce nutrition messages.



### MOTHER LEVEL GROUP

Poshan Sakhis and frontline workers conduct diet diversity demonstrations and promote collective actions to improve nutrition practices.

Organisation data shows that 110 women trained and oriented by Poshan Sakhis on 1000 days of care and diet diversity.

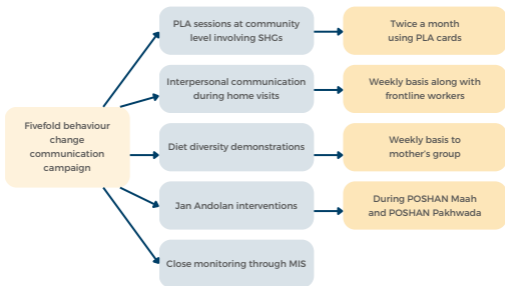


Image 2: Fivefold behaviour changes communication campaign

## 5. CONVERGENCE WITH GOVERNMENT SCHEMES

The intervention focuses on strengthening systems to address undernutrition among women and children through a coordinated, intersectional approach. A key strategy involves convergence with relevant government departments, ensuring alignment with existing schemes and programs. The core departments engaged include:



### DEPARTMENT OF WOMEN AND CHILD DEVELOPMENT

Collaboration with the Integrated Child Development Services (ICDS) to enhance services.



### DEPARTMENT OF HEALTH AND FAMILY WELFARE

Engagement with the NHM to improve health interventions.



## DEPARTMENT OF RURAL DEVELOPMENT AND PANCHAYATI RAJ

Utilising women's self-help groups for community mobilisation.

The program engages frontline workers from ICDS and NHM to improve the quality and coverage of their services while leveraging women's self-help groups to promote BCC interventions and facilitate the selection of Poshan Sakhis. This collaborative approach ensures a holistic effort to combat undernutrition.

## 6. MONITORING AND EVALUATION

A key aspect of the program is the regular monitoring and evaluation of the intervention. The program uses a Management Information System (MIS) to track monthly progress and ensure that activities are on schedule. To further ensure the quality of implementation, a Project Management Committee was established to oversee the program's execution, providing guidance and ensuring that the activities are carried out effectively and according to the set objectives.



### ASSESSMENT OF THE PROGRAM MODEL



#### RELEVANCE

The program effectively addressed the critical nutritional needs of marginalised communities, particularly pregnant and lactating women and children under five. By promoting dietary diversity, strengthening Anganwadi services, and raising awareness about nutrition, the program ensured that vulnerable groups had access to essential resources, including nutrition education, growth monitoring, and improved healthcare services.



#### MODEL EFFICIENCY AND IMPLEMENTATION STRATEGY

The program employed a well-structured and effective implementation strategy, focusing on a community-based approach and strong partnerships with relevant departments to address undernutrition among women and children under five. By adopting a comprehensive five-fold approach, the program ensured broad outreach, effective mobilisation, and high-quality behaviour change communications. Training sessions for frontline workers and Poshan Sakhis were conducted prior to the launch of the BCC campaign, ensuring that the workers were well-equipped to implement the program effectively.



#### RESOURCE UTILISATION

The program made effective use of available resources, involving local women as Poshan Sakhis and strengthening the capacity of frontline workers to lead nutrition education efforts. Collaboration with local government bodies facilitated the integration of nutrition interventions across various departments, ensuring optimal resource use and expanding the program's impact and reach.



#### MONITORING AND EVALUATION

The program effectively monitored progress using an MIS system for monthly tracking, ensuring continuous oversight. Additionally, a project management committee was established to guide the program's execution, ensuring that activities were carried out efficiently and in alignment with the set objectives.

**Note:** These inferences are further validated using data collected from surveys, stakeholder interactions, actual site visits in the subsequent chapter.

## CHAPTER 6

# KEY FINDINGS AND IMPACTS

This chapter compiles and analyses data from multiple sources to evaluate the overall impact and effectiveness of the program. It integrates qualitative insights gathered through detailed interactions with stakeholders. Drawing on diverse viewpoints, the chapter provides an in-depth analysis of how well the program has met its intended goals and contributed to long-term sustainability.

The study explored multiple aspects of respondents' demographics, occupational status, and income prior to the intervention to create a comprehensive understanding of their conditions and needs.



### PREGNANT AND LACTATING WOMEN

#### Demographic and economic profile

CHART 1: AGE GROUP-WISE DISTRIBUTION

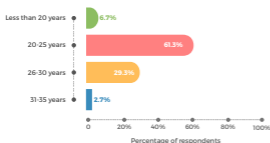
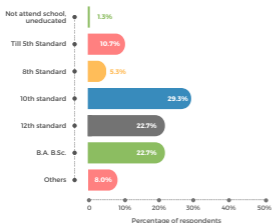


CHART 2: AGE GROUP-WISE DISTRIBUTION



#### DEMOGRAPHICS

A majority of the respondents (61.3%) were aged between 20-25 years, with 29.3% falling in the 26-30 years age group. Regarding education, Chart 2 shows that 29.3% of respondents had completed their 10th standard, while 22.7% had completed the 12th standard. Additionally, another 22.7% had graduated with degrees such as B.A. or B.Sc.

#### ECONOMIC PROFILE

CHART 3: ANNUAL FAMILY INCOME

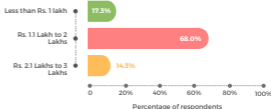


Chart 3 shows that more than two-thirds of the respondents (68%) reported an annual family income between Rs. 1.1 Lakhs to 2 Lakhs, while 17.3% had a family income of less than Rs. 1 Lakh.

## CURRENT STATUS OF BENEFICIARY

CHART 4: STATUS OF THE BENEFICIARY DURING THE SURVEY

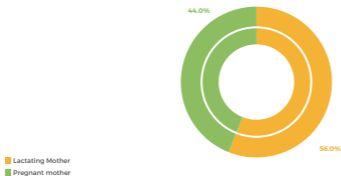


Chart 4 shows that more than half (56%) of the respondents were lactating women during the survey, whereas 44% were pregnant.





## ASSESSING PROJECT LINKAGES WITH GOVERNMENT SCHEMES

### Pre- and post-intervention Scenario

#### ANTENATAL CARE (ANC) SERVICES DURING PREGNANCY

Antenatal care (ANC) encompasses the medical and health services provided to pregnant women to support a healthy pregnancy and minimise risks for both the mother and the baby. It includes routine check-ups, screenings, and educational guidance to ensure the well-being of both the mother and the developing fetus. Ideally, four ANC visits should be completed during the course of pregnancy.

#### PREVIOUS STATUS OF ANC CHECK-UPS

The baseline study of the organisation has revealed that prior to the intervention 44% of the pregnant women received four or more ANC services, and 56% received one to three ANC services. Two per cent of pregnant women were yet to access ANC services. Similarly, qualitative discussions with key implementers revealed that, prior to the intervention, the ANC uptake was not very high.

#### STATUS OF RECEIVING ANC CHECK-UPS – AFTER THE INTERVENTION

The hallmark of any project intervention and implementation's success is sustainability, ownership and continuation - especially if being led and continued by the community members themselves, with little or no external impetus. Currently, pregnant women and their compliance with the recommended ANC regime were measured to determine the sustainability and continuity of the project touch in facilitating, encouraging, and ensuring long-term adherence to essential maternal health practices within the community. An understanding of women who were pregnant at the time of the project implementation is as follows:

**CHART 5: NUMBER OF ANC VISITS COMPLETED BY THE LACTATING BENEFICIARIES**

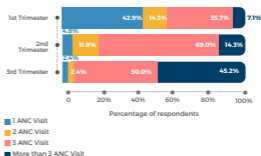


Chart 5 shows the proportion of antenatal care (ANC) visits completed by currently lactating beneficiaries who accessed ANC services during their pregnancy during project intervention. 45.2% lactating beneficiaries had completed more than three ANC visits, and 50% had attended three visits by third trimester, reflecting an increase in ANC uptake as pregnancy progressed.

**CHART 6: NUMBER OF ANC VISITS COMPLETED BY THE PRESENTLY PREGNANT BENEFICIARIES**

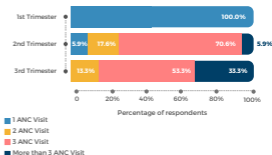


Chart 6 shows the proportion of ANC visits completed by currently pregnant beneficiaries, with all participants having completed at least one ANC visit.

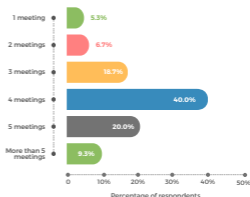
By the third trimester, over half (53.3%) reported completing three ANC visits, while 33.3% reported completing more than three. Notably, none of the women reported completing only one ANC visit by the third trimester; all had completed at least two or more. This indicates significant progress in awareness and access to ANC services.

**Pre-intervention:** According to the baseline study, 6% of lactating mothers visited ANCs more than 4 times.

**Post-intervention:** 95.23% of lactating mothers visited ANCs more than 4 times.

**BENCHMARK** with govt rule of mandatory 4 ANC visits by pregnant/lactating women.

**CHART 7: NUMBER OF PLA MEETINGS ATTENDED IN THE PAST 6 MONTHS**



Respondents further revealed that all the pregnant and lactating respondents attended the PLA meetings at the community level. Chart 7 shows that 40% of the respondents reported attending four PLA meetings in the past six months, followed by 20% who attended five meetings. The fact that all the pregnant and lactating respondents attended at least one PLA meeting at the community level indicates strong community engagement and active participation in the program.



## ACCESS TO ANGANWADI SERVICES

**CHART 8: AWARENESS OF ANGANWADI SERVICES – BEFORE AND AFTER CONTACT WITH VCF**

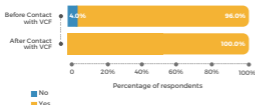


Chart 8 shows a significant increase in awareness of Anganwadi services among the respondents, from 96% before their contact with VCF to 100% after the intervention. This shows that the intervention successfully informed all respondents about important services like Anganwadi. It highlights the success of the project in raising awareness and improving access to key government services for better maternal and child health.

## ANGANWADI SERVICES ACCESSED – BEFORE THE INTERVENTION

A wide range of services are provided at Anganwadi centres (AWCs), all part of a comprehensive and holistic approach to maternal and child health. The baseline study of the organisation has highlighted that 93% of the pregnant women accessed nutrition supplementations from AWCs. Besides, about 82% utilised the AWCs for health check-ups and 58% for early screening and referrals, which include specific types of health check-ups and referrals. 66% had reported accessing AWCs for health and nutrition education.

## ANGANWADI SERVICES ACCESSED – AFTER THE INTERVENTION

**CHART 9: SERVICES RECEIVED FROM ANGANWADI DURING PREGNANCY AND LACTATING PERIOD**

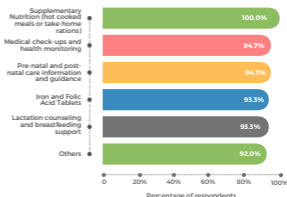


Chart 9 shows the services provided by Anganwadi centres during pregnancy and lactation. All respondents received supplementary nutrition, including hot cooked meals or take-home rations. Additionally, 94.7% received medical check-ups, health monitoring, and information on pre- and post-natal care. Furthermore, 93.3% received iron-folic acid tablets from the Anganwadi centres. The intervention significantly improved the utilisation of Anganwadi services, enhancing access to supplementary nutrition, health check-ups, and educational support.

Discussions with supervisors echoed these findings, highlighting that after the intervention, there was a significant increase in mothers' active participation in taking their children for medical check-ups and health monitoring, indicating a positive behaviour change. It was observed that post the project's implementation, the respondents reported an increase of 7% in receiving supplementary nutrition.

“

"I help improve maternal and child health by teaching pregnant and breastfeeding women about good nutrition and health. I show them how to include iron-rich foods in their meals, help them get medical care, and talk to the community about problems like anaemia. I visit them regularly to check on their health and make sure they have the support they need. My work helps women stay healthy and care for their children better."

- Vijaya Laxmi, 41 years old Poshan Sakhi, Madanambedu village

”



## Support and Training for AAAs in Managing High-Risk Women and Children

### Home visits by Poshan Sakhis, ASHA, Anganwadi worker

#### PERCEPTION OF COMMUNITY ABOUT MATERNAL AND CHILD NUTRITION

Qualitative discussions and FGDs with community members, Poshan Sakhis, and women revealed several insights about their perceptions of maternal and child nutrition:



In some cases, mothers delayed introducing solid foods to their children, even after the child was 9 months old, due to uncertainty about when and what types of foods to start.



Some women expressed doubts about the safety and suitability of certain foods for their babies, as they often received conflicting advice from those around them.



Cultural beliefs and practices also influenced decisions, with some family members hesitating to introduce solid foods too early. Concerns about the baby's ability to digest solids and fears of discomfort or choking were common reasons for the delay.

CHART 10: BIRTH WEIGHT OF THE CHILDREN

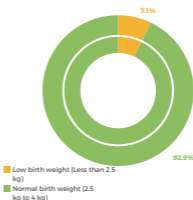


Chart 10 shows that 92.9% of respondents had babies with normal birth weight, while 7.1% reported having low-birth-weight babies who require additional care and nutritional support. This reflects the effectiveness of maternal and child health interventions in the community. The role of the AAA network—ASHAs, Anganwadi workers, and ANMs (Auxiliary Nurse Midwives)—has been instrumental in achieving this milestone. Through consistent prenatal care, nutritional support, and health monitoring provided by Anganwadi centres, along with home visits and counselling by ASHAs, pregnant women were better informed and supported throughout their pregnancy.

Discussions with frontline workers highlighted their critical role in managing the health of low birth weight (LBW) newborns. They ensure timely referral of newborns with complications to Neonatal Intensive Care Units (NICUs) for intensive monitoring and care. Frontline workers also play an essential role in educating parents on how to care for LBW newborns. Parents are trained in kangaroo mother care, which involves skin-to-skin contact to promote warmth, bonding, and breastfeeding success.

This approach has been instrumental in improving neonatal outcomes. Additionally, frontline workers provide guidance on both immediate nutritional needs and the importance of emergency referrals, ensuring holistic and timely care for newborns.

**CHART 11: HOME VISITS RECEIVED FROM POSHAN SAKHIS, ANGANWADI WORKERS AND ASHA WORKERS**

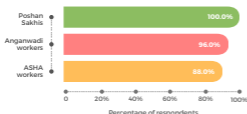


Chart 11 shows that all respondents confirmed receiving home visits from Poshan Sakhis after childbirth. Additionally, 96% reported visits by Anganwadi workers, followed by 88% who mentioned home visits by ASHA workers. The collaboration between the Poshan Sakhis, ASHAs, and Anganwadi workers has ensured comprehensive support for pregnant women and lactating mothers. Poshan Sakhis play a critical role in complementing the efforts of ASHAs and Anganwadi workers by mobilising women to access essential services. This coordinated effort ensures that no mother or child is left out due to oversight, ignorance, or other barriers.

**CHART 12: NUMBER OF VISITS MADE BY POSHAN SAKHIS AND ANGANWADI/ASHA WORKERS IN THE PAST 6 MONTHS**

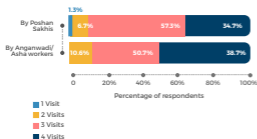


Chart 12 shows that more than half of the respondents (57.3%) reported receiving three visits from the Poshan Sakhi, followed by 34.7% who indicated four visits.

Similarly, 50.7% of respondents reported three visits from Anganwadi/ASHA workers in the past six months, with 38.7% stating they had received four visits during that period. Regular visits help reinforce key health messages, improve access to services like nutrition counselling and immunisations, and encourage positive behavioural changes. These findings show the commitment of healthcare workers and the program's success in meeting the health needs of women and children in the community.

All of the respondents mentioned that they believed the visits by Poshan Sakhis and Anganwadi workers were adequate.



**LEAFY VEGETABLES ON DISPLAY AT ANGANWADI CENTER**

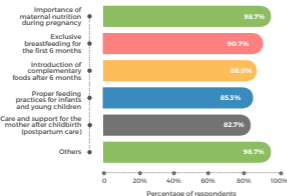
**CHART 13: ASPECTS OF FIRST 1000 DAYS CARE TRAINED BY POSHAN SAKHIS**


Chart 13 shows that 98.7% of respondents reported receiving education and information from Poshan Sakhis on the importance of maternal nutrition during pregnancy, followed by 90.7% who were trained on exclusive breastfeeding for the first six months. Additionally, 88% of respondents reported being trained on the introduction of complementary foods after six months, and 85.3% received training on proper feeding practices for young children and infants.

Personal testimonies from women also highlighted the care and support provided by these workers, likening them to maternal figures who ensure that every stage of pregnancy and lactation is met with comprehensive assistance.

“

“During my pregnancy, a Poshan Sakhi visited and taught me about maternal nutrition, introducing complementary foods after 6 months, proper feeding practices, hygiene, and postpartum care. She also explained how to track child development, manage malnutrition, and the role of family in supporting health. I followed her advice on nutrition, feeding, growth monitoring, and hygiene, which has been very helpful.”

- K.Renuka, 30 years old woman,  
Madanapalem village

”

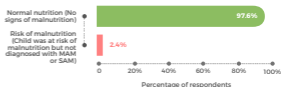
**CHART 14: CHILD'S GROWTH STATUS IN TERMS OF MALNUTRITION DURING THE FIRST 6**


Chart 14 shows the nutritional status of infants during their first six months after birth. A significant majority of respondents (97.6%) reported that their child exhibited normal growth, showing no signs of malnutrition. This reflects the positive impact of the program on early child health and nutrition.

## DISPLAY OF VARIOUS FRUITS AND VEGETABLES



## Improving Feeding Practices and Promoting Diet Diversity

### NUTRITION DEMONSTRATIONS

The nutrition demonstrations conducted by Poshan Sakhis are an essential part of their efforts to improve the nutritional status of women in the community. These events involve practical, hands-on sessions where women learn how to prepare nutritious meals using locally available ingredients. The demonstrations focus on making healthy cooking simple and accessible, showing how a variety of foods can be combined to create balanced meals. Through these sessions, Poshan Sakhis not only teach cooking techniques but also emphasises the importance of consuming a diverse range of foods.

**CHART 15: PARTICIPATION IN NUTRITION DEMONSTRATIONS**

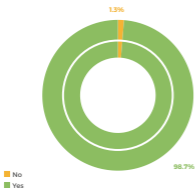


Chart 15 showed that 98.7% of respondents reported having participated in nutrition demonstrations. Additionally, respondents mentioned that they were all informed about dietary diversity during the home visits.

**CHART 16: KEY LEARNING FROM NUTRITION DEMONSTRATIONS**

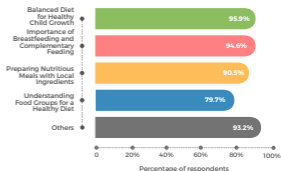


Chart 16 shows that the nutrition demonstrations provided valuable insights across multiple areas, with respondents reporting gains in various aspects of child nutrition. A large proportion of participants indicated they learned about the importance of a balanced diet for their child's growth and development (95.9%), the significance of breastfeeding and appropriate complementary feeding practices (94.6%), and how to prepare nutritious meals using locally available ingredients (90.5%). Since the data reflects a multi-response format, many respondents noted that they benefited from more than one of these key areas.

Qualitative discussions also revealed that during the nutrition demonstrations, women would prepare food and present it at the meetings, which helped the group understand the diversity of food and the importance of nutrition.

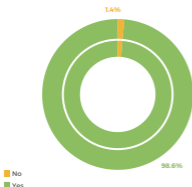
**CHART 17: ADHERENCE TO PRACTICES DEMONSTRATED IN NUTRITION DEMONSTRATIONS**


Chart 17 shows that a large majority of respondents (98.6%) reported adhering to the practices demonstrated in the nutrition sessions. This strong adherence suggests that the demonstrations were effective in influencing participants' behaviour, encouraging them to incorporate nutrition practices into their daily routines.

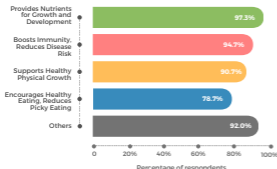
**CHART 18: IMPORTANCE OF DIETARY DIVERSITY FOR THE CHILD**


Chart 18 highlights the strong awareness among respondents regarding the benefits of dietary diversity for children's health. A significant 97.3% of respondents recognised that dietary diversity provides a broad range of essential nutrients crucial for growth and development. Additionally, 94.7% acknowledged that a diverse diet helps support a strong immune system, reducing the risk of infections and diseases. Furthermore, 90.7% of respondents noted that diverse diets contribute to healthy physical growth, including the development of bones, muscles, and organs.

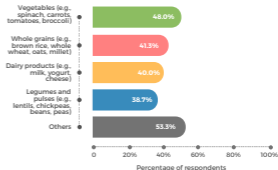
**CHART 19: FOODS TO BE GIVEN TO ENSURE DIETARY DIVERSITY FOR CHILD**


Chart 19 shows that more than half of the respondents (53.3%) reported that other foods, including fruits and animal proteins like eggs, fish, chicken, nuts, seeds, fats, and oils, are important for ensuring dietary diversity for children. This was followed by 48% who recognised the importance of vegetables, such as spinach, carrots, broccoli, etc. Additionally, 41.3% of respondents considered foods like whole grains (including brown rice, whole wheat, oats, and millet) to be important for children, while 40% believed that dairy products are useful for child nutrition.

“

"I've learned that dietary diversity is essential for my child's growth, providing vital nutrients like vitamins, proteins, and healthy fats. It also supports a strong immune system, reducing the risk of illness.

To ensure my child benefits, I include a variety of foods in their diet, such as fruits, vegetables, whole grains, and legumes. This variety helps my child grow healthy and strong."

- R. Shajini, 22 years old lactating woman,  
Pedhitipakam village

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**CHART 20: AFFORDABILITY OF FOODS RICH IN DIETARY DIVERSITY FOR THE CHILD**

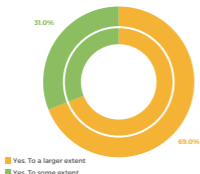


Chart 20 shows that 69% of respondents reported that they are able to afford foods rich in dietary diversity for their child, while 31% reported that they are able to afford it to some extent.

Though nutrition demonstrations as an idea are unique and important, they must be supported by addressing the broader challenges women face, especially during the postpartum period. If a woman lacks support, particularly during lactation, she may be overwhelmed with responsibilities, leading to compromised nutrition. Family support is crucial to ensuring women can focus on their own health. Qualitative discussions during field interviews highlighted several challenges women face that impact their nutrition. These challenges include a lack of time to prepare meals, difficulty accessing ingredients, limited knowledge of meal preparation, and a lack of support from family members. Addressing these challenges alongside the demonstrations can significantly improve women's nutritional outcomes.

## KITCHEN GARDEN

**CHART 21: THE EXTENT TO WHICH THE RESPONDENTS WERE ABLE TO SET UP A KITCHEN GARDEN**

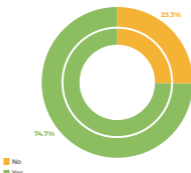


Chart 21 shows that 25% of all respondents reported not practising nutri-gardening. Among those who did not have a kitchen garden, the lack of space was identified as the primary reason. Additionally, other factors contributing to the absence of a kitchen garden included poor soil quality or an unsuitable environment for gardening (15.8%) and insufficient knowledge of how to start or maintain a garden (10.5%).

“

"I learned the importance of a balanced diet for my child's growth and how to prepare nutritious meals with locally available ingredients. However, I face challenges like limited time due to caring for my baby, difficulty accessing ingredients, financial constraints, and lack of support from family. I also struggle with kitchen facilities and incorporating these practices into my daily routine."

- Elisabeth, 23 years old, Pedda Etipakam village

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**CHART 22: EFFECTIVENESS OF KITCHEN GARDEN IN MEETING CHILD'S NUTRITIONAL NEEDS**

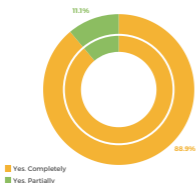


Chart 22 shows that 88.9% of respondents reported that the kitchen garden has been completely effective in meeting the nutritional needs of their child, while 11.1% viewed it as partially effective. Additionally, those whose kitchen gardens were successful highlighted that they gained a strong understanding of home vegetable/kitchen gardening, which contributed to improved nutrition without incurring any extra costs to the family. This demonstrates the positive impact of kitchen gardening on both family nutrition and economic savings.

“

“Through the program, we were introduced to kitchen gardens, and I set up a small one in my backyard. Now, I grow ladies finger, brinjal, moringa, and palak. This garden helps take care of my child's nutrition. The program has been very supportive, and I am thankful for the help.”

- Divya, 24 years old, Madanapallem village

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## EGGS AND OTHER NUTRITIOUS FOODS



## Poshan Sakhis/ANMs/Anganwadi workers

### DEMOGRAPHIC AND ECONOMIC PROFILE

CHART 23: AGE GROUP-WISE DISTRIBUTION OF POSHAN SAKHI

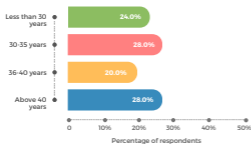
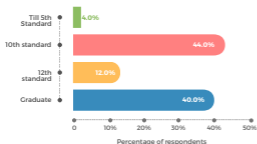


CHART 24: EDUCATION LEVEL OF RESPONDENTS OF POSHAN SAKHI



### DEMOGRAPHICS

28% of the respondents were aged between 30-35 years, and 28% were above 40 years of age group. Regarding education, Chart 24 shows that 44% of respondents had completed their 10th standard, while 40% had completed graduation. Additionally, another 12% had completed their 12th standard.

### ECONOMIC PROFILE

CHART 25: ANNUAL FAMILY INCOME OF RESPONDENTS



Chart 25 shows that more than two-thirds of the respondents (68%) reported an annual family income between Rs. 1.1 Lakhs to 2 Lakhs, while 16% had a family income of less than Rs. 1 Lakh.

### TYPE OF THE RESPONDENTS

CHART 26: TYPE OF THE RESPONDENTS

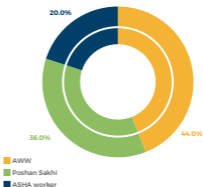


Chart 26 shows that less than half (44%) of the respondents were Anganwadi workers, followed by 36% who were Poshan Sakhis, and 20% were ASHA workers.

## Support and Training for AAAs

### PARTICIPATION IN VCF TRAINING PROGRAM

CHART 27: PARTICIPATION IN THE VCF TRAINING PROGRAM

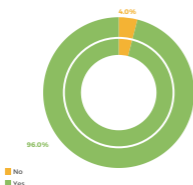


Chart 27 shows that 96% of the respondents reported attending training organised by VCF in the last year.

CHART 29: ATTENDANCE IN REVIEW AND REFRESHER MEETINGS

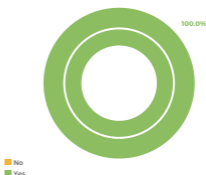


Chart 29 shows that all respondents reported attending the review and refresher meetings that were organised by VCF at different points in time.

CHART 28: NO. OF TRAINING PROGRAMS ATTENDED IN THE LAST YEAR

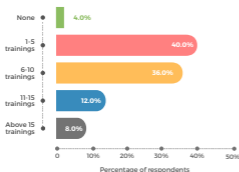
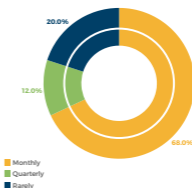


Chart 28 shows that 40% of the respondents reported attending 1-5 training in the last year, followed by 36% who attended 6-10 training in the last year.

CHART 30: FREQUENCY OF ATTENDING REVIEW AND REFRESHER MEETING



While all elected Sakhis attended all of the meetings held, a more detailed frequency-wise understanding of the types of meetings held revealed that the majority of respondents (68%) reported attending monthly review and refresher meetings, followed by 20% who reported that they rarely attend the meetings.

**CHART 31: NUMBER OF PLA PROGRAMS ATTENDED SO FAR BY RESPONDENTS**

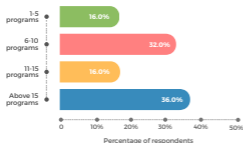


Chart 31 shows that 36% of respondents have attended more than 15 PLA programs, followed by 32% who attended 6-10 programs.

**CHART 32: ASPECTS OF PLA PROGRAMS COVERED IN TRAINING**

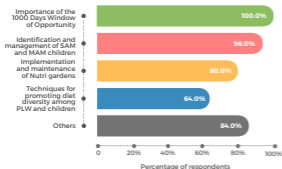


Chart 32 shows that all respondents (AAA) reported covering the importance of the 1000-day window opportunity during the training. Additionally, 96% of respondents indicated that they received training on the identification and management of severe acute malnutrition (SAM) and moderate acute malnutrition (MAM). The training also encompassed other key topics, including the effective use of BCC materials for behaviour change, conducting home visits and community mobilisation, organising PLA meetings and food recipe demonstrations, and monitoring and reporting on program outcomes. These topics provided the AAA network with a broad set of skills to help improve nutrition and support families in their communities.

**CHART 33: KEY INTERVENTIONS EMPHASISED IN 1000 DAYS WINDOW TRAINING PROGRAM**

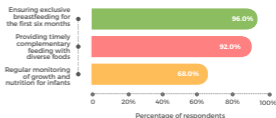


Chart 33 shows the key interventions emphasised in the 1000-day window training program. The major focus of the program was on exclusive breastfeeding for the first six months (96%). Additional topics included providing timely complementary feeding with diverse foods (92%) and regular monitoring of growth and nutrition for infants (68%). These findings highlight the comprehensive nature of the training, equipping participants with a well-rounded understanding of infant nutrition and care and empowering them to play a pivotal role in ensuring healthy child development.

The major role of the AAA network in this intervention for maternal and child care includes providing information and education to women on breastfeeding, monitoring the growth and nutrition of infants, conducting nutrition demonstrations, and promoting healthy feeding practices. These efforts are aimed at improving maternal health, ensuring proper nutrition for infants, and enhancing the overall well-being of both mothers and children.

**CHART 34: STRATEGIES USED TO ENGAGE MOTHERS ON THE IMPORTANCE OF 1000 DAYS WINDOW**

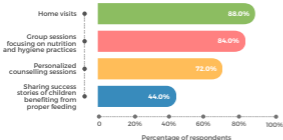


Chart 34 shows that Poshan Sakhis/ASHAs and ANMs used multiple strategies to engage mothers on the importance of the 1000-day window. The most common strategy was home visits, with 88% of respondents reporting its use. Additionally, 84% conducted group sessions focused on nutrition and hygiene practices, while 72% relied on personalised counselling sessions. Less than half of the respondents (44%) used success stories of children benefiting from proper feeding as a strategy. These findings highlight the variety of approaches used to engage mothers and promote healthy practices during the critical 1000-day window.

**CHART 35: IMPACT FIRST 1000 DAYS WINDOW ON LONG-TERM HEALTH OUTCOME**

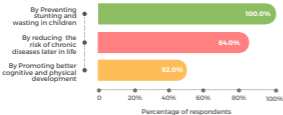


Chart 35 shows that all respondents reported that the 1000-day window sessions with women led to long-term health outcomes, primarily by preventing stunting and wasting in children. Additionally, 84% reported feeling that the sessions contributed to a reduced risk of chronic diseases in infants later in life.

Qualitative interactions with Poshan Sakhis, ASHAs, and ANMs have highlighted that, due to their efforts, community stakeholders such as the Panchayat and women's groups have gained a better understanding of the importance of nutrition for pregnant and lactating mothers.

The women's groups are now actively discussing the need for proper nutrition and emphasising the importance of utilising the services offered by the Anganwadi centres.

**CHART 36: AREAS OF SKILL IN MATERNAL AND CHILD CARE DURING 1000 DAYS WINDOW**

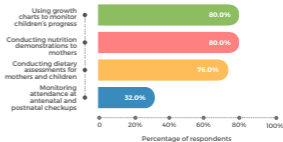


Chart 36 shows that 80% of respondents reported using growth charts to monitor children's progress as a skill acquired through the training. Another 80% reported feeling better equipped to conduct dietary assessments for mothers and children.

**CHART 37: METHODS FOR IDENTIFYING SAM AND MAM**

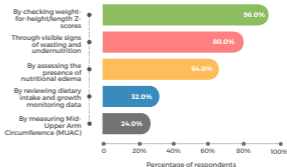


Chart 37 shows that a large majority of respondents (96%) reported identifying children with SAM and MAM by checking weight-for-height or using length Z-scores. Additionally, 80% of respondents used visible signs of wasting and undernutrition to identify SAM and MAM.

**CHART 38: LEVEL OF PROFICIENCY IN IDENTIFYING SAM AND MAM CHILDREN**

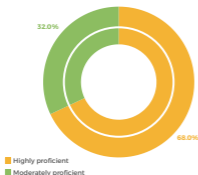


Chart 38 shows that more than two third (68%) of respondents reported feeling highly proficient in identifying SAM and MAM children whereas 32% reported being moderately proficient. This indicates strong competence in recognising malnutrition, although further training could enhance skills for those with moderate proficiency.

“

“During my home visits, I focus on checking the growth and nutrition of infants and young children. I encourage mothers to start breastfeeding within the first hour of birth and support responsive feeding during complementary feeding. I use growth charts to track progress and assess the diets of mothers and children. By looking at weight-for-height Z-scores and signs of malnutrition like wasting, I can identify children with severe or moderate malnutrition. I also provide care and advice for low-birth-weight babies to help them grow and develop better.”

- M. Parvathi IC, 34 years old Anganwadi worker, Sirunambuduru village

”



**DATA COLLECTION**

## Improving Feeding Practices and Promoting Diet Diversity

### HOME VISITS BY POSHAN SAKHIS, ASHA, ANGANWADI WORKER

**CHART 39: AVERAGE NUMBER OF HOME VISITS CONDUCTED PER MONTH**

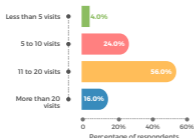


Chart 39 shows that 100% of respondents reported conducting visits at least once a month. The majority (56%) made 11 to 20 visits per month, followed by 24% who made 5 to 10 visits, while less than 5% made fewer than five visits. This indicates a high level of engagement among the AAA network and Poshan Sakhis, with regular follow-ups being conducted by the VCF.

**CHART 40: NUMBER OF NUTRITIONAL DEMONSTRATION EVENTS CONDUCTED MONTHLY**

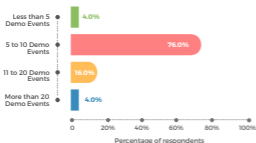


Chart 40 shows that over three-fourths (76%) of respondents conducted 5 to 10 nutritional demonstration events per month, while 16% conducted 11 to 20 events monthly.

**CHART 41: ASPECTS EMPHASISED DURING NUTRITIONAL DEMONSTRATION CAMPS FOR MOTHERS**

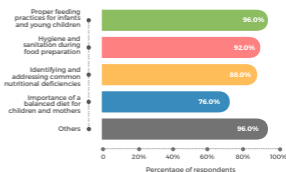


Chart 41 shows that 96% of respondents reported that during nutritional demonstration camps for mothers, the focus was on proper feeding practices for infants and young children, such as exclusive breastfeeding and complementary feeding. Another 96% also highlighted other key aspects, including monitoring growth, recognising signs of malnutrition, preparing locally available nutritious food, and incorporating low-cost recipes for nutrient-rich meals. Additionally, 88% focused on identifying and addressing common nutritional deficiencies, such as iron and Vitamin A.

## KITCHEN GARDEN

**CHART 42: PERCENTAGE OF HOUSEHOLDS IN THE AREA WITH BACKYARD VEGETABLE GARDENS**

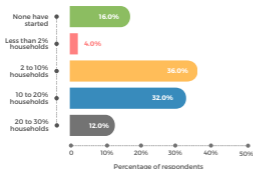


Chart 42 shows that 36% of respondents reported that 2 to 10% of households in the area have started backyard vegetable or kitchen gardens, followed by 32% who reported that 10 to 20% of households have kitchen gardens. Additionally, 16% of respondents reported that none of the households have started kitchen gardens yet, suggesting barriers or challenges preventing wider adoption.

Discussions with Poshan Sakhis, ASHAs, and ANMs revealed that vegetables such as beans, lettuce, lady's fingers, moringa, spinach, drumstick (moringa), and sorrel (gongura) are commonly cultivated by women in these kitchen gardens.

90.5% of respondents reported that the kitchen gardens were well-maintained

**CHART 43: EFFECTIVENESS OF VEGETABLE GARDENS IN MEETING WOMEN'S DIETARY REQUIREMENTS**

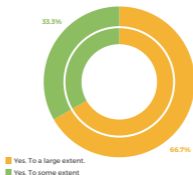


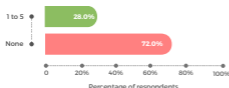
Chart 43 shows that two-thirds of respondents (66.7%) reported that they find vegetable gardens very effective in meeting women's dietary requirements, while 33.3% found them effective to some extent.



COLLECTING DATA

## Key Impacts

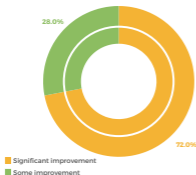
**CHART 44: NO. OF SAM AND MAM CHILDREN HAVE BEEN REFERRED FOR TREATMENT IN THE LAST 6 MONTHS**



### COMMUNITY-BASED CARE

Chart 44 shows that 72% of respondents reported not referring SAM or MAM children for treatment in the last six months. This indicates that the intervention has likely contributed to improved awareness and early detection of malnutrition, as fewer children are being identified with severe or moderate acute malnutrition that requires referral for treatment. However, it also underscores the importance of ensuring that children who are at risk of malnutrition continue to be adequately monitored and supported.

**CHART 45: LEVEL OF IMPROVEMENT IN CHILD FEEDING PRACTICES AMONG MOTHERS IN THE AREA**



### CHILD FEEDING PRACTICES

Prior to the intervention, there were indications from the baseline data that child feeding practices in the area required improvement, which had an impact on the nutritional status of children.

The intervention has since been successful in enhancing these practices among mothers, leading to better nutritional outcomes. According to the findings, 72% of respondents reported significant improvements in child-feeding practices after the intervention, indicating better feeding habits and enhanced nutritional care for infants.



### ACCESS TO NUTRITION THROUGH KITCHEN GARDENS

Discussions with frontline workers, Poshan Sakhis, as well as lactating mothers and pregnant women, revealed that nearly three-fourths of the respondents (74.7%) reported setting up a kitchen garden. This initiative has contributed to improved nutrition for women and their families, providing access to fresh, nutritious food at home.



### TEAM INTERACTION WITH WOMEN

## ENHANCED KNOWLEDGE, BEHAVIOUR AND HEALTH OUTCOMES

The introduction of education, home visits by frontline workers, and Poshan Sakhis as part of the intervention have resulted in improved knowledge, skills, and behaviour, as well as improved health outcomes for women and infants.

**CHART 46: IMPACT OF THE PROGRAM ON KNOWLEDGE, BEHAVIOUR AND HEALTH OUTCOMES**

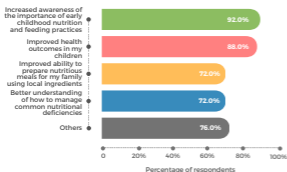


Chart 46 shows that 92% of respondents reported increased awareness of the importance of early childhood nutrition and feeding practices. Additionally, 88% reported improvements in health outcomes for their children, including better weight gain and fewer instances of illness. Furthermore, 72% reported an improved ability to prepare nutritious meals for the family using local ingredients.

## INCREASED ACCESS TO HEALTH SERVICES

The intervention has significantly improved access to antenatal care (ANC) and Anganwadi services, leading to better health monitoring and support for mothers and children. The intervention led to a significant increase in the number of pregnant women attending ANC services. Post-intervention, 45.2% of lactating women completed more than three ANC visits, and 50% attended three visits by the third trimester. This is a marked improvement from the baseline, where only 44% received four or more visits. All respondents reported receiving supplementary nutrition, medical check-ups, and iron folic acid tablets from Anganwadi services, demonstrating improved access to essential health services.

## ENHANCED COMMUNITY PARTICIPATION

The intervention has been successful in fostering community participation. It involved locally trained women, known as Poshan Sakhis, who conducted home visits for lactating women and newborns to educate them on nutrition and dietary practices. They also monitored the growth of newborns. Through nutrition demonstrations, local women prepared nutritious recipes using locally available ingredients and shared them with other women in the community. This approach ensures the active involvement of women in improving maternal and child health.



**GROUP OF PREGNANT WOMEN AND LACTATING MOTHERS**

# IMPACT CREATED ACROSS MULTIPLE LEVELS



## INDIVIDUAL LEVEL

- Improved nutrition among women reported better dietary diversity, consuming food from all five food groups.
- Improved access to antenatal care (ANC) and Anganwadi services, leading to better health monitoring and support for mothers and children.
- The intervention increased knowledge, skills, and behaviours regarding maternal health as well as health outcomes for women and infants.



## FAMILY LEVEL

- With improved access to maternal and child health services, families have reported better health outcomes for their children, including fewer illnesses and improved growth metrics.
- With kitchen gardens, the intervention led to improved nutrition status of the family.



## COMMUNITY LEVEL

- Improved access to Anganwadi services led to better maternal health outcomes.
- Increased awareness about Anganwadi and maternal and infant healthcare services and ways to improve nutrition among women, encouraging others to seek similar benefits.
- The use of local knowledge and local ingredients used for nutrition demonstrations and helped in building local capacity and sustainability.



## STATE LEVEL

- The program supports the state's health goals, advancing public health, nutrition, and maternal and child care indicators while aligning with its long-term vision for well-being.



## NATIONAL LEVEL

- The program aligns with the Government's focus on addressing anaemia and nutritional deficiencies among women and children. By ensuring access to government healthcare services, it contributes to the achievement of national welfare goals, particularly in improving maternal and child health.



### CASE STUDY 1

In the village of Rachapalem, Hamsa, a young mother, faced uncertainty about starting complementary feeding for her 9-month-old son, Sathish Yasin. Despite being attentive to her baby's nutrition, Hamsa hesitated to introduce solids due to mixed advice and fears of choking or digestive issues. As a result, Sathish was exclusively breastfed, which, while essential for his growth, posed risks of iron deficiency and delayed adaptation to solid foods. Influenced by cultural beliefs and family opinions, Hamsa struggled to navigate the conflicting guidance she received.

With the support of POSHAN Sakhis and healthcare providers, Hamsa participated in community awareness sessions like Annaprāsana, which emphasised the importance of timely complementary feeding alongside breastfeeding. Gradually, she introduced simple purees and iron-rich foods, closely monitoring Sathish's growth with regular paediatric check-ups. Though initial resistance from Sathish tested her patience, Hamsa persisted, and by his first birthday, he was eating a variety of solids. This experience not only ensured Sathish's healthy development but also empowered Hamsa with confidence and knowledge.





## CASE STUDY 2

In the rural village of Satyavedu, where healthcare resources are limited, 18-year-old Rishibha faced severe anaemia during her pregnancy, with dangerously low haemoglobin levels of 5 g/dL. This condition posed significant risks for both her health and her unborn child. Rishibha's case was identified by K. Dhana, a Poshan Sakhi, during a routine community visit. Dhana immediately intervened by educating Rishibha and her family about the dangers of anaemia and the importance of a balanced diet rich in iron and other essential nutrients.

Dhana guided Rishibha in improving her diet, encouraging the inclusion of iron-rich foods like green leafy vegetables, lentils, and eggs and advising her to consume vitamin C-rich foods to enhance iron absorption. She also ensured Rishibha received regular antenatal care and facilitated access to iron supplements, including intravenous iron sucrose, as Rishibha had difficulty tolerating oral supplements. To support other pregnant women in the community, Dhana organised awareness sessions focused on anaemia prevention and the importance of timely health check-ups.

Within three months, Rishibha's haemoglobin levels improved to 9 g/dL, and she reported feeling healthier with increased energy. As of now, she is in her third trimester and expects to deliver in March 2025. The intervention not only improved Rishibha's health but also empowered her with knowledge about nutrition and prenatal care, benefiting her and her family's well-being.



# SUSTAINABILITY



The sustainability of the Suposhit Tirupati intervention stems from its holistic design, empowering women to address maternal and infant care needs while fostering community health. Through education and training of local women such as Poshan Sakhis, fivefold behaviour change communication, growth monitoring, dietary demonstrations, and promoting kitchen gardens, the program tackles immediate health challenges and builds long-term resilience. By linking women to government health centres like Anganwadi, it enhances health security and reduces vulnerabilities. Community education ensures lasting participation and shared responsibility, while partnerships with government bodies and local capacity building extend the program's reach and lasting impact.

# EXIT STRATEGY



## COMMUNITY ENGAGEMENT DRIVES BEHAVIORAL CHANGE

- The Participatory Learning and Action (PLA) approach was instrumental in fostering discussions around nutrition and health.
- Village-level nutrition awareness sessions and interactive cooking demonstrations encouraged women to adopt healthier food habits.
- The involvement of SHCs (Self-Help Groups) and local women leaders helped in sustaining the initiative at the grassroots level.



## TRAINING LOCAL CHAMPIONS INCREASES SUSTAINABILITY

- The role of Poshan Sakshis proved vital in reaching out to women and children, ensuring that knowledge transfer occurred in a relatable and effective manner.
- Training Anganwadi Workers (AWWs), ASHAs, and ANMs on Maternal, Infant, and Young Child Nutrition (MIYCN) significantly improved their ability to counsel mothers.
- Engaging youth volunteers and PRI members helped in expanding outreach beyond direct beneficiaries.



## MULTI-SECTORAL CONVERGENCE YIELDS STRONGER RESULTS

- The project's alignment with ICDS (Integrated Child Development Services) and NHM (National Health Mission) helped in integrating the activities into the existing government framework.

ACTIVITY	SUB-ACTIVITY
Integration into Government systems	<ul style="list-style-type: none"><li>• Consent letter with the department of Women Development and Child Welfare to continue using trained personnel and project methodology.</li><li>• Transfer tools, equipment and data systems (like growth monitoring equipment and the MIS) to ICDS and NHM for continued use.</li></ul>
Community-Based Structures	<ul style="list-style-type: none"><li>• Strengthening the existing Village Health, Sanitation and Nutrition Committees (VHNCs) Panchayati Raj (PRIs) to oversee program activities.</li><li>• Conduct handholding support for at least six months to ensure VHNCs are fully operational.</li></ul>
Capacity Building	<ul style="list-style-type: none"><li>• <b>Training Modules:</b> Design standardised training materials tailored for Anganwadi workers, AHAs, and ANMs to ensure long-term knowledge retention.</li><li>• <b>Community Mentors:</b> Identify key community members to serve as mentors who can train future workers on program practices and methodologies.</li></ul>
Sustainable Nutri Gardens	<ul style="list-style-type: none"><li>• Transition Nutri Garden management to community women's group or self-help groups (SHCs).</li><li>• Collaborate with agriculture extension services to provide ongoing training and seeds.</li></ul>

## CHAPTER 7

# CONCLUSION

The comprehensive program for pregnant and lactating women and children, launched by the Vijayvahini Charitable Foundation in the Satyavedu Mandal of the Tirupati district in Andhra Pradesh, with the support of TCPL, has made a substantial difference in the lives of these vulnerable populations by addressing critical health and nutrition-related challenges. Through effective partnerships with government entities, the program has empowered frontline workers and locally identified women, known as Poshan Sakhis, by equipping them with essential tools, skills, knowledge, and support. This initiative has led to reduced maternal and infant health risks, improved nutritional outcomes, and a decrease in undernutrition.

The program focuses on enhancing dietary diversity and increasing nutritional intake among vulnerable populations in selected villages. A key component of the initiative is the intensified Behaviour Change Communication (BCC) Campaign, which specifically targets dietary diversity among pregnant and lactating women and children up to five years old. By educating women on the importance of dietary diversity and providing tailored messages, the program has effectively promoted healthier nutrition habits, resulting in significant improvements in dietary practices. Home visits and personalised guidance on child growth and nutrition have further enhanced child feeding practices, reflecting better care for infants. Additionally, the integration of trained health workers with local dietary practices has contributed to increased nutrition among children, fostering community cohesion and strengthening social ties among women.

Despite these successes, challenges remain, such as the underutilisation of kitchen gardens and gaps in women's participation and motivation to attend training sessions. To build on the program's achievements, it is essential to enhance community partnership and ownership, involve men in the process, develop women leaders, and introduce a barter system for kitchen gardens. These strategies could maximise the program's impact, ensuring sustainable improvements in health and nutrition for the community.

# Ma Ki Roti

## Impact Assessment Report



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## 01. EXECUTIVE SUMMARY

### PROJECT OVERVIEW

As part of its commitment to community development, Tata Consumer Products Limited (TCPL) aims to impact 1 million lives by 2023. TCPL, through its CSR initiatives, supports the MA KI ROTI program, initiated by Ma Foundation in Agra, Uttar Pradesh and Odisha. It is a low-cost, high-impact initiative that empowers self-help groups of mothers to launch a catering enterprise. This innovative program has a dual benefit:

**1.Economic Empowerment:** Mothers become earning members of their families, gaining financial independence and stability.

**2.Nutritional Support:** The program provides nutritious meals at an affordable price, promoting healthy eating habits and supporting the well-being of families.

### BENEFICIARIES COOKING AT MA KI ROTI



Ma Foundation is a non-profit organization that helps underprivileged children and women in rural India. It aims at:

- Helping children access quality education and break the cycle of poverty
- Supports vulnerable children and address issues such as orphan care, education, and community development
- Empower women with the tools to thrive.

There is a pressing need for programs like Ma Ki Roti, as they address critical issues of livelihood development and food security in underprivileged communities. According to global studies, women's participation in sustainable income-generation activities has a multiplier effect on family welfare and community development, often leading to better health, education, and economic stability.

In India, where 71% of rural women are engaged in informal or vulnerable employment (ILO report), programs like these provide an essential pathway to financial independence and social empowerment.

Ma Ki Roti is a program of the Ma Foundation that helps destitute mothers in remote Indian villages run community kitchens to feed other mothers in need.

TATA global beverages is involved in CSR activities from last 50 years. CSR programmes aim to be relevant to local, national and global contexts, keep disadvantaged communities as the focus based on globally agreed sustainable development principles and be implemented in partnership with governments, NGOs and other relevant stakeholders. Tata companies are involved in a wide variety of community development and environment preservation projects.

In FY - 2019, the group has spent INR 1,095 crore on CSR expenditure and has positively impacted 11.7 million lives. The tata group's activities relate to education, livelihoods and skill development, rural development, water and sanitation, healthcare and strengthening services.

Tata sons private limited is the promoter and principal investment-holding company of the tata group, which includes tata consumer products limited (TCPL).

## PROJECT DETAILS

**Implementation year**

FY 2023-24

**Assessment year**

FY 2024-25

**Targeted Geographies**Odisha - Ganjam and Kandhamal and  
Agra - Dayalbag and Saran Nagar**Beneficiaries**

SHG and the Customers

**No. of Beneficiaries**

4677

**Implementing Partner**

Ma Foundation

**Budget**

₹16,00,000/-

**Alignment with  
SDG Goals**

## PROJECT ACTIVITIES



Identification of the SHG members.

Coordination with local government  
and the community.Provide seed money for kitchen setup,  
ensuring adequate infrastructure and  
equipment.Conduct training programs for  
mothers on financial literacy, catering  
skills, running a cooking centre, and  
enterprise management.

Periodically monitoring the program.

# Key Findings and Key Impacts

COMPONENT	INDICATORS	KEY FINDINGS	KEY OUTCOME
 <b>Economic Empowerment of Mothers/ SHG members</b>	Percentage of members involved in the catering enterprise who have gained financial independence and are earning a sustainable income	Prior to the intervention, 50% of respondents were employed, while the remaining 50% were unemployed.	The employment rate rose to 100%, with all respondents securing employment.
	On average income of the members from the program	Overall, 62.5% of beneficiaries earned more than Rs. 4,000 monthly through the program.	A stable income growth has been observed throughout the program.
	Percentage of members who report an increase in their monthly income		A majority of the previously unemployed individuals have secured jobs with incomes exceeding Rs. 4000, reflecting a positive outcome in improving their financial situation post-intervention.
	Consistency of monthly income over time, indicating sustained financial improvement		
 <b>Revenue from the Program</b>	Total number of meals sold in a month	On average 1,753 orders/ plates have been sold monthly from March to December 2024.	40.4% of the respondents saved 10-20% on their food expenses, while 36.4% reported savings of 40% or more, illustrating the considerable financial benefit of eating at these canteens.
	Total revenue generated through the program		Total revenue generated monthly on average Rs. 41,426/-
 <b>Maintenance of Standard of Meal Quantity and Quality and Customer Satisfaction</b>	Consistency in portion sizes and adherence to nutrition standards for every meal served	A significant 40.4% of respondents eat daily, while 38.4% visit 2-3 times a week.	The majority of the respondents were moderately satisfied with the food quality, quantity, and taste, with satisfaction rates consistently above 60%.
	Satisfaction levels of the customers		

## 02. OECD FRAMEWORK



Relevance



Coherence



Effectiveness



Efficiency



Impact



Sustainability

### RELEVANCE

The Ma Ki Roti program demonstrates exceptional relevance to both immediate community needs and broader development priorities. The program's careful selection of beneficiaries, with 56.3% belonging to lower caste communities and many coming from households where the primary earner's income is below Rs. 10,000 monthly, ensures the intervention reaches those most in need, supporting SDG 10 (Reduced Inequalities). The Program through its rigorous processes also identifies locations underserved by government food schemes like the Aahar Yojana.

### COHERENCE

MA KI ROTI's intervention harmonises with numerous Sustainable Development Goals (SDGs), including



This alignment underscores MA KI ROTI's high coherence.

### EFFECTIVENESS

The program has demonstrated remarkable effectiveness in achieving its twin objectives of economic empowerment and nutritional support. On the economic front, the establishment of 4 centers employing 26 women has created a sustainable income stream, with 62.5% of beneficiaries earning more than Rs. 4,000 monthly. This economic impact extends beyond mere income generation, as evidenced by the 93.8% of participants reporting increased financial stability and 75% demonstrating improved ability to save money. The program's effectiveness in empowering women is particularly notable, with 87.5% reporting enhanced family decision-making ability, directly contributing to SDG 5's target of women's empowerment. The nutritional support component has been equally effective, serving 49,043 underprivileged people across the 4 centers. The high customer satisfaction rates of 90.9% for food quality, combined with the fact that 89.9% of customers report significant money savings on food expenses, demonstrates the program's success in providing affordable, quality nutrition. The strong customer retention, with 40.4% being daily customers, further validates the program's effectiveness in meeting community needs and contributing to SDG 2's targets for food security and improved nutrition.

### EFFICIENCY

The program's operational model demonstrates exceptional efficiency in resource utilization and implementation. The innovative three-year graduated support model, transitioning from 100% to 50% to 25% support, promotes self-sustainability while making efficient use of available resources. The flexible working hours, with 68.8% of beneficiaries working 4-6 hours daily, optimize work-life balance while maintaining operational efficiency. The program's strategic partnerships with local NGOs and NRLM SHGs, supported by local volunteers and technical experts, create a cost-effective implementation structure that maximizes impact while minimizing overhead costs. The monthly revenues of Rs. 30,000-60,000, coupled with affordable meal pricing ranging from Rs. 10-70, demonstrate efficient business operations that balance social impact with financial sustainability, supporting SDG 12 (Responsible Consumption and Production).

### IMPACT

The program has generated transformative impacts across multiple dimensions, creating ripple effects throughout the community. The social impact is particularly noteworthy, with 93.8% of beneficiaries reporting strengthened community bonds and 68.8% noting increased collaboration among families. This enhanced social cohesion extends to improved status of women within their households, with 75% reporting increased respect and recognition. The program has also catalyzed significant skill development, with 93.8% reporting improved cooking skills and 75% demonstrating better customer service knowledge, contributing to SDG 4 (Quality Education) through practical skill development. The economic impact extends beyond the immediate beneficiaries, creating a multiplier effect in the community. The reduction in dependency on irregular income sources and the creation of sustainable entrepreneurship opportunities has strengthened local economic resilience. The program's impact on household economics is substantial, with 40.4% of customers saving 10-20% on food expenses and 36.4% saving 40% or more. The reported 94.9% reduction in reliance on expensive food options demonstrates the program's success in creating accessible, affordable nutrition solutions for vulnerable communities.



Relevance



Coherence



Effectiveness



Efficiency



Impact



Sustainability


**SUSTAINABILITY**

The Ma Ki Roti program exhibits strong sustainability across multiple dimensions, positioning it for long-term success and scalability. Financial sustainability is ensured through the graduated support model that encourages self-reliance, complemented by consistent revenue generation and a growing, loyal customer base. The program's multiple income streams through various meal options provide financial resilience, while partnerships with local organizations and integration with existing government schemes strengthen institutional sustainability. The program's approach to environmental and social sustainability aligns with SDG 11 (Sustainable Cities and Communities) through its community-based operational model and local sourcing of ingredients. The strong customer satisfaction and loyalty, coupled with positive impacts on family nutrition and food security, create a sustainable cycle of community support. The program's emphasis on capacity building through regular training and support for legal compliance establishes a strong foundation for long-term operational sustainability.



Relevance



Coherence



Effectiveness



Efficiency



Impact



Sustainability

## CHAPTER 3

# INTRODUCTION



*Customers having food at Ma ki Roti*

### BACKGROUND AND NEED OF THE PROGRAM

Ma Foundation, headquartered in Mumbai and established in September 2019, is dedicated to serving the most marginalized and vulnerable women and children in remote areas across India, often situated at the lowest rungs of the economic ladder. Our primary focus is on providing support to mothers and their young ones.

Central to our mission is the Livelihood, Skilling, and Nutrition program, with our flagship initiative, Ma Ki Roti, empowering women to achieve self-sufficiency. Additionally, our interventions in nutrition extend to women battling cancer, as well as pregnant and lactating mothers.

#### Rationale for choosing Project Location

UP: Agra 2 centres (Dayal Baug & Saran Nagar)  
Uttar Pradesh has experienced periodic communal and caste-based tensions, largely driven by socio-economic disparities. In the state's most underprivileged districts, inadequate infrastructure, poor access to education and healthcare, and limited employment opportunities pose significant challenges. Migration to urban areas for work further strains resources, deepening inequalities. Women, in particular, face systemic barriers to economic empowerment, such as restricted access to education, societal discrimination, and financial dependence. Investing in skill development, entrepreneurship, and resource accessibility for women can drive long-term development and poverty reduction.

Agra, a rapidly urbanizing city, is grappling with a growing tourism economy that has outpaced housing and essential services, leading to the expansion of slums. With 417 slums housing 123,846 families—56% of the urban population—the city faces severe socio-economic challenges. Employment disparity is stark, with only 13.2% of women in the workforce. The city also struggles with poor health indicators, including high child malnutrition rates—44.7% of children are stunted, and 51.7% are anemic. Among women of reproductive age, anemia prevalence is 43.1%, further emphasizing the urgent need for targeted nutrition and empowerment programs to improve overall well-being.

Odisha faces significant gender disparities, with women experiencing lower literacy rates (65% compared to men's 82%), limited workforce participation (22%), and high maternal mortality (222 deaths per 100,000 live births). Gender-based violence remains a concern, with 6,000 cases reported in 2020, and political representation is low, with women holding only 12% of legislative seats. Addressing these issues through education, economic empowerment, healthcare access, and advocacy is essential for promoting gender equality and sustainable development in the state.

Kandhamal and Ganjam districts have been identified as key locations for Ma Ki Roti initiative due to their socio-economic challenges and potential for impactful intervention. Kandhamal, ranking 29th out of 30 in Odisha's Human Development Index, has a predominantly Scheduled Caste and Tribe population (69%) facing poverty, poor connectivity, and Maoist insurgency. The intervention in Raikia, its business hub, aims to provide food security and employment. In Ganjam, where 22% of the population belongs to Scheduled Castes and Tribes and 75% rely on agriculture, economic disparities persist despite its rich natural resources. Ma Ki Roti initiative in Sheragada seeks to offer affordable nutrition, alternative livelihoods, and women's empowerment, leveraging the district's industrial presence for sustainable growth.

## OBJECTIVES OF THE PROGRAM

The Ma Foundation, based in Mumbai, is the primary organisation employed by TCPL to establish the kitchen program through Self-Help Group (SHG) members in various areas. Tata Consumer Products Ltd. is supporting 4 centres—2 in Uttar Pradesh and 2 in Odisha. Till the month of November 2024, a total of 49,043 underprivileged people have been fed subsidised, nutritious meals across the 4 centres. A total of 26 women are the direct beneficiaries of the program.



Identify beneficiaries and support them in setting up community kitchens in high-target areas.



Building capacities of these beneficiaries and providing them with regular handholding support.



Providing the beneficiaries with additional support that may be required to scale and improve the quality of service of their business.

## ABOUT MA FOUNDATION

The NGO's vision is to reach out to and support the most underprivileged and vulnerable mothers from lower socio-economic communities living in remote parts of India. One innovative program implemented by the NGO is "Ma Ki Roti" which uses a two-pronged approach designed to address nutrition as well as livelihood issues. As part of the program, the NGO sets up a canteen catering to customers from a cluster of villages. The canteen is managed and operated by women belonging to an identified Self-Help Group, who then prepare nutritious meals for customers belonging to a lower-income group at affordable and subsidised rates. The members of the SHGs often belong to the most vulnerable and destitute sections of society, such as widows, the elderly, single mothers and mothers living with disabilities. Till date, the NGO has opened 77 centres across India and the initiative positively impacts approximately 3175 family members, including children thus fostering economic independence and creating a ripple effect in rural development.

## CHAPTER 4

# RESEARCH METHODOLOGY



*Customers having food*

### OBJECTIVES OF THE STUDY



To understand the overall impact that the program.



Outreach of the program/support and its importance.



To examine the quality of support and services provided.



To gather feedback on the program to formulate recommendations and further enhancements.

### MIXED METHODOLOGY

A mixed methodology was used to evaluate the program's impact. Mixed methodology refers to the integration of both quantitative and qualitative research methods in a single study, creating a balanced approach to data collection and analysis. This approach is highly effective in impact assessments because it captures both the measurable outcomes (through quantitative methods) and the human experiences, insights, and contextual factors (through qualitative methods). Quantitative data provides objective, statistical evidence of change, such as admission to colleges, educational outcomes etc while qualitative data offers a deeper understanding of the "how" and "why" behind those changes, capturing the voices and experiences of beneficiaries and stakeholders.

Through a process of triangulation the reliability and validity of the findings are enhanced. This approach enhances the reliability of findings, highlights diverse perspectives, and supports well-rounded, evidence-based recommendations for future improvements.

## APPLICATION OF QUANTITATIVE APPROACH

This approach would concentrate on the numerical analysis of data to identify patterns, trends, and correlations.

### Key aspects include:

- Collection of numerical data to quantify variables and relationships
- Objective measurement and analysis
- Application of statistical methods to draw inferences

## APPLICATION OF QUALITATIVE APPROACH

This approach would focus on exploring the depth and complexity of social phenomena and human experiences.

### Key aspects include:

- Emphasis on narrative data to capture detailed insights
- Exploration of motivations, perceptions and experiences
- Building a deeper understanding of contextual influences

## ENSURING TRIANGULATION

Through the process of triangulation the quantitative data was cross-verified using the findings of the qualitative data. This process thus prevents confirmation bias and also validates the findings of the study.

## SAMPLING FRAMEWORK

In order to ensure a well-rounded representation of the different sub-groups within the target population, the study employed a stratified random sampling technique. Additionally, purposive sampling was utilised to engage key stakeholders in qualitative interactions.

**Stratified random sampling** is a method that involves dividing the population into distinct subgroups and then randomly selecting samples from each subgroup to ensure representative diversity in the study.

**Purposive sampling** is a method in research where specific individuals or groups are deliberately chosen for inclusion in a study based on their unique characteristics or expertise to provide targeted and specialised insights into the research topic.

## DATA QUALITY CONTROL AND ANALYSIS

The study employed a centralised dashboard and an in-house app for real-time data monitoring, ensuring data integrity and enabling prompt corrective actions when needed. Data analysis encompassed descriptive numerical and graphical methods to systematically present and interpret data patterns, extracting key characteristics and trends.

## STANDARDIZED FRAMEWORK FOR EVALUATION

The research study applied the OECD-DAC framework for evaluation, ensuring alignment with globally accepted standards and norms. This framework offered a strong and uniform method to evaluate the project's impact, bolstering the credibility and pertinence of the research findings.

## DESIGN SNAPSHOT



### Name of the project

Ma ki Roti



### Implementing Partners

Ma Foundation



### Supported by

TCPL



### Research design used

Descriptive research design



### Sampling technique

Stratified random sampling and purposive sampling



### Sample size

The quantitative tool was administered on 16 beneficiaries and 99 customers



### Research method used

Semi-structured interviews, testimonials, FGDs and survey with beneficiaries

## KEY STAKEHOLDERS



## STUDY TOOLS

Structured questionnaires were designed after reviewing the project details across all focus areas. Pre-defined indicators were established to guide the survey process, ensuring consistency in data collection.

A survey tool was developed to gather quantifiable data from key stakeholders of the project.

## UPHOLDING RESEARCH ETHICS

The impact evaluation was conducted with a firm commitment to upholding ethical standards, ensuring that all research practices were responsible and participant-centered. Ethical principles were strictly followed to safeguard the rights, privacy, and well-being of all individuals involved in the study. Participants were fully informed about the purpose, scope, and processes of the research through detailed consent procedures, allowing them to make voluntary, well-informed decisions about their participation.

Confidentiality was a top priority, with stringent measures in place to protect participant data. Personal information was anonymised or coded to prevent identification, and data was securely stored, accessible only to authorised personnel. The study also ensured that participation remained entirely voluntary, with no coercion or undue influence applied at any stage.

Throughout the research process, participants were treated with respect and fairness. Their perspectives were valued, and their contributions were acknowledged as integral to the study's success. By maintaining a participant-first approach, the evaluation ensured that ethical integrity was preserved at every step, fostering trust and accountability in the research outcomes.



## DISCUSSION WITH BENEFICIARIES



## THEORY OF CHANGE



## CHAPTER 5

# KEY FINDINGS AND IMPACTS

This chapter comprehensively analyses the Ma Ki Roti program's transformative potential, presenting empirical evidence of its multifaceted impact on women's economic empowerment and community nutrition. Through a rigorous mixed-methodology approach, combining quantitative and qualitative research techniques, the study unveils the program's significant achievements in addressing critical socio-economic challenges. The research explores the program's effectiveness across key dimensions: economic empowerment, skill development, nutritional support, and community engagement, offering nuanced insights into how targeted interventions can create sustainable pathways for vulnerable women and underserved communities. By examining both individual beneficiary experiences and broader systemic impacts, the findings illuminate the program's potential as a replicable model for integrated social development.

The findings have been divided into the following 2 sections :

**A. Insights generated from the beneficiaries**

**B. Insights generated from customers**



**SERVING FOOD TO THE CUSTOMERS IN AGRA**



## A. INSIGHTS GENERATED FROM THE BENEFICIARIES

### DEMOGRAPHIC INSIGHTS OF BENEFICIARIES

CHART 1: AGE-GROUP-WISE DISTRIBUTION

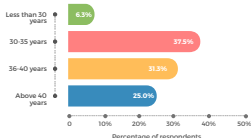
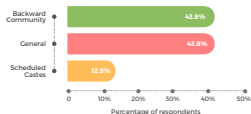


CHART 2: SOCIAL CATEGORY



The demographic analysis of the women beneficiaries highlights that the largest proportion (37.5%) fell within the 30-35 age group, followed by 31.3% in the 36-40 age range. A smaller segment, 6.3%, were under 30 years, while 25% were above 40. Regarding social categories, 43.8% of the beneficiaries belonged to both the Backward Community and General categories, with 12.5% from Scheduled Castes. Overall, a significant 56.3% of the beneficiaries were from disadvantaged social groups, underscoring the initiative's emphasis on empowering women from marginalised sections of society.

### SOCIO-ECONOMIC PROFILE OF BENEFICIARIES

CHART 3: PRIMARY OCCUPATION OF THE FAMILY

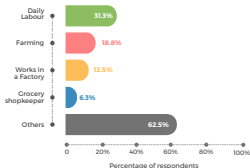
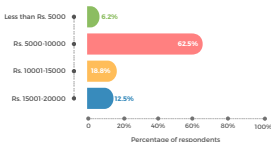


CHART 4: MONTHLY INCOME OF THE FAMILY



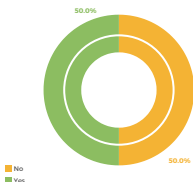
The occupational profile of the beneficiaries' families reveals that the largest segment (31.3%) were daily labourers, followed by those engaged in farming (18.8%) and factory work (12.5%). Notably, 62.5% of families were involved in other diverse occupations, such as agarbatti production, migrant labour, and various service jobs, reflecting a wide range of household income sources.

Most households (62.5%) reported monthly earnings between Rs. 5,000-10,000, indicating low-income prevalence. Primary earners were typically fathers, spouses, or sons, but irregular employment and informal sectors led to financial instability.

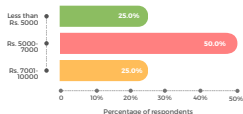
## Key Findings

### PRIOR INCOME GENERATION

**CHART 5: PARTICIPATION IN INCOME-GENERATING ACTIVITIES BEFORE THE MA KI ROTI PROGRAM**



**CHART 6: MONTHLY EARNINGS BEFORE THE INTERVENTION THROUGH INCOME-GENERATING ACTIVITIES**



Charts 5 and 6 show that the program successfully reached an equal number of women with and without prior income-generating activities, with each group comprising 50% of the beneficiaries. Among those who had prior earnings, half (50%) reported monthly incomes ranging from Rs. 5,000 to Rs. 7,000. Notably, 75% of the women who were earning before the intervention in Ganjam district, Odisha, were part of Self-Help Groups (SHGs) and engaged in tailoring activities under the National Rural Livelihoods Mission (NRLM) scheme.



**RATION KEPT AT MA KI ROTI - ODISHA**



### **CASE STUDY 1 EMPOWERMENT AND GROWTH THROUGH MA KI ROTI: FGD INSIGHTS FROM WOMEN BENEFICIARIES IN AGRA**

The women beneficiaries expressed immense satisfaction and happiness after starting the Ma Ki Roti community kitchen and canteen. Before the initiative, many of them lacked confidence and primarily stayed at home. However, the training provided through the program has empowered them and instilled the belief that they can actively contribute to their families' well-being. One participant shared, "Before this initiative, I had no confidence and stayed at home. But now, I feel empowered. The training has given me the belief that I can do something for my family."

The training focused on various aspects of managing a food business, such as cooking for large groups, bookkeeping, and managing the right quantities of ingredients. One beneficiary noted, "The NGO team trained us in cooking large quantities of food, which was new to me. We also learned bookkeeping ('hisab kitab') and how to manage the right quantity of rations and vegetables. This training has been invaluable, and now we can manage everything on our own." As a result, the group now cooks meals for 50 people daily and has become highly skilled in preparing food quickly, even when there's an increase in customers. Another participant added, "We cook food for 50 people every day. Initially, it was challenging, but now we are experts and can quickly prepare meals even if more customers come."

Managing the food waste and resource efficiency are also key priorities for women. They make sure there is no food wastage, and any leftover food is shared among the group. As one participant explained, "We ensure that there is no wastage. If any food is left over, we share it among ourselves." This approach not only reduces waste but also promotes a sense of camaraderie and teamwork among the women.

The group also highlighted the safety and convenience of working in the community. As one participant shared, "There is no fear of working late, as many women work in nearby shops, and autos are available late at night. The community has become more supportive." The overall sense of safety, along with the growing support from the local community, continues to drive the women's confidence and commitment to the project.

In summary, the Ma Ki Roti initiative has had a transformative impact on the women beneficiaries in Agra. They have gained invaluable skills, built their confidence, and are now empowered to contribute to their families' financial stability.

”



COOKING IN THE  
KITCHEN - ODISHA



## TRAINING AND CAPACITY BUILDING

### A. TRAINING INITIATIVES IN AGRA

The women beneficiaries in Agra received comprehensive training to strengthen their skills and enhance service delivery. Key areas of training include:



#### FINANCIAL LITERACY

Understanding basic financial management and maintaining stock registers.



#### FOOD BUSINESS COMPLIANCE

Guidance on compliance processes, including FSSAI registration (currently in progress).



#### CUSTOMER HANDLING AND SOFT SKILLS

Focused on improving interaction with customers and ensuring better service delivery.

### B. TRAINING INITIATIVES IN GANJAM, ODISHA

In Ganjam, Odisha, training sessions were conducted by the implementing partner, Yuba Paribartan, to equip members with essential skills. Key areas covered were:



#### COOKING AND HYGIENE PRACTICES

Training on basic hygienic cooking techniques and practices.



#### RECORD-KEEPING AND TRANSACTION MANAGEMENT

Focused on maintaining records and managing transactions.

However, certain gaps were identified that require attention:

- Advanced training in hygienic cooking processes.
- Improved methods for effective storage and kitchen maintenance.
- Marketing strategies, enhanced customer service skills, and systematic record-keeping.

Both initiatives showcase significant strides in capacity building but highlight the need for more targeted training to address specific gaps for sustained impact.

Field visits in Odisha revealed that most beneficiaries came from small-scale farming or business families. However, it was also observed that these families often faced irregular incomes from NRLM activities, reflecting challenges in consistent earnings from the program.

## C. ROLES AND RESPONSIBILITIES OF BENEFICIARIES IN BOTH LOCATION

Group members have clearly defined roles to ensure smooth operations and efficiency. Key responsibilities include:



### CUTTING VEGETABLES

Preparing raw materials for cooking.



### COOKING

Ensuring meals are cooked efficiently and hygienically.



### WASHING UTENSILS

Maintaining cleanliness and hygiene standards.



### SERVING

Providing prompt and courteous service to customers.

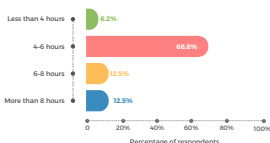
In Agra, additional efforts are being made to develop **Standard Operating Procedures (SOPs)** to standardise processes for raw material handling and ensure consistent service quality.



DISCUSSION WITH MA KI  
ROTI CUSTOMERS

## WORK-LIFE BALANCE

CHART 7: AVERAGE DAILY HOURS SPENT MANAGING THE CANTEEN



The chart further reveals that a majority of beneficiaries (68.8%) dedicate 4-6 hours daily to managing the canteen, allowing them the flexibility to also fulfil their household responsibilities.

In Ganjam, Odisha, many program participants are also involved in tailoring work under NRLM activities and assist family members in running primary income-generating ventures. This demonstrates that beneficiaries are managing multiple roles simultaneously, which can potentially affect their health and productivity. However, if the Ma Ki Roti program continues to thrive and generates adequate income for families, participants may be able to reduce the number of additional income-generating activities they engage in.



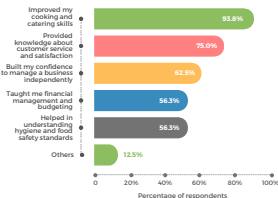
FRONT SIDE OF "MA  
KI ROTI" CENTRE



## ECONOMIC AND SOCIAL IMPACT

### SKILL DEVELOPMENT AND INCOME GENERATION

**CHART 8: WAYS IN WHICH TRAINING HELPED TO START THE BUSINESS**



**CHART 9: AVERAGE MONTHLY INCOME OF THE RESPONDENT FROM THE PROGRAM**

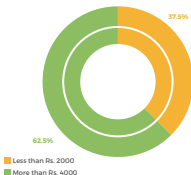


Chart 8 illustrates the comprehensive training provided to beneficiaries, enabling them to acquire key skills necessary for establishing and managing their businesses. Key skills developed included enhanced cooking proficiency (93.8%), a deeper understanding of customer service and satisfaction (75%), and increased business confidence (62.5%), among others.

Chart 9 demonstrates that 62.5% of beneficiaries earned more than Rs. 4,000 monthly through the program, highlighting the canteen as a sustainable and reliable income source for women, as evidenced by their consistent monthly earnings.



**MA KI ROTI BENEFICIARY**



## CASE STUDY 2 ASHALATA PANIGRAHI'S JOURNEY OF RESILIENCE AND EMPOWERMENT

Ashalata Panigrahi, a 30-year-old unmarried woman from a financially struggling family, embodies resilience and determination. She is the daughter of Subash Panigrahi and one of four siblings. Two of her sisters are married, with one having a mentally challenged child who lives with Ashalata and her parents. Burdened by significant expenses and debt, the family does not have a proper house. Despite her aspirations, Ashalata had to drop out of her studies due to financial constraints. The extreme poverty also thwarted her chances of marriage, as proposals repeatedly fell apart.

To support her family, Ashalata took up various labour-intensive jobs, including household labour and seasonal stitching work. However, her income was inconsistent, ranging from Rs 1,000 to Rs 1,500 during peak seasons. Her father's meagre monthly income of Rs 5,000 was insufficient to sustain the family's needs.

In her quest for financial stability, Ashalata joined the Ma Ki Roti community kitchen and canteen initiative. Through this program, she earns Rs 4,500 monthly, which has been a transformative milestone in her life. With this stable income, Ashalata was able to resume her education and open a small shop in her house.

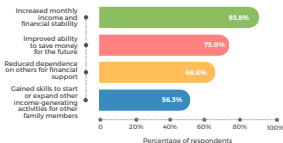
Ashalata's involvement in the program has not only improved her financial standing but has also provided her with critical life skills and newfound confidence. She shares, "Working on the project has helped me cook for large numbers of people. Previously, I only cooked for my family of four." Additionally, she proudly notes, "I have gained confidence in talking to media personnel. I have learned to communicate with strangers."

Today, Ashalata is a symbol of empowerment, showing that with the right opportunities and support, even the most challenging circumstances can be transformed. Her journey with Ma Ki Roti demonstrates the profound impact of community-focused programs in uplifting individuals and fostering resilience.



## ECONOMIC STABILITY AND EMPOWERMENT

**CHART 10: ECONOMIC CHANGES EXPERIENCED FROM PARTICIPATING IN THE PROGRAM**



The chart mentioned above indicates that, in addition to the skills outlined in Chart 8, a significant majority of beneficiaries reported experiencing an increase in their monthly income and financial stability, with 93.8% affirming this change. Additionally, 75% of respondents noted an improved ability to save for the future, and 68.8% felt a reduction in their dependence on others for financial support.

“

I've been working with the Ma Ki Roti kitchen for one year now. I help Kusum in cooking vegetables, Kadhi, rice, Chole, and Rajma. This work has helped me gain confidence and some financial independence, and now I can contribute to my family in ways I never could before. I have three sons, and my husband works as a motor operator. Before I joined this venture, I had no way to earn. My husband would bring home whatever he could, but running the household was difficult, and I couldn't ask for anything extra. Earlier, when I needed something, my husband would bring it, but we couldn't manage the house properly, and I couldn't say anything. We are planning to get a house of our own, so now I am able to save something. Working here has given me the chance to stand on my own feet. I feel less worried now.

- Geeta, Women Beneficiary, Agra

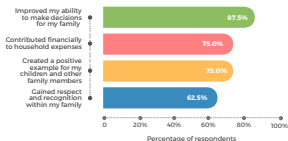
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**MA KI ROTI  
BENEFICIARIES**

## EMPOWERMENT AT FAMILY AND COMMUNITY LEVELS

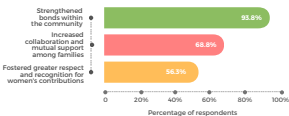
CHART 11: EMPOWERMENT AT THE FAMILIAL LEVEL THROUGH THE MA KI ROTI PROGRAM



The majority of the beneficiaries reported that the program had a significant positive impact on women's status within their families. They noted improvements in several areas, including enhanced family decision-making ability (87.5%) and a greater financial contribution to household expenses (75%). Additionally, participants felt that by engaging in the program, they set a positive example for their children and other family members (75%) and gained increased respect and recognition within their families (62.5%).

## ENHANCED SOCIAL STATUS IN THE COMMUNITY

CHART 12: IMPACT ON COMMUNITY RELATIONSHIPS AND SUPPORT SYSTEMS



The program demonstrated significant social impact, with 93.8% of beneficiaries reporting strengthened community bonds and 68.8% indicating increased collaboration and mutual support among families.

“

I studied till the fourth standard and have been part of Ma Ki Roti kitchen since the beginning. I have five children, and my husband is a farmer. We have 2 ½ bigha land in Tundla, but the income from farming is not enough, so he also works as a casual labourer to support us. Before this project, I never stepped out of my home and always felt helpless. I come from a big family, and I knew how to cook for many people, so that experience helped me when we started working at Ma Ki Roti. This has given me a sense of pride and independence, and I'm grateful for the opportunity. Now, I am happy that I can pay my children's school fees and also buy rations with the money I earn.

- Gudiya, Women Beneficiary, Agra

”



COMMUNITY RELATIONSHIPS AND SUPPORT



### CASE STUDY 3 GITANJALI SAHU – EMPOWERING CHANGE THROUGH MA KI ROTI CANTEEN

Gitanjali Sahu, a 38-year-old woman, is married to Niranjan Sahu, and together they have two children—a married daughter and a son who is still studying. Despite her husband's monthly income of Rs. 5,000 from handcrafting and selling agarbattis, the family struggles financially. Gitanjali, who is uneducated, previously assisted her husband in making the agarbatti mixture and also engaged in some tailoring work. However, their financial situation was insufficient, and the couple was determined to improve their income for the betterment of their son's education.

In pursuit of better opportunities, Gitanjali joined the Ma Ki Roti community kitchen and canteen. She now works there daily, earning Rs. 4,300 a month. Two months ago, she used part of this income to buy a machine for making agarbattis, significantly boosting her family's agarbatti production and overall income.

Gitanjali reflects on how her work with the Ma Ki Roti project has impacted her life:

- For the first time, she stepped out of her home to work, breaking away from the indoor activities she was used to, such as agarbatti crafting and tailoring.
- She has gained the confidence to interact with high-ranking individuals, such as police officers and members of the gram panchayat, who visit the canteen.
- Balancing her home responsibilities with her work at the canteen has showcased her multitasking abilities. Encouraged by the project, she now wakes up even earlier than her previous 6 a.m. routine.

Thanks to her contributions to the family's finances, Gitanjali no longer has to ask her husband for money. She is now able to independently purchase household and personal items. Gitanjali is deeply satisfied with her work at the Ma Ki Roti community kitchen and canteen, as it has not only provided financial stability but also enhanced her confidence and independence.





#### **CASE STUDY 4** **RANI KUMAR'S JOURNEY TO EMPOWERMENT** **THROUGH MA KI ROTI**

Rani Kumar, a 12th-grade pass, has been a member of the Ma Ki Roti community kitchen since its inception. Her husband, a painter, earns ₹400 to ₹500 a day, but his work is limited to only 10 to 15 days a month, as seasonal factors like winter and the rainy season often reduce the availability of work. With a son in the fifth standard and a daughter whose school fees alone amount to ₹1,000 per month, Rani's family faced considerable financial strain. The ₹6,000 she now earns from the Ma Ki Roti kitchen has been a huge relief, enabling her to pay her children's school fees, purchase rations, pay rent, and even buy a few things for herself. This financial independence has been empowering for her. "Ab dar Khatam ho Gaya" (Now the fear has vanished), she says confidently.

Rani first learned about the Ma Foundation through a chance meeting with Ankit. Initially hesitant, as she had never ventured out of her home before, it took her four to five days to make up her mind. However, driven by the urgent need for money to enrol her son in an English medium school, she gathered the courage to take the challenge. Despite facing challenges at previous locations, where customer footfall was low, and profitability was difficult to achieve, the current location now serves around 35 customers daily, with more inquiries coming in. This shift has significantly boosted her confidence.

Through this venture, Rani has gained not just financial independence but also valuable skills. Recently, she purchased a smartphone, which has expanded her knowledge, allowing her to learn several recipes from YouTube, including Pao Bhaji, Idli-Sambhar, Dosa, Chole Bhature, Momo, and more. In the kitchen, her main responsibility is serving meals, but she also assists with cooking. She is proficient in preparing all the items on the menu and can manage the operations if other team members are absent. Additionally, Rani helps with record-keeping in the absence of Sunita, who is primarily responsible for this task.

Rani's journey with Ma Ki Roti has not only transformed her financially but also empowered her personally, providing her with the confidence to support her family and achieve greater independence.



## PROGRAM OPERATIONS IN AGRA AND ODISHA

Details	Agra	Odisha
<b>Beneficiaries</b>	5 women run the kitchen.	Among its 10 members, four actively manage daily operations, while six contribute part-time.
<b>Earnings</b>	Initial earnings of ₹2000/month increased to ₹6000/month.	Members earn Rs. 4000-5000/- on an average.
<b>Training</b>	Financial literacy, stock management, and kitchen operations.	Training in basic hygiene practices, record-keeping, and transaction management.
<b>Pricing and Offerings</b>	<ul style="list-style-type: none"> <li>• ₹30: Dal/Rajma/Kadhi/Chole with rice.</li> <li>• ₹50: Roti, vegetable, salad.</li> <li>• ₹70: Paneer, mixed vegetables, raita.</li> <li>• Free meals for those unable to pay.</li> </ul>	<ul style="list-style-type: none"> <li>• Basic sabji thali served daily.</li> <li>• Additional items (eggs, meat, fish) priced at ₹20/plate.</li> </ul>
<b>Funding</b>	<ul style="list-style-type: none"> <li>• Year 1: 100% financial support.</li> <li>• Year 2: 50% financial support.</li> <li>• Year 3: 25% financial support.</li> </ul>	<ul style="list-style-type: none"> <li>• Year 1: 100% financial support.</li> <li>• Year 2: 75% financial support.</li> <li>• Year 3: 25% financial support.</li> </ul>
<b>Monthly Operational Costs</b>	<ul style="list-style-type: none"> <li>• Gas: ₹5500.</li> <li>• Rent: ₹7000.</li> <li>• Electricity &amp; Water: ₹1200.</li> <li>• Raw materials: ₹30,000.</li> </ul>	<p>TCPL funds ₹40,000 monthly: directly transferred to the SHG account, divided as follows:</p> <ul style="list-style-type: none"> <li>• ₹18,000/- for wages (₹200-₹300 per day, depending on work hours and rotation).</li> <li>• ₹22,000/- for groceries, vegetables, and gas refills.</li> </ul> <p>Beneficiary pays the following-</p> <ul style="list-style-type: none"> <li>• Rent: ₹1000 (verbal agreement, no formal contract).</li> <li>• Water &amp; electricity: ₹500.</li> </ul>

Details	Agra	Odisha
<b>Operating Hours</b>	9:00 AM to 5:00 PM	9:30 AM to 3:00 PM
<b>Customer Reach</b>	Serves 20-30 customers daily on average.	Serves 50-60 customers daily on average.
<b>Sustainability Measures</b>	Gradual reduction in financial support by TCPL to ensure independence by Year 3.	<ul style="list-style-type: none"> <li>Monthly TCPL contribution to reduce to ₹25,000 next year.</li> <li>SHG saves ₹10/plate for sustainability.</li> </ul>

## INSIGHTS FROM GANJAM



### MONITORING PROCESS

- Yuba Paribartan conducts bi-monthly visits to monitor the program.
- Virtual monitoring was attempted but was unsuccessful due to members' discomfort with online platforms.
- A WhatsApp group is used to share updates and feedback among members and the implementing agency.



### DOCUMENTATION AND RECORD-KEEPING

The members currently maintain basic registers to track:

- Daily expenses.
- Labour costs.



**MA KI ROTI  
KITCHEN**



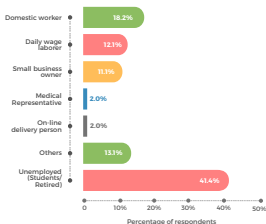
## B. INSIGHTS GENERATED FROM CUSTOMERS

Understanding customer insights is critical to evaluating the impact and effectiveness of the Ma Ki Roti program. The initiative serves a diverse customer base, including unemployed individuals, domestic workers, and students, offering affordable, nutritious meals in regions with limited access to subsidised food. Through detailed feedback on food quality, affordability, and service standards, this section explores customer satisfaction, preferences, and behaviour. By analysing these insights, the program can identify opportunities for improvement, strengthen customer retention, and expand its reach to better meet community needs. The findings provide a comprehensive view of how the program aligns with its mission of ensuring accessible nutrition while promoting social empowerment.

### Demographic information

#### OCCUPATION AND INCOME LEVELS

CHART 13: OCCUPATION OF CUSTOMERS



The chart outlines the occupations of the respondents, with the largest group (41.4%) being unemployed, including students and retirees. Among the employed respondents, 18.2% work as domestic workers, 12.1% as daily wage labourers, and 11.1% are small business owners. Smaller percentages include medical representatives and online delivery persons, both at 2.0%. Additionally, 13.1% fall under other occupations. Half of the customers (49.5%) also responded that they earned an average monthly income of less than INR 5000.

#### CUSTOMER BASE IN ODISHA

The canteen location was strategically chosen for its proximity to important institutions:



Local police station (located opposite the canteen).



A college (within 100 meters).



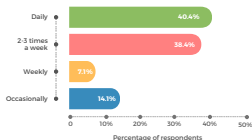
Primary Health Centre (PHC) (within 500-700 meters).

However, despite its location, customer footfall is limited, with 10-12 repeat customers from the police station and hospital. Very few customers are from the nearby college, indicating a need for targeted marketing efforts to attract this demographic.

## Key Findings

## FREQUENCY OF VISITS

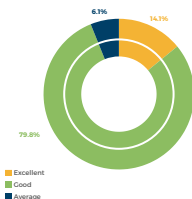
CHART 14: FREQUENCY OF EATING AT CANTEENS/ MOVABLE TROLLEYS



The above-mentioned chart reflects the frequency with which respondents eat at canteens or movable trolleys. A significant 40.4% of respondents eat daily, while 38.4% visit 2-3 times a week. A smaller proportion, 14.1%, eat occasionally, and 7.1% do so weekly.

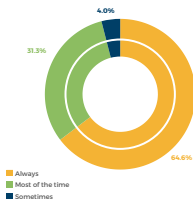
## HYGIENE AND STAFF BEHAVIOUR

CHART 15: HYGIENE RATINGS



The hygiene and cleanliness standards received overwhelmingly positive feedback, with 79.8% of respondents rating it as "Good" and 14.1% as "Excellent." Only 6.1% rated it as "Average," and no respondents gave poor ratings.

CHART 16: STAFF BEHAVIOUR



The staff were highly praised for their behavior, with 64.6% of customers stating that they were "Always" polite and respectful. Only 4% of respondents reported occasional politeness.

“

I eat at the Ma Ki Roti canteen every day because it's affordable and close to where I study. The hygiene and cleanliness of the canteen are excellent, and the staff is always polite and respectful, which makes it a comfortable place to eat.

I love eating here because the food is tasty and nutritious. It's really helped me save money. Before I found this canteen, I would have to buy food from more expensive places. This has been such a relief, especially when money is tight.

Having the Ma Ki Roti canteen available has completely reduced my reliance on expensive food options. It's made it so much easier for my community and me to access affordable and healthy meals.

- Prem Vati, Student, Dayalbag, Odisha

”

## FIELD TEAM'S PHYSICAL OBSERVATION OF THE CANTEN



### UTENSILS

- The members confirmed that they possess adequate utensils to meet their operational needs.
- Meals are served on steel plates and glasses, reducing plastic usage and minimising trash accumulation around the canteen.



### KITCHEN INFRASTRUCTURE AND HYGIENE

- The kitchen infrastructure is inadequate, with significant gaps observed:
  - Cooking and ingredient preparation are done on the floor due to the lack of proper countertops.
  - Raw materials are stored in a disorganised manner without a systematic arrangement.
  - The overall kitchen environment is poorly maintained, featuring shabby conditions, insufficient lighting, and a lack of designated storage cabinets.
- The cleaning area, located adjacent to the canteen, is also not well-maintained and requires significant improvement to enhance hygiene standards.

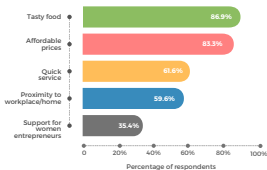


### CUSTOMER AMENITIES

- Basic amenities for customers include:
  - A water jug and bucket are placed at the front of the canteen for public use.
  - A large dustbin is positioned at the entrance for proper waste disposal.

## KEY DRIVERS FOR CHOOSING THE CANTEENS

CHART 17: REASONS FOR PREFERRING CANTEENS/ TROLLEYS FOR EATING



The chart highlights the main reasons respondents prefer canteens or trolleys for eating. The majority of the customers, 86.9%, cited tasty food as the primary reason, followed closely by affordable prices at 83.8%. Quick service and proximity to the workplace or home were important for 61.6% and 59.6% of respondents, respectively. Support for women entrepreneurs was a consideration for 35.4% of the respondents.



**CASE STUDY 5**  
**SOM, SHIVA, AND SHEKHAR'S STORY**  
**A TASTE OF HOME AWAY FROM HOME**

We are students from Dayalbagh, Agra, and we've been coming to Ma Ki Roti kitchen for the past 3 months. We stay in the hostel, and it's about a 2 km walk for us to reach here. Our family income is not much, so we always look for food that is filling and affordable.

We love the food here so much that it feels like we're eating at home but at a very low price. If we had to buy the same food elsewhere, it would cost a lot more, and it wouldn't taste as good. We especially enjoy the roti with ghee, Kadhi, sabzi, chole, rajma, and sometimes dal makhani.

Our parents were always worried about where we were eating, but now they're happy to know that we're getting food that tastes just like home. We'll try to bring them here someday. Around 10 of us students from the hostel also take tiffin in the evening around 3 to 4 pm for dinner, and if dinner is served here, we'll definitely come for that too.

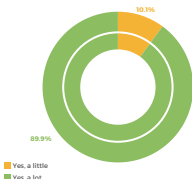


## FINANCIAL BENEFITS FOR CUSTOMERS

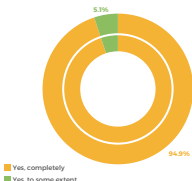
The Ma Ki Roti canteens provide significant financial and other benefits to their customers, particularly those from low-income backgrounds. With meals priced affordably between INR 20 and onwards, customers save substantially on food expenses. This financial relief allows families to allocate resources to other critical needs such as education, healthcare, or household expenses. Beyond the monetary savings, the canteens offer nutritious, home-style meals, ensuring customers have access to healthier food alternatives in regions where affordable and nutritious options are scarce.

## COST SAVINGS

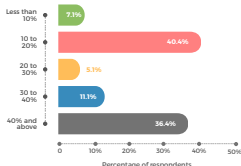
**CHART 18: IMPACT OF EATING FROM CANTEENS ON SAVING MONEY**



**CHART 19: IMPACT OF CANTEENS ON REDUCING RELIANCE ON EXPENSIVE FOOD OPTIONS**



**CHART 20: PERCENTAGE OF MONEY SAVED BY EATING AT THE CANTEEN INSTEAD OF OTHER PLACES**



Charts 18 and 19 highlight the financial impact of using the canteens, with a substantial 89.9% of respondents reporting significant savings. The canteens were particularly effective in reducing reliance on expensive food options, with 94.9% of customers experiencing a complete reduction in such expenditures. Chart 20 further breaks down the savings, showing that 40.4% of respondents saved 10-20% on their food expenses, while 36.4% reported savings of 40% or more, illustrating the considerable financial benefit of eating at these canteens.

The cost of food at other places was notably higher, with meals at Ma Ki Roti being much more affordable. In Agra, for instance, the cost of food at Ma Ki Roti is Rs. 50, while outside it is Rs. 100. Similarly, in Odisha, food costs Rs. 40 at Ma Ki Roti, compared to Rs. 70-80 at other places, further demonstrating the financial benefits for customers.

## COST COMPARISON OF MEALS AT MA KI ROTI VS. NEARBY LOCATIONS

The cost of food at Ma Ki Roti is significantly lower compared to other places. In Agra, a meal at Ma Ki Roti is priced at Rs. 50, whereas similar meals elsewhere cost Rs. 100. Similarly, in Odisha, while a meal at Ma Ki Roti costs Rs. 40, comparable options outside range between Rs. 70 and Rs. 80.

“

I've been eating at the Ma Ki Roti canteen for 2 months now, and I must say, it feels just like home. I come from Kamla Nagar, where I get chowmein (Chinese noodles) for ₹30 a plate, but three plates of that don't fill me up, and I usually end up with acidity. I can't eat things like burgers daily; it's not healthy and it's expensive. The food at Ma Ki Roti, though, I can have it every day without worrying.

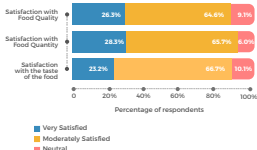
My mother is not well, she has problems with her legs and can't cook for me. I can't afford to keep eating junk food every day, and I need to save money. That's why I'm so happy with Ma Ki Roti. The food is affordable, filling, and homely, and I don't have to spend much. I recommend this canteen to everyone at my office because it gives me a feeling of home and helps me save money too.

- Pushpendra, Customer, Agra

”

## CUSTOMER SATISFACTION LEVEL

CHART 21: SATISFACTION LEVELS WITH FOOD QUALITY, QUANTITY AND TASTE



The chart reflects customer satisfaction levels regarding food quality, quantity, and taste. In terms of food quality, 26.3% of respondents were very satisfied, and 64.6% were moderately satisfied. Regarding food quantity, 28.3% expressed high satisfaction, while 65.7% were moderately satisfied.

For taste, 23.2% of respondents were very satisfied, and 66.7% were moderately satisfied.

Overall, the majority of the respondents were moderately satisfied with the food quality, quantity, and taste, with satisfaction rates consistently above 60%.

“

I eat at Ma Ki Roti canteen daily because of its tasty food, convenient location, affordable prices, and quick service.

Eating here has been a big relief, saving me at least 40% on daily food expenses, allowing me to spend on other important family needs.

These canteens have completely replaced expensive food options for me. I can get healthy, filling meals at a fraction of the cost. It's been a real blessing for our community, giving us better access to affordable meals. I would definitely recommend these canteens to others - it's been a great help for me and my family.

- Maheswar Sahu, Customer, Raghunathpur, Odisha

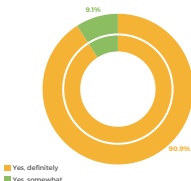
”



FSSAI REGISTRATION

## ACCESSIBILITY AND CUSTOMER REFERRALS

**CHART 22: CONTRIBUTION OF CANTEENS TO IMPROVED ACCESS TO AFFORDABLE MEALS IN THE COMMUNITY**



The majority of the customers 90.9% strongly believed that the canteens enhanced access to affordable meals in their community. The vast majority of customers also indicated that they were very likely to recommend the canteen to others.

“

I have been coming to Ma Ki Roti for the last month, walking about 3 km to enjoy the meals here. The food here is not only delicious but also filling, and I love the fact that the menu changes every day, so it never gets boring. Unlike other places where the food lacks taste and is often unhealthy, here it feels just like home-cooked food. At other places, they mostly serve items like chowmein, burgers, French fries, momos, pizza, poha, and upma—none of which are satisfying or good for health. The food is loaded with too many spices and oil, and it's expensive too. "Har din nahi kha sakte," but since I discovered Ma Ki Roti, I only eat here. My parents are also happy that I am eating healthy, home-like food outside. I especially enjoy Kadhi and rice, but I also love the Rajma and Chole with rice and vegetables. The food here is hygienic and nutritious, and I am glad I found this place!

- Surabhi, Student, Agra

”

**CHART 23: EMPLOYMENT STATUS- PRE AND POST INTERVENTION**

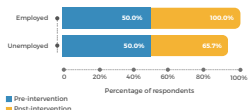


Chart-23 highlights the shift in employment status among respondents before and after intervention. Prior to the intervention, 50% of respondents were employed, while the remaining 50% were unemployed. Post-intervention, the employment rate rose to 100%, with all respondents securing employment. This significant change demonstrates the intervention's success in improving the employment status of the target group.

**CHART 24: PRESENT INCOME OF THE PREVIOUSLY UNEMPLOYED RESPONDENTS**

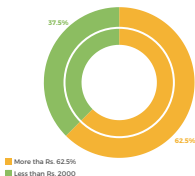


Chart-24 presents the current income levels of respondents who were previously unemployed. It reveals that 62.5% of the respondents now earn more than Rs. 4000 per month, while 37.5% earn less than Rs. 2000 per month. This data indicates that a majority of the previously unemployed individuals have secured jobs with incomes exceeding Rs. 4000, reflecting a positive outcome in improving their financial situation post-intervention. However, a significant portion still earns below Rs. 2000, suggesting room for further improvement in income distribution.

TABLE 1: MONTHLY OVERVIEW OF PLATES/ORDERS SOLD AND THE TOTAL INCOME

Month	Plates/Orders Sold	Income (₹)	Per Plate Income
February	310	6,370	21
March	1,723	47,660	28
April	1,822	42,040	24
May	2,052	38,000	19
June	1,771	34,460	19
July	1,881	37,620	20
August	1,873	37,460	20
September	1,610	32,200	20
October	1,610	32,200	20
November	1,582	47,460	30
December	1,611	48,330	30

Table 1 shows monthly plate/orders sold, with February having the lowest sales at 310 and May the highest at 2,052. Sales rise sharply from February to March (1,723) and remain strong through summer, peaking again in July (1,881) and August (1,873). From September to December, sales stabilise between 1,582 and 1,611.

The above table also provides a monthly summary of total income and per-plate income. February had the lowest total income at ₹6,370, with a per-plate income of ₹21. Both figures saw a significant rise in March, with total income reaching ₹47,660 and per-plate income increasing to ₹28. From April to September, total income gradually declined, hitting its lowest point in September at ₹32,200, while per-plate income remained steady between ₹19 and ₹20. In October, per-plate income rose to ₹30 and stayed consistent through December. Total income also rebounded in the final quarter, ending at ₹48,330 in December, indicating a strong year-end performance.

## Location-Specific Challenges in Agra and Odisha

### CHALLENGES IN AGRA



#### KITCHEN INFRASTRUCTURE

- Lack of a proper washing area, with no sink installed.
- Small kitchen space, leading to congestion during peak hours.
- Absence of a chimney, causing heat and smoke accumulation, especially in summer.
- Limited seating capacity, restricting accommodation for larger groups.
- Insufficient storage space, creating difficulties in organizing supplies.
- Space constraints for starting a tiffin service



#### MANAGEMENT SUPPORT

- Inadequate management support for addressing operational issues.



#### OPERATIONAL CHALLENGES

- Difficulty in managing customer complaints and collecting feedback.
- Impact of inflation on maintaining meal quality due to rising prices of essential commodities.
- Lack of standard operating procedures (SOPs) for ensuring quality control and raw material procurement.
- Insufficient soft skills among staff for effective customer interactions.



#### MANAGEMENT AND SUPPORT CHALLENGES

- Absence of full-time staff to manage the kitchen and assist with marketing.
- Lack of consistent guidance to ensure kitchen self-sufficiency.
- Challenges in acquiring FSSAI certification and meeting food safety regulations.
- Limited connections with government schemes and local farmers for direct raw material procurement.

## CHALLENGES IN ODISHA



### KITCHEN INFRASTRUCTURE AND HYGIENE

- Lack of proper countertops for cooking and ingredient preparation.
- Lack of systematic arrangement to organise raw materials.
- The kitchen is poorly maintained, with shabby conditions, inadequate lighting, and no designated storage cabinets.
- The cleaning area is adjacent to the canteen but is poorly maintained, needing significant improvement to meet hygiene standards.



### MONITORING AND RECORD-KEEPING GAPS

- **Lack of Standardized Formats:** Absence of standardised formats for stock management, daily expenses, duty rosters, and payment records.
- **Inadequate Payment Registers:** Payment registers lack essential columns, such as signatures and amounts received, affecting clarity and accuracy.



### OPERATIONAL CHALLENGES

- **Legal Work:**
  - Absence of a formal rent agreement.
  - Pending trade and fire licenses.
- **Hygiene and Quality:** Lack of regular training in food safety and hygiene practices.
- **Customer Base:** Limited customer footfall, particularly from the nearby college.

# IMPACT CREATED ACROSS MULTIPLE LEVELS



## INDIVIDUAL LEVEL

- 62.5% of beneficiaries now earn more than ₹4,000 monthly, providing them with financial independence.
- Women have enhanced their skills in cooking (93.8%), customer service (75%), and business management (62.5%).
- Increased confidence and self-reliance, enabling them to manage entrepreneurial ventures effectively.



## HOUSEHOLD LEVEL

- 75% of women reported improved financial contributions to household expenses.
- 87.5% of beneficiaries experienced enhanced decision-making power within their families.
- Elevated social status and strengthened familial bonds by serving as role models for children.



## STATE LEVEL

- Over 49,043 underprivileged individuals benefited from affordable, nutritious meals, improving food security.
- Reduced reliance on expensive food options, with 94.9% of customers reporting financial savings.
- Strengthened community networks through partnerships with self-help groups and local NGOs.



## NATIONAL LEVEL

- Addresses critical national challenges like poverty, malnutrition, and gender inequality.
- Aligns with Sustainable Development Goals (SDGs): SDG 1 (No Poverty), SDG 2 (Zero Hunger), and SDG 5 (Gender Equality).
- Provides a scalable model for economic empowerment and nutritional support, with potential for nationwide replication.

# SUSTAINABILITY PLAN

The operational model of Ma Ki Roti demonstrates strong sustainability indicators. The program's flexible work schedule, with 68.8% of beneficiaries working 4-6 hours daily, enables women to effectively balance their household responsibilities with their entrepreneurial ventures. Customer loyalty is robust, with 40.4% being daily customers and 38.4% visiting 2-3 times weekly, indicating strong service satisfaction and community acceptance. The professional standards maintained by the centers are reflected in positive hygiene ratings (93.9% good or excellent) and staff behavior (95.9% always or mostly polite), establishing a foundation for long-term success.



## OPERATIONAL AND FINANCIAL STABILITY

- Gradually transition from complete subsidy support (100% in the first year) to reduced support (50% in the second year and 25% in the third year) while building the capacity of beneficiaries to manage finances independently.
- Enhance financial literacy and bookkeeping skills for beneficiaries to improve cash flow management and cost tracking.
- Maintain affordable meal pricing while diversifying offerings, such as introducing food carts near schools and offices, and expanding services to include dinner and tiffin delivery options.



## INFRASTRUCTURE IMPROVEMENTS

- Address infrastructure challenges such as inadequate kitchen space, lack of chimneys, and proper washing sinks by investing in necessary upgrades to improve operational efficiency and hygiene.
- Provide storage racks and better customer seating arrangements to enhance service quality and customer experience.



## REVENUE DIVERSIFICATION

- Introduce additional revenue streams through food carts offering quick, healthy options like poha, sprouts, and upma, targeting schoolchildren and working professionals.
- Explore catering for local events and offer monthly meal subscriptions to ensure a steady revenue stream.
- Utilize surplus revenue for reinvestment in infrastructure, marketing, and new business opportunities.



## PARTNERSHIPS AND LINKAGES

- Strengthen partnerships with local organizations, SHGs, and government schemes to access financial and technical resources.
- Collaborate with farmers for direct procurement of fresh produce to manage costs and ensure quality.



## CUSTOMER RETENTION AND GROWTH

- Focus on customer satisfaction by maintaining high food quality and hygiene standards, with regular monitoring and feedback systems.
- Invest in local marketing campaigns, such as distributing flyers and leveraging WhatsApp groups, to attract new customers and increase visibility.
- Create loyalty programs or discounts for regular customers to encourage repeat visits.



## **SKILL DEVELOPMENT AND MANAGEMENT SUPPORT**

- Provide ongoing training for beneficiaries in soft skills, customer interaction, and business management to enhance service quality.



## **MONITORING AND EVALUATION**

- Establish robust systems for data collection and performance evaluation to track progress and identify areas for improvement.
- Regularly review financial health, customer feedback, and operational efficiency to refine strategies and ensure the program's sustainability.

By addressing these key areas, the Ma Ki Roti program can build a resilient and scalable model that ensures long-term sustainability while continuing to empower women and provide affordable, nutritious meals to underserved communities.

## 06. SWOT ANALYSIS



### STRENGTHS

The Ma Ki Roti program demonstrates several significant internal strengths that contribute to its success. The initiative's core strength lies in its dual-impact model, simultaneously addressing women's economic empowerment and community nutrition needs.

- The program has successfully empowered women who previously had no source of income, with beneficiaries now earning an average of INR 4000 per month.
- The program's training component has proven particularly effective, equipping beneficiaries with crucial skills in cooking, financial literacy, customer service, and business management.
- The affordable pricing strategy has successfully created a sustainable customer base while ensuring accessibility for underprivileged groups.



### WEAKNESSES

- Infrastructure limitations present significant operational constraints, including inadequate kitchen facilities (lack of proper washing area, no chimney, limited storage space) and cramped customer seating areas.
- The current management structure shows gaps, with the absence of full-time support staff affecting daily operations and strategic planning.
- The beneficiaries' sense of ownership is still developing, as noted by program coordinators, which may impact long-term sustainability.
- The program's heavy dependence on subsidies (100% in the first year) creates vulnerability, particularly as support is scheduled to decrease to 50% and then 25% in subsequent years.
- Financial management remains a challenge, especially in handling fluctuating commodity prices that affect meal costs and profit margins.



### OPPORTUNITIES

- External factors present several opportunities for program growth and enhancement. There's potential for service expansion through initiatives like food carts near schools, dinner service, and tiffin delivery systems.
- The program could benefit from growing awareness about healthy eating habits, especially among students and young professionals seeking affordable, nutritious meals.
- Possibilities exist for integration with government schemes and establishing partnerships with banks for UPI payment solutions.
- The program could explore direct procurement relationships with farmers to manage costs better.

- The increasing number of working women in nearby shops and availability of late-night transportation creates opportunities for evening service expansion. The strong positive feedback from students and working professionals indicates potential for market expansion in these segments.



## THREATS

- External challenges pose several threats to the program's sustainability. Market inflation, particularly in essential commodities like vegetables, directly impacts operational costs and profit margins.
- The three-year graduated support model, while designed to promote sustainability, risks program stability if self-sufficiency isn't achieved before support reduction.
- Competition from other food vendors and the prevalence of cheap street food options could affect customer retention.
- The program's sensitivity to location changes (as evidenced by previous relocations) creates uncertainty about long-term stability. The lack of dedicated budget for management support threatens the quality of program implementation and monitoring.

# EXIT STRATEGY

## Odisha

To ensure a smooth transition and long-term sustainability of the Ma Ki Roti program, the following exit strategy has been designed:



### GRADUAL REDUCTION OF SUBSIDY SUPPORT

- Transition from complete subsidy support (100% in the first year) to reduced support (50% in the second year and 25% in the third year).
- Equip beneficiaries with financial management skills to ensure they can operate independently beyond the subsidy period.



### STRENGTHENING FINANCIAL AND OPERATIONAL INDEPENDENCE

- Train beneficiaries in bookkeeping, budgeting, and cash flow management to enhance their financial self-reliance.
- Encourage savings and reinvestment in business operations for continued growth.



### INFRASTRUCTURE AND EQUIPMENT OWNERSHIP

- Provide training on equipment maintenance and efficient kitchen management.



### REVENUE DIVERSIFICATION AND BUSINESS EXPANSION

- Support the introduction of diversified revenue streams such as food carts, catering services, and meal subscriptions to create financial resilience.
- Encourage partnerships with local businesses and institutions for bulk orders and event catering.



### CUSTOMER RETENTION AND MARKET EXPANSION

- Introduce feedback mechanisms to continuously improve food quality and customer service.



### SKILL DEVELOPMENT AND MANAGEMENT SUPPORT

- Provide ongoing training in business management, customer service, and food safety to ensure long-term operational excellence.



### MONITORING, EVALUATION, AND HANDOVER

- Establish a monitoring system to track financial performance, customer feedback, and operational efficiency for at least 6 months post-exit by the implementing agency.
- Conduct periodic evaluations and offer advisory support if needed in the initial transition phase.



### A THREE-YEAR MODEL

**First year (Establishment Phase)** - Mobilization, Initial setup, and First-round training. Subsidy support

**Second Year ( Support Phase )** - Popularizing the canteen Continue the training. On job hand holding. Creating Market linkage .Reducing subsidy

**Third year -( Empowerment Phase )** - subsidy, Refresher training. Help them to create a successful business with minimum support .

Actions needed to ensure successful exit:

- Hand holding support needed for one more years
- Some of facilities need to be provided
- Sitting space to be organised
- Tiffin system to be initiated
- One person needed to provide management support on regular basis for one year
- Need to mobilise more women to start kitchen service at night
- Bank account to be linked with UPI payment system
- Need POS machine for UPI payment for which they have approached HDFC bank

## CHAPTER 7

# CONCLUSION

The Ma Ki Roti program demonstrates remarkable success in achieving its dual objectives of economic empowerment and nutritional support within target communities. The impact assessment reveals several significant outcomes that highlight the program's effectiveness and social value. The program has established itself as a powerful driver of economic empowerment, successfully creating sustainable income opportunities for women across the centers.

The financial impact is substantial, with 62.5% of participants earning more than Rs. 4000 monthly from their involvement. This regular income has translated into improved financial stability, enhanced saving capabilities, and reduced dependence on external support for the beneficiaries. The business model has proven its viability through consistent monthly revenues ranging from Rs. 30,000 to 60,000 across centers, demonstrating its potential for long-term sustainability.

The program's impact extends well beyond financial gains, fostering significant personal and professional development among participants. These skill improvements have catalyzed profound changes in the beneficiaries' domestic lives, with 87.5% reporting improved family decision-making abilities. The community impact of Ma Ki Roti has been substantial, with the program serving 49,043 underprivileged people across the centers. The quality of service has been consistently high, as evidenced by impressive customer satisfaction rates.