SUMMARY REPORT

OF IMPACT ASSESSMENT

SOULACE CONSULTING PVT. LTD.

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01. INTRODUCTION

ABOUT HDFC LIFE INSURANCE COMPANY LIMITED

HDFC Life Insurance Company Limited ("HDFC Life") is a publicly listed life insurance provider promoted by HDFC Bank Limited, India's leading private sector bank. Established in 2000, HDFC Life is a prominent Indian provider of long-term life insurance solutions, catering to diverse customer needs through a comprehensive range of individual and group products covering protection, pension, savings, investment, annuity, and health. The Company has built a robust presence across urban and semi-urban India, serving millions of policyholders through an extensive distribution network and innovative service delivery mechanisms. HDFC Life's Swabhimaan Corporate Social Responsibility (CSR) initiatives are guided by a strong commitment to advancing societal well-being while fostering responsible corporate citizenship. The Company's CSR vision focuses on alleviating societal distress, supporting community development, and engaging with multiple stakeholders to create meaningful and sustainable impact, aligned with the nation's development priorities and the Sustainable Development Goals.

ABOUT THE IMPLEMENTING PARTNERS

ABOUT SAMPARK FOUNDATION

Established in 2005, Sampark Foundation is a pioneering organisation in the development and implementation of evidence-based pedagogical solutions for government schools in India. Over nearly two decades, it has built specialised expertise in foundational literacy and numeracy interventions by combining global educational best practices with an understanding of Indian classroom realities, teacher capacity constraints, and systemic challenges in resource-limited settings. The Foundation focuses on creating low-cost, high-impact teaching tools and pedagogical frameworks through research, iterative refinement, and field testing grounded in cognitive science and learning theory. Its approach emphasises scalable, infrastructure-light interventions suitable for typical government schools with large, mixed-ability classes, variable teacher training, and intermittent infrastructure. Sampark's core competency lies in designing integrated teaching-learning ecosystems, combining sequenced curriculum frameworks aligned with government syllabi, hands-on and activity-based learning materials, technology-enabled content delivery, structured teacher training and mentoring, formative assessments, and continuous quality improvement. This holistic design addresses content gaps, pedagogical practices, teacher capacity, institutional systems, and student engagement.

ABOUT UTKARSH WELFARE FOUNDATION

Utkarsh Welfare Foundation (UWF) is a Section 8 company, as per the Companies Act, 2013. The foundation's interventions are aimed at providing comprehensive services for the development and assistance of underprivileged and underserved segments of society, with particular focus on market linkage opportunities, education, health, and vocational training programs.

The partnership between HDFC Life CSR and Utkarsh Welfare Foundation represents a strategic convergence of resources, expertise, and commitment. HDFC Life brings financial resources, corporate governance standards, strategic direction, and accountability frameworks. UWF contributes implementation expertise, community relationships, field infrastructure, technical knowledge, and operational agility. This complementarity enables effective translation of development vision into tangible outcomes for beneficiary communities.

ABOUT BANDHAN KONNAGAR

Bandhan Konnagar is a not-for-profit society registered under the West Bengal Society Registration Act, 1961, dedicated to promoting and developing public charitable objects. Bandhan Konnagar operates with a mission to improve health outcomes and quality of life in underserved communities, particularly focusing on maternal and child health, adolescent wellness, and preventive healthcare. The organisation has established a strong presence in backward and tribal-dominated regions of West Bengal and Odisha, where health infrastructure and awareness levels are significantly below national averages. The organisation employs a community-based participatory approach, engaging local stakeholders, government health systems, and community members in programme design and implementation.

ABOUT H T PAREKH FOUNDATION

H T Parekh Foundation (HTPF) is a Section 8 registered charitable institution established to commemorate the significant contribution of its founder, Shri H T Parekh, to India's social and development sector. The Foundation operates with a vision to support initiatives that promote inclusive growth, social equity, and sustainable development across the country. HTPF's thematic priorities include urban poverty alleviation, climate resilience, livelihood enhancement, and strengthening community institutions. Through its support, HTPF aimed to enhance the adaptive capacity and socio-economic well-being of urban poor communities vulnerable to climate change impacts.

ABOUT SELCO FOUNDATION

SELCO Foundation is a not-for-profit organisation that links sustainable energy solutions with poverty reduction and livelihood enhancement, with a strong focus on decentralised renewable energy for underserved communities and institutions. Guided by a systems-thinking approach, the organisation treats energy poverty as a multidimensional development challenge connected to healthcare, education, and livelihoods. Its work prioritises context-specific design, user participation, capacity building, maintenance ecosystems, and financing mechanisms to ensure sustainability.

In the health sector, SELCO Foundation has extensive experience strengthening public health facilities across India through tailored solar energy solutions.

In Assam, this included baseline assessments, system design, safe installation, equipment integration, staff training, maintenance frameworks, Remote Monitoring Systems, and ongoing technical support. The programme was closely implemented with the National Health Mission to ensure institutional integration, alignment with government priorities, and long-term ownership.

SELCO Foundation also emphasises innovation and continuous learning, using monitoring, documentation, and evaluation to refine its models. Initiatives such as digital complaint systems, proactive remote monitoring, and partnerships with local NGOs demonstrate its commitment to sustainability, institutional strengthening, and improved healthcare delivery in underserved regions.

ABOUT (GUJARAT MAHILA HOUSING SEWA TRUST)

Gujarat Mahila Housing SEWA Trust (MHT) is a pioneering organisation working towards improving the housing and living conditions of women and families in the informal sector. Established as part of the Self-Employed Women's Association (SEWA) movement, MHT has over three decades of experience in urban poverty alleviation, slum upgrading, and climate resilience building. MHT's core mandate includes facilitating community-driven participatory planning processes, mobilising resources for infrastructure development, and building the capacity of Community Action Groups (CAGs) to engage effectively with local government systems. The organisation operates through a network of trained field staff and community leaders who facilitate the preparation and implementation of Slum Development Plans (SDPs), enabling residents to identify priorities, access government schemes, and negotiate for improved civic amenities. For the present programme, MHT mobilised women leaders from 21 slum pockets across Ahmedabad and Surat (six slums in Ahmedabad and 15 slums in Surat), trained them as master trainers, and supported them in preparing Slum Development Plans, implementing infrastructure interventions, and raising awareness on climate resilience and heat stress mitigation. MHT's approach emphasises community ownership, women's leadership, and sustainable institutional mechanisms to ensure long-term impact beyond the project duration. The organisation's work is guided by principles of participatory governance, gender equality, and climate justice.

02 RESEARCH METHODOLOGY

RESEARCH DESIGN

The impact assessment study adopted a comprehensive mixed-methods strategy, blending quantitative and qualitative approaches to offer a more intricate understanding of the project's impact. This combination allowed for the acquisition of both numerical data and detailed contextual insights, resulting in a more comprehensive evaluation of the project's outcomes.

APPLICATION OF QUANTITATIVE TECHNIQUES

In the quantitative aspect, the study utilised structured interviews featuring predetermined response options. Closed-ended surveys included specific questions with multiple-choice or Likert-scale options. This approach facilitated the collection of data that could be quantified and statistically analysed, providing a clear, measurable understanding of the project's impact.

APPLICATION OF QUALITATIVE TECHNIQUES

To ensure accuracy and a diverse participant pool, a mix of semi-structured interviews, open-ended interviews, and Focus Group discussions (FGDs) engaged essential project stakeholders, including adolescent girls, mothers, ASHA workers, Swasthya Sahayikas (SS), and local healthcare providers. These qualitative inputs complemented the quantitative data, providing deeper insights into program effectiveness, significant barriers, challenges, and areas for enhancement.

ENSURING TRIANGULATION

The quantitative research findings were cross-validated with the insights derived from the qualitative research. The report was structured to reflect this triangulation, enhancing the reliability of the findings.

SAMPLING FRAMEWORK

To ensure a well-rounded representation of the different subgroups within the target population, the study employed stratified random sampling. Additionally, for qualitative interactions, purposive sampling was utilised to engage key stakeholders. *Stratified random sampling* involves dividing the population into distinct subgroups and randomly selecting samples from each subgroup to ensure representative diversity in the study. *Purposive sampling* is a research method in which specific individuals or groups are deliberately chosen for inclusion in a study based on their unique characteristics or expertise to provide targeted, specialised insights into the research topic.

STANDARDISED FRAMEWORK FOR EVALUATION

The research study applied the OECD-DAC evaluation framework, ensuring alignment with globally accepted standards and norms. This framework provided a robust, consistent method for evaluating the project's impact, thereby bolstering the credibility and relevance of the research findings.

UPHOLDING RESEARCH ETHICS

The impact assessment study upheld a robust framework of research ethics principles throughout its process.

INFORMED CONSENT
Participants made informed decisions after understanding the study goals, risks, and benefits.

CONFIDENTIALITY
Participant information was guarded securely, establishing a foundation of trust.

DATA SECURITY AND CONFIDENTIALITY
Rigorous measures ensured participant data remained private and untraceable.

NON- MALEFICENCE
Participant well-being was safeguarded, with no harm caused by the research.

INTEGRITY
Research maintained high credibility through sincere and transparent practices.

JUSTICE
Equitable treatment prevailed, free from biases or stereotypes, promoting fairness

03
PROJECTS

PROJECT 01

SAMPARKSHALA FLN PROGRAM (JHARKHAND, INDIA)

Implementation Years: FY 2022-23 & FY 2023-24
Assessment Year: FY 2025-26

SOULACE CONSULTING PVT. LTD.

EXECUTIVE SUMMARY

PROJECT BACKGROUND

The Samparkshala Foundational Literacy and Numeracy (FLN) Programme of HDFC Life Insurance Company Limited, implemented by Sampark Foundation, represents a significant intervention in addressing learning gaps among primary school children in Jharkhand. The programme was designed to strengthen foundational competencies in literacy and numeracy among students in grades 1 to 5, while simultaneously building teacher capacity through technology-enabled pedagogical tools. Launched in 2022-23 and continued through 2023-24, the programme operates across 19 districts and 246 blocks in Jharkhand, covering 35.24% of government schools in the state. The intervention adopts a multi-component approach comprising FLN Teaching-Learning Material Kits, Sampark Smart Class TV (technology-enabled digital content delivery), the Sampark Smart Shala App (mobile learning platform), structured pedagogical training, and continuous mentoring support through field-based 'Sparks' (Master Trainers). This impact assessment was commissioned to rigorously evaluate the effectiveness of the programme across both its core beneficiary groups (students and teachers), measure learning outcomes, assess implementation quality, and provide evidence-based recommendations for programme strengthening and scale-up.

PROJECT DETAILS

Implementation Year

FY 2022-23 and FY 2023-24

Assessment year

FY 2025-26

Number of Beneficiaries

7,89,000 children and 23,870 teachers trained in 2022–23, and around 9,46,000 children with 35,985 teachers trained in 2023–24.

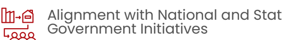
Locations

7 districts in 2022–23 and 12 districts in 2023–24, with partial overlap of districts across both years.

Implementing Partner

Sampark Foundation

Alignment with SDGs



Alignment with National and State Government Initiatives

- National Education Policy (NEP) 2020
- NIPUN Bharat Mission (National Initiative for Proficiency in Reading with Understanding and Numeracy)
- Samagra Shiksha (Integrated Scheme for School Education)
- Jharkhand State Education Policy and Quality Enhancement Programmes

PROJECT ACTIVITIES

COMPONENT 1: PROVIDING FLN TEACHING-LEARNING MATERIAL (TLM) KITS

English FLN Kits containing letter cards, word cards, phonics materials, story cards, and reading games.

Math FLN Kits including place value blocks, number rods, counters, geometric shapes, and math game cards.

Hands-on manipulatives designed for activity-based, play-based pedagogy aligned with NEP 2020 guidelines.

Distribution of 619 FLN TV/LED units to schools with regular refresh and maintenance support.

COMPONENT 2: SAMPARK SMART CLASS TV PROGRAMME

Interactive multimedia content, including stories, songs, and concept explanation videos.

Digital content delivery system targeted Grades 1–5 under the intervention, with higher-grade students receiving secondary exposure through teacher-led school-level integration. Structured lesson plans, step-by-step instructional videos, activity demonstrations, worksheets, and assessments

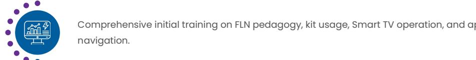
COMPONENT 3: SAMPARK SMART SHALA APP

Mobile-based learning platform for teacher support and student practice.

Practice questions, games, and self-paced learning modules are accessible offline for low-connectivity contexts.

Subject-wise resources covering English (48,075 resources), Math (71,757 resources), Science (7,082 resources), and other subjects (8,557 resources) with total usage of 1,35,471 resources.

COMPONENT 4: TEACHER CAPACITY BUILDING AND MENTORING



- Comprehensive initial training on FLN pedagogy, kit usage, Smart TV operation, and app navigation.
- Refresher training sessions are conducted throughout the academic year.
- On-site mentoring support through 10 field-based Sparks (Master Trainers) providing classroom demonstrations, troubleshooting, and continuous professional development.
- Structured feedback mechanism with 2,109 teacher feedbacks collected, showing 4.5/5 training acceptance rating and 3.4/5 programme acceptance rating

SOULACE TEAM INTERACTING WITH SCHOOL HEADMASTER, PALAMU JHARKHAND

KEY FINDINGS

TEACHERS

TEACHING TOOL UTILISATION FREQUENCY

72.7% of the teachers use Math FLN kits 3-4 times per week, while 27.3% use them daily.

63.6% of the teachers use Sampark Smart Class TV daily, with 36.4% using it 3-4 times per week.

81.8% of the teachers use English FLN kits 3-4 times per week, while 18.2% use them daily.

PROGRAMME IMPLEMENTATION AND REACH

Programme is operational across 12 districts in Jharkhand

A total of 59,855 teacher training instances were recorded cumulatively over the reporting period, recognizing that some teachers may have participated in training in both years. Additionally, 336 Master Trainers were developed to provide cascading academic and institutional support.

35.2% of the total government schools in Jharkhand are covered under the programme implementation.

STUDENTS

STUDENT ENGAGEMENT AND LEARNING PREFERENCES

51.4% of the students reported Math games as the most common activity during Math classes, followed by blocks (22.4%) and number rods (20.1%).

46.7% of the students identified TV videos as the most common activity during English classes, with reading games (35.0%) as the second preference.

STUDENT LEARNING OUTCOMES AND COMPREHENSION

52.3% of students reported that number line activities helped them understand Math concepts best, followed by word reading (29.9%) for English and blending exercises (15.4%).

31.8%
of the students identified word-making as their favourite English activity, followed by story cards (23.8%), reading together (15.9%), and letter cards (18.7%).

40.7%
of the students preferred Math game cards as their favourite Math activity, followed by place value blocks (18.2%) and bundling sticks (15.4%).

87.9%
of the students confirmed they learn from their friends during group activities, demonstrating strong peer learning dynamics.

100%
of the students agreed that their teachers make learning fun, indicating universally positive teacher-student engagement.

TECHNOLOGY-ENABLED LEARNING IMPACT

44.9%
of the students reported watching Math videos most frequently on Smart Class TV, followed by revision videos (25.7%) and English stories (20.1%).

SMART TV IN THE CLASSROOM, PALAMU JHARKHAND

KEY IMPACTS

IMPACT ON TEACHERS

PROFESSIONAL DEVELOPMENT AND PEDAGOGICAL ENHANCEMENT

100%
of the teachers confirmed full integration of activity-based, play-based pedagogies with regular teaching practice.

CLASSROOM MANAGEMENT AND DIFFERENTIATED INSTRUCTION

54.5%
of the teachers successfully engage previously struggling learners through programme interventions.

45.5%
of the teachers observe increased student excitement and interest, indicating improved pedagogical delivery.

TEACHER SATISFACTION AND PROGRAMME BUY-IN

72.7%
of the teachers rated the programme as 'Excellent', with the remaining 27.3% rating it as 'Good'.

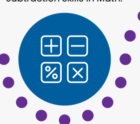
100%
of the teachers expressed definite preference for programme continuation, demonstrating complete teacher buy-in.

IMPACT ON STUDENTS

LEARNING OUTCOME IMPROVEMENTS

45.5%
of the teachers observed faster addition and subtraction skills in Math.

54.5%
of the teachers observed improvements in students' word reading abilities.



36.4%
of the teachers reported enhanced letter-sound recognition among students.

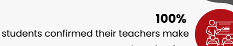
36.4%
of the teachers noted better place value understanding.

ENGAGEMENT AND MOTIVATION IMPROVEMENTS

45.5%
of teachers reported that students demonstrate more excitement and interest during lessons.

36.4%
of teachers observed increased attentiveness when technology-enabled content is used.

54.5%
of teachers confirmed previously disengaged or slow learners now participate more actively.



100%
of students confirmed their teachers make learning fun.

87.9%
of students reported learning effectively from peers during group activities.

LEARNING MODALITY PREFERENCES AND TECHNOLOGY ADOPTION

51.4%
of the students preferred Math games as the most common Math activity.

31.8%
of the students preferred word-making as their favourite English activity, demonstrating active learning engagement.

58.4%
of the students identified TV videos as the most enjoyed learning component.

52.3%
of the students found number line activities most helpful for understanding Math concepts.

SUSTAINABILITY INDICATORS

100%
of the teachers believed there was successful integration of programme components with regular school activities.

100%
of teachers preferred the continuation of the programme, ensuring demand-driven sustainability

OECD FRAMEWORK

Relevance

Coherence

Effectiveness

Efficiency

Impact

Sustainability

The programme was evaluated across six OECD-DAC criteria with evidence-based ratings and concise rationales.

RELEVANCE

The programme exhibits an exceptional degree of strategic alignment by directly addressing the acute foundational learning deficits prevalent in Jharkhand's primary education sector, where the state's literacy ranking (32nd) underscores a critical need for intervention. By synchronising its objectives with the National Education Policy (NEP) 2020 and the NIPUN Bharat Mission, the initiative ensures its pedagogical approach, utilising low-cost manipulatives and audio-visual content, is both culturally and logistically appropriate for resource-constrained rural government schools. This dual focus on enhancing student learning outcomes while simultaneously building teacher capacity creates a robust supply-and-demand synergy that validates the programme's high relevance to the beneficiaries' actual needs.

COHERENCE

The programme demonstrates a superior level of coherence by functioning as an integrated layer within the existing educational ecosystem rather than an isolated CSR intervention. It contributes to four sustainable development goals of the UN, viz., SDG 4: Quality Education, SDG 5: Gender Equality, SDG 10: Reduced Inequalities and SDG 17: Partnerships for the Goals. Its design is intrinsically aligned with the National Education Policy (NEP) 2020 and the NIPUN Bharat Mission, ensuring that its pedagogical goals support national mandates for universal foundational literacy and numeracy. Furthermore, the initiative exhibits strong systemic coherence through its synchronisation with Samagra Shiksha and the Jharkhand State Education Policy, which facilitates a unified approach to quality enhancement across the state. On an operational level, the programme achieves 100% integration with government school systems and curriculum frameworks, with activities fully embedded into regular school timetables and academic calendars. This seamless alignment between private CSR objectives, non-profit implementation expertise, and government institutional ownership creates a robust public-private partnership framework that minimises duplication of effort and maximises policy synergy.

Index : 5 Points - Very High ; 4 Points - High ; 3 Points - Moderate ; 2 Points - Low ; 1 Point - Very Low

★★★★½

EFFECTIVENESS

The intervention has proven highly effective in transforming classroom dynamics, evidenced by the consistent adoption of activity-based learning and digital content across 19 districts. While teachers report significant progress in foundational word reading and basic numeracy, the rating is moderated to 4.5 due to persistent challenges in achieving higher-order skills like sentence reading fluency and complex multiplication recall, indicating a need for further pedagogical refinement at the advanced primary level.

★★★★½

EFFICIENCY

From a resource management perspective, the programme demonstrates high efficiency by utilising existing school infrastructure—such as the "Smart Class TV" and mobile apps—without requiring expensive capital outlays. The "Sparks" mentoring model (Master Trainers) provides a cost-effective alternative to repeated large-scale training sessions by offering continuous, on-site professional development. However, efficiency is marginally hindered by external logistical constraints, including intermittent electricity and internet connectivity, as well as occasional delays in replacing damaged or missing kit components in 45.5% of reported cases.

★★★★½

IMPACT

The programme has catalysed significant behavioural and systemic shifts within the implementation schools, leading to reduced learning anxiety and increased student participation, particularly among "slow learners" who now participate more actively. The transition from traditional rote learning to a technology-enabled, play-based framework marks a meaningful departure toward modern pedagogical standards.

★★★★½

SUSTAINABILITY

The prospects for long-term sustainability are very high, primarily due to the 100% teacher preference for programme continuation and the successful integration of Sampark activities into regular school timetables. The development of a local cadre of 336 Master Trainers ensures that pedagogical knowledge remains embedded within the state system even if external NGO support is scaled back. While the dependence on external partners for digital infrastructure maintenance remains a minor risk, the high degree of institutional ownership and alignment with government curriculum frameworks suggests a resilient pathway toward permanent system-level absorption.

Index : 5 Points - Very High ; 4 Points - High ; 3 Points - Moderate ; 2 Points - Low ; 1 Point - Very Low

RECOMMENDATIONS

STRENGTHENING KIT MAINTENANCE AND REPLACEMENT SYSTEMS

Sampark Foundation can introduce a simple kit logbook system in schools to regularly track the condition of learning materials. Alongside this, maintaining buffer stock of frequently used items (such as story cards, number rods, and letter cards) would enable timely replacements as materials wear out.

This would help prevent classroom disruptions, ensure uninterrupted activity-based learning, and improve long-term sustainability of the FLN kits.

ENSURE SMART TV USAGE DESPITE POWER CUTS

In schools with frequent electricity cuts, Sampark Foundation may explore the possibility of providing battery-powered LED units or solar-charging options. This will help Smart TVs function consistently during lessons.

IMPROVE ACCESS TO THE LEARNING APP

Introducing one or two low-cost tablets in schools where teachers currently share personal phones can ensure smooth and independent access to the App.

STRENGTHENING ACADEMIC REINFORCEMENT THROUGH TARGETED CONTENT AND HOME ENGAGEMENT

To address the identified gaps in sentence reading and spoken English, Sampark Foundation may develop focused video content that directly targets these specific learning needs. Complementing this, simple, low-reading game cards can be introduced to help parents with limited literacy actively support their children at home. Together, these measures would provide structured remedial reinforcement, extend learning beyond classroom hours, strengthen home–school linkage, and contribute to improved foundational literacy outcomes.

PROJECT 02 BUILDING FINANCIAL CAPABILITIES AMONG LOW-INCOME HOUSEHOLDS

PROJECT 03 ACCESS TO PREVENTIVE & PROMOTIONAL HEALTHCARE, STRENGTHENING HEALTH INFRASTRUCTURE

Implementation Year: FY 2023-24
Assessment Year: FY 2025-26

SOULACE CONSULTING PVT. LTD.

EXECUTIVE SUMMARY

PROJECT BACKGROUND

HDFC Life CSR, in partnership with Utkarsh Welfare Foundation, undertook a comprehensive Corporate Social Responsibility initiative during FY 2023-24, focusing on two critical development areas: Financial Literacy and Healthcare. The project was designed to address the fundamental challenges faced by underserved rural populations across seven states in India, specifically targeting communities with limited access to financial services and healthcare infrastructure.

The Financial Literacy component aimed to empower rural beneficiaries with essential knowledge and skills for financial decision-making, enabling them to access banking services, government social protection schemes, and digital payment systems. The Healthcare component focused on providing accessible preventive and promotional healthcare services through multiple delivery channels, including polyclinic camps, health awareness programs, E-Clinics with telemedicine capabilities, and health infrastructure strengthening support to government facilities.

This impact assessment study was conducted to evaluate the outcomes, effectiveness, and sustainability of the interventions implemented during FY 2023-24, employing a mixed-methods approach combining quantitative beneficiary surveys with qualitative insights from focus group discussions, key informant interviews, and case studies.

PROJECT DETAILS

Implementation Year

FY 2023-24

Assessment year

FY 2025-26

Total Beneficiaries (Project)

4,32,655

Financial Literacy Beneficiaries

1,10,027

Healthcare Beneficiaries

3,3,22,396 (Polyclinic: 61,555 | Health Awareness: 55,490 | E-Clinics: 2,03,811 | Special Camps: 1,540)

Assessment Sample Size

Financial Literacy (N=384) | Health Camps (N=54) | E-Clinics (N=100) | Polyclinics (N=300)

Locations

Seven States: Bihar, Jharkhand, Madhya Pradesh, Meghalaya, Odisha, Uttar Pradesh, Uttarakhand (265+ villages across aspirational and underserved districts)

CSR Funding Organisation

HDFC Life Insurance Company Limited

Implementing Partner

Utkarsh Welfare Foundation (UWF)

Alignment with SDGs

The project aligns with multiple United Nations Sustainable Development Goals:

Alignment with Government Education Priorities

FINANCIAL INCLUSION INITIATIVES

- Pradhan Mantri Jan Dhan Yojana (PMJDY): Direct facilitation of bank account opening and financial inclusion.
- Digital India Mission: Promotion of digital financial literacy, UPI adoption, and cashless transactions.
- Financial Literacy Mission: Aligned with NCFE and RBI's financial literacy framework and national strategy.
- Social Protection Schemes: Integration with 36+ government schemes, including APY, PMSBY, PMJJBY, SSY, PMFBY, MGNREGA, NRLM.

HEALTHCARE INITIATIVES

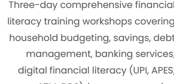
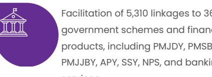
- Ayushman Bharat: Direct linkage facilitation to AB-PMJAY and strengthening of the Health and Wellness Centres model.
- National Health Mission: Support to government health infrastructure in aspirational districts.
- eSanjeevani: Alignment with the national telemedicine framework through E-Clinic operations.

PROJECT ACTIVITIES

FINANCIAL LITERACY PROGRAM

Training delivery through master trainers and Community Resource Persons using participatory adult learning methodologies.

Post-training follow-up support for scheme enrolment and financial product access.

Three-day comprehensive financial literacy training workshops covering household budgeting, savings, debt management, banking services, digital financial literacy (UPI, APES, ATM, POS), insurance, pension schemes, and government social protection schemes.

Facilitation of 5,310 linkages to 36+ government schemes and financial products, including PMJDY, PMSBY, PMJJBY, APY, SSY, NPS, and banking services.

HEALTHCARE INITIATIVES

POLYCLINIC AND MULTISPECIALTY HEALTH CAMPS
Free OPD consultations, diagnostic services, and medicine distribution in collaboration with empanelled hospitals.

HEALTH AWARENESS TRAINING
Community-based awareness sessions on preventive healthcare, communicable and non-communicable diseases, maternal and child health, nutrition, menstrual health management, and hygiene practices.

E-CLINIC CENTRES
30 ICT-enabled primary healthcare centres providing telemedicine consultations with MBBS doctors, basic diagnostic services, and medicine dispensation in remote locations.

HEALTH INFRASTRUCTURE SUPPORT
Essential medical equipment and supplies provided to two government health institutions in Meghalaya.

KEY **FINDINGS**

FINANCIAL LITERACY COMPONENT

96.1%
of the respondents improved their understanding of financial concepts.

POST-INTERVENTION SCENARIO

97.9%
of the respondents prepare a monthly household budget (48.4% always, 49.5% sometimes).

97.2%
of the respondents save a fixed amount (48.2% regularly, 49% occasionally).

77.1%
of the respondents never borrow from informal lenders.

97.9%
of the respondents track income and expenses.

88.3%
of the respondents use digital financial tools.

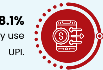
81.2%
of the respondents confident in digital transactions.

96.1%
of the respondents now have financially stable households.

93.0%
of the respondents can manage emergencies.

100%
of the respondents now have savings.

DIGITAL TOOL ADOPTION LEVELS



78.1%
of the respondents currently use UPI.

81.5%
of the respondents linked to government or financial schemes.

TRAINING SATISFACTION RATINGS

89.1%
of the respondents rated training as excellent or good.

95.8%
of the respondents found the content easy or very easy to understand.

98.7%
of the respondents found trainers supportive.

98.7%
of the respondents would recommend training to others.

HEALTHCARE COMPONENT

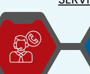
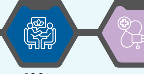
HEALTH CAMPS

ACCESS CHARACTERISTICS

88.9%
of the respondents reached camp in less than 10 minutes.

38.9%
of the respondents found access much easier than regular hospitals.

SERVICE UTILISATION

96.3%
of the respondents used general OPD services.

87.0%
of the respondents received medicines.

100%
of the respondents attended preventive health awareness sessions.

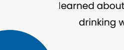
SERVICE QUALITY INDICATORS

90.7%
of the respondents satisfied or very satisfied with the quality of care.

HEALTH AWARENESS TOPICS COVERED

100%
of the respondents improved their understanding of handwashing.

79.6%
of the respondents learned about safe drinking water.



66.7%
of the respondents understood menstrual hygiene.

96.3%
of the respondents found the awareness session useful or very useful.

HEALTH E-CLINICS

ACCESS & SERVICE DELIVERY

76.7%
of the respondents accessed care without travelling long distances.

73.3%
of the respondents experienced earlier detection of health issues.

80.0%
of the respondents experienced complete symptom relief.

100%
of the respondents are aware of health vitals being stored in EHR.

66.7%
of the respondents identified with high-risk conditions.

73.3%
of the respondents now know their vitals and meaning.

70.0%
of the respondents adopted an improved diet.

73.3%
of the respondents increased the frequency of seeking medical help.

HEALTH AWARENESS TRAINING

81.3%
of the respondents trained on seasonal disease prevention.

74.7%
of the respondents trained on communicable disease prevention.

63.0%
of the respondents trained on nutrition & malnutrition.

85.5%
of the respondents learned to identify dengue/ malaria symptoms.

63.4%
of the respondents learned how diarrhoea spreads and prevention.

76.9%
of the respondents learned the correct use of sanitary pads.

54.0%
of the respondents learned the importance of a diversified diet.

84.4%
of the respondents know recommended ANC check-ups (4 or more).

KEY IMPACTS

FINANCIAL LITERACY COMPONENT

BEHAVIOURAL CHANGE IMPACTS

Household budgeting increased by 12.2 percentage points (from 36.2% to 48.4%) among respondents.

Regular savings increased by 10.7 percentage points (from 37.5% to 48.2%) among respondents.

Frequent borrowing from informal lenders was reduced by 38.5 percentage points (from 38.8% to 0.3%) among respondents.

Regular income/ expense tracking increased by 10.2 percentage points (from 37.2% to 47.4%) among respondents.

Elimination of the "no savings" category (from 29.2% to 0%) among respondents.

DIGITAL FINANCIAL INCLUSION IMPACTS

Frequent digital tool usage increased by 9.9 percentage points (from 34.9% to 44.8%) among respondents.

57.8% of the respondents reduced dependency on others for banking.

Frequent digital tool usage increased by 9.9 percentage points (from 34.9% to 44.8%) among respondents.

FINANCIAL SECURITY & LINKAGE IMPACTS

59.4%
of the respondents experienced increased financial security through linkages.

ECONOMIC STABILITY IMPACTS

Respondents' "very stable households" increased by 30.2 percentage points (from 38.3% to 68.5%).

Respondents' household savings increased by 11.8 percentage points (from 33.3% to 45.1%).

Unstable respondents' households reduced by 18.5 percentage points (from 22.4% to 3.9%).

Respondents' emergency management increased by 12.2 percentage points (from 36.5% to 48.7%).

OBSERVABLE LIFE CHANGES

48.7% of the respondents reduced unnecessary expenses.

51.8% of the respondents demonstrated better financial decision-making.

40.6% of the respondents increased their savings habits.

INTERACTION WITH THE BENEFICIARIES OF FINANCIAL LITERACY PROGRAM IN JHARKHAND

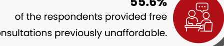
HEALTHCARE COMPONENT

HEALTH CAMPS IMPACTS

79.6%
of the respondents experienced early illness detection through camp.

94.4%
of the respondents reduced travel distance/ time to access health services.

59.2%
of the respondents helped get faster treatment compared to hospitals.



55.6%
of the respondents provided free consultations previously unaffordable.

100%
of the respondents increased awareness of preventive health practices.

E-CLINICS IMPACTS

80.0%
of the respondents reduced the time spent accessing healthcare by more than half.

80.0%
of the respondents reduced travel costs

73.3%
of the respondents increased the frequency of seeking medical help (earlier intervention).

86.7%
of the respondents completely stopped dependency on unqualified practitioners.

66.3%
of the respondents experienced improved BP/ sugar levels.

30.0%
of the respondents experienced better weight control.

80.0%
of the respondents greatly reduced health-related anxiety.

73.4%
of the respondents observed more people seeking care at the community level.

HEALTH AWARENESS TRAINING IMPACTS

41.3%
of the respondents experienced fewer episodes of diarrhoea.

37.7%
of the respondents can identify early symptoms correctly.

51.7%
of the respondents changed their behaviour to seek care earlier than before.

38.3%
of the respondents gained confidence in knowing when to seek medical help.

FINANCIAL LITERACY CAMP, UTTAR PRADESH

OECD FRAMEWORK

Relevance Coherence Effectiveness Efficiency Impact Sustainability

★★★★★

RELEVANCE

FINANCIAL LITERACY COMPONENT

The Financial Literacy intervention demonstrated exceptional relevance through precise targeting and need alignment. The program reached 99.1% female beneficiaries from marginalised communities with 91% earning below Rs . 10,000 monthly, precisely targeting populations facing acute financial exclusion and limited financial literacy. Pre-intervention baseline revealed 82.9% lacked banking accounts, 88.4% had never used insurance, 81.6% were unaware of government schemes, and 78% lacked basic financial literacy—validating program necessity and confirming intervention addressed genuine felt needs. Post-intervention outcomes validated relevance with 75.2% reporting improved financial knowledge, 63.6% opening savings accounts, and 42.2% linking to insurance schemes.

HEALTHCARE COMPONENT

Healthcare intervention demonstrated exceptional relevance through systematic targeting and health need response. The program reached 87% female beneficiaries, 75.9% Scheduled Tribes, and 81.5% earning below Rs . 10,000 monthly—precisely targeting populations facing compounded healthcare exclusion from gender, caste, and economic marginalisation. Services addressed prevalent disease burdens, including hypertension and diabetes (primary chronic diseases), maternal-child health needs (47% Polyclinics training participants received ANC and immunisation education), communicable disease prevention (dengue, malaria, diarrhoea), and nutritional deficiencies (anaemia screening and management). The intervention systematically eliminated primary healthcare access barriers with 88.9% reaching camps in under 10 minutes compared to a typical 1-2 hour hospital travel, 94.4% experiencing reduced travel burden, and 55.6% accessing previously unaffordable consultations. Relevance validation came through documented outcomes: 79.6% benefited from early illness detection, 83.3% reported illness reduction, and 98.1% perceived camps as beneficial.

Index : 5 Points - Very High ; 4 Points - High ; 3 Points - Moderate ; 2 Points - Low ; 1 Point - Very Low

COHERENCE

FINANCIAL LITERACY COMPONENT

The intervention aligned strategically with SDG 1 (No Poverty) through financial stability promotion, SDG 4 (Quality Education) through literacy training, SDG 5 (Gender Equality) through women's economic empowerment, and SDG 10 (Reduced Inequalities) through financial inclusion of marginalised populations. Program coherence with the Government of India's Jan Dhan Yojana (financial inclusion), Beti Bachao Beti Padhao (girl child schemes), and Digital India (digital payment adoption) initiatives demonstrated policy alignment. Community leaders validated relevance, confirming 'program was timely and need-based, particularly for women and low-income households with limited exposure to formal financial systems.'

Financial Literacy demonstrated outstanding coherence through logical design and systemic integration. The sequential module design progressing from basic concepts (banking fundamentals, savings principles) to intermediate topics (insurance mechanisms, government schemes) to advanced applications (digital financial services, investment planning) ensured coherent skill-building progression matching learners' cognitive development. Strong complementarity with formal financial infrastructure was achieved through partnerships with banks facilitating account opening (63.6% achievement), insurance companies enabling scheme linkages (42.2% insurance adoption), and government programs supporting scheme enrolment (37.3% PMJJBY, 24.8% PMSBY, 19% Sukanya Samriddhi). Multi-component synergy emerged from classroom training providing a knowledge foundation, mass awareness camps creating community-level exposure, and individual handholding support addressing implementation barriers—forming a coherent learning-to-action pathway. Strategic partner alignment between Utkarsh Welfare Foundation's institutional focus on financial inclusion and HDFC Life CSR's financial services sector expertise created natural programmatic synergy. Integration with existing SHG structures (66.1% participants were SHG members) leveraged established community platforms for peer learning and mutual support. Ward Member validated coherence, noting program created 'ecosystem-level impact where local shopkeepers and small businesses showed increased digital payment adoption,' indicating coherent transformation extending beyond direct beneficiaries through systemic integration.

HEALTHCARE COMPONENT

Strategic alignment with SDG 3 (Good Health and Well-being) through healthcare access and disease prevention, SDG 5 (Gender Equality) through women's health prioritisation, and SDG 10 (Reduced Inequalities) through marginalised population healthcare access confirmed policy coherence.

Healthcare providers validated relevance, noting 'many patients were unaware of chronic conditions requiring simple repeated explanations,' confirming intervention appropriately responded to health literacy gaps and unmet medical needs.

Healthcare intervention exhibited exceptional coherence through multi-modal integration and systemic alignment. The three delivery modalities—E-Clinics (facility-based primary care), Health Camps (doorstep outreach services), and Health Awareness Training (preventive education)—formed a coherent healthcare continuum addressing curative, preventive, and educational needs comprehensively without duplication. Strategic referral pathway coherence emerged from Health Camps placement near E-Clinics, enabling continued care access, validated by a 74.1% referral completion rate. Program Lead confirmed integration: 'Camps in approachable vicinity of E-Clinics enable beneficiaries to get continued support even after the camp is over,' demonstrating deliberate design creating healthcare continuity. Service complementarity ensured efficiency—camps provided intensive one-day services (OPD, diagnostics, medicines distribution), E-Clinics offered ongoing primary care and follow-up management, and Awareness Training built preventive knowledge, reducing future disease burden. Healthcare system integration occurred through partnership with established hospitals providing qualified medical personnel, coordination with government health centres for referrals and chronic disease management, and quality control protocols ensuring service standards. Agile supply chain coherence enabled resource optimisation—E-Clinics served as a medicine supply backup during camp shortages. Preventive-curative linkage created synergy with awareness training, emphasising handwashing (100% knowledge gain), safe water (79.6%), and disease symptom recognition (100%), reducing disease incidence requiring curative intervention.

EFFECTIVENESS

FINANCIAL LITERACY COMPONENT

Financial Literacy achieved substantial effectiveness across multiple outcome domains, though with conversion gaps. Knowledge acquisition was strong with 75.2% reporting improved financial knowledge post-intervention, including 94.8% understanding savings importance, 89.6% grasping banking basics, and 84.1% aware of insurance benefits—representing dramatic gains from a near-zero baseline.

Tangible behavioural changes emerged with 72.2% starting or increasing savings habits, 63.9% improving budget discipline, 57.2% reducing unnecessary expenses, and 53.5% adopting structured financial planning.

Concrete financial inclusion outcomes included 63.6% opening savings accounts, 42.2% linking to insurance schemes (37.3% PMJJBY, 24.8% PMSBY), and 19% enrolling children in Sukanya Samriddhi—demonstrating successful transition from awareness to formal financial system engagement.

Digital adoption progressed with 45.9% using UPI payments, 38.5% conducting mobile banking, and 31.2% making digital transactions—a significant achievement given pre-intervention digital exclusion. Women's empowerment outcomes included 68.5% feeling more confident in financial decisions and 59.3% participating more actively in household financial planning. Scale achievement reached 110,027 beneficiaries, with 5,310 linked to social protection schemes. However, effectiveness gaps emerged: only 63.6% opened accounts despite 75.2% gaining knowledge, indicating knowledge-to-action conversion barriers for 36.4% of beneficiaries, limiting full effectiveness realisation.

HEALTHCARE COMPONENT

Healthcare intervention achieved substantial effectiveness, reaching 324,971 beneficiaries with measurable health improvements, though facing resource constraints. Access achievement was exceptional with 88.9% reaching camps in under 10 minutes, 94.4% experiencing reduced travel burden, and 50% finding access much easier than hospitals—systematically eliminating geographic and temporal barriers. Early detection success reached 79.6%. Health outcome improvements included 83.3% reporting illness reduction (46.3% much fewer episodes, 37% somewhat fewer), 48.1% experiencing health condition improvement, and 74.1% completing follow-up referrals. Knowledge acquisition was universal, with 100% gaining handwashing knowledge and symptom identification awareness, 79.6% understanding safe water practices, and 84.4% knowing correct ANC frequency. Behavioural changes emerged with 75.9% seeking treatment more quickly, 66.7% adopting preventive practices regularly, and 51.7% of Polyclinics participants seeking care earlier. Satisfaction was high, with 90.7% satisfied with camp quality and 98.1% perceiving camps beneficial.

EFFICIENCY

FINANCIAL LITERACY COMPONENT

Financial Literacy demonstrated reasonable efficiency with optimisation opportunities. Scale achievement reaching 110,027 beneficiaries through 8,027 training sessions (average ~14 participants per session) indicated productive group-based delivery, maximising trainer resource utilisation. Resource optimisation strategies included utilising community spaces for training sessions, eliminating facility rental costs, mobilising volunteers for outreach, reducing staffing expenses, partnering with existing bank and insurance infrastructure, avoiding duplicative system creation, and leveraging SHG structures, providing pre-established community platforms.

Per-beneficiary costs remained reasonable given comprehensive curriculum delivery, multiple session attendance per beneficiary, and handholding support for documentation and bank visits. Time efficiency was achieved through curriculum design, enabling progressive knowledge building across multiple sessions without excessive time demands on beneficiaries, balancing household and livelihood responsibilities.

HEALTHCARE COMPONENT

Healthcare intervention demonstrated satisfactory efficiency in the face of resource intensity challenges. Scale efficiency reached 324,971 total beneficiaries (203,811 E-Clinic patients, 64,670 camp attendees, 55,490 training participants), demonstrating substantial coverage. Resource optimisation strategies included utilising community spaces for camps, mobilising local volunteers, reducing staffing requirements, partnering with hospitals providing medical personnel, enabling E-Clinic supply backup, reducing medicine waste, and employing telemedicine, reducing specialist consultation costs. Service delivery efficiency indicators included 96.3% using general OPD at camps, 85.2% finding consultation time adequate, and smooth patient flow from registration through treatment. Strong referral completion (74.1%) demonstrated efficient patient tracking systems converting camp contacts into continued care.

FINANCIAL LITERACY COMPONENT

Financial Literacy generated substantial multi-level transformative impacts extending beyond transactional financial inclusion. Individual empowerment manifested through 68.5% reporting increased confidence in financial decisions, 64.3% feeling greater economic independence, and 59.3% participating more actively in household financial planning—indicating psychological empowerment beyond account opening or scheme enrolment.

Household economic stability improved through better budget management (63.9%), reduced financial stress via savings buffers (72.2% saving regularly), decreased dependence on informal high-interest credit, and enhanced capacity to handle financial shocks. Inter-generational transmission emerged with beneficiaries sharing financial knowledge with family members, teaching children about savings and responsible spending, creating potential for long-term financial behaviour transformation across generations.

Community-level ecosystem transformation occurred with Ward Member noting 'local shopkeepers and small businesses showed increased willingness to adopt digital payment methods,' indicating economic transformation beyond direct beneficiaries. Women's agency enhancement included increased confidence and active financial decision participation, elevated SHG meeting engagement, demonstrated leadership in group activities, and enhanced social status from being recognised as financially knowledgeable.

Financial inclusion pathways were created through 5,310 beneficiaries linked to social protection schemes and 63.6% with bank accounts, establishing formal financial system connections enabling future financial service access, including credit, insurance, and investments—creating sustainable economic participation potential beyond immediate program outcomes.

HEALTHCARE COMPONENT

Healthcare intervention generated exceptional multi-dimensional transformative impacts across multiple levels. Individual health transformation extended beyond service delivery through 83.3% experiencing illness reduction, 79.6% benefiting from early disease detection, enabling management rather than emergency intervention, and 75.9% adopting faster care-seeking behaviour. Household economic protection occurred through elimination of healthcare expenditure for families earning below Rs . 10,000 monthly (81.5% of sample), with free consultations saving Rs . 200-500 per visit, free medicines replacing Rs . 100-300 pharmacy costs, and free diagnostics preventing prohibitive test expenses—protecting against health-induced impoverishment.

Empowerment through knowledge creation resulted from universal health literacy gains (100% handwashing, symptom identification), creating lasting capability to manage family health, recognise danger signs, implement prevention, and make informed healthcare decisions independent of continued program support. Community health culture shift manifested through 35.2% quicker care-seeking adoption, 66.7% regular preventive practice implementation, and increased community health awareness, creating norm shifts toward early treatment and preventive practices, replacing traditional reactive approaches. Health system strengthening occurred through permanent E-Clinic infrastructure in underserved areas, 74.1% referral completion, strengthening public health centre linkages, and community health literacy, enabling appropriate health system utilisation.

★★★★

SUSTAINABILITY

FINANCIAL LITERACY COMPONENT

Financial Literacy demonstrated good sustainability prospects with strengthening foundations balanced against dependencies. Behavioural internalisation emerged strongly with 72.2% practising regular savings, 63.9% maintaining budgets, and 45.9% using digital payments—suggesting behaviours becoming habituated rather than merely compliance during program delivery. Formal financial system integration created lasting connections through 63.6% with bank accounts, 42.2% with insurance coverage, and 5,310 scheme linkages—establishing relationships persisting beyond the program and enabling continued financial service access independent of intervention.

Community infrastructure support came from existing SHG structures (66.1% participants were SHG members), providing ongoing platforms for peer learning, financial discussions, and mutual support, sustaining financial practices. Knowledge retention as cognitive acquisition persists indefinitely—once individuals understand budgeting principles, savings mechanisms, or insurance benefits, this knowledge remains available for application even after training concludes.

Sustainability vulnerabilities existed in digital adoption, dependent on smartphone availability, network connectivity in remote areas, and ongoing digital literacy support as technology evolves. Institutional dependencies included scheme sustainability requiring continued government program availability, bank account maintenance potentially requiring minimum balances, and insurance premium payment capacity contingent on household economic stability.

HEALTHCARE COMPONENT

Healthcare intervention exhibited good sustainability prospects through infrastructure permanence balanced against operational dependencies. Infrastructure sustainability was strongest with E-Clinics representing permanent facilities continuing primary healthcare delivery after project funding, with 29 operational centres serving 203,811 patients, creating lasting healthcare access infrastructure. Behavioural internalisation emerged through 66.7% regularly adopting preventive practices and 75.9% internalising quicker care-seeking behaviour, suggesting habits becoming permanent rather than temporary program compliance.

Knowledge permanence in health literacy showed lasting cognitive acquisition, with 100% retention in handwashing and symptom identification, and 84.4% in ANC knowledge. The integration of referral systems facilitated access to public health, resulting in a 74.1% referral completion rate. Community health champions emerged from training, with 17.7% of Polyclinics participants able to educate others through peer learning.

Major sustainability vulnerabilities included the Health Camp model's dependence on external funding for personnel, medicines, and diagnostics, relying heavily on CSR support. Additionally, the E-Clinic's sustainability hinged on covering ongoing costs for staff, telemedicine connectivity, medicine procurement, and equipment maintenance, necessitating either continued funding or a shift to government operation or fee-based models.

RECOMMENDATIONS

PROJECT 1: FINANCIAL LITERACY PROGRAMME
STRENGTHENING COMMUNITY-BASED PEER SUPPORT FOR FINANCIAL LITERACY

The programme has facilitated social security linkages for a majority of beneficiaries; however, around a quarter of participants found the process challenging, and a notable proportion (18.5%) remain unlinked to schemes. With future scale in mind, the programme may consider strengthening local capacity and distributed facilitation mechanisms by identifying and training motivated young people within the community as resource persons to support outreach and peer engagement. Establishing peer groups and peer educators can further reinforce awareness, improve participation, and help address beneficiary challenges, while also supporting programme scalability and long-term sustainability.

PROJECT 2: HEALTHCARE PROGRAMME

FURTHER STRENGTHENING SERVICE DELIVERY

The implementing partner may consider adopting more structured service delivery mechanisms, such as token-based queues and staggered appointment slots, to ease overcrowding, further improve efficiency, and ensure adequate privacy during health camp consultations. Introducing organised queuing systems and planned consultation schedules can help manage participant flow and reduce overcrowding.

Additionally, reviewing the frequency and distribution of camps based on demand and local needs may help ensure more consistent access to basic healthcare services while reducing service bottlenecks in high-burden or underserved areas.

PROJECT 04

HEALTHY BABY WEALTHY NATION (HBWN) - PHASE IV AND TAKE CARE TO DARE (TCTD) - PHASE I

Implementation Year: FY 2023-24
Assessment Year: FY 2025-26

SOULACE CONSULTING PVT. LTD.

EXECUTIVE SUMMARY

PROJECT BACKGROUND

Malnutrition remains a critical public health challenge in India, with 19% of children under-5 years suffering from wasting, 32% underweight, and 36% stunted as per the National Family Health Survey - NFHS-5 (2019-21). More than 24% of the world's malnourished children live in India, and malnutrition contributes to over 60% of under-5 child deaths. Adolescent girls face similar challenges, with 57% of women aged 15-49 years suffering from anaemia, while menstruation-related taboos and poor hygiene practices contribute to reproductive health complications.

To address these interlinked issues of child malnutrition and adolescent health, Bandhan Konnagar implemented two complementary programmes with financial support from HDFC Life:

- ***Healthy Baby Wealthy Nation (HBWN) - Phase IV:*** focusing on the prevention of protein-energy malnutrition among children under 5 years
- ***Take Care To Dare (TCTD) - Phase I:*** focusing on increasing awareness among rural adolescent girls (aged 14-18 years) on nutrition, anaemia, and menstrual hygiene management.

PROJECT DETAILS

Implementation Year

FY 2023-24

Assessment year

FY 2025-26

Number of Beneficiaries

- **HBWN IV:** 1,07,599 households covered; 31,643 children under-5, and 5,075 pregnant women directly served
- **TCTD I:** 3,901 households covered; 4,086 adolescent girls directly served

Locations

- **West Bengal:** Jhargram district (Binpur II, Jamboni blocks), Purba Medinipur district (Ramnagar I, Ramnagar II blocks), Bankura district (Sarenga block), 24 Parganas North (Barasat II, Gaighata blocks), 24 Parganas South (Bhangar II, Canning I blocks), Nadia (Nakashipara block)
- **Odisha:** Mayurbhanj district (Rasogobindpur, Morada blocks)

Implementing Partner

Bandhan Konnagar

Alignment with SDGs

Both programmes directly contribute to SDG 3: Good Health and Well-Being, SDG 5: Gender Equality

Alignment with Government Initiatives

The programmes align with and complement several national health initiatives:

- Poshan Abhiyaan (National Nutrition Mission) - addressing child malnutrition
- Rashtriya Kishor Swasthya Karyakram (RKSK) - adolescent health programme
- Janani Suraksha Yojana (JSY) and Janani Shishu Suraksha Karyakram (JSSK) - maternal health initiatives
- ICDS - Integrated Child Development Services
- Swachh Bharat Mission - Water, Sanitation and Hygiene (WASH) practices

INTERACTION WITH PROJECT TEAM, JHARGRAM

PROJECT ACTIVITIES

HBWN IV PROGRAMME

3,445 health forums were conducted with 82,789 beneficiaries in attendance.

1,36,893 household visits (1,02,619 by staff and 34,274 by Swasthya Sahayikas).

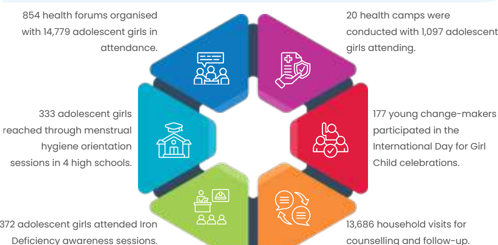
21,004 children under-5 covered in baseline anthropometric Mid-Upper Arm Circumference (MUAC) measurements.

160 SS refresher training sessions and recruitment of 300 Swasthya Sahayikas for the project.

6,726 primary school children reached through personal hygiene campaigns in 200 schools.

358 beneficiaries were escorted and 297 referred to health centres.

TCTD I PROGRAMME



854 health forums organised with 14,779 adolescent girls in attendance.

20 health camps were conducted with 1,097 adolescent girls attending.

333 adolescent girls reached through menstrual hygiene orientation sessions in 4 high schools.

177 young change-makers participated in the International Day for Girl Child celebrations.

372 adolescent girls attended Iron Deficiency awareness sessions.

13,686 household visits for counselling and follow-up.

KEY **FINDINGS**

MOTHERS COMPONENT (N=293)

PRE-INTERVENTION STATUS

84.3%
of the respondents were aged 20-30 years.

76.2%
of the respondents had a monthly household income between ₹5,001–₹10,000.

64.8%
of the respondents relied on daily wage labour as their primary income source.

70.0%
of the respondents were not aware of anaemia causes and prevention.

32.4%
of the respondents had not received any information about balanced diet requirements.

40.9%
of the respondents did not practice exclusive breastfeeding due to a lack of awareness.

19.5%
of the respondents had children with low body weight.

POST-INTERVENTION STATUS

88.4%
of the respondents attended health forums more than once, with 41.6% attending 16–20 community meetings.

90.8%
of the respondents received home visits from Accredited Social Health Activist (ASHA)/ Swasthya Sahayika (SS) more than once in the last 6 months.

79.9%
of the respondents received and used IEC materials.

96.6%
of the respondents received training on sattu making, and 78.5% regularly give sattu to children.

80.2%
of the respondents were very satisfied with ASHA/SS support.

82.6%
of the respondents received detailed family planning counselling.

ADOLESCENT GIRLS COMPONENT (N=90)

PRE-INTERVENTION STATUS

92.2%
of the respondents faced social restrictions preventing attendance at functions, festivals, or religious places during menstruation.

78.9%
of the respondents faced restrictions from female family members against discussing menstruation openly.

68.9%
of the respondents faced kitchen restrictions during menstruation.

55.6%
of the respondents faced school restrictions, including absences or exclusion from activities.

80.0%
of the respondents who experienced pain/ cramps, 68.9% experienced weakness/ fatigue, and 63.3% experienced irregular periods.

67.8%
of the respondents managed symptoms at home without seeking care.

24.4%
of the respondents never followed recommended menstrual hygiene practices.

58.9%
of the respondents practised mixed disposal methods (sometimes safe, sometimes unsafe).

58.9%
of the respondents were not consuming iron tablets.

57.7%
of the respondents rarely ate iron-rich foods.

POST-INTERVENTION STATUS

84.4%
of the respondents attended awareness sessions regularly.

31.2%
of the respondents attended 11-15 sessions.

74.4%
of the respondents fully understand and follow anaemia prevention practices.

85.6%
of the respondents found sessions very useful and applied learnings in daily life.

INTERACTION WITH PROJECT TEAM, PURBA MEDINIPUR

KEY IMPACTS

MOTHERS COMPONENT (N=293)

BEHAVIOURAL CHANGE IMPACTS

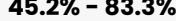
52.0% - 67.2%
was the increase in district hospital deliveries, while home deliveries decreased from 17.9% to 7.7%.

15.9% - 74.5%
- a 58.6% point increase was observed in full 6-month exclusive breastfeeding.

35.3%
was the baseline for first-trimester registration before the intervention.

81.2%
of the respondents completed 4 Antenatal Care (ANC) check-ups after intervention, compared to 51.2% before—a 30.0 percentage point improvement.

82.3%
of the mothers showed improvement in anaemia, 70.0% had controlled blood pressure, and 39.6% experienced a reduction in swelling.



45.2% - 83.3%
—a 38.1 percentage point increase in full immunisation, while non-immunised children decreased from 27.0% to virtually zero.

97.6%
of the respondents reached handwashing practice, 81.2% used safe drinking water, and 99.3% achieved proper waste disposal. 78.2% consistently practice these hygiene habits.

68.2%
of the children were not diagnosed with malnutrition after programme introduction; among diagnosed cases, 86.6% were Moderate Acute Malnutrition (MAM) (moderate), indicating early detection.

74.7%
of the respondents now always seek care when a child is sick, and 89.1% visit government facilities for danger signs.

79.5%
of the families experienced a reduction in diarrhoea episodes, 71.3% saw fewer fever episodes, and 57.0% had a decrease in respiratory infections.

84.6%
of the respondents reported significant improvement in child growth and development.

73.4%
of the respondents experienced a significant reduction in out-of-pocket health expenditure, with an additional 23.9% reporting a moderate reduction.

Families added green leafy vegetables (42.0%), nuts and seeds (16.4%), milk products (13.3%), and homemade sattu (10.2%) to their diets.

83.6%
of the respondents intend to definitely continue nutrition and hygiene practices beyond the project period.

82.6%
of the respondents strongly agree that trust in local health systems has increased greatly.

ADOLESCENT GIRLS COMPONENT (N=90)

78.9%
now consistently use clean absorbents and change regularly, compared to only 2.2% before intervention—representing a 76.7 percentage point increase.

92.2%
of the respondents practice safe disposal methods compared to 11.1% before intervention—an 81.1 percentage point improvement.

5.5% - 86.7%
regular consumption of iron tablets increased by an 81.2 percentage point.

5.6%
increased to 41.1% in daily consumption of iron-rich foods, while 56.7% consume them 2–3 times per week.

72.2%
report no taboos faced after the project, compared to only 1.1% before intervention.

PHC visits for symptoms increased from 15.6% to 80.0%—a 64.4 percentage point increase.

78.9%
regularly share knowledge with friends and family, creating cascading awareness beyond direct beneficiaries.

82.2%
report significant health improvement with reduced illness episodes, better energy levels, and reduced anaemia.

87.8%
always practice WASH habits learned during campaigns regularly.

87.8%
demonstrate consistent long-term changes in menstrual hygiene practices.

INTERACTION WITH BENEFICIARY MOTHERS, JHARGRAM

OECD FRAMEWORK

Relevance | Coherence | Effectiveness | Efficiency | Impact | Sustainability

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RELEVANCE

COMPONENT A: MOTHERS (HBWN IV)

The component also shows exceptional relevance by targeting India's most critical maternal and child health challenges, where 19% of children suffer from wasting, 32% are underweight, 36% are stunted, and malnutrition causes 60% of under-5 deaths. The intervention directly addressed documented gaps in NFHS-5 data showing high anaemia prevalence (50% mothers, 60% children), inadequate ANC uptake, incomplete immunisation, and poor WASH practices in backward tribal-dominated regions of West Bengal and Odisha. By covering 1,07,599 households with 31,643 under-5 children and 5,075 pregnant women, the programme achieved massive scale while maintaining focus on the most vulnerable populations with the lowest health indicators.

COMPONENT B: ADOLESCENT GIRLS (TCTD I)

The programme shows strong relevance by directly addressing India's adolescent health challenges, where 57% of women (15–49 years) are anaemic and only 36% use sanitary napkins (NFHS-5). By focusing on the 14–18 age group, it targets a critical life stage when health behaviours are shaped, aligning with national priorities on menstrual hygiene, anaemia prevention, and nutrition. Its implementation in backward districts with high SC/ST and OBC populations (North & South 24 Parganas, Nadia) ensures outreach to the most underserved communities.

COHERENCE

COMPONENT A: MOTHERS (HBWN IV)

The programme showed exceptional internal coherence by adopting comprehensive lifecycle approach integrating pregnancy care (ANC monitoring, IFA supplementation, TT vaccination), childbirth support (institutional delivery facilitation), postnatal care (breastfeeding counselling, growth monitoring), child nutrition (anthropometric screening, NRC referrals, sattu preparation), immunisation tracking, and WASH promotion - creating synergistic interventions addressing multiple determinants of malnutrition simultaneously. External coherence was outstanding with systematic convergence: 408 health centre visits, 3,679 ICDS centre visits, collaboration with 636 ICDS centres and 80 health facilities, joint activities with ASHAs and Anganwadi workers, and successful linkage with JSY, JSSK, and Poshan Abhiyaan schemes.

The 300 trained Swasthya Sahayikas complemented rather than duplicated government frontline workers, and the 82.6% increase in trust in government systems demonstrates successful handholding that strengthens rather than bypasses public infrastructure. The program is directly aligned with SDG 3, Poshan Abhiyaan, and National Health Mission priorities for maternal and child malnutrition reduction and SDG 5: Gender Equality.

COMPONENT B: ADOLESCENT GIRLS (TCTD I)

The programme exhibited strong internal coherence through integrated interventions spanning awareness sessions, health camps, peer groups, iron supplementation, and nutrition gardens, creating mutually reinforcing activities that simultaneously addressed multiple dimensions of adolescent health. External coherence was demonstrated through deliberate alignment with government schemes (Anaemia Mukt Bharat, Rashtriya Kishor Swasthya Karyakram) and coordination with ANMs, health centres, and schools, as evidenced by orientation sessions conducted in 4 high schools and networking with 20 health centres and 4 Anwesha clinics. Overall, the programme is highly responsive to documented public health needs and strongly aligns with SDG 3: Good Health and Well-Being and SDG 5: Gender Equality.

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EFFECTIVENESS

COMPONENT A: MOTHERS (HBWN IV)

The programme achieved substantial effectiveness across maternal and child health indicators: WASH practices transformed (handwashing 38.9% to 97.6%, safe disposal 46.4% to 99.3%), child immunisation increased from 36.0% to 93.1% full coverage, exclusive breastfeeding improved from 56.7% to 74.4%, ANC completion rose from 51.2% to 81.2%, anaemia awareness surged from 5.5% to 82.3%, and child illness dramatically declined (diarrhoea -41.3pp, fever -28.6pp, respiratory infections -28.3pp). Nutritional outcomes showed that 68.3% of children achieved normal status, with documented anthropometric improvements in case studies (Neha Duley: 10kg to 13.5kg; Mahi Dule: 7kg to 11kg). The 88.4% who attended multiple health forums and the 73.4% who experienced reduced healthcare costs demonstrate both process and outcome success.

COMPONENT B: ADOLESCENT GIRLS (TCTD I)

The programme achieved remarkable effectiveness with transformative outcomes across all target indicators: menstrual hygiene practices improved from 2.2% to 78.9% (76.7pp gain), safe disposal from 11.1% to 92.2% (81.1pp), regular iron tablet consumption from 5.6% to 86.7% (81.1pp), freedom from taboos from 1.1% to 72.2% (71.1pp), and PHC utilisation from 15.6% to 80.0% (64.4pp). The 84.4% regular attendance rate and 96.6% reporting health improvement indicate both process success and outcome achievement.

Universal knowledge acquisition (100% achieved at least partial understanding of anaemia prevention) demonstrates exceptional effectiveness in awareness generation. 27.8% still face taboos, and economic constraints limit sustained access to nutritious diets for some participants, though these represent challenging structural barriers rather than programme design weaknesses.

EFFICIENCY

COMPONENT A: MOTHERS (HBWN IV)

The programme demonstrated strong efficiency through community-based delivery, achieving massive scale (1,07,599 households across 789 villages in 20 branches) with 3,445 health forums (82,789 attendees), 1,36,893 household visits, 21,004 children anthropometrically assessed, and systematic government coordination - all within resource constraints of backward tribal areas. The recruitment of 300 locally-embedded Swasthya Sahayikas minimised overhead while maximising cultural competence and trust, and real-time digital data capture through the BHP application enabled evidence-based decision-making and quality assurance across geographically dispersed locations. The 73.4% reduction in household healthcare expenditure indicates efficiency gains extend to beneficiaries, while convergence with existing government infrastructure (rather than creating parallel systems) enhanced resource utilisation.

COMPONENT B: ADOLESCENT GIRLS (TCTD I)

The programme demonstrated good efficiency through cost-effective community-based delivery mechanisms utilising local Swasthya Sahayikas, achieving 100% household coverage (3,901 households, 4,086 girls) with 854 health forums, 13,686 household visits, and 20 health camps organised over 12 months. The participatory approach minimised overhead costs while maximising reach, and the 88.4% sustained engagement rate indicates efficient mobilisation without excessive dropout requiring remedial efforts. Digital data capture through real-time systems enhanced operational efficiency by enabling immediate course corrections.

IMPACT

COMPONENT A: MOTHERS (HBWN IV)

The programme created a profound multi-dimensional impact, transforming individual, household, community, and institutional health ecosystems. At the individual level, children experienced dramatic morbidity reduction (79.5% now diarrhoea-free, 71.3% fever-free), and 68.3% achieved normal nutritional status, while mothers gained life-saving knowledge (82.3% fully aware of anaemia prevention) and competence in accessing healthcare (81.2% completing adequate ANC). At the household level, near-universal WASH adoption (97.6% handwashing, 99.3% safe disposal) created healthier living environments, while 73.4% experienced financial relief, enabling sustained health investments.

At the community level, 3,539 nutrition gardens established food security infrastructure, peer learning networks emerged through 3,445 forums, and social mobilisation capacity was built. At the institutional level, the 82.6% increase in trust in government health systems represents transformative attitudinal change, enabling sustained service utilisation, while systematic convergence with 636 ICDS centres and 408 health facilities strengthened government infrastructure capacity.

COMPONENT B: ADOLESCENT GIRLS (TCTD I)

The programme created a profound multi-level impact extending beyond immediate health indicators to catalyse social transformation. At the individual level, 82.2% experienced significant health improvement with demonstrated empowerment through increased bodily autonomy and health-seeking competence. At the household level, intergenerational knowledge transfer occurred as mothers questioned traditional practices affecting daughters, while at the community level, the 71.1-percentage-point reduction in taboos reflects fundamental social norm shifts - qualitative evidence confirms that menstruation discourse became normalised and girls' school attendance during menstruation increased. The establishment of peer groups and organic knowledge diffusion (respondents sharing experiences with other families) created self-sustaining platforms for continued dialogue.

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SUSTAINABILITY

COMPONENT A: MOTHERS (HBWN IV)

The programme established robust sustainability foundations through internalised behaviours (97.6% now consistently practice handwashing, 74.4% maintain exclusive breastfeeding), strong economic incentives (73.4% reduced healthcare costs, motivating continued prevention), systematic government integration (ASHAs and Anganwadi workers co-facilitating activities, beneficiaries linked with JSY/JSSK/Poshan Abhiyaan), and enhanced institutional legitimacy (82.6% increased trust ensuring continued public facility utilisation after project exit). The 300 trained Swasthya Sahayikas remain community residents providing informal health advice beyond the formal programme, nutrition gardens offer ongoing micronutrient access with minimal inputs, and established coordination mechanisms with 636 ICDS centres and 408 health facilities create infrastructure for continued service delivery.

COMPONENT B: ADOLESCENT GIRLS (TCTD I)

The programme established solid sustainability foundations through internalised practices (97.8% now consistently follow recommended hygiene), positive reinforcement from perceived health benefits (96.6% experienced improvement), monthly peer networks, and linkages with permanent government health infrastructure. Swasthya Sahayikas remain embedded in communities as informal health resources, and nutrition gardens provide ongoing access to micronutrients with minimal external inputs.

However, sustainability faces challenges, including economic vulnerability (families earning <₹10,000 monthly may struggle to maintain nutritious diets), potential demotivation of Swasthya Sahayikas without continued remuneration, reliance on infrastructure (lack of dedicated session spaces), and persistent cultural taboos in some segments (27.8% still restricted).

Index : 5 Points - Very High ; 4 Points - High ; 3 Points - Moderate ; 2 Points - Low ; 1 Point - Very Low

RECOMMENDATIONS

MOTHERS COMPONENT (HBWN IV)

SUPPORTING CONTINUITY OF CARE

As evidenced by the data, the relatively low admission rate to NRCs despite referrals indicates scope to strengthen the linkage between identification and treatment of malnourished children. The programme may reinforce structured counselling at the point of identification to communicate the severity of SAM cases and the benefits of timely treatment. Strengthening follow-up mechanisms at the Anganwadi level could also help address family reluctance and logistical barriers, facilitating timely admission and continuity of care.

Field workers could be oriented to support families in retrieving or generating Ayushman Bharat Health Account (ABHA) numbers and ensuring that relevant NRC-related information is updated.
The program may consider linking beneficiary health records with Ayushman Bharat Health Account (ABHA) IDs so families can carry forward a portable, digital health record as a future exit strategy.

ADOLESCENT GIRLS COMPONENT (TCTD I)

INVOLVING GATEKEEPERS IN MENSTRUATION-RELATED TABOOS

The intervention may consider facilitating 'Grandmother–Mother–Daughter' dialogue forums to gently address menstruation-related taboos that are often rooted in the beliefs of older family members.

Peer-Led Educational Sessions for Men: In addition to educating women, the programme may conduct separate, facilitated sessions for men and boys to build awareness on the biological, hygienic, and psychological aspects of menstruation in a non-judgmental environment.

Nurturing Male Champions: The initiative may also identify influential men in the community, such as teachers, local leaders, or Panchayat members, to serve as champions for menstrual health. Their involvement can help reduce stigma and encourage broader community support for women's access to menstrual hygiene products and related healthcare services.

PROJECT 05

SOLAR ENERGY SOLUTIONS FOR PUBLIC HEALTH FACILITIES

Implementation Year: FY 2023-24
Assessment Year: FY 2025-26

SOULACE CONSULTING PVT. LTD.

EXECUTIVE SUMMARY

PROJECT BACKGROUND

Public health facilities in remote and underserved regions of India continue to face significant infrastructural challenges, with unreliable electricity supply being a critical constraint that directly impacts healthcare service delivery, emergency response capacity, and maternal and child health outcomes. Recognising this systemic gap, the H T Parekh Foundation, supported by HDFC Life, partnered with SELCO Foundation to implement a comprehensive solar energy intervention to strengthen the energy resilience and service delivery capacity of public health facilities across one district in Assam.

The initiative emerged from the understanding that energy poverty within the health system directly compromises patient care, particularly affecting night-time service availability, vaccine cold-chain integrity, emergency obstetric care, and newborn stabilisation. Field insights suggest that frequent and prolonged power outages have historically forced facilities to either refer patients to higher centres or operate under suboptimal conditions, thereby undermining public trust in government health services and perpetuating health inequities.

PROJECT DETAILS

Implementation Year

FY 2023-24

Assessment year

FY 2025-26

Number of Health Facilities

10 public health facilities

Location

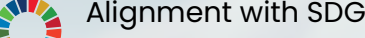
Kokrajhar, District of Assam

Implementing Partner

H.T. Parekh Foundation

Funding Organisation

HDFC Life Insurance Company Limited



Alignment with SDGs

Alignment with National and State Health Priorities

National Health Mission (NHM):
The project reinforces NHM's objectives of strengthening health infrastructure, reducing maternal and infant mortality, and ensuring 24×7 service availability at public health facilities.

Universal Immunisation Programme (UIP):
By ensuring reliable cold-chain infrastructure, the intervention strengthens vaccine storage integrity and the regularity of immunisation services, contributing to UIP goals.

Pradhan Mantri Swasthya Suraksha Yojana (PMSSY):
The programme complements national efforts to upgrade health infrastructure and bridge healthcare access gaps in underserved regions.

PROJECT ACTIVITIES

CAPACITY BUILDING AND INSTITUTIONAL STRENGTHENING

Comprehensive training programmes were conducted for health facility staff on system operation, basic troubleshooting, preventive maintenance, and use of the Saura e-Mitra digital platform for complaint registration and tracking. Additionally, local NGOs were onboarded to support community engagement, monitoring, and sustained facility-level ownership.

INSTALLATION OF DECENTRALISED RENEWABLE ENERGY (DRE) SYSTEMS

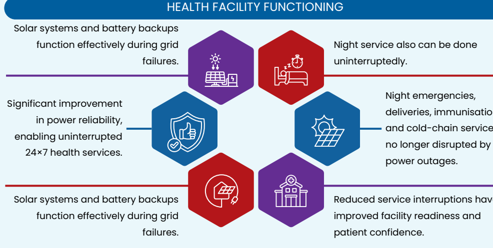
Facility-specific solar photovoltaic systems with battery backup were designed, installed, and commissioned across 10 health facilities to ensure uninterrupted power supply for critical health services. System capacities were determined based on the level of care and service load at each facility. Community Health Centres (CHCs) were equipped with 8–9 kW systems to support 24×7 operations, including labour rooms and emergency services. Primary Health Centres (PHCs) and Sub-Divisional Hospitals (SDs) received 6 kW systems to ensure reliable power for outpatient departments (OPDs), diagnostic services, and maternity care. Sub-Centres (SCs) were provided with 2 kW systems to meet essential lighting and basic healthcare service requirements.

PROVISION OF MEDICAL TECHNOLOGY EQUIPMENT

Equipment procurement and distribution were carried out for each health facility based on its designated service delivery role. Maternal and child health equipment—including radiant warmers, phototherapy units, delivery room spotlights, suction apparatus, autoclaves, Solar Direct Drive ILRs for vaccine storage, MCH kits, Health ATMs, and digital devices—were provided following detailed baseline assessments. The selection of equipment was facility-specific and addressed identified infrastructure gaps to strengthen service readiness and improve quality of care delivery.

KEY FINDINGS

HEALTH FACILITY FUNCTIONING



Solar systems and battery backups function effectively during grid failures.

Night service also can be done uninterruptedly.

Significant improvement in power reliability, enabling uninterrupted 24×7 health services.

Night emergencies, deliveries, immunisation, and cold-chain services no longer disrupted by power outages.

Solar systems and battery backups function effectively during grid failures.

Reduced service interruptions have improved facility readiness and patient confidence.

SERVICE DELIVERY IMPROVEMENTS

Safer, smoother night-time service delivery with increased staff confidence.

Continuous operation of cold-chain equipment (Solar Direct Drive ILRs) to ensure vaccine safety.

More regular and reliable immunisation sessions with minimal rescheduling.

Consistent operation of maternal and child health equipment (spotlights, radiant warmers, suction units).

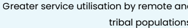
Improved newborn stabilisation and emergency obstetric care.

Reduction in referrals due to Solar power back up.

Reduced referrals to higher facilities, lowering patient burden and out-of-pocket expenses.

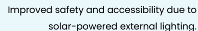
PATIENT EXPERIENCE AND COMMUNITY PERCEPTION

Increased patient footfall, especially for night services, maternity care, and immunisation.



Greater service utilisation by remote and tribal populations.

Increased community trust and preference for public facilities over private providers.



Improved safety and accessibility due to solar-powered external lighting.

Enhanced reputation and community acceptance of health facilities.

HEALTHCARE STAFF PERSPECTIVE

Improved working conditions and staff morale due to a reliable power supply.

Reduced stress during emergencies and night duties.

High satisfaction with the Saura e-Mitra platform for fast issue resolution.

Staff feel adequately trained for basic system operation and troubleshooting.

Need for regular refresher training due to frequent staff transfers.

KEY IMPACTS

Restored healthcare service continuity with uninterrupted deliveries, immunisation, diagnostics, and emergency care, regardless of grid power availability.

Improved emergency and night-time response, enabling safer management of obstetric emergencies, trauma, and acute illnesses.

Strengthened maternal, newborn, and child health services, including confident night deliveries, immediate newborn thermal care, and reduced referrals.

Enhanced cold-chain reliability, leading to fewer missed immunisation sessions, lower vaccine wastage, and increased community participation.

Improved immediate neonatal outcomes due to consistent availability of essential equipment and uninterrupted care.

Institutional strengthening of public health facilities through renewable energy integration, staff capacity building, and digital grievance redressal systems.

Greater system accountability and sustainability supported by local NGO engagement, monitoring mechanisms, and staff ownership.

Improved equity and access for women, newborns, and remote/tribal populations, reducing barriers to quality healthcare.

Increased community trust in public health facilities as reliable and safe points of care.

OECD FRAMEWORK

Relevance Coherence Effectiveness Efficiency Impact Sustainability

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RELEVANCE

The intervention demonstrates exemplary relevance across both technical and social dimensions. From the facility perspective, unreliable electricity was documented as a critical, persistent constraint undermining essential healthcare services—particularly maternal and child health, emergency response, and cold-chain integrity. The intervention directly addressed this need through context-specific solar system design (ranging from 0.5 kWp to 9 kWp, based on actual load requirements), the provision of medical equipment, and capacity-building tailored to facility service levels. The intervention's focus on night-time service reliability, safety through external lighting, continuous cold-chain operation, and targeting of remote and tribal areas directly responds to both facility operational needs and community-expressed priorities. Strategic alignment with the National Health Mission objectives, the Universal Immunisation Programme requirements, and state health priorities further validates the program's relevance.

COHERENCE

The intervention exhibits strong internal coherence across its design components and excellent external coherence with government health systems and policy frameworks, though opportunities for enhanced coherence with community engagement exist. Internally, the integration of solar systems, medical equipment, electrical infrastructure upgrades, staff training, maintenance frameworks, digital monitoring systems, and NGO partnerships represents coherent systems thinking, where each element reinforces the others. Externally, close coordination with the National Health Mission from facility identification through implementation ensured alignment with government priorities and embedded the intervention within existing health system structures. The intervention's simultaneous contribution to SDG 3 (health), SDG 7 (energy), SDG 10 (equity), and SDG 13 (climate) reflects multi-sectoral coherence.

Index : 5 Points - Very High ; 4 Points - High ; 3 Points - Moderate ; 2 Points - Low ; 1 Point - Very Low

EFFECTIVENESS

The intervention demonstrates strong effectiveness in achieving stated objectives across facility operations, service delivery, and community outcomes. All 10 facilities received operational solar systems with adequate battery backup, enabling uninterrupted power to critical loads during grid failures. Cold-chain equipment operates continuously, immunisation services proceed regularly, night-time deliveries are conducted safely, and emergency care capacity has strengthened. Observable increases in service utilisation—deliveries increased 25% at Balajan CHC and 40% at Patgaon PHC, with similar patterns in emergency care and immunisation—indicate that infrastructural improvements translated into actual health service uptake.

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EFFICIENCY

The intervention demonstrates good efficiency in converting financial and technical resources into tangible facility improvements and community benefits. The facility-specific design approach—sizing systems based on actual load requirements rather than standardised templates—optimised resource utilisation and avoided over- or under-specification. Integration of electrical infrastructure upgrades, medical equipment provision, and capacity building into a unified programme design reduced coordination costs and shortened implementation timelines compared to sequential interventions. The establishment of digital complaint management (Saura e-Mitra) and proactive monitoring systems (RMS) demonstrates efficient resource allocation toward sustained performance, with both facilities reporting resolution times of 1-2 days. The five-year AMC framework frontloads maintenance costs, ensuring predictable performance without repeated procurement cycles. From the community perspective, patients who previously travelled significant distances now access basic services locally, reducing transport costs, time, and indirect expenditures. Night-time service availability reduces emergency-related delays and associated risks.

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IMPACT

The intervention has generated substantial positive impacts across multiple interconnected levels. At the facility level, the transformation from intermittent, constrained operations to continuous, reliable service delivery represents fundamental operational impact. At the patient and service-delivery levels, improved maternal and newborn care, strengthened emergency response, reliable immunisation services, and reduced infrastructure-related referrals demonstrate direct health service impacts. Observable utilisation increases—deliveries, emergency care, OPD visits, immunisation services—indicate that infrastructural improvements translated into health service uptake, suggesting positive health outcomes, though clinical outcome data were beyond this assessment's scope. At the community level, the shift from avoiding local facilities during outages to consistently utilising them represents a fundamental change in healthcare-seeking behaviour with potential downstream effects on health outcomes through earlier care-seeking, reduced delays, and improved continuity.

Increased utilisation by patients from distant villages indicates expanding access for previously underserved populations. Enhanced safety perception during night hours may particularly benefit women requiring emergency obstetric care. At the institutional level, the intervention contributes to embedding renewable energy within health infrastructure, building technical capacity and local ecosystems, establishing digital monitoring systems, and demonstrating effective government-civil society partnership models.

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SUSTAINABILITY

The intervention demonstrates good sustainability prospects through multiple reinforcing mechanisms at facility, institutional, and community levels, though long-term institutionalisation remains evolving. The five-year AMC with six-month preventive maintenance cycles provides structured technical sustainability for the immediate term. Training of at least two staff members per facility (90-100 health workers total), with ongoing refresher sessions for new personnel, builds local capacity for basic operation and troubleshooting. The Saura e-Mitra platform and RMS create accountability infrastructure for ongoing performance monitoring, with both facilities reporting high satisfaction and prompt issue resolution. Engagement of local NGOs develops community-level support ecosystems. Close coordination with NHM and district health authorities throughout implementation positions the intervention for eventual government ownership and budgetary integration. From the community perspective, observable positive changes in healthcare-seeking behaviour —increased utilisation, expanded catchment, night-time access—are contingent on continued system functionality. Sustainability challenges requiring continued attention include: staff transfers necessitating continuous capacity building post-AMC maintenance financing requiring health department budgetary commitment; expansion to uncovered areas (OPD sections) requiring additional investment; and deepening community ownership and agency in ensuring sustained functionality.

RECOMMENDATIONS

STRENGTHENING COMMUNITY AWARENESS AND ASSET SECURITY MECHANISMS

To reduce the risk of battery theft, there may be value in strengthening community ownership and local accountability around installed solar assets. Structured awareness initiatives involving Panchayat members, Village Health Committees, and frontline health workers could help reinforce the understanding that these systems are shared public assets critical to service delivery.

In locations identified as vulnerable, improving basic security arrangements, such as secure battery enclosures or facility-level security support, may help mitigate future risks. Strengthening post-installation oversight and periodic review of asset status could further support early identification of potential security gaps.

EXPLORING A CONTINGENCY/ ADVOCACY FUND FOR POST-WARRANTY OR ASSET-RELATED DISRUPTIONS

In situations where systems become non-functional due to component damage beyond warranty or theft-related losses, the availability of a small contingency or advocacy-linked fund could be considered. Such a mechanism may enable the timely replacement of essential components and reduce prolonged downtime.

STRENGTHENING MONITORING AND TRACKING MECHANISMS

There is scope to further strengthen monitoring systems to proactively identify non-functional systems or instances of prolonged under-utilisation. Regular tracking of system performance, periodic field verification, and effective use of digital reporting platforms may help ensure that operational gaps are detected early.

A structured review mechanism could support timely corrective action and prevent silent system failures across facilities.

These recommendations aim to address system-level governance and continuity gaps to ensure sustained operational performance across facilities.

PROJECT 06

INCLUSIVE AND CLIMATE RESILIENT SLUM DEVELOPMENT

Implementation Year: FY 2023-24
Assessment Year: FY 2025-26

SOULACE CONSULTING PVT. LTD.

EXECUTIVE SUMMARY

PROJECT BACKGROUND

The informal settlements of Ahmedabad and Surat faced a dual crisis of systemic infrastructure neglect and escalating climate vulnerability. A significant population in these areas remained deprived of fundamental civic amenities, including functional toilets, potable water, waste collection, and drainage, while simultaneously enduring the destabilizing effects of heatwaves and floods. These environmental shocks severely disrupted lives and livelihoods, a situation aggravated by the lack of structured platforms for residents, particularly women, to effectively engage with local government systems to demand essential services and upgrades.

Guided by a March 2021 needs assessment and socio-economic study conducted by MHT, the project adopted a holistic approach to address these multidimensional challenges. The data highlighted that beyond basic infrastructure, residents critically needed affordable passive cooling technologies, adequate lighting, and financial protection against climate-induced income loss, health impacts, and infrastructure damage. Consequently, the intervention integrated community-led participatory planning and infrastructure upgrades with targeted resilience measures, specifically focusing on heat stress awareness and climate risk insurance to provide a robust safety net for the urban poor.

PROJECT DETAILS

Implementation Year

FY 2023-24

Assessment year

FY 2025-26

Number of Beneficiaries

3,605 direct beneficiaries; 22,790 indirect beneficiaries; Total: 26,395

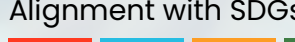
Locations

21 slum pockets across Ahmedabad (6 slums) and Surat (15 slums), Gujarat

Implementing Partner

H.T. Parekh Foundation

Alignment with SDGs



Alignment with National Programmes

- Atal Mission for Rejuvenation and Urban Transformation (AMRUT)
- Gujarat State Action Plan for Heat Waves

PROJECT ACTIVITIES

Conducted community mobilisation and established 21 Community Action Groups comprising 41 trained women leaders across target slums

Facilitated preparation of 21 Slum Development Plans through participatory problem identification and prioritisation processes involving 933 women participants.

Constructed 78 household toilets with sewer and soak pit connections in six Ahmedabad slums.

Applied solar reflective white paint on 685 household rooftops to enhance thermal comfort and reduce indoor temperatures.

Installed 29 solar street lights in Ahmedabad slums to improve visibility and safety after dark.

Conducted training-of-trainers programmes for 41 women leaders on Slum Development Plan facilitation, climate change basics, heat resilience, and climate risk insurance.

Trained 306 community women through peer-led sessions on climate change awareness, heat protection practices, and financial coping mechanisms.

Reached 10,972 women through the Interactive Voice Response system with audio messages on climate risk insurance.

Supported Community Action Group members in submitting written applications to municipal authorities and sustained follow-up until problem resolution.

KEY FINDINGS

78.9%
of the respondents depleted savings to manage heat-related expenses prior to project intervention, reflecting considerable financial strain during extreme heat periods.

88.1%
of the respondents confirmed that Slum Development Plan meetings were conducted in their slums.

52.1%
of Slum Development Plan meeting participants stated that the main problems were clearly discussed and agreed upon by most people.

99.7%
of the respondents reported improved understanding of climate change following training interventions.

100%
of the respondents who received solar reflective white paint on their house experienced perceptible temperature reduction.

59.4%
of the respondents received newly constructed toilets under the project.

94.2%
of the respondents confirmed installation of solar street lights in their areas, with 99.4% reporting substantially improved visibility.

99.2%
of the respondents stated that living conditions in their slums had improved significantly over the past year.

50.9%
of the respondents reported that slum-level decisions were taken by outsiders or a few leaders prior to intervention.

90.6%
of the Community Action Group members expressed confidence in engaging with government officials following capacity building interventions.

KEY IMPACTS

88.9%
of the respondents made clear changes in daily heat protection practices, whilst 10.6% made a few small changes.

100%
of the respondents who received the solar reflective white paint in their house reported feeling comfortable staying indoors during peak heat periods.

100%
of the respondents households with cooling interventions confirmed a reduction in heat-related illness incidence.

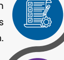
90.6%
of Community Action Group members reported confidence in engaging with government officials, whilst 8.9% felt somewhat confident.

89.7%
of Community Action Group members confirmed that community issues were resolved through government action.

96.0%
of the respondents reported household preparedness for heatwaves following intervention, compared to 58.3% prior to the project.

81.0%
of the respondents confirmed a reduction in income loss during summer months, whilst 18.2% reported somewhat reduced losses.

89.7%
of the respondents expressed trust in community-led planning approaches such as Slum Development Plan.



98.9%
of the respondents confirmed improvement in area cleanliness following interventions.

99.4%
of the respondents in areas with street lights reported that women and girls felt safer moving around after dark.

OECD FRAMEWORK

Relevance

Coherence

Effectiveness

Efficiency

Impact

Sustainability

★★★★★

RELEVANCE

The programme demonstrated exceptional relevance to the needs and priorities of target communities. The assessment found that 78.9% of households depleted savings to manage heat-related expenses, and 50.9% of respondents reported that slum-level decisions were made by outsiders or a few leaders. The intervention addressed these gaps through integrated approaches combining heat resilience measures, infrastructure development, and participatory planning mechanisms. The focus on women's leadership and community-driven planning addressed the documented exclusion of women from formal decision-making, as noted by a municipal counsellor who observed that "mostly only men would come" to government offices before the intervention.

COHERENCE

The programme demonstrated strong coherence with national and global development priorities, particularly SDGs 5, 6, 11, and 13, ensuring contribution to gender equality, basic services, urban resilience, and climate action. The programme aligned with national priorities under the Atal Mission for Rejuvenation and Urban Transformation (AMRUT) and state-level initiatives such as the 2020 Gujarat State Action Plan for Heat Waves.

Internal coherence across programme components was also robust. Capacity building enabled effective use of infrastructure investments, climate training amplified the impact of cooling interventions, and the Slum Development Plan process linked community priorities with government service delivery. However, systemic coherence remained partial due to the lack of formal institutionalisation of Slum Development Plans within municipal planning systems.

EFFECTIVENESS

The programme demonstrated very high effectiveness, meeting all planned targets across outputs and outcomes. Key deliverables included 21 Slum Development Plans, 78 household toilets, 685 households covered with solar reflective paint, 29 solar street lights, and climate resilience training for 306 women. Process indicators were strong, with 88.1% participation in Slum Development Plan meetings and 99.7% reporting improved understanding of climate change.

Outcome-level results reinforced this effectiveness. 100% of households perceived indoor temperature reduction, 99.7% reported reduced heat-related illness, and 90.6% of Community Action Group women expressed confidence in engaging government officials. Importantly, 57.8% confirmed that Slum Development Plan-identified priorities had already been addressed, demonstrating successful translation from planning to action. Validation from municipal officials further confirmed that community capacity building resulted in higher-quality engagement with formal governance systems.

EFFICIENCY

The programme demonstrated strong efficiency in resource use and delivery. The training-of-trainers approach enabled cost-effective scale-up, with 41 women leaders cascading knowledge to 306 community members. Leveraging existing community platforms—CAGs, credit cooperatives, and savings groups—reduced mobilisation costs and accelerated implementation, while peer-led facilitation proved more effective than external trainers in sustaining participation.

Low-cost, passive interventions further enhanced efficiency. Solar reflective paint delivered measurable thermal comfort without recurrent energy costs, and solar street lights addressed safety needs while eliminating electricity expenses. Implementation delays linked to roof conditions, space constraints, and inter-departmental coordination were largely contextual. Nonetheless, future efficiency could be improved through refined execution protocols and earlier engagement with relevant government stakeholders.

IMPACT

The programme delivered clear, transformative impacts at both household and community levels. At the household level, heat resilience improved significantly, with 96.0% reporting better preparedness (up from 58.3% pre-intervention), 81% experiencing reduced summer income loss, and 99.7% reporting lower heat-related illness. Dignity and safety outcomes were equally strong, with universal improvements in privacy among households with toilets and 99.4% reporting enhanced safety for women and girls in areas with street lighting.

At the community level, the intervention strengthened collective agency and reconfigured engagement with local governance.

Women demonstrated increased confidence and capacity to access municipal systems, submit applications, and sustain follow-up, resulting in visible gains in representation and voice within formal forums. This shift was corroborated by local officials and reflected in tangible community outcomes, including improved environmental conditions, with 98.9% reporting better area cleanliness.

SUSTAINABILITY

The programme demonstrated strong sustainability foundations across institutional, financial, behavioural, technical, and social dimensions. Community Action Groups (CAGs) were institutionalised as permanent, women-led structures with regular functioning. Financial sustainability was reinforced through household ownership of assets and willingness to invest personal resources, including routine roof repainting and toilet maintenance. Behavioural sustainability was particularly robust, with heat-mitigation practices internalised as essential daily behaviours. Technical sustainability was enabled through local capacity building and a training-of-trainers approach, reducing reliance on external facilitation. Social sustainability was reflected in high community cohesion and trust, with 89.7% of respondents expressing confidence in community-led planning.

However, sustainability gaps remain. Continued NGO technical support is required during the transition phase, and the Slum Development Plan has not been formally institutionalised within municipal planning systems. While officials engaged with community applications, participatory planning has not been mainstreamed, limiting structural sustainability. Formal policy integration of Slum Development Plans and targeted advocacy with urban local bodies would be critical to securing long-term, system-level sustainability.

RECOMMENDATIONS

INSTITUTIONAL INTEGRATION OF SLUM DEVELOPMENT PLANS

To address the absence of formal institutionalisation, the programme should pursue formal integration of Slum Development Plans (SDPs) within municipal planning frameworks.

Advocating for official recognition of SDPs through municipal resolutions or administrative circulars.

Establishing structured coordination mechanisms between Community Action Groups and municipal departments (e.g., fixed quarterly review forums).

Embedding SDP review and tracking within Area Sabha or ward committee processes.

Such institutional embedding would strengthen long-term sustainability and transition SDPs from a project-driven tool to a recognised governance mechanism.

04 CONCLUSION

The CSR initiatives supported by HDFC Life demonstrate strong and measurable impact across health, education, financial inclusion, heat resilience, and healthcare infrastructure. Implemented through experienced partners Bandhan Konnagar, Sampark Foundation, Utkarsh Welfare Foundation, and HT Parekh Foundation through SELCO and MHT the programmes show how focused, community-led interventions can deliver sustainable outcomes for vulnerable populations.

The HDFC Life Bandhan Konnagar Programme significantly improved maternal, child, and adolescent health outcomes, achieving near-universal institutional deliveries, immunisation, and high antenatal care compliance, while empowering adolescent girls with health knowledge and safe practices. Reduced out-of-pocket health expenses further strengthened household financial stability.

The interventions implemented by Utkarsh Welfare Foundation improved financial inclusion and access to preventive healthcare, enabling banking access, insurance uptake, savings behaviour, and better health awareness among low-income households, particularly women.

The Samparkshala FLN Programme by Sampark Foundation strengthened foundational literacy and numeracy outcomes in Jharkhand, with high student engagement, strong teacher acceptance, and integration into regular classroom activities.

The heat resilience and community governance intervention, implemented by Mahila Housing Trust (MHT) under the HT Parekh Foundation, improved household preparedness for extreme heat, reduced income loss, and empowered women-led community groups to engage effectively with local governments through practical infrastructure solutions such as cool roofs and improved lighting.

The HT Parekh Foundation SELCO MHT solar energy intervention ensured uninterrupted power supply in public health facilities, improving service delivery, community trust, and health system resilience.

Overall, these initiatives align closely with national priorities and multiple Sustainable Development Goals, demonstrating that strategic CSR investments, when implemented through strong partnerships and integrated with government systems, can create scalable and lasting development impact.