



IMPACT ASSESSMENT REPORT

HEALTH CARE SUPPORT

Implemented by: Bhagwan Mahaveer Viklang
Sahayata Samiti

TABLE OF CONTENTS

Abbreviations	01
<hr/>	
Executive Summary	02 - 05
Project Background	02
Project Details	02 - 03
Project Activities	03
Key Findings	04
Key Impacts	05
<hr/>	
01. Introduction	06 - 07
Need for the program	06
Objective of the program	06
About the CSR firm	06
About Implementing Partner/ NGO	07
<hr/>	
02. Research Methodology	08 - 09
Objective of the project	08
Research Design	08
Application of Quantitative Techniques	08
Application of Qualitative Techniques	08
Ensuring triangulation	09
Sampling Framework	09
Data Collection	09
Stakeholders	09
Commitment to Research Ethics	09
<hr/>	
03. Major Findings and Assessment of Impacts	10 - 18
<hr/>	
04. Case Studies	19 - 20
<hr/>	
05. Challenges Faced and Lessons Learned	21
<hr/>	
06. OECD-DAC Framework	22 - 23
<hr/>	
07. Recommendations	24
<hr/>	
08. Conclusion	25
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BBREVIATIONS

CSR	Corporate Social Responsibility
SDGs	Sustainable Development Goals
OECD-DAC	Organisation for Economic Co-operation and Development- Development Assistance Committee
BMVSS	Bhagwan Mahaveer Viklang Sahayata Samiti
RPwD	Rights of Persons with Disabilities Act, 2016
ADIP	Assistance to Disabled Persons for Purchase/ Fitting of Aids and Appliances
BTE	Behind-the-ear
HDFC	Housing Development Finance Corporation
OBC	Other Backwards Class
SC/ ST	Scheduled Caste/ Scheduled Tribe

EXECUTIVE SUMMARY

PROJECT BACKGROUND

The project, supported by HDFC Securities Ltd. and implemented by Bhagwan Mahaveer Viklang Sahayata Samiti, was designed to improve access to assistive devices and rehabilitation services for persons with disabilities, particularly from economically weaker sections. The program was implemented in Jaipur, where the Jaipur Foot, a low-cost, world-renowned prosthetic limb developed by Bhagwan Mahaveer Viklang Sahayata Samiti, attracts beneficiaries from across India for its accessible, high-quality rehabilitation services.

The initiative focused on addressing mobility challenges and enhancing beneficiaries' independence and quality of life. Under the project, assistive devices such as prosthetic limbs, callipers, crutches, wheelchairs, tricycles, and hearing aids were provided free of cost to 1796 beneficiaries. In addition to device distribution, the project ensured proper fitting, customisation, and basic rehabilitation support to enable effective usage. The project also emphasised efficient service delivery through streamlined registration processes, minimal waiting time, and supportive staff engagement. Awareness about services was generated primarily through community networks and medical referrals, facilitating outreach to those in need.

PROJECT DETAILS



Implementation Year

FY 2024-25



Assessment Year

FY 2025-26



Implementation Partner

Bhagwan Mahaveer Viklang Sahayata Samiti



Project Budget

Rs. 1,00,00,000/-



Beneficiaries

1,796



Supported by

HDFC Securities Limited



Location

Jaipur



Alignment with SDGs





Alignment with government initiatives

The healthcare initiative supports several flagship initiatives of the Government of India:

- Rights of Persons with Disabilities Act, 2016 (RPwD Act)
 - Accessible India Campaign (Sugamya Bharat Abhiyan)
 - National Policy for Persons with Disabilities
 - Assistance to Disabled Persons for Purchase/Fitting of Aids and Appliances (ADIP Scheme)
 - National Health Policy, 2017
- [*The healthcare initiative supports several flagship initiatives of the Government of India:*](#)
 - [*Rights of Persons with Disabilities Act, 2016 \(RPwD Act\)*](#)
 - [*Accessible India Campaign \(Sugamya Bharat Abhiyan\)*](#)
 - [*National Policy for Persons with Disabilities*](#)
 - [*Assistance to Disabled Persons for Purchase/Fitting of Aids and Appliances \(ADIP Scheme\)*](#)
 - [*National Health Policy, 2017*](#)

PROJECT ACTIVITIES



Provided prosthetic fitting and rehabilitation services to beneficiaries through the distribution of prosthetic limbs and callipers.



Enhanced mobility support by distributing pairs of crutches to beneficiaries requiring assistance in walking.



Promoted independent mobility by providing beneficiaries with hand-pedalled tricycles.



Distributed wheelchairs to beneficiaries to support individuals with severe mobility challenges.



Extended hearing support services to hearing-impaired beneficiaries through the provision of hearing aids (BTE), including individuals who received devices for both ears, resulting in a substantial number of hearing aids distributed.

KEY FINDINGS AND IMPACTS

KEY FINDINGS (WITH % DATA)



98.0%

of the beneficiaries improved daily activities and 40% reported an increase in income, indicating improvement in functional and economic outcomes.



96.0%

of the beneficiaries rated registration as easy and waiting time as reasonable or short, indicating efficient service delivery systems.



94.0%

of the beneficiaries beneficiaries rated staff as good or excellent and 98% received clear explanations, indicating high-quality interaction and communication.



94.0%

of the beneficiaries rated device comfort positively and 96% were comfortable during fitting, indicating good quality of devices.



64.0%

of the beneficiaries beneficiaries earn below ₹10,000/month, indicating that the majority belong to economically weaker sections.

KEY IMPACTS (WITH % DATA)



98.0%

of the beneficiaries reported improvement in ease of regular activities, reflecting functional improvements.



96.0%

of the beneficiaries reported overall satisfaction, reflecting a positive experience.



96.0%

of the participants reported high satisfaction and sustained outcomes, indicating scope to further strengthen post-service engagement despite awareness gaps.



94.0%

of the beneficiaries reported mobility improvement, indicating effective targeted support.



92.0%

of the beneficiaries reported satisfaction with cost-free support and 40% reported increased income, reflecting reduced financial burden due to free services.

KEY FINDINGS (WITH % DATA)

60.0% of the beneficiaries are aware of follow-up services and 40% are somewhat aware, indicating moderate awareness levels.



52.0% of the beneficiaries received prosthetics/callipers, while others received mobility aids, showing services aligned with their needs.



48.0% of the beneficiaries accessed services through relatives/friends and 36% through doctors, reflecting strong outreach through community and medical channels.



40.0% of the beneficiaries have limb loss and 36% have walking difficulty, indicating a high prevalence of mobility-related disabilities.

KEY IMPACTS (WITH % DATA)

92.0% of the beneficiaries accessed services for the first time, indicating trust-based access enabled service uptake.



92.0% of the beneficiaries found guidance useful and adopted devices effectively, reflecting improved usability and trust.



92.0% of the beneficiaries reported improved confidence and independence, indicating immediate positive outcomes.



Enhanced self-reliance and reduced dependency, with beneficiaries resuming work and supporting families.

01. INTRODUCTION

NEED FOR THE PROJECT

India has a large population of persons with disabilities who face significant challenges in accessing mobility aids, healthcare, and rehabilitation services. As per the Census of India (2011), over 2.68 crore individuals live with disabilities, many of whom belong to economically weaker sections. The high cost of assistive devices such as prosthetic limbs, callipers, wheelchairs, and hearing aids often limits access, resulting in restricted mobility and dependence on others. According to the World Health Organisation, nearly 90% of people globally who need assistive products lack access, especially in low- and middle-income countries.

Lack of appropriate assistive support affects not only physical movement but also reduces opportunities for education, employment, and social participation. This further increases financial and emotional stress on both individuals and their families. The Government of India also emphasises the need for accessible and affordable rehabilitation services to ensure inclusion and equal opportunities.

Given these challenges, the initiative, supported by HDFC Securities Ltd. and implemented by BMVSS, addresses this gap by providing assistive devices at no cost. The project aims to enhance mobility, promote independence, and reduce financial burden, thereby contributing to the overall well-being and social inclusion of beneficiaries.

OBJECTIVES OF THE PROGRAM



Providing support for the artificial limbs, crutches, wheelchairs and hand-paddled tricycles for the especially abled person.

ABOUT THE CSR FIRM

HDFC Securities Ltd. is one of India's leading financial services intermediaries and a subsidiary of HDFC Bank. Established in 2000 and headquartered in Mumbai, the company provides a wide range of investment and trading services to retail and institutional investors. With over two decades of experience, HDFC Securities serves over 2 million customers through a comprehensive suite of financial products, including equities, derivatives, mutual funds, bonds, fixed deposits, and other investment instruments. The company offers more than 30 investment products across multiple asset classes, including stocks, gold, and debt instruments, catering to diverse investor needs. It provides both online and offline platforms, including mobile and web-based trading systems, enabling seamless investment and portfolio management. HDFC Securities also offers research, advisory services, and tools to support goal-based investing and informed decision-making. Through its services and platforms, the company aims to simplify investing and help individuals achieve their financial goals. In addition to its core business, the company actively engages in CSR initiatives in healthcare, education, and community development.

ABOUT IMPLEMENTING PARTNER/ NGO

Shree Bhagwan Mahaveer Viklang Sahayata Samiti (BMVSS), popularly known for the "Jaipur Foot," is a Jaipur-based non-profit organisation founded in 1975 by Dr D.R. Mehta. It is recognised as the world's largest organisation dedicated to the rehabilitation of persons with disabilities, having supported over 2 million beneficiaries across India and globally.

BMVSS provides a wide range of assistive devices, including artificial limbs, callipers, wheelchairs, tricycles, crutches, and hearing aids, all free of cost to beneficiaries. The organisation primarily serves economically disadvantaged individuals, ensuring that financial constraints do not limit access to essential rehabilitation services.

With a strong focus on dignity and empowerment, BMVSS aims to restore mobility, independence, and self-respect among persons with disabilities. Its services are delivered through a network of centres across India as well as mobile camps that reach remote and underserved areas. Through its innovative, low-cost solutions and humanitarian approach, BMVSS has played a significant role in enabling persons with disabilities to lead productive and independent lives.

WORKBENCH WITH MACHINES USED FOR SHAPING MATERIALS



02

RESEARCH METHODOLOGY

This chapter outlines the research methodology used to evaluate the project "Support to BMVSS," a provision of assistive devices to persons with disabilities under CSR support from HDFC Securities Ltd., implemented by Shree Bhagwan Mahaveer Viklang Sahayata Samiti (BMVSS), Jaipur. SoulAce plays a critical role as a third-party monitoring and evaluation agency, supporting HDFC Securities Ltd. in assessing the project's effectiveness, impact, and overall performance.

The project assessment focuses on evaluating accessibility to assistive devices, quality of service delivery, and the extent to which the intervention improves mobility, independence, and quality of life among beneficiaries. The study also examines the socio-economic background of recipients and how free-of-cost services reduce financial burden. In addition, qualitative insights from beneficiaries are included to understand changes in daily life, mobility, confidence, and livelihood after receiving support.

OBJECTIVE OF THE STUDY



Providing support for the artificial limbs, crutches, wheelchairs and hand-paddled tricycles for the especially abled person.

RESEARCH DESIGN

A Mixed-Method Approach is adopted, integrating both quantitative and qualitative research techniques to provide a comprehensive understanding of the project's impact. This approach ensures a holistic assessment of service delivery, accessibility, device quality, and improvements in mobility, independence, and income outcomes.

APPLICATION OF QUANTITATIVE TECHNIQUES

The study employs structured surveys administered to 50 beneficiaries selected via simple random sampling. The quantitative analysis focuses on key indicators such as demographic profile, type of disability, income levels, service utilisation, satisfaction levels, and improvement in mobility, confidence, and daily activities.

The analysis also captures service delivery efficiency indicators such as ease of registration, waiting time, staff behaviour, and quality of assistive devices.

APPLICATION OF QUALITATIVE TECHNIQUES

The qualitative methodology involves in-depth interviews with 4 selected beneficiaries to capture detailed personal experiences. These interactions highlight improvements in mobility, the ability to perform daily activities, and increased independence after receiving assistive devices. These insights provide depth to the quantitative findings and reflect the real-life impact of the intervention.

ENSURING TRIANGULATION

To enhance the credibility and reliability of the research findings, triangulation is employed by integrating survey data with qualitative interview insights. This combination helps validate key findings such as improvements in mobility, increased independence, and enhanced participation in daily activities, ensuring a comprehensive understanding of project outcomes.

SAMPLING FRAMEWORK

The sampling framework comprises 50 beneficiaries who received assistive devices under the project, along with selected respondents for qualitative input. The sample includes individuals across different age groups, social categories, and income levels, ensuring representation of diverse beneficiary profiles.

DATA COLLECTION

Primary data collection was conducted using structured questionnaires and personal interviews. The tools were designed to capture information on demographic profile, disability type, service access, device quality, financial relief, and impact on daily life. Care was taken to ensure accuracy, consistency, and completeness of the collected data, along with proper documentation of qualitative responses.

STAKEHOLDERS

Key stakeholders include beneficiaries (persons with disabilities), their family members, healthcare and technical staff, and BMVSS management. Their inputs are essential for assessing service quality, accessibility, user experience, and overall program effectiveness.

COMMITMENT TO RESEARCH ETHICS

The research team adhered to strict ethical guidelines, ensuring confidentiality, informed consent, voluntary participation, and respect for respondents. Special care was taken while interacting with persons with disabilities to ensure sensitivity and dignity. Maintaining these ethical standards was crucial for ensuring the credibility, integrity, and reliability of the research findings.

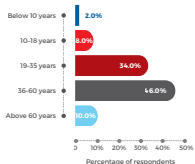
MANUFACTURING UNIT OF JAIPUR FOOT



This chapter presents the key findings and assesses the overall impact of the BMVSS intervention, highlighting its effectiveness in improving access to assistive devices, enhancing mobility, and strengthening beneficiaries' independence and quality of life.

PROFILE OF RESPONDENTS

CHART 1: AGE GROUP OF RECIPIENTS & GENDER OF PATIENTS



The age distribution shows representation across all age groups, with 46% the highest proportion in the 36-60 years category, followed by 34% in 19-35 years, while smaller shares include 10% above 60 years, 8% 10-18 years, and 2% below 10 years. This indicates that beneficiaries span all age groups.

Priyanka, a 29-year-old resident of Jobanair in Jaipur, received a prosthetic leg during this intervention.

Gender of Patients		
Gender	No. of Respondents	% of Respondents
Male	36	72.0
Female	14	28.0
Total	50	100.0

The gender distribution shows that male patients account for 72%, while female patients account for 28%, indicating a higher male representation among beneficiaries.

WORKBENCH WITH MACHINES USED FOR SHAPING MATERIALS

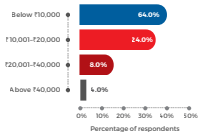


CHART 2: SOCIAL CATEGORY

Social Category of Recipients		
Social Category	No. of Respondents	% of Respondents
SC	6	12.0
ST	10	20.0
OBC	24	48.0
General	10	20.0
Total	50	100.0

The social category distribution shows that nearly half of the respondents, i.e., 48%, belong to the OBC category, followed by the ST and General categories with 20% each, and SC with 12%. This reflects the inclusion of diverse and socially disadvantaged groups.

CHART 3: MONTHLY FAMILY INCOME



64.0%

of the respondents belong to households earning below ₹10,000 per month, while 24% fall in the ₹10,001-₹20,000 range.



12.0%

of the respondents earns above ₹20,000, showing that the program largely serves economically weaker sections.

Qualitative interaction with beneficiary Subhash Chandra Yadav further highlights that his inability to work after the accident not only caused financial strain but also led to emotional distress, as he faced pressure to contribute to household income and meet societal expectations.

RELATIONSHIP OF RESPONDENT TO PATIENT

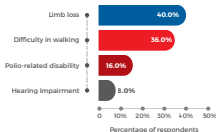


92.0%

of the respondents are patients themselves, while only 4% each are parents and spouses. This indicates that responses are primarily based on direct beneficiary experiences.

DISABILITY PROFILE AND AWARENESS

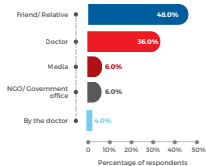
CHART 4: TYPE OF DISABILITY



The data shows that limb loss and difficulty in walking are the most common types of disabilities, with 40% and 36%, respectively, followed by 16% of polio-related disability and 8% of hearing impairment. This highlights the primary need for mobility-related assistive devices.

Qualitative findings indicate that many beneficiaries faced severe mobility restrictions prior to receiving the device. Out of 4 case studies, 2 had loss of leg, 1 had polio, and 1 had loss of hand; they all received treatment at BMVSS.

CHART 5: SOURCE OF AWARENESS



Awareness of BMVSS is mainly generated through personal networks: 48% of respondents learned from friends or relatives, and 36% from doctors. Very few respondents became aware through the media or institutions, indicating reliance on word of mouth and medical referrals. Beneficiaries also reported that recommendations from previous users played a key role in their access to services.

A local brick factory owner informed Subhash (a beneficiary) about Bhagwan Mahaveer Viklang Sahayata Samiti



The organisation is well known globally, and many patients come to our hospital through word-of-mouth recommendations.

- S.P Bahugunna, Administrative Staff

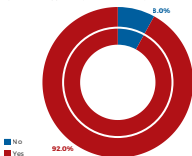


ROBOTIC LAB



ACCESS AND SERVICE UTILISATION

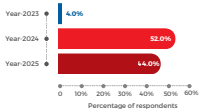
CHART 6: FIRST-TIME VISIT



92.0%

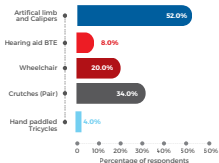
of the respondents reported being first-time visitors, while only 8% had visited earlier, indicating expanding outreach.

CHART 7: YEAR OF RECEIVING ASSISTIVE DEVICE



Most respondents received assistive devices recently, with 52% in 2024 and 44% in 2025, aligning with the project implementation period and enabling accurate assessment of impact.

CHART 8: SERVICES RECEIVED & PROVISION FOR BOTH LIMBS



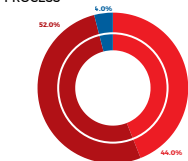
The most commonly received services include artificial limbs and callipers (52%), followed by crutches (34%) and wheelchairs (20%). A smaller number received hearing aids and tricycles.

DIFFERENT MACHINES USED FOR TESTING JAIPUR FOOT



SERVICE DELIVERY EXPERIENCE

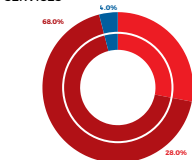
CHART 9: EASE OF REGISTRATION PROCESS



- Very Easy
- Easy
- Average

The registration process was found to be smooth, with 52% rating it as easy and 44% as very easy. Only a small proportion (4%) found it average.

CHART 10: WAITING TIME FOR SERVICES



- Very Short
- Reasonable
- Long

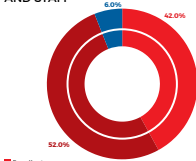
Waiting time was considered reasonable by 68% of respondents and very short by 28%, with only 4% reporting long waiting periods, indicating efficient service delivery.



Described the organisation's work as commendable and highlighted the supportive and helpful nature of its staff.

- Govind Singh Swami

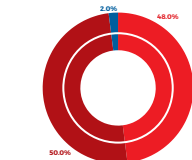
CHART 11: BEHAVIOUR OF DOCTORS AND STAFF



- Excellent
- Good
- Satisfactory

Most respondents rated staff behaviour positively, with 52% rating it as good and 42% as excellent. Qualitative feedback indicates that staff were supportive, cooperative, and guided beneficiaries throughout the process, thereby enhancing comfort and trust.

CHART 12: CLARITY OF EXPLANATION OF PROCEDURE



- Yes, very clearly
- Somewhat
- Not clearly



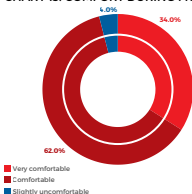
48.0%

of the respondents reported that procedures were explained very clearly, while 50% found them somewhat clear, indicating effective communication overall.



QUALITY OF SERVICES AND COMFORT

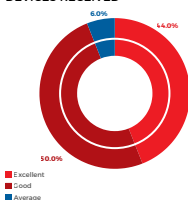
CHART 13: COMFORT DURING FITTING



62.0%
of the respondents reported being comfortable during fitting and training, while 34% found it very comfortable. Only a small number experienced slight discomfort.



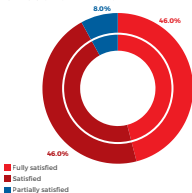
CHART 14: QUALITY OF ASSISTIVE DEVICES RECEIVED



The quality of assistive devices was rated positively, with 50% rating it as good and 44% as excellent, reflecting high satisfaction with the devices provided.

SATISFACTION WITH FREE SERVICES & USEFULNESS OF GUIDANCE

CHART 15: SATISFACTION WITH FREE-OF-COST SERVICES



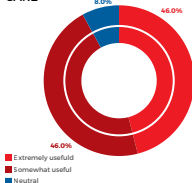
Most respondents expressed satisfaction with the free-of-cost services, with 46% fully satisfied and another 46% satisfied.



Some patients even stay in touch with us over time.

- Dr. Ankush Kumar, Physiotherapist

CHART 16: USEFULNESS OF GUIDANCE ON DEVICE USAGE AND CARE

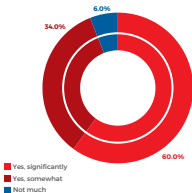


Most respondents found device usage and care guidance helpful: 46% rated it as extremely useful, and another 46% as somewhat useful.



IMPACT ON MOBILITY AND INDEPENDENCE

CHART 17: IMPROVEMENT IN DAILY MOBILITY DUE TO DEVICE



60.0%

of the respondents reported significant improvement in daily mobility, while 34% experienced some improvement depending upon the severity of their disability, indicating a strong positive impact of assistive devices.



I no longer depend on others for my daily activities and have regained confidence and dignity.

- Dharm Singh Meena

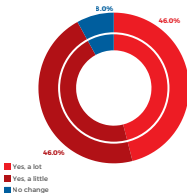


Definitely, Beneficiaries' lives improve a little bit. They can live their life in a new way.

- Kailash Chand Sharma, Project team member



CHART 18: IMPROVEMENT IN CONFIDENCE AND INDEPENDENCE



46.0%

of the respondents reported a significant improvement, and another 46% reported some improvement, while only 8% reported no change, highlighting the overall positive impact on quality of life.

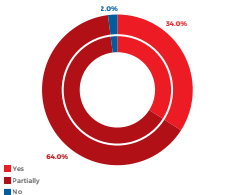
Beneficiaries were able to walk independently, travel without assistance, perform household chores, and earn and support their families.

CYCLE RICKSHAWS DISTRIBUTION AREA



IMPACT ON DAILY LIFE AND LIVELIHOOD

CHART 19: IMPACT ON WORK/ SCHOOL/ HOUSEHOLD ACTIVITIES



64.0%

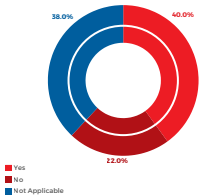
of the respondents experienced partial improvement in their ability to perform work, school, or household activities, while 34% reported significant improvement. Only 2% reported no impact.



With the help of the artificial limb, Priyanka regained her mobility and independence. She is now able to move around her home comfortably and carry out her daily activities without assistance.



CHART 20: INCREASE IN INCOME AFTER RECEIVING SUPPORT



40.0%

of the respondents reported an increase in income after receiving support, while 22% did not observe any change.



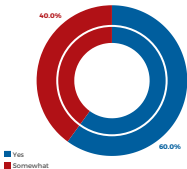
38.0%

of the respondents reported it was not applicable, indicating that income improvements vary by individual circumstances.

Some beneficiaries, during interactions, mentioned that they had resumed work and reduced the family's financial distress.

AWARENESS AND FOLLOW-UP SUPPORT

CHART 21: AWARENESS OF FOLLOW-UP SERVICES



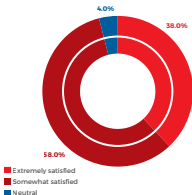
60.0%

of the respondents were aware of follow-up services, while 40% were somewhat aware.

This indicates moderate awareness levels, with scope for further strengthening communication and outreach.

OVERALL SATISFACTION

CHART 22: OVERALL SATISFACTION WITH SUPPORT PROVIDED UNDER THE PROJECT



MOST RESPONDENTS EXPRESSED SATISFACTION WITH THE SUPPORT PROVIDED



58.0%

of the respondents were somewhat satisfied, and 38% were extremely satisfied.



4.0%

of the respondents remained neutral, reflecting a high level of overall satisfaction with the project.

Qualitative feedback further indicates high appreciation for free services, improved mobility, and respectful treatment.



A patient from Kerala who had lost a leg arrived at our centre feeling completely hopeless. After being fitted with a prosthetic leg, the joy on his face was indescribable. He was able to return to work and participate in community activities independently.

- Dr Ankush Kumar, Physiotherapist



CYCLE RICKSHAWS DISTRIBUTION AREA



04. CASE STUDIES

RESTORING MOBILITY, REBUILDING LIFE

**Background**

Dharm Singh Meena, a 30-year-old resident of Karauli district in Rajasthan, worked as a professional driver. He was the primary breadwinner for his family, relying on his driving skills for a livelihood. His life was stable and centred around supporting his household through his occupation.

**Pre-Intervention**

In 2022, Dharm Singh was involved in a severe road accident during a journey, which resulted in the amputation of one of his legs. This life-altering incident brought significant physical, emotional, and economic challenges. He experienced a loss of mobility and independence, making it difficult to carry out daily activities without assistance. The inability to continue his profession as a driver further affected his financial stability and sense of purpose. During this period, he felt that his life had come to a standstill and struggled with uncertainty about his future.

**Post-Intervention**

A family member informed Dharm Singh about Bhagwan Mahaveer Viklang Sahayata Samiti. In 2025, he visited the BMVSS centre, where he received comprehensive support, including an artificial limb and rehabilitation services. Following the intervention, Dharm Singh regained his mobility and is now able to walk independently. He no longer depends on others for his daily activities and has regained confidence and dignity. The support enabled him to rebuild his life, and he is now leading a self-sufficient and fulfilling life.

STRENGTH BEYOND ADVERSITY

**Background**

Priyanka, a 29-year-old resident of Jobanair in Jaipur, Rajasthan, married in 2012 and was leading a stable, comfortable life with her family. She was actively engaged in managing her household and fulfilling her daily responsibilities.

**Pre-Intervention**

In 2022, several years after her marriage, Priyanka developed a nerve-related condition in her leg, which progressively worsened. She sought treatment from multiple private hospitals and also received care at Sawai Man Singh Hospital. Despite continuous medical efforts, her condition did not improve, and she eventually had to undergo amputation of her right leg below the knee. This led to significant physical and emotional distress, limiting her mobility and making her dependent on others for routine activities. The sudden change deeply impacted her confidence and quality of life.

**Post-Intervention**

Following her treatment, Priyanka was referred to Bhagwan Mahaveer Viklang Sahayata Samiti for further rehabilitation support. At the BMVSS centre, she received appropriate care and was fitted with a prosthetic leg. With the help of the artificial limb, Priyanka regained her mobility and independence.

She is now able to move around her home comfortably and carry out her daily activities without assistance. The intervention has significantly improved her confidence and enabled her to lead a more independent and dignified life.

TRANSFORMING CHALLENGES INTO OPPORTUNITIES



Background

Govind Singh Swami, a resident of Sahapura in Jaipur, Rajasthan, has been living with polio since childhood. Despite his condition, he aspired to lead a meaningful and productive life. However, as his physical challenges increased over time, his ability to fully participate in daily and professional activities became limited.



Pre-Intervention

As the effects of polio progressed, Govind began experiencing greater physical difficulties, which impacted both his mobility and confidence. Over time, these challenges led to a sense of hopelessness, and he began to believe he would not be able to achieve much in life. His condition affected his self-esteem and restricted his opportunities for personal and professional growth.



Post-Intervention

On the suggestion of a relative, Govind approached Bhagwan Mahaveer Viklang Sahayata Samiti for support. After receiving treatment and rehabilitation services at BMVSS, his life underwent a significant transformation. With improved mobility and renewed confidence, Govind is now successfully managing his role as a government school teacher. In addition, he works part-time as an anchor, earning supplementary income. He expresses deep appreciation for BMVSS, describing the organisation's work as commendable and highlighting the supportive and helpful nature of its staff.

EMPOWERED TO PROVIDE AGAIN



Background

Subhash Chandra Yadav, a resident of Kotputli in Jaipur, Rajasthan, has been actively engaged in dairy work with Amul and farming in his village. Earlier, he was employed at Honda's Tapukada plant, contributing to his household income and supporting his family through multiple livelihood sources.



Pre-Intervention

Subhash's life took a difficult turn when he met with a hand accident at a local crusher, which resulted in the loss of his hand. Following the incident, he was confined to his home for several days, feeling helpless and uncertain about his future. The sudden loss of his ability to work affected his financial stability, and he grew increasingly worried about managing daily expenses. Additionally, negative remarks from people in the village further impacted his emotional well-being and confidence, leaving him distressed and demotivated.



Post-Intervention

A local brick factory owner informed Subhash about Bhagwan Mahaveer Viklang Sahayata Samiti. He then visited the BMVSS centre, where he received appropriate treatment and support for his condition. The intervention proved transformative, restoring his functional independence and confidence. Today, Subhash rides a bike comfortably, manages his dairy activities independently, and supports his family. His children are preparing for competitive exams like NEET, indicating improved household stability. He is grateful to BMVSS and its dedicated staff, actively recommending the organization to others in need and advocating for its services in his community.

05. CHALLENGES FACED



Language barriers stemming from beneficiaries' diverse regional backgrounds occasionally created communication challenges during service delivery.



No significant challenges were encountered at the ground level during project implementation, as the team maintained effective coordination and planning, ensuring the smooth execution of activities.

LESSONS LEARNED

Increase awareness of follow-up and maintenance services, as only 60% were fully aware, to ensure the long-term usability of assistive devices.



Introduce multilingual support mechanisms (interpreters, translated instructions) to address communication challenges faced by beneficiaries from diverse states.

Provide customised training sessions on device usage, especially for first-time users, to improve comfort and effectiveness.

06. OECD-DAC FRAMEWORK ANALYSIS



Relevance



Coherence



Effectiveness



Efficiency



Impact



Sustainability



RELEVANCE

Access to assistive devices and rehabilitation services remains a critical gap in India, particularly among economically vulnerable and rural populations, where disability often leads to loss of livelihood, dependency, and social exclusion. The intervention directly addresses these challenges by providing mobility aids, prosthetics, and rehabilitation support, making it highly relevant to the needs of underserved groups. The findings indicate that a majority of beneficiaries belong to low-income households, with 64% earning less than ₹10,000 per month, highlighting their financial vulnerability. Additionally, the high prevalence of mobility-related disabilities, 40% limb loss and 36% walking difficulty reflects a strong demand for such services, confirming the program's alignment with beneficiary needs.



COHERENCE

The intervention aligns well with national and global development priorities. It contributes to SDG 3 (Good Health and Well-being) by improving physical mobility and rehabilitation, SDG 1 (No Poverty) by supporting livelihood restoration, and SDG 10 (Reduced Inequalities) by enabling access to assistive devices for marginalised populations. It also supports the Rights of Persons with Disabilities Act, 2016, and complements national efforts toward inclusive development and accessibility. By addressing both physical and socio-economic barriers, the program strengthens ongoing initiatives to empower and include persons with disabilities.



EFFECTIVENESS

The intervention has been highly effective in improving mobility, independence, and confidence among beneficiaries. A significant 94% of beneficiaries reported improvement in mobility, demonstrating achievement of core objectives. Additionally, 92% reported improvement in confidence and independence, indicating positive psychosocial outcomes. Functional improvements are also evident: 98% report a better ability to perform daily activities, 64% partial improvement, and 34% significant improvement. These outcomes highlight the program's success in restoring physical functionality and enhancing quality of life.



EFFICIENCY

The program demonstrates efficient service delivery through streamlined processes and effective resource utilisation. 96% of beneficiaries rated the registration process as easy and the waiting time as reasonable or short, indicating high operational satisfaction with staff behaviour (94% rated it good/excellent) and 98% received a clear explanation, indicating clarity of communication, further reflecting efficient implementation and beneficiary-centric service delivery.



IMPACT

The intervention has led to both immediate and broader socio-economic impacts. 94% improved mobility and 98% enhanced daily functioning have enabled beneficiaries to become more independent and reduce reliance on others. Economic benefits are also visible, with 40% of beneficiaries reporting an increase in income, as many were able to resume work or livelihood activities. Qualitative insights further highlight reduced financial distress and improved household stability. Additionally, improved confidence (92%) has contributed to greater social participation and dignity, indicating a strong overall impact at the individual, household, and community levels.



SUSTAINABILITY

The intervention shows strong sustainability potential through durable assistive devices, skill-based rehabilitation, and long-term usability. High levels of satisfaction with device quality (94% rated good/excellent) and comfort during fitting (96%) indicate continued usage over time. Furthermore, 92% of beneficiaries found guidance on usage and care useful, supporting sustained benefits. While awareness of follow-up services is moderate (60% aware, 40% somewhat aware), the high adoption and continued use of devices suggest long-term retention of benefits and improved quality of life.



Relevance



Coherence



Effectiveness



Efficiency



Impact



Sustainability

07 RECOMMENDATIONS



Increase awareness of follow-up and maintenance services, as only 60% were fully aware, to ensure the long-term usability of assistive devices.



Introduce multilingual support mechanisms (interpreters, translated instructions) to address communication challenges faced by beneficiaries from diverse states.



Provide customised training sessions on device usage, especially for first-time users, to improve comfort and effectiveness.

08. CONCLUSION

The intervention by Bhagwan Mahaveer Viklang Sahayata Samiti has demonstrated strong effectiveness in addressing the critical needs of persons with disabilities, particularly those from economically vulnerable backgrounds. By providing free assistive devices and rehabilitation services, the program has significantly improved beneficiaries' mobility, independence, and overall quality of life. The findings indicate that a majority of beneficiaries experienced enhanced mobility and confidence, enabling them to perform daily activities independently and, in many cases, resume livelihood opportunities.

The program's efficient service delivery, high beneficiary satisfaction, and positive service experience further reinforce its success. Beyond physical rehabilitation, the intervention has contributed to restoring dignity, reducing dependency, and promoting social and economic inclusion. Case studies highlight transformative changes in beneficiaries' lives, reflecting both immediate and long-term impacts.

The project stands out as a meaningful and impactful initiative that not only meets the immediate rehabilitation needs of persons with disabilities but also fosters sustainable improvements in their well-being and self-reliance, contributing to a more inclusive and equitable society. Top of Form



IMPACT ASSESSMENT REPORT

HEALTHCARE AT DOORSTEP THROUGH MOBILE MEDICAL UNITS

Implemented by: Borderless World Foundation

TABLE OF CONTENTS

Abbreviations	01
<hr/>	
Executive Summary	02 - 05
Project Background	02
Project Details	02 - 03
Project Activities	03
Key Findings and Impacts	04 - 05
<hr/>	
01. Introduction	06 - 07
Background and Need for the program	06
About the CSR firm	06
About Implementing Partner/ NGO	07
<hr/>	
02. Research Methodology	08 - 09
Objectives of the project	08
Research Design	08
Application of Quantitative Techniques	08
Application of Qualitative Techniques	09
Ensuring triangulation	09
Sampling Framework	09
Data Collection	09
Stakeholders	09
Commitment to Research Ethics	09
<hr/>	
03. Major Findings and Assessment of Impact	10 - 21
<hr/>	
04. Case Studies	22 - 24
<hr/>	
05. Challenges Faced	25
<hr/>	
06. OECD-DAC Framework	26 - 27
<hr/>	
07. Recommendations	28
<hr/>	
08. Conclusion	29
<hr/>	

A

BBREVIATIONS

BWF	Borderless World Foundation
CSR	Corporate Social Responsibility
FY	Financial Year
MMU	Mobile Medical Unit
MOPD	Mobile Outpatient Department
NCD	Non-communicable Diseases
NHM	National Health Mission
NPCDCS	National Programme for Prevention and Control of Cancer, Diabetes, Cardiovascular Diseases and Stroke
OECD-DAC	Organisation for Economic Co-operation and Development- Development Assistance Committee
PHC	Primary Health Centres
SDGs	Sustainable Development Goals
SC/ ST	Scheduled Caste/ Scheduled Tribe
UHC	Universal Health Coverage

EXECUTIVE SUMMARY

PROJECT BACKGROUND

HDFC Securities' Mobile Medical Unit was a comprehensive, unique model of Primary Healthcare delivery for rural and remote India, serving people across the nation for a noble cause. For implementation, rural areas in the Amravati, Nagpur, Sambhajinagar, and Pune districts of Maharashtra, along with Srinagar (Dal Lake) and the Jammu region in Jammu & Kashmir, have been strategically selected to address regional disparities in healthcare access. Despite public health infrastructure, population-level screening and early detection remain inadequate, especially among rural, tribal, migrant, informal-sector, and peri-urban populations. Many individuals remain undiagnosed until complications arise, resulting in unavoidable morbidity, mortality, and financial hardship.

Primary Health Centres (PHCs) often serve large populations, resulting in overcrowding and limited attention to preventive care. Routine screening, early diagnosis, and follow-up for chronic diseases remain insufficient, particularly for vulnerable groups such as women, children, and the elderly. To address these challenges, HDFC Securities Ltd., in partnership with Borderless World Foundation, implemented a Mobile Medical Unit (MMU) initiative to bridge last-mile healthcare gaps. The MMU delivered essential primary healthcare services directly to communities, including consultations, basic diagnostics, medicines, and health awareness. By ensuring regular outreach, early detection, and continuity of care, the project reduced travel burden and out-of-pocket expenses while improving healthcare access and health outcomes among underserved populations.

PROJECT DETAILS



Implementation Year

FY 2024-25



Assessment Year

FY 2025-26



Implementation Partner

Borderless World Foundation



Project Budget

Rs. 4,18,06,915/-



Beneficiaries

66,847



Locations

Amravati, Nagpur, Srinagar, Jammu, Maharashtra (Pune & Sambhaji Nagar)



Sample Size

50



Supported by
HDFC Securities Limited



Alignment with SDGs



Alignment with government initiatives

- National Health Policy 2017
- National Health Mission (NHM)
- Ayushman Bharat
- National Programme for Prevention and Control of Cancer, Diabetes, Cardiovascular Diseases and Stroke (NPCDCS)

PROJECT ACTIVITIES



MOBILE OUTPATIENT DEPARTMENTS (MOPDS)

Delivered regular doorstep primary healthcare services through daily mobile OPDs, including consultations, basic diagnostics, medicine distribution, and home-based care for vulnerable populations, thereby improving last-mile access and reducing dependency on distant facilities.



COMMUNITY AWARENESS SESSIONS

Conducted village-level awareness programmes using interactive methods to promote preventive healthcare, healthy behaviours, and improved health-seeking practices, with special focus on women and adolescents.



SPECIALISED HEALTH CAMPS

Organised multi-speciality camps with expert doctors for screening, early diagnosis, treatment, and referral of priority conditions, including Dental, eye check-ups, and other health issues, along with follow-up support.



SWACHH BHARAT ABHIYAN ACTIVITIES

Implemented sanitation and hygiene awareness initiatives aligned with Swachh Bharat Mission, engaging school children, Anganwadi workers, and communities to promote cleanliness and disease prevention.

KEY FINDINGS AND IMPACTS

KEY FINDINGS (WITH % DATA)



ACCESS TO HEALTHCARE

100%

of the respondents reported improved ease of access; 28% earlier travelled 11-20 km.



HEALTHCARE UTILISATION

88.0%

of the respondents availed doctor consultations; 50% received free medicines; 74% accessed health awareness.



EARLY DIAGNOSIS

64.1%

of the respondent's chronic conditions first detected through MMU.



DISEASE TREATMENT COVERAGE

100%

of the respondents treated for minor ailments; 78% communicable and 76% non-communicable diseases addressed.



MATERNAL & CHILD HEALTH

97.1%

immunisation; 94.3% child check-ups.



BEHAVIOUR CHANGE

76.0%

of the respondents adopted regular medication; 62% improved diet; 48% regular exercise.



HEALTH AWARENESS

74.0%

of the respondents received nutrition awareness; 60% on physical activity; 48% on regular check-ups.

KEY IMPACTS (WITH % DATA)

100%

of the respondents reported reduced travel time and improved accessibility.

70.0%

of the people used MMU as the first point of care during illness, reflecting increased service uptake and dependency.

90.0%

of the respondents reported prevention of health risks due to timely intervention.

98.0%

of the respondents reported improvement in health condition.

70.8%

of the respondents reported significant improvement in maternal health outcomes.

78.0%

of the respondents reported prevention of disease progression; improved long-term health practices.

Increased health-seeking behaviour and preventive care adoption.



BENEFICIARY SATISFACTION

100%
of the respondents satisfied (66% very satisfied, 34% satisfied).

High trust and 100% willingness to continue using MMU services.



EQUITY & INCLUSION

82.0%
of the women beneficiaries; 66% from SC/ST communities.

Improved healthcare access among marginalised and vulnerable groups.

MEDICAL STAFF AND BENEFICIARIES



01. INTRODUCTION

BACKGROUND AND NEED FOR THE PROGRAM

Rural and underserved regions such as Nagpur, Amravati, Pune, and Sambhajinagar in Maharashtra, as well as Srinagar and Jammu in Jammu & Kashmir, face persistent challenges in accessing timely, high-quality primary healthcare. Dispersed populations characterise these areas, as do geographic barriers and socio-economic vulnerabilities, including dependence on agriculture and informal livelihoods. Although public healthcare infrastructure exists, facilities such as Primary Health Centres (PHCs) often serve large populations, leading to overcrowding, limited outreach, and inadequate focus on preventive and promotive care.

Maharashtra is also experiencing a growing burden of non-communicable diseases (NCDs) such as hypertension and diabetes. However, population-level screening, early diagnosis, and regular follow-up remain insufficient, particularly among rural and marginalised communities. In regions such as Srinagar in Jammu & Kashmir, unique geographic challenges further intensify challenges to healthcare access, as many communities reside in lake-dwelling, water-locked areas with limited or no access to static health facilities. According to the World Health Organisation, strengthening primary healthcare and early detection systems is critical to reducing disease burden and improving health outcomes. Additionally, high out-of-pocket healthcare expenditure, as highlighted by the National Health Accounts, further limits access to timely care for low-income households. In this context, there is a clear need for community-based healthcare delivery models that can bridge last-mile gaps. Mobile Medical Units (MMUs) and Boat MMUs play a crucial role in addressing these challenges by bringing essential healthcare services directly to underserved populations, ensuring accessibility, affordability, and continuity of care.

ABOUT THE CSR FIRM

HDFC Securities Ltd. is one of India's leading financial services intermediaries and a subsidiary of HDFC Bank. Established in 2000 and headquartered in Mumbai, the company provides a wide range of investment and trading services to retail and institutional investors. With over two decades of experience, HDFC Securities serves over 2 million customers through a comprehensive suite of financial products, including equities, derivatives, mutual funds, bonds, fixed deposits, and other investment instruments. The company offers more than 30 investment products across multiple asset classes, including stocks, gold, and debt instruments, catering to diverse investor needs. It provides both online and offline platforms, including mobile and web-based trading systems, enabling seamless investment and portfolio management. HDFC Securities also offers research, advisory services, and tools to support goal-based investing and informed decision-making. Through its services and platforms, the company aims to simplify investing and help individuals achieve their financial goals. In addition to its core business, the company actively engages in CSR initiatives in healthcare, education, and community development.

ABOUT IMPLEMENTING PARTNER/ NGO

Borderless World Foundation (BWF) is a Pune-based non-profit organisation established in 2002 under the Societies Registration Act, working extensively in Jammu & Kashmir and other underserved regions of India. The organisation operates with a vision of "One Great Human Family," focusing on the welfare, rehabilitation, and socio-economic empowerment of vulnerable and conflict-affected communities. BWF has been actively engaged in providing healthcare, education, women's empowerment, and disaster relief services, particularly in border and conflict-prone areas. It has supported and rehabilitated children orphaned due to conflict by providing shelter, education, and holistic development opportunities. The organisation also implements healthcare initiatives, including emergency medical support and mobile healthcare services, to improve access for underserved populations. Through its community-based approach, BWF works to build resilience, promote peace, and ensure dignity and improved quality of life for marginalised communities.

FGD WITH COMMUNITY MEMBERS_MMU



02

RESEARCH METHODOLOGY

This chapter outlines the research methodology adopted to evaluate the Mobile Medical Unit (MMU) project supported by HDFC Securities Ltd. and implemented by Borderless World Foundation across Maharashtra and Jammu & Kashmir. SoulAce plays a critical role as a third-party monitoring and evaluation agency, helping companies like HDFC Securities Ltd assess the effectiveness, impact, and overall performance of their initiatives.

The study was conducted to assess the effectiveness, accessibility, and impact of MMU services in delivering primary healthcare to underserved populations. The assessment focuses on understanding improvements in healthcare access, reductions in out-of-pocket expenditure, early disease detection, and changes in health-seeking behaviour. It also examines the socio-economic profile of beneficiaries and captures their experiences with MMU services. Additionally, qualitative insights were gathered to understand challenges faced prior to the intervention and the perceived benefits of mobile healthcare delivery.

OBJECTIVES OF THE STUDY



Assessing changes in healthcare access and utilisation among target populations.



Evaluating the reduction in out-of-pocket expenditure.



Measuring improvements in maternal and child health indicators.



Analysing the reduction in disease burden after interventions.



Understanding beneficiary satisfaction and behaviour change.



Assessing the effectiveness of Mobile Medical Units in reaching underserved areas.

RESEARCH DESIGN

A mixed-methods approach was adopted, integrating quantitative and qualitative methods to ensure a comprehensive assessment of the project's outcomes. This approach enables the analysis of measurable indicators alongside an in-depth understanding of beneficiary experiences.

APPLICATION OF QUANTITATIVE TECHNIQUES

The study employed structured surveys administered to 50 beneficiaries of MMU services, using a simple random sampling method. The quantitative analysis focused on indicators such as healthcare access, frequency of MMU usage, types of services availed, health expenditure, disease prevalence, and satisfaction levels.

APPLICATION OF QUALITATIVE TECHNIQUES

Qualitative data were collected through in-depth interviews with 10 selected beneficiaries, including patients with chronic conditions and regular MMU users. These interviews provided insights into healthcare challenges before MMU, service quality, accessibility, and perceived improvements in health outcomes.

ENSURING TRIANGULATION

Triangulation was ensured by combining quantitative survey findings with qualitative insights from interviews. This helped validate results and provided a more holistic understanding of the project's effectiveness.

SAMPLING FRAMEWORK

The sampling framework consisted of 50 MMU beneficiaries across selected project locations, along with a subset of respondents for qualitative interviews. The sample included individuals from diverse socio-economic backgrounds to ensure representation of different beneficiary groups.

DATA COLLECTION

Primary data was collected using structured questionnaires and personal interviews. The tools captured information on demographic profile, healthcare access, service utilisation, expenditure patterns, awareness levels, and satisfaction with MMU services. Data collection ensured accuracy, consistency, and completeness.

STAKEHOLDERS

Key stakeholders included MMU beneficiaries, community members, healthcare staff, field teams, and representatives of the implementing organisation. Their inputs were critical in assessing service delivery, outreach effectiveness, and overall impact.

COMMITMENT TO RESEARCH ETHICS

The study adhered to ethical research practices, including informed consent, voluntary participation, confidentiality, and respect for respondents. These principles ensured credibility, reliability, and integrity of the research findings.

STAFF HEAD OFFICE

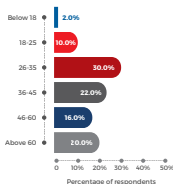


FINDINGS

This chapter outlines the key findings and associated impacts of the program based on the data collected during the study.

GENERAL PROFILE OF RESPONDENTS

CHART 1: DISTRIBUTION BY AGE

**30.0%**

of the respondents belonged to the 26-35 years age group, followed by 22% to the 36-45 years age group, and 20% to the 60+ age group, indicating a predominantly adult population.

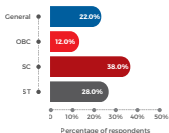
Respondents aged 46-60 years accounted for 16%, those aged 18-25 for 10%, and only 2% were aged 18 or younger.

TABLE 1: DISTRIBUTION OF RESPONDENTS BY GENDER

Distribution of Respondents by Gender	No. of respondents	% of respondents
Female	41	82.0
Male	9	18.0
Total	50	100.0

The above table indicates that the majority of respondents are female. Out of the total sample respondents, 82% are women, while 18% are men.

CHART 2: DISTRIBUTION BY SOCIAL CATEGORY

**38.0%**

of the respondents belong to the SC category, 28% to the ST category, 22% to the General category, and 12% to the OBC category.

This suggests a strong inclusion of marginalised groups in the study.

TABLE 2: DISTRIBUTION BY EDUCATION LEVEL

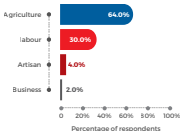
Distribution of Respondents by Education Level	No. of respondents	% of respondents
Illiterate	15	30.0
Primary	26	52.0
Middle	4	8.0
High school	4	8.0
Graduation	1	2.0
Total	50	100.0

**52.0%**

of the respondents have completed primary education, followed by 30% who are illiterate.

A smaller proportion of respondents have studied up to middle school (8%) and high school (8%), while 2% are graduates.

CHART 3: DISTRIBUTION BY FAMILY OCCUPATION

**64.0%**

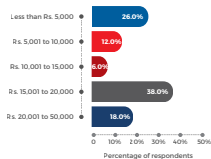
of the families depend on agriculture as their primary occupation, indicating that the majority of respondents are engaged in this sector.

**30.0%**

of the respondents working as labourers. A small proportion of respondents are involved in artisan work (4%) and business (2%).

This shows that most families depend on agriculture for their livelihoods, with some working as labourers, indicating that the community mainly relies on farming and manual labour for income.

CHART 4: DISTRIBUTION BY MONTHLY FAMILY INCOME



The chart shows that respondents' income levels are distributed across different ranges, with a higher concentration in the lower- to middle-income groups.



38.0%

of the respondents earns between ₹15,001 and ₹20,000, followed by 26% earning less than ₹5,000.



18.0%

of the respondents earn between ₹20,001 and ₹50,000, while smaller proportions fall in the ranges of ₹5,001-₹10,000 (12%) and ₹10,001-₹15,000 (6%).

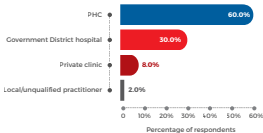
This suggests that most households fall within the low- to moderate-income brackets, with a considerable proportion in the lower-income range.

FGD WITH BENEFICIARIES



ACCESS TO HEALTHCARE (BEFORE INTERVENTION)

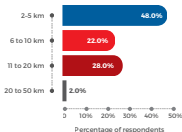
CHART 5: SOURCE OF HEALTHCARE BEFORE MMU SERVICES



The chart shows that before the introduction of MMU services, the Primary Health Centre (PHC) was the main source of healthcare for most respondents, with 60% relying on it. This was followed by 30% who visited government district hospitals. A smaller proportion of respondents accessed private clinics (8%), while very few relied on local or unqualified practitioners (2%).

This indicates that the majority of respondents relied on public healthcare facilities, with limited use of private and informal providers.

CHART 6: DISTANCE TO NEAREST HEALTH FACILITY



48.0%

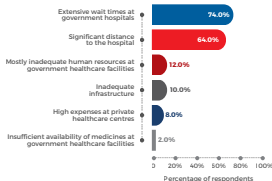
of the respondents travel 2-5 km to reach the nearest health facility.



22.0%

of the respondents travel 6-10 km, and 28% travel 11-20 km, while a very small proportion, 2%, travel 20-50 km.

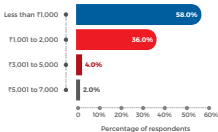
CHART 7: CHALLENGES FACED IN ACCESSING HEALTHCARE FACILITIES



The chart shows that the main challenges respondents faced in accessing healthcare facilities earlier were long waiting times at government hospitals (74%) and long distances to hospitals (64%). Other challenges were reported by fewer respondents, including inadequate human resources (12%), inadequate infrastructure (10%), and high expenses at private healthcare centres (8%).

This highlights that time and distance were the key challenges respondents faced in accessing healthcare services.

CHART 8: ANNUAL HEALTH EXPENDITURE BEFORE MMU SERVICES



The chart presents that the majority of respondents had annual health expenditure of less than ₹1,000 (58%), followed by 36% who spent between ₹1,001 and ₹2,000.

Only a small proportion reported higher spending: 4% spent between ₹3,001 and ₹5,000, and 2% between ₹5,001 and ₹7,000.

SERVICES RECEIVED FROM MMU

This section examines the range and utilisation of healthcare services provided through the Mobile Medical Unit (MMU) and its effectiveness in meeting community health needs.

The MMU delivered doorstep primary healthcare, including doctor consultations, basic diagnostics, free medicines, and referral support. It also promoted preventive care through health screenings and awareness sessions. By combining curative and preventive services, the MMU improved access, enabled early diagnosis, and strengthened health-seeking behaviour among underserved populations.

TABLE 3: EASE OF ACCESS TO HEALTHCARE AFTER INTERVENTION

Perceived Ease of Access to Healthcare After MMU	No. of respondents	% of respondents
Yes	50	100.0
Total	50	100.0

The table shows that after the MMU introduction, all respondents (100%) reported improved ease of access to healthcare, indicating a substantial positive impact.

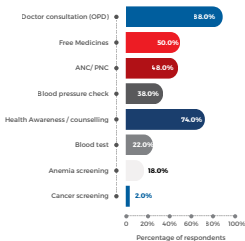


I had been suffering from severe joint pain for a long time, which made walking and performing daily activities extremely difficult. Due to the intensity of the pain, I was unable to visit the hospital easily. I received careful examination, free medicines, and guidance at the camp, which significantly reduced my pain and improved my ability to carry out daily activities.

- Abdul Rehman R/o Chinar Bagh



CHART 9: TYPES OF SERVICES AVAILED FROM MMU



88.0%

of the respondents availed doctor consultations, while the chart shows utilisation of MMU services was high, with 50% receiving free medicines.

Preventive services such as blood pressure checks and anaemia screening were 38% and 18%, indicating wide access, along with 74% for health awareness services and 22% for blood test services. Only 2% accessed cancer screening services.

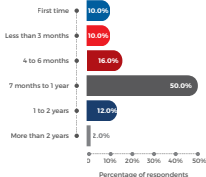


I had been struggling with uncontrolled diabetes for years due to limited access to regular check-ups, which left me weak and worried. After receiving free medicines, care and guidance from the MMU, my condition has improved, and I now feel more active, confident, and regular with my treatment.

- Ghulam Mohammad, resident of Anchari Mohalla, Kojiarabal



CHART 10: DURATION OF USAGE OF MMU SERVICES



50.0%

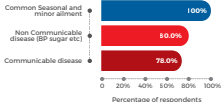
of the respondents had been using MMU services for 7 months to 1 year, indicating sustained engagement.



16.0%

of the respondents used services for 4-6 months, while only 10% were first-time users, reflecting consistent and growing service utilisation with time.

CHART 11: AILMENTS DIAGNOSED AND TREATED



100%

of the respondents reported treatment for seasonal and minor ailments.

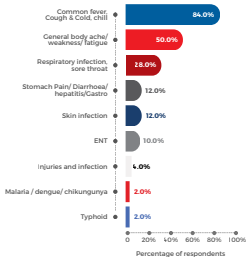


78.0%

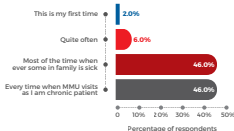
of the respondents reported communicable diseases and 76% reported non-communicable diseases such as BP and diabetes, demonstrating that MMU services effectively addressed a broad spectrum of health conditions, including both acute and chronic illnesses.

GROUP PHOTO WITH HOSPITAL STAFF AND BENEFICIARY



CHART 12: TREATMENT FOR NON-COMMUNICABLE DISEASES

The chart indicates that the most common conditions treated were fever, cough, and cold, reported by 84% of respondents, followed by body ache and fatigue, reported by 50% of respondents, reflecting a high burden of routine illnesses. Respiratory infections by 28% and gastrointestinal/skin issues by 12% of respondents each were also prevalent. Serious illnesses like malaria/dengue and typhoid were reported by 2% each, suggesting timely intervention and effective primary care.

CHART 13: FREQUENCY OF ACCESS**70.0%**

of the respondents accessed services whenever someone in the family was sick, and 18% used them regularly due to chronic conditions like blood pressure and diabetes, indicating a strong reliance on MMU.



I was suffering from a continuous cough and breathing difficulty, which affected my sleep and daily life due to a lack of timely medical care. After receiving treatment and guidance from the MMU, my condition has improved, and I now feel more comfortable with easier breathing and better rest.

- **Mohammad Yousuf**, resident of Jaffery Mohalla, Dal lake

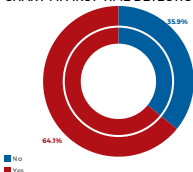


INTERACTION WITH BENEFICIARIES



CHRONIC DISEASE DETECTION AND TREATMENT

CHART 14: FIRST-TIME DETECTION



64.1%

of the chronic conditions were first detected through MMU services, demonstrating its critical role in early diagnosis and bridging screening gaps in underserved areas.

This highlights the effectiveness of MMU in identifying previously undiagnosed cases, enabling timely intervention and improved disease management.



I did not know my headaches were due to high blood pressure. The MMU helped me understand and treat it in time. I feel much better now.

- Nisar Ali, a 44-year-old resident of Bali Mahalla, Dal Lake

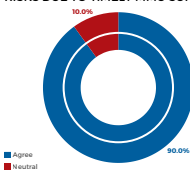


HEALTH CARE OFFICIALS



RISK PREVENTION

CHART 15: ABILITY TO AVERT HEALTH RISKS DUE TO TIMELY MMU SUPPORT

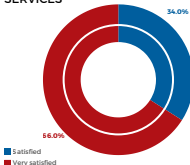


90.0%

of the respondents agreed that MMU services helped avert health risks, indicating strong effectiveness in preventing disease progression through timely care.

This is supported by beneficiary experiences where early identification of conditions like diabetes and hypertension allowed for better management and fewer complications.

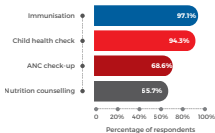
CHART 16: SATISFACTION WITH MMU SERVICES



100%

of the respondents were satisfied with MMU services, with 66% reporting being very satisfied and 34% satisfied, reflecting high service quality and strong community acceptance.

This level of satisfaction suggests that the MMU effectively meets beneficiary expectations regarding accessibility, quality of care, and the overall healthcare experience.

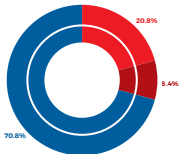
CHART 17: MATERNAL AND CHILD HEALTH SERVICES AVAILABLE

The chart shows high uptake of maternal and child health services, with immunization at 97.1% and child health check-ups at 94.3%, reflecting strong use of child-focused healthcare.

**68.6%**

of the respondents availed of ANC check-ups, indicating strong engagement with maternal health services.

However, nutrition counselling has very low uptake at only 5.7%, compared to other services. This suggests that while essential services like immunisation and child health check-ups are widely accessed, nutrition-related awareness and counselling remain limited among respondents.

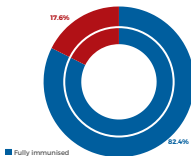
CHART 18: IMPROVEMENT IN ANC/PNC SERVICES AFTER MMU

■ Neutral
■ Somewhat improvement
■ Very high improvement

**70.8%**

of the respondents reported a very great improvement in ANC/PNC services after the introduction of MMU, while 8.4% reported some improvement, and 20.8% remained neutral.

The MMU has significantly enhanced maternal healthcare access and quality by facilitating regular check-ups and timely care. The perceived improvements demonstrate the effectiveness of doorstep services in overcoming distance-related barriers.

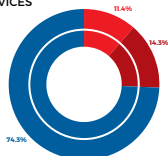
CHART 19: IMMUNISATION STATUS

■ Fully immunised
■ Partially immunised

**82.4%**

of the children were fully immunised, while 17.6% were partially immunised.

The MMU has boosted immunization coverage by improving accessibility and follow-ups. Nonetheless, the presence of partially immunized children underscores the need for continued awareness and tracking to ensure full immunization.

CHART 20: USEFULNESS OF MATERNAL AND CHILD HEALTH SERVICES

■ Neutral
■ Somewhat helpful
■ Extremely helpful

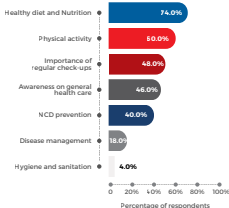
**74.3%**

of the children found the services extremely helpful, 14.3% somewhat helpful, and 11.4% neutral.

This highlights high satisfaction and perceived value of MMU services among beneficiaries. The findings suggest that the services effectively addressed maternal and child health needs, contributing to improved health outcomes and increased confidence in the healthcare system.

HEALTH AWARENESS AND BEHAVIOUR CHANGE

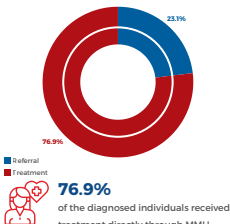
CHART 21: INFORMATION RECEIVED



The chart indicates that respondents received information on multiple health-related topics: 74% on nutrition and 60% on physical activity, reflecting a strong emphasis on promoting healthy lifestyles. Awareness regarding regular health check-ups (48%) and general healthcare (46%) was also considerable, indicating efforts toward preventive care. However, hygiene awareness was notably low at 4%, highlighting a communication gap that needs to be strengthened to ensure comprehensive health education.

GUIDANCE PROVIDED

CHART 22: GUIDANCE PROVIDED FOR TREATMENT OR REFERRAL



This indicates that the MMU is capable of managing most primary healthcare needs at the community level, while also maintaining effective referral linkages for cases requiring specialised attention.

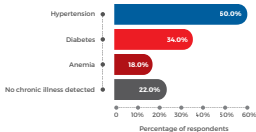
MEDICINE GIVEN TO BENEFICIARY BY HOSPITAL STAFF



IMPACTS

EARLY DETECTION AND TREATMENT

CHART 23: COMMON HEALTH CONDITIONS DIAGNOSED THROUGH MMU SERVICES



60.0%

of the respondents were diagnosed with hypertension, followed by 34% with diabetes and 18% with anaemia, while 22% reported no chronic illness.

This reflects a high burden of non-communicable diseases within the community and underscores the importance of regular screening. The MMU's role in identifying such conditions highlights its effectiveness in early detection and preventive healthcare.



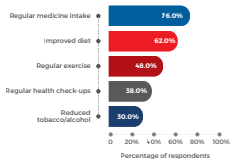
At the camp, the doctor checked my BP and explained my condition clearly. I was given free medicine and proper guidance.

- Hajira Begum R/o Dalka pora



LIFESTYLE CHANGES

CHART 24: HEALTH-RELATED LIFESTYLE CHANGES AFTER MMU SERVICES



The chart presents the health-related lifestyle changes reported by respondents after the introduction of MMU services. The most commonly reported change is regular medication intake (76%), followed by improved diet (62%).



48.0%

of the respondents reported engaging in regular exercise, while 38% reported going for regular health check-ups.

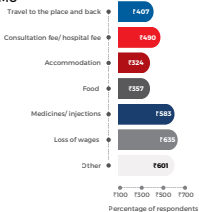


30.0%

of the respondents reported reducing tobacco or alcohol consumption.

This indicates that respondents have adopted positive health behaviours, particularly in terms of medication adherence and dietary improvements, along with gradual changes in exercise and substance use habits.

CHART 25: ESTIMATED OUT-OF-POCKET EXPENDITURE WITHOUT MMU



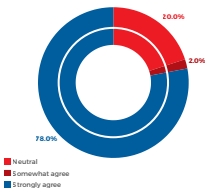
The chart presents the estimated out-of-pocket expenditures respondents would incur in the absence of MMU services, including both direct and indirect costs associated with accessing healthcare. Among all components, the highest expense is lost wages (₹635), indicating that a significant portion of the financial burden stems from missing work while seeking treatment.

This is followed by other related expenses (₹601) and medicines/injections (₹583), suggesting that treatment-related costs form a substantial share of overall expenditure. Additionally, consultation or hospital fees (₹490) and travel costs (₹407) further add to the financial burden, reflecting the cost of accessing healthcare facilities located at a distance.

Expenses on food (₹357) and accommodation (₹324), though relatively lower, still contribute to the total cost, especially for those who need to travel or stay away from home for treatment.

Overall, the data show that healthcare expenses are not limited to medical costs alone but also include high indirect costs, such as wage loss and additional living costs during treatment.

CHART 26: DISEASE PREVENTION



78.0%

of the respondents strongly agreed that timely treatment helped prevent disease progression, while 20% remained neutral.

This suggests that the MMU has been effective in delivering timely interventions that reduce the risk of complications and improve health outcomes. The neutral responses may indicate the need for continued awareness and follow-up to strengthen the understanding of preventive care benefits further.

CHART 27: TRUST AND FUTURE USE



■ Yes
■ No



100%

of the respondents expressed willingness to continue using MMU services, reflecting high levels of trust, satisfaction, and acceptance.

This also indicates strong potential for sustainability and continued utilisation of the program.

04. CASE STUDIES

DOORSTEP HEALTHCARE: TRANSFORMING LIVES

Mohammad Maqbool Dar, a 70-year-old resident of Doodh Mohalla, Dal Lake, has been living with diabetes and hypertension for several years. Due to his age and limited mobility, accessing distant healthcare facilities was a challenge. As a result, he was unable to go for regular check-ups, and his condition remained poorly managed. He often experienced weakness and fatigue and remained concerned about his health, as the lack of regular monitoring increased the risk of complications.

The introduction of the Mobile Medical Unit (MMU) in his area brought a significant change. With healthcare services now reaching his doorstep, he no longer needs to travel long distances for treatment. During regular MMU visits, his blood sugar and blood pressure are monitored, and he receives the required medicines. The medical team also provides simple, clear guidance on managing his condition, including diet advice, reducing his sugar and salt intake, and engaging in light physical activity. He has also been made aware of the importance of regular medication and follow-ups.

With continuous support from the MMU, Mohammad Maqbool Dar is now better able to manage his health. His condition is more stable, and he feels less anxious about his illness. Regular monitoring has helped identify fluctuations early, reducing the risk of complications. He also feels more active and reassured, knowing that medical care is easily accessible.

Sharing his experience, he says, **"This service has made a big difference in my life. Earlier, I could not go for check-ups, but now doctors come to us. I feel safer and better cared for."**

He continues to attend MMU visits regularly, follows the prescribed treatment, and has adopted healthier habits as advised by the medical team.

TIMELY DIAGNOSIS IMPROVING QUALITY OF LIFE

Nisar Ali, a 44-year-old resident of Bali Mohalla, Dal Lake, had been experiencing frequent headaches that disrupted his daily routine and work. He remained unaware that these symptoms were linked to high blood pressure. Due to a lack of regular health check-ups and limited awareness, his condition went unmanaged, leading to continued discomfort and stress.

The introduction of the Mobile Medical Unit (MMU) in his area enabled him to access healthcare services without facing financial or logistical challenges. During one such visit, his blood pressure was checked, and he was diagnosed with hypertension.

The medical team prescribed appropriate medication and provided detailed counselling on lifestyle modifications. He was advised to maintain a low-salt diet, manage stress, and follow a regular daily routine. He was also advised to monitor his blood pressure consistently.

With timely intervention and adherence to treatment, Nisar Ali experienced a significant reduction in headaches. He became more aware of his condition and took proactive steps to manage his health.

Sharing his experience, he says, **"I did not know my headaches were due to blood pressure. The MMU helped me understand and treat it in time. I feel much better now."**

He continues to take his medication regularly, follows the recommended lifestyle practices, and remains vigilant about monitoring his health.

RESTORING MOBILITY AND COMFORT IN OLD AGE

Chulam Rasool, a 72-year-old resident of Tind Mohalla, Dal Lake, had been struggling with chronic joint pain and stiffness for a long time. His condition made it difficult for him to walk and carry out daily activities independently. In addition, he was suffering from hypothyroidism, which required consistent monitoring and medication. However, limited access to healthcare prevented proper management of his conditions.

With the arrival of the Mobile Medical Unit (MMU) in his locality, his health concerns were identified, and timely treatment was initiated.

He was provided with medicines to manage joint pain and thyroid-related issues. The medical team also counselled him on the importance of regular medication, maintaining a balanced and nutritious diet, and avoiding activities that could strain his joints. He was further advised to consult a specialist for comprehensive thyroid management.

Following the treatment and guidance, he has experienced noticeable relief from joint pain and is now able to move more comfortably. His awareness of health management has also improved significantly.

Expressing his gratitude, he shares, **"The treatment and advice have helped me a lot. I can move better now and feel more comfortable in my daily life."**

He continues to attend MMU visits regularly, adheres to the prescribed treatment, and is considering further specialist consultation as advised.

EARLY DETECTION ENABLING BETTER HEALTH MANAGEMENT

Parveena, a 43-year-old resident of Badi Mohalla, Dal Lake, Srinagar, had been experiencing symptoms such as dry mouth, frequent urination, and weight gain for several weeks. These symptoms were affecting her daily life, but she remained unaware of their underlying cause.

During a visit by the Mobile Medical Unit (MMU), the medical team conducted a thorough assessment and performed a blood sugar test, which revealed significantly high levels. She was diagnosed with diabetes at an early stage.

Immediate treatment was initiated, and she was provided with the necessary medicines. The medical team offered detailed counselling on managing diabetes, including dietary changes, regular monitoring, and adopting a healthier lifestyle. Her family members were also involved in counselling sessions to ensure a supportive environment for her care.

With early diagnosis and consistent treatment, Parveena's condition began to stabilise. She became more conscious of her health and started following medical advice diligently, preventing further complications.

Sharing her experience, she says, **"I am very thankful that my problem was identified early. The doctors guided me and helped me take control of my health."**

She continues her treatment, follows dietary recommendations, and remains in regular contact with the MMU team for follow-ups.

IMPROVING LIVELIHOOD THROUGH BETTER HEALTH

Muhammad Afzal Butt, a 38-year-old carpenter from Butt Mohalla, Dal Lake, depends on physical labour for his livelihood. He had been experiencing persistent weakness and fatigue, which affected his ability to work efficiently and impacted his income and overall well-being.

During a Mobile Medical Unit (MMU) visit, he received a health check-up, and his condition was identified as being linked to nutritional and lifestyle factors.

He was provided with multivitamin supplements and counselled on improving his diet and daily routine. The medical team advised him to reduce the intake of oily and unhealthy foods, incorporate more fruits and vegetables, and maintain regular physical activity. He was also educated on the importance of a balanced lifestyle.

After following the guidance, he began to feel more energetic and capable of performing his work effectively. His awareness regarding health and nutrition also improved, enabling him to make better lifestyle choices.

Expressing his experience, he shares, **"This support has helped me regain my strength and continue my work without difficulty."**

He continues to follow the recommended lifestyle changes and is gradually improving both his health and work capacity.

PATIENT INTERVIEW_QUANTITATIVE ANALYSIS



05. CHALLENGES FACED



MMUs face high patient loads of 50-65 in Maharashtra and 60-70 individuals per day, sometimes in Srinagar, which creates pressure on service delivery and limits the time available for each consultation and follow-up.



The absence of advanced diagnostic facilities, such as X-ray, ECG, ultrasound, and portable lab analysers, limits the ability to provide comprehensive on-site diagnosis and timely treatment.



Limited infrastructure at camp sites constrains the scope of services, particularly for diagnostics and emergency care.



While staffing is adequate under normal conditions, high patient turnout and potential service expansion require additional medical and support personnel.

SPECIFIC TO SRINAGAR, JAMMU AND KASHMIR



Delivering services across dispersed and hard-to-reach hamlets creates operational and logistical challenges that affect efficiency and outreach.



Geographic isolation and dependence on water transport, along with adverse weather conditions, often delay service delivery and affect access to healthcare in the Srinagar area.

INTERACTION WITH DR ZUBAIR MO MMU



06. OECD-DAC FRAMEWORK ANALYSIS



Relevance



Coherence



Effectiveness



Efficiency



Impact



Sustainability



RELEVANCE

Access to primary healthcare remains a critical challenge in remote and underserved areas, due to geographic isolation, poverty, and limited infrastructure. The study shows that 26% of beneficiaries earn less than ₹5,000 per month, with many engaged in agriculture and daily wage labour, highlighting their financial vulnerability. Additionally, the distance to health facilities (with 28% travelling 11-20 km) and the high reliance on public healthcare highlight systemic gaps. The MMU program directly addresses these challenges by delivering doorstep healthcare services, making it highly relevant to the needs of marginalised communities. Qualitative evidence further reinforces this, as beneficiaries reported difficulty accessing timely care prior to MMU, particularly elderly individuals and those with chronic illnesses.



COHERENCE

The MMU program is well aligned with national and global health priorities. It contributes to SDG 3: Good Health and Well-being by improving access to essential healthcare services, to SDG 1: No Poverty by reducing out-of-pocket healthcare expenditures, and to SDG 10: Reduced Inequalities by reaching underserved populations. It complements national initiatives such as Ayushman Bharat and National Health Policy 2017, which emphasise affordable, accessible, and equitable healthcare. By bridging last-mile service delivery gaps, the MMU strengthens the broader public healthcare system and enhances overall service coherence.



EFFECTIVENESS

The MMU program has been highly effective in achieving its objective of improving access to primary healthcare services. 100% of respondents reported improved ease of access, and utilisation of services such as doctor consultations and free medicines was substantial. Preventive services, including blood pressure and anaemia screening, have also reached a significant proportion of beneficiaries. The program has been particularly effective in early detection, with 64.1% of chronic conditions identified through MMU services



EFFICIENCY

The MMU intervention demonstrates efficient resource utilisation by delivering multiple healthcare services via a mobile platform, thereby reducing the need for beneficiaries to travel long distances. This significantly lowers out-of-pocket expenditures on transport, consultation, and medicines, as reflected in reported savings on wages, travel, and treatment costs. The model optimises service delivery by covering multiple hamlets through scheduled visits and leveraging existing community coordination mechanisms. However, high patient load (60-70 patients per day) and limited diagnostic infrastructure indicate opportunities further to enhance efficiency through better resource allocation and service scaling.



IMPACT

The program has generated significant positive outcomes at both individual and community levels. In the short term, 98% of respondents reported improvements in their health, along with reduced medical expenses and travel time. The program has also contributed to disease prevention, with 78% strongly agreeing that timely treatment prevented disease progression. In the long term, MMU services have strengthened early diagnosis, improved management of chronic conditions, and promoted healthier behaviours such as regular medication intake (76%) and improved diet (62%).



SUSTAINABILITY

The MMU program shows strong potential for sustainability, with high community acceptance, consistent utilisation, and trust in services, as 100% of respondents expressed willingness to continue using MMU. The program's outreach-based model ensures continued engagement with communities, while awareness activities build knowledge. Strengthening supply systems, diagnostic capabilities, and human resources will further enhance the sustainability and scalability of the intervention.



Relevance



Coherence



Effectiveness



Efficiency



Impact



Sustainability

07 RECOMMENDATIONS



MMU services should be strengthened by deploying additional medical staff or rotational support during high patient-load days, with 50-65 patients per unit in Nagpur and Amravati (Maharashtra) and 60-70 in Srinagar (Jammu & Kashmir), to ensure adequate consultation time and quality care.



23.1% beneficiaries were referred to other hospitals. Therefore, the project should consider integrating basic portable diagnostic equipment, such as ECCs, point-of-care lab analysers, and screening tools, to enhance on-site diagnosis within the scope of primary healthcare.



A more structured digital patient tracking and follow-up system should be introduced to improve continuity of care and ensure timely referrals and monitoring.



Formalising referral linkages is important to ensure timely care for patients needing advanced treatment beyond MMU services. With 23.1% cases referred, a structured system is necessary to avoid delays and ensure continuity of care. Strengthened referral pathways will improve coordination, follow-up, and overall health outcomes.

08. CONCLUSION

The study clearly demonstrates that the Mobile Medical Unit (MMU) has emerged as a transformative and reliable model for delivering primary healthcare to underserved and remote populations. By effectively overcoming barriers of distance, affordability, and service availability, the MMU has ensured universal access among beneficiaries, most of whom belong to economically vulnerable groups. The consistently high utilisation of consultations, medicines, and preventive services reflects both the relevance and acceptance of the intervention.

Beyond access, the MMU has made a measurable difference in health outcomes by enabling early detection and continuous management of chronic conditions, thereby significantly reducing the risk of complications. At the same time, it has alleviated financial strain on households by reducing out-of-pocket expenses, travel time, and wage loss. The adoption of healthier behaviours and improved awareness further underscores its sustained impact at the individual and community levels. Beneficiary experiences strongly validate these findings, highlighting increased trust, satisfaction, and an enhanced quality of life. While operational challenges such as high patient load and limited diagnostics persist, they do not diminish the overall effectiveness of the model.

In conclusion, the MMU stands out as a high-impact, scalable, and sustainable solution for advancing equitable healthcare delivery, with the potential to serve as a replicable model across similar contexts.



IMPACT ASSESSMENT REPORT

FINANCIAL LITERACY TRAINING PROGRAM

Implemented by: empowHER

TABLE OF CONTENTS

Abbreviations	01
<hr/>	
Executive Summary	02 - 05
Project Background	02
Project Details	02 - 03
Project Activities	03
Key Findings	04
Key Impacts	05
<hr/>	
01. Introduction	06 - 07
Need of the Project	06
About the Company - HDFC Securities Limited	06
About the Implementing Partner - empowerHER Foundation	07
<hr/>	
02. Research Methodology	08 - 09
Project Details	08
Objectives of the Study	08
Research Design	08
Application of Quantitative Techniques	09
Application of Qualitative Techniques	09
Ensuring Triangulation	09
Sampling Framework	09
Data Collection	09
Key Stakeholders	09
Commitment to Research Ethics	09
<hr/>	
03. Major Findings and Assessment of Impacts	10 - 22
<hr/>	
04. Key Challenges	23
<hr/>	
05. Recommendations	24
<hr/>	
06. OECD-DAC Framework Analysis	25 - 26
<hr/>	
07. Conclusion	27
<hr/>	

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BBREVIATIONS

CSR	Corporate Social Responsibility
SDG	Sustainable Development Goals
OECD-DAC	Organisation for Economic Co-operation and Development- Development Assistance Committee.
SHG	Self-Help Groups
CRP	Community Resource Person
HDFC	Housing Development Finance Corporation
FY	Financial Year

EXECUTIVE SUMMARY

PROJECT BACKGROUND

The empowHER Financial Literacy Program was supported by HDFC Securities and implemented by empowHER India across villages in the districts of Nagpur, Raigad, Nashik, and Chhatrapati Sambhajnagar to address the limited financial awareness prevalent among adolescents in underserved rural and low-income communities. The initiative was undertaken in response to persistent challenges such as poor saving habits, lack of financial planning, and minimal engagement with formal financial systems, which often affect both individual and household financial stability. Recognising adolescence as a critical stage for shaping lifelong financial behaviours, the program introduced essential concepts such as saving, budgeting, banking, and understanding needs versus wants through interactive and context-based learning approaches. By equipping students with practical financial knowledge and positioning them as influencers within their households, the program addressed the root causes of financial exclusion. It contributed towards improved decision-making, enhanced financial inclusion, and strengthened long-term financial well-being at both individual and family levels.

PROJECT DETAILS



Implementation Year

FY 2024-2025



Assessment Year

FY 2025-2026



Implementation Partner

empowHER Foundation



Project Budget

Rs. 1,00,00,000/-



Total Beneficiaries

10,000



Sample Size

60



Location

Raigad, Nashik, Jalna, Dhule and Chhatrapati Sambhajnagar



Alignment with SDGs





Alignment with government initiatives

- National Strategy for Financial Education (NSFE)
- National Rural Livelihoods Mission
- Digital India
- National Education Policy 2020

PROJECT ACTIVITIES



Structured financial literacy sessions are delivered to adolescents, focusing on key concepts such as saving, budgeting, banking, and the distinction between needs and wants, through interactive, context-based learning.



Trained and engaged Community Resource Persons (CRPs) to facilitate financial literacy sessions within communities, particularly SHG members, to enhance their financial awareness, encourage participation in financial decision-making, and promote improved household financial practices.



Financial literacy was incorporated within school settings through trained teachers, enabling delivery within regular classroom schedules and ensuring continuity, relevance, and institutionalisation of life skills education.

GROUP PHOTO WITH MAHILA MANDAL AND FIELD TEAM



KEY FINDINGS AND IMPACTS

KEY FINDINGS



63.3%

of the households earned below ₹10,000 and 65% depended on agriculture, indicating the program reached economically vulnerable households.



83.3%

of the students were unaware of saving concepts, reflecting low baseline awareness.



86.7%

of the students now save a portion of money compared to 86.7% earlier spending all the money, showing a major behavioural shift.



83.3%

of the students have bank accounts and 98.3% of households are connected to banking, indicating increased adoption of formal financial systems.



83.3%

of the students plan before spending, reflecting improved financial discipline.

KEY IMPACTS



Improved financial security among low-income families.



95.0%

of the students avoid unnecessary purchases and save money after the intervention, leading to the development of financially literate individuals from an early age.



100%

of the students demonstrate saving practices post-program, indicating adoption of lifelong saving and financial planning habits.



65.0%

of the students are asked for their opinion in household financial decisions, strengthening financial inclusion and formal financial participation.



61.7%

of the students are extremely confident and 38.3% are somewhat confident, reflecting high confidence levels.

KEY FINDINGS



90.0%
of the students discuss finances with parents, showing strong household engagement.



75.0%
of the households show engagement across family members, supporting increased women's participation in decision-making (qualitative evidence).



68.3%
of the students saved 3-5 times and 20% saved more than 5 times in 3 months, indicating consistent saving practices.

KEY IMPACTS



Intergenerational transfer of financial knowledge and practices.



Enhanced women's empowerment and household-level agency



98.3%
of the participants show strengthened habit formation and improved financial security.

CLASSROOM



01. INTRODUCTION

NEED FOR THE PROJECT

Financial literacy is widely recognised as a foundational life skill essential for informed decision-making, financial security, and overall well-being (Organisation for Economic Co-operation and Development, 2020). In India, several studies and policy reports highlight low levels of financial awareness, particularly among rural populations, women, and youth, which often results in poor saving habits, limited use of formal financial services, and vulnerability to financial risks (National Centre for Financial Education, 2019).

The Reserve Bank of India, in 2020, emphasised through its National Strategy for Financial Education the need to build financial capability across all age groups, especially among underserved communities, to promote responsible financial behaviour and inclusion. Similarly, the National Education Policy 2020 underscores the importance of integrating life skills such as financial literacy into school education to enable practical, real-world learning.

Additionally, national initiatives like Pradhan Mantri Jan Dhan Yojana have significantly expanded access to banking services; however, evidence suggests that access alone is insufficient without adequate knowledge and confidence to use financial products effectively (Global Findex Database 2021).

In this context, the empowHER Financial Literacy Program was designed to address critical gaps in financial awareness, behaviour, and inclusion among adolescents and their families. By targeting school-going students and women, leveraging them as change agents within households, the program aimed to build foundational financial knowledge, promote positive financial behaviours, and extend its impact to the wider community.

ABOUT THE COMPANY: HDFC SECURITIES LTD

HDFC Securities Ltd. is one of India's leading financial services intermediaries and a subsidiary of HDFC Bank. Established in 2000 and headquartered in Mumbai, the company provides a wide range of investment and trading services to retail and institutional investors. With over two decades of experience, HDFC Securities serves over 2 million customers through a comprehensive suite of financial products, including equities, derivatives, mutual funds, bonds, fixed deposits, and other investment instruments. The company offers more than 30 investment products across multiple asset classes, including stocks, gold, and debt instruments, catering to diverse investor needs. It provides both online and offline platforms, including mobile and web-based trading systems, enabling seamless investment and portfolio management. HDFC Securities also offers research, advisory services, and tools to support goal-based investing and informed decision-making. Through its services and platforms, the company aims to simplify investing and help individuals achieve their financial goals. In addition to its core business, the company actively engages in CSR initiatives in healthcare, education, and community development.

ABOUT THE IMPLEMENTING PARTNER: EMPOWERHER FOUNDATION

empowHER India is a non-profit organisation focused on empowering women and girls, particularly in rural and underserved communities, to lead lives of dignity, equity, and opportunity. Its vision is to enable women and girls to realise their full potential. At the same time, its mission aims to transform the lives of one million women and girls by 2030 through targeted development interventions.

The organisation works across key thematic areas, including education, financial literacy, health, sanitation, and gender equality, with a strong emphasis on grassroots engagement and community-based approaches. Its programs are designed to build life skills, improve access to resources, and enhance decision-making capacity among women and adolescents. empowHER India's approach is rooted in values of integrity, empathy, social participation, and respect, ensuring that interventions are inclusive and responsive to local needs. With a legacy spanning over three decades, the organisation has consistently worked to uplift rural communities by addressing systemic barriers and enabling sustainable social change. In addition, initiatives such as financial literacy programs aim to equip adolescents and communities with essential money management skills, helping them make informed financial decisions, access formal systems, and improve their overall well-being.

INTERACTION WITH BENEFICIARIES



02

RESEARCH METHODOLOGY

PROJECT DETAILS

This chapter outlines the research methodology used to evaluate the Financial Literacy Program implemented under CSR support from HDFC Securities. The program is implemented by empowHER India, with SoulAce serving as the third-party monitoring and evaluation agency. SoulAce plays a critical role in assessing the effectiveness, impact, and overall performance of CSR initiatives.

The assessment focuses on evaluating changes in financial awareness, saving behaviour, decision-making practices, and adoption of formal financial systems among adolescent students. In addition, the study examines participants' socio-economic backgrounds and the extent to which financial literacy interventions influence household-level financial practices. Qualitative insights from students and community members are also incorporated to understand behavioural changes in financial practices and the program's role in strengthening financial confidence.

OBJECTIVES OF THE STUDY



Increase adolescents' knowledge of financial principles to prepare them for future financial responsibilities.



Enable students to understand the economic implications of career decisions and foster goal-oriented planning.



Promote a gender-equitable approach to education and encourage community support for adolescent girls.



To provide a comprehensive understanding of how early financial education contributes to responsible financial behaviour and long-term financial well-being.

RESEARCH DESIGN

The study adopts a mixed-methods approach, integrating quantitative and qualitative research methods to provide a comprehensive understanding of the program's impact. This approach enables a holistic assessment of changes in knowledge, behaviour, and attitude towards savings.

APPLICATION OF QUANTITATIVE TECHNIQUES

The quantitative component of the study is based on structured surveys administered to 60 student beneficiaries selected via simple random sampling. This ensures representation across gender and class groups. The analysis focuses on measuring baseline and post-intervention levels of financial awareness, changes in saving behaviour, adoption of different saving methods, financial decision-making practices, and the extent of household engagement.

APPLICATION OF QUALITATIVE TECHNIQUES

The qualitative component includes focus group discussions with community members, as well as case studies and testimonials collected from CRPs and student participants. These methods provide deeper insights into how financial knowledge is applied, the nature of the observed behavioural changes, and the broader impact on households. The qualitative data also highlights changes in women's participation in financial decision-making and the program's role in building participants' confidence.

ENSURING TRIANGULATION

To enhance the credibility and reliability of the findings, triangulation has been employed by integrating quantitative survey data with qualitative insights from focus group discussions and case narratives. This approach allows for cross-validation of results and provides a more nuanced understanding of the program's effectiveness and impact.

SAMPLING FRAMEWORK

The sampling framework comprises 60 student respondents for the quantitative survey, along with selected community members and participants for qualitative input. This design ensures that both direct beneficiaries and indirect beneficiaries, such as family members, are represented in the study, thereby capturing a broader perspective of the program's impact.

DATA COLLECTION

Primary data were collected through structured questionnaires administered to students, focus group discussions, and the collection of case studies and testimonials. The tools were designed to capture detailed information on socio-economic background, financial awareness, saving practices, household engagement, and confidence levels. Care was taken to ensure the accuracy, consistency, and completeness of the data collected.

STAKEHOLDERS

The key stakeholders in the program include student beneficiaries, their parents and family members, community and self-help group members, the empowHER India implementation team, and the CSR partner, HDFC Securities. Their perspectives are essential for assessing the program's relevance, effectiveness, and sustainability.

COMMITMENT TO RESEARCH ETHICS

The study was conducted in accordance with strict ethical standards, ensuring informed consent, voluntary participation, and the confidentiality of all respondents. Respect for participants and sensitivity to their context were maintained throughout the research process, thereby ensuring the credibility and integrity of the findings.

This chapter outlines the program's key findings and associated impacts, based on data collected during the study.

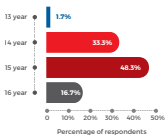
DEMOGRAPHIC PROFILE OF RESPONDENTS

CHART 1: GENDER-WISE DISTRIBUTION

Gender-wise Distribution of Students	No. of respondents	% of Respondents
Female	27	45.0%
Male	33	55.0%
Total	60	100.0%

The gender distribution shows that 55% of the respondents were male (33 students), while 45% were female (27 students), indicating a fairly balanced participation with a slight predominance of male students. This reflects that the program was accessible and inclusive across genders, ensuring equitable outreach.

CHART 2: AGE- WISE DISTRIBUTION AND CLASS-LEVEL



The participants are aged 13 to 16 and primarily belong to Classes 8 and 9. This indicates that the intervention was appropriately targeted to students in their mid-adolescence, a critical phase for developing financial awareness and responsible habits. Introducing financial literacy at this stage is particularly impactful, as it helps shape long-term attitudes toward saving, spending, and planning.



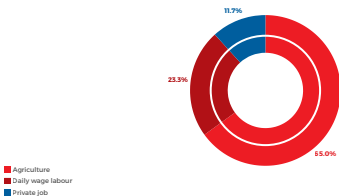
"This Financial Literacy Education Programme is designed to break the barriers to financial understanding and empower these groups to make informed financial decisions."

- Nina Maharjan & Arjun Malge.



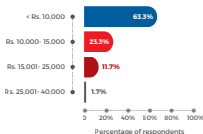
SOCIO-ECONOMIC BACKGROUND OF RESPONDENTS

CHART 3: OCCUPATION OF PARENT/GUARDIAN AND MONTHLY INCOME



The socio-economic profile of the respondents indicates that the majority of students come from economically vulnerable households. A significant 65% of parents/guardians are engaged in agriculture, followed by 23.3% working as daily wage labourers, and only 11.7% in private jobs. This reflects a predominantly rural and informal livelihood base.

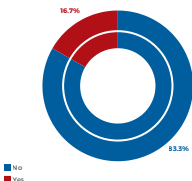
CHART 4: MONTHLY HOUSEHOLD INCOME OF STUDENTS (RS)



The income distribution further reinforces this context, with 63.3% of households earning less than ₹10,000 per month and 23.3% earning between ₹10,000 and ₹ 15,000. Only 13.4% reported incomes above ₹15,000. This highlights that the program primarily reached low-income households, where financial literacy can play a crucial role in improving financial decision-making and stability. Qualitative findings align with this, indicating that households previously had minimal or irregular savings due to essential expenses and a lack of structured financial planning.

BASELINE FINANCIAL AWARENESS AND BEHAVIOUR (BEFORE INTERVENTION)

CHART 5: PRIOR AWARENESS OF SAVING MONEY



Prior to the financial literacy classes, there was a clear gap in students' awareness and prudent financial behaviour. 83.3% reported having no prior awareness of saving money, indicating limited exposure to financial concepts.

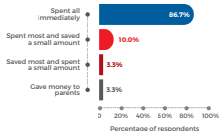


"Our household did not save money regularly. Whatever income we had was mostly spent on daily needs, and there was no fixed habit or planning for saving"

- Ratna Sonawane.



CHART 6: SPENDING BEHAVIOUR BEFORE ATTENDING FINANCIAL LITERACY CLASSES



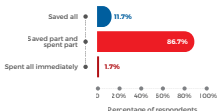
Regarding respondents' spending habits, 86.7% stated they spent all their money immediately upon receiving it, while only 3.3% reported saving most of their money. A small 10% was saved, but only a minor portion was spent. This was mirrored, with students and households reporting irregular saving habits, absence of budgeting, and reliance on keeping cash at home, underscoring the need for such interventions.

KARJAT MAHILA MANDAL



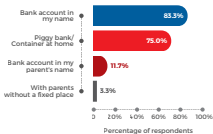
CHANGES IN SAVING BEHAVIOUR AND FINANCIAL PRACTICES (POST-INTERVENTION)

CHART 7: CURRENT SAVING METHODS USED (AFTER INTERVENTION)



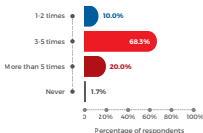
Post-intervention data show a substantial shift in financial behaviour. A majority of students (86.7%) reported that they now save a portion of their money while spending the rest, while 11.7% reported saving all their money. Only 1.7% continued to spend all their money immediately. This marks a significant transition from impulsive spending to balanced financial management.

CHART 8: CURRENT SAVING METHODS USED BY STUDENTS



In terms of saving methods, students demonstrated increased engagement with both formal and informal financial mechanisms. A notable 83.3% respondents reported having a bank account in their own name, while 75% used piggy banks or containers at home. Additionally, 11.7% reported using a bank account in their parent's name, and 3.3% kept money with parents without a fixed place, indicating that students are simultaneously using multiple saving methods.

CHART 9: FREQUENCY OF SETTING ASIDE MONEY FOR FUTURE USE (LAST THREE MONTHS)



The frequency of setting aside money for future use over the last three months reflects strong saving behaviour among students. 68.3% reported saving 3-5 times, while 20% reported saving more than 5 times, indicating consistent practices. Additionally, 10% saved 1-2 times, showing occasional engagement, and only 1.7% reported never saving, highlighting that almost all students have begun practising some form of saving. Qualitative narratives confirm this shift, as participants developed the habit of regularly setting aside money, making savings more planned and consistent.



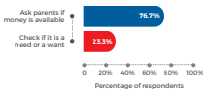
"A participant shared that she started saving small amounts regularly"

- Sonali Mankar, CRP



FINANCIAL DECISION-MAKING AND SPENDING DISCIPLINE

CHART 10: DECISION-MAKING BEHAVIOUR BEFORE MAKING A PURCHASE



A majority, 76.7%, reported that they consult their parents before making purchases, while 23.3% actively assess whether a purchase is a need or a want. This indicates a positive shift toward more thoughtful and informed financial decisions. Also, FDGs highlight deeper transformation, with women increasingly participating in financial decisions, reflecting improved agency and confidence within households.



“After attending the financial literacy sessions, my role in household financial decisions has increased. I now actively participate in discussions about saving, budgeting, and spending, and my opinions are considered in making financial decisions for the family.”

- Ratna Sonawane.

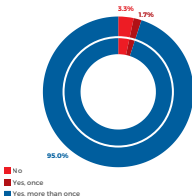


“In that training, I understand the difference between what we need and what we want”

- Sonal Chavan.



CHART 11: PRACTICE OF AVOIDING PURCHASES TO SAVE MONEY



Additionally, 95% reported avoiding purchases more than once to save money, demonstrating strong adoption of financial discipline. Community-level findings support this trend, with households stating that they now prioritise essential needs and actively cut down on avoidable expenses to strengthen savings. This reflects the program's influence on financial decision-making processes.



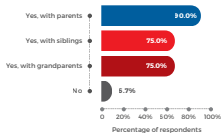
“A student who shared that they started saving a portion of their pocket money regularly and even encouraged their family members to avoid unnecessary expenses”

- Suryabhan Mapari, Principal



HOUSEHOLD ENGAGEMENT AND SPILLOVER EFFECTS

CHART 12: DISCUSSION ON SAVING OR SPENDING MONEY AT HOME (LAST THREE MONTHS)



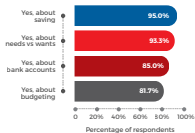
The program has led to significant spillover effects at the household level. A large proportion of students reported discussing financial matters within their families, with 90% engaging with parents, and 75% with siblings and grandparents. Both students and community members reported increased frequency of discussions around income, expenses, and savings within households. This indicates that financial literacy is extending beyond students to influence family-level awareness.



"I am currently studying in Class 9. Last year, our school conducted a financial literacy training that was very helpful for me. Through this training, I learned the difference between needs and wants and understood how income and expenses work in daily life. I also learned how to manage and balance expenses and how to spend money wisely. These learnings have made me more aware and responsible about handling money. The training has also boosted my confidence and inspired me to be part of such initiatives in the future."

- Sonal Bhika Chavan, Vidya Vikas Mandir, Karjat

CHART 13: SHARING FINANCIAL CONCEPTS WITH FAMILY MEMBERS AFTER CLASSES



Furthermore, students actively shared their learning with family members, with 95% discussing saving, 93.3% discussing needs versus wants, 85% discussing bank accounts, and 81.7% discussing budgeting. This highlights their role as knowledge disseminators within households.

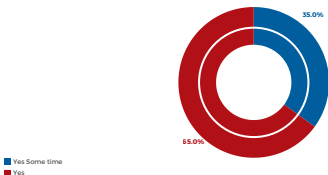


"A teacher shared that students began discussing saving habits at home and encouraging their parents to avoid unnecessary expenses"

- Sudhir Ingale, Principal.



CHART 14: FAMILY SEEKING STUDENT'S OPINION ON SAVING OR SPENDING MONEY



Importantly, 65% of families reported seeking students' opinions on saving or spending decisions, while 35% did so occasionally. This reflects increased confidence and recognition of students' financial understanding within the household.

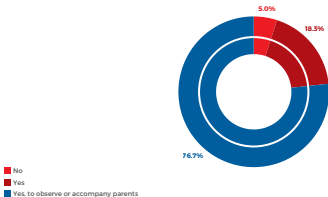
HOUSEHOLD FINANCIAL ECOSYSTEM AND EXPOSURE

CHART 15: HOUSEHOLD SAVING PRACTICES USED

Household Saving Practices	No. of respondents	% of Respondents
Bank account	59	98.3%
Post office account	17	28.3%
Cash Kept at home	51	85.0%
SHG savings	45	75.0%
They do not have enough to save	1	1.7%
Total	60	

The table indicates that most households engage in multiple forms of saving: 98.3% have bank accounts, and 85% keep cash at home. Additionally, 75% are part of Self-Help Group (SHG) savings, and 28.3% use post office accounts. However, 1.7% reported insufficient income to save, highlighting continued financial constraints for some households.

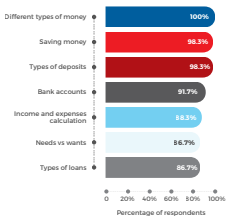
CHART 16: VISITS TO BANK OR POST OFFICE IN THE LAST SIX MONTHS



Exposure to formal financial institutions is also evident: 18.3% reported visiting banks or post offices, and 76.7% reported visiting by accompanying their parents. This indicates increased familiarity with financial systems at an early age.

KNOWLEDGE RETENTION AND CONTINUATION OF PRACTICES

CHART 17: FINANCIAL LITERACY TOPICS RETAINED BY STUDENTS



The program has demonstrated strong knowledge retention among students. All respondents, i.e., 100%, retained concepts related to types of money, while 98.3% understood saving and types of deposits. Other key concepts, such as bank accounts (by 91.7%), income and expense calculation (by 88.3%), and needs versus wants (by 86.7%), were also widely retained.

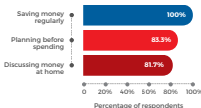


"I understood information about types of loans, mortgages, interest, cheques, ATM drafts, quick deposits, money transfers, and fines."

- Nikhil Modak.



CHART 18: CONTINUATION OF FINANCIAL PRACTICES LEARNED FROM CLASSES



Importantly, this knowledge has translated into sustained practices. All students (100%) reported regularly saving money, while 83.3% plan before spending, and 81.7% continue discussing financial matters at home. This indicates that the program has successfully moved beyond awareness to long-term behavioural adoption.



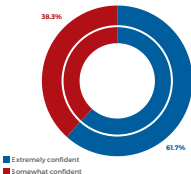
"When expenses are less than income, some money is saved. If the money is saved, it will come in handy in times of trouble, and you can even buy something big by saving money."

- Komal Kowe.



FINANCIAL CONFIDENCE AND IMPACT

CHART 19: CONFIDENCE LEVEL IN FINANCIAL LITERACY KNOWLEDGE



The program has significantly enhanced students' confidence in financial matters. A majority, 61.7%, reported being extremely confident, while 38.3% reported being somewhat confident in their financial literacy knowledge. This reflects a high level of self-assurance and understanding among participants. Students expressed increased confidence in understanding and discussing financial matters, and community members reported feeling more capable of managing money and using financial services.



"Earlier, we did not have a habit of saving and mostly kept money at home without proper planning. After attending the financial literacy sessions, we started saving regularly and opened a bank account for safe savings. I now take part in financial decisions, and we plan our expenses better as a family. This has made us more confident and responsible in managing our money"

- Ratna Shivaji Sonawane, Areandgaon Village, Malegaon Block, Nashik



CASE STUDIES

CASE STUDY 1 FROM GRAM SAKHI TO FINANCIAL LITERACY FACILITATOR



Background

Nilam Jagtap, a resident of Khandas (Amber Pada), has been working as a Community Resource Person (Gram Sakhi) in her village for several years. She has been actively involved in community-level initiatives, particularly through self-help groups.



Pre-intervention

Before participating in the empowHER Training of Trainers, Nilam's understanding of financial literacy was limited to basic savings practices through Bachat Gat. She had not been exposed to structured concepts such as budgeting, financial planning, or household expense management, nor had she conducted formal training sessions in the community.



Exposure of the program

Through the Training of Trainers, Nilam was introduced to key financial concepts, including budgeting, managing household expenses, and systematic savings. The training also focused on building facilitation and communication skills, enabling her to engage with community members confidently. She began conducting sessions using flip charts, visuals, and relatable examples from daily life to simplify complex topics.



Post-intervention

Following the training, Nilam started facilitating financial literacy sessions in her village. Over time, community participation improved, and women began engaging more actively. Today, she confidently leads discussions on financial planning and is approached by community members for guidance. Her journey demonstrates how empowering local leaders can effectively promote financial awareness at the grassroots level.

CASE STUDY 2 STRENGTHENING HOUSEHOLD FINANCIAL PRACTICES



Background

Yashoda Tai is a homemaker and an active member of a women's self-help group in Khandas village. She regularly participated in group savings activities.



Pre-intervention

Prior to the financial literacy sessions, her financial practices were limited to saving small amounts through the group. She did not follow a structured approach to managing household expenses or planning for future needs.

**Exposure of the program**

Under the empowHER program, Community Resource Persons conducted regular financial literacy sessions using simple language, visuals, and group discussions. Yashoda Tai attended these sessions consistently and engaged with topics such as budgeting, regular savings, and financial planning.

**Post-intervention**

As a result of the training, she began tracking her household expenses and identifying areas for saving. She also started discussing financial decisions with her family and setting aside money for future needs such as children's education and emergencies. Today, she is more confident in managing finances and motivates other women in her group to adopt similar practices.

CASE STUDY 3**ENABLING FINANCIAL INCLUSION THROUGH INCLUSIVE LEARNING****Background**

Iccha Tai, a resident of Damane village, represents women with limited literacy who often face challenges in understanding formal financial concepts.

**Pre-intervention**

Initially, she found it difficult to grasp concepts such as budgeting and financial planning due to limited literacy and reluctance to participate in training sessions.

**Exposure of the program**

To address these challenges, Community Resource Persons adopted participatory teaching methods, using flip charts, pictures, and real-life examples of daily expenses and savings. These methods made the sessions more inclusive and easier to understand.

**Post-intervention**

Iccha Tai understood the importance of saving and planning expenses despite her literacy limitations. She began saving small amounts regularly and started discussing financial matters with other women in her community. The program boosted her confidence and demonstrated that financial planning is achievable even with limited resources.

CASE STUDY 4

FROM BASIC SAVINGS TO INFORMED FINANCIAL DECISIONS



Background

Shobha Shende, from Asal Block, is a member of a local savings group (Bachat Gat) and represents many rural women with limited exposure to structured financial planning.



Pre-intervention

Before the program, Shobha Tai had basic involvement in savings activities but lacked knowledge about budgeting, expense tracking, and long-term financial planning. Her financial decisions were not systematically planned.



Exposure of the program

Under the HDFC Securities empowHER Financial Literacy Program, she participated in sessions conducted by Community Resource Persons. The sessions used discussions, real-life examples, and visual tools such as flip charts to explain financial concepts in an accessible manner.



Post-intervention

After attending the sessions, Shobha Tai began applying the learnings in her daily life. She started tracking household expenses, saving regularly, and distinguishing between essential and non-essential spending. She also initiated financial discussions within her family and encouraged other women in her group to adopt better financial practices. Today, she feels more confident in managing finances and contributing to her household's financial well-being.

VIDYA VIKAS MANDIR



IMPACT OF THE PROGRAM ACROSS MULTIPLE LEVELS



INDIVIDUAL STUDENT LEVEL

- Sustained financial behaviours such as regular saving (100%) and planning before spending (83.3%), a high confidence level leading to lifelong financial discipline
- Improved financial decision-making, with 95% avoiding unnecessary purchases, resulting in better prioritisation of needs over wants



HOUSEHOLD LEVEL

- Increased financial discussions within families (90% with parents), increased involvement in decision making, leading to more transparent and informed household financial management
- Shift towards prioritising essential expenses and reducing unnecessary spending to improve resource utilisation.



COMMUNITY LEVEL

- Strengthening of financial awareness through peer learning and SHG networks, resulting in collective behaviour change within communities.
- Emergence of trained Community Resource Persons (CRPs) and informed students, with gradual normalisation of saving and planning behaviours, leading to improved financial culture at the grassroots level



INSTITUTIONAL / SYSTEM LEVEL (SCHOOLS & PROGRAM ECOSYSTEM)

- Integration of financial literacy within school settings, contributing to the institutionalisation of life skills education
- Strengthened the capacity of teachers and CRPs, ensuring sustained program delivery and scalability



NATIONAL LEVEL

- Contribution towards financial inclusion goals, particularly among rural and underserved populations
- Alignment with national priorities, such as financial capability building and behavioural change, supporting initiatives like Pradhan Mantri Jan Dhan Yojana
- Creation of a financially aware younger generation, contributing to a more responsible and inclusive financial ecosystem in the country

04. KEY CHALLENGES



CRP faced the challenge of Irregular participation due to time constraints, household responsibilities, and work commitments.



CRP also faced Initial hesitation and low engagement, especially among women and for complex topics like digital payments.



The master trainer felt that low literacy levels require additional time and simplified teaching methods.



A government official (Senior operations manager) and an implementing partner (Project manager) highlighted Trainer/teacher turnover and transfers, which affect the continuity of program delivery.



According to the government official (Senior Operations Manager), competing academic workloads and syllabus demands have limited time for school sessions.



The master trainer had variations in participant backgrounds and learning levels that required constant adaptation



Logistical and administrative delays are impacting smooth implementation



The project head identified challenges with session duration, particularly for community members unable to attend long sessions.



The trainer also observed that limited real-life exposure to banking or digital payments made it harder for students to fully grasp certain concepts.



Inconsistent follow-up and limited post-training monitoring affect sustained engagement.

05 RECOMMENDATIONS



Hands-on and experiential learning approaches (such as mock transactions and practical demonstrations) can be incorporated to improve understanding of banking and digital payments.



Shorter, flexible, and modular session formats can be adopted better to suit the time constraints of students and community members.



Shorter, flexible, and modular session formats can be adopted better to suit the time constraints of students and community members.



Regular refresher trainings, supported by standardised modules, can be provided to address challenges related to trainer or teacher turnover.



A pool of trained community facilitators (CRPs/teachers) can be established to ensure continuity in program implementation.



Post-training follow-up and reinforcement mechanisms can be strengthened to support sustained behavioural change.



Improved alignment and integration of sessions within school schedules can be ensured to minimise conflicts with academic workload.

06. OECD-DAC FRAMEWORK ANALYSIS



Relevance



Coherence



Effectiveness



Efficiency



Impact



Sustainability



RELEVANCE

Financial literacy remains a critical gap in India, particularly among low-income rural households, where limited awareness often leads to poor financial planning, low savings, and reliance on informal practices. The program directly addresses these gaps by introducing financial education at an early age and promoting responsible financial behaviour, making it highly relevant to the needs of underserved communities. The study findings indicate that a majority of participants come from economically vulnerable backgrounds, with over 63.3% of households earning below ₹10,000 per month. Additionally, 83.3% of students reported no prior awareness of saving before the intervention.



COHERENCE

The program aligns well with broader development priorities and national frameworks. It contributes to SDG 4 (Quality Education) by promoting life skills, SDG 1 (No Poverty) through improved financial practices, SDG 5 (Gender Equality) by enhancing women's participation in decision-making, and SDG 8 (Decent Work and Economic Growth) by building financial capability. It is also aligned with national initiatives such as the Reserve Bank of India's National Strategy for Financial Education, National Education Policy 2020, and Digital India. By addressing financial awareness gaps at both individual and household levels, the program complements ongoing efforts toward financial inclusion and economic empowerment.



EFFECTIVENESS

The program has been effective in improving financial awareness and influencing behavioural change among students. A significant shift is observed in saving behaviour: 86.7% of students now save a portion of their money, compared to 86.7% who earlier spent all of it. Knowledge retention is also high, with 100% of students understanding basic money concepts and over 85-98% retaining key topics such as saving, budgeting, and banking. Additionally, 95% of students reported avoiding unnecessary expenses, and 83.3% indicated that they plan before spending, demonstrating achievement of intended outcomes.



EFFICIENCY

The program demonstrates efficient resource utilisation by leveraging existing school systems and community platforms for implementation. Delivering sessions through trained teachers and community resource persons reduces additional infrastructure costs while ensuring wider outreach. The integration of financial literacy into school settings and community forums allows for cost-effective dissemination of knowledge.



IMPACT

The program has generated both immediate and long-term impacts. Students exhibit improved saving habits, better financial decision-making, and increased confidence in handling money. At the household level, 90% of students reported engaging in financial discussions with parents, and 65% of families sought their parents' opinions on financial matters, indicating strong spillover effects. The program is expected to contribute to sustained financial stability, improved financial inclusion, and responsible financial behaviour among future adults, while also influencing community-level practices.



SUSTAINABILITY

The program demonstrates strong sustainability potential by focusing on early behavioural change and continuous knowledge application. The integration of financial literacy into school education and community engagement reinforces learning over time. High levels of knowledge retention and continued practices, such as 100% of students reporting regular saving, indicate long-term adoption.



Relevance



Coherence



Effectiveness



Efficiency



Impact



Sustainability

07. CONCLUSION

The empowHER Financial Literacy Program demonstrates a strong and meaningful impact on improving financial awareness and behaviour among adolescent students from economically vulnerable backgrounds. The findings highlight a clear transition from low baseline awareness and impulsive spending habits to more structured saving practices, informed decision-making, and increased engagement with formal financial systems. The program has been particularly effective in building foundational financial knowledge at an early age, a critical stage for shaping long-term financial attitudes and behaviours.

Beyond individual-level outcomes, the program has generated notable spillover effects at the household level, with students actively initiating financial discussions and influencing family practices. Increased participation of family members, including women, in financial decision-making reflects a broader shift toward inclusive and informed financial management. The integration of practical, context-based learning approaches has further enhanced the program's relevance and accessibility, even among participants with limited prior exposure.

Sustained knowledge retention and continued adoption of financial practices indicate the program's long-term potential. By leveraging schools and community platforms, the initiative ensures wider outreach and cost-effective implementation. The program contributes significantly to advancing financial inclusion, promoting responsible financial behaviour, and strengthening the foundation for long-term improved financial stability and well-being.



IMPACT ASSESSMENT REPORT

DIGITAL FINANCIAL INCLUSION PROGRAM

Implemented by: Access Livelihoods Foundation

TABLE OF CONTENTS

Abbreviations	01
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Executive Summary	02 - 06
Project Background	02
Project Details	02 - 03
Project Activities	04
Key Findings and Impacts	05 - 06
<hr/>	
01. Introduction	07 - 08
Background and Need for the program	07
Objectives of the Program	07
About the CSR firm	08
About Implementing Partner/ NGO	08
<hr/>	
02. Research Methodology	09 - 11
Objectives of the project	09
Research Design	09
Application of Quantitative Techniques	09
Application of Qualitative Techniques	10
Ensuring triangulation	10
Sampling Framework	10
Data Collection	10
Stakeholders	10
Commitment to Research Ethics	10
Data Sources	10
Design Snapshot	11
<hr/>	
03. Analysis of the Program Design	12
<hr/>	
04. Key Findings and Impacts	13 - 37
<hr/>	
05. Success Stories	38 - 41
<hr/>	
06. Challenges Faced	42
<hr/>	
07. SWOT Analysis	43
<hr/>	
08. OECD Framework	44 - 45
<hr/>	
09. Recommendations	46
<hr/>	
10. Conclusion	47
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A

BBREVIATIONS

ALF	Access Livelihoods Foundation
CSR	Corporate Social Responsibility
DFI	Digital Financial Inclusion
EAP	Entrepreneurship Awareness Programme
EDP	Entrepreneurship Development Programme
FGD	Focus Group Discussion
KII	Key Informant Interview
KYC	Know Your Customer
MFI	Microfinance Institution
MIS	Management Information System
NFHS	National Family Health Survey
NRLM	National Rural Livelihood Mission
OTP	One-Time Password
PMJDY	Pradhan Mantri Jan Dhan Yojana
PMMY	Pradhan Mantri Mudra Yojana
RBI	Reserve Bank of India
SHG	Self-Help Group
UPI	Unified Payments Interface

EXECUTIVE SUMMARY

PROJECT OVERVIEW

The Digital Financial Inclusion (DFI) Project, supported by HDFC Securities and implemented by Access Livelihoods Foundation, focuses on improving financial awareness, digital adoption, and access to formal financial services among rural communities, particularly women. Implemented across Telangana, Andhra Pradesh, and Kerala, the programme adopts a community-led approach through 149 active Pragati Sakhis working across 160 villages, engaging directly with households to deliver structured financial literacy modules along with continuous handholding support.

The intervention integrates key aspects of financial capability, including digital payments, financial planning, savings, credit awareness, and fraud prevention, linking financial knowledge with improved financial practices and informed decision-making. Through this approach, the programme has reached 1,68,125 community members and 60,172 households, while facilitating access to government schemes worth ₹1.61 crore and enabling credit linkages of ₹7.73 crore, reflecting increased engagement with formal financial systems.

PROJECT DETAILS



Project Name

Digital Financial Inclusion (DFI) Project



CSR Partner

HDFC Securities



Implementing Agency

Access Livelihoods Foundation



Project Duration

FY 2024-25 to FY 2025-26



Geographical Coverage

Telangana, Andhra Pradesh, Kerala



Districts Covered

6 Districts



Villages Covered

160 Villages



Community Mobilisers (Pragati Sakhis)

149



Target Beneficiaries

Rural households, particularly women



Total Outreach (Individuals)

1,68,125



Households Reached

60,172



Key Components

Financial Literacy, Digital Payments, Financial Planning, Savings, Credit, Fraud Awareness, Women Entrepreneurship (EDP)



Convergence with the Government Schemes

₹1.61 Crore



Credit Linkages Facilitated

₹7.73 Crore



Implementation Approach

Community-led model through Pragati Sakhis with household-level handholding and engagement through community platforms, including SHGs



Monitoring Mechanism

Tech-enabled MIS, field tracking, and regular reporting systems



Total Budget

240 Cr



Alignment with SDGs



Alignment with government initiatives

- Pradhan Mantri Jan Dhan Yojana (PMJDY)
- Digital India Initiative
- National Rural Livelihood Mission (NRLM)
- Pradhan Mantri Mudra Yojana (PMMY)
- Financial Literacy Initiatives (RBI / Government of India)

PROJECT ACTIVITIES



BASELINE & PLANNING

Conducted baseline/ need assessment and identified project villages.



COMMUNITY CADRE SETUP

- Identified and selected Digital (Pragati) Sakhis from local communities.
- Conducted foundation training on digital financial literacy, leadership, mentoring, and entrepreneurship.



COMMUNITY MOBILISATION

- Conducted village workshops and community-level training sessions.
- Undertaken door-to-door mobilisation and awareness activities.



TRAINING & FACILITATION

- Delivered household and group training on financial literacy and digital practices.
- Facilitated access to financial and digital services.



ADOPTION SUPPORT

Provided follow-up and handholding support to enable the adoption of financial practices and digital transactions.



WOMEN ENTREPRENEURSHIP (EDP)

- Identified and selected women entrepreneurs.
- Conducted EAP and EDP trainings.
- Orientation support & Provided business counselling.



CONVERGENCE & LINKAGES

- Facilitated access to government schemes and financial services.
- Enabled institutional linkages for service access and support.



MONITORING & LEARNING

- Conducted monitoring through MIS and field tracking.
- Undertaken periodic assessments and learning reviews.

INTERACTION WITH OFFICE STAFF



KEY FINDINGS AND IMPACTS

KEY FINDINGS



74.3%
of the respondents are aware
of insurance products.



71.4%
of the respondents understand
loan calculations, and 70.0%
compare loan options.



70.0%
of the respondents verify
transactions after digital
payments.



68.6%
of the respondents currently
use smartphones
independently.



68.6%
of the respondents
understand
digital payment systems.

KEY IMPACTS



80.0%
of the respondents rely on
their own savings for
emergencies, whereas at
baseline only 46.3% did,
indicating improved financial
resilience and reduced
dependency.



76.9%
of the respondents among
EDP participants reported
starting or expanding their
business, indicating early-
stage enterprise outcomes.



67.1%
of the participants manage
finances independently,
compared to the baseline,
when only 53.7% participated
in household financial
decision-making, indicating
improved financial autonomy.



67.0%
of the have newly enrolled in
insurance coverage, compared
with the baseline, when only
55.1% had coverage, indicating
increased insurance uptake.



65.7%
of the respondents reported
transitioning from dependent
to independent usage; at
baseline, 48.3% required
assistance, indicating
improved digital
independence.



65.7%
of the respondents can define financial goals.



61.4%
of the respondents independently make financial decisions.



58.6%
of the respondents maintain financial records.



40.0%
of the respondents are engaged in business activities.



60.0%
of the respondents reported shifting from cash to digital payments, indicating increased adoption of digital transactions.



60.0%
of the respondents reported saving towards these goals, indicating adoption of goal-based financial planning behaviour.



54.3%
of the respondents started using digital payments for the first time, indicating conversion of awareness into usage.

FGD WITH BENEFICIARIES



01. INTRODUCTION

BACKGROUND AND NEED FOR THE PROGRAM

Access to formal financial services and digital financial tools remains limited among rural communities in India, particularly among women. While financial inclusion has improved with initiatives such as Pradhan Mantri Jan Dhan Yojana (PMJDY), gaps persist in the usage of banking services, digital transactions, and financial literacy (RBI, 2024). Adoption of digital financial services at the last mile continues to be influenced by limited awareness, trust, and digital capability.

Gender disparities further affect access to financial and digital resources. The National Family Health Survey (NFHS-5) indicates lower mobile phone ownership and digital access among women in rural areas, thereby restricting their ability to use financial services independently (Ministry of Health and Family Welfare, 2021). In addition, a limited understanding of savings, credit, and financial planning contributes to dependence on informal financial practices and low financial resilience.

In response to these challenges, HDFC Securities, in partnership with Access Livelihoods Foundation, implemented the Digital Financial Inclusion (DFI) programme across Telangana, Andhra Pradesh, and Kerala. The programme adopts a community-based approach through Pragati Sakhis to deliver financial literacy, digital training, and entrepreneurship support, along with facilitating access to government schemes and financial services.

An independent impact assessment was conducted in FY 2025-26 to evaluate the programme's effectiveness in improving financial behaviour, digital adoption, and livelihood outcomes among beneficiaries.

OBJECTIVES OF THE PROGRAM



Increase awareness, knowledge, and adoption of best practices in personal finance and digital payment methods.



Promote livelihood generation for rural women entrepreneurs - Empowering them with knowledge, skills and access to inputs and markets.



Empower women within their households and communities.

ABOUT THE CSR FIRM

HDFC Securities Limited is a wholly owned subsidiary of HDFC Bank. It is one of India's leading financial services providers, offering a range of services including equity trading, investment advisory, mutual funds, bonds, and wealth management solutions. The organisation leverages a strong digital platform and nationwide presence to enable access to financial markets for a diverse customer base.

Through its Corporate Social Responsibility (CSR) initiatives, HDFC Securities focuses on promoting financial inclusion, digital literacy, and community development, particularly among underserved and rural populations. The Digital Financial Inclusion (DFI) programme reflects this commitment by supporting interventions that strengthen financial awareness, facilitate the adoption of digital financial services, and improve access to formal financial systems among communities with limited exposure to them.

ABOUT IMPLEMENTING PARTNER/ NGO

Access Livelihoods Foundation (ALF) is a national-level development organisation working to enhance livelihoods and economic resilience among underserved communities across India. The organisation operates across multiple states and focuses on financial inclusion, entrepreneurship development, skilling, and strengthening community institutions.

ALF adopts a community-based implementation approach, engaging local resource persons to deliver interventions at the grassroots level. Its programmes integrate capacity building, market linkages, and institutional convergence to enable sustainable livelihood outcomes. In the DFI programme, ALF is responsible for on-ground implementation, including community mobilisation, training delivery, handholding support, and monitoring through field-level systems and digital tools.

INTERACTION WITH PRAGATI SAKHIS



02

RESEARCH METHODOLOGY

This chapter outlines the research methodology adopted to evaluate the Digital Financial Inclusion (DFI) programme supported under CSR by HDFC Securities and implemented by Access Livelihoods Foundation, with SoulAce as the third-party monitoring and evaluation agency. The assessment focuses on measuring changes in digital and financial behaviours, including smartphone usage, digital payments, financial planning, savings, credit practices, and financial safety. It also examines access to formal financial services and participation in enterprise-related activities under EDP. Qualitative insights from beneficiaries and stakeholders have been incorporated to capture behavioural changes and understand the role of the intervention in improving financial access and practices.

OBJECTIVES OF THE STUDY



To assess improvement in awareness and adoption of digital and financial practices among community members.



To assess changes in financial behaviour, including savings, digital transactions, and financial planning.



To assess changes in women's participation in household financial decision-making and financial independence.



To assess the effectiveness of Digital Sakhis in delivering training, mobilising communities, and supporting adoption.



To assess the effectiveness of Digital Sakhis in delivering training, mobilising communities, and supporting adoption.

RESEARCH DESIGN

The study adopts a mixed-methods approach, integrating quantitative and qualitative methods to assess the programme's outcomes. This approach enables a comprehensive understanding of changes in digital usage, financial behaviour, and participants' access to formal financial services.

APPLICATION OF QUANTITATIVE TECHNIQUES

Quantitative methodologies involved structured surveys administered to beneficiary households across selected intervention locations. A defined sampling framework was used to ensure representation across different geographies and beneficiary groups. The survey captured key indicators related to financial awareness, digital usage, savings behaviour, credit practices, and access to financial services, enabling analysis of programme outcomes.

APPLICATION OF QUALITATIVE TECHNIQUES

Qualitative methods included focus group discussions (FGDs), key informant interviews (KIs), and in-depth beneficiary interactions. These engagements were conducted with community members, women participants, Digital Sakhis, and local stakeholders. These interactions provided insights into programme implementation, behavioural changes, challenges, and user experiences, complementing quantitative findings.

ENSURING TRIANGULATION

To enhance the credibility and reliability of the findings, triangulation has been employed by integrating quantitative survey data with qualitative insights from focus group discussions and case studies. This approach allows for cross-validation of results and provides a more nuanced understanding of the program's effectiveness and impact.

SAMPLING FRAMEWORK

The sampling framework comprises 70 beneficiary respondents for the quantitative survey, selected using a simple random sampling approach across programme locations. In addition, qualitative inputs were collected from selected beneficiaries, Pragati Sakhis, and key stakeholders. This approach ensures representation of both direct beneficiaries and community-level actors, enabling a comprehensive assessment of programme outcomes.

DATA COLLECTION

The sampling framework comprises 70 beneficiary respondents for the quantitative survey, along with selected beneficiaries, Pragati Sakhis, and stakeholders for qualitative inputs. This approach ensures representation of both direct beneficiaries and community-level actors, enabling a broader understanding of the programme's outcomes.

Primary data were collected through structured questionnaires administered to beneficiaries, along with Focus Group Discussions (FGDs), Key Informant Interviews (KIs), and documentation of case studies and testimonials. The tools were designed to capture information on digital usage, financial behaviour, savings practices, credit behaviour, and access to formal financial services. Care was taken to ensure the accuracy, consistency, and completeness of the collected data.

STAKEHOLDERS

The key stakeholders in the program include beneficiary participants, especially women; their parents and family members; community and self-help group members; Panchayat members; Pragati/Digital Sakhis; and the Access Livelihoods Foundation implementation team. Their perspectives are essential for assessing the program's relevance, effectiveness, and sustainability.

COMMITMENT TO RESEARCH ETHICS

The study was conducted in accordance with strict ethical standards, including obtaining informed consent, voluntary participation, and maintaining the confidentiality of all respondents. Respect for participants and sensitivity to their context were maintained throughout the research process, thereby ensuring the credibility and integrity of the findings.

DATA SOURCES

- **Primary Data:** Household surveys, FGDs, KIs, and beneficiary interactions
- **Secondary Data:** Programme documents, baseline reports, implementation records, and MIS data

DESIGN SNAPSHOT



Name of the project

Digital Financial Inclusion (DFI) Programme



Implementing agency

Access Livelihoods Foundation



Research design

Mixed-method, cross-sectional



Study Locations

Mixed-method, cross-sectional



Sampling technique

Random and purposive sampling



Sample size

70



Methods used

Household surveys, FGDs, KIs, case studies

Confidentiality and privacy of data were maintained through anonymisation and secure data handling. All interactions were conducted with respect, ensuring dignity and fairness throughout the assessment process.

INTERACTION WITH SCHOOL HEAD MASTER



03

ANALYSIS OF THE PROGRAM DESIGN

PROGRAM DESIGN AND RESULTS CHAIN

The programme follows a structured approach to improving digital and financial inclusion among rural communities, with a focus on women. It begins with careful planning and community selection, followed by the development of a local cadre of Digital Sakhis who act as community-level facilitators. Through awareness sessions and structured training modules, the programme builds knowledge on digital payments, savings, financial planning, and responsible borrowing.

A key strength of the design is the emphasis on continuous engagement. Digital Sakhis provide regular follow-up and handholding support to ensure that community members not only understand financial concepts but also adopt them in their daily lives. The programme also facilitates access to financial services and government schemes, helping reduce barriers to inclusion.

While the design includes a pathway for women entrepreneurship, this component remains at an early stage during the assessment period and is expected to develop over time. Overall, the programme aims to create sustained behaviour change, leading to improved financial management and greater women's participation in household decision-making.

RESULTS CHAIN

Components	Details
Inputs	Program staff, Digital Sakhis, training modules, digital devices, financial literacy materials, partnerships with institutions, and MIS systems.
Activities	Baseline and village selection; identification and training of Digital Sakhis; community mobilisation; household and group trainings; follow-up and handholding support; facilitation of financial services and scheme access; initial engagement on women entrepreneurship.
Outputs	Digital Sakhis trained and deployed; community members reached through training, awareness sessions, and household visits; individuals supported in accessing financial services; potential women entrepreneurs identified.
Outcomes (Short to Medium Term)	Improved awareness and knowledge of digital and financial practices; increased adoption of digital payments and financial behaviours such as saving and budgeting; enhanced participation of women in household financial decision-making.
Outcomes (Emerging)	Increased confidence among women; early interest and readiness towards livelihood and entrepreneurship opportunities.

MONITORING AND LEARNING

Monitoring and learning are embedded within the programme through MIS-based tracking systems, field-level data collection by Digital Sakhis, periodic assessments, and ongoing review processes. These mechanisms support continuous improvement and adaptive implementation.

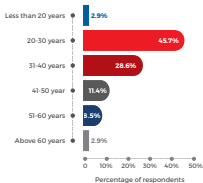
KEY FINDINGS AND IMPACTS

This chapter presents the key findings and impact of the HDFC Securities-Access Livelihoods Foundation Digital Financial Inclusion (DFI) initiative based on the analysis of primary and secondary data. The findings are derived from structured household surveys (n=70) and are triangulated with qualitative insights from KIIs Focus Group Discussion, programme records, and field observations.

The intervention focused on digital financial literacy, the adoption of digital financial services, and the strengthening of financial planning, savings, and entrepreneurship practices.

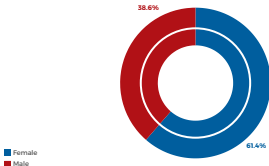
DEMOGRAPHIC PROFILE (N=70)

CHART 1: AGE-WISE DISTRIBUTION OF RESPONDENTS (N=70)

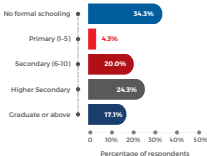


The respondent profile indicates that the majority of respondents belong to the 20-30-year age group (45.7%), followed by the 31-40-year age group (28.6%). This shows that the programme has largely reached individuals within the economically active age groups, with relatively lower representation from older age groups.

CHART 2: GENDER-WISE DISTRIBUTION OF RESPONDENTS (N=70)

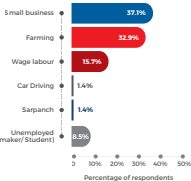


The chart shows that women constitute a larger share of respondents (61.0%) than men (39%), indicating higher participation by women and a women-centric reach of the programme.

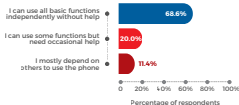
CHART 3: HIGHEST EDUCATION LEVEL COMPLETED (N=70)**34.3%**

of the respondents have no formal schooling, while others are distributed across secondary (20.0%), higher secondary (24.3%), and graduate levels (17.1%).

This reflects participation from individuals with varied educational backgrounds, including low-literacy groups.

CHART 4: PRIMARY OCCUPATION OF RESPONDENTS BEFORE JOINING THE PROGRAM (N=70)

The findings indicate that a majority of respondents are engaged in small businesses (37.1%) and farming (32.9%), reflecting participation from livelihood-dependent groups. A smaller proportion is involved in wage labour (15.7%), while 11.4% are not engaged in any income-generating activity. The program primarily engaged individuals aged 20-30 (45.7%) and 31-40 (28.6%), with a majority being women (61.4%), highlighting its women-centric focus.

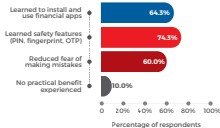
KEY FINDINGS**GETTING COMFORTABLE WITH SMARTPHONES****CHART 5: ABILITY TO USE BASIC SMARTPHONE FUNCTIONS (N=70)****68.6%**

of the respondents can use basic smartphone functions independently.

**20.0%**

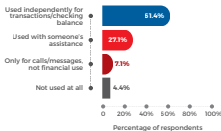
of the respondents can use some functions but require occasional help, while 11.4% still depend on others to operate their phones.

This suggests that a majority of participants have developed basic digital skills and smartphone independence, although a smaller proportion still requires support. Overall, the results reflect a positive shift in respondents' digital capability.

CHART 6: WAYS TRAINING HELPED IMPROVE SMARTPHONE USAGE (MULTIPLE RESPONSES) (N=70)

Respondents reported that training helped improve smartphone use by learning about safety features (74.3%), installing and using applications (64.3%), and reducing fear of making mistakes (60%), indicating improved confidence and practical skills.

CHART 7: USE OF SMARTPHONES FOR FINANCIAL PURPOSES (LAST 3 MONTHS) (N=70)



61.4%

of the respondents use smartphones independently for financial transactions or to check their balance, while 27.1% still rely on someone's assistance.

A smaller proportion use smartphones only for calls/messages (7.1%) or do not use them at all (4.4%). Compared with the baseline, where 48.3% of respondents required assistance with digital transactions, the current findings indicate a clear shift towards independent use. This suggests that participants have gained confidence and are increasingly able to perform digital financial activities independently.

However, the fact that over one-fourth of respondents still depend on assistance highlights that full adoption is still evolving, and continued support may be required for certain groups.

Qualitative interactions with participants indicate that earlier smartphone use was largely limited to basic functions such as calling, with many relying on others to access applications and features. With continuous support from Pragati Sakhis, participants have gradually developed confidence in using smartphones, exploring applications, and managing tasks independently. This reflects a clear shift towards greater digital independence and confidence.



Earlier, I used my smartphone only for basic calling and relied on family members to use applications or handle financial activities because I was hesitant. After receiving training and support from Pragati Sakhis, I learned how to use my smartphone independently, including installing applications and understanding how to use them. I now use digital platforms for transactions and have shifted from cash to digital payments, which makes it easier to manage my business.

- Archana, 28 years, Telangana, Small Business

Owner

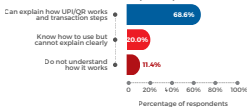


WOMEN EXPLAINING THE BENEFITS



DIGITAL PAYMENTS

CHART 8: UNDERSTANDING OF DIGITAL PAYMENTS (N=70)



68.6%

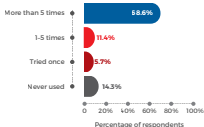
of the respondents can clearly explain how digital payment systems such as UPI and QR codes work, while 20.0% report that they can use them but cannot explain the process.



11.4%

of the respondents still lack understanding of digital payment mechanisms.

CHART 9: FREQUENCY OF DIGITAL PAYMENT USAGE (LAST 3 MONTHS) (N=70)



68.6%

of the respondents reported using digital payments more than five times in the last three months, indicating frequent engagement.



14.3%

of the respondents reported not using digital payments at all, while others reported occasional usage.

The findings further suggest that a high level of understanding of digital payments is translating into regular usage, reflecting strong adoption of digital financial practices among respondents. However, a small proportion continues to lag in both awareness and usage.



Earlier, most community members relied on cash transactions and had limited awareness of digital payment methods. With Pragati Sakhis' support through demonstrations and regular engagement, there has been a visible increase in the use of digital payments, such as UPI and QR codes, in the village. People are now more confident in conducting transactions independently and are gradually shifting towards digital modes for routine payments.

- Mr Rajesh, Panchayat Member, Kankurthy, Telangana



CHART 10: POST-PAYMENT PRACTICES (N=70)**70.0%**

of the respondents check both the transaction confirmation message and account balance after making digital payments, indicating a good level of awareness and cautious behaviour.

**10.0%**

of the respondents check only the confirmation message, while 5.7% do not verify transactions at all.

**14.3%**

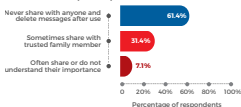
of the respondents do not use digital payments.

The results suggest that most respondents are following safe post-transaction practices, reflecting awareness of the importance of verification. However, a small proportion still demonstrates partial or no verification behaviour, indicating scope for further strengthening of financial safety practices.



Before the training, I did not have much awareness about digital payment safety and was not careful while handling OTPs or verifying transactions. After attending the training sessions, I now check confirmation messages after transactions, avoid sharing OTPs, and verify unknown calls or messages. This has increased my confidence in using digital payments safely.

- Aseena Begum, 52 years, Telangana, Training Participant

CHART 11: HANDLING OF OTPS AND PASSWORDS (N=70)**61.4%**

of the respondents follow safe practices by not sharing OTPs and deleting messages after use, reflecting a good level of awareness regarding digital security.

**31.4%**

of the respondents report sharing OTPs with trusted family members, suggesting partial understanding of security risks.

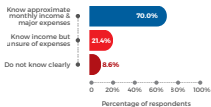
**7.1%**

of the respondents either frequently shares OTPs or does not fully understand their importance.

Most respondents follow safe OTP practices, though some continue to share credentials, indicating scope for strengthening digital security awareness.



CHART 12: AWARENESS OF HOUSEHOLD INCOME (N=70)



70.0%

of the respondents are aware of their approximate monthly income and major household expenses, suggesting a good level of financial awareness.



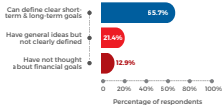
21.4%

of the respondents know their income but are uncertain about their expenses, while 8.6% do not have clear knowledge of either income or expenses.

The results suggest that most respondents have a basic understanding of their household finances, which forms a strong foundation for financial planning and budgeting. However, gaps remain in comprehensive awareness, particularly in tracking expenses.

FINANCIAL PLANNING FOR YOUR GOALS AND BEHAVIOUR

CHART 13: UNDERSTANDING OF FINANCIAL GOALS (N=70)



65.7%

of the respondents can define clear financial goals, and this is reflected in their actions: 60.0% report having started saving specifically towards these goals. This suggests a strong alignment between financial awareness and actual behaviour.

However, a section of respondents remains at different stages of financial planning.



21.4%

of the respondents have general ideas about financial goals, 17.1% have discussed plans but not yet started saving, and 10.0% have only thought about goals without taking action.

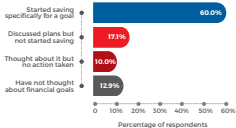


12.9%

of the respondents have not considered financial goals at all, indicating gaps in both awareness and action.

The findings show a positive transition from financial awareness to action, with a majority not only understanding financial goals but also actively working towards them. However, a proportion still requires support to move from planning to implementation.

CHART 14: STEPS TAKEN TOWARDS FINANCIAL GOALS (N=70)



Insights from FGDs with women beneficiaries suggest that, prior to the intervention, financial planning and budgeting were largely absent, with households relying on ad hoc spending and lacking a structured savings approach. Post-intervention, participants reported actively preparing household budgets, tracking expenses, and allocating a fixed proportion (around 20%) of income towards savings, indicating behavioural adoption of financial planning practices.



Initially, I did not follow any structured financial planning and managed my expenses without proper budgeting or clear goals. With support from Pragati Sakhis—through training sessions, practical guidance, and regular follow-ups—I learned how to set financial goals, estimate the required amount, and start saving towards them. I now regularly track my income and expenses and review my plans, which has improved my financial discipline and focus.

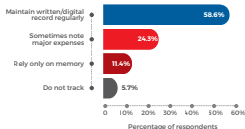
- Boini Kavitha, 22 years, Telangana, Small Business Owner



During FGDs, participants indicated that earlier, they had only a rough idea of their income and expenses, with little or no experience tracking their finances. After the intervention, many have started paying closer attention to their financial situation, tracking expenses, noting key expenditures, and in some cases maintaining records. This has helped them better understand and manage their finances in a more structured manner.

CURRENT FINANCIAL POSITION

CHART 15: METHODS OF RECORDING INCOME AND EXPENSES (N=70)



58.6%

of the respondents now regularly maintain written or digital records of their income and expenses.



24.3%

of the respondents do so occasionally, and a smaller proportion still relies on memory or does not track their finances.

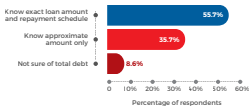


74.3%

of the respondents recognised the importance of maintaining financial records, only 53.8% actually maintained them, indicating a gap between awareness and practice.

The current findings suggest a modest improvement in record-keeping behaviour, with a higher proportion now maintaining records regularly. This reflects a shift from awareness to more consistent practice, though some gaps remain in ensuring universal adoption of systematic financial tracking.

CHART 16: AWARENESS OF DEBT MANAGEMENT(N=70)



55.7%

of the respondents have a clear understanding of their loan amount and repayment obligations, suggesting a reasonable level of awareness in managing debt.



35.7%

of the respondents report having only an approximate understanding, while a smaller proportion (8.6%) is unsure of their total debt.

The results suggest that while most respondents demonstrate basic awareness of their debt and repayment responsibilities, a significant proportion still lacks a precise understanding, indicating scope to strengthen financial literacy in debt management.



Initially, I was not very aware of my loan details and repayment responsibilities, and I did not track my finances properly. With support from Pragati Sakhis through training and regular guidance, I learned how to understand my loan amount and repayment schedule, and to manage my finances better. I now keep track of my income and expenses and plan my repayments more carefully, which has helped me handle my finances with greater control.

-Srihari, 18 years, Telangana, Small Business Owner



EMPOWERMENT

CHART 17: DECISION-MAKING ON HOUSEHOLD INCOME USAGE (N=70)

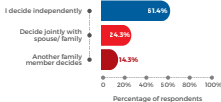
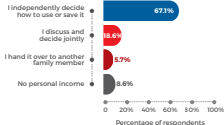


CHART 18: MANAGEMENT OF PERSONAL INCOME (N=70)



The findings indicate that a majority of respondents are actively involved in financial decision-making: 61.4% independently decide how household income is used, and an additional 24.3% participate jointly with family members. This is further reflected in personal financial autonomy, where 67.1% of respondents independently decide how to use or save their own income, while smaller proportions either decide jointly or hand over control to other family members.



53.7%

of the women who participated in household financial decision-making, of which 40.6% always decided how to spend their own income.

The current findings, therefore, reflect a notable improvement in both participation and independence, indicating a shift from partial involvement to greater financial control and autonomy among women.

FGD INSIGHTS

The Focus Group Discussion with participants in Telangana highlighted that earlier, women had very limited involvement in financial matters, with most decisions on income and expenses made by male family members. Participants reported that there was no budgeting or planned savings, and that household financial discussions were minimal.

With regular engagement from Pragati Sakhis, including household visits and practical demonstrations, participants gradually began to understand concepts such as budgeting, savings, and financial planning. Women reported that they now take part in managing household finances, contribute to decisions on spending and savings, and are more aware of how money is being used within the household.

Many participants also expressed feeling more confident in handling money and discussing financial matters, and have started using digital payments where required. While changes in decision-making are still evolving in some households, there is a clear shift towards greater involvement and confidence among women in financial matters.

FGD Participants: Beneficiaries, Mrs Laxmi, Mrs Sudha, Mrs Ramulamma, Ms Anasuya, Ms Fatima | Location: Telangana

SAVINGS GOALS

CHART 19: UNDERSTANDING OF SAVINGS OPTIONS (N=70)

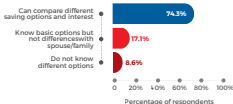
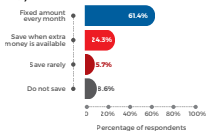


CHART 20: FREQUENCY OF SAVINGS (N=70)



74.3%

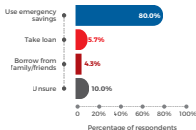
of the respondents can compare different savings options and interest rates, reflecting strong awareness of financial products.

This is further supported by savings behaviour, where 61.4% report saving a fixed amount every month, while 24.3% save when extra money is available. A small proportion saves rarely (5.7%) or does not save at all (8.6%).

INSIGHTS FROM FIELD OBSERVATIONS

Field observations across selected programme locations, including the central office in Saidabad and villages in Narayanpet district, provide insights into implementation processes, delivery mechanisms, and community engagement. The programme is implemented through Pragati Sakhis, who act as the primary interface between the intervention and the community. Their role in mobilisation, training delivery, and continuous handholding is central to participant engagement and appears to be a key driver of adoption of digital and financial practices, particularly among first-time users. Financial capability modules covering budgeting, savings, interest calculation, and record-keeping are delivered through SHC platforms and community-level sessions. Leveraging these existing structures supports outreach and participation; however, variations in comprehension and consistency in application suggest that the depth of learning may differ across participants. The programme adopts a practical, demonstration-led approach, including hands-on training, door-to-door reinforcement, and dedicated sessions on fraud awareness, such as OTP safety, UPI-related risks, and phishing. These methods are effective in building initial awareness and confidence, though sustained adherence to safe practices is likely to require continued reinforcement beyond training sessions. Facilitation of scheme enrolment through camps and assisted application processes reflects efforts to address access barriers. Partnerships with banks and local institutions further strengthen service delivery; however, the extent to which participants transition from assisted access to independent usage remains an area requiring continued tracking. Entrepreneurship Development Programme (EDP) activities have been introduced for a limited subset of participants, focusing on digital payments for business, basic bookkeeping, and market linkage. Given the selective coverage and early-stage nature of these interventions, their contribution to broader livelihood outcomes appears limited at this stage. Overall, the programme reflects a structured, delivery-driven model with strong field-level engagement anchored by Pragati Sakhi-led facilitation. While early evidence suggests improvements in awareness and usage, the sustainability and consistency of behaviour change across the wider participant base will depend on continued handholding, reinforcement mechanisms, and stronger institutional linkages.

CHART 21: RESPONSE TO FINANCIAL EMERGENCIES (N=70)



At baseline, respondents relied on a mix of sources to manage financial emergencies, with their own savings (46.3%) and SHCs (32.6%) being the most common, along with borrowing from relatives (17.4%), moneylenders (13.4%), and banks (12.1%). The current findings show that a majority of respondents (80.0%) now rely on their own savings to meet emergency financial needs, with only a small proportion depending on loans or borrowing from others.

This indicates a clear shift from dependence on external sources to greater self-reliance, reflecting improved financial resilience and preparedness among respondents.

Key findings from qualitative interactions indicate that savings were earlier irregular and dependent on surplus income. With training on savings and budgeting, participants have started saving more regularly and building emergency funds. This indicates a shift towards more disciplined and goal-oriented saving behaviour.



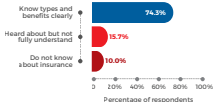
Initially, my savings were irregular and not linked to any specific goals, as I did not plan my finances properly. After attending the training sessions, I understood the importance of saving and started setting aside a fixed amount regularly for specific needs. I also began building an emergency fund, which has helped me support my family in urgent situations. I am now more aware of different saving options and follow a more disciplined approach towards managing my savings.

- Ashwini, 23 years, Telangana, Beneficiary



PROTECTING YOUR WEALTH

CHART 22: UNDERSTANDING OF INSURANCE (N=70)



55.1%

of the respondents reported having insurance coverage, indicating moderate access to financial protection mechanisms.



74.3%

of the respondents are now aware of different types of insurance and their benefits, reflecting improved financial awareness.

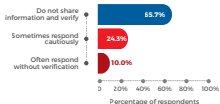


67.1%

of the respondents have enrolled in a new insurance scheme post-intervention, indicating increased uptake of insurance services.

This suggests a progression from moderate coverage to greater awareness and increased insurance adoption, reflecting enhanced financial security and improved preparedness to manage financial risks among respondents.

CHART 23: RESPONSE TO UNKNOWN FINANCIAL CALLS/ MESSAGES (N=70)



65.7%

of the respondents do not share information and verify unknown financial calls or messages, suggesting a considerable level of awareness regarding financial safety practices.



24.3%

of the respondents report responding cautiously, while a smaller proportion (10.0%) continues to respond without verification.

The results suggest that while most respondents demonstrate cautious behaviour towards unknown financial communications, a notable proportion still lacks consistent safe practices, indicating scope for further strengthening awareness related to fraud prevention and digital financial safety.



Earlier, I was not aware of how financial fraud happens and would respond to unknown calls without much caution. Through the training sessions and regular guidance from the Pragati Sakhi, I learned how to identify fraud risks, avoid sharing OTPs, and verify unknown calls. I am now more careful while using digital transactions and handling my financial information.

- Anasuya, 34 years, Telangana, Small Business Owner



BORROWING

CHART 24: UNDERSTANDING OF LOANS (N=70)

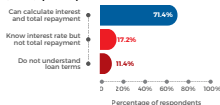
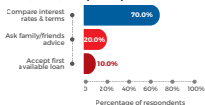


CHART 25: ACTIONS TAKEN BEFORE TAKING A LOAN (N=70)



58.0%

of the respondents could calculate loan interest, and borrowing decisions were often based on limited information.

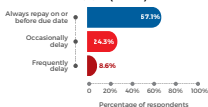


71.4%

of the respondents can now calculate interest and total repayment, while 70% compare interest rates and terms before taking a loan.

This indicates improved financial literacy and more informed borrowing behaviour among respondents.

CHART 26: LOAN REPAYMENT BEHAVIOUR (N=70)



67.1%

of the respondents report repaying loans on or before the due date, suggesting a considerable level of responsible repayment behaviour.



24.3%

of the respondents report occasional delays, while a smaller proportion (8.6%) report frequent delays.

The results suggest that while most respondents demonstrate timely repayment practices, a notable proportion still face repayment inconsistencies, indicating scope to strengthen financial discipline and repayment planning.



Initially, I used to take loans based on immediate needs without fully understanding the repayment terms. After gaining awareness through the programme and guidance from the Pragati Sakhi, I now prefer borrowing from SHCs or banks and make sure to understand the repayment conditions before taking a loan. This has helped me make more informed and responsible borrowing decisions.

- Ramulamma, 47 years, Telangana, Beneficiary-Participant



CHART 27: CURRENT INCOME-GENERATING STATUS (N=70)

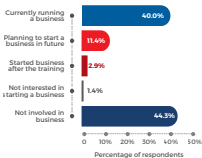
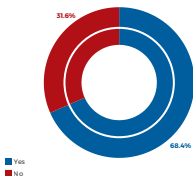


CHART 28: PARTICIPATION IN ENTREPRENEURSHIP DEVELOPMENT PROGRAMME (EDP) (N=38)



40.0%

of the respondents were engaged in business activities, while 44.3% were not involved in any enterprise.

Among respondents who were either engaged in or planning to start a business, 68.4% reported participation in EDP training, while 31.6% had not participated at the time of assessment. The results suggested that EDP training had reached a majority of the relevant target group.

At the same time, some respondents had not yet been covered, indicating scope for further outreach to eligible participants.

CHART 29: EXPERIENCE WITH EDP TRAINING (N=26)

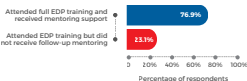
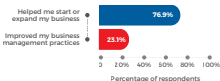


CHART 30: EXPERIENCE WITH EDP TRAINING (N=26)



76.9%

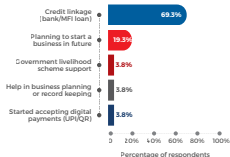
of the respondents had attended full EDP training with mentoring support, while 23.1% had attended the training without follow-up mentoring.



76.9%

of the respondents reported that the training had helped them start or expand their business, while 23.1% reported improvements in business management practices.

The results suggested that EDP training was largely effective in supporting business initiation and strengthening management practices among participants, indicating positive outcomes for enterprise-related activities.

CHART 31: BUSINESS SUPPORT RECEIVED AFTER TRAINING (N=26)**69.3%**

of the respondents had received credit linkage support in the form of bank or MFI loans.

In contrast, smaller proportions reported receiving support for business planning, access to government schemes, or the adoption of digital payments.

The results suggested that credit linkage emerged as the primary form of support at the initial stage of enterprise development. In contrast, other forms of support remained nascent, indicating early progress in enterprise support services.



Initially, I was engaged in farming but did not manage my finances in a structured way. After attending the training sessions and receiving support from Pragati Sakhi, I began applying financial lessons in my daily activities. I now use digital payments for transactions, maintain records, and plan my income, savings, and expenses more systematically. This has increased my confidence in making financial decisions independently and helped me manage my livelihood better.

- Sujatha Boini, 20 years, Telangana, Farming Participant

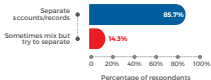


INTERACTION WITH VILLAGE SECRETARY



MICROENTERPRISE

CHART 32: MANAGEMENT OF BUSINESS AND PERSONAL FINANCES(N=21)



85.7%

of the respondents report maintaining separate accounts or records for business and personal finances, while 14.3% report occasionally mixing finances but attempting to keep them separate.

This indicates that a considerable share of respondents report separating business and personal finances, along with efforts to manage them distinctly.

QUALITATIVE INSIGHTS FROM COMMUNITY AND FIELD FUNCTIONARIES



Overview

To complement the quantitative findings, qualitative interactions were conducted with community participants through a Focus Group Discussion (FGD) and with field functionaries (Pragati Sakhis) across programme locations. These interactions provide insights into programme delivery, participant experiences, and behavioural changes emerging from the intervention.



Role of Pragati Sakhis in Programme Delivery

Interactions with Pragati Sakhis highlight their central role as the primary interface between the programme and the community. They are responsible for mobilisation, training delivery, and continuous handholding support through household visits and SHG meetings. Their use of practical tools, such as tablets, videos, and demonstrations, helps participants better understand digital and financial concepts. The trust they build within the community, along with regular follow-ups, appears to be a key driver in facilitating the adoption of new practices.



Pre-programme Context

FGD participants shared that prior to the intervention, financial management was largely controlled by male members, with limited involvement of women. Savings were irregular, and structured budgeting practices were absent. Transactions were predominantly cash-based, and awareness of financial services, digital payments, and government schemes was low. Dependence on informal borrowing sources such as moneylenders was also common.



Training Approach and Participant Experience

Both participants and Pragati Sakhis emphasised the effectiveness of the programme's demonstration-led training approach. Concepts related to digital payments, savings, insurance, and financial planning were explained through practical sessions, supported by visual tools and repeated engagement. One-to-one handholding, especially for tasks such as digital transactions, KYC updates, and service access, played a critical role in building participants' confidence.



Changes in Financial Behaviour

Participants reported adopting more structured financial practices, including preparing household budgets, tracking expenses, and regularly saving a portion of their income. There has been a visible shift towards using bank accounts and formal financial services.

Borrowing patterns have also changed, with increased reliance on SHGs and banks instead of informal lenders. These changes reflect a transition from informal, reactive financial behaviour to more planned, disciplined practices.



Digital Adoption and Usage

FGD participants highlighted increased smartphone use and digital payments in their daily lives. Transactions such as wage payments and purchases are increasingly being conducted digitally. Pragati Sakhis also noted that participants who were previously hesitant are now able to use digital services more independently, indicating improved confidence and digital capability.



Access to Government and Financial Services

Participants reported improved access to government schemes and financial services, including enrolment in health, labour, and insurance schemes. Pragati Sakhis played a key role in facilitating documentation, enrolment, and verification processes, thereby reducing dependency on intermediaries and improving access to entitlements.



Emerging Outcomes and Sustainability

The qualitative findings suggest increased financial awareness, greater confidence, and increased participation by women in financial activities. Participants expressed a willingness to continue these practices, citing tangible benefits such as increased savings and reduced unnecessary spending. However, both participants and Sakhis indicated that continued support and reinforcement would be important for ensuring sustained adoption among all beneficiaries.

Overall Insight

The qualitative evidence indicates that the programme's effectiveness is closely linked to the consistent engagement and facilitation provided by Pragati Sakhis. Their role in bridging knowledge, access, and confidence has been instrumental in enabling behavioural change. At the same time, the sustainability and uniformity of these changes will depend on continued reinforcement and strengthening of institutional linkages.



Ms Keerthna and Pragati Sakhi shared that earlier, most women in the village had limited awareness of digital payments, savings, and financial planning, and were dependent on others for transactions. Through regular household visits and demonstrations, she helped participants understand smartphone use, digital payments, and financial practices. Over time, she observed that women have started conducting transactions independently, maintaining basic financial discipline, and actively participating in household financial decisions. She also noted increased confidence among women in using digital tools and engaging with formal financial systems.

- Ms Keerthna, Pragati Sakhi - Jaijapur Village, Telangana

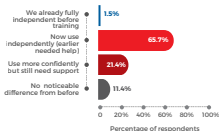


IMPACTS

This section presents the programme's key impact, based on change indicators, capturing reported improvements in awareness, behaviour, and financial practices among respondents. The findings are further supported through triangulation using qualitative insights from stakeholder interactions, case narratives, and field observations.

GETTING COMFORTABLE WITH A SMARTPHONE

CHART 33: IMPROVEMENT IN SMARTPHONE USAGE AFTER TRAINING (N=70)



65.7%

of the respondents now use smartphones independently after the training, while an additional 21.4% report using them more confidently, though with some support when needed.



11.4%

of the respondents reported no noticeable difference, and a very small proportion (1.5%) were already fully proficient prior to the training.



I did not pay much attention to tracking my income and expenses earlier. Now, I try to keep track of my money and note down major expenses. I have also become more aware of how we manage our household finances. We now discuss and take financial decisions together in the family, and I feel more involved in managing our finances.

- S. Narayanamma, 37 years, Gadimunknally, Telangana, Beneficiary



DIGITAL PAYMENTS

CHART 34: IMPROVEMENT IN KNOWLEDGE OF DIGITAL PAYMENTS (N=70)

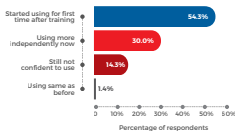
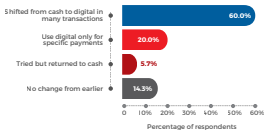


CHART 35: CHANGE IN DIGITAL PAYMENT BEHAVIOUR (N=70)



54.3%

of the respondents report starting to use digital payments for the first time after the training, followed by 30% who report increased independent usage.



60.0%

of the respondents report shifting from cash to digital payments for multiple transactions, while 20% report using digital payments for specific purposes.

A smaller proportion reports no change or continued preference for cash. These findings reflect a reported increase in both adoption and usage of digital payment practices among respondents.

This change is also reflected in field interactions, where participants reported using UPI and QR-based payments for routine transactions. Observations further indicate increased confidence in conducting transactions independently.

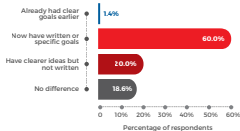


Before participating in the programme, my business transactions were mostly cash-based, and I had very limited use of digital payment methods. After attending the training sessions and guidance from the Pragati Sakhi, I learned how to use digital payment applications for my business. I now regularly accept and make payments digitally, which has reduced my dependence on cash and made my daily business operations more convenient.

- D. Balaji, 38 years, Kankurthi, Telangana, Small Business Owner



CHART 36: IMPROVEMENT IN FINANCIAL GOAL AWARENESS (N=70)



60.0%

of the respondents now have written or specific financial goals, reflecting a significant improvement in clarity and structure of financial planning.



20.0%

of the respondents report having clearer ideas about their goals, though not formally documented, while 18.6% report no noticeable change.



I used to handle my finances without much planning and never really thought about setting goals. Through the training and regular interactions with the Pragati Sakhi, I understood how to plan better. Now, I have started setting clear goals for my future, estimating how much I need, and saving accordingly. I also try to review my plans from time to time. This has helped me think more clearly about my financial decisions and manage my money more effectively.

- Lalappa, 35 years, Gadimunkanpally, Telangana, Sarpanch



CHART 37: IMPROVEMENT IN FINANCIAL AWARENESS (N=70)

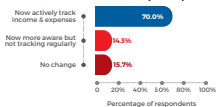
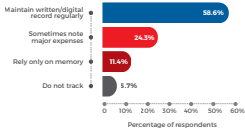


CHART 38: CHANGES IN BUDGETING PRACTICES (N=70)



The findings indicate a significant improvement in respondents' financial management practices.



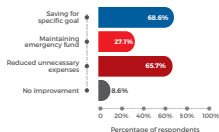
70.0%

of the respondents now actively track their income and expenses, reflecting increased financial awareness.

A significant 58.6% now prepare a monthly budget, indicating a shift from unstructured financial behavior to more disciplined management, despite some still using informal practices or reporting no change.

SAVINGS GOALS

CHART 39: IMPROVEMENT IN SAVINGS BEHAVIOUR (MULTIPLE RESPONSES) (N=70)



The finding indicated that a majority of respondents reported improvements in savings behaviour, with 68.6% saving for specific goals and 65.7% reducing unnecessary expenses.



70.0%

of the respondents reported maintaining an emergency fund, while a small proportion (8.6%) reported no improvement.

The results suggested that respondents adopted goal-based saving and expenditure control practices, though the extent of adoption varied across different aspects of savings behaviour.



Earlier, I did not save regularly and did not have a clear plan for it. After the training, I started keeping aside a fixed amount and saving for specific needs. Now I try to estimate how much I need and check my savings regularly. I have also started keeping some money for emergencies and cutting down on unnecessary expenses. This has helped me manage my money better and be more prepared for future needs.

- Rajeswari, 29 years, Jajapur, Telangana, Small Business (Tailoring/Handicrafts)

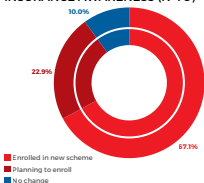


UNDERSTANDING THE BENEFITS FROM THE COMMUNITY



PROTECTING YOUR WEALTH

CHART 40: IMPROVEMENT IN INSURANCE AWARENESS (N=70)



55.1%

of the respondents reported having insurance coverage.

Current findings reveal that 67% of respondents have newly enrolled in insurance schemes, with 23% planning to enroll. This reflects a significant increase in awareness and uptake of insurance, indicating a shift towards better financial protection.

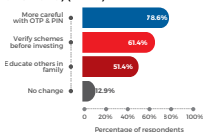


Prior to the program, I was not very careful while handling financial transactions and did not think much before sharing information. After the training, I have become more cautious and try not to share OTPs or personal details. I also try to check and confirm information before responding. At the same time, I still need some support in certain situations as I am still learning.

- K. Chennamma, 43 years, Jajapur, Telangana, Homemaker



CHART 41: CHANGES IN FINANCIAL SAFETY BEHAVIOUR (MULTIPLE RESPONSES) (N=70)



The findings indicate a substantial improvement in respondents' financial safety behaviour following the intervention.



78.6%

of the respondents report being more careful while handling sensitive information such as OTPs and PINs, while 61.4% now verify schemes before making financial decisions, reflecting increased caution and informed decision-making.



51.4%

of the respondents report educating family members about safe financial practices, suggesting a spillover effect of knowledge within households.



12.9%

of the respondents report no change in their behaviour, indicating that some gaps in the adoption of safe practices remain.

A FOCUS GROUP DISCUSSION (FGD) WAS CONDUCTED IN TELANGANA WITH FIVE WOMEN PARTICIPANTS—MRS. LAXMI, MRS SUDHA, MRS RAMULAMMA, MS ANASUYA, AND MS FATIMA, ALL OF WHOM ARE PROGRAMME BENEFICIARIES

Participants shared that prior to the programme, financial management was largely controlled by male members, with minimal savings and no structured budgeting practices. Transactions were primarily cash-based, and awareness of financial schemes and digital services was limited.

Following the intervention, participants reported significant improvements in financial awareness and behaviour. Women are now actively involved in household budgeting, with many saving a portion of their income (around 20%) and regularly tracking expenses. Digital payments have increased across the village, with wages and transactions conducted digitally.

Pragati Sakhis played a central role in facilitating these changes through regular community visits, tablet demonstrations, short educational videos, and continuous handholding support. The training covered digital payments, savings, insurance, and access to government schemes, making learning more practical and accessible.

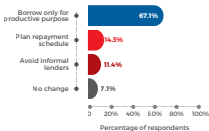
Participants also highlighted improved access to schemes such as ABHA cards, e-Shram cards, and government insurance schemes, indicating enhanced linkage to social protection services. Additionally, a shift in borrowing behaviour was observed, with increased reliance on SHCs and banks instead of moneylenders.

While improvements in confidence, digital usage, and financial practices were evident, participants noted that changes in women's decision-making roles within households are gradual but progressing.

Overall, the FGD reflects a positive shift towards improved financial awareness, adoption of digital practices, and increased access to financial and government services, supported by the consistent engagement of Pragati Sakhis.

BORROWING

CHART 42: IMPROVEMENT IN LOAN AWARENESS (N=70) & CHART 43: IMPROVEMENT IN BORROWING BEHAVIOUR (N=70)



The findings indicate a notable improvement in respondents' borrowing behaviour following the intervention.



67.1%

of the respondents report that they now borrow primarily for productive purposes, reflecting more purposeful and need-based borrowing.



14.3%

of the respondents plan their repayment schedules, indicating improved financial planning and responsibility.



11.4%

of the respondents report avoiding informal lenders, suggesting increased awareness of safer and more reliable borrowing sources, plan their repayment schedules, indicating improved financial planning and responsibility.



7.1%

of the respondents reports no change in their borrowing behaviours.



Earlier, I used to take loans based on need without fully understanding the terms. Now, I try to be more careful and make an effort to understand the conditions before borrowing. I ask questions and also discuss with my family before making any decision. I try to plan my repayments and avoid taking loans from informal sources whenever possible. I am now more aware and careful while borrowing.

- B. Sankaranma, 38 years, Zarjapur, Telangana, Farmer



ENTREPRENEURSHIP & EDP

CHART 44: MONTHLY BUSINESS INCOME BEFORE & AFTER TRAINING (N=26)

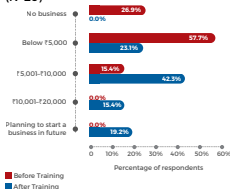
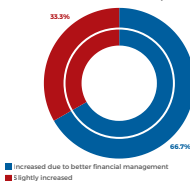


CHART 45: CHANGE IN BUSINESS INCOME AFTER TRAINING (N=21)



The findings indicate that the proportion of respondents earning below ₹5,000 reduced from 57.7% earlier to 23.1% at present. At the same time, a substantial proportion (57.7%) now report earning between ₹5,001-₹20,000, compared to 15.4% earlier. In addition, while no respondents earlier reported plans to start a business, 19.2% now indicate plans to initiate business activities.

Among respondents currently engaged in business (n=21), a substantial proportion (67%) report an increase in income due to financial management, while the remaining 33% report a slight increase.

These findings reflect an upward shift in income distribution along with increased engagement in enterprise activities among respondents.



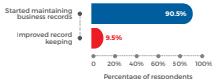
After attending the EDP training and getting mentoring support, I started improving my beauty business step by step. I also got access to a loan, which helped me manage my work better. I now try to maintain records, track my earnings, and make pricing and stock decisions more carefully. Over time, I have seen my income increase. I am now more confident in managing my business.

- Soumya, 29 years, Jajapur, Telangana, Small Business (Beautician)



MICROENTERPRISE

CHART 46: IMPROVEMENT IN BUSINESS RECORD KEEPING AFTER TRAINING (N=21)



90.5%

of the respondents report having started maintaining business records, while 9.5% report improved record-keeping practices.



90.5%

of the respondents report increased savings from business profits, followed by 76.2% reporting better stock management and 61.9% reporting improved pricing decisions.

These findings suggest that improved record-keeping practices are associated with better tracking of income and expenses, which aligns with respondents' reported improvements in savings, stock management, and pricing decisions.

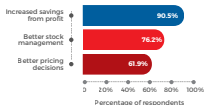


Earlier, I used to run my shop without maintaining proper records and did not clearly track my profits or expenses. After the training, I started keeping records of my business, checking how much I earn after expenses, and separating my business and personal finances. I also pay more attention to how I manage my stock and spending. Because of this, I have been able to save a little more from my business income, and I have seen some improvement in my overall income. I am still learning, but I now feel more aware and careful in managing my business.

- Parveen Begum, 30 years, Gadimunkanpally, Telangana, Retail Shop Owner




CHART 47: IMPROVEMENT IN BUSINESS MANAGEMENT PRACTICES (MULTIPLE RESPONSES) (N=21)




IMPACT OF THE PROGRAM ACROSS MULTIPLE LEVELS

INDIVIDUAL LEVEL




The programme has contributed to significant improvements in participants' digital and financial capabilities. A majority of respondents now demonstrate the ability to use smartphones independently, perform digital transactions, and access financial services without external support. There is also a noticeable increase in financial awareness, with participants adopting practices such as budgeting, saving regularly, and tracking expenses. Improved understanding of financial products, including loans, insurance, and savings options, has enabled more informed decision-making. Additionally, participants have become more cautious in handling sensitive information, reflecting enhanced financial safety awareness.

HOUSEHOLD LEVEL




At the household level, the programme has contributed to improved financial management and decision-making. Women are increasingly participating in, or making, decisions independently about income utilisation, savings, and expenditure. Households are now more likely to follow structured practices such as preparing budgets, reducing unnecessary expenses, and saving for specific goals. The shift from informal to formal financial systems, including increased use of bank accounts and reduced reliance on moneylenders, has strengthened household-level financial stability.

COMMUNITY LEVEL



The intervention has led to broader community-level shifts in behaviour and practices. Digital payments have become more common in local transactions, including wage payments and purchases. There is also evidence of peer learning and knowledge diffusion, with participants sharing learnings on digital usage and financial safety within their communities. Increased enrolment in government and financial schemes has improved access to entitlements, thereby enhancing social and financial inclusion.

INSTITUTIONAL/ SYSTEM LEVEL



The programme has strengthened linkages between communities and formal financial and institutional systems. Through partnerships with banks and local institutions, participants have gained improved access to financial services and government schemes. The role of Pragati Sakhis as community-based facilitators has helped bridge gaps in awareness, access to services, and service utilisation. This has contributed to greater integration of participants into formal financial ecosystems and improved service delivery at the grassroots level.



STATE LEVEL

At the state level, the programme contributes to strengthening financial inclusion and digital adoption among underserved communities, particularly women in rural areas. By enabling access to government schemes, insurance, and formal banking services, the programme supports ongoing state efforts to improve last-mile service delivery and inclusion. The use of community-based facilitators, such as Pragati Sakhis, complements existing institutional mechanisms by bridging gaps in awareness, access, and service utilisation. Additionally, increased enrolment in schemes such as insurance and social protection initiatives improves coverage and uptake of state-supported programmes.



NATIONAL LEVEL

At the national level, the programme aligns with broader priorities related to financial inclusion, digital literacy, and women's empowerment. By promoting digital payments, formal financial services, and access to government welfare schemes, the intervention supports key national initiatives, including financial inclusion drives, the expansion of the digital economy, and social security coverage. The demonstrated improvements in financial behaviour, digital adoption, and access to entitlements advance goals related to inclusive growth and the reduction of financial vulnerability among low-income populations. The community-led delivery model also provides a scalable approach for strengthening last-mile outreach in similar contexts.

DATA COLLECTION



05. SUCCESS STORIES

CASE STUDY 1

Beneficiary Details

Name: Kankamma

Age: 42 years

Village: Jajapur

Support Provided by: Pragati Sakhi

At 42, Kankamma from Jajapur village had long struggled to access basic government and financial services, often spending hours in queues for Aadhaar updates, banking work, or insurance enrolment. With limited digital awareness and little clarity on documentation and procedures, she depended heavily on others to complete these processes, which frequently led to delays and missed opportunities to avail benefits.

Her situation began to change with the support of a Pragati Sakhi, who guided her step by step through essential services. With this support, Kankamma successfully updated her Aadhaar, completed e-KYC, enrolled in the Pradhan Mantri Suraksha Bima Yojana (PMSBY), and renewed her Labour Card. Beyond completing these tasks, the Sakhi ensured she understood the purpose and process of each service, enabling her to navigate them more confidently.

Presently, Kankamma can access government and financial services independently, without relying on intermediaries. What once felt complex and inaccessible is now manageable, and she expresses confidence and satisfaction in handling these processes independently. The support not only improved her access to essential entitlements but also strengthened her overall financial security.

CASE STUDY 2

Beneficiary Details

Name: Ashwini

Age: 26 years

Village: Munkanpally

Support Provided by: Pragati Sakhi (S. Pooja)

At 26, Ashwini from Munkanpally village had been facing repeated challenges in accessing government services due to incorrect Aadhaar details. Even basic processes remained incomplete, as she lacked clarity about documentation and procedures and had to depend on others for assistance. This often led to delays and limited her access to multiple entitlements.

Her situation began to improve when she connected with Pragati Sakhi S. Pooja, who helped her resolve the Aadhaar issue. Once updated, Ashwini was able to move forward with applications for services such as the E-Shram Card, ABHA Card, and insurance schemes. Along the way, she was guided on the purpose and benefits of each service, helping her better understand their relevance and use.

Over time, Ashwini has become more comfortable navigating these processes. What earlier felt unclear and difficult is now more manageable, and she is less reliant on others for accessing such services. The support has enabled her to engage more confidently with formal systems and improved her access to essential government and financial services.

CASE STUDY 3

Beneficiary Details

Name: Radhika

Age: 16 years

Village: Munkanpally

Support Provided by: Pragati Sakhi (S. Pooja)

For Radhika, a 16-year-old student, something as basic as an Aadhaar update had become a roadblock. Without proper documents, she couldn't proceed with services related to her education.

When Pragati Sakhi Pooja stepped in, the first step was arranging the required birth certificate. Once that was done, everything else slowly fell into place—her Aadhaar was updated, a bank account was opened, and she became eligible for APAAR ID.

What seemed like a complicated situation earlier is now sorted, allowing her to focus on her studies without interruptions caused by documentation issues

CASE STUDY 4

Beneficiary Details

Name: B. Swathi (Pragati Sakhi)

Village: Kankurthy

In Kankurthy village, accessing banking and financial services was not easy for many residents. For most people, opening a bank account, updating KYC, or enrolling in insurance schemes involved multiple visits, confusion around documents, and a general lack of awareness about where to begin. As a result, many remained outside the formal financial system.

When B. Swathi began working as a Pragati Sakhi in the village, she started engaging closely with community members, understanding their challenges, and gradually supporting them in navigating these processes. Whether it was helping someone open a bank account, update their KYC, or enrol in an insurance scheme, she ensured that people not only completed the process but also understood what they were doing and why it mattered. Alongside this, she conducted small awareness sessions in the village and regularly connected with local institutions to make services more accessible.

Over time, this consistent effort began to reflect in how people approached financial services. Tasks that earlier felt complicated became easier to handle, and more community members started engaging with banks and formal systems. Swathi's role also became more visible within the village, she began participating in Gram Panchayat meetings and interacting with institutions as a point of contact for the community. Her work was eventually recognised by the State Bank of India (SBI), where her name was displayed on the notice board and she received appreciation at local forums. Today, she is seen as a reliable resource within the village, someone people turn to for guidance on financial matters. Her presence has made access to financial services more approachable, helping bridge the gap between the community and formal institutions.

CASE STUDY 5

Beneficiary Details

Name: Santhosh (Family beneficiary: Sujatha)

Age: 26 years

Village: Kankurthy

Support Provided by: Pragati Sakhi (Swathi)

In Kankurthy village, awareness of insurance schemes was limited, and many households had not enrolled in any form of financial protection. Santhosh's family was among those who had little knowledge of available schemes and their benefits, leaving them unprepared to deal with financial uncertainties.

During community-level interactions, Pragati Sakhi Swathi introduced the family to government insurance schemes such as PMJJBY and PMSBY and supported them through the enrolment process. The engagement not only facilitated enrolment but also helped the family understand how these schemes function and why they are important.

Following Santhosh's untimely death, the family faced a difficult situation. With the guidance of the Pragati Sakhi, they were able to navigate the claim process and complete the required formalities. As a result, they received ₹2,00,000 as financial support. What could have been a complex and overwhelming process became more accessible, highlighting how awareness and timely support can enable effective utilisation of financial protection mechanisms.

CASE STUDY 6

Beneficiary Details

Name: Lingamma

Age: 32 years

Village: Jajapir

Support Provided by: Pragati Sakhi (Keerthana)

Lingamma, 32, had never really explored the different government services available to her. The processes felt complicated, and she was not sure where to begin.

Through her interaction with Pragati Sakhi Keerthana, she gradually began applying for services such as the Sukanya Samridhi Yojana, Labour Card, and Voter ID. Instead of doing everything at once, she moved forward one step at a time, understanding each process as she went along.

Now, she finds it easier to approach such services. What once seemed confusing is no longer something she avoids, and she is more comfortable dealing with these systems.

CASE STUDY 7

Beneficiary Details

Name: Lakshmi

Village: Programme Village

Support Provided by: Pragati Sakhi

Lakshmi's concern began with a sudden issue—₹4,000 missing from her PhonePe account. Not knowing how to deal with it, she felt stuck and unsure of the next step.

She reached out to the Pragati Sakhi, who helped her take the matter to the bank and explain the situation clearly. With guidance on how to raise a complaint and follow the process, things began to move forward.

Eventually, the amount was recovered. More importantly, Lakshmi now knows what to do in such situations and where to go for help, which was something she lacked earlier.

FGD WITH BENEFICIARIES



06. CHALLENGES FACED



PARTIAL DIGITAL INDEPENDENCE

While a majority of respondents can use smartphones independently, a notable proportion still requires support or shows only limited improvement, indicating that full digital independence has not yet been achieved across all participants.



CONTINUED DEPENDENCE IN FINANCIAL TRANSACTIONS

Despite increased adoption of digital payments, a significant proportion of respondents still require assistance with financial transactions, reflecting gaps in confidence and in the independent use of financial services.



INCOMPLETE ADOPTION OF BUDGETING PRACTICES

Although 58.6% of respondents report preparing a monthly budget, a considerable proportion have not adopted budgeting consistently, indicating uneven uptake of structured financial planning.



GAPS IN FINANCIAL TRACKING AND RECORD-KEEPING

While 58.6% maintain financial records regularly, a substantial proportion either inconsistently or not at all, highlighting gaps in sustained financial discipline.



PARTIAL FINANCIAL AWARENESS

Although 70% of respondents are aware of their income and expenses, nearly one-third lack complete clarity, suggesting the need to strengthen their comprehensive financial understanding.



CONTINUED DEPENDENCE ON HANDHOLDING SUPPORT

Field insights indicate that a section of participants continues to rely on Pragati Sakhis for support in accessing services, completing processes, and conducting transactions, suggesting that independent and sustained usage is still developing.



LIMITED SCALE OF LIVELIHOOD OUTCOMES

Entrepreneurship Development Programme (EDP) interventions are currently limited in coverage and remain at an early stage, with minimal evidence of large-scale income enhancement or enterprise growth.



TIME-INTENSIVE DELIVERY MODEL

The programme follows a high-touch, handholding-based approach, including door-to-door visits and repeated demonstrations. While effective, this model is time-intensive and may limit scalability across larger geographies.

07. SWOT ANALYSIS



- ➔ Strong last-mile delivery through Pragati Sakhis, with continuous one-to-one handholding support enabling effective community engagement.
- ➔ Structured financial literacy modules covering digital payments, savings, budgeting, and financial safety.
- ➔ Practical, demonstration-led training approach through SHGs, door-to-door engagement, and real-life application .
- ➔ Improved access to government schemes, banking services, and digital platforms, reducing dependency on intermediaries .



- ➔ Continued dependence on assisted support for financial transactions.
- ➔ A section of participants still relies on handholding for digital and financial activities, indicating incomplete independence.
- ➔ Inconsistent adoption of financial planning practices.
- ➔ Budgeting and record-keeping are not uniformly or consistently followed across all participants.
- ➔ Limited depth of understanding of financial concepts.
- ➔ While awareness has improved, detailed understanding of financial products, calculations, and long-term planning remains limited.



- ➔ Opportunity to strengthen saving habits by enabling participants to plan their finances more systematically and save for specific goals.
- ➔ Potential to strengthen enterprise development through mentoring and credit linkages.
- ➔ Opportunity to scale the Pragati Sakhi-led model to wider geographies and communities.



- ➔ Fear of digital fraud is affecting the adoption of digital financial services.
- ➔ Concerns about scams and the misuse of financial information may discourage consistent use.
- ➔ Differences in literacy and digital exposure across participants.
- ➔ Variations in education levels and familiarity with digital tools may influence the pace and consistency of programme outcomes.

The programme demonstrates strong implementation and behavioural outcomes; however, strengthening the depth of financial planning, reducing reliance on handholding, and addressing external barriers, such as digital risk perceptions, will be critical for sustaining and scaling impact.

08. OECD-DAC FRAMEWORK ANALYSIS



Relevance



Coherence



Effectiveness



Efficiency



Impact



Sustainability



RELEVANCE

The programme addresses critical gaps in financial awareness, digital adoption, and access to formal financial services among rural communities, particularly women, across Telangana, Andhra Pradesh, and Kerala. Despite increased access to banking infrastructure, findings indicate that the use of digital platforms, financial planning, and informed financial decision-making remains uneven among a significant proportion of participants.

Women in these communities continue to face barriers related to limited financial literacy, low digital confidence, and restricted participation in financial decision-making, which constrain their ability to effectively utilise financial services and entitlements. In addition, limited awareness and access to government schemes and formal credit mechanisms further restrict financial inclusion and security at the household level.

These gaps highlight the need for targeted interventions to strengthen financial capabilities, promote digital inclusion, and improve access to formal financial systems, particularly among underserved populations.



COHERENCE

The programme aligns strongly with national and state priorities on financial inclusion, digital empowerment, and women-led economic participation. It complements existing initiatives by strengthening last-mile access and improving the utilisation of financial and government services.



Alignment with Government Initiatives:

- Pradhan Mantri Jan Dhan Yojana (PMJDY)
- Digital India Initiative
- National Rural Livelihood Mission (NRLM)
- Pradhan Mantri Mudra Yojana (PMMY)



EFFECTIVENESS

The programme has been effective in improving financial awareness, digital adoption, and access to formal financial services among rural communities. Findings indicate increased adoption of digital payments, improved savings practices, and greater participation of women in financial decision-making.

However, variations in adoption levels, partial independence in digital usage, and inconsistent application of financial practices indicate scope for strengthening sustained usage and deeper financial understanding.



EFFICIENCY

The program uses Digital (Pragati) Sakhis for last-mile delivery, engaging communities through demonstrations and door-to-door outreach. While this method effectively utilizes existing structures, it relies heavily on ongoing support, making it time-intensive. Enhancing participant independence and streamlining support is crucial for improving efficiency at scale.



IMPACT

The program has enhanced financial awareness, digital adoption, and access to formal financial services in rural communities. Beneficiaries report increased digital payment usage, better savings practices, and more women involved in financial decisions. Improved awareness and access have fostered financial inclusion and engagement with formal systems. However, variations in adoption and ongoing reliance on support suggest that independent use is still developing.



SUSTAINABILITY

The programme has established a strong foundation for sustained behaviour change through capacity building, continuous engagement, and integration with community platforms. The Pragati Sakhi-led model supports ongoing reinforcement of financial practices and facilitates continued access to services beyond the project period.

However, sustained impact will depend on continued mentoring, strengthening participant independence, and ensuring consistent adoption of financial behaviours across all beneficiary groups.

OVERALL ASSESSMENT

The programme demonstrates high relevance and strong alignment with policy priorities, with effective implementation through a community-based model. While it has achieved meaningful improvements in financial behaviour and access to services, strengthening the depth, consistency, and independence of adoption will be critical for sustaining and scaling long-term impact.



Relevance



Coherence



Effectiveness



Efficiency



Impact



Sustainability

09 RECOMMENDATIONS

Based on the findings, while the programme has made notable progress in improving financial awareness and digital adoption, gaps remain in consistency, depth of understanding, and independent usage of financial practices. The following recommendations focus on strengthening sustained behaviour change and enhancing programme effectiveness.



STRENGTHEN FINANCIAL PLANNING AND RECORD-KEEPING PRACTICES

Given the inconsistent adoption of budgeting and tracking practices, the programme should introduce simple, standardised formats for budgeting and record-keeping, along with goal-based savings approaches (e.g., education, health, emergencies). These practices should be reinforced through regular follow-ups and integration into SHG meetings to ensure consistent and sustained application.



REDUCE DEPENDENCE ON CONTINUOUS HANDHOLDING

A section of participants continues to rely on support for financial and digital activities. The programme should adopt a phased reduction in handholding, while promoting peer learning and community-based champions within SHGs to enable independent, sustained use of financial services.



DEEPEEN FINANCIAL LITERACY THROUGH ADVANCED MODULES

While basic awareness has improved, the depth of understanding of financial concepts remains limited. The programme should introduce advanced training modules covering topics such as loan comparison, interest calculation, and long-term financial planning, targeted at participants who have already adopted basic practices.

10. CONCLUSION

The programme has made significant progress in enhancing financial awareness, digital adoption, and access to formal financial services among rural communities, particularly women. The Pragati Sakhi-led approach has been effective in building trust, enabling last-mile outreach, and supporting participants in adopting new financial practices.

Participants have demonstrated encouraging shifts towards improved savings behaviour, increased use of digital platforms, and greater involvement in financial decision-making. The programme has also strengthened access to government schemes and formal financial systems, contributing to broader financial inclusion.

With continued reinforcement and targeted support, the programme is well-positioned to deepen these gains and achieve sustained, long-term impact across communities.

References

- Reserve Bank of India. (2023–24). Report on Trend and Progress of Banking in India.*
- National Sample Survey Office (NSSO). (2019). Household Social Consumption: Education and Financial Inclusion Indicators.*
- National Family Health Survey (NFHS-5). (2019–21). India Fact Sheet.*
- World Bank. (2021). Global Findex Database: Financial Inclusion, Digital Payments, and Resilience.*
- NITI Aayog. (2021). Financial Inclusion and Digital Literacy in India.*



IMPACT ASSESSMENT REPORT

SAKSHAM LIVELIHOOD TRAINING AND FINANCIAL SUSTAINABILITY

Implemented by: Indian Sponsorship Committee, Mumbai

TABLE OF CONTENTS

Abbreviations	01
<hr/>	
Executive Summary	02 - 05
Project Background	02
Project Details	02 - 03
Project Activities	03
Key Findings	04
Key Impacts	05
<hr/>	
01. Introduction	06 - 07
Need for the program	06
Objectives of the program	06
About the CSR firm	07
About Implementing Partner/ NGO	07
<hr/>	
02. Research Methodology	08 - 10
Objectives of the project	08
Research Design	08
Application of Quantitative Techniques	08
Application of Qualitative Techniques	08
Ensuring triangulation	09
Sampling Framework	09
Data Quality Control & Analysis	09
Standardised Framework for Evaluation	09
Design Snapshot	09
Key Stakeholders	10
Upholding Research Ethics	10
<hr/>	
03. Analysis of Program Design	11 - 12
<hr/>	
04. Key Findings and Impacts	13 - 25
<hr/>	
05. Key Challenges and Learnings	26
<hr/>	
06. SWOT Analysis	27
<hr/>	
07. OECD-DAC Framework	28 - 29
<hr/>	
08. Recommendations	30
<hr/>	
09. Conclusion	31
<hr/>	

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BBREVIATIONS

CSR	Corporate Social Responsibility
FGD	Focussed Group Discussion
FY	Financial Year
SDGs	Sustainable Development Goals
SWOT	Strengths, Weaknesses, Opportunities and Threats
HDFC	HDFC Securities Limited
ISC	Indian Sponsorship Committee
SHG	Self Help Group

EXECUTIVE SUMMARY

PROJECT BACKGROUND

The Saksham Program, supported by HDFC Securities Limited and implemented by the Indian Sponsorship Committee, is designed to strengthen livelihood opportunities for women by building their skills and enabling income generation. The program focuses on providing practical training in areas such as tailoring, beauty, and wellness, along with opportunities to engage in production units and market-linked activities. Many underprivileged women from Pune and Lonawala, who were earlier not engaged in any form of work and had little or no personal income, are now able to participate in income-generating activities through the skills they have acquired. By providing access to training, equipment support, and platforms for selling products, the program has helped women move toward financial independence and increased confidence. It has also encouraged women to take a more active role in household decision-making and support their families. The program has contributed to improving beneficiaries' economic conditions while also creating a broader impact within the community through peer learning and shared opportunities.

PROJECT DETAILS



Implementation Year

FY 2024-25



Assessment Year

FY 2025-26



Implementation Partner

Indian Sponsorship Committee



Project Budget

Rs. 88,24,812/-



Beneficiaries

309 Students for Career Guidance Training & IT skills



Supported by

HDFC Securities Limited



Location

Pune & Lonavala



Alignment with SDGs





Alignment with government initiatives

The Saksham Program supports several flagship initiatives of the Government of India:

- Skill India Mission
- National Rural Livelihood Mission (NRLM)
- Pradhan Mantri Kaushal Vikas Yojana (PMKVY)

PROJECT ACTIVITIES



Conducted community meetings and awareness sessions to promote women's empowerment and established new training centres.



Enrolled women beneficiaries for upskilling programs across new and existing centres.



Conducted training sessions in various trades and provided certifications along with short-term skill-based courses.



Provided business and financial literacy workshops to enhance understanding of income management and enterprise development.



Delivered soft skills training, including communication and confidence-building sessions.



Facilitated formation of Self-Help Groups (SHGs), promoted individual entrepreneurship, and strengthened the capacity-building of women beneficiaries.



Connected women to local markets and financial institutions to improve access to economic opportunities.



Supported the successful running of production units managed by women collectives and enabled product marketing.



Strengthened market linkages through multiple sales channels such as brand orders, Shopify, and Khadi Village Industries.



Enabled participation of women in exhibitions and stalls to enhance product visibility and sales opportunities.



Provided continuous handholding support to women collectives to expand their market network and improve the sustainability of their enterprises.

KEY FINDINGS AND IMPACTS

KEY FINDINGS



100%
of the women completed the training program.



87.5%
of the beneficiaries were not working before joining the program, indicating low initial livelihood engagement.



82.5%
of the households have an annual income below ₹1,00,000, indicating economically vulnerable backgrounds.



77.5%
of the beneficiaries are regularly engaged in the production unit, showing strong post-training involvement.



72.5%
of the women received training in tailoring, making it the most preferred skill area.



70.0%
of the women belong to the 30-40-year age group, reflecting participation by women in their active working years.

KEY IMPACTS



100%
of the beneficiaries are guiding or supporting other women to take up similar work, showing strong community-level impact.



97.5%
of the women are now earning using the skills gained from the program.



92.3%
of the women are regularly contributing to household expenses, strengthening their role in family finances.



69.2%
of the beneficiaries are independently making decisions about how to use their earnings, reflecting increased financial autonomy.



67.5%
of the beneficiaries are working in the production unit, while 27.5% are engaged in home-based self-employment.



67.5%
of the women have invested in productive assets such as sewing machines, raw materials, or equipment after training.

KEY FINDINGS

60.0% of the beneficiaries attended training for 1-3 months, indicating short- to medium-term engagement.



35.0% of the beneficiaries have education up to secondary class, showing a basic foundation for skill development.

KEY IMPACTS

45.0% of the women earn between ₹2,001 and ₹4,000 per month, reflecting a shift toward regular earnings.



43.6% of the beneficiaries have been generating income consistently for more than one year, indicating sustained outcomes.

INTERACTION WITH BENEFICIARIES

01. INTRODUCTION

NEED FOR THE PROJECT

The Saksham Program, supported by HDFC Securities Limited and implemented by the India Sponsorship Committee, was initiated to address the limited livelihood opportunities and financial dependence among women from economically vulnerable backgrounds. Many women had little or no access to income-generating activities despite being in their active working years, often due to a lack of skills, resources, and exposure to market opportunities. This not only affected their financial independence but also limited their role in household decision-making and well-being. Recognising the need to build sustainable livelihoods, the program focused on providing skill-based training in areas such as tailoring, beauty and wellness, along with access to production units and market linkages. By equipping women with practical skills and creating pathways for income generation, the program aims to enhance their earning capacity, promote self-reliance, and improve their socio-economic condition, while also contributing to the broader development of their families and communities.

OBJECTIVES OF THE PROGRAM

The primary objective of the Saksham Program is to enhance livelihood opportunities for women from economically vulnerable backgrounds by equipping them with relevant skills and enabling access to sustainable income-generating activities.



Provide skill-based training in areas such as tailoring, beauty and wellness, and other livelihood trades.



Enable women to start earning through engagement in production units and home-based enterprises.



Support access to tools, equipment, and resources required for initiating livelihood activities.



Facilitate market linkages through exhibitions, sales platforms, and local networks.



Build confidence and improve financial independence among women beneficiaries.



Encourage participation in household decision-making and strengthen their role within the family.



Promote continuous income generation through sustained engagement and follow-up support.



Create opportunities for peer learning and motivate women to support others in their communities.

ABOUT THE CSR FIRM

HDFC Securities Limited operates in the financial services sector, offering a range of investment and trading solutions to individuals and institutions. Alongside its core business, the company is actively engaged in corporate social responsibility initiatives to support community development. Its CSR efforts focus on key areas such as health and sanitation, education promotion, scholarships for underprivileged children, the setup of digital classrooms, and the renovation, operation, and painting of schools. The organisation also supports preventive and curative healthcare initiatives. These activities are primarily undertaken across Maharashtra, Gujarat, and Tamil Nadu, reflecting its commitment to creating meaningful social impact.

ABOUT IMPLEMENTING PARTNER/ NGO

The India Sponsorship Committee (ISC) is a public charitable trust registered under the Bombay Public Trust Act, 1950, with its office in Colaba, Mumbai, and has been working as a non-profit organisation since 1967. Established at a time when child sponsorship was still emerging in India, ISC focuses on supporting children from underserved backgrounds by ensuring access to education and development. The organisation envisions a society where all children, regardless of caste, creed, or gender, can realise their rights and reach their full potential. Through its work, ISC aims to address not just educational needs but also the social, emotional, physical, and spiritual well-being of children, helping them grow into responsible and contributing members of society.

INTERACTION WITH BENEFICIARIES



02

RESEARCH METHODOLOGY

HDFC Securities Limited commissioned a study by SoulAce to assess the impact of their Saksham Program. The initiative aimed to enhance livelihood opportunities by providing skill-based training, income generation support, and market linkages for women from economically vulnerable backgrounds. This study, conducted by SoulAce, critically analysed the accessibility, effectiveness, beneficiary engagement, and improvements in income, employment, and empowerment outcomes following the implementation of the Saksham program.

OBJECTIVES OF THE STUDY



To assess the effectiveness of organisational activities and measure their impact.



To analyse the impact of social investments in the project on beneficiaries and society.



To conduct impact evaluations that generate meaningful insights while considering resource availability and decision-making timelines for the intervention.



To make evidence-based decisions for implementation, identify challenges, and ensure program continuity, scalability, sustainability, and efficiency.

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 women participants, trainers, implementation partners, training partners, and marketing partners. 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 target population's subgroups, 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.

The sampling framework is illustrated below:

State	Maharashtra
Village/ Taluka/ District	Pune
Communities covered	Communities from Pune & Lonavala
Sample size	40

DATA QUALITY CONTROL & ANALYSIS

The study employed a centralised dashboard and an in-house app for real-time data monitoring, ensuring data integrity and enabling prompt corrective actions when needed.

Data analysis encompassed descriptive, numerical, and graphical methods to systematically present and interpret data patterns, extracting key characteristics and trends.

STANDARDISED FRAMEWORK FOR EVALUATION

The research study applied the OECD-DAC 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.



DESIGN SNAPSHOT



Name of the project

Saksham_Livelihood Training and Financial Sustainability



Implementing agency

Indian Sponsorship Committee



Research design

Descriptive and Interpretive research design



Sampling technique

Purposive and Stratified Random Sampling



Sample size

40



Qualitative methods used

Testimonials and Focus Group Discussion

KEY STAKEHOLDERS

-  India Sponsorship Committee (Program Implementer)
-  HDFC Securities Limited (Project Funder)
-  Women Beneficiaries (Program Participants)
-  Trainers and Instructors
-  Production Unit Staff and Supervisors
-  Women Collectives / Self-Help Groups (SHGs)
-  Market and Sales Partners (Exhibitions, Retail, Online Platforms)

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 INFORMITY

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.

BENEFICIARIES AT WORK



THEORY OF CHANGE

Components	Details
Inputs	Provision of skill-based training programs in trades such as tailoring (72.5%) and beauty & wellness, establishment of training centres and production units; deployment of trainers and support staff; support from HDFC Securities Limited; implementation by the India Sponsorship Committee.
Activities	Conducted community mobilisation and awareness sessions; enrolled women beneficiaries in training programs, where 87.5% were previously not working; delivered skill training, certification, and soft skills sessions with 100.0% course completion; provided business and financial literacy workshops; facilitated SHG formation; connected women to markets and financial institutions; supported production unit operations and participation in exhibitions and sales platforms.
Outputs	Trained 309 women with certified skills across multiple trades; operational production units managed by women collectives with 77.5% regular engagement; increased participation of women in income-generating activities, improved access to market linkages through exhibitions, retail, and online channels; enhanced knowledge of financial and business practices.
Outcomes	Increased employment and self-employment among women (97.5% earning); improved monthly income levels with the majority earning between ₹2,001-₹6,000 (75.0%); enhanced financial independence and contribution to household expenses (92.3% contributing regularly); strengthened decision-making power within families (69.2% independent decisions); improved confidence, communication, and entrepreneurial abilities.
Impacts	Sustainable livelihood opportunities for women leading to improved socio-economic conditions; increased financial inclusion and independence (97.5% having bank accounts); empowerment of women within households and communities; creation of a ripple effect as beneficiaries support and guide other women (100.0%); contribution to community development and reduced economic vulnerability.

IMPLEMENTATION STRATEGY

The Saksham Program was implemented with the support of HDFC Securities Limited and executed by the India Sponsorship Committee to strengthen livelihood opportunities for women. The strategy focused on building skills through structured training programs in trades such as tailoring and beauty & wellness, as well as establishing production units for practical exposure and income generation. Emphasis was placed on community mobilisation to identify and enrol women beneficiaries, followed by continuous capacity building through technical, business, and soft skills training. The program also ensured market linkage through exhibitions, local networks, and institutional buyers to support sustained income. Regular handholding support was provided to women collectives to strengthen enterprise development. At the same time, efforts were made to expand outreach through new centres and awareness activities to ensure wider participation and impact.

MONITORING AND EVALUATION

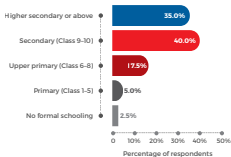
The monitoring and evaluation framework included regular tracking of training participation, income generation, and beneficiary engagement to assess program effectiveness and accessibility. Quantitative data on the number of women trained, employment status, income levels, and participation in production units and market activities were collected periodically. Qualitative feedback was gathered through interviews with beneficiaries, trainers, and program staff to understand program effectiveness and challenges. Documentary evidence included training records, certification details, production and sales data, and photographic evidence of training sessions, production units, and market linkages. This M&E system supported continuous improvement and accountability throughout the program duration.

BANNER HANGED OUTSIDE



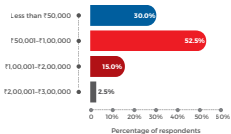
PART A - DEMOGRAPHICS

CHART 1: EDUCATION LEVEL COMPLETED BY BENEFICIARIES



In terms of education, most women have studied up to secondary (40%) or higher secondary and above (35%), indicating a basic level of literacy and understanding. A smaller group has studied up to upper primary (17.5%), primary level (5%), or has no formal schooling (2.5%). This suggests that the program is engaging women who have some educational foundation, which can support skill-building and income-generating activities, while also including those with limited education who may need additional support.

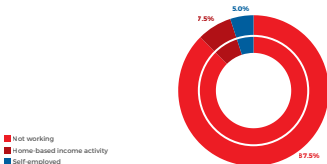
CHART 2: ANNUAL HOUSEHOLD INCOME FROM ALL SOURCES



The income profile of beneficiaries shows that most households fall within the lower income range, with over half earning between ₹50,001 and ₹1,00,000 (52.5%), and a significant number earning less than ₹50,000 (30%). A smaller group earns between ₹1,00,001 and ₹2,00,000 (15%), while very few have incomes above ₹2,00,000 (2.5%). This indicates that the program is largely reaching financially vulnerable families, where additional income opportunities and livelihood support can make a meaningful difference in improving their economic condition.

PART B - PRE-INTERVENTION BASELINE (BEFORE SAKSHAM)

CHART 3: EMPLOYMENT STATUS BEFORE JOINING SAKSHAM



87.5%

of the women were not engaged in any form of work before joining the Saksham program.

Only a small number were involved in home-based income activities (7.5%) or were self-employed (5%). This indicates that most beneficiaries were financially dependent and had limited access to income-generating opportunities earlier. The program is therefore reaching women with minimal or no prior work experience, creating a strong foundation for improving their participation in livelihoods and enhancing their economic independence.

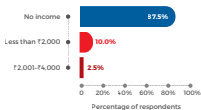
FROM NO INCOME TO FINANCIAL INDEPENDENCE: AASMA'S JOURNEY WITH SAKSHAM

Aasma Parvej Shaikh, a 39-year-old married woman with secondary level education, lives in a household of 3-4 members. Her family's annual income falls in the modest range, reflecting a need for additional financial support. Like many women in her community, Aasma was managing household responsibilities but had limited economic opportunities. With a willingness to learn and improve her situation, she joined the Saksham Program to explore new possibilities for earning and self-reliance.

Before joining the program, Aasma was not employed and had no personal income. She had no prior source of income and was financially dependent on her family. Recognising this gap, she enrolled in a tailoring training program under Saksham and participated for more than 6 months. Although she was not part of the production unit and initially had limited exposure to enterprise inputs, she actively engaged in learning. She even participated in an exhibition, which gave her early experience with market interactions.

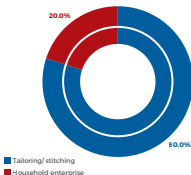
After completing the training, Aasma experienced a significant transformation. She is now employed and earning a steady monthly income of ₹4,001-₹6,000 using the skills she has gained. She received certification for her training and independently invested in a sewing machine, enabling her to continue her work. She sells her products through exhibitions and markets, has been earning consistently for over a year, and contributes regularly to her household expenses. Aasma now independently manages her earnings and also supports other women in taking up similar work. She finds the training highly useful, as it directly helped her start earning and become more confident and self-reliant.

CHART 4: AVERAGE MONTHLY PERSONAL INCOME BEFORE TRAINING



The data shows that most women had no personal income before the training (87.5%), while a small number earned less than ₹2,000 per month (10%) and very few earned between ₹2,001 and ₹4,000 (2.5%). This highlights that the majority of beneficiaries were financially dependent with very limited earning capacity. It reflects the need for livelihood support and skill development, as the program is reaching women who had minimal or no income prior to their participation.

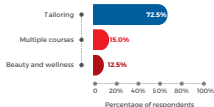
CHART 5: SOURCE OF INCOME BEFORE JOINING SAKSHAM



Among the small group of women who were earning before joining Saksham, most (80%) were engaged in tailoring or stitching, while a few (20%) were involved in household-based enterprises. This indicates that prior income opportunities were limited and largely concentrated in traditional, low-scale activities. It also shows that women had some basic skills, especially in stitching, which the program can further strengthen and expand into more sustainable livelihood options.

PART C - TRAINING AND PARTICIPATION

CHART 6: TYPES OF TRAINING COMPLETED UNDER SAKSHAM

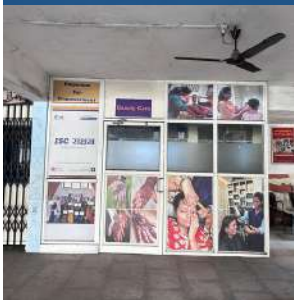


72.5%

of the training data shows that most women opted for tailoring, making it the most preferred course under the Saksham program.

A smaller group participated in multiple courses (15%), indicating an interest in learning diverse skills, while some chose beauty and wellness training (12.5%). This suggests that while tailoring remains a popular and accessible skill for livelihood, there is also a growing inclination among women to explore varied opportunities to enhance their income potential.

BEAUTY CARE PARLOUR BY ISC SAKSHAM FOR EMPOWERMENT



BUILDING DIGITAL CONFIDENCE: STRENGTHENING WOMEN'S SKILLS THROUGH TRAINING



Background

Shweta Chintamani, a full-time trainer associated with the Saksham Program for over a year, has been instrumental in building both technical and digital capabilities among women beneficiaries. With a focus on market-relevant skills, she integrates digital literacy, including the use of Gmail, Google Drive, and social media, into the training process to help women manage orders and engage with customers effectively. The training approach is adaptive and practice-based, using demonstrations and peer learning to ensure that even women with low literacy can participate and learn comfortably.



Pre-Intervention

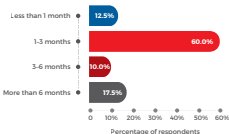
Before the training, many women had limited exposure to digital tools and lacked confidence in using technology for business purposes. Their ability to manage orders, communicate with customers, or explore online platforms was minimal. In addition, household responsibilities and time constraints often affected regular attendance and learning continuity, creating barriers to skill development and income generation.



Post-Intervention

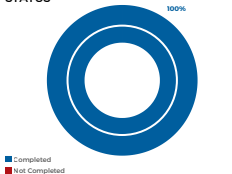
Through training, women gained confidence and skills for income-generating opportunities by learning to navigate digital platforms and engage with customers. Hands-on sessions enhanced their practical abilities, while confidence and a positive mindset were crucial for earning potential. Although certification didn't directly lead to employment, it supported entrepreneurship. The experience underscored the importance of creating a safe, inclusive learning environment to help women overcome hesitation and pursue diverse income opportunities beyond traditional sales.

CHART 7: TOTAL DURATION OF SAKSHAM TRAINING ATTENDED



The training duration data shows that most women attended the program for 1 to 3 months (60%), indicating that this was the most common engagement period. A smaller number participated for more than 6 months (17.5%), while some attended for shorter durations of less than 1 month (12.5%) or between 3 and 6 months (10%).

CHART 8: COURSE COMPLETION STATUS



All women completed the training program with 100% participation and no dropouts, indicating strong engagement. This suggests that the program's structure, support, and relevance effectively kept participants committed to their learning journey.

LEADING CHANGE: STRENGTHENING WOMEN'S LIVELIHOODS THROUGH SAKSHAM



Background

Kranti Salve, Head of Project under the Saksham Program, has been leading the initiative for over five years with a strong focus on empowering women from disadvantaged backgrounds through skill development and livelihood opportunities. The program was designed to equip women with employable skills in market-relevant trades while also creating pathways for income generation through the production and sales of apparel and home décor products. Over time, the program expanded its training and production centres, including growth in Lonavala, to reach more women in need. Through structured mobilisation efforts such as surveys, local outreach, and word of mouth, women were identified and enrolled based on their needs, ensuring inclusion of those who needed the most support.



Pre-Intervention

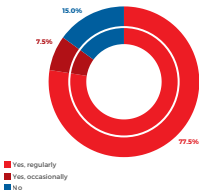
Before the intervention, many women from these communities had limited access to skill development opportunities and were not engaged in income-generating activities. Their participation in the workforce was low, and opportunities to build employable skills or access markets were restricted. Lack of financial literacy, limited exposure to enterprise activities, and dependence on household income further constrained their ability to contribute economically.



Post-Intervention

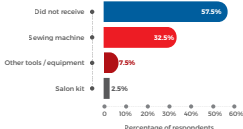
The Saksham approach introduced a practical, flexible training model in which women began earning even as they learned basic skills. Production units functioned collaboratively, allowing women to contribute based on their abilities, which helped build confidence and ensured early income generation. Partnerships with organisations such as Mann Deshi and Spherule Foundation strengthened financial literacy and digital market access, enabling women to manage savings and explore online selling platforms. As a result, women became more confident in handling finances, participating in savings groups, and taking independent orders. Despite challenges such as time management and family responsibilities, the program's continuous support enabled women to sustain their livelihoods, creating a strong foundation for long-term empowerment and community impact.

CHART 9: ENGAGEMENT IN SAKSHAM PRODUCTION UNIT



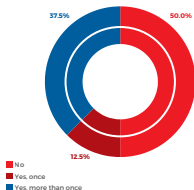
The data shows that a majority of women are actively engaged in the Saksham production unit, with most participating regularly (77.5%) and a smaller group involved occasionally (7.5%). However, a section of beneficiaries is not engaged in the production unit (15%). This indicates that while the program has been successful in creating consistent livelihoods for many women, there is still scope to increase participation and ensure that all trained beneficiaries can connect with income-generating opportunities.

CHART 10: RECEIPT OF ENTERPRISE INPUTS OR EQUIPMENT THROUGH SAKSHAM OR PARTNERS



The data shows that more than half of the women did not receive any enterprise inputs or equipment (57.5%), while a notable group received sewing machines (32.5%). A few beneficiaries received other tools or equipment (7.5%) and salon kits (2.5%). This indicates that while some women have been supported with essential resources to start or strengthen their livelihoods, a large proportion may still face limitations in fully applying their skills due to a lack of access to necessary tools, highlighting an area for further support.

CHART 11: PARTICIPATION IN EXHIBITIONS, STALLS, OR ORGANISED SALES EVENTS



The data shows that half of the women have not participated in any exhibitions or sales events (50%). At the same time, a good number have had exposure through such platforms, with some participating once (12.5%) and others multiple times (37.5%). This indicates that while the program has created opportunities for market linkage and real-world selling experience for several beneficiaries, a significant group has not yet accessed them, suggesting scope to expand participation and exposure for all women.

BENEFICIARY GROUP PHOTO



EXPANDING MARKET ACCESS: ENABLING WOMEN TO SHOWCASE AND SELL THROUGH EXHIBITIONS



Background

Under the Saksham Program, Sangam World Trade Centre partnered to provide market access opportunities for women beneficiaries by offering exhibition stalls to showcase and sell their products. Over the course of one year, a range of items, including clothes, bags, quilts, and pouches, were displayed, allowing women to present their work to a wider, more diverse audience. The platform provided open display space, allowing participants to exhibit products of their choice and gain exposure beyond their immediate communities, including interactions with international customers.



Pre-Intervention

Before accessing such platforms, women's market reach was largely limited to local sales within their communities or to home sales. They had limited exposure to structured market environments and customer interactions, which restricted their understanding of pricing, presentation, and sales processes. Opportunities to engage with a wider customer base or receive direct feedback were minimal, affecting both income potential and confidence.

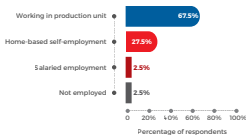


Post-Intervention

Through participation in exhibitions, women gained valuable experience in interacting directly with customers and managing sales processes, with support from the Saksham team. This exposure helped build confidence and improve their understanding of market dynamics. While organising exhibitions did not pose major challenges, it was observed that sustained income requires consistent market opportunities beyond one-time events. Pre-orders for events, such as uniforms and customised products, emerged as a practical way to ensure a steady income. The experience highlighted that continued engagement and structured market linkages can play a key role in strengthening income generation and long-term sustainability for women entrepreneurs.

PART D - POST-INTERVENTION OUTCOMES

CHART 12: CURRENT EMPLOYMENT STATUS OF BENEFICIARIES



The data shows that a majority of women are now engaged in income-generating activities, with most working in the production unit (67.5%) and a significant number involved in home-based self-employment (27.5%). Only a very small proportion is in salaried jobs (2.5%) or not employed (2.5%). This reflects a strong shift from earlier unemployment to active livelihood engagement, indicating that the program has been effective in enabling women to take up work and move towards financial independence.

BUILDING DIGITAL CONFIDENCE: ENABLING WOMEN TO ACCESS ONLINE MARKETS THROUGH SAKSHAM



Background

Under the Saksham Program, Spherule Foundation partnered with other organisations to strengthen women's access to digital market platforms by introducing them to online government initiatives such as ONDC and Udyam. Over the course of 1 year, classroom-based training sessions were conducted for women engaged in various skill trades to expand their market reach beyond local sales channels. The sessions were designed to help women understand how they could sell their products from home and manage digital platforms effectively. As part of the initiative, hands-on support was provided, resulting in 28 women successfully registering on the Udyam platform.



Pre-Intervention

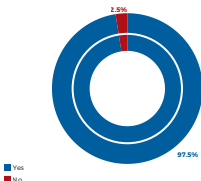
Before the training, most women had limited exposure to digital tools and online platforms, and they lacked trust and confidence in using technology for business purposes. Many participants were not familiar with how online marketplaces work or how to use them to expand their sales. Even though they were engaged in income-generating activities, their market access remained restricted to local networks, and hesitation around technology acted as a barrier to growth.



Post-Intervention

After the training, women showed improved understanding of digital platforms and their benefits, with several participants gaining the confidence to register and explore these platforms independently. While initial challenges in adapting to technology remained, the structured classroom approach helped build familiarity and reduce hesitation. Women became more open to online selling as a convenient option, especially given their time constraints and household responsibilities. The intervention highlighted the importance of ongoing digital training to strengthen confidence and support women in accessing broader, more sustainable market opportunities.

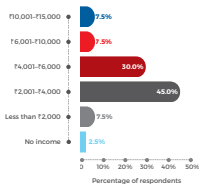
CHART 13: EARNING INCOME USING SKILLS GAINED FROM SAKSHAM



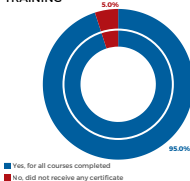
97.5%

of the women are now earning income using the skills gained from the Saksham program, with only a very small number (2.5%) not yet doing so.

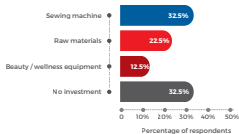
This reflects a strong outcome of the training, where the skills provided are directly translating into income-generating opportunities. It indicates that the program has been highly effective in linking skill development with practical livelihood outcomes for the beneficiaries.

CHART 14: CURRENT AVERAGE MONTHLY PERSONAL INCOME

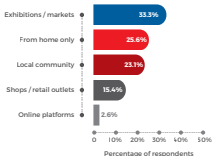
The data shows that most women now earn a monthly income, with a large number in the ranges of ₹2,001-₹4,000 (45%) and ₹4,001-₹6,000 (30%). A smaller group is earning higher incomes between ₹6,001-₹10,000 (7.5%) and ₹10,001-₹15,000 (7.5%), while a few are still earning less than ₹2,000 (7.5%) or have no income (2.5%). This indicates a clear improvement from the earlier situation, where most women had no income, showing that the program has helped women start earning, though there is still scope to increase income levels further.

CHART 15: CERTIFICATION RECEIVED AFTER COMPLETING SAKSHAM TRAINING

The data shows that most women (95%) received certification after completing their training, while a small number (5%) did not receive a certificate. This indicates that the program has largely ensured the formal recognition of skills, which can help build confidence and improve employment or entrepreneurial opportunities.

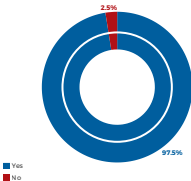
CHART 16: INDEPENDENT PURCHASE OF PRODUCTIVE ASSETS AFTER TRAINING

The data shows that a good number of women have taken steps to invest in productive assets after the training, with some purchasing sewing machines (32.5%), raw materials (22.5%), and beauty or wellness equipment (12.5%). At the same time, an equal proportion has not made any investment yet (32.5%). This indicates that while many women are actively using their skills to build or expand their livelihoods, some may need additional financial support or confidence to make such investments.

CHART 17: CURRENT MARKET CHANNELS FOR SELLING PRODUCTS OR SERVICES

The data shows that women use a mix of market channels to sell their products and services, with exhibitions or markets the most common (33.3%). Many are also selling from home (25.6%) and within their local community (23.1%), while a smaller group has access to shops or retail outlets (15.4%). Very few are using online platforms (2.6%). This indicates that while women have begun accessing various sales avenues, their reach is still largely local and offline, suggesting an opportunity to expand into broader, digital markets to increase income potential.

CHART 18: OWNERSHIP OF FUNCTIONAL BANK ACCOUNT IN BENEFICIARY'S NAME



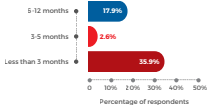
The data show that almost all women (97.5%) have a functional bank account in their own name, with only a very small number (2.5%) not having one. This reflects strong financial inclusion among the beneficiaries, enabling them to manage their earnings, savings, and transactions independently. It also supports greater financial control and confidence, which is important for sustaining their livelihood activities.

BENEFICIARIES AT WORK



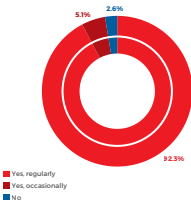
PART E - SUSTAINABILITY AND IMPACT

CHART 19: DURATION OF CONTINUOUS INCOME GENERATION FROM THE ACTIVITY



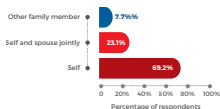
Data indicates many women have maintained income-generating activities, with 43.6% continuing for over 12 months and 17.9% for 6 to 12 months. Additionally, 35.9% have started earning in the last 3 months, while only 2.6% began in the 3 to 5 months range. This shows the program's effectiveness in supporting both long-term livelihood and new income opportunities for women.

CHART 20: CONTRIBUTION OF BENEFICIARY'S INCOME TO HOUSEHOLD EXPENSES



The data show that most women are actively contributing to household expenses, with a large majority (92.3%) contributing regularly and a few (5.1%) contributing occasionally. Only a very small number are not contributing (2.6%). This indicates that the income beneficiaries earn is not only consistent but also meaningful, playing an important role in supporting their families and improving their financial stability.

CHART 21: DECISION-MAKING AUTHORITY ON THE USE OF EARNINGS

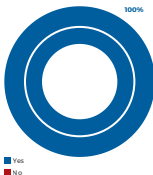


The data show that most women have control over how their earnings are used, with a majority (69.2%) making decisions independently and a significant number (23.1%) deciding jointly with their spouse. Only a small group relies on other family members for such decisions (7.7%). This indicates improved financial autonomy among beneficiaries, where women are increasingly gaining confidence and a stronger role in household financial decision-making.

Mann Deshi played an important role in the Saksham Program by delivering financial literacy training to women beneficiaries over the course of 1 year. The sessions were designed in a simple, easy-to-understand manner, keeping in mind participants' limited exposure to financial concepts. Through classroom sessions supported by games and interactive activities, women were introduced to basic concepts, such as savings and the differences between fixed and recurring deposits. These activities helped make learning more engaging and practical, encouraging participation even among those who were initially hesitant.

During the training, it was observed that many participants had limited understanding of financial planning and were often unsure about their needs and priorities. They were initially shy and reluctant to ask questions, but using interactive methods helped them open up over time. As a result, women showed increased confidence in saving money through formal banking channels rather than informal methods. The approach of using participatory activities worked well and can be continued in future. It was also suggested that introducing basic investment concepts could further strengthen beneficiaries' financial awareness and decision-making.


CHART 22: SUPPORTING OR GUIDING OTHER WOMEN TO TAKE UP SIMILAR WORK



The data shows that all women are supporting or guiding others to take up similar work (100%). This reflects a strong ripple effect of the program, where beneficiaries are not only improving their own livelihoods but also encouraging and influencing other women in their communities. It highlights the potential for wider community impact and the spread of skills and opportunities beyond the direct participants.


IMPACT OF THE PROGRAM ACROSS MULTIPLE LEVELS

INDIVIDUAL LEVEL




The Saksham Program significantly improved livelihood opportunities for individual women by equipping them with practical skills and enabling them to generate income. Women who were earlier not engaged in any work are now earning and contributing to their household expenses. Increased confidence, financial independence, and improved decision-making ability have enhanced their well-being and sense of self-worth.

COLLECTIVE/COMMUNITY LEVEL




At the community level, the program has created a strong network of women engaged in livelihood activities through production units and self-help groups. Women are not only earning but also guiding and supporting others to take up similar work, creating a ripple effect. Increased participation in local markets and exhibitions has improved the visibility of women-led enterprises and strengthened community-level economic activity.

STATE LEVEL



The program contributes to strengthening livelihood ecosystems in states like Maharashtra by promoting skill development and women-led enterprises. By creating local employment opportunities and reducing economic vulnerability, the program supports inclusive growth and complements state-level efforts to empower women and develop skills.

NATIONAL LEVEL



At the national level, the Saksham Program aligns with broader goals of promoting women's empowerment, skill development, and financial inclusion. It demonstrates an effective model of collaboration between corporate support and non-profit implementation, showcasing how targeted interventions can create sustainable livelihood opportunities and contribute to inclusive economic development across the country.

FGD WITH BENEFICIARIES



05. CHALLENGES FACED



Ensuring consistent participation of women in training and post-training activities was a challenge; however, the program addressed this by creating continuous engagement through production units and market opportunities.



Limited availability of adequate spaces in communities to conduct training sessions posed challenges, as shifting locations could affect group continuity and participation.



Access to stable market demand for products was limited, especially for non-commercial-scale production, which affected income consistency.



Low awareness, limited aspirations, and a lack of sustained interest among some women initially affected participation and engagement.

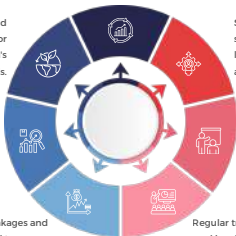
LESSONS LEARNED

Women's willingness to continue engaging improves when consistent income opportunities and structured support systems are available.

Support from families and communities is important for sustaining women's participation and livelihoods.

Strengthening branding and social marketing efforts is important to improve product visibility and demand.

The availability of market linkages and financial support is essential to ensure the continuity and growth of income-generating activities.



Strategic training location selection and flexible methods, like rotating facilitators, can alleviate space-related challenges.

Providing age-appropriate training with mentoring and exposure enhances interest, skill retention, and long-term engagement.

Regular training, capacity building, and involvement of multiple facilitators help maintain continuity and strengthen program delivery.

06. SWOT ANALYSIS



- ➔ Strong program design combining skill training, production units, and market linkages.
- ➔ High participation and completion rate among women beneficiaries.
- ➔ Significant shift from no income to active income generation for most women.
- ➔ Increased financial independence and decision-making ability among beneficiaries.
- ➔ Strong community impact with beneficiaries supporting and guiding other women.



- ➔ Limited access to tools and equipment for a large number of beneficiaries.
- ➔ Dependence on a few trades, such as tailoring, limits the diversification of income opportunities.
- ➔ Limited access to wider and digital markets, with most sales restricted to local channels.



- ➔ Expansion of training programs to new locations and inclusion of diverse skill trades.
- ➔ Strengthening digital and online market linkages to increase income potential.
- ➔ Enhanced branding and social marketing to improve product visibility and demand.
- ➔ Strong potential for scaling through women's collectives and peer-led community outreach.
- ➔ Increased collaboration with financial institutions for access to credit and enterprise growth.



- ➔ Low and inconsistent market demand for products affects income sustainability.
- ➔ Drop in beneficiary engagement due to family responsibilities or lack of continued support.
- ➔ Competition from commercially produced goods is impacting the sales of handmade products.
- ➔ Space constraints and shifting locations are affecting program continuity.

07. OECD-DAC FRAMEWORK ANALYSIS



Relevance



Coherence



Effectiveness



Efficiency



Impact



Sustainability



RELEVANCE

The Saksham Program addressed a critical livelihood gap among women from economically vulnerable backgrounds, where a large majority (87.5%) were not engaged in any income-generating activity before the intervention. With most households earning below ₹1,00,000 annually (82.5%), there was a clear need for accessible skill development and income opportunities. The program responded to this need by offering locally relevant, skill-based training—primarily in tailoring (72.5%) – along with production and market linkages, enabling women to participate in the local economy and contribute to household incomes.



COHERENCE

The program demonstrated strong alignment with national priorities on skill development, women's empowerment, and financial inclusion. It complements initiatives such as Skill India and NRLM by targeting women from underserved communities and promoting self-employment. The focus on financial literacy, market exposure, and enterprise development aligns with Sustainable Development Goals related to gender equality, decent work, and reduced inequalities, ensuring the intervention is well integrated with broader development frameworks.



EFFECTIVENESS

The program has shown clear progress toward its objectives, with 100.0% course completion and 97.5% of women now earning income using the skills gained. A significant proportion of beneficiaries are engaged in production units (67.5%) or home-based enterprises (27.5%), indicating strong livelihood uptake. The shift from no income to regular earnings, primarily in the ₹2,001 to ₹6,000 range, along with high satisfaction levels (87.5% reporting the training as directly useful for earning), reflects the program's effectiveness in translating skills into income.



EFFICIENCY

The program made effective use of available resources by leveraging community-based training centres, local trainers, and existing institutional partnerships. Flexible training durations (with 60.0% attending 1-3 months) allowed women to balance household responsibilities while participating. The integration of training, production units, and market platforms enabled early income generation, reducing the time gap between learning and earning. Collaboration with partners for financial literacy and digital training further enhanced resource utilisation.



IMPACT

The program has led to immediate and meaningful changes in beneficiaries' lives, with 92.3% of women contributing regularly to household expenses and 69.2% taking independent financial decisions. Many women have sustained income generation for over a year (43.6%), indicating stability in livelihoods. Beyond individual impact, the program has created a strong community effect, with 100.0% of women supporting or guiding others, thereby expanding opportunities within their social networks and strengthening local economic participation.



SUSTAINABILITY

The program shows strong potential for sustainability through continued income generation, skill retention, and community ownership. High levels of financial inclusion (97.5% having bank accounts) and asset creation (67.5% investing in tools) indicate long-term behavioural change. The presence of production units and women collectives supports continuity of livelihoods, while peer learning and local engagement strengthen community structures. However, enhancing access to consistent market opportunities, digital platforms, and infrastructure will be important to sustain and scale women-led enterprises.



Relevance



Cohereance



Effectiveness



Efficiency



Impact



Sustainability

08 RECOMMENDATIONS



Community awareness efforts can be strengthened to improve outreach, particularly in areas where participation is limited due to low awareness or initial hesitation among women.



Access to tools, equipment, and enterprise inputs can be enhanced, especially for beneficiaries who have not been able to invest independently, enabling them to utilise the skills they have acquired more effectively.



Market linkages can be expanded and made more consistent by increasing participation in exhibitions, facilitating pre-orders, and strengthening connections with institutional buyers and local retail networks.



Greater focus can be placed on branding and product positioning to address challenges posed by low demand and competition from commercial goods.



Training offerings can be diversified beyond dominant trades, such as tailoring, to include additional market-relevant skills, based on local demand and beneficiary interest.



The availability of adequate, stable training spaces can be improved to address challenges related to shifting locations and disruptions to group continuity.



Structured digital literacy and online market training can be further integrated to build confidence in using platforms such as ONDC and Udyam, addressing existing hesitation around technology use.



Continued mentoring and handholding can be institutionalised to help women sustain income generation, particularly during the transition from training to independent enterprise.

09. CONCLUSION

The Saksham Program, supported by HDFC Securities Limited and implemented by the India Sponsorship Committee, has significantly improved livelihood opportunities for women by enabling skill development, income generation, and enhanced financial independence. The program has led to a clear shift from unemployment to active engagement in income-generating activities, with many women now contributing to their household expenses and participating in decision-making. It has not only improved individual outcomes in terms of income and confidence but also created broader community impact through peer support and increased women's participation in local economic activities. This is reflected in key achievements, with 87.5% of women previously not working and 97.5% now earning using program-acquired skills, 67.5% engaged in production units and 27.5% in home-based enterprises, 92.3% contributing regularly to household expenses, 69.2% making independent financial decisions, 43.6% sustaining income for over a year, and 100.0% course completion along with all beneficiaries supporting other women, demonstrating strong and sustained impact.



IMPACT ASSESSMENT REPORT

INFRASTRUCTURE DEVELOPMENT OF RUGNA SEVA SADAN AND DIALYSIS TREATMENT

Implemented by: Nana Palkar Smruti Samiti



SOULACE CONSULTING PVT LTD

TABLE OF CONTENTS

Abbreviations	01
<hr/>	
01.Executive Summary	02 - 05
Project Background	02
Project Details	02 - 03
Project Activities	03
Key Findings and Impacts	04 - 05
<hr/>	
02. Introduction	06 - 07
Background and need of the program	06
About the company: HDFC Securities	06 - 07
About the Implementation partner	07
<hr/>	
03. Research Methodology	08 - 09
Project Details	08
project Objectives	08
Research Design	08
Application of Quantitative Techniques	08
Application of Qualitative Techniques	09
Ensuring triangulation	09
Sampling Framework	09
Data Collection	09
Stakeholders	09
Commitment to Research Ethics	09
<hr/>	
04. Major Findings and Assessment of Impact	10 - 23
<hr/>	
05. Case Studies	24 - 26
<hr/>	
06. Key Challenges and Learnings	27
<hr/>	
07. Recommendations	28
<hr/>	
08. OECD-DAC Framework	29 - 30
<hr/>	
09. Conclusion	31
<hr/>	

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BBREVIATIONS

CSR	Corporate Social Responsibility
SDGs	Sustainable Development Goals
OECD-DAC	Organisation for Economic Co-operation and Development- Development Assistance Committee.
NPPS	Nana Palkar Smruti Samiti
CKD	Chronic Kidney Disease
ESRD	End-Stage Renal Disease
RSS	Rugna Seva Sadan
NPCDCS	National Programme for Prevention and Control of Cancer, Diabetes, Cardiovascular Diseases and Stroke

EXECUTIVE SUMMARY

PROJECT BACKGROUND

HDFC Securities Ltd. supported critical healthcare initiatives during the financial year 2024-25, focusing on the infrastructure development of Rugna Seva Sadan (RSS) and the provision of life-saving dialysis services through its implementation partner Nana Palkar Smruti Samiti. The project was implemented in Mumbai, a major hub for advanced medical care that attracts patients from across the country.

In India, access to affordable healthcare remains a challenge, especially for patients requiring long-term treatments such as cancer care and dialysis. According to the World Health Organisation and the National Health Accounts, a large share of healthcare expenditure is borne out of pocket, often leading to financial stress for vulnerable households. Under this initiative, RSS was strengthened to provide safe, hygienic, and low-cost or free accommodation to patients and caregivers. Simultaneously, dialysis services were supported to ensure uninterrupted treatment for patients with chronic kidney disease at NPSS. The project currently supports over 900 patients annually through accommodation services, with demand exceeding capacity. By addressing both medical and non-medical needs, the initiative improves access, reduces financial burden, and ensures continuity of care. This study assesses the outcomes of these interventions and their contribution to patient well-being.

PROJECT DETAILS



Project Duration

FY 2023-24



Assessment Year

FY 2024-25



Implementation Partner

Nana Palkar Smruti Samiti



Project Budget

Rs.1,75,00,000



Total Beneficiaries

1118



Sample Size

50



Location

Mumbai- Borivali, Thane, Santacruz, Parel



Alignment with SDGs



- National Health Policy 2017
- Ayushman Bharat
- National Programme for Prevention and Control of Cancer, Diabetes, Cardiovascular Diseases and Stroke (NPCDCS)

PROJECT ACTIVITIES

QUALITY SERVICE PROVISION

Increased the number of beds to accommodate more patients.



PATIENT ASSISTANCE PROGRAM
Staff helped with documentation, appointment scheduling, and emotional support to patients.

INFRASTRUCTURE IMPROVEMENT

Renovated existing rooms, sanitation facilities, and kitchen areas.

AWARENESS & OUTREACH

Conducted health awareness programs for patients and caregivers.

Provided dialysis sessions for patients suffering from kidney-related ailments at dialysis centres in Mumbai

NANA PALKAR SAMITI LAB



KEY FINDINGS AND IMPACTS

INFRASTRUCTURE DEVELOPMENT - NPSS RUGNA SEVA SADAN (RSS)

KEY FINDINGS



100%
of the respondents saved on rent; 95% saved on food and travel; avg. savings ₹20,800.



95.0%
of the respondents are undergoing cancer treatment.



95.0%
of the respondents chose RSS due to proximity; 85% due to affordability and facilities.



90.0%
of the respondents completed treatment on schedule.



70.0%
of the respondents appreciated staff support; 75% found awareness sessions useful.



65.0%
of the respondents belong to low-income households.



60.0%
of the respondents reported reduced stress; 65% improved mobility.



25.0%
of the respondents travelling even longer distances over 500 km.

KEY IMPACTS



Improves access to treatment for economically vulnerable populations by reducing financial barriers.



Encourages patients from distant regions to seek timely and continuous medical care.



Supports long-term management of critical illnesses requiring sustained treatment cycles.



Promotes sustained utilisation of safe and affordable patient support infrastructure.



Reduces long-term out-of-pocket healthcare expenditure for families.



Prevents financial distress and reduces the risk of debt or asset loss due to medical expenses.



Improves long-term health outcomes through uninterrupted treatment adherence.



Enhances quality of life and recovery outcomes over time.



Fosters long-term awareness, confidence, and patient engagement in treatment.

DIALYSIS TREATMENT SERVICES

KEY FINDINGS



100%
of the respondents reported positive staff behaviour, 83.3% rated services as excellent, and 100% expressed overall satisfaction.



90.0%
of the respondents have been on dialysis for more than one year.



86.7%
of the respondents depend on trust hospitals.



49.9%
of the respondents are over 60 years old.



40.0%
of the respondents belong to low-income groups.

KEY IMPACTS



Builds long-term trust in healthcare providers, strengthens the program's credibility, and encourages continued utilisation and adherence to treatment.



Ensures sustained access to care for elderly patients requiring lifelong treatment.



Reduces long-term financial vulnerability among patients requiring frequent dialysis.



Supports continuity of life-sustaining treatment over extended periods.



Strengthens reliance on and trust in affordable healthcare systems.

SOULACE TEAM INTERACTING WITH BENEFICIARY



BACKGROUND AND NEED OF THE PROGRAM

**INFRASTRUCTURE DEVELOPMENT OF RUGNA SEVA SADAN (FREE ACCOMMODATION FACILITY FOR CANCER PATIENTS)**

Mumbai is a major hub for advanced medical treatments, attracting thousands of patients from across the country. However, many patients from rural and semi-urban areas struggle to afford accommodation and other basic needs while undergoing prolonged treatments such as cancer therapy, dialysis, organ transplants, and cardiac surgeries. The high cost of living in Mumbai further exacerbates their challenges, forcing many to live in unhygienic and unsafe conditions near hospitals or even on the streets. Over 50,000 patients travel to Mumbai every year for specialised medical treatments. 60% of these patients struggle to find affordable accommodation. NPSS currently serves 912 patients annually, with demand exceeding capacity. Most of the Rugna Seva Sadan beneficiaries have no financial means to afford alternative lodging.

**DIALYSIS TREATMENT**

Mumbai is a major hub for advanced medical treatments, attracting thousands of patients from across the country. However, many patients from rural and semi-urban areas struggle to afford accommodation and other basic needs while undergoing prolonged treatments such as cancer therapy, dialysis, organ transplants, and cardiac surgeries. The high cost of living in Mumbai further exacerbates their challenges, forcing many to live in unhygienic and unsafe conditions near hospitals or even on the streets. Over 50,000 patients travel to Mumbai every year for specialised medical treatments. 60% of these patients struggle to find affordable accommodation. NPSS currently serves 912 patients annually, with demand exceeding capacity. Most of the Rugna Seva Sadan beneficiaries have no financial means to afford alternative lodging.

ABOUT THE COMPANY: HDFC SECURITIES

HDFC Securities Ltd. is one of India's leading financial services intermediaries and a subsidiary of HDFC Bank. Established in 2000 and headquartered in Mumbai, the company provides a wide range of investment and trading services to retail and institutional investors. With over two decades of experience, HDFC Securities serves over 2 million customers through a comprehensive suite of financial products, including equities, derivatives, mutual funds, bonds, fixed deposits, and other investment instruments. The company offers more than 30 investment products across multiple asset classes, including stocks, gold, and debt instruments, catering to diverse investor needs. It provides both online and offline platforms, including mobile and web-based trading systems, enabling seamless investment and portfolio management. HDFC Securities also offers research, advisory services, and tools to support goal-based investing and informed decision-making.

Through its services and platforms, the company aims to simplify investing and help individuals achieve their financial goals. In addition to its core business, the company actively engages in CSR initiatives in healthcare, education, and community development.

ABOUT THE IMPLEMENTATION PARTNER

Nana Palkar Smruti Samiti (NPSS), established in 1968, is a nonprofit organisation founded in memory of Shri Nana Palkar, a selfless and dedicated social worker. Guided by its motto, "Rugna Sewa = Ishwar Sewa", the organisation is committed to serving economically disadvantaged patients with compassion and dignity. Located in Parel, Mumbai, in proximity to major hospitals such as Tata Memorial Hospital, KEM Hospital, and Wadia Hospital, NPSS supports patients who travel from across the country for medical treatment. Recognising the challenges faced by patients and their caregivers, especially those who are new to the city and lack social or financial support, the organisation provides safe, hygienic, and low-cost or free accommodation through its multi-storey facility. Through its patient-centric approach, the organisation continues to reduce the physical, emotional, and financial burden on patients and their families.

INTERVIEW WITH PROJECT BENEFICIARY



03

RESEARCH METHODOLOGY

PROJECT DETAILS

This chapter outlines the research methodology used to evaluate the project "Infrastructure Development of Rugna Seva Sadan and Dialysis Treatment at NPSS Centres," implemented under CSR support from HDFC Securities and implemented by Nana Palkar Smruti Samiti. SoulAce plays a critical role as a third-party monitoring and evaluation agency, helping companies like HDFC Securities Ltd assess the effectiveness, impact, and overall performance of their initiatives.

The project assessment focuses on evaluating the accessibility, affordability, and quality of dialysis treatment, as well as the availability and usefulness of accommodation facilities for patients travelling from different locations. The study also examines the socio-economic background of beneficiaries and how free or subsidised services help reduce their financial burden. In addition, qualitative insights from patients and caregivers are collected to understand the challenges encountered during treatment and the role of institutional support in addressing them. The study aims to provide a comprehensive understanding of how integrated healthcare and support services contribute to ensuring accessible, affordable, and patient-centred care for individuals undergoing long-term treatments.

PROJECT OBJECTIVES

To provide safe, hygienic, and affordable accommodation to 2700+ patients and caregivers annually, ensuring dignity and support during medical treatment in Mumbai This is the project objective, MOU not available so study objectives are not mentioned anywhere else

RESEARCH DESIGN

A Mixed-Method Approach is adopted, integrating both quantitative and qualitative research techniques to provide a comprehensive understanding of the project's impact. This approach ensures a holistic assessment of accommodation facilities, dialysis services, and accessibility to affordable healthcare, with reduced financial burden and improved quality of life for patients.

APPLICATION OF QUANTITATIVE TECHNIQUES

The study employs structured surveys conducted with 20 beneficiaries at RSS dialysis centres and 30 beneficiaries at NPPS dialysis centres, selected using a simple random sampling method. This approach ensures representation of patients undergoing dialysis treatment. The quantitative analysis focuses on key indicators such as treatment duration, dialysis frequency, income levels, reductions in financial burden, and improvements in quality of life.

APPLICATION OF QUALITATIVE TECHNIQUES

The qualitative methodology involves in-depth interviews with 3 dialysis patients and 2 cancer patients. These interviews provide deeper insights into patient experiences, the quality of services, the behaviour of healthcare staff, the accessibility of treatment, and the impact of services on their lives.

ENSURING TRIANGULATION

To enhance the credibility and reliability of the research findings, triangulation is employed by integrating survey data and interview responses. This combination of methods helps validate findings and ensures a more comprehensive understanding of the effectiveness of dialysis services.

SAMPLING FRAMEWORK

The sampling framework consists of 30 respondents undergoing dialysis treatment, 20 cancer patients and caregivers, and 5 selected patients and caregivers for qualitative input. This design ensures inclusion of both direct beneficiaries and support perspectives, capturing a broader understanding of the service impact.

DATA COLLECTION

Primary data collection was conducted using structured questionnaires and personal interviews. The tools were designed to capture information on socio-economic background, treatment duration, service quality, financial relief, and patient satisfaction. Care was taken to ensure accuracy, consistency, and completeness of the collected data.

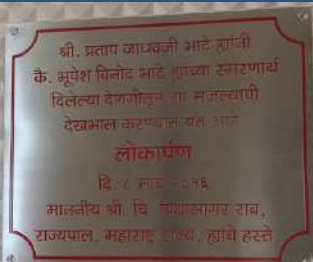
STAKEHOLDERS

Key stakeholders include patients undergoing dialysis, caregivers, healthcare staff, and the management of Nana Palkar Smruti Samiti. Their inputs are essential for assessing service quality, accessibility, affordability, and the program's effectiveness.

COMMITMENT TO RESEARCH ETHICS

The research team adhered to strict ethical guidelines, ensuring confidentiality, informed consent, voluntary participation, and respect for respondents. Maintaining these ethical standards was crucial for ensuring the credibility, integrity, and reliability of the research findings.

DIALYSIS WARD INAUGURATED BY GOVERNOR



04

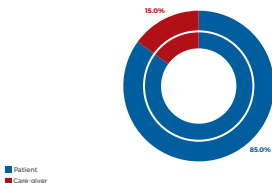


MAJOR FINDINGS AND ASSESSMENT OF IMPACT

This chapter outlines the program's key findings and associated impacts, based on data collected during the study.

PROFILE OF RESPONDENTS

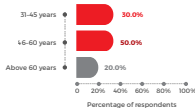
CHART 1: STATUS OF THE RESPONDENTS



The chart presents the status of respondents included in the study. The respondents included both patients receiving treatment and their caregivers. 85% of respondents were patients undergoing treatment, while 15% were caregivers supporting them during their stay. Including both patients and caregivers in the study helped us understand different perspectives on the treatment and accommodation experience.

AGE-WISE AND GENDER-WISE DISTRIBUTION OF PATIENTS

CHART 2: AGE-WISE DISTRIBUTION OF PATIENTS



The age distribution shows that 50% of patients are middle-aged, aged 46-60. A smaller number of patients belong to the younger age group of 31-45 years, while the least number are above 60 years of age. This suggests that serious illnesses requiring long-term treatment are more commonly observed among middle-aged individuals in the sample.

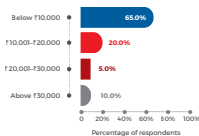
TABLE: GENDER-WISE DISTRIBUTION OF PATIENTS

Gender-wise Distribution of Patients		
Gender	No. of Respondents	% of Respondents
Female	15	75.0
Male	5	25.0
Total	20	100.0

The gender distribution indicates that female patients constitute the majority (75%) of respondents in the study, while male patients constitute a smaller proportion (25%). This suggests that more women in the sample were receiving treatment.

MONTHLY HOUSEHOLD INCOME AND SOCIAL CATEGORY OF PATIENTS

CHART 3: MONTHLY HOUSEHOLD INCOME OF PATIENTS



The income distribution shows that 65% of patients belong to low-income households. A smaller group of 25% falls within the lower-middle income range, while only 10% respondents belong to higher income brackets. This indicates that the facility primarily serves economically vulnerable families who may face financial difficulties in managing medical treatment and accommodation costs.

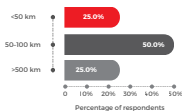
TABLE: SOCIAL CATEGORY-WISE DISTRIBUTION OF PATIENTS

Social Category-wise Distribution of Patients		
Social Category	No. of Respondents	% of Respondents
General	6	30.0
OBC	10	50.0
SC	2	10.0
ST	1	5.0
Minority	1	5.0
Total	20	100.0

The social category distribution shows that a 50% of patients belong to the OBC category. Patients from the General category also constitute a considerable portion of the sample (30%), while relatively fewer respondents belong to SC, ST, and minority communities. This reflects the diverse social background of beneficiaries accessing the services.

PATIENT BACKGROUND AND SUPPORT SYSTEM

CHART 4: DISTANCE TRAVELLED TO REACH THE HOSPITAL



The data indicate that 50% of patients travel moderate distances (<100 km) to reach the hospital, while 25% travel shorter distances, and the other 25% travel extremely long distances (>500 km) from outside regions. This highlights that the treatment facility attracts patients from both nearby areas and distant locations, emphasising the importance of accommodation support.

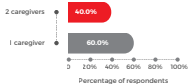
TABLE: TYPE OF ILLNESS/TREATMENT OF PATIENTS

Type of Illness/Treatment of Patients		
Type of Illness/Treatment	No. of Respondents	% of Respondents
Cancer	19	95.0
Brain Tumor	1	5.0
Total	20	100.0

The data indicate that the majority of respondents were undergoing treatment for cancer, while only one patient was receiving treatment for a brain tumour. This suggests that the facility predominantly caters to cancer patients who require prolonged and continuous medical care. This trend may be attributed to the fact that hospitals in proximity to RSS, such as Tata Memorial Hospital, provide advanced, specialised treatment but have limited inpatient accommodation facilities, as highlighted by the CEO of NPSS.*

NUMBER OF CAREGIVERS STAYING WITH THE PATIENT

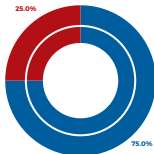
CHART 5: NUMBER OF CAREGIVERS STAYING WITH THE PATIENT



The table shows that 60% of patients had one caregiver during their stay, while 40% had two caregivers. This highlights the important role of family members or companions in supporting patients during their treatment journey. Ratan Kharat, a caregiver for a patient, even stated, "It would not have been possible to get treatment by paying elsewhere."

FIRST-TIME USAGE OF RSS ACCOMMODATION

CHART 6: FIRST-TIME USAGE OF RUGNA SEVA SADAN (RSS) ACCOMMODATION



■ Yes
■ No (Repeat user)



75.0%

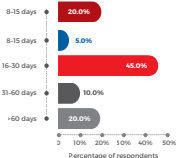
of respondents reported using the accommodation facility for the first time, while 25% had previously stayed there during earlier treatment cycles. This suggests that the facility continues to attract new beneficiaries while also supporting returning patients.

STATE OF THE ART DIALYSIS CENTER



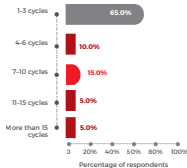
ACCESS AND REACH

CHART 7: AVERAGE DURATION OF STAY PER TREATMENT CYCLE



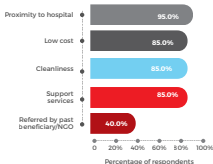
The data indicates that 45% patients stay for 16-30 days during each treatment cycle. Some patients require shorter stays, while a smaller number (20%) require longer stays (>60 days) due to the nature of their treatment. This suggests that the accommodation facility supports patients with varying treatment schedules and recovery needs.

CHART 8: NUMBER OF TREATMENT CYCLES COMPLETED SINCE TREATMENT BEGAN



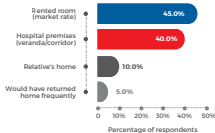
The data shows that 65% respondents were in the early stages of their treatment cycles. A smaller number had completed several cycles, and only a 5% had undergone long-term treatment involving more than 15 cycles. Trilokinath Pandey from Bihar had 21 cycles and was about to undergo a CT scan to assess the effectiveness of the treatment. This reflects the continuous and phased nature of chemotherapy.

CHART 9: REASONS FOR CHOOSING RSS ACCOMMODATION



The primary reasons for choosing the accommodation facility include its proximity to the hospital, low cost, cleanliness, and availability of support services. Many respondents also reported being referred by previous beneficiaries or organisations. This indicates that both affordability and convenience play major roles in patients' selection of the facility.

CHART 10: ALTERNATIVE ACCOMMODATION ARRANGEMENTS WITHOUT RSS

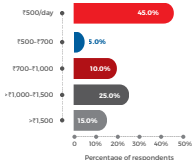


If the facility were unavailable, 45% of respondents reported they would have had to rent rooms at market rates. The other 40% mentioned that they might have stayed on hospital premises, such as corridors or verandas. A few respondents would have stayed with relatives or travelled back home frequently. This highlights the importance of the accommodation facility in providing safe and affordable lodging.

Many Respondents reported that they did not have to pay more than ₹192 per day, with services provided free of cost at RSS.

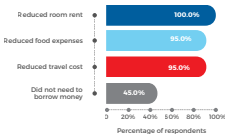
AFFORDABILITY AND FINANCIAL RELIEF

CHART 11: MARKET COST OF SIMILAR ACCOMMODATION EARLIER



Accommodation near hospitals in the open market can be expensive, with costs ranging from 500 to 1500/day depending on location and facilities. 45% of respondents previously stayed in rooms with moderate rental costs (500/day), while a small percentage of respondents had to pay very high daily rates up to 1500/day. This demonstrates the financial burden patients and caregivers may face when seeking treatment outside their homes.

CHART 12: WAYS STAYING AT RSS HELPED REDUCE EXPENSES

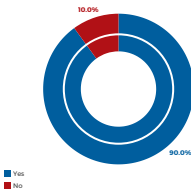


The findings indicate that staying at the facility helped reduce several expenses. All respondents reported savings in accommodation costs, while many also experienced reductions in food and travel expenses. In addition, some families mentioned that the subsidised services prevented them from borrowing money or selling assets during treatment.

Overall, the facility significantly eased the financial burden on patients and their families. Most families reported savings of ₹10,000 to ₹30,000, reflecting reduced treatment and accommodation expenses.

HEALTHCARE ACCESS AND CONTINUITY

CHART 13: ABILITY TO COMPLETE TREATMENT CYCLE AS SCHEDULED

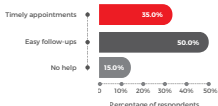


The majority of respondents completed their treatment cycles on schedule. Only 10% reported difficulties in completing their treatment as planned. This suggests that the availability of nearby accommodation helps patients maintain treatment continuity.

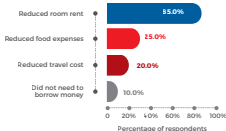
CHART 14: NUMBER OF MISSED APPOINTMENTS DURING THE CURRENT STAY



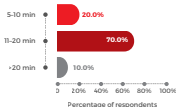
Only 2 (10%) respondents reported missing appointments, and even among them, the number of missed visits was very limited, with a maximum of 2. This indicates that most patients attended their hospital appointments regularly during their stay.

CHART 15: WAYS PROXIMITY TO THE HOSPITAL HELPS TREATMENT


The proximity of the accommodation to the hospital helped 85% respondents attend follow-up visits easily and maintain timely appointments. However, 15% of respondents reported that proximity did not make a significant difference to their treatment process.

CHART 16: TYPES OF SUPPORT RECEIVED AT RSS

85.0%

respondents said they received guidance regarding hospital procedures, while some also received help with documentation and appointment coordination. Only 10% of respondents reported not receiving any support services. This highlights the supportive role staff play in patients' treatment journeys.

CHART 17: TIME TAKEN TO REACH THE HOSPITAL FROM RSS

90.0%

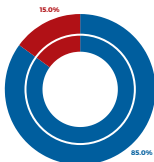
respondents reported that the hospital could be reached within a short travel time from the accommodation facility. Only 10% required a slightly longer travel time of >20 min. This indicates that the facility is conveniently located close to the hospital.

FUNCTIONAL MEDICAL EQUIPMENT



QUALITY OF LIFE AND WELL-BEING

CHART 18: CONDITION OF ROOM ON ARRIVAL



Very clean
Clean

The majority of respondents reported that the rooms were very clean upon arrival, while the remaining respondents also described the rooms as clean and well maintained. This reflects the importance given to hygiene and comfort within the facility.

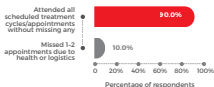
CHART 19: USEFULNESS OF KITCHEN FACILITIES DURING THE STAY



Respondents considered the kitchen facilities helpful in different ways. 55% reported that it allowed them to prepare healthy, hygienic food, while 35% said it helped reduce food expenses. A few respondents stated that it also improved their nutritional intake during treatment. Both Patient Trilokinath Pandey and Bachidevi Dubey appreciated the low cost and food facilities at the RSS.

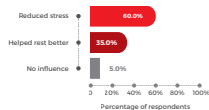
HEALTH AND RECOVERY

CHART 20: ADHERENCE TO TREATMENT SCHEDULE DURING STAY



Most respondents were able to attend all their scheduled treatment cycles and medical appointments during their stay. Only 10% reported missing a few appointments due to health-related or logistical issues.

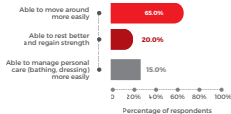
CHART 21: INFLUENCE OF RSS STAY ON RECOVERY EXPERIENCE



60.0%

of respondents reported that staying at the facility helped reduce stress during treatment. 35% reported that it helped them rest better, which contributed to their recovery. Only 5% felt that the stay had no significant influence on their recovery.

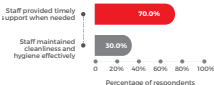
CHART 22: INFLUENCE OF RSS STAY ON ABILITY TO PERFORM DAILY ACTIVITIES



The findings show that staying at the facility improved the ability of 65% of patients to move around more comfortably. 20% respondents reported better rest and recovery, while the rest found it easier to manage daily personal activities such as bathing and dressing.

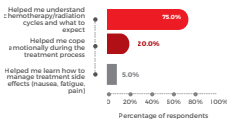
OPERATIONAL AND INFRASTRUCTURE

CHART 23: BEHAVIOUR OF STAFF DURING THE STAY



Respondents reported positive experiences with the facility's staff. 70% highlighted the timely support provided by staff, while others appreciated the efforts to maintain cleanliness and hygiene within the premises. Respondents reported that cleanliness audits and routine checks are conducted daily.

AWARENESS AND OUTREACH CHART 24: USEFULNESS OF HEALTH AWARENESS SESSIONS



Health awareness sessions were found to be useful for all respondents in some way. These sessions helped most patients understand treatment procedures such as chemotherapy and radiation. Some respondents reported that the sessions helped them cope emotionally during treatment, while a few mentioned that they learned how to manage treatment-related side effects.

Respondents reported that they would recommend RSS to others who require accommodation during treatment.

SOULACE TEAM AT NANA PALKAR SAMITI



DIALYSIS TREATMENT FOR PATIENTS

PROFILE OF RESPONDENTS

TABLE: AGE-WISE DISTRIBUTION OF RESPONDENTS

Age-wise Distribution of Respondents		
Age	No. of Respondents	% of Respondents
35-40 years	2	6.7
41-45 years	2	6.7
46-50 years	2	6.7
51-55 years	6	20.0
56-60 years	3	10.0
Above 60 years	15	49.9
Total	30	100.0

The findings indicate that 49.9% of respondents belong to the older age group, particularly those aged 60 and above. Other respondents are in the middle-aged middle age group, aged 35 to 55. This suggests that kidney-related conditions requiring dialysis are more common among older individuals, although some middle-aged patients are also affected.

TABLE: GENDER-WISE DISTRIBUTION OF RESPONDENTS

Gender-wise Distribution of Respondents		
Gender	No. of Respondents	% of Respondents
Female	12	40.0
Male	18	60.0
Total	30	100.0

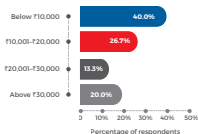
The gender distribution shows that male respondents make up, 60% of the sample, while female respondents make up 40% the. This indicates that more respondents in the study were undergoing dialysis treatment.

TABLE: EDUCATION LEVEL AND MONTHLY HOUSEHOLD INCOME OF RESPONDENTS

Education Level of Respondents		
Education level	No. of Respondents	% of Respondents
No formal education	2	6.7
Primary	7	23.2
Secondary	11	36.7
Higher secondary	5	16.7
Graduate & above	5	16.7
Total	30	100.0

The respondents' educational profiles show varied backgrounds. A significant number of respondents have completed secondary and higher secondary education. 23.2% of respondents have studied up to the primary level, while 16.7% have graduated or higher education. A few respondents 6.7% reported having no formal education. This reflects that patients receiving dialysis treatment come from diverse educational backgrounds.

CHART 25: MONTHLY HOUSEHOLD INCOME OF RESPONDENTS

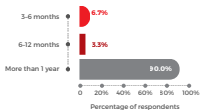


The income distribution indicates that 40% respondents belong to low-income households, particularly those earning below ₹10,000 per month. Several respondents fall into the lower-middle-income group, while only a small proportion belongs to higher-income categories above ₹30,000. This suggests that dialysis services are especially important for economically weaker sections who may find it difficult to afford long-term medical treatment.

HEALTH & TREATMENT DETAILS

All respondents in the study reported undergoing dialysis treatment, indicating that the sample specifically represents patients receiving regular kidney care.

CHART 23: DURATION OF TREATMENT



The findings reveal the duration for which respondents have been undergoing dialysis treatment. The majority of respondents 90% have been receiving treatment for more than one year, like patient *Nirmala Kurtadkar*, who has received dialysis for the past 2 years at NPSS out of 14 years of his total treatment duration, and patient *Namdeo Dhondiba Kharat* has been receiving dialysis treatment for 5 years now. *Shobha Kubhar* said it was his 1st anniversary of dialysis. Only a few respondents have started dialysis recently within the past year. This indicates that dialysis is generally a long-term treatment process requiring continuous medical care and monitoring.

CHART 24: HOSPITAL WHERE TREATMENT IS TAKEN



The data show that most respondents receive their treatment at trust hospitals, as they mainly belong to the low-income category. A smaller number of respondents use government hospitals, while only 3.3% receive treatment at private hospitals.

This suggests that charitable or trust-based healthcare institutions play an important role in providing dialysis services to patients.

RUGNA SEVA SADAN (ACCOMMODATION FACILITY)

The respondents reported that they did not stay at *Rugna Seva Sadan* during their treatment period. Therefore, their responses mainly focus on dialysis services rather than accommodation facilities.

DIALYSIS SERVICES

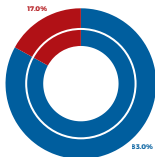
All respondents reported visiting the *Pare* dialysis centre for their dialysis treatment. They also mentioned that dialysis sessions are conducted regularly, three times a week, and that the treatment is provided free of cost. Two of the patients in the talk with the assessment team confirmed a week of treatment three times. This support plays an important role in ensuring continuous access to life-saving treatment.

ENTRANCE AREA



QUALITY OF DIALYSIS SERVICES AND BEHAVIOUR OF DOCTORS AND STAFF

CHART 25: QUALITY OF DIALYSIS SERVICES



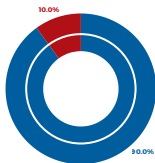
■ Excellent
■ Good



83.3%

respondents rated the quality of dialysis services as excellent. A smaller number of remaining respondents described the services as good. The findings indicate that patients are highly satisfied with the quality of medical care provided at the dialysis centre.

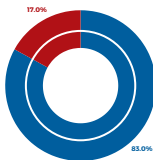
CHART 26: BEHAVIOUR OF DOCTORS AND STAFF



■ Very polite
■ Polite

All respondents reported that the doctors and staff were polite and supportive during treatment. This suggests that patients experience a respectful and caring environment at the dialysis centre. Ratan Kharat, a caregiver, said the doctors and staff here are very helpful.

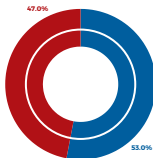
CHART 27: REDUCTION IN FINANCIAL BURDEN DUE TO SUPPORT



■ Yes, a lot
■ Yes, somewhat

The findings show that free dialysis services have helped reduce the financial burden for most respondents. 83.3% of respondents stated that the support significantly reduced their expenses, while others reported moderate financial relief. This indicates that free dialysis services play a crucial role in supporting patients from financially vulnerable backgrounds.

CHART 28: IMPROVEMENT IN QUALITY OF LIFE



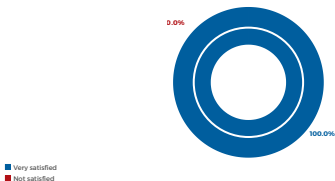
■ Some improvement
■ Significant improvement



53.3%

respondents reported some level of improvement, while 46.7% reported a more noticeable improvement in their daily lives. All patients reported improvement in their health after dialysis during the interview. This suggests that regular dialysis treatment contributes to patients' well-being.

CHART 29: SATISFACTION WITH NPSS SERVICES



All the respondents expressed complete satisfaction with the services provided. None of the respondents reported dissatisfaction with the services, not even during interactions. This reflects a very high level of trust and appreciation for the organisation's support and healthcare services.

KEY IMPACTS OF THE PROJECT



The project enhanced beneficiaries' awareness, confidence, and ability to access government schemes, thereby reducing their financial burden and improving their well-being.



The intervention strengthened household financial stability and resilience by enabling access to welfare benefits and essential services.



The project increased community awareness, inclusion, and trust in institutional systems by improving information dissemination and peer support.



The project fostered sustained engagement with welfare systems, contributing to long-term socio-economic empowerment and inclusive development.

05 CASE STUDIES

CASE STUDY 1: DIALYSIS PATIENT – NIRMALA KURTADKAR

I am **Nirmala Kurtadkar**. I have been undergoing dialysis treatment for the past fourteen years. At the beginning of my treatment, I underwent dialysis two to three times at Sir J. J. Hospital, where I was also admitted for around fifteen to twenty days.

Later, I learned about the current dialysis clinic through my husband's boss. Since then, I have been receiving treatment at this clinic three times a week. Initially, the cost of each dialysis session was ₹350. However, for the past two years, I have been receiving dialysis treatment free of cost.

The clinic's hygiene standards are very good. The nurses and doctors are extremely helpful and supportive, which makes the treatment experience more comfortable. I am grateful for the free treatment and for the supportive healthcare staff who regularly assist patients.

CASE STUDY 2: DIALYSIS PATIENT – NAMDEO DHONDIBA KHARAT

Ratan Kharat- the caregiver (wife)

We are from Sion, Mumbai. I came to know about the facility through a friend of mine who was already receiving treatment at NPSS.

My husband, Namdeo, has been receiving dialysis treatment for the past five years at Nana Palkar Smruti Samiti. Since then, Namdeo has been undergoing dialysis three times a week. It has been 5 years since his continued treatment at NPSS.

There has been a significant improvement in Namdeo's health over the past five years. She highlighted that the services provided by Nana Palkar are very good, and that the environment is clean and hygienic. The free dialysis treatment provided by the centre has been extremely beneficial. It would have been very difficult to afford the treatment elsewhere. The doctors and staff at the centre are very helpful and supportive, which has contributed positively to the patient's treatment journey.

CASE STUDY 3: CANCER PATIENT - TRILOKINATH PANDEY

Trilokinath Pandey, from Bihar

Initially, I experienced urinary problems and consulted a doctor. The doctor advised me to drink more water and prescribed medication. However, even after six months of treatment, there was no improvement. Further medical tests revealed the presence of kidney stones, and later it was discovered that I had developed a tumour. A biopsy was conducted at the hospital, which confirmed that I have cancer.

Since then, I have been undergoing chemotherapy treatment. I have completed chemotherapy cycles lasting 21 days. A CT scan is scheduled for March 2 to determine the next steps in treatment.

During my stay in Mumbai, I received free accommodation and good food at Nana Palkar Smruti Samiti, which I found extremely helpful throughout my treatment.

CASE STUDY 4: CANCER PATIENT - BACHIDEVI DUBEY

I am from Bihar. I first had uterine cancer. In Patna, doctors performed surgery to remove my uterus and later administered radiation therapy. After some time, I began experiencing severe pain in my back. Despite taking medication, the pain did not improve. Further tests, including CT scans and MRI scans, revealed that the cancer had spread to my bones.

Doctors in Patna recommended chemotherapy. After discussing the situation, my family decided to bring me to Tata Memorial Hospital in Mumbai for further treatment. After evaluation, doctors confirmed the need for chemotherapy.

So far, I have received one round of radiation and am scheduled to undergo a bone scan again. The availability of low-cost food and free accommodation at Nana Palkar Smruti Samiti has been extremely beneficial during my treatment period so far.

CASE STUDY 5: DIALYSIS PATIENT – SHOBHA KUBHAR

My name is Shobha Kubhar. I am a 55-year-old

I started having BP problems before COVID. After being prescribed BP medication, the COVID-19 pandemic started. After COVID, the doctor forgot to reduce my pill dose. Due to taking the high-strength BP pills, my legs and eyes were swelling. During this period, her BP medicine dosage was not reduced as required. Upon consulting a doctor, it was discovered that my blood levels were low, and I also started experiencing urinary problems. Although medications were prescribed, my condition did not improve. Further medical tests revealed that my kidneys had been affected. Following this diagnosis, dialysis treatment was initiated.

It has now been one year since I started dialysis, it is 1st anniversary of my dialysis at NPSS. There has been a significant improvement in my health since beginning the treatment.

INTERACTION WITH PATIENT AND FAMILY



06. KEY CHALLENGES AND LEARNINGS



FINANCIAL CONSTRAINTS FOR PATIENTS

Patients continue to face significant financial burden due to variability in treatment costs, high prices of essential medicines (such as injections, hormonal and phosphorus-control drugs), and additional out-of-pocket expenses for diagnostics and tests not covered under schemes.



CAPACITY AND INFRASTRUCTURE LIMITATIONS

The program faces high demand with limited capacity: the Parel centre supports only 84 dialysis patients and accommodates 76 across 38 rooms, resulting in waiting periods of 15-20 days and constraints on expanding services due to limited space.



OPERATIONAL AND SERVICE DELIVERY CHALLENGES

Managing a high patient load involves handling complex medical cases such as fluid overload and uncontrolled blood pressure after dialysis gaps, as well as addressing emergencies that require immediate referrals, thereby placing continuous pressure on service delivery systems.



ADMINISTRATIVE AND SYSTEM-LEVEL ISSUES

Challenges include the rejection of government scheme claims due to documentation gaps and the ongoing need to mobilise donor support for emergency cases, both of which affect timely access to financial assistance for patients.



HUMAN RESOURCE CHALLENGES

Staff attrition, particularly among skilled dialysis technicians, impacts service continuity and places additional strain on the existing workforce.



PATIENT MANAGEMENT AND SOCIAL CHALLENGES

Managing patients from diverse cultural and regional backgrounds, along with maintaining hygiene, discipline, and shared living norms in high-density accommodation settings, especially during night hours, remains an ongoing challenge.

07 RECOMMENDATIONS



Relying on a single funding stream can be risky. The program should expand linkages with government schemes, actively seek CSR partnerships, individual donors, charitable trusts, and crowdfunding to ensure steady financial support for both accommodation and dialysis services.



While services should remain free for economically weaker patients, a nominal Contribution from patients who can afford it can help partially sustain operational costs without compromising accessibility.



Formal collaborations with government and trust hospitals can ensure regular patient referrals, shared resources, and cost optimisation, especially for dialysis infrastructure and medical supplies.



Regular maintenance of dialysis machines and facility infrastructure can reduce long-term repair costs and avoid service disruptions, ensuring uninterrupted care. Maximising the use of existing dialysis equipment by organising shifts efficiently. This helps serve more patients without a major financial investment.



A dedicated fund for critical patients can help manage unexpected medical or accommodation needs, ensuring no interruption in care.



Long-term and Chronic illnesses, such as cancer and kidney failure, can affect patients mentally and emotionally. Counselling services for patients and caregivers can help them cope with long-term treatment.



Awareness about early detection of kidney diseases, regular health check-ups, and Management of conditions like diabetes and hypertension can help reduce the risk of kidney failure in the community.

08. OECD-DAC FRAMEWORK ANALYSIS



Relevance



Coherence



Effectiveness



Efficiency



Impact



Sustainability



RELEVANCE

The need for long-term treatments such as dialysis and cancer care is a significant public health concern in India. Many patients, especially from low-income and rural backgrounds, face challenges not only in accessing treatment but also in managing the high cost of accommodation in cities like Mumbai. The study findings show that 65% of beneficiaries belong to low-income households, and a large proportion travel long distances for treatment, highlighting the severity of access and affordability issues. The program directly addresses these gaps by providing free dialysis services and affordable accommodation near major hospitals, making it highly relevant to the needs of vulnerable patients and their caregivers.



COHERENCE

The program aligns well with broader development goals and national priorities. It contributes to SDG 3 (Good Health and Well-being) by improving access to healthcare, to SDG 1 (No Poverty) by reducing the financial burden, and to SDG 10 (Reduced Inequalities) by supporting vulnerable populations. It also complements national initiatives such as Ayushman Bharat and the National Health Policy 2017, which emphasise affordable and accessible healthcare. By addressing gaps beyond hospital-based care, the program strengthens the overall healthcare ecosystem.



EFFECTIVENESS

The program has been effective in achieving its objectives of ensuring access to treatment and reducing financial burden. A high proportion of patients can continue their treatment without interruption, as reflected in the 90% treatment completion rate. Service quality is also strong, with 83.3% of patients rating dialysis services as excellent and 100% reporting positive staff behaviour and overall satisfaction. Additionally, 83.3% of respondents experienced financial relief, indicating that the program is successfully meeting its intended outcomes.



EFFICIENCY

The intervention demonstrates efficient resource use by leveraging existing trust-based healthcare infrastructure and its strategic location near major hospitals. This reduces the need for additional investment in separate facilities and minimises travel time and costs for patients. The intervention helps streamline services, resulting in significant cost savings for beneficiaries, with average savings of around ₹20,800. This reflects effective utilisation of financial and physical resources promptly.



IMPACT

The program has led to both immediate and long-term positive impacts. In the short term, patients benefit from reduced financial burdens, with 100% savings on rent and 95% savings on food and travel, along with improved treatment continuity. Over the long term, the program contributes to better health outcomes, sustained treatment adherence, and improved quality of life. It also strengthens trust in institutional healthcare systems and enables patients from remote areas to access and continue essential medical care.



SUSTAINABILITY

The program shows strong potential for sustainability through its focus on behaviour change and institutional support. Affordable and accessible services encourage patients to continue regular treatment, while high satisfaction levels indicate strong community acceptance. The presence of dedicated accommodation facilities near hospitals provides a stable, resilient infrastructure. Additionally, awareness sessions and patient support contribute to knowledge building and better health practices. Continued partnerships and funding support will further strengthen the program's long-term sustainability.



Relevance



Coherence



Effectiveness



Efficiency



Impact



Sustainability

09. CONCLUSION

This study provides a comprehensive understanding of the experiences of cancer patients, their caregivers, and dialysis patients, highlighting common challenges related to long-term treatment, financial burden, and access to care. Cancer patients and their caregivers often face extended treatment durations, frequent travel, and the need for accommodation near hospitals, which adds physical, emotional, and financial strain. Facilities like RSS help address these challenges by providing safe, affordable stay options, enabling continuity of treatment, and reducing stress.

Dialysis patients, on the other hand, require lifelong and regular treatment, making affordability and uninterrupted access critical. The availability of free dialysis services significantly reduces financial burden and ensures consistent treatment, especially for economically vulnerable groups. Across both groups, affordability and accessibility emerge as key factors influencing treatment continuity. The findings also highlight that supportive environments contribute to improved well-being, including reduced stress and better daily functioning.

The study emphasises the importance of integrated healthcare support that goes beyond medical treatment to include accommodation, financial relief, and patient support. The model implemented by Nana Palkar Smruti Samiti, with support from HDFC Securities Ltd, demonstrates an effective approach to improving access, continuity of care, and quality of life for patients.



IMPACT ASSESSMENT REPORT

DONATION FOR CAPEX REQUIREMENTS

Implementing Partner: The Akshaya Patra
Foundation

TABLE OF CONTENTS

Abbreviations	01
<hr/>	
Executive Summary	02 - 04
Project Background	02
Project Details	02 - 03
Project Activities	03
Key Findings and Impacts	04
<hr/>	
01. Introduction	05 - 06
Background and Need for the program	05
About the CSR firm	05
About the implementing partner: The Akshaya Patra Foundation	06
<hr/>	
02. Research Methodology	07 - 08
Objectives of the Study	07
Research Design	07
Application of Quantitative Techniques	07
Application of Qualitative Techniques	08
Ensuring triangulation	08
Sampling Framework	08
Data Collection	08
Stakeholders	08
Commitment to Research Ethics	08
<hr/>	
03. Major Findings and Assessment of Impacts	09 - 14
<hr/>	
04. Case Studies	15 - 17
<hr/>	
05. Challenges Faced and Lessons Learned	18
<hr/>	
06. OECD-DAC Framework	19 - 20
<hr/>	
07. Way forward / Recommendations	21
<hr/>	
08. Conclusion	22
<hr/>	

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BBREVIATIONS

CSR	Corporate Social Responsibility
SDG	Sustainable Development Goals
OECD-DAC	Organisation for Economic Co-operation and Development- Development Assistance Committee
FY	Financial Year
PM	Prime Minister
PPP	Public-Private Partnership
NITI	National Institute for Transforming India
UNICEF	United Nations Children Fund
MDM	Mid-Day Meal

EXECUTIVE SUMMARY

PROJECT BACKGROUND

The Mid-Day Meal Programme implemented by The Akshaya Patra Foundation was undertaken across multiple locations, including Varanasi, Hubli, Panvel/Vizag, and Barsana, to address the critical issue of classroom hunger among children studying in government and government-aided schools. The initiative was implemented under the Government of India's PM POSHAN Scheme, to ensure access to nutritious, hygienic, and timely meals for children, particularly those from economically vulnerable and underserved communities [1].

Nutritious meals were prepared in modern, centralised kitchens using automated processes to ensure hygiene, quality, and adherence to nutritional standards. Strict quality checks, including raw material inspection and food safety protocols, were followed. Meals were then transported through an efficient logistics system to ensure timely delivery. At the school level, structured distribution under teacher supervision ensured equitable access. Under this project, 20 lakh children received meals in 844 schools of Varanasi, Panvel, Hubli and Barsana. By providing regular, safe, and adequate meals, the programme supports improved attendance, participation, and student well-being.

1. <https://dsel.education.gov.in/en/scheme/pm-poshan-scheme>

PROJECT DETAILS



Implementation Year

FY 2023-24



Assessment Year

FY 2024-25



Implementation Partner

The Akshaya Patra Foundation



Project Budget

Rs. 1,61,28,000 /-



Total Beneficiaries

20 lakh



Project Locations

Varanasi, Hubli, Panvel/ Vizag, and Barsana



Sample Size

50



Alignment with SDGs





Alignment with government initiatives

- PM POSHAN Scheme
- National Food Security Act
- National Education Policy 2020

<https://dse.education.gov.in/en/scheme/pm-poshan-scheme>

<https://nfsa.gov.in/portal/nfsa-act>

https://www.education.gov.in/sites/upload_files/mhrd/files/NEP_Final_English_0.pdf

PROJECT ACTIVITIES



Served Nutritious and balanced meals prepared in centralised kitchens using automated processes, ensuring adherence to hygiene, safety, and prescribed nutritional standards.



Transported Meals through a well-organised logistics system and delivered to schools on time, where structured distribution was carried out under teacher supervision to ensure equitable access for all students.



Implemented regular quality checks and monitoring mechanisms, including inspection of raw materials and maintenance of food safety standards, to ensure consistent quality and reliability of the programme.

INTERACTION WITH KITCHEN TEAM



KEY FINDINGS AND IMPACTS

KEY FINDINGS



100%
of the respondents reported receiving meals for all 5 school days.



Delayed meal serving and insufficient food quantity were reduced from 4.0% (before) to being eliminated (after).



100%
of the respondents reported improved food quality and reported no impurities or unusual smell in food.



96.0%
of the respondents reported no alternative food available when meals were not served.



50.0%
of the respondents perceived it as the main meal, and 50.0% as one of the main meals.



96.0%
of the respondents rated the programme as important, and 4.0% as very important.

KEY IMPACTS



Universal access to meals achieved, 92.0% children consumed full meals every day, and 8.0% on most days.



Complete elimination of service gaps, with Meals never missed, improved from 88.0% (before) to 100.0% (after). Full operational efficiency achieved, ensuring 100.0% timely meal distribution.



100%
improvement in perceived food standards and 100% compliance with hygiene and safety standards.



High utilisation of the program, with 100.0% children regularly consuming meals (daily or most days).



Central role in daily nutrition established, with 100.0% of respondents considering it a key meal in the child's diet.



100%
of the respondents acknowledged the programme's importance in their nutrition.

01. INTRODUCTION

BACKGROUND AND NEED FOR THE PROGRAM

Access to adequate nutrition remains a significant challenge for children from economically vulnerable households in India, directly impacting their health, cognitive development, and educational outcomes (UNICEF). According to the Ministry of Women and Child Development, malnutrition continues to affect a substantial proportion of children, leading to issues such as stunting, underweight, and reduced learning capacity. Hunger during school hours often results in low concentration, absenteeism, and higher dropout rates, particularly among children from low-income families.

The Government of India introduced the PM POSHAN (Mid-Day Meal) Scheme to address these challenges by providing cooked meals to children in government and government-aided schools. The implementation of this programme by The Akshaya Patra Foundation across locations such as Varanasi, Hubli, Panvel, Visakhapatnam, and Barsana aims to ensure regular access to nutritious and hygienic meals to 20 lakh Children from 844 schools.

Evidence from NITI Aayog and UNICEF highlights that school feeding programmes not only improve nutritional intake but also enhance enrolment, attendance, and retention in schools. In this context, the programme addresses the dual challenge of Hunger and education by creating an enabling environment where children can learn effectively without the burden of food insecurity, thereby contributing to improved long-term development outcomes.

<https://www.niti.gov.in/sites/default/files/2023-12/CMAM-report-NITI-Aayog.pdf>

[https://www.qib.gov.in/PressReleasePage.aspx?](https://www.qib.gov.in/PressReleasePage.aspx?PRID=1947895&utm_source®=3&lang=2)

[PRID=1947895&utm_source®=3&lang=2](https://www.qib.gov.in/PressReleasePage.aspx?PRID=1947895&utm_source®=3&lang=2)

https://www.unicef.org/india/what-we-do/nutrition?utm_source

<https://dse.education.gov.in/en/scheme/qm-poshan-scheme>

ABOUT THE CSR FIRM

HDFC Securities Ltd. is one of India's leading financial services intermediaries and a subsidiary of HDFC Bank. Established in 2000 and headquartered in Mumbai, the company provides a wide range of investment and trading services to retail and institutional investors. With over two decades of experience, HDFC Securities serves over 2 million customers through a comprehensive suite of financial products, including equities, derivatives, mutual funds, bonds, fixed deposits, and other investment instruments. The company offers more than 30 investment products across multiple asset classes, including stocks, gold, and debt instruments, catering to diverse investor needs. It provides both online and offline platforms, including mobile and web-based trading systems, enabling seamless investment and portfolio management. HDFC Securities also offers research, advisory services, and tools to support goal-based investing and informed decision-making. Through its services and platforms, the company aims to simplify investing and help individuals achieve their financial goals. In addition to its core business, the company actively engages in CSR initiatives in healthcare, education, and community development.

ABOUT THE IMPLEMENTING PARTNER: THE AKSHAYA PATRA FOUNDATION

The Akshaya Patra Foundation is a non-profit organisation headquartered in Bengaluru, India, working to eliminate classroom hunger and support child education by implementing the Government of India's PM POSHAN (Mid-Day Meal) Programme. Established in 2000, the Foundation began by serving meals to 1,500 children and has since grown into one of the largest NGO-run school feeding programmes in the world. It provides hot, nutritious, and hygienic meals to millions of children studying in government and government-aided schools across multiple states.

The organisation operates through a Public-Private Partnership (PPP) model, collaborating with government bodies, corporates, and donors to deliver meals at scale using centralised and decentralised kitchens. Its vision is that no child in India should be deprived of education because of Hunger. By addressing malnutrition and encouraging school attendance, the Foundation contributes to improved learning outcomes and child well-being, aligning with broader development goals such as Zero Hunger and Quality Education.

GROUP PHOTO WITH DRIVER



02

RESEARCH METHODOLOGY

This chapter outlines the research methodology adopted to evaluate the Mid-Day Meal Programme implemented under the Government of India's PM POSHAN Scheme, with implementation support from The Akshaya Patra Foundation. The assessment aims to examine the programme's effectiveness, quality, and impact in ensuring regular access to nutritious meals for school children.

The study focuses on understanding improvements in service delivery, including regularity of meal provision, timeliness, adequacy, food quality, and hygiene standards. It also assesses the programme's role in enhancing student well-being, school attendance, and classroom participation. In addition, the study captures beneficiaries' and stakeholders' perceptions of the importance of the Mid-Day Meal in supporting nutrition and education outcomes. Qualitative insights from students, school authorities, and staff are incorporated to understand behavioural and experiential changes associated with the programme.

OBJECTIVES OF THE STUDY



To assess the impact of the programme on children's nutrition and health.



To evaluate improvements in school enrolment, attendance, and learning outcomes.



To understand beneficiary and stakeholder satisfaction with meal quality and delivery.



To examine the effectiveness of programme implementation and service delivery.



To identify gaps and areas for improvement for better impact and sustainability.

RESEARCH DESIGN

The study adopts a mixed-methods approach, integrating quantitative and qualitative research methods to provide a comprehensive assessment of programme performance. This approach enables a holistic understanding of both measurable outcomes and experiential changes among beneficiaries.

APPLICATION OF QUANTITATIVE TECHNIQUES

The quantitative component is based on structured surveys conducted with 50 respondents, including students, parents, and community members. The respondents were selected to ensure representation of direct and indirect beneficiaries.

The analysis focuses on key indicators such as the frequency of meal provision, missed meals, timeliness of serving, food quantity, food quality, hygiene standards, and consumption patterns. A comparative assessment of pre- and post-intervention scenarios has been conducted to measure improvements in service delivery and programme effectiveness.

APPLICATION OF QUALITATIVE TECHNIQUES

The qualitative component includes case studies and stakeholder interactions with students, school authorities, and programme staff.

I want to become a teacher. This meal gives me the strength to study hard and reach my goal."- Anjali Parmar, 8th class, Govt Secondary School, Kalol.

"We are deeply grateful to Akshaya Patra for this commendable work. This initiative is not merely alleviating the children's Hunger; it is also strengthening the very foundation of their bright future."- Mrs Chetna Kumari, Assistant Teacher at Composite School, Ardali Bazaar, Varanasi.

These narratives provide deeper insights into beneficiaries' lived experiences, highlighting changes in energy levels, classroom participation, attendance patterns, and satisfaction with the programme. Additionally, qualitative inputs help in understanding operational processes, challenges, and best practices in meal preparation, quality control, and distribution systems.

ENSURING TRIANGULATION

To enhance the reliability and validity of the findings, triangulation has been employed by integrating quantitative survey data with qualitative insights from case studies and stakeholder perspectives. This approach enables cross-verification of results and provides a comprehensive understanding of both programme outcomes and beneficiary experiences.

SAMPLING FRAMEWORK

The sampling framework includes 50 respondents for the quantitative survey, comprising student beneficiaries, parents, and community members. In addition, selected stakeholders, such as school authorities and programme staff, were included to provide qualitative input.

This framework ensures representation of both direct beneficiaries (students) and indirect beneficiaries (families and community), thereby capturing a broader perspective on programme impact.

DATA COLLECTION

Primary data was collected through structured questionnaires administered to respondents, along with the documentation of case studies and stakeholder interactions. The tools were designed to capture detailed information on service delivery, food quality, consumption patterns, and beneficiary perceptions.

Care was taken to ensure data accuracy, consistency, and completeness during data collection.

STAKEHOLDERS

The key stakeholders in the programme include student beneficiaries, their parents and family members, school authorities (principals and teachers), and the implementation agency, The Akshaya Patra Foundation. Their perspectives are critical to assessing the programme's relevance, effectiveness, and sustainability.

COMMITMENT TO RESEARCH ETHICS

The study was conducted in accordance with ethical research standards, ensuring informed consent, voluntary participation, and the confidentiality of all respondents. Respect for participants and sensitivity to their socio-economic context were maintained throughout the process, ensuring the integrity and credibility of the findings.

This chapter outlines the program's key findings and associated impacts, based on data collected during the study.

RESPONDENT PROFILE AND DEMOGRAPHICS

TABLE 1: RESPONDENT TYPE DISTRIBUTION

(N = 50)		
Response Options	No. of Respondents	% of Respondents
Student receiving Mid-Day Meal	40	80.0
Parent/guardian of student	7	14.0
Community member	3	6.0
Total	50	100.0



80.0%

of the respondents were students receiving the Mid Day Meal, ensuring that the data largely reflect direct beneficiary experiences.



14.0%

of the respondents were parents or guardians, providing supportive household-level perspectives, while 6.0% were community members, contributing broader contextual insights.

TABLE 2: STUDENT AGE GROUP DISTRIBUTION

(N = 40) [Respondents with 'Not applicable' excluded from denominator]		
Response Options	No. of Respondents	% of Respondents
15 years and above	4	10.0
11-14 years	33	82.5
6-10 years	3	7.5
Total number of respondents who are students	40	100.0

Among the student respondents, the age profile is heavily concentrated in the 11-14 years category, accounting for 82.5% of the total.



10.0%

of the respondents were aged 15 years and above, while only 7.5% belonged to the 6-10 years group.

PROGRAMME COVERAGE AND REGULARITY

TABLE 3: NUMBER OF DAYS MID-DAY MEAL IS RECEIVED IN A SCHOOL WEEK

Response Options	No. of Respondents	% of Respondents
5 days	50	100.0



100%

of the respondents reported that the Mid-Day Meal was provided for 5 days per school week.

This indicates complete consistency in programme delivery, with no reported variation in the number of days meals were served.



Akshay Patra provides nutritious mid-day meals daily to thousands of children studying in government schools.

- ASHWANI DIXIT- Age 34 Year (QUALITY INSPECTOR)



TABLE 4: FREQUENCY OF MID-DAY MEAL NOT SERVED BEFORE AND AFTER THE PROGRAM

Frequency of Mid-Day Meal Not Served Before & After the Program	% of Respondents	
	No. of Respondents	% of Respondents
Never	88.0	100.0
1-2 days a month	12.0	0.0

BEFORE THE PROGRAM



88.0%

of the respondents reported that meals were never missed, indicating relatively stable service delivery.



12.0%

of the respondents reported that meals were not served for 1-2 days per month, suggesting occasional gaps in implementation prior to the intervention.

AFTER THE PROGRAM



100%

of the respondents reported never missing meals.

This reflects a complete elimination of service disruptions, indicating improved reliability and consistency in meal provision.



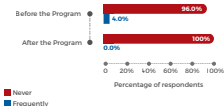
Many children would leave school midway to go home due to a lack of food, which adversely affected their studies.

- Mrs Chetna Kumari, Assistant Teacher, Composite School, Ardali Bazaar, Varanas



TIMELINESS AND ADEQUACY OF MEAL PROVISION

CHART 1: FREQUENCY OF LATE MEAL SERVING BEFORE AND AFTER THE PROGRAM



96.0%

of the respondents reported that meals were never served late, while 4.0% experienced frequent delays.

Although delays were limited, their presence indicates some operational inefficiencies before the intervention.



100%

of the respondents reported that meals were never served late.

This demonstrates that issues related to delays were fully addressed, leading to timely service delivery across all cases.

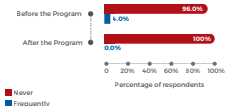


Before, due to a communication gap between different sections, 5-6 hours would be wasted per incident, and this would happen 1-2 times a week, causing a delay in the meal serving. After receiving the Intercom service for inter-department communication, this has been overcome by the intercom service.

- Durgesh Panday, Dispatch co-ordinator



CHART 2: FREQUENCY OF INSUFFICIENT FOOD QUANTITY BEFORE AND AFTER THE PROGRAM



BEFORE THE PROGRAM



96.0%

of the respondents reported that food quantity was always sufficient.



4.0%

of the respondents indicated frequent insufficiency, suggesting that a small proportion of beneficiaries faced challenges related to inadequate food portions.

AFTER THE PROGRAM



100%

of the respondents reported that food quantity was always sufficient.

This indicates that earlier issues of insufficiency have been fully resolved, ensuring adequate food for all beneficiaries.



FOOD QUALITY CHECK BY WORKERS

FOOD QUALITY AND SAFETY

The kitchen's food quality and safety standards were highly stringent, with raw materials undergoing rigorous quality checks and meals prepared with RO-purified water in a hygienic environment. The use of automated processes, staff protective gear, and PNG-based cooking ensure cleanliness and consistency.

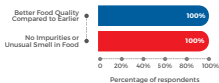


Regular testing of food samples and systematic feedback mechanisms further strengthened quality assurance.

- Avnish Kumar Awasthi, Field Visitor



CHART 3: OVERALL FOOD QUALITY AND SAFETY STANDARDS



100%

of the respondents reported that the quality of food had improved compared to earlier.

This reflects a uniformly positive perception of enhanced food standards following the programme.



100%

of the respondents stated that they never experienced impurities or unusual smells in the food.

This suggests strong adherence to hygiene and safety standards in meal preparation and distribution.



The kitchen is built upon modern technology and adheres to the highest standards of hygiene.

- ASHWANI DIXIT- Age 34 (QUALITY INSPECTOR), Akshay Patra Foundation



Due to the unavailability of timely meals at home, I often used to arrive late to school, and sometimes, I would not even get to eat at all. We now receive nutritious and delicious meals at school on time every day. Occasionally, we are also provided with fruits, which have contributed to improving our health.

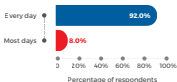
- Shiwam Kumar, Class - 8, School-Composite Vidhyalay Ardali Bazar Varunapar, Varanasi



CONSUMPTION PATTERNS AND DEPENDENCY ON THE PROGRAMME

As soon as the food is ready, the kitchen team notifies the team via intercom. The packing team gets ready instantly, and work begins almost without interruption to transport food.

CHART 4: FREQUENCY OF CHILDREN CONSUMING FULL MID-DAY MEAL

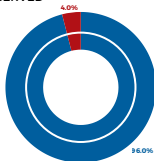


92.0%

of the respondents reported that children consumed the full meal every day, while 8.0% reported that children consumed it on most days.

This highlights a high level of acceptance and regular consumption of the meals among beneficiaries.

CHART 5: AVAILABILITY OF ALTERNATIVE FOOD WHEN A MEAL IS NOT SERVED



■ No
■ Yes



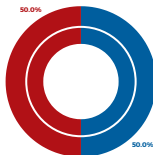
96.0%

of the respondents reported that no alternative food arrangements were available when meals were not served, while only 4.0% indicated the presence of alternatives.

This underscores beneficiaries' dependence on the Mid-Day Meal.

PERCEIVED IMPORTANCE OF MID-DAY MEAL

CHART 6: PERCEPTION OF MID-DAY MEAL FOR THE CHILD



■ One of the main meals
■ The main meal of the day

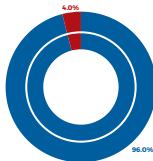


50.0%

of the respondents considered the Mid Day Meal as one of the main meals, while the remaining 50.0% viewed it as the main meal of the day.

This indicates the programme's central role in children's daily dietary intake.

CHART 7: IMPORTANCE OF MID-DAY MEAL FOR THE CHILD



■ Important
■ Very important



96.0%

of the respondents rated the programme as important, while 4.0% considered it very important.

This reflects a strong recognition of the programme's role in supporting child nutrition and well-being.

IMPACT OF THE PROGRAM ACROSS MULTIPLE LEVELS



INDIVIDUAL LEVEL

Improves children's nutrition, energy levels, and concentration, leading to better learning outcomes and overall well-being.



HOUSEHOLD/ COMMUNITY LEVEL

Reduces the financial burden on families, encourages regular school attendance, and promotes social equity.



INSTITUTIONAL (SCHOOL) LEVEL

Enhances student attendance, participation, and academic performance by ensuring access to regular nutritious meals.



SOCIETAL LEVEL

Contributes to reducing Hunger and malnutrition while promoting inclusive development and stronger communities.



NATIONAL LEVEL

Supports government initiatives and SDGs by improving child nutrition and education, thereby strengthening long-term human capital development.

FGD WITH STUDENT BENEFICIARIES



04. CASE STUDIES

CASE STUDY 1

ENSURING QUALITY AND TIMELY DELIVERY THROUGH A WELL-STRUCTURED AND HYGIENIC CENTRALISED KITCHEN SYSTEM



Background

Ramnawal Kumar works as a Canteen Supervisor at Akshaya Patra in Varanasi. He is responsible for overseeing food preparation, maintaining hygiene standards, ensuring timely delivery, and complying with government regulations under the PM POSHAN (Mid-Day Meal) Scheme.



Pre-intervention

Before the implementation of such a structured system, large-scale food preparation and distribution faced challenges related to hygiene, quality control, and timely delivery. Ensuring consistency in nutritional standards was also difficult.



Post-Intervention

Post-intervention, the use of modern centralised kitchens and technology has streamlined operations. Food is prepared under strict hygiene protocols, with raw materials undergoing quality checks and meals adhering to nutritional standards. Efficient logistics ensure timely delivery to schools. The programme now benefits a large number of children each day, and staff report a strong sense of responsibility and pride in maintaining quality and service standards.

CASE STUDY 2

TRANSFORMING LOW ATTENDANCE INTO ACTIVE CLASSROOMS THROUGH REGULAR AND NUTRITIOUS SCHOOL MEALS



Background

Babulal Yadav is the Principal of a government school in Ardali Bazar, Varanasi. He oversees the implementation of the Mid-Day Meal Scheme at the school level and monitors its impact on students.



Pre-intervention

Before the programme's effective implementation, the school faced several challenges, including low student attendance, high levels of child malnutrition, inconsistent food quality, and limited interest in academic activities.



Post-Intervention

Following the introduction of regular, timely meal delivery through Akshaya Patra, the school has witnessed a significant increase in student attendance. A structured system of meal distribution has been established and is supervised by teachers. Students now receive nutritious food daily, which has improved their health and enhanced their interest in education. The programme has played a key role in strengthening both enrollment and overall learning outcomes.

CASE STUDY 3

EMPOWERING WOMEN THROUGH STRUCTURED EMPLOYMENT AND SKILL DEVELOPMENT IN THE MODERN KITCHEN



Background

Shanti Devi works as a cook at Akshaya Patra, alongside a team of other female staff. Her role involves preparing food in a centralised kitchen using modern machinery, with a focus on maintaining hygiene and quality standards.

**Pre-intervention**

Prior to working with the organisation, employment opportunities for women like Shanti Devi were often limited, with less structured work environments, minimal training, and fewer safety measures. Hygiene practices and food preparation efficiency were also less standardised.

**Post-Intervention**

At Akshaya Patra, Shanti Devi works in a well-organised and modern kitchen environment. She has received training in hygiene, safety, and food preparation processes, which has improved her skills and efficiency. The organisation provides safety gear, including gloves, masks, caps, and footwear, to ensure a secure work environment. Regular salaries, leave provisions, and benefits such as maternity leave contribute to her financial stability and well-being. Her experience reflects the organisation's commitment to employee welfare, gender inclusion, and safe working conditions.

CASE STUDY 4**ENHANCING STUDENT ENERGY AND ACADEMIC ENGAGEMENT THROUGH ACCESS TO DAILY NUTRITIOUS MEALS****Background**

Rahul Vaghela, a student of Grade 8 at the Govt. Secondary School, Kalol, lives with his family in a small house near an industrial area. His father works in a local factory while his mother manages household responsibilities. Due to time constraints and work pressures, preparing a complete and nutritious lunch at home was often challenging.

**Pre-intervention**

Before access to the Mid-Day Meal, Rahul frequently experienced Hunger during school hours. The lack of a proper lunch led to fatigue in the afternoon, affecting both his ability to concentrate in class and participate in physical activities.

**Post-Intervention**

With the introduction of regular school meals, Rahul now receives hot and fresh food daily. He particularly enjoys dishes like pulao and dal-sabji. The consistent nutrition has improved his energy levels, enabling him to actively participate in sports like cricket and focus better on academics, especially Mathematics. He no longer worries about Hunger during school hours.

CASE STUDY 5**NOURISHING ASPIRATIONS AND IMPROVING SCHOOL ATTENDANCE THROUGH RELIABLE ACCESS TO DAILY MEALS****Background**

Anjali Parmar, a Grade 8 student at the Govt. Secondary School, Kalol, comes from a family of daily wage labourers. As the eldest child with two younger siblings, she often assisted her mother with household chores, including cooking in the mornings.

**Pre-intervention**

Before the programme, Anjali's responsibilities at home frequently caused delays in reaching school. At times, she skipped breakfast altogether to avoid being late, which affected her energy levels and regular attendance.

**Post-Intervention**

The availability of nutritious meals at school has significantly reduced the burden on her family.

Anjali now attends school regularly, as her parents feel assured that she will receive a proper meal. She particularly enjoys items like sukhdi. Improved nutrition has supported her academic focus and strengthened her aspiration to become a teacher.

CASE STUDY 6

REDUCING HUNGER-INDUCED FATIGUE AND ENHANCING CLASSROOM ENGAGEMENT THROUGH SCHOOL NUTRITION SUPPORT



Background

Sneha Makwana, a bright Grade 8 student at the Govt. Secondary School, Kalol, comes from a family facing financial constraints due to rising food prices. Meals at home are often limited to basic items such as rotis and onions.



Pre-intervention

Before the Mid-Day Meal programme, Sneha often attended school on an empty stomach, leading to headaches and reduced concentration, particularly in the afternoon sessions.



Post-Intervention

The school meal programme has provided Sneha with access to nutritious food, including vegetables and pulses that are otherwise unavailable at home. She values the hygiene and the communal dining experience. Improved nutrition has enhanced her energy levels, allowing her to stay attentive in class—especially in science—and remain engaged throughout the school day.

INTERACTION WITH AKSHAY PATRA VARANASI TEAM



05. CHALLENGES FACED



SYSTEM DEPENDENCY

Heavy reliance on intercom and IT systems; breakdowns disrupt real-time coordination.



INEFFECTIVE BACKUP COMMUNICATION

Mobile phones or walkie-talkies are not always reliable substitutes.



AUDIO CLARITY ISSUES

High noise levels in centralised kitchens affect communication quality.



HUMAN ERROR

Risk of incorrect or unclear information being communicated during operations.



OPERATIONAL CONSTRAINTS

Manual preparation of certain items (e.g., sukhdhi) is time-consuming and limits efficiency.

LESSONS LEARNED

Providing mid-day meals is a strong incentive for regular school attendance, especially among children from low-income families.



Access to regular, nutritious meals significantly improves students' concentration, energy levels, and classroom participation.

The use of technology-driven, centralised kitchens enables consistent quality, hygiene, and timely meal delivery at a large scale.

06. OECD-DAC FRAMEWORK ANALYSIS



Relevance



Coherence



Effectiveness



Efficiency



Impact



Sustainability



RELEVANCE

Access to nutritious food remains a critical challenge for children from economically vulnerable households, directly affecting their health, school attendance, and learning outcomes. The Mid-Day Meal Programme addresses this need by ensuring regular, nutritious meals in schools, thereby supporting both nutrition and education. The study's findings highlight the programme's strong relevance: 96.0% of respondents reported that no alternative food was available when meals were not served, indicating a high dependence on the programme. Furthermore, 100.0% of respondents reported receiving meals throughout the school week, indicating alignment with beneficiaries' needs.



COHERENCE

The programme aligns closely with national and global development priorities. It contributes to SDG 2 (Zero Hunger) by addressing child nutrition, SDG 4 (Quality Education) by supporting school attendance and learning, and SDG 3 (Good Health and Well-being) by improving dietary intake and overall health outcomes.

It is also aligned with the Government of India's PM POSHAN Scheme, reinforcing national efforts to enhance child nutrition and educational participation. By addressing both nutritional and educational needs simultaneously, the programme complements broader initiatives aimed at reducing poverty and improving human development outcomes.



EFFECTIVENESS

The programme has been highly effective in achieving its intended outcomes related to regularity, quality, and utilisation of meals. Service delivery has significantly improved, with respondents reporting that meals were never missed, increasing from 88.0% before the programme to 100.0% after implementation. Similarly, issues related to delayed serving (4.0%) and insufficient food quantity (4.0%) have been eliminated, with 100.0% of respondents reporting timely and adequate meal provision post-intervention.



EFFICIENCY

The programme demonstrates strong operational efficiency through streamlined meal preparation and distribution systems. The use of centralised kitchens and structured delivery mechanisms ensures the timely provision of meals, as reflected in 100.0% of respondents reporting no delays in meal serving.

The elimination of issues such as missed meals and insufficient quantity further indicates effective resource utilisation and planning. The programme's ability to consistently deliver meals to all beneficiaries across the school week (100.0%) reflects efficient coordination between stakeholders and optimal use of infrastructure and logistics.



IMPACT

The programme has generated significant positive impacts on children's nutrition, well-being, and educational engagement. Regular access to meals has contributed to improved energy levels and classroom participation, as reflected in high consumption rates (100.0% consuming meals daily or most days). The programme's centrality in children's diets is evident, with 100.0% of respondents identifying it as a key meal (main or one of the main meals).



SUSTAINABILITY

The programme demonstrates strong sustainability potential, driven by its structured delivery model and consistent performance across key indicators. The achievement of 100.0% regularity in meal provision, timeliness, and adequacy indicates that systems are well-established and capable of sustaining outcomes over time.

Continued high utilisation with 100.0% regular consumption and strong perceived importance suggests long-term acceptance and reliance among beneficiaries. The programme's integration within the school system further strengthens its sustainability by ensuring ongoing access and institutional support.



Relevance



Coherence



Effectiveness



Efficiency



Impact



Sustainability

07 WAY FORWARD / RECOMMENDATIONS



It is recommended to ensure periodic checks and timely upgrades of the intercom and IT systems to maintain operational efficiency.



Installing noise-cancelling and high-quality audio systems in kitchens is recommended to enhance communication clarity.



Development of standardised alternative communication methods could be made to address system failures effectively.



It is recommended to establish clear communication and operational protocols to ensure smoother workflow and coordination.

08. CONCLUSION

The Mid-Day Meal Programme implemented by The Akshaya Patra Foundation makes a strong, meaningful contribution to addressing classroom hunger and improving the overall well-being of schoolchildren. The programme has ensured consistent access to nutritious, hygienic, and timely meals, leading to improved student energy levels, better classroom participation, and enhanced school attendance. Its well-structured systems, including centralised kitchens and efficient delivery mechanisms, have enabled large-scale impact while maintaining quality and safety standards.

The findings highlight that the programme plays a critical role in supporting children from economically vulnerable backgrounds, often serving as a key source of daily nutrition. While certain operational challenges persist, particularly in communication systems and process efficiency, these are manageable and can be addressed through targeted technological and process improvements.

The programme reflects a successful model of collaboration between government and implementation partners, aligning with national priorities and global development goals. By continuing to strengthen operational systems and scale best practices, the initiative has strong potential to sustainably improve child nutrition, education outcomes, and long-term human development.



IMPACT ASSESSMENT STUDY

SUPPORT TO ATHLETES & PARA ATHLETES

Implemented by: Olympic Gold Quest (OGQ)

TABLE OF CONTENTS

Abbreviations	01
<hr/>	
Executive Summary	02 - 04
Project Background	02
Project Details	02
Project Activities	03
Key Findings	03
Key Impacts	04
<hr/>	
01. Introduction	05 - 06
Need for the program	05
Objectives of the program	05
About Olympic Gold Quest (OGQ)	06
<hr/>	
02. Research Methodology	07 - 08
Objectives of the project	07
Research Design	07
Standardised Framework for Evaluation	07
Design Snapshot	08
Study Tools	08
Upholding Research Ethics	08
<hr/>	
03. Key Findings and Impacts	09 - 16
<hr/>	
04. Challenges Faced	17
<hr/>	
05. OECD-DAC Framework	18 - 19
<hr/>	
06. Recommendations	20
<hr/>	
07. Conclusion	21
<hr/>	

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BBREVIATIONS

CWG	Commonwealth Games
EMS	Electronic Muscle Stimulators
NHP	National Health Policy
NPS	National Policy on Sports
OGQ	Olympic Gold Quest
S&C	Strength and Conditioning
SDGS	Sustainable Development Goals

EXECUTIVE SUMMARY

PROJECT BACKGROUND

Olympic Gold Quest (OGQ), supported by HDFC Securities under its CSR initiative, delivered a comprehensive high-performance programme to Indian athletes and para-athletes during FY 2024-25. Despite India's vast pool of sporting talent, many promising athletes, particularly those from underprivileged backgrounds, lack access to consistent training, scientific support, and financial backing. This gap limits their ability to compete effectively on national and international stages, where robust support systems are essential for success. OGQ established the programme to nurture India's immense sporting talent and address the critical need for structured athlete support. This program provides essential resources suited to each athlete's needs. The programme combined six core pillars of support, domestic and international training, coaching, sports science services, equipment and logistics, monthly stipends, and a dedicated para-athlete focus, through OGQ's established athlete-development ecosystem.

PROJECT DETAILS



Implementation Year

FY 2024-25



Assessment Year

FY 2025-26



Number of Beneficiaries

263 Athletes & 70 Para-athletes



Locations

Maharashtra, Punjab, Chandigarh, Karnataka, Madhya Pradesh, Rajasthan, Telangana, Uttar Pradesh, West Bengal, Delhi, Haryana, Jharkhand, Manipur, and Gujarat



Budget

Rs. 3,00,00,000/-



Implementing Partner

Olympic Gold Quest (OGQ)



Alignment with SDGs



Alignment with National programs

National Policy on Sports (NPS)

PROJECT ACTIVITIES



Provide physiotherapy, strength and conditioning, and specialised rehabilitation sessions to support effective injury recovery and reintegration.



Provide tailored nutrition and training plans along with quality equipment to boost performance and prevent injury.



Offer mental health resources and sports psychology sessions to build resilience and focus.



Monthly stipends to relieve financial pressures, allowing athletes to focus fully on training and competitions.



Organise high-performance stints at top international training academies for skill enhancement and exposure.



Host an Annual Athletes' Conclave to connect athletes with experts, inspire peer support, and promote continued learning.



Engage athlete managers through regular interactions for personalised support, monitoring, and feedback.

KEY FINDINGS



100%

of the respondents reported receiving support for competition travel (domestic), equipment, nutrition and supplements, and other forms of assistance.



100%

of the respondents reported being extremely satisfied with both coaching and training, as well as with OGQ support.



93.3%

of the athletes reported receiving support in areas such as coaching, domestic training camps, international competition travel, physiotherapy and recovery, and strength and conditioning.

KEY IMPACTS

**100%**

of the athletes reported that OGQ Support contributed to improved performance.

**100%**

of the athletes reported an improvement in National/International ranking.

**100%**

of the respondents reported improvements in self-belief, physical agility/strength, and focus and concentration.

**100%**

of the respondents reported improved confidence due to equipment/prosthetic support, while 93.3% noted improved performance.

**93.3%**

of the respondents experienced gains in mental resilience, goal clarity, and ability to handle stress.

**86.7%**

of the respondents reported improvements in flexibility and power due to strength and conditioning support.

**80.0%**

of the respondents noted a better ability to cope with sport-related anxiety.

**73.3%**

of the respondents noted gains in speed and injury prevention.

**66.7%**

of the athletes won gold medals, and 46.7% secured silver or bronze medals at the international level.

**53.3%**

of the athletes achieved gold, 66.7% secured silver, and 60.0% won bronze at the national level.

**13.3% to 60.0%**

was the percentage increase seen in participation at the Olympics/Paralympics, with similar increases from 13.3% to 66.7% at the Asian Championships and 26.7% to 80.0% at the World Championships.

01. INTRODUCTION

BACKGROUND & NEED OF THE PROGRAM

The Long-Term Athlete Development Programme stems from the critical need to bridge gaps in India's athletic support system, which often leaves talented athletes, particularly para-athletes, without the resources to reach elite levels of performance. Despite India's vast pool of sporting talent, many promising athletes, particularly those from underprivileged backgrounds, lack access to consistent training, scientific support, and financial backing. This gap limits their ability to compete effectively on national and international stages, where robust support systems are essential for success. OGQ established the programme to nurture India's immense sporting talent and address the critical need for structured athlete support. This initiative recognised that many promising athletes fell short of their potential due to limited resources and aimed to create pathways to excellence grounded in scientific training and long-term development. The program focuses on identifying and retaining emerging talent across Olympic disciplines, offering scholarships and livelihood support for underprivileged athletes, as well as Medical & Sport Science Support and Coaching & Sport Science Support. Through a wide range of activities, including performance evaluations, injury prevention, and high-performance training, the program prepares athletes for major competitions like the Olympic Games, Paralympic Games, World Championships, Asian Championships, and Commonwealth Games. With a commitment to inclusivity, the program not only aims to help athletes excel in their sports but also to empower them to inspire positive change within their communities.

OBJECTIVES OF THE PROGRAM



To create structured, inclusive pathways that support young athletes from diverse backgrounds in achieving excellence, from grassroots levels to international competition.



To provide essential resources, including scientific training, mental health support, physical conditioning, and consistent mentorship, to enhance athlete preparation and performance.



To promote India's global representation in sports by bridging resource gaps in underfunded areas, enabling athletes to pursue Olympic and Paralympic aspirations.



To empower athletes with the skills, resilience, and confidence to succeed in competitive sports, fostering a supportive ecosystem for sustained athletic careers.

ABOUT OLYMPIC GOLD QUEST (OGQ)

Olympic Gold Quest supports Indian athletes in their pursuit of excellence at the Olympic Games and Paralympic Games. The organisation adopts a holistic approach by addressing critical gaps in training, resources, and high-performance support.

KEY AREAS OF SUPPORT:



Funding & Training

Financial aid for specialised training, both within India and abroad, with top-tier coaches.



Equipment & Logistics

Funding for world-class, specialised equipment .



Sports Science Support

Access to physiotherapists, sports psychologists, strength and conditioning coaches, and nutritionists.



Monthly Stipend

Financial assistance to cover personal expenses for athletes.



Para-Athletics Focus

Specific support for disciplines like Para-archery, Para-athletics, Para-badminton, and Powerlifting.

TRAINING AND EQUIPMENT SUPPORT



SPORTS SCIENCE SUPPORT



02

RESEARCH METHODOLOGY

As part of its CSR initiative, HDFC Securities partnered with Olympic Gold Quest (OGQ) to support the training and development of elite Indian athletes and para-athletes during the FY 2024-25 cycle. The partnership funds a defined cohort of athletes across multiple Olympic and Paralympic disciplines, with support delivered through OGQ's established high-performance ecosystem.

OBJECTIVES OF THE STUDY



To assess the performance of supported athletes in major tournaments.



To evaluate the impact of the programme on athletes' performance and health indicators.



To analyse the utilisation of resources and effectiveness of support provided, including specialised interventions such as nutritional guidance and psychological counselling.



To examine improvements in training and recovery processes.



To assess the performance of supported athletes in major tournaments.

RESEARCH DESIGN

The study adopted a descriptive research design to provide a detailed analysis of the programme and its key components. Quantitative methods were used to collect and analyse numerical data, enabling statistical assessment and identification of programme outcomes. In addition, qualitative approaches were incorporated to capture contextual insights and deepen the analysis. The integration of both quantitative and qualitative methods within a descriptive framework facilitated a comprehensive evaluation of the programme, enabling the identification of patterns, the assessment of the current status, and the formulation of evidence-based recommendations for improvement.

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.



DESIGN SNAPSHOT



Name of the project

Support to Athletes & Para Athletes



Implementing agency

Olympic Gold Quest



Research design used

Mixed Methods Approach



Sampling technique

Random Sampling and Purposive Sampling



Sample size

15



Qualitative methods used

Testimonials, Stakeholder Interview

STUDY TOOLS

A combination of quantitative and qualitative tools was utilised for data collection. For the quantitative component, a structured, closed-ended questionnaire was administered to athletes to capture information across predefined indicators for each focus area. This questionnaire was designed to systematically assess key aspects of the programme and ensure consistency in data collection. For the qualitative component, stakeholder interactions were conducted using open-ended questionnaires to gather in-depth insights from key stakeholders. This approach enabled a deeper understanding of experiences, perspectives, and contextual factors, thereby complementing the quantitative findings and strengthening the overall analysis.

GEOGRAPHICAL COVERAGE

The intervention was implemented across multiple states and union territories in India, including Maharashtra, Punjab, Chandigarh, Karnataka, Madhya Pradesh, Rajasthan, Telangana, Uttar Pradesh, West Bengal, Delhi, Haryana, Jharkhand, Manipur, and Gujarat.

UPHOLDING RESEARCH ETHICS



INFORMED CONSENT

The study followed strict guidelines regarding informed consent. Participants were fully informed about the study's goals, procedures, and possible risks and benefits. They were encouraged to ask questions and were able to make well-informed decisions.



CONFIDENTIALITY

Steps were implemented to protect participants' confidentiality and privacy. Data gathered was securely stored and accessible only to authorised individuals. Participant identities were safeguarded, and any personal details were either anonymised or coded to preserve confidentiality.



VOLUNTARY PARTICIPATION

Participation in the study was completely voluntary, and individuals were free to decide whether to participate. There was no coercion or undue influence to compel individuals to take part in the study.



ETHICAL TREATMENT

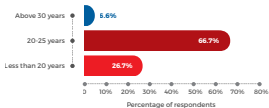
Participants were treated with respect, dignity, and impartiality throughout the study, with their well-being and rights prioritised. Any necessary assistance was provided to ensure their comfort and understanding.

KEY FINDINGS

The findings presented below capture athletes' direct experience of the HDFC Securities-OGQ programme during FY 2024-25 across the following dimensions: support received; training and exposure; sports science and medical support; psychological support; financial security; and dedicated support to para-athletes.

DEMOGRAPHIC PROFILE

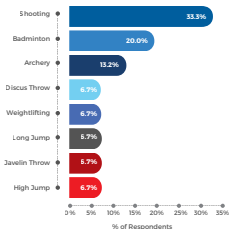
CHART 1: AGE-WISE DISTRIBUTION OF ATHLETE

**66.7%**

of the respondents are 20-25 years old, while those under 20 account for 26.7%.

Meanwhile, the 30+ age group is the smallest, accounting for 6.6% of the total respondents.

CHART 2: SPORT AND EVENT CATEGORY DISTRIBUTION

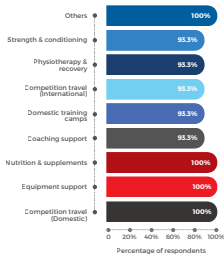


The sample comprised respondents participating across multiple sports, with the highest representation in shooting (33.3%) and badminton (20.0%), followed by archery (13.2%).

The remaining respondents were distributed across discus throw, weightlifting, long jump, javelin throw, and high jump (6.7% each).

TYPES OF SUPPORT RECEIVED

CHART 3: TYPES OF SUPPORT RECEIVED



The chart indicates that athletes received strong and comprehensive support across all key areas.



100%

of the respondents reported receiving support for competition travel (domestic), equipment, nutrition and supplements, and other forms of assistance, highlighting full coverage in these critical areas.



93.3%

of the athletes reported receiving support in areas such as coaching, domestic training camps, international competition travel, physiotherapy and recovery, and strength and conditioning.

Overall, the findings suggest that the programme provides well-rounded, nearly universal support, with only minor gaps in certain areas, ensuring that most athletes have access to the essential services required for high performance.

All respondents also reported that the support received was adequate and highly important, highlighting the critical role of OCQ support in enabling participation in tournaments.



There is no single type of support that is emphasised more than others. All support services, training, psychology sessions, nutrition guidance, physiotherapy, and equipment are provided based on the athlete's needs. Training happens daily, while psychology or nutrition sessions happen depending on each athlete's requirement.

– Shubhashish, Senior Manager of Partnerships and Communication, Olympic Gold Quest (OGQ)



PROGRAMME SUPPORT AND IMPROVEMENT IN PERFORMANCE

CHART 4: CONTRIBUTION OF OGQ SUPPORT TO PERFORMANCE IMPROVEMENT



Athletes, particularly those from marginalised backgrounds and facing multiple constraints, reported that the programme's comprehensive support—such as funding and training, equipment and logistics, sports science services, monthly stipends, and a focused approach towards para-athletics—enabled them to concentrate fully on their preparation. This support has contributed to improved performance across different levels of competition.



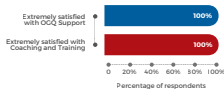
100%

of the respondents reported a significant improvement in their performance, highlighting the programme's strong impact.

Athletes also reported improvements in their national and international rankings. These gains are further attributed to enhanced strength and conditioning support, including improvements in endurance, speed, power, flexibility, and injury prevention.

In addition, the programme has strengthened the overall training environment and quality through effective monitoring and structured support systems. All respondents indicated a significant improvement in these aspects, which have played a key role in driving better performance outcomes.

CHART 5: OVERALL SATISFACTION WITH COACHING AND OGQ SUPPORT



All respondents reported being extremely satisfied with both coaching and training, as well as with OGQ support (100% each), indicating uniformly high levels of satisfaction.

BENEFICIARY IN TRAINING



KEY IMPACTS

This section captures the measurable impact of the HDFC Securities-OGQ programme on supported athletes during FY 2024-25, including their progression to higher levels of competition, medal performance, and self-reported gains in performance, ranking, and overall capability. It goes beyond outputs to show how the support has translated into India's presence on global sporting platforms.

PHYSICAL AND PSYCHOLOGICAL IMPROVEMENTS DUE TO PROGRAMME SUPPORT

CHART 7: AREAS OF PERSONAL IMPROVEMENT DUE TO OGQ SUPPORT

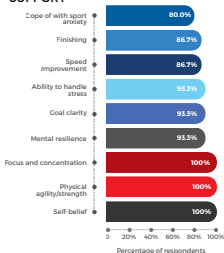
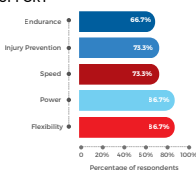


CHART 6: IMPROVEMENT DUE TO STRENGTH AND CONDITIONING SUPPORT



All respondents reported improvements in self-belief, physical agility/strength, and focus and concentration (100% each). A majority also experienced gains in mental resilience, goal clarity, and ability to handle stress (93.3% each). Improvements in speed and finishing were reported by 86.7% of respondents, while 80.0% noted better ability to cope with sport-related anxiety.

A majority of respondents reported improvements in flexibility and power (86.7% each) due to strength and conditioning support. Gains in speed and injury prevention were noted by 73.3% of respondents, while 66.7% reported improved endurance. Overall, the findings indicate substantial perceived benefits of strength and conditioning support across key physical performance parameters.



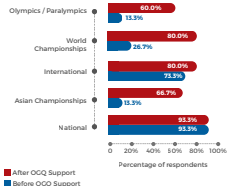
Interventions such as physiotherapy, sports science support, and training camps ensure athletes remain fit and participate in the right competitions. The goal is to enable them to perform at their best during tournaments.

– Shubhashish, Implementing Partner, Olympic Gold Quest (OGQ)



ANALYSIS OF MAJOR COMPETITION PARTICIPATION BEFORE AND AFTER THE OGQ SUPPORT

CHART 8: MAJOR COMPETITIONS PARTICIPATED IN BEFORE AND AFTER PROJECT SUPPORT

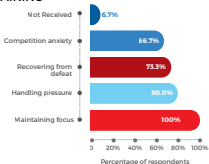


A comparison of participation levels before and after OGQ support shows a clear improvement in athletes' representation across major competitions. Participation in the Olympics/Paralympics increased significantly from 13.3% to 60.0%, reflecting a substantial rise in athletes reaching the highest level of competition. Similarly, participation in the Asian Championships grew from 13.3% to 66.7%, indicating improved access and performance at the continental level. The World Championships also saw a marked increase from 26.7% to 80.0%, demonstrating the enhanced global competitiveness of athletes. At the international level, participation rose slightly from 73.3% to 80.0%, suggesting that athletes were already fairly exposed but still benefited from additional support. Participation in national-level competitions remained constant at 93.3%, indicating that most athletes were already competing domestically prior to the intervention.

OGQ support has enabled athletes to move from mainly national-level participation to higher international competitions, including the Olympics/Paralympics. This reflects improved progression and global competitiveness among supported athletes.

IMPACT OF PSYCHOLOGICAL TRAINING

CHART 9: IMPACT OF PSYCHOLOGICAL TRAINING



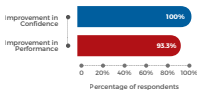
OGC did not limit their support to the surface level but sought to reach deep into every athlete's heart, and therefore provided psychological training that empowers athletes to fight with their minds even before stepping onto the field. This initiative helps athletes build their thought process. This is shown in the prior chart. The highest possible manner helps maintain focus, handle pressure, and later recover from defeat and competition anxiety, which every sportsman, directly or indirectly, experiences in their sport. Therefore, physical fitness and mental health are a priority for athletes.

BENEFICIARY IN TRAINING



IMPACT OF OGQ SUPPORT ON PARA-ATHLETES

CHART 10: IMPACT OF EQUIPMENT/PROSTHETIC SUPPORT



100%

of the respondents reported improved confidence due to equipment/prosthetic support, and 93.3% noted improved performance.

This indicates a near-universal perceived positive impact of such support on both confidence and performance among respondents.

MEDALISTS SUPPORTED BY OGQ



Avani Lekhara
Gold - Para
Shooting



Nitesh Kumar
Gold - Para
Badminton



Harvinder Singh
Gold - Para
Archery



Sheetal Devi
Bronze - Para
Archery

LIST OF OTHER MEDALISTS SUPPORTED BY OGQ

- | | |
|--|--|
| 1. Praveen Kumar - Gold - Para Athletics | 11. H Hokato Sema - Bronze - Para Athletics |
| 2. Navdeep - Gold - Para Athletics | 12. Simran - Bronze - Para Athletics |
| 3. Yogesh Kathunia - Silver - Para Athletics | 13. Deepthi Jeevanji - Bronze - Para Athletics |
| 4. Nishad Kumar - Silver - Para Athletics | 14. Sundar Singh G - Bronze - Para Athletics |
| 5. Ajeet Singh - Silver - Para Athletics | 15. Mariyappan T - Bronze - Para Athletics |
| 6. Sachin Khilari - Silver - Para Athletics | 16. Manisha Ramdas - Bronze - Para Badminton |
| 7. Pranav Soorma - Silver - Para Athletics | 17. Nithya Sre SS - Bronze - Para Badminton |
| 8. Thulasimathi M - Silver - Para Badminton | 18. Mona Agarwal - Bronze - Para Shooting |
| 9. Manish Narwal - Silver - Para Shooting | 19. Rubina Francis - Bronze - Para Shooting |
| 10. Preethi Pai - 2 Bronze - Para Athletics | 20. Kapil Parmar - Bronze - Para Archery |

OUTCOME OF THE OGQ SUPPORT

CHART 11: WORLD LEVEL MEDALS WON (GOLD, SILVER, BRONZE, RUNNER-UP)

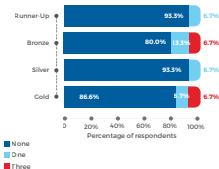


CHART 12: INTERNATIONAL LEVEL MEDALS WON (GOLD, SILVER, BRONZE, RUNNER-UP)

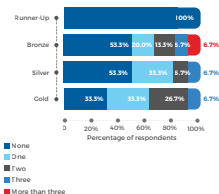


CHART 13: NATIONAL LEVEL MEDALS WON (GOLD, SILVER, BRONZE, RUNNER-UP)

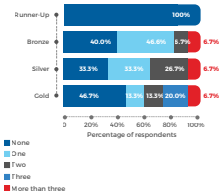
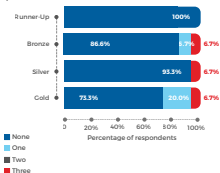


CHART 14: ASIAN LEVEL MEDALS WON (GOLD, SILVER, BRONZE, RUNNER-UP)



AT THE WORLD LEVEL, MEDAL OUTCOMES ARE MORE SELECTIVE



13.4%

of the athletes win gold, 6.7% win silver, and 20.0% win bronze.

AT THE INTERNATIONAL LEVEL, PERFORMANCE REMAINS ENCOURAGING



66.7%

of the athletes winning gold medals and 46.7% securing silver or bronze medals, indicating that a substantial proportion of athletes can translate their national-level success onto broader platforms.

AT THE ASIAN LEVEL, MEDAL ACHIEVEMENTS ARE COMPARATIVELY LOWER



26.7%

of the athletes won gold medals, while a large proportion reported no silver (93.3%) or bronze (86.6%) medals.

This suggests that while some athletes are progressing to the continental stage, consistent podium finishes remain limited.

Furthermore, strong performance at the national level among respondents was observed, with a majority of athletes achieving podium finishes: 53.3% winning gold, 66.7% securing silver, and 60.0% winning bronze. This reflects consistent performance and competitive strength at the domestic level.

The findings highlight a clear progression from strong domestic performance to growing participation and selective success at higher levels. While athletes have begun to achieve results at Asian and world levels, there remains scope to further strengthen performance consistency and medal conversion at elite international competitions.

MEDALISTS SUPPORTED BY OGQ



Manu Bhaker
Bronze-Shooting



Swapnil Kusale
Bronze - Shooting



Sarabjot Singh
Bronze-Shooting



Aman Sehrawat
Bronze-Wrestling

6/6 FOURTH POSITION FINISH

ALL 6 INDIAN ATHLETES WHO FINISHED FOURTH ARE SUPPORTED BY OGQ

1. **Manu Bhaker** - Shooting, Women'25M Air Pistol
2. **Lakshya Sen** - Badminton, Men's Single
3. **Mirabai Chanu** - Weightlifting, Women's 49kg
4. **Anantjeet & Maheshwari** - Skeet Shooting, Mixed Team
5. **Arjun Babuta** - Shooting, Men's 10M Air Rifle
6. **Dhiraj & Ankita** - Archery, Mixed Team

“ Psychological support helps athletes deal with setbacks and competitive pressure. Shooter Manu Bhaker faced disqualification at the Tokyo Olympics due to a pistol malfunction. OGQ connected her with a psychologist who worked with her over several years, and she later won two medals at the Paris Olympics.

— Shubhashish, Implementing Partner, Olympic Gold Quest (OGQ)



04. CHALLENGES FACED



LATE RELEASE OF TOURNAMENT CALENDARS

OGQ flagged that national and international federations often release tournament schedules late, which makes long-term planning of training cycles and competition exposure difficult.



INJURY RISK

Although the programme provides strong physiotherapy and rehabilitation support, athletic injury remains an inherent and unavoidable risk that can disrupt competition cycles.



MEDAL CONVERSION AT WORLD AND ASIAN LEVELS

While participation at world and Asian competitions has risen sharply, the survey data show that consistent podium finishes at these levels remain limited compared to national-level success.



PARA-ATHLETE CLASSIFICATION COMPLEXITY

The wide range of disability classifications among para-athletes requires deeply individualised training, equipment, and support strategies, which adds operational complexity.

05. OECD-DAC FRAMEWORK ANALYSIS



Relevance



Coherence



Effectiveness



Efficiency



Impact



Sustainability



RELEVANCE

The programme demonstrates high relevance by aligning with national priorities of enhancing India's representation in international sporting events such as the Olympic Games and Paralympics. It effectively addresses key athlete needs through comprehensive support, including training, equipment, sports science services, and financial assistance. The provision of specialised interventions such as nutrition, psychology, and recovery support aligns well with high-performance requirements. Additionally, the programme promotes equity by extending targeted support to para-athletes.



COHERENCE

The programme is well aligned with national priorities such as the National Sports Policy and initiatives promoting athlete development and high-performance sports in India. It also aligns with global goals, particularly the United Nations Sustainable Development Goals (SDGs), including SDG 3 (Good Health and Well-being) by promoting physical fitness and mental health, and SDG 5 (Gender Equality) by supporting inclusive participation, including para-athletes. The programme's holistic approach complements existing systems and contributes to broader development goals.



EFFECTIVENESS

The programme has been effective in improving athlete participation and progression to higher levels of competition. There is a significant increase in participation at elite platforms, with representation rising substantially at the Olympics/Paralympics, Asian, and World Championships. Athletes have also benefited from comprehensive support services, with nearly all reporting access to essential resources, including coaching, equipment, and sports science support. While performance outcomes are strong at the national level and moderate at the international level, medal conversion at the Asian and world levels remains an area for further improvement.



EFFICIENCY

The programme demonstrates efficient resource utilisation through a well-coordinated, targeted support system. The integration of coaching, sports science, and financial assistance ensures minimal duplication and maximum impact. High coverage of critical support areas (close to 100% in several components) indicates effective allocation of resources. The use of both domestic and international training opportunities further enhances efficiency by optimising athlete exposure and performance outcomes.



IMPACT

The programme has led to a significant transformation in athletes' progression from national to elite international competitions. There has been a substantial increase in participation at global platforms, including the Olympic Games/Paralympics, Asian, and World Championships, reflecting enhanced access and competitiveness. Comprehensive support across coaching, sports science, nutrition, and recovery has strengthened athletes' performance, consistency, and preparedness. Athletes also reported a very high increase in participation levels, highlighting the programme's effectiveness in enabling competitive engagement. While medal outcomes are strongest at the national level, there is clear and growing success at international stages, demonstrating the programme's strong impact in building high-performance athletes and advancing India's global sporting presence.



SUSTAINABILITY

The programme shows good potential to continue in the long term. It provides consistent support to athletes through training, expert services, and financial assistance, which helps in their overall development. The focus on developing athletes' skills and providing them with exposure to international standards supports continued improvement over time. However, strengthening partnerships and ensuring long-term funding can further improve the programme's sustainability.



Relevance



Coherence



Effectiveness



Efficiency



Impact



Sustainability

06 RECOMMENDATIONS



STRENGTHEN TECHNOLOGY AND DATA ANALYTICS

As OGQ itself recommends, the next 3-5 years should focus on using performance data and analytics to monitor athletes more effectively, integrating training load, recovery, competition results, and athlete wellness.



DEEPEN MEDAL-CONVERSION STRATEGIES AT WORLD AND ASIAN LEVELS

Medal-conversion strategies at the world and Asian levels can be deepened by building on rising participation through targeted interventions such as additional international exposure stints, sport-specific overseas training partnerships modelled on the Nippon Sports Science University example, and individualised peaking plans for major events.

07. CONCLUSION

Olympic Gold Quest (OGQ) has made substantial progress in advancing athlete development through its comprehensive and well-structured support system. The programme has significantly enhanced athletes' participation at international platforms, reflecting improved global representation and competitive readiness. High levels of satisfaction among athletes, particularly with coaching and overall support services, highlight the effectiveness and quality of the interventions.

Key components such as physiotherapy, nutrition planning, and psychological support have contributed to improved physical fitness, faster recovery, and greater mental resilience. Financial assistance has enabled athletes to focus on their training without economic constraints, while access to high-quality equipment and international exposure has strengthened their performance and preparedness for competitions.

The programme has also played an important role in developing confident athletes who act as role models, inspiring wider participation in sports. Its alignment with the United Nations Sustainable Development Goals further reinforces its contribution to health, well-being, and inclusive development. Overall, the initiative demonstrates a strong, positive impact, highlighting the importance of robust support for structured athlete development systems to enhance India's presence in global sports further.



IMPACT ASSESSMENT REPORT

FREE DIAGNOSTIC TESTS AND DISTRIBUTION OF MEDICINES

Implemented by: The Ramkrishna Mission Sevashrama

TABLE OF CONTENTS

Abbreviations	01
<hr/>	
Executive Summary	02 - 06
Project Background	02
Project Details	02 - 03
Project Activities	03 - 04
Key Findings	05
Key Impacts	06
<hr/>	
01. Introduction	07 - 08
Need for the program	07
Objectives of the program	07 - 08
About the CSR firm	08
About Implementing Partner/ NGO	08
<hr/>	
02. Research Methodology	09 - 11
Objectives of the project	09
Research Design	09
Application of Quantitative Techniques	09
Application of Qualitative Techniques	09
Ensuring triangulation	10
Sampling Framework	10
Data Quality Control & Analysis	10
Standardised Framework for Evaluation	10
Design Snapshot	10
Key Stakeholders	11
Upholding Research Ethics	11
<hr/>	
03. Analysis of Program Design	12 - 13
<hr/>	
04. Key Findings and Impacts	14 - 23
<hr/>	
05. Key Challenges and Learnings	24 - 25
<hr/>	
06. SWOT Analysis	26
<hr/>	
07. OECD-DAC Framework	27 - 28
<hr/>	
08. Recommendations	29 - 30
<hr/>	
09. Conclusion	31
<hr/>	

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BBREVIATIONS

CSR	Corporate Social Responsibility
FGD	Focussed Group Discussion
FY	Financial Year
SDGs	Sustainable Development Goals
SWOT	Strengths, Weaknesses, Opportunities and Threats
HDFC	HDFC Securities Limited
OPD	Outpatient Department
IPD	Inpatient Department
Ramkrishna Mission	The Ramkrishna Mission Sevashrama
AMC	Annual Maintenance Contract

EXECUTIVE SUMMARY

PROJECT BACKGROUND

The healthcare initiative, supported by HDFC Securities Limited and implemented by Ramakrishna Mission, focuses on improving access to quality, affordable medical services for underserved communities. The findings show that the program is largely reaching economically vulnerable groups, including more than 5000 individuals with low income, limited education, and unstable or no employment, while also catering significantly to older patients with higher healthcare needs from Maharashtra and Uttarakhand. With equal participation by men and women and a strong presence in nearby communities, the hospital plays an important role as a trusted local healthcare provider. The services are designed to be accessible and patient-friendly, supported by easy registration, helpful staff, convenient hours, and clear communication from doctors, leading to high levels of satisfaction and a strong willingness to recommend the hospital. The provision of free and subsidised treatment at Kankhal, Haridwar, has helped reduce the financial burden for many patients, making healthcare more affordable. In addition, the installation of solar panels has strengthened the hospital's infrastructure by ensuring a reliable electricity supply for critical units such as operating theatres, ICUs, and diagnostic services, enabling uninterrupted care while also contributing to cost efficiency and sustainability. The solar panel initiative has generated annual savings of ₹19.30 lakh, which are directly linked to patient care support amounting to ₹21.00 lakh, benefiting a total of 842 patients. These savings are systematically redirected to a Patient Assistance Fund, enabling subsidised and free treatment for economically vulnerable groups including low-income patients, sadhus, and migrant populations. The support covers a wide range of services such as diagnostics, surgeries, and emergency care, with assistance ranging from ₹100 to ₹89,000 per case. The project has improved access, affordability, and quality of healthcare, creating meaningful benefits for individuals and the wider community.

PROJECT DETAILS



Implementation Year

FY 2024-25



Assessment Year

FY 2025-26



Implementation Partner

The Ramkrishna Mission Sevashrama



Project Budget

Rs. 1,49,04,897/- for solar panel installations and 1,00,00,000/- for Diagnostic testing, treatment, and free medicines.



Beneficiaries

5000+ for medical services and 842 patients benefitted from solar panel installations



Annual Savings from Solar Panels Installation

Rs. 19,30,000/-



Total Healthcare support

Rs. 21,00,000/-



Supported by

HDFC Securities Limited



Location

Mumbai and Haridwar



Alignment with SDGs



Alignment with government initiatives

The healthcare initiative supports several flagship initiatives of the Government of India:

- **Ayushman Bharat (Pradhan Mantri Jan Arogya Yojana - PMJAY)** (Source-<https://www.india.gov.in/spotlight/details/ayushman-bharat-pradhan-mantri-jan-arogy-a-yojana>)
- **National Health Mission (NHM)** (Source- <https://nhm.gov.in/>)
- **National Solar Mission** (Source- <https://www.indiascienceandtechnology.gov.in/st-visions/national-mission/jawaharlal-nehru-national-solar-mission-jnnsm>)

PROJECT ACTIVITIES



Conducted outpatient consultations and inpatient treatment services for patients.



Provided diagnostic services, including tests and scans, to support medical care.



Delivered free and subsidised treatment to economically vulnerable patients.



Facilitated smooth patient registration and hospital processes to improve accessibility.



Ensured availability of trained medical staff and support personnel for quality care.



Installed solar panels to generate sustainable electricity for hospital operations.



Strengthened power backup for operating theatres, ICUs, and diagnostic equipment.



Maintained the continuous functioning of critical healthcare units through a reliable energy supply.



Supported patient care services with improved infrastructure and operational efficiency.



Enabled outreach to nearby communities to improve access to healthcare services.



Savings from reduced electricity bills are systematically redirected to subsidize or fully cover treatment costs for poor and needy patients (OPD and IPD).



Savings directly linked to the Patient Assistance Fund.

PATIENT BENEFICIARIES UNDER THE OBSERVATION



KEY FINDINGS

**94.0%**

of the patients felt that doctors gave proper attention to their problems.

**92.0%**

of the patients clearly understood explanations about illness and treatment.

**92.0%**

of the patients rated the quality of treatment as very good, indicating effective handling of critical and advanced care.

**86.0%**

of the patients found the registration process very easy.

**70.0%**

of the patients travel less than 5 km to access the hospital.

**54.0%**

of the patients received inpatient care.

**44.0%**

of the patients experienced a clear reduction in financial burden, and another 44.0% reported some relief.

**40.0%**

of the households earn below ₹10,000 and another 42.0% earn between ₹10,001-₹20,000.

**24.0%**

of the patients received free treatment, and 24.0% received subsidised services.

KEY IMPACTS

**98.0%**

of the patients reported that hospital staff were helpful, reflecting a smooth, supportive service experience.

**96.0%**

of the patients are willing to recommend the hospital to others, indicating strong trust and access among vulnerable populations.

**96.0%**

of the patients are willing to recommend the hospital to others, showing strong satisfaction with consultation and communication.

**92.0%**

of the patients clearly understood explanations about illness and treatment, reflecting effective communication.

**88.0%**

of the patients found hospital timings convenient, enabling easy and regular access to services.

**86.0%**

of the patients found the registration process very easy.

**44.0%**

of the patients experienced a clear reduction in financial burden, and another 44.0% reported some relief, showing affordability support.

**24.0%**

of the patients received free treatment, and 24.0% received subsidised services, reducing financial burden for many.

**86.0%**

of the patients found services affordable, indicating reduced financial burden and improved affordability of healthcare.

**96.0%**

of the patients are willing to recommend the hospital to others, indicating strong trust and access among vulnerable populations.

01. INTRODUCTION

NEED FOR THE PROJECT

The healthcare initiative, supported by HDFC Securities Limited and implemented by Ramakrishna Mission Sevashrama, was launched to address limited access to quality, affordable healthcare among economically vulnerable communities. Many individuals, especially those with low income, limited education, and unstable livelihoods, face challenges in accessing timely medical care, diagnostic services, and critical treatment due to financial constraints and inadequate infrastructure. This gap becomes more significant for elderly patients and those requiring continuous or advanced care. In addition, healthcare facilities often face challenges with an uninterrupted power supply, which is essential for running critical units such as operating theatres, ICUs, and diagnostic equipment. Recognising these needs, the project focused on strengthening hospital-based healthcare services and installing solar panels to ensure reliable, sustainable electricity. The project aims to reduce electricity costs and utilize savings for patient care with installation of solar panels. Savings from reduced electricity bills are systematically redirected to subsidize or fully cover treatment costs for poor and needy patients (OPD and IPD). By improving access to medical treatment, diagnostics, and stable infrastructure, the project aims to enhance healthcare outcomes, reduce financial burden, and improve the well-being of underserved populations.

OBJECTIVES OF THE PROGRAM

The primary objective of the program is to improve access to quality and affordable healthcare services for economically vulnerable communities.



To provide accessible outpatient and inpatient medical services to underserved populations.



To strengthen diagnostic facilities to enable timely and accurate disease identification.



To support financially vulnerable patients through free and subsidised treatment options.



To enhance the quality of care through patient-friendly systems and responsive healthcare staff.



To ensure a reliable power supply through the installation of solar panels for critical hospital operations.



To improve the efficiency of operation theatres, ICUs, and diagnostic units through uninterrupted electricity.



To reduce financial burden on patients by lowering operational costs through sustainable energy solutions.



To promote equitable access to healthcare services for both men and women across different age groups.



To build trust and encourage greater utilisation of institutional healthcare facilities within the community.

ABOUT THE CSR FIRM

HDFC Securities Limited operates in the financial services sector, offering a range of investment and trading solutions to individuals and institutions. Alongside its core business, the company is actively engaged in corporate social responsibility initiatives aimed at supporting community development. Its CSR efforts focus on key areas such as health and sanitation, education promotion, scholarships for underprivileged children, the setup of digital classrooms, and the renovation, operation, and painting of schools. The organisation also supports preventive and curative healthcare initiatives. These activities are primarily undertaken across Maharashtra, Gujarat, and Tamil Nadu, reflecting its commitment to creating meaningful social impact.

ABOUT IMPLEMENTING PARTNER/ NGO

Ramakrishna Mission Sevashrama is a charitable institution functioning under the Ramakrishna Math and Mission, a well-known spiritual and philanthropic organisation in India. Guided by the ideals of Swami Vivekananda and the principle of "Serving Man is Serving God," the Sevashrama delivers essential services in healthcare, education, and social welfare to underserved communities. One of its prominent initiatives includes the Ramakrishna Mission Sevashrama Charitable Hospital. This long-standing healthcare institution provides a wide range of medical services, including advanced diagnostics and inpatient care, particularly for poor and rural populations. The hospital also provides support, such as free treatment and food, to vulnerable groups, including low-income patients and widows. Through its compassionate approach and strong service orientation, the organisation aims to improve individuals' well-being while ensuring dignity, care, and accessibility for those in need.

PATIENT BENEFICIARIES UNDER THE OBSERVATION



02

RESEARCH METHODOLOGY

HDFC Securities Limited commissioned SoulAce Consultants to assess the impact of the healthcare initiative implemented by Ramakrishna Mission Sevashrama. The initiative aimed to improve access to quality and affordable healthcare services by providing medical treatment and diagnostic support, and by strengthening hospital infrastructure, including the installation of solar panels for a reliable energy supply. This study, conducted by SoulAce, critically analysed the accessibility, effectiveness, beneficiary engagement, and improvements in healthcare access, affordability, patient satisfaction, and service quality following the implementation of the program.

OBJECTIVES OF THE STUDY



To assess the effectiveness of healthcare services and infrastructure support provided under the project.



To analyse the impact of medical services, diagnostic support, and solar-powered infrastructure on patients and the community.



To conduct an impact evaluation that generates meaningful insights while considering resource availability and operational timelines of the intervention.



To support evidence-based decision-making, identify challenges, and ensure continuity, scalability, sustainability, and efficiency of the healthcare initiative.

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

Quantitatively, the study used structured interviews with 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 patients, sadhus, migrants, para-medical staff, medical staff, store staff, and admin staff. 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 target population's subgroups, 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.

The sampling framework is illustrated below:

State	Uttarakhand and Maharashtra
Village/Taluka/ District	Kankhal, Haridwar and Mumbai
Communities covered	NA
Sample size	50

DATA QUALITY CONTROL & ANALYSIS

The study used a centralised dashboard and an in-house app for real-time data monitoring, ensuring data integrity and enabling prompt corrective action when needed.

Data analysis encompassed descriptive, numerical, and graphical methods to systematically present and interpret data patterns, extracting key characteristics and trends.

STANDARDISED FRAMEWORK FOR EVALUATION

The research study applied the OECD-DAC 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.



DESIGN SNAPSHOT



Name of the project

Healthcare and Medical Facilities
Support with Solar Infrastructure



Implementing agency

Ramakrishna Mission Sevashrama



Research design

Descriptive and Interpretive research design



Sampling technique

Purposive and Stratified Random Sampling



Sample size

50



Qualitative methods used

Testimonials and Focus Group Discussion

KEY STAKEHOLDERS

-  Ramakrishna Mission Sevashrama (Program Implementer)
-  HDFC Securities Limited (Project Funder)
-  SoulAce Consultants (Third-Party Impact Assessment Agency)
-  Patients (Program Beneficiaries)
-  Doctors
-  Medical and Para-medical Staff
-  Hospital Administrative Staff
-  Store and Support Staff

PATIENT BENEFICIARIES UNDER THE OBSERVATION



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 INFORMITY

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.

THEORY OF CHANGE

Components	Details
Inputs	Provision of healthcare services, including outpatient and inpatient care; availability of doctors, medical and para-medical staff; diagnostic equipment and hospital infrastructure; installation of solar panels for reliable energy supply; support from HDFC Securities Limited; implementation by Ramakrishna Mission Sevashrama. The project demonstrates a strong linkage between operational savings and patient impact, where reduced electricity costs are effectively redirected towards healthcare support, with high transparency in fund utilisation and strong institutional ownership ensuring smooth implementation.
Activities	Conducted patient consultations and medical treatments; provided diagnostic services such as tests and scans; delivered free and subsidised healthcare services; ensured smooth hospital registration and patient support systems; installed and operationalised solar panels; and maintained uninterrupted power supply for operating theatres, ICUs, and diagnostic units. Monthly tracking of electricity savings is maintained by administrative staff and linked to patient support mechanisms, ensuring accountability and effective utilisation.
Outputs	Improved access to medical care for underserved patients; increased utilisation of outpatient and inpatient services; availability of diagnostic and treatment facilities; operational solar-powered infrastructure supporting hospital functions; enhanced patient experience through efficient processes and supportive staff. The solar panel system is well integrated into hospital operations and contributes to uninterrupted functioning of critical units, supporting high patient load and improved service delivery.
Outcomes	Improved health-seeking behaviour among patients; reduced financial burden through affordable, subsidised services; increased patient satisfaction with the quality of care; greater reliability of healthcare services due to uninterrupted power supply; strengthened trust in institutional healthcare. Management reported reduced electricity expenses enabling funds to be redirected towards patient care, while doctors highlighted improved ability to recommend necessary diagnostics and treatments due to enhanced financial support.
Impacts	Improved health and well-being for underserved communities; increased access to affordable, high-quality healthcare; reduced healthcare inequalities; strengthened healthcare infrastructure through sustainable energy solutions; and long-term improvements in quality of life and community well-being. The initiative has strengthened the hospital's ability to provide affordable care while maintaining quality services, although visibility of solar impact and digital monitoring systems can be further enhanced.

IMPLEMENTATION STRATEGY

The healthcare initiative was implemented with the support of HDFC Securities Limited and executed by Ramakrishna Mission Sevashrama to improve access to quality and affordable medical services for underserved communities. The strategy focused on strengthening hospital-based healthcare delivery by providing outpatient and inpatient services, supported by diagnostic facilities to ensure timely and accurate treatment. Emphasis was placed on ensuring patient-friendly processes, including easy registration, supportive staff, and convenient service timings to enhance accessibility and utilisation. The program also included financial support mechanisms, such as free and subsidised treatment, to reduce the cost burden on economically vulnerable patients. In addition, a key component of the strategy was the installation of solar panels to ensure a reliable, uninterrupted power supply for critical hospital units, including operating theatres, ICUs, and diagnostic systems. Continuous efforts were made to improve service quality, enhance infrastructure efficiency, and expand outreach to nearby communities, ensuring sustained access to healthcare and improved patient experience.

MONITORING AND EVALUATION

The monitoring and evaluation framework included regular tracking of patient utilisation, service delivery, and beneficiary experience to assess program effectiveness and accessibility. Quantitative data on the number of patients served, the type of services availed (OPD/IPD), access to diagnostic facilities, and the availability of free and subsidised treatment were collected periodically. Qualitative feedback was gathered through interviews with patients, doctors, and hospital staff to understand service quality and challenges. Documentary evidence included patient records, hospital registers, diagnostic reports, and photographic evidence of hospital facilities, medical services, and solar panel installations. This M&E system supported continuous improvement and accountability throughout the program duration.

RAMKRISHNA MISSION HOSPITAL SCHEDULE

RAMKRISHNA MISSION HOSPITAL

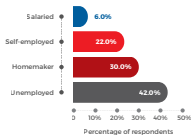
12th Road, Swami Vivekananda Chowk, Khar Road (West), Mumbai - 400 052.
PHONE: 022 - 6134 4000 / 2545 2242. Email - ramkrishnamission@rediffmail.com

HOSPITAL DOCTORS OUTPATIENT DEPARTMENT SCHEDULE AS ON 1st JANUARY 2025

Specialty	Dr. Name	MON	TUE	WED	THUR	FRI	SAT	SUN
General Practitioner	Dr. A. S. Desai	11:30	11:30	11:30	11:30	11:30	11:30	11:30
General Practitioner	Dr. B. S. Desai	11:30	11:30	11:30	11:30	11:30	11:30	11:30
General Practitioner	Dr. C. S. Desai	11:30	11:30	11:30	11:30	11:30	11:30	11:30
General Practitioner	Dr. D. S. Desai	11:30	11:30	11:30	11:30	11:30	11:30	11:30
General Practitioner	Dr. E. S. Desai	11:30	11:30	11:30	11:30	11:30	11:30	11:30
General Practitioner	Dr. F. S. Desai	11:30	11:30	11:30	11:30	11:30	11:30	11:30
General Practitioner	Dr. G. S. Desai	11:30	11:30	11:30	11:30	11:30	11:30	11:30
General Practitioner	Dr. H. S. Desai	11:30	11:30	11:30	11:30	11:30	11:30	11:30
General Practitioner	Dr. I. S. Desai	11:30	11:30	11:30	11:30	11:30	11:30	11:30
General Practitioner	Dr. J. S. Desai	11:30	11:30	11:30	11:30	11:30	11:30	11:30
General Practitioner	Dr. K. S. Desai	11:30	11:30	11:30	11:30	11:30	11:30	11:30
General Practitioner	Dr. L. S. Desai	11:30	11:30	11:30	11:30	11:30	11:30	11:30
General Practitioner	Dr. M. S. Desai	11:30	11:30	11:30	11:30	11:30	11:30	11:30
General Practitioner	Dr. N. S. Desai	11:30	11:30	11:30	11:30	11:30	11:30	11:30
General Practitioner	Dr. O. S. Desai	11:30	11:30	11:30	11:30	11:30	11:30	11:30
General Practitioner	Dr. P. S. Desai	11:30	11:30	11:30	11:30	11:30	11:30	11:30
General Practitioner	Dr. Q. S. Desai	11:30	11:30	11:30	11:30	11:30	11:30	11:30
General Practitioner	Dr. R. S. Desai	11:30	11:30	11:30	11:30	11:30	11:30	11:30
General Practitioner	Dr. S. S. Desai	11:30	11:30	11:30	11:30	11:30	11:30	11:30
General Practitioner	Dr. T. S. Desai	11:30	11:30	11:30	11:30	11:30	11:30	11:30
General Practitioner	Dr. U. S. Desai	11:30	11:30	11:30	11:30	11:30	11:30	11:30
General Practitioner	Dr. V. S. Desai	11:30	11:30	11:30	11:30	11:30	11:30	11:30
General Practitioner	Dr. W. S. Desai	11:30	11:30	11:30	11:30	11:30	11:30	11:30
General Practitioner	Dr. X. S. Desai	11:30	11:30	11:30	11:30	11:30	11:30	11:30
General Practitioner	Dr. Y. S. Desai	11:30	11:30	11:30	11:30	11:30	11:30	11:30
General Practitioner	Dr. Z. S. Desai	11:30	11:30	11:30	11:30	11:30	11:30	11:30
General Practitioner	Dr. AA. S. Desai	11:30	11:30	11:30	11:30	11:30	11:30	11:30
General Practitioner	Dr. AB. S. Desai	11:30	11:30	11:30	11:30	11:30	11:30	11:30
General Practitioner	Dr. AC. S. Desai	11:30	11:30	11:30	11:30	11:30	11:30	11:30
General Practitioner	Dr. AD. S. Desai	11:30	11:30	11:30	11:30	11:30	11:30	11:30
General Practitioner	Dr. AE. S. Desai	11:30	11:30	11:30	11:30	11:30	11:30	11:30
General Practitioner	Dr. AF. S. Desai	11:30	11:30	11:30	11:30	11:30	11:30	11:30
General Practitioner	Dr. AG. S. Desai	11:30	11:30	11:30	11:30	11:30	11:30	11:30
General Practitioner	Dr. AH. S. Desai	11:30	11:30	11:30	11:30	11:30	11:30	11:30
General Practitioner	Dr. AI. S. Desai	11:30	11:30	11:30	11:30	11:30	11:30	11:30
General Practitioner	Dr. AJ. S. Desai	11:30	11:30	11:30	11:30	11:30	11:30	11:30
General Practitioner	Dr. AK. S. Desai	11:30	11:30	11:30	11:30	11:30	11:30	11:30
General Practitioner	Dr. AL. S. Desai	11:30	11:30	11:30	11:30	11:30	11:30	11:30
General Practitioner	Dr. AM. S. Desai	11:30	11:30	11:30	11:30	11:30	11:30	11:30
General Practitioner	Dr. AN. S. Desai	11:30	11:30	11:30	11:30	11:30	11:30	11:30
General Practitioner	Dr. AO. S. Desai	11:30	11:30	11:30	11:30	11:30	11:30	11:30
General Practitioner	Dr. AP. S. Desai	11:30	11:30	11:30	11:30	11:30	11:30	11:30
General Practitioner	Dr. AQ. S. Desai	11:30	11:30	11:30	11:30	11:30	11:30	11:30
General Practitioner	Dr. AR. S. Desai	11:30	11:30	11:30	11:30	11:30	11:30	11:30
General Practitioner	Dr. AS. S. Desai	11:30	11:30	11:30	11:30	11:30	11:30	11:30
General Practitioner	Dr. AT. S. Desai	11:30	11:30	11:30	11:30	11:30	11:30	11:30
General Practitioner	Dr. AU. S. Desai	11:30	11:30	11:30	11:30	11:30	11:30	11:30
General Practitioner	Dr. AV. S. Desai	11:30	11:30	11:30	11:30	11:30	11:30	11:30
General Practitioner	Dr. AW. S. Desai	11:30	11:30	11:30	11:30	11:30	11:30	11:30
General Practitioner	Dr. AX. S. Desai	11:30	11:30	11:30	11:30	11:30	11:30	11:30
General Practitioner	Dr. AY. S. Desai	11:30	11:30	11:30	11:30	11:30	11:30	11:30
General Practitioner	Dr. AZ. S. Desai	11:30	11:30	11:30	11:30	11:30	11:30	11:30
General Practitioner	Dr. BA. S. Desai	11:30	11:30	11:30	11:30	11:30	11:30	11:30
General Practitioner	Dr. BB. S. Desai	11:30	11:30	11:30	11:30	11:30	11:30	11:30
General Practitioner	Dr. BC. S. Desai	11:30	11:30	11:30	11:30	11:30	11:30	11:30
General Practitioner	Dr. BD. S. Desai	11:30	11:30	11:30	11:30	11:30	11:30	11:30
General Practitioner	Dr. BE. S. Desai	11:30	11:30	11:30	11:30	11:30	11:30	11:30
General Practitioner	Dr. BF. S. Desai	11:30	11:30	11:30	11:30	11:30	11:30	11:30
General Practitioner	Dr. BG. S. Desai	11:30	11:30	11:30	11:30	11:30	11:30	11:30
General Practitioner	Dr. BH. S. Desai	11:30	11:30	11:30	11:30	11:30	11:30	11:30
General Practitioner	Dr. BI. S. Desai	11:30	11:30	11:30	11:30	11:30	11:30	11:30
General Practitioner	Dr. BJ. S. Desai	11:30	11:30	11:30	11:30	11:30	11:30	11:30
General Practitioner	Dr. BK. S. Desai	11:30	11:30	11:30	11:30	11:30	11:30	11:30
General Practitioner	Dr. BL. S. Desai	11:30	11:30	11:30	11:30	11:30	11:30	11:30
General Practitioner	Dr. BM. S. Desai	11:30	11:30	11:30	11:30	11:30	11:30	11:30
General Practitioner	Dr. BN. S. Desai	11:30	11:30	11:30	11:30	11:30	11:30	11:30
General Practitioner	Dr. BO. S. Desai	11:30	11:30	11:30	11:30	11:30	11:30	11:30
General Practitioner	Dr. BP. S. Desai	11:30	11:30	11:30	11:30	11:30	11:30	11:30
General Practitioner	Dr. BQ. S. Desai	11:30	11:30	11:30	11:30	11:30	11:30	11:30
General Practitioner	Dr. BR. S. Desai	11:30	11:30	11:30	11:30	11:30	11:30	11:30
General Practitioner	Dr. BS. S. Desai	11:30	11:30	11:30	11:30	11:30	11:30	11:30
General Practitioner	Dr. BT. S. Desai	11:30	11:30	11:30	11:30	11:30	11:30	11:30
General Practitioner	Dr. BU. S. Desai	11:30	11:30	11:30	11:30	11:30	11:30	11:30
General Practitioner	Dr. BV. S. Desai	11:30	11:30	11:30	11:30	11:30	11:30	11:30
General Practitioner	Dr. BW. S. Desai	11:30	11:30	11:30	11:30	11:30	11:30	11:30
General Practitioner	Dr. BX. S. Desai	11:30	11:30	11:30	11:30	11:30	11:30	11:30
General Practitioner	Dr. BY. S. Desai	11:30	11:30	11:30	11:30	11:30	11:30	11:30
General Practitioner	Dr. BZ. S. Desai	11:30	11:30	11:30	11:30	11:30	11:30	11:30
General Practitioner	Dr. CA. S. Desai	11:30	11:30	11:30	11:30	11:30	11:30	11:30
General Practitioner	Dr. CB. S. Desai	11:30	11:30	11:30	11:30	11:30	11:30	11:30
General Practitioner	Dr. CC. S. Desai	11:30	11:30	11:30	11:30	11:30	11:30	11:30
General Practitioner	Dr. CD. S. Desai	11:30	11:30	11:30	11:30	11:30	11:30	11:30
General Practitioner	Dr. CE. S. Desai	11:30	11:30	11:30	11:30	11:30	11:30	11:30
General Practitioner	Dr. CF. S. Desai	11:30	11:30	11:30	11:30	11:30	11:30	11:30
General Practitioner	Dr. CG. S. Desai	11:30	11:30	11:30	11:30	11:30	11:30	11:30
General Practitioner	Dr. CH. S. Desai	11:30	11:30	11:30	11:30	11:30	11:30	11:30
General Practitioner	Dr. CI. S. Desai	11:30	11:30	11:30	11:30	11:30	11:30	11:30
General Practitioner	Dr. CJ. S. Desai	11:30	11:30	11:30	11:30	11:30	11:30	11:30
General Practitioner	Dr. CK. S. Desai	11:30	11:30	11:30	11:30	11:30	11:30	11:30
General Practitioner	Dr. CL. S. Desai	11:30	11:30	11:30	11:30	11:30	11:30	11:30
General Practitioner	Dr. CM. S. Desai	11:30	11:30	11:30	11:30	11:30	11:30	11:30
General Practitioner	Dr. CN. S. Desai	11:30	11:30	11:30	11:30	11:30	11:30	11:30
General Practitioner	Dr. CO. S. Desai	11:30	11:30	11:30	11:30	11:30	11:30	11:30
General Practitioner	Dr. CP. S. Desai	11:30	11:30	11:30	11:30	11:30	11:30	11:30
General Practitioner	Dr. CQ. S. Desai	11:30	11:30	11:30	11:30	11:30	11:30	11:30
General Practitioner	Dr. CR. S. Desai	11:30	11:30	11:30	11:30	11:30	11:30	11:30
General Practitioner	Dr. CS. S. Desai	11:30	11:30	11:30	11:30	11:30	11:30	11:30
General Practitioner	Dr. CT. S. Desai	11:30	11:30	11:30	11:30	11:30	11:30	11:30
General Practitioner	Dr. CU. S. Desai	11:30	11:30	11:30	11:30	11:30	11:30	11:30
General Practitioner	Dr. CV. S. Desai	11:30	11:30	11:30	11:30	11:30	11:30	11:30
General Practitioner	Dr. CW. S. Desai	11:30	11:30	11:30	11:30	11:30	11:30	11:30
General Practitioner	Dr. CX. S. Desai	11:30	11:30	11:30	11:30	11:30	11:30	11:30
General Practitioner	Dr. CY. S. Desai	11:30	11:30	11:30	11:30	11:30	11:30	11:30
General Practitioner	Dr. CZ. S. Desai	11:30	11:30	11:30	11:30	11:30	11:30	11:30
General Practitioner	Dr. DA. S. Desai	11:30	11:30	11:30	11:30	11:30	11:30	11:30
General Practitioner	Dr. DB. S. Desai	11:30	11:30	11:30	11:30	11:30	11:30	11:30
General Practitioner	Dr. DC. S. Desai	11:30	11:30	11:30				

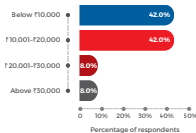
DEMOGRAPHIC DETAILS

CHART 1: OCCUPATION OF THE RESPONDENTS

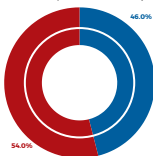


The occupational profile of patients shows that a large proportion are not formally employed, with many being unemployed (42%) and homemakers (30%). Only a small number are engaged in salaried work (6%) or self-employment (22%). This indicates that the hospital is reaching a more economically vulnerable group who may have limited access to private healthcare, highlighting the importance of such medical support services for underserved communities.

CHART 2: MONTHLY HOUSEHOLD INCOME OF PATIENTS



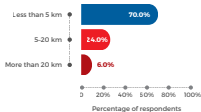
The income distribution of patients shows that most respondents belong to low-income households, with a large number earning below ₹20,000 per month (42% and 42%). Only a small section falls in higher income brackets (8% and 8%). This indicates that the hospital primarily serves economically disadvantaged communities that may struggle to afford private healthcare, highlighting the critical role of such initiatives in improving access to medical services for those in need.

CHART 3: TYPE OF PATIENT (INPATIENT/OUTPATIENT)

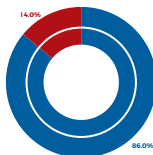
■ DPD
 ■ IPD (Admitted)

The distribution of patients shows that slightly more respondents were admitted for treatment (54%) compared to those who visited for outpatient services (46%). This indicates that the hospital is not only addressing basic consultation needs but is also offering comprehensive medical support.

ACCESS TO HOSPITAL SERVICES

CHART 4: DISTANCE TRAVELLED TO REACH THE HOSPITAL

The distance travelled by patients shows that most respondents are coming from nearby areas, with a large number living within 5 km of the hospital (70%). A smaller group travels moderate distances (24%). This indicates that the hospital is strongly serving the local community, making healthcare more accessible for nearby residents, while also attracting some patients from surrounding areas.

CHART 5: EASE OF HOSPITAL REGISTRATION PROCESS

■ Very easy
 ■ IPD (Admitted)

The feedback on the registration process shows that most patients found it very easy (86%), while the rest also reported it as easy (14%). This indicates that the hospital has a smooth, user-friendly registration system, which helps patients access services without difficulty and contributes to a positive experience.

IMPROVED ACCESS TO AFFORDABLE HEALTHCARE FOR A LOCAL PATIENT



Background

Rakesh Maharaj, a 52-year-old resident of Haridwar, belongs to an OBC community and is self-employed, earning a modest monthly income. With primary-level education and limited financial resources, he often faced challenges accessing quality healthcare. Like many individuals from similar socio-economic backgrounds, he relied on nearby and affordable options for medical care, often facing constraints related to cost, accessibility, and clarity of treatment.



Pre-Intervention

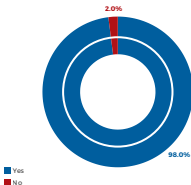
Before accessing services at Ramakrishna Mission Sevashrama, patients like Rakesh often had difficulty finding affordable, reliable healthcare facilities. Limited awareness, the cost of diagnostic services, and a lack of supportive systems could delay timely treatment. The absence of clear communication and structured patient processes in other facilities also affected healthcare experience and satisfaction.



Post-Intervention

After visiting the hospital, Rakesh reported a smooth, positive experience throughout all stages of care. He found the registration process very easy, the staff helpful, and the hospital timings convenient. The doctor listened carefully to his concerns and clearly explained his illness and treatment. He was able to access subsidised diagnostic services and rated the quality of treatment as very good. The financial support reduced his burden, and he found the services affordable. Due to this positive experience, he expressed willingness to return for future treatment and recommended the hospital to others, reflecting increased trust and satisfaction with the healthcare services provided.

CHART 6: HELPFULNESS OF HOSPITAL STAFF



The responses indicate that almost all patients found the hospital staff to be helpful (98%), with only a very small number expressing otherwise (2%). This reflects a strong level of patient satisfaction with staff behaviour and support, suggesting that the hospital provides a caring and responsive environment for patients.

STRENGTHENING PROJECT EXECUTION THROUGH EFFECTIVE COORDINATION



Background

Mr Giri and Dalu Makwana, key members of the cash and store departments at Ramakrishna Mission Sevashrama, shared their experience of managing and supporting the project execution. With nearly three decades of experience each, they played a critical role in handling quotations, documentation, procurement processes, and internal coordination.



Pre-Intervention

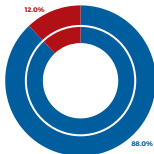
The project planning began with discussions between consultant doctors and Swamiji to identify the most suitable medical equipment, followed by approvals and procurement planning. The team ensured smooth execution by coordinating closely with doctors, administrative staff, and the purchase department, while also managing approvals and vendor follow-ups. Despite challenges such as balancing cost and quality, coordinating across departments, and ensuring timely funding, the team completed the project within a short timeline through strong internal collaboration and management support.



Post-Intervention

The project has led to noticeable improvements in hospital infrastructure and service delivery. With advanced medical equipment available within the hospital, the need to refer patients outside has decreased, enabling faster, more efficient treatment. Patients, especially those from economically vulnerable backgrounds, now benefit from quality services at a lower cost, as the advantages of donations are directly passed on to them. The team highlighted that strong leadership support, guidance from doctors, and effective coordination were key to the project's success. While the execution was largely smooth, they suggested that future projects could benefit from more structured planning, faster approval processes, and stronger monitoring systems. The initiative has strengthened in-house capabilities and improved patient care, demonstrating the value of efficient planning and teamwork.

CHART 7: CONVENIENCE OF HOSPITAL TIMINGS

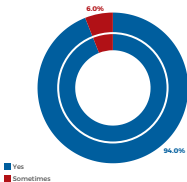


■ Yes
■ Manageable

The responses show that most patients found the hospital timings convenient (88%), while the rest considered them manageable (12%). This indicates that the hospital's operating hours are generally suitable for patients, allowing them to access services without major difficulty and supporting better utilisation of healthcare facilities.

QUALITY OF MEDICAL CARE

CHART 8: DOCTOR'S ATTENTION TO PATIENT'S PROBLEMS



The responses indicate that most patients felt doctors paid proper attention to their problems (94%), while a small number reported this happened only sometimes (6%). This reflects a high level of patient satisfaction with the quality of consultation, suggesting that doctors are largely attentive and responsive to patient needs.

LEADERSHIP DRIVING ACCESSIBLE AND QUALITY HEALTHCARE



Background

Swami Dayadipananda, Medical Superintendent at Ramakrishna Mission Sevashrama, has been instrumental in implementing and overseeing the healthcare project supported by HDFC Securities Limited. With over two decades of experience in hospital administration, he played a key role in identifying hospital needs, approving the procurement of medical equipment, and ensuring the effective utilisation of donated funds.



Pre-Intervention

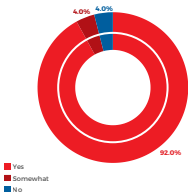
The project was planned through a structured process that included assessing patient needs, consulting with doctors across departments, and carefully selecting the required instruments. Coordination with the donor was maintained through detailed proposals, transparent fund utilisation, and timely reporting. The implementation was carried out smoothly with the involvement of doctors, department heads, administrative teams, and the purchase department, ensuring that all equipment was installed and operational as planned.



Post-Intervention

The project has brought significant improvements in hospital services and patient care. Advanced medical equipment has enabled the hospital to provide high-quality treatment at a much lower cost, making critical care accessible to economically vulnerable patients. There has been a noticeable increase in surgeries, outpatient visits, and inpatient admissions, reflecting growing trust in and utilisation of services. The initiative has strengthened the hospital's ability to deliver timely and effective treatment while reducing the need for patients to seek care elsewhere. Sustainability is ensured through a balanced approach of nominal service charges, regular maintenance through AMC, and continued donor support. Swami Dayadipananda emphasised that expanding such initiatives through greater CSR partnerships, greater awareness, and continuous technology upgradation can further enhance the hospital's capacity to serve more patients with quality, affordable healthcare.

CHART 9: CLARITY OF EXPLANATION ABOUT ILLNESS AND TREATMENT

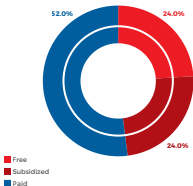


92.0%

of the patients clearly understood the explanations given about their illness and treatment.

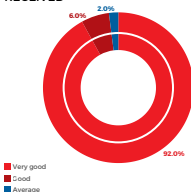
A small number felt the explanation was only somewhat clear (4%), while a few did not find it clear at all (4%). This indicates that doctors are generally effective in communicating with patients, though there is scope to improve clarity for all individuals further.

CHART 10: SATISFACTION WITH DIAGNOSTIC SERVICES (TESTS, SCANS)



The responses show that patients are accessing diagnostic services through a mix of payment options, with over half (52%) paying for services, while others are benefiting from free (24%) or subsidised (24%) support. This indicates that the hospital offers flexible options to accommodate different financial capacities, ensuring that even those with limited means can access essential diagnostic care.

CHART 11: QUALITY OF TREATMENT RECEIVED



The feedback on the quality of treatment is highly positive, with most patients rating it as very good (92%) and a few as good (6%), while only a very small number found it average (2%). This reflects a high level of satisfaction with the care received, indicating that the hospital delivers effective and reliable medical services to its patients.

ENHANCING CRITICAL CARE THROUGH ADVANCED MONITORING SYSTEMS



Background

Dr Sandeep Kamble, along with nursing staff Anita Pagare, Madhavi Nivalkar, and Dhanashri Kamblil at Ramakrishna Mission Sevashrama, shared how the project, supported by HDFC Securities Limited, has transformed the functioning of the ICU, emergency, and diagnostic services. With a team of around 30 members, including doctors, nurses, and support staff, they manage critical care services within the hospital.



Pre-Intervention

The introduction of a central monitoring system has significantly improved day-to-day operations. The system provides immediate alerts via a buzzer whenever a patient parameter becomes abnormal, eliminating the need for constant manual monitoring. This has resulted in considerable time savings, reduced workload, and a smoother workflow, as staff can now monitor patient vitals at the bedside and on a central display, enabling faster responses and better coordination among team members.

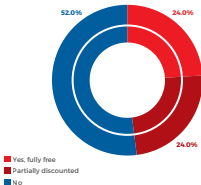


Post-Intervention

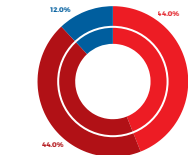
The impact on patient care has been equally significant, enabling quick detection of conditions such as abnormal heart rhythms, fluctuations in oxygen levels, and changes in pulse or respiratory rates. This has enabled early diagnosis and timely treatment, especially in critical cases such as ICU patients and those requiring dialysis or emergency care. The project has also made advanced monitoring services accessible to economically vulnerable patients at a much lower cost than in private facilities, without compromising quality. Staff reported improved working conditions, reduced stress, and greater efficiency, along with strong coordination between medical and para-medical teams, ensuring prompt action and better patient outcomes. The initiative has strengthened both service delivery and patient care, with no major challenges reported, highlighting its effectiveness and sustainability.

FINANCIAL SUPPORT & AFFORDABILITY

CHART 12: RECEIPT OF FREE OR DISCOUNTED TREATMENT



The responses show that a section of patients received financial support, with some availing fully free treatment (24%) and others benefiting from partial discounts (24%). In comparison, over half (52%) did not receive any concession. This indicates that the hospital provides targeted financial assistance to those in need while also serving patients who can pay, ensuring a balanced and inclusive approach to healthcare delivery.

CHART 13: REDUCTION IN FINANCIAL BURDEN DUE TO FREE SERVICES

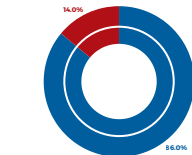
■ Yes
 ■ Somewhat
 ■ No

The responses indicate that many patients experienced a reduction in financial burden due to free or supported services, with a large number reporting clear relief (44%) and an equal share feeling some level of benefit (44%).

**12.0%**

of the group did not notice any reduction.

This shows that the hospital's financial support is helping ease the cost of treatment for most patients, making healthcare more affordable and accessible.

CHART 14: PERCEIVED AFFORDABILITY OF HOSPITAL SERVICES

■ Affordable
 ■ Somewhat affordable

The responses show that most patients find the hospital services affordable (86%), while the remaining consider them somewhat affordable (14%). This indicates that treatment costs are generally within reach for patients, supporting better access to healthcare and reducing financial stress for the community.

IMPROVING CRITICAL CARE THROUGH TECHNOLOGY AND TEAM EFFICIENCY



Background

A member of the medical and para-medical team at Ramakrishna Mission Sevashrama shared that the project has brought significant improvements in the functioning of critical care units, including the ICU, emergency, and diagnostic services. With a team of around 30 members, including doctors, nurses, and support staff, they are actively involved in delivering patient care and managing critical cases.



Pre-Intervention

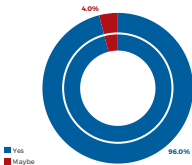
The introduction of a central monitoring system has made daily operations more efficient and less dependent on continuous manual observation. The system provides instant alerts through a buzzer whenever any patient parameter becomes abnormal, allowing staff to respond quickly. This has not only reduced workload and stress but also improved workflow, as patient vitals can now be monitored at the bedside and on a centralised display. The upgrade from older equipment to advanced monitoring systems has improved time management and enhanced coordination between medical and para-medical staff.



Post-Intervention

The improved infrastructure has had a direct impact on patient care and treatment quality. Early detection of critical conditions such as abnormal heart rhythms, changes in pulse rate, or oxygen levels has enabled faster diagnosis and timely medical intervention. This has been especially important in managing critical and emergency cases, including dialysis and severe health conditions. A large proportion of patients served are from economically vulnerable backgrounds, and the availability of high-quality services at a significantly lower cost has made advanced care more accessible to them. The project has created a supportive working environment for staff while ensuring better patient outcomes, demonstrating how improved technology and coordinated care can strengthen healthcare delivery without major operational challenges.

CHART 15: WILLINGNESS TO RECOMMEND THE HOSPITAL TO OTHERS



96.0%

of the patients are willing to recommend the hospital to others, with only a few expressing some hesitation (4%).

This reflects a high level of trust and satisfaction among patients, indicating a strong positive reputation of the hospital within the community.

SOLAR SAVINGS ENABLING LIFE-SAVING TREATMENT



Background

A 6-year-old child from an economically vulnerable family was admitted to Ramakrishna Mission Sevashrama with a critical medical condition requiring immediate surgical intervention. The family had very limited financial capacity and would not have been able to afford treatment at private hospitals.



Pre-Intervention

Before the intervention, access to advanced treatment was financially out of reach for the family. Delays in treatment could have led to severe health complications, highlighting the gap in access to affordable critical care.



Post-Intervention

Through the Patient Assistance Fund supported by solar-generated savings, the child received timely life-saving surgery at a significantly reduced cost. The availability of financial support ensured immediate treatment without delay, resulting in improved health outcomes. This case demonstrates how the solar initiative directly contributes to patient care by converting operational savings into critical healthcare support.

IMPACT OF THE PROGRAM ACROSS MULTIPLE LEVELS



INDIVIDUAL LEVEL

The healthcare initiative has significantly improved access to medical services for individuals, especially those from economically vulnerable backgrounds. Patients can now receive timely consultation, diagnostic support, and treatment, which has contributed to better health outcomes and reduced health-related stress. The availability of affordable, free, and subsidised services has eased financial burden (24.0% received free treatment, 24.0% subsidised; 44.0% reported clear reduction in financial burden and 44.0% reported some relief), while the quality of care (92.0% rated treatment as very good), supportive staff (98.0%), and clear communication from doctors (92.0%) have enhanced patient experience and trust in healthcare systems. The solar initiative further supports individuals by enabling financial savings that are redirected towards patient care, thereby increasing the affordability of treatment.



COLLECTIVE/COMMUNITY LEVEL

The program has enhanced access to healthcare in the community by providing a reliable local facility. Increased service utilization, particularly among elderly and vulnerable groups, indicates growing awareness and trust. Accessible healthcare (70% of patients travel less than 5 km; 86% find services affordable) reduces reliance on distant facilities. Improved infrastructure encourages timely medical care, boosting community health outcomes. The solar panel system ensures consistent healthcare delivery.



STATE LEVEL

The program contributes to strengthening the healthcare ecosystem in states like Uttarakhand by improving access to essential medical services and supporting healthcare infrastructure. The availability of both outpatient and inpatient care (54.0% receiving inpatient services), along with improved service delivery (88.0% finding timings convenient), reflects better healthcare accessibility and utilisation. The installation of solar panels enhances energy reliability for critical hospital operations, supporting state priorities around sustainable infrastructure and improved public health systems, especially in areas serving vulnerable populations. The model also demonstrates how renewable energy can be integrated into healthcare systems to improve efficiency and cost-effectiveness at the state level.



NATIONAL LEVEL

At the national level, the initiative aligns with broader goals of improving healthcare access, affordability, and sustainability. High levels of patient satisfaction and trust (96.0% willing to recommend the hospital) demonstrate the model's effectiveness. It highlights how integrated interventions combining medical services with sustainable energy solutions can strengthen healthcare delivery systems, improve well-being, and reduce inequalities nationwide. The solar initiative further presents a scalable model where operational savings are linked to social impact, offering potential for replication across healthcare institutions in the country.

05. CHALLENGES FACED



Ensuring consistent access to healthcare services for all patients can be challenging, especially for those coming from distant or underserved areas, as travel and awareness may affect timely utilisation.



Managing financial constraints among economically vulnerable patients remains a concern, as not all individuals can afford treatment and diagnostic services despite available support.



Maintaining an uninterrupted power supply for critical hospital operations is essential, and any gaps in energy infrastructure can impact the functioning of operating theatres, ICUs, and diagnostic units.



The project currently lacks a digital monitoring system to track solar performance and savings in real time.



The impact of the solar initiative is not visibly communicated within the hospital, limiting awareness among patients and visitors.



The system relies heavily on manual tracking processes, which may affect efficiency and scalability.

LESSONS LEARNED



Accessible and affordable healthcare services significantly improve patient trust and encourage greater utilisation of institutional medical facilities.



Support systems, such as free and subsidised treatment, play an important role in reducing financial burdens and improving healthcare access for vulnerable populations.



Reliable infrastructure, including sustainable energy solutions such as solar power, is critical to ensuring the continuity and efficiency of healthcare services.



Patient-friendly processes, supportive staff, and clear communication from doctors strongly contribute to patient satisfaction and experience.



Strengthening outreach and awareness can help improve early health-seeking behaviour and reduce delays in treatment.



The project demonstrates a strong linkage between operational savings and patient impact, where reduced electricity costs are effectively redirected towards healthcare support.



There is a high level of transparency in tracking and utilization of funds, ensuring accountability.



Strong institutional ownership has contributed to smooth implementation and sustained utilization of the solar system.

06. SWOT ANALYSIS



- ➔ Strong healthcare service delivery with both outpatient and inpatient care supported by diagnostic facilities.
- ➔ High patient satisfaction is driven by supportive staff, clear communication, and high-quality treatment.
- ➔ The availability of free and subsidised services is improving access for economically vulnerable patients.
- ➔ Reliable infrastructure powered by solar energy ensures the uninterrupted operation of critical units.
- ➔ The solar initiative enables reduction in electricity costs, with savings redirected towards patient care, strengthening affordability and impact.



- ➔ Limited financial support coverage, as a significant number of patients still pay for services.
- ➔ Dependence on hospital-based care with limited outreach to distant or remote populations.
- ➔ Limited visibility of the solar initiative within the hospital and dependence on manual tracking systems for monitoring savings.



- ➔ Expansion of healthcare services and outreach to cover more underserved communities.
- ➔ Increased use of sustainable energy solutions to improve operational efficiency and reduce costs.
- ➔ Strengthening awareness initiatives to promote early health-seeking behaviour.
- ➔ Scope to enhance digital monitoring systems for solar performance and improve transparency of impact.



- ➔ Rising healthcare costs may affect the affordability of care for vulnerable patients.
- ➔ Dependence on continuous funding support for sustaining free and subsidised services.
- ➔ Increasing patient demand could strain existing infrastructure and resources.
- ➔ Dependence on external vendors for solar system maintenance may affect long-term efficiency if not strengthened.

07. OECD-DAC FRAMEWORK ANALYSIS



Relevance



Coherence



Effectiveness



Efficiency



Impact



Sustainability



RELEVANCE

The healthcare initiative addressed a critical need by improving access to quality, affordable medical services for economically vulnerable communities at the local, regional, and broader levels. Many beneficiaries face challenges in accessing timely healthcare due to financial constraints, limited awareness, and inadequate infrastructure, particularly among low-income groups (42.0% earning below ₹10,000 and 42.0% between ₹10,001-₹20,000) and elderly populations (32.0% above 60 years). By providing consultation, diagnostic services, and inpatient care (54.0%), along with financial support (24.0% free and 24.0% subsidised), the program effectively addressed these clearly identified needs with context-specific solutions. The solar panel installation further addresses the need for reliable energy in healthcare facilities while enabling cost savings to support patient care.



COHERENCE

The program aligns well with national priorities to improve public health systems, enhance healthcare accessibility, and promote sustainable infrastructure. It is also aligned with relevant Sustainable Development Goals and complements government initiatives to reduce healthcare inequalities and strengthen service delivery. The integration of solar-powered infrastructure further aligns with the national focus on sustainable energy, demonstrating strong alignment with broader development efforts and policy frameworks. The linkage of solar savings to patient assistance reflects coherence between environmental sustainability and social impact.



EFFECTIVENESS

The program has been effective in delivering accessible, high-quality healthcare services, as reflected in high patient satisfaction and strong primary data findings. A majority of patients reported positive experiences, including helpful staff (98.0%), clear communication from doctors (92.0%), and ease of registration (86.0%). The availability of outpatient and inpatient services, along with diagnostic support, has enabled patients to receive timely and appropriate care, indicating that the program has largely achieved its intended objectives. The solar initiative has further supported effectiveness by ensuring uninterrupted power supply to critical units, enabling continuous service delivery.



EFFICIENCY

The program has efficiently utilised available resources by integrating medical services with improved infrastructure and patient-friendly systems. Services are easily accessible to nearby communities (70.0% within 5 km), reflecting effective use of location and infrastructure. The installation of solar panels has enhanced operational efficiency by ensuring an uninterrupted power supply to critical units, reducing reliance on conventional energy sources, and supporting the smooth functioning of hospital services. The intervention also demonstrates effective coordination between medical, para-medical, and administrative teams. Additionally, the savings generated from reduced electricity costs are being efficiently redirected towards patient care support.



IMPACT

In the short term, the program has improved access to healthcare, reduced the financial burden for many patients (44.0% reported a clear reduction and 44.0% reported some relief), and enhanced the patient experience. High satisfaction levels (92.0% rating treatment as very good and 96.0% willing to recommend) indicate immediate positive outcomes. Over the long term, the initiative has the potential to improve health outcomes, increase trust in institutional healthcare, and enhance the quality of life for underserved communities, while also strengthening healthcare infrastructure through sustainable solutions. The solar initiative has contributed to impact by enabling financial savings that are directly utilised to support treatment for economically vulnerable patients.



SUSTAINABILITY

The program has created a strong foundation for sustainability through improved healthcare infrastructure and the use of solar energy for reliable operations. Continued patient utilisation (strong local access and repeat intent) and positive community perception indicate long-term value and a shift in behaviour towards institutional healthcare. Systems such as nominal service charges, maintenance through AMC, and donor support contribute to sustainability. However, sustained funding support, ongoing infrastructure maintenance, and continued strengthening of institutional capacities will be important to ensure continuity and expansion of services. The solar panel system further strengthens sustainability by reducing operational costs and creating a recurring resource pool for patient support.



Relevance



Coherence



Effectiveness



Efficiency



Impact



Sustainability

08 RECOMMENDATIONS



Community outreach and awareness efforts can be expanded to encourage early health-seeking behaviour and greater utilisation of hospital services.



Financial support mechanisms can be strengthened to expand access to free and subsidised treatment for economically vulnerable patients.



Diagnostic and medical infrastructure can be enhanced to improve the quality and range of healthcare services offered.



Outreach services or partnerships can be expanded to reach patients from remote and underserved areas.



Continuous training and capacity building of medical, para-medical, and administrative staff can be ensured to maintain the quality of care.



The availability of adequate, stable training spaces can be improved to address challenges related to shifting locations and disruptions to group continuity.



Maintenance and optimal utilisation of solar infrastructure can be strengthened to ensure an uninterrupted power supply and long-term efficiency.



Patient support systems and service processes can be further improved to enhance the patient experience.



Stronger monitoring and follow-up mechanisms can be established to track patient outcomes and improve continuity of care.



A digital solar monitoring dashboard can be introduced to improve tracking and efficiency.



The linkage between solar savings and patient impact can be displayed within the hospital to increase awareness and transparency.



Documentation and storytelling can be strengthened to showcase impact and support future scaling.



Maintenance systems can be further formalized through structured AMC processes to ensure long-term sustainability.

09. CONCLUSION

The healthcare initiative, supported by HDFC Securities Limited and implemented by Ramakrishna Mission Sevashrama, has significantly improved access to quality and affordable medical services for economically vulnerable communities. The program has enabled patients to receive timely consultation, diagnostic support, and treatment, leading to better health outcomes and reduced financial burden. High levels of patient satisfaction, ease of access, and supportive care reflect the effectiveness of the services provided. The initiative has not only strengthened individual health outcomes but has also built trust in institutional healthcare within the community. The integration of solar-powered infrastructure has further enhanced the reliability and efficiency of critical hospital operations, ensuring uninterrupted care. The program demonstrates effective resource utilisation and strong alignment with community needs, creating a solid foundation for sustained impact and improved long-term healthcare access. The solar panel initiative serves as a strong example of how renewable energy can be integrated with healthcare delivery to create a sustainable and scalable support model. By linking operational savings directly to patient care, the project enhances both financial efficiency and social impact.



IMPACT ASSESSMENT REPORT

KNOW YOUR MONEY - E LEARNING CONTENT DEVELOPMENT & FINANCIAL DIGITAL LITERACY PROGRAMME

Implementing Partner: Wagons Skills Foundation



SOULACE CONSULTING PVT LTD

TABLE OF CONTENTS

Abbreviations	01
<hr/>	
Executive Summary	02 - 08
Project Background	02 - 03
Project Details	02 - 03
Project Activities	03 - 04
Key Findings	05 - 06
Key Impacts	07 - 08
<hr/>	
01. Introduction	09 - 07
Need for the program	09
Objective of the program	09 - 10
About the CSR firm	10
About Implementing Partner: Wagons Skills Foundation	10
<hr/>	
02. Research Methodology	11 - 13
Objective of the Study	11
Research Design	11
Application of Quantitative Techniques	12
Application of Qualitative Techniques	12
Ensuring triangulation	12
Sampling Framework	12
Data Quality Control & Analysis	12
Standardised Framework for Evaluation	12
Design Snapshot	13
Key Stakeholders	13
Upholding Research Ethics	13
<hr/>	
03. Analysis of Program Design	14 - 15
<hr/>	
04. Key Findings and Impacts	16 - 35
<hr/>	
05. Challenges Faced and Lessons Learned	36
<hr/>	
06. Swot Analysis	37 - 38
<hr/>	
07. OECD-DAC Framework	39 - 40
<hr/>	
08. Way forward / Recommendations	41
<hr/>	
09. Conclusion	42
<hr/>	

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BBREVIATIONS

CSR	Corporate Social Responsibility
FGD	Focussed Group Discussion
FY	Financial Year
SDGs	Sustainable Development Goals
SWOT	Strengths, Weaknesses, Opportunities and Threats
HDFC	HDFC Securities Limited
Wagons	Wagons Skills Foundation

EXECUTIVE SUMMARY

PROJECT BACKGROUND

Limited access to financial knowledge, digital tools, and formal banking services continues to affect individuals from underserved and low-income communities in India. According to national financial inclusion and digital literacy trends, a significant portion of the population still lacks the awareness and confidence to effectively use formal financial systems, thereby restricting their ability to manage money, save regularly, and make informed financial decisions. To address this gap, HDFC Securities Limited supported a structured Financial Literacy Program implemented by Wagons Skills Foundation, aimed at building practical financial skills and digital confidence among more than 20 Lakhs individuals across diverse regions of Pan India.

As outlined in the program framework, the initiative delivered structured e-learning modules supported by offline sessions, covering key areas such as banking services, digital payments, budgeting, savings, credit, insurance, government schemes, and fraud awareness. The training was delivered through interactive methods, including videos, simulations, case studies, and practical exercises, to ensure better understanding and real-world application. Through this approach, participants were enabled to access banking services, adopt safer financial practices, and improve their confidence in using digital platforms.

As a result, the program has contributed to improved financial behaviour, increased use of formal financial systems, better saving and budgeting practices, and greater awareness of financial risks, thereby supporting individuals in moving towards financial stability and making more informed decisions for themselves and their families.

PROJECT DETAILS



Implementation Year

FY 2024-25



Assessment Year

FY 2025-26



Implementation Partner

Wagons Skill Foundation



Project Budget

Rs. 4,89,50,000/-



Beneficiaries

20,00,000



Supported by

HDFC Securities Limited



Location

Pan India



Alignment with SDGs



Alignment with government initiatives

The program supports several key initiatives of the Government of India:

- Digital India (Source-<https://www.digitalindia.gov.in/>)
- Pradhan Mantri Gramin Digital Saksharta Abhiyan (PMGDISHA) (Source: <https://www.myscheme.gov.in/hi/404>)
- National Strategy for Financial Education (NSFE) (source <https://ncfe.org.in/nsfe/>)

PROJECT ACTIVITIES



Conducted outreach and mobilisation across Tier 1, 2, 3, and 4 cities (Andhra Pradesh, Chhattisgarh, Maharashtra) to enrol participants from diverse socio-economic backgrounds & age group 18 to 55 years into the financial literacy program.



Developed structured LMS-based digital content covering key financial topics such as budgeting, savings, digital payments, credit, insurance, government schemes, and fraud awareness.



Implemented a blended learning approach through online modules supported by an interactive digital platform and offline classroom sessions for practical learning.



Delivered training modules in multiple languages, including English, Hindi, Telugu, and Marathi, to ensure wider accessibility and better understanding.



Facilitated interactive learning through videos, quizzes, simulations, case studies, and real-life financial scenarios to enhance engagement in tier I, II, and III cities (Andhra Pradesh, Chhattisgarh, Maharashtra)



Conducted offline sessions, including live demonstrations of UPI transactions, group exercises, role plays, and Q&A discussions for better concept clarity in tier I, II, and III cities in India (Andhra Pradesh, Chhattisgarh, Maharashtra)



Encouraged participants to complete modules and engage with digital components such as quizzes, budgeting simulations, and video-based learning.



Provided support to participants in accessing and using digital platforms, addressing technical challenges related to devices, connectivity, and application usage.



Promoted adoption of formal financial services by encouraging bank account usage, digital payments, and structured saving practices.



Strengthened awareness on financial safety by covering topics related to fraud prevention and responsible financial behaviour.



Enabled participants to apply learning in real life through budgeting practices, savings planning, and the use of digital transactions through different modules in the training sessions.



Encouraged knowledge sharing within families and communities to create wider awareness and community-level impact.

ENROLMENT FACILITATION SESSION FOR STUDENTS OF JUNIOR COLLEGE IN MAHARASHTRA "KNOW YOUR MONEY," BY MR. RATNADEEP



KEY FINDINGS

**71.7%**

of the respondents already had a bank account before training.

**66.7%**

of the respondents participated in budgeting modules.

**63.3%**

of the respondents attended savings-related modules.

**55.0%**

of the respondents attended the program online.

**53.3%**

of the respondents faced no technical issues during training.

**51.7%**

of the respondents were using digital payments before training.

**48.3%**

of the respondents were aware of fraud risks, such as unknown links.

**33.4%**

of the respondents did not follow budgeting practices before training.

**30.0%**

of the respondents had not taken loans before training.

**28.3%**

of the respondents completed all modules.

**28.3%**

of the respondents are helping others understand digital payments and banking, showing knowledge sharing and have started retirement planning.

**25.0%**

of the respondents were saving money at home before training.

**20.0%**

of the respondents had no regular income before training.

**16.7%**

of the respondents depended on informal moneylenders before training.

FACILITATION FOR TRAINEES AT UNEMPLOYED YOUTH TRAINING CENTRE, KURNOOL, AP BY MR. VINCENT



KEY IMPACTS

**96.7%**

of the respondents have a bank account after training, reflecting increased financial inclusion.

**80.0%**

of the respondents are using digital payments after training, showing increased adoption.

**73.3%**

of the respondents can independently perform UPI transactions, indicating improved digital skills.

**71.7%**

of the respondents can independently prepare a monthly budget, showing improved financial planning.

**60.0%**

of the respondents attempted quizzes after modules, indicating smooth platform usability.

**50.0%**

of the respondents are saving through bank accounts, reflecting a shift to formal savings.

**50.0%**

of the respondents are saving money in bank accounts, showing reduced reliance on informal saving methods.

**45.0%**

of the respondents are not borrowing after training, reflecting improved financial stability.

**36.7%**

of the respondents maintain a budget with a mobile application, indicating a behaviour change.

**30.0%**

of the respondent purchased life/health insurance.

**26.7%**

of the respondents now depend on banks for borrowing money.

**20.0%**

of the respondents reported a lack of awareness, showing improved understanding of financial safety.

**18.3%**

of the respondents reported more than Rs3000 per month savings after training, indicating improved saving behaviour.

ENROLMENT FACILITATION SESSION FOR STUDENTS OF ITI COLLEGE IN TAMIL NADU UNDER "KNOW YOUR MONEY," BY OUR IMPLEMENTATION PARTNER



01. INTRODUCTION

NEED FOR THE PROJECT

The Financial Literacy Program, supported by HDFC Securities Limited and implemented by Wagons Skills Foundation, was initiated to address the limited awareness and usage of formal financial services among individuals from economically vulnerable and underserved communities across Tier 1, 2, 3, and 4 cities in India. Many participants lacked understanding of key financial concepts such as budgeting, savings, digital payments, and financial safety, which restricted their ability to make informed decisions and benefit from formal financial systems. To address this gap and ensure wider reach and deeper engagement, the program included developing structured LMS-based digital content hosted on an interactive learning platform. The training was delivered through multilingual modules covering banking, savings, credit, insurance, government schemes, and fraud awareness, supported by videos, simulations, quizzes, and case-based learning. A blended approach combining online learning with offline sessions was adopted to cater to participants with varying levels of digital access and learning preferences. This integrated design enabled the program to reach diverse populations across urban and semi-urban areas, making learning accessible, practical, and engaging, while building financial confidence and supporting improved financial well-being.

OBJECTIVES OF THE PROGRAM

The primary objective of the Financial Literacy Program is to enhance financial awareness and build practical financial skills among individuals from diverse socio-economic backgrounds by enabling them to access and use formal financial services effectively.



To develop structured LMS-based digital learning content covering key financial topics such as budgeting, savings, digital payments, credit, insurance, government schemes, and fraud awareness.



To deliver training in multiple languages to ensure accessibility and better understanding across diverse participant groups.



To adopt a blended learning approach by combining online modules with offline classroom sessions for deeper engagement and practical learning.



To promote the use of digital financial tools and platforms for safe and convenient financial transactions.



To enable participants to adopt better financial practices such as regular saving, budgeting, and informed borrowing.



To build confidence among participants to independently use banking services and perform digital transactions.



To encourage financial inclusion by supporting access to bank accounts and formal financial systems.



To motivate participants to share financial knowledge within their families and communities, creating a wider impact.

ABOUT THE CSR FIRM

HDFC Securities Limited operates in the financial services sector, offering a range of investment and trading solutions to individuals and institutions. Alongside its core business, the company is actively engaged in corporate social responsibility initiatives to support community development. Its CSR efforts focus on key areas such as health and sanitation, education promotion, scholarships for underprivileged children, the setup of digital classrooms, and the renovation, operation, and painting of schools. The organisation also supports preventive and curative healthcare initiatives. These activities are primarily undertaken across Maharashtra, Gujarat, and Tamil Nadu, reflecting its commitment to creating meaningful social impact.

ABOUT IMPLEMENTING PARTNER: WAGONS SKILLS FOUNDATION

Wagons Skills Foundation is committed to empowering youth and women by equipping them with relevant, up-to-date skills that enable them to achieve their aspirations and contribute to the country's social and economic development. The organisation focuses on creating livelihood opportunities through skill development, with a special emphasis on entrepreneurship and vocational training in electronics, manufacturing, and machinery, helping individuals start and sustain their own ventures. With a mission to support underprivileged children, youth, and women, Wagons Skills Foundation works across education, healthcare, and livelihoods, using practical, market-oriented approaches. It aims to ensure meaningful social impact by adopting effective methodologies, promoting good governance, and building strong linkages between corporate engagement and community development, while also encouraging broader participation in driving positive social change.

02

RESEARCH METHODOLOGY

HDFC Securities Limited commissioned a study by SoulAce Consultants to assess the impact of the Financial Literacy Program implemented by Wagons Skills Foundation. The initiative aimed to improve financial awareness and promote the adoption of formal financial practices by providing structured training through digital and classroom-based modules across Tier 1, 2, 3, and 4 cities in India. This study, conducted by SoulAce, critically analysed the accessibility, effectiveness, beneficiary engagement, and improvements in financial knowledge, behaviour, and the use of financial services following the program's implementation.

OBJECTIVE OF THE STUDY



To assess the effectiveness of the training modules, LMS platform, and blended learning approach in improving financial awareness and skills.



To evaluate participant engagement, completion levels, and accessibility of multilingual and multi-mode training delivery.



To analyse changes in financial behaviour, including budgeting, savings, digital payment usage, and access to formal financial services.



To assess improvements in financial confidence, decision-making, and awareness of financial risks and fraud.



To generate insights on the reach and inclusivity of the program across diverse socio-economic groups.



To identify challenges in implementation, including digital access and learning barriers, and provide recommendations for strengthening program delivery, scalability, and sustainability.

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 learners, various colleges, trainers, NGOs, implementation partners, and training partners. 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 target population's subgroups, 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.

The sampling framework is illustrated below:

State	Andhra Pradesh, Chhattisgarh, Maharashtra, Himachal Pradesh
Village/ Taluka/ District	Various Districts
Sample size	60

DATA QUALITY CONTROL & ANALYSIS

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

STANDARDISED FRAMEWORK FOR EVALUATION

The research study applied the OECD-DAC 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.



DESIGN SNAPSHOT



Name of the project

Financial Literacy Program



Implementing agency

Wagons Skills Foundation



Research design

Descriptive and Interpretive research design



Sampling technique

Purposive and Stratified Random Sampling



Sample size

60



Qualitative methods used

Testimonials and Focus Group Discussions

KEY STAKEHOLDERS



Wagons Skills Foundation (Program Implementer)



HDFC Securities Limited (Project Funder)



Program Participants (Beneficiaries from Tier 1, 2, 3, and 4 cities)



Trainers and Facilitators



Digital Platform / LMS Development and Support Team



Community Mobilisers and Field Coordinators



Implementation Partners- Colleges, NGOs

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 INFORMITY

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.

THEORY OF CHANGE

Components	Details
Inputs	Development of structured LMS-based financial literacy content; multilingual training modules; deployment of trainers and facilitators; digital platform for online learning; offline training infrastructure; support from HDFC Securities Limited; implementation by Wagons Skills Foundation.
Activities	Conducted community outreach and participant enrolment across Tier 1, 2, 3, and 4 cities; delivered financial literacy training through online and offline modes; facilitated interactive learning through videos, quizzes, simulations, and case studies; conducted offline sessions including demonstrations, discussions, and practical exercises; provided support for accessing digital platforms; promoted awareness on banking, savings, digital payments, credit, insurance, government schemes, and fraud prevention.
Outputs	Participants trained across multiple financial literacy modules; high engagement in topics such as budgeting and savings; increased participation through multilingual and blended learning approaches; completion of digital learning components, including quizzes and simulations; improved access to financial knowledge and digital tools.
Outcomes	Participants trained across multiple financial literacy modules; high engagement in topics such as budgeting and savings; increased participation through multilingual and blended learning approaches; completion of digital learning components, including quizzes and simulations; improved access to financial knowledge and digital tools.
Impacts	Strengthened financial inclusion and stability among participants; 96.7% of respondents had bank accounts and 80.0% using digital payments, reflecting increased integration into formal financial systems; improved financial decision-making and household-level financial planning; creation of informed individuals who further share knowledge within their communities; contribution towards reduced financial vulnerability and improved financial well-being.

IMPLEMENTATION STRATEGY

The Financial Literacy Program was implemented with the support of HDFC Securities Limited and executed by Wagons Skills Foundation to strengthen financial awareness and promote the adoption of formal financial practices among individuals. The strategy focused on building practical financial skills through structured training modules delivered via an LMS-based digital platform, along with offline sessions for better understanding and application. Emphasis was placed on community outreach to identify and enrol participants across Tier 1, 2, 3, and 4 cities, followed by continuous engagement through interactive and multilingual content. The program covered key areas such as budgeting, savings, digital payments, credit, insurance, government schemes, and fraud awareness using videos, simulations, quizzes, and case-based learning. A blended approach combining online and offline modes ensured wider accessibility and deeper engagement. Regular support helped participants navigate digital platforms and apply their learning in real-life situations. At the same time, ongoing engagement and follow-up encouraged sustained adoption of improved financial behaviours and wider community-level impact.

MONITORING AND EVALUATION

The monitoring and evaluation framework included regular tracking of training participation, module completion, and beneficiary engagement to assess the program's effectiveness and accessibility. Quantitative data on enrolment, completion of training modules, use of digital platforms, and adoption of financial practices, such as banking, savings, and digital payments, were collected periodically. Pre- and post-training comparisons were used to assess changes in financial behaviour and skill adoption. Qualitative feedback was gathered through interactions with participants, trainers, and program staff to understand learning experiences, challenges, and areas of improvement. Documentary evidence included LMS data records, training attendance, completion status, and records of online and offline sessions. This M&E system supported continuous improvement, identified gaps in digital access and engagement, and ensured accountability and effectiveness throughout the program.

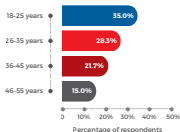
PROGRAM ON "KNOW YOUR MONEY" BY MR. AUNE ASAD AND MS. NEHA JOSHI AT THE WELFARE POLICE HEADQUARTERS, DELHI



DEMOGRAPHIC PROFILE

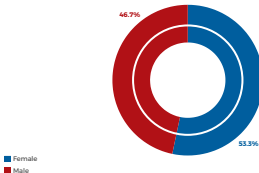
This chapter covers the distribution of respondents, describing their demographic profiles such as gender, age, and income.

CHART 1: DISTRIBUTION OF RESPONDENTS BY AGE



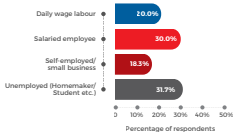
The age distribution of respondents shows that the program has largely reached younger individuals, with the highest share from those aged 18-25 (35.0%), followed by those aged 26-35 (28.3%). Participation gradually declines with age, with 36-45 years (21.7%) and 46-55 years (15.0%) accounting for a smaller share of respondents. This suggests that the initiative is more successful in engaging youth and young adults, which aligns well with its focus on digital learning and financial literacy for younger populations.

CHART 2: DISTRIBUTION OF RESPONDENTS BY GENDER



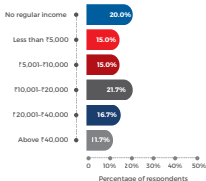
The gender distribution shows slightly higher participation by females (53.3%) than by males (46.7%). This indicates that the program has effectively engaged women, reflecting a positive step towards gender inclusion. The balanced representation of both genders suggests that the initiative is accessible and relevant to all, while also supporting greater women's involvement in digital education and financial literacy.

CHART 3: DISTRIBUTION OF RESPONDENTS BY CURRENT EMPLOYMENT STATUS



The employment profile of respondents shows a mixed group, with the largest share being individuals who are currently not engaged in formal employment (31.7%), including homemakers and students. This is followed by salaried employees (30.0%), with smaller segments including daily wage workers (20.0%) and those engaged in self-employment or small businesses (18.3%). This spread indicates that the program is reaching both working and non-working individuals, with a notable presence of those who may benefit the most from skill-building and financial literacy support to improve their livelihood opportunities.

CHART 4: DISTRIBUTION OF RESPONDENTS BY MONTHLY HOUSEHOLD INCOME



The income distribution shows that a significant portion of respondents come from households with limited or irregular earnings, including those with no regular income (20.0%) and those earning below ₹10,000 per month (15.0% and 15.0%).

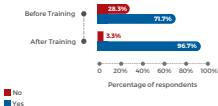
A moderate share falls within the ₹10,001-₹20,000 range (21.7%), while fewer respondents belong to higher income brackets such as ₹20,001-₹40,000 (16.7%) and above ₹40,000 (11.7%). This indicates that the program is largely reaching individuals from economically constrained backgrounds, who are likely to benefit strongly from digital education and financial literacy support to improve their financial stability.

EMPOWERING WOMEN AND RURAL COMMUNITIES WITH FINANCIAL EDUCATION THROUGH OUTREACH PROGRAMMES UNDER "KNOW YOUR MONEY," BY CHANNEL PARTNER



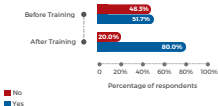
FINANCIAL STATUS BEFORE TRAINING

CHART 5: COMPARISON OF BANK ACCOUNT OWNERSHIP BEFORE AND AFTER TRAINING



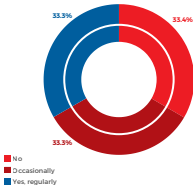
The comparison shows a great improvement in bank account ownership after the training. Before the program, a smaller group of respondents had bank accounts (71.7%), while a notable portion did not (28.3%). After the training, almost all respondents reported having a bank account (96.7%), with only a very small number still without one (3.3%). This indicates that the program has been highly effective in promoting financial inclusion and encouraging individuals to access formal banking services.

CHART 6: COMPARISON OF DIGITAL PAYMENT USAGE BEFORE AND AFTER TRAINING



The comparison highlights a clear increase in the use of digital payments after the training. Initially, only about half of the respondents used digital payment methods (51.7%), while a significant portion did not (48.3%). After the training, a large majority (80.0%) reported using digital payments, and the number of non-users decreased considerably (20.0%). This shows that the program has been effective in building confidence and encouraging participants to adopt digital financial practices.

CHART 7: BUDGETING PRACTICES BEFORE TRAINING



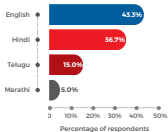
The data on budgeting practices before the training show that respondents were evenly distributed across the three categories, with equal numbers reporting that they did not budget, budgeted occasionally, or budgeted regularly (33.4%, 33.3%, and 33.3%). This indicates that there was no strong, consistent budgeting habit among participants, with many either not practising it or doing so only occasionally, highlighting the need for structured financial literacy support.



EMPOWERING WOMEN AND RURAL COMMUNITIES WITH FINANCIAL EDUCATION THROUGH OUTREACH PROGRAMMES BY CHANNEL PARTNER III

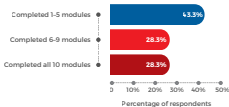
PROGRAMME PARTICIPATION

CHART 8: LANGUAGE OF TRAINING ATTENDED



The distribution of training language shows that most participants attended sessions in English (43.3%) followed by Hindi (36.7%). A smaller group participated in Telugu (15.0%) and very few in Marathi (5.0%). This indicates that the program has been able to cater to participants across different language preferences, with a stronger reach in widely understood languages, while still ensuring inclusion of regional language speakers.

CHART 9: COMPLETION STATUS OF TRAINING MODULES



The completion status shows that a large group of participants completed only the initial set of modules (43.4%), while an equal share progressed further by completing 6-9 modules (28.3%) and all 10 modules (28.3%). This indicates that while many participants engaged with the training at the basic level, a significant portion continued through to advanced stages, reflecting sustained interest and commitment among a good number of learners.

FROM FINANCIAL DEPENDENCE TO CONFIDENT FINANCIAL MANAGEMENT - MEHAK (SHIMLA, HIMACHAL PRADESH)



Background

Mehak, a homemaker aged 26-35, lives in Shimla, the capital of Himachal Pradesh in northern India. With no regular personal income, her financial role was primarily limited to managing household needs. Like many women in similar situations, her exposure to formal financial systems and digital tools was limited, limiting her ability to manage her finances and make informed financial decisions independently.



Pre-Intervention

Before joining the program, Mehak did not have a bank account and was not using digital payment methods. Her savings were kept at home in cash, and she depended on informal moneylenders when borrowing was required. Budgeting was not a practice she followed, as there was no structured way of tracking household expenses. Her financial behaviour reflected dependence on informal systems, limited financial awareness, and a lack of confidence in using formal banking and digital platforms.

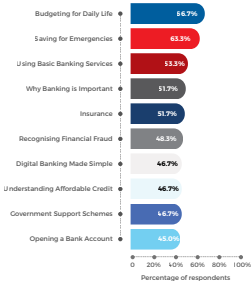


Post-Intervention

After attending the program through both online and offline modes in English, Mehak experienced a significant transformation in her financial behaviour and confidence. She opened a bank account and began using digital payments independently, marking a major shift towards financial inclusion. She started maintaining a monthly budget using a mobile app. She built a regular savings account balance of ₹1,001-₹3,000, then moved her savings into formal investment options such as mutual funds, fixed deposits, and recurring deposits.

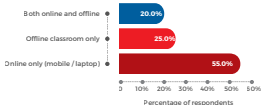
Her awareness of financial fraud improved, enabling her to identify risks such as sharing OTPs and clicking on unknown links. She also took proactive steps such as purchasing insurance, discussing financial planning with her family, and sharing information about government schemes with others. From having no structured financial practices to confidently managing and planning her finances, Mehak's journey reflects a strong shift towards independence, awareness, and long-term financial security.

CHART 10: PARTICIPATION IN TRAINING MODULES



The participation across training modules shows that topics related to everyday financial management received the highest engagement, with the most respondents attending sessions on budgeting for daily life (66.7%) and saving for emergencies (63.3%). Modules on basic banking services, the importance of banking, and insurance also saw good participation, while slightly fewer respondents attended sessions on digital banking, credit, government schemes, and account opening. This suggests that participants were more inclined toward practical, immediately useful topics, especially those related to managing daily finances and building financial security. Multiple responses were collected for this.

CHART 11: MODE OF ATTENDING FINANCIAL LITERACY PROGRAMME



The mode of participation shows that most respondents attended the programme via online platforms (55.0%), while a smaller group attended offline classroom sessions (25.0%) and a few experienced both modes (20.0%). This indicates that digital delivery played a key role in reaching participants, highlighting the importance of online platforms in expanding access while still maintaining some level of in-person engagement for better support and a better learning experience.



EMPOWERING WOMEN AND RURAL COMMUNITIES WITH FINANCIAL EDUCATION THROUGH OUTREACH PROGRAMMES UNDER "KNOW YOUR MONEY," BY CHANNEL PARTNER

ADVANCING FROM FINANCIAL STABILITY TO SMART FINANCIAL PLANNING - AMIT SHARMA (PAONTA, HIMACHAL PRADESH)



Background

Amit Sharma, a salaried professional aged 26-35, is based in Paonta, a town in Himachal Pradesh, northern India. With a monthly household income above ₹40,000, he represents a financially stable segment with access to formal banking and digital systems. While he already had a strong financial base, he needed to strengthen further his financial planning, investment understanding, and long-term decision-making.



Pre-Intervention

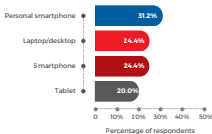
Before participating in the program, Amit already had a bank account, regularly used digital payments, and maintained a structured monthly budget. His savings were kept in a bank savings account, and he did not rely on borrowing, reflecting financial stability and discipline. However, his financial practices were largely limited to basic banking and saving, with scope to deepen his understanding of investment options, financial protection, and long-term planning strategies.



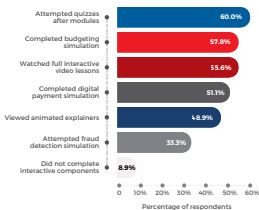
Post-Intervention

After completing all modules of the program online on his smartphone, Amit further strengthened his financial behaviour and knowledge. He began using a mobile budgeting app, making his financial tracking more efficient and consistent. His savings increased to above ₹3,000 per month and shifted towards more growth-oriented instruments such as mutual funds and recurring deposits. His awareness of financial fraud improved significantly, enabling safer digital transactions. He also expanded his understanding of financial products, including insurance and loans, and took proactive steps such as purchasing insurance and planning for retirement. Beyond personal improvement, he actively engaged in discussions with his family about financial planning and helped others understand digital payments and banking. Amit's journey reflects a shift from basic financial stability to a more informed, strategic, and future-focused approach to financial management.

CHART 12: DEVICES USED FOR ONLINE TRAINING

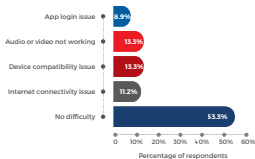


The data on devices used for online training shows that smartphones were the most commonly used option, with a notable share of participants using their personal smartphones (31.2%) and general smartphone access (24.4%). Laptops or desktops were used by a smaller group (24.4%), while tablets were the least used (20.0%). This indicates that mobile-based learning is the most accessible and preferred mode for participants, highlighting the importance of designing content that is easy to access and engage with on smartphones.

CHART 13: COMPLETION OF ONLINE TRAINING COMPONENTS

The completion of online training components shows that a majority of participants actively engaged with key learning activities, with many attempting quizzes (60.0%), completing budgeting simulations (57.8%), and watching full video lessons (55.6%). Around half of the respondents also completed digital payment simulations (51.1%) and viewed animated explainers (48.9%), while fewer participants attempted more complex activities, such as fraud-detection simulations (33.3%). Only a very small number did not engage with these components (8.9%). This indicates that most participants were actively involved in interactive learning, though

simpler, more relatable activities had higher completion rates than advanced simulations. Multiple responses were collected here.

CHART 14: TECHNICAL DIFFICULTIES FACED DURING ONLINE TRAINING

The data on technical difficulties show that more than half of the participants (53.3%) did not encounter any issues during the online training, indicating a generally smooth learning experience. Among those who faced challenges, the most common issues were related to audio or video not working (13.3%) and device compatibility (13.3%), followed by internet connectivity (11.2%) and app login problems (8.9%). This suggests that while the platform was largely accessible, a small group of participants experienced technical barriers that could be addressed to improve the user experience in totality further.

BUILDING FINANCIAL DISCIPLINE EARLY IN LIFE - PRIYAM (BILASPUR, CHHATTISGARH)



Background

Priyam, a young salaried employee aged 18-25, lives in Bilaspur, a city in the state of Chhattisgarh in central India. At an early stage in his career, he earns a monthly income between ₹10,001 and ₹20,000 and represents a growing segment of young professionals entering the workforce with basic financial exposure. While he had initial access to banking and financial systems, he needed to strengthen his financial habits and build a more structured approach to managing money and planning for the future.



Pre-intervention

Before participating in the program, Priyam already had a bank account and was using digital payments, indicating a basic level of financial inclusion. His savings were maintained through formal instruments such as fixed deposits and recurring deposits, and he relied on banks for borrowing when required.

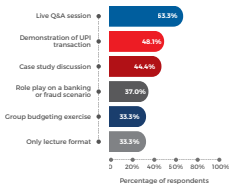
However, his financial management lacked consistency, especially in budgeting, which he followed only occasionally without a structured system. His financial decisions were more short-term and reactive, with limited focus on long-term planning, such as emergency savings or financial protection.



Post-Intervention

After attending the program through a blended learning approach, Priyam adopted a more disciplined and structured approach to managing his finances. He began using a mobile app to maintain a monthly budget, enabling him to track his income and expenses more effectively. His savings behaviour became more consistent, with a clear focus on building emergency savings and planning. He also developed a better understanding of insurance and long-term financial planning, including retirement. While his use of digital payments remained moderate, his confidence and ability to perform transactions independently improved significantly. Beyond personal changes, he also shared his learning with family and peers, encouraging them to adopt better financial practices. Priyam's journey reflects a shift from occasional financial management to a more structured, informed, and future-oriented approach.

CHART 15: ACTIVITIES CONDUCTED IN OFFLINE TRAINING SESSIONS



The offline training methods show that interactive approaches were widely used, with live Q&A sessions being the most common (63.0%), followed by demonstrations of UPI transactions (48.1%) and case study discussions (44.4%). Activities such as role plays and group budgeting exercises were also used, though to a slightly lesser extent (37.0% and 33.3%, respectively). A similar share of participants (33.3%) experienced only lecture-based sessions. This indicates that while the training included a mix of interactive and traditional methods, it placed a stronger emphasis on engaging participants through practical, discussion-based learning formats. Multiple responses were collected here.



SCALING FINANCIAL LITERACY AT THE GRASSROOTS



Background

Sai Krishna, Director of REACH Foundation, has been actively working across Andhra Pradesh and Telangana, focusing on community development, youth, and women's empowerment. With prior experience in government consulting and a strong entrepreneurial mindset, he has been driving large-scale outreach initiatives to bridge gaps in education and opportunity. Through his association with the financial literacy program, he played a key role in expanding its reach across 18 districts, ensuring that even underserved and rural communities could access digital financial knowledge. His institution successfully mobilised over 4,37,253 participants, with a strong focus on women and youth, making the initiative highly inclusive and impactful.



Pre-Intervention

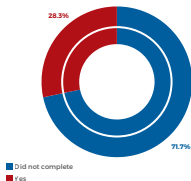
Before the program's implementation, access to structured financial literacy, especially in rural and low-connectivity areas, remained limited. Many individuals, particularly women and those from household backgrounds, had low exposure to digital financial systems, banking services, and government schemes. There was a clear gap in awareness and confidence in using formal financial tools. The challenge was not just about a lack of knowledge, but also about accessibility, language barriers, and the absence of structured delivery mechanisms that could reach people at the grassroots level consistently and at scale.



Post-Intervention

With Sai Krishna's leadership and the structured implementation model, the program was successfully delivered through a combination of digital platforms and strong field-level engagement. A cascade training approach ensured that learning reached communities effectively, even in areas with limited connectivity. Participants began adopting key financial behaviours such as opening bank accounts, using digital payments, and engaging with government schemes. Increased confidence was visible through active participation, discussions, and willingness to apply financial concepts in daily life. Women, in particular, emerged as active learners and knowledge sharers within their households and communities, creating a ripple effect of awareness. The initiative demonstrated that with the right blend of technology, local partnerships, and on-ground support, financial literacy can be scaled effectively to create meaningful and lasting change at the community level.

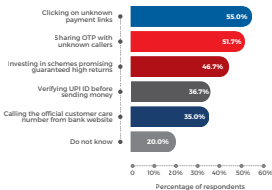
CHART 16: RECEIPT OF COMPLETION CERTIFICATE



The data on completion certificates shows that a large majority of participants did not complete the full training (71.7%), while a smaller group completed it and received certificates (28.3%). This indicates that although many participants engaged with the program, fewer completed all requirements, suggesting a need to strengthen follow-up, motivation, or support mechanisms to improve completion rates.

FINANCIAL KNOWLEDGE AND BEHAVIOUR

CHART 17: AWARENESS OF FINANCIAL FRAUD INDICATORS



The awareness of financial fraud indicators shows that a large number of respondents can identify common risks, such as clicking on unknown payment links (55.0%) and sharing OTPs with unknown callers (51.7%). Some participants also recognised risks associated with unrealistic investment schemes (46.7%), while fewer were aware of safer practices such as verifying UPI IDs (36.7%) and contacting official customer care numbers (35.0%). However, a notable group still reported a lack of awareness (20.0%). This indicates that while basic awareness of fraud is present, there is a need further to strengthen understanding of preventive actions and safe financial practices. Multiple responses were collected here.

FROM INFORMAL PRACTICES TO STRUCTURED FINANCIAL MANAGEMENT - SATYA



Background

Satya is a self-employed small-business owner from Tirupati, a city in the state of Andhra Pradesh, southern India.

belongs to the 26-35 age group and earns a monthly household income above ₹40,000. Despite a strong income base and active involvement in his business, his financial practices showed certain gaps. While he used digital payments and had access to banking services, his financial management lacked structure, particularly in areas such as savings optimisation and borrowing decisions.



Pre-Intervention

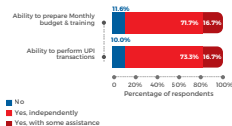
Before joining the program, Satya managed his finances based on experience and routine rather than a structured system. Although he maintained a bank account and regularly used digital payments, he relied on informal moneylenders for borrowing, which exposed him to higher costs and risks. His savings were kept in a basic bank account with limited returns, and while he followed budgeting practices, they were largely intuitive and undocumented. This created a gap between his earning potential and effective financial management, limiting his ability to maximise savings and make informed financial decisions.



Post-Intervention

After participating in the program through online learning, Satya adopted a more structured and practical approach to managing his finances. He began maintaining a written budget, which helped him clearly track income and expenses and identify savings potential. His savings behaviour improved significantly, as he shifted from a basic savings account to fixed and recurring deposits, increasing both discipline and returns. While his use of digital payments remained consistent, his awareness of financial risks, especially fraud, improved, making his usage more cautious and informed. The program also strengthened his understanding of formal financial systems, gradually reducing his reliance on informal borrowing. Satya's journey reflects a shift from unstructured financial habits to a more planned, efficient, and growth-oriented approach, supporting both his personal stability and business sustainability.

CHART 18: POST-TRAINING FINANCIAL CAPABILITY: BUDGETING AND INDEPENDENT UPI USAGE



The post-training results show a great improvement in participants' financial capabilities. A large majority reported being able to prepare a monthly budget independently (71.7%) and perform UPI transactions on their own (73.3%).

A smaller group was able to carry out these activities with some assistance (16.7% for both), while only a few respondents were not able to do so (11.6% for budgeting and 10.0% for UPI usage). This indicates that the training has been effective in building practical financial skills and increasing confidence in handling day-to-day financial activities independently.

TRANSITION FROM INFORMAL PRACTICES TO FINANCIAL SECURITY



Background

Madhur, a salaried employee from Chittoor, a city in the state of Andhra Pradesh, southern India, aged 46-55 years, has spent many years earning a stable income of ₹20,001-₹40,000 per month. Despite this financial stability, his interaction with formal financial systems remained limited. His financial life was largely shaped by traditional and community-based practices, reflecting a gap between income stability and structured financial management.



Pre-Intervention

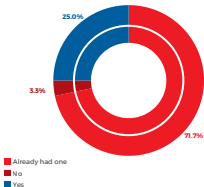
Before participating in the program, Madhur followed a mix of formal and informal practices. While he had a bank account and maintained a regular budget, he had never used digital payment systems. His savings were kept in chit funds, which lacked security and formal protections, and he relied on Self-Help Groups (SHGs) for borrowing rather than formal banking channels. His financial behaviour showed consistency in income and planning but lacked access to safer, regulated, and more efficient financial systems. The absence of digital exposure and reliance on informal methods limited his financial growth and security.



Post-Intervention

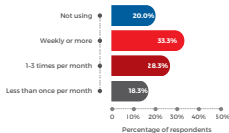
After attending offline training sessions, Madhur experienced a significant shift in his financial behaviour. He moved his savings from informal chit funds to formal instruments, such as fixed and recurring deposits, thereby enhancing the security and structure of his finances. One of the most notable changes was his adoption of digital payments—he began performing UPI transactions independently, a major step given his lack of prior exposure. He also started using digital tools for budgeting and took proactive steps such as planning for retirement and purchasing insurance. With improved awareness and confidence, Madhur not only strengthened his own financial stability but also began guiding others in his community towards formal financial systems, reflecting a complete transition from informal practices to a more secure and informed financial life.

CHART 19: OPENING OF NEW BANK ACCOUNT AFTER TRAINING



The data on bank account opening shows that most respondents already had a bank account before the training (71.7%), while a small number opened a new account after the training (25.0%), and very few still do not have one (3.3%). This indicates that the program helped bring additional individuals into the formal banking system, further strengthening financial inclusion among participants.

CHART 20: CURRENT USAGE OF DIGITAL PAYMENTS



The current use of digital payments shows that a good number of respondents are actively using digital methods, with many making transactions weekly or more (33.3%) and others using them a few times each month (28.3%). A smaller group uses digital payments less frequently (18.3%), while some respondents still do not use them at all (20.0%). This indicates that while regular use has increased among many participants, there is still scope to encourage consistent adoption among those who use it rarely or not at all.

JUNIOR AND DEGREE COLLEGES - AP



STRENGTHENING FINANCIAL AWARENESS FOR THE FUTURE



Background

Jyothsna is a young student from Cuntur, a city in the state of Andhra Pradesh, southern India, aged 18–25 years, from a household with a monthly income of ₹5,001–₹10,000. Even at an early stage, she had a basic understanding of financial practices, including using a bank account, digital payments, and maintaining savings through fixed and recurring deposits, reflecting a disciplined yet evolving approach to managing money.



Pre-Intervention

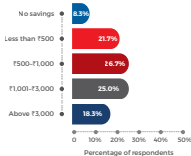
Before joining the program, Jyothsna was already financially aware and followed practices such as budgeting and formal borrowing. However, her knowledge was limited to basic financial matters, and she lacked a deeper understanding of financial protection, government schemes, and fraud risks. While her habits were structured, she needed to strengthen her ability to make informed, future-oriented financial decisions.



Post-Intervention

After completing all modules through a blended learning approach, Jyothsna's financial understanding became more practical and comprehensive. She began saving regularly with a more planned approach and developed a stronger awareness of financial safety, especially in identifying fraud risks. She also took early steps towards financial security by exploring insurance and planning for the future. With increased confidence, she now not only manages her finances more effectively but also shares her knowledge with family and peers, reflecting a shift from basic awareness to informed and responsible financial behaviour.

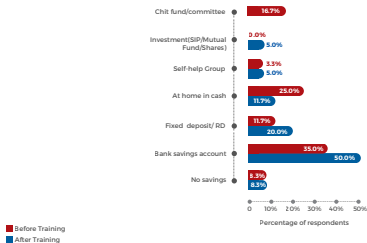
CHART 21: AVERAGE MONTHLY SAVINGS AFTER TRAINING



The data on monthly savings shows that most respondents have started saving after the training, with only a small number reporting no savings (8.3%). Many participants are saving modest amounts, particularly in the range of ₹500 to ₹1,000 (26.7%) and ₹1,001 to ₹3,000 (25.0%), while some are saving smaller amounts below ₹500 (21.7%).

A smaller group has been able to save higher amounts above ₹3,000 (18.3%). This indicates that the program has encouraged saving habits among participants, with many beginning to build regular savings, even if the amounts are currently limited.

CHART 22: SAVINGS PRACTICES BEFORE & AFTER TRAINING



The comparison of savings practices before and after the training shows a clear shift towards safer and more formal financial options. The use of bank savings accounts has increased (35.0% to 50.0%), along with greater adoption of fixed or recurring deposits (11.7% to 20.0%). At the same time, cash savings at home have decreased (25.0% to 11.7%), and the use of informal methods such as chit funds has dropped completely (16.7% to 0.0%). There is also some improvement in participation in SHGs (3.3% to 5.0%) and the introduction of investment practices such as mutual funds (0.0% to 5.0%). This indicates that the training has encouraged participants to shift towards more secure and structured saving practices.

A STEP TOWARDS FORMAL FINANCIAL INCLUSION



Background

Nagendra, a man from Korba, a city in the state of Chhattisgarh in central India, aged 36-45, works as a daily wage labourer and belongs to a household earning between ₹5,001 and ₹10,000 per month. With an irregular income and limited access to financial services, his financial practices were basic and largely dependent on informal systems.



Pre-Intervention

Nagendra, a man from Korba, a city in the state of Chhattisgarh in central India, aged 36-45, works as a daily wage labourer and belongs to a household earning between ₹5,001 and ₹10,000 per month. With an irregular income and limited access to financial services, his financial practices were basic and largely dependent on informal systems.

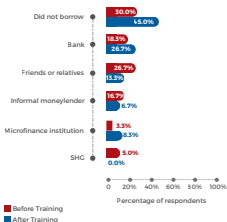


Post-Intervention

After attending the financial literacy program in Hindi through offline classroom sessions, Nagendra was introduced to basic banking and financial management concepts. He learned about the importance of having a bank account and took the step to open one, marking an important shift towards financial inclusion. Through activities such as demonstrations of UPI transactions, case study discussions, and role-plays, he gained exposure to formal financial practices and began to understand safer ways to manage money.

While his use of digital payments is still developing and he has not yet fully adopted these tools, the program has helped him take the first step towards formal financial systems. Moving from saving cash at home to accessing a bank account has increased the safety of his savings and reduced his dependence on informal borrowing. His journey reflects a gradual but meaningful transition from financial exclusion towards greater awareness and inclusion, laying the foundation for improved financial stability in the future.

CHART 23: SOURCE OF BORROWING BEFORE & AFTER TRAINING



The comparison of borrowing sources before and after the training shows a positive shift toward safer, more formal options. The number of respondents who did not borrow has increased (30.0% to 45.0%), indicating better financial stability. Among those who borrowed, reliance on banks has increased (18.3% to 26.7%), while dependence on friends or relatives (26.7% to 13.3%) and informal moneylenders (16.7% to 6.7%) has reduced. There is also a slight increase in borrowing from microfinance institutions (3.3% to 8.3%), while borrowing through SHGs has dropped (5.0% to 0.0%). This suggests that the training has helped participants move away from informal, potentially risky sources toward more reliable, structured financial channels.

STRENGTHENING FINANCIAL PLANNING AND SECURITY - SHRUTHIKA (PUNE, MAHARASHTRA)



Background

Shruthika, a salaried professional aged 26 to 35, is based in Pune, a major urban city in the state of Maharashtra in western India. With a monthly income of ₹20,001-₹40,000, she represents a digitally aware, financially active segment of working professionals. While she already had access to banking and digital financial tools, she needed to strengthen her financial planning, protection, and awareness of emerging risks in an increasingly digital financial environment.



Pre-Intervention

Shruthika, a salaried professional aged 26 to 35, is based in Pune, a major urban city in the state of Maharashtra in western India. With a monthly income of ₹20,001-₹40,000, she represents a digitally aware, financially active segment of working professionals. While she already had access to banking and digital financial tools, she needed to strengthen her financial planning, protection, and awareness of emerging risks in an increasingly digital financial environment.

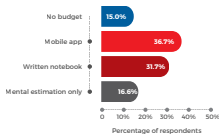


Post-Intervention

After completing the program online, Shruthika adopted a more structured and disciplined approach to managing her finances. She began maintaining a written monthly budget, which helped her track expenses more effectively and prioritise savings. Her monthly savings increased significantly with a more consistent, goal-oriented approach.

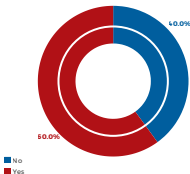
She also developed a stronger understanding of financial protection through insurance and became more aware of government schemes available to her. Importantly, her awareness of financial fraud improved, enabling her to use digital payments more safely and confidently. Beyond personal changes, she actively shared her learnings with family and peers, encouraging better financial planning and awareness. Shruithika's journey reflects a shift from basic financial stability to a more structured, informed, and secure approach towards financial management and future planning.

CHART 24: CURRENT BUDGETING PRACTICES



The data on current budgeting practices shows that a majority of respondents are now following some form of budgeting, with many using mobile apps (36.7%) and written notebooks (31.7%). A smaller group still relies on mental estimation (16.6%), while only a few reported not maintaining any budget at all (15.0%). This indicates that the training has encouraged more structured and consistent budgeting habits, with a noticeable shift towards using simple tools and methods for better financial planning.

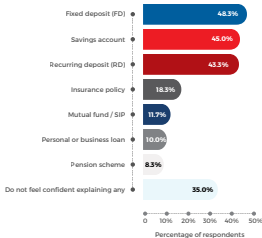
CHART 25: AVAILABILITY OF EMERGENCY SAVINGS



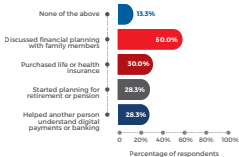
The data on emergency savings show that a majority of respondents (60.0%) have set aside funds for unexpected situations, while a significant portion (40.0%) still does not have any emergency savings. This indicates that the program has helped many participants understand the importance of financial preparedness. However, there is still a need to support those who have not yet been able to build a safety cushion.

PROGRAMME AT DEPARTMENT OF POSTS, DELHI_II



CHART 26: UNDERSTANDING OF FINANCIAL PRODUCTS


The data on understanding of financial products shows that respondents are more familiar with basic products such as fixed deposits (48.3%), savings accounts (45.0%), and recurring deposits (43.3%). However, awareness is lower for more advanced products like insurance (18.3%), mutual funds (11.7%), loans (10.0%), and pension schemes (8.3%). At the same time, a notable group still does not feel confident explaining any financial product (35.0%). This indicates that while participants have gained some understanding of basic financial concepts, there is still a need to build deeper knowledge and confidence around a wider range of financial products. Multiple responses were collected here.

CHART 27: POST-TRAINING FINANCIAL BEHAVIOURS ADOPTED


The data on post-training financial behaviours show that a majority of respondents (60.0%) have started discussing financial planning with their family members, indicating increased awareness and confidence. Some participants have also taken further steps, such as purchasing insurance (30.0%) and beginning to plan for retirement or a pension (28.3%). A similar number have supported others by explaining digital payments or banking (28.3%), while a smaller group has shared information about government schemes (18.3%). Only a few reported not adopting any new behaviour (13.3%). This indicates that the training has not only improved individual practices but has also encouraged participants to influence and support others in their community. Multiple responses were collected here.

LALGUDI, TAMIL NADU ITI COLLEGE BY IMPLEMENTATION PARTNER



SATISFACTION AND UTILITY

JOURNEY TOWARDS FINANCIAL AWARENESS AND CONFIDENCE - PARVATHI



Background

Parvathi, a young woman from Chittoor, a city in the state of Andhra Pradesh, southern India, aged 18-25, works as a salaried employee and comes from a household earning between ₹10,001 and ₹20,000 per month. Like many young earners, she was contributing to her household but had limited exposure to structured financial planning and management practices.



Pre-Intervention

Before joining the program, Parvathi had a bank account but did not actively use digital payment methods. Her savings were largely managed through informal means, such as chit funds, and she depended on informal moneylenders when she needed to borrow. Budgeting was not a regular habit; it was followed only occasionally, without a clear structure. Her understanding of financial safety was also limited, leaving her less aware of common fraud risks. Her financial practices were unstructured, with limited confidence in using formal financial systems.



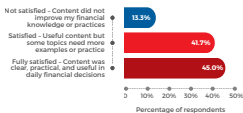
Post-Intervention

After participating in the financial literacy program in Telugu, delivered both online and offline, Parvathi's approach to managing money began to change. She started using digital payment methods and gradually became comfortable performing UPI transactions with some support. Her savings were moved into a bank account, reflecting a shift towards safer, more formal financial practices. She also began maintaining a written monthly budget, helping her plan expenses more effectively and build emergency savings. Her awareness of financial fraud improved, and she became more cautious about sharing sensitive information and verifying transactions.

Beyond her own progress, Parvathi started sharing her learning with others, guiding them on using digital payments and banking services. She also began thinking ahead by planning for her future financial needs, including insurance and long-term security. The training helped her move from limited financial awareness to a more confident and structured approach to managing money, strengthening both her independence and her ability to support her family.

JAMIA MILIA ISLAMIA_II



CHART 28: OVERALL SATISFACTION WITH THE TRAINING

The overall satisfaction levels indicate that most respondents had a positive experience with the training. A large group reported being fully satisfied (45.0%) and found the content clear and useful for daily financial decisions.

In contrast, many others were satisfied but felt that some topics could benefit from more examples or practice (41.7%). Only a small number expressed dissatisfaction (13.3%). This suggests that the training was well received, with scope to strengthen further its practical application and depth in certain areas, such as Korba, Andhra Pradesh, and Himachal Pradesh.

BUILDING A NATIONWIDE DIGITAL FINANCIAL LITERACY ECOSYSTEM



Background

Abhay, Head of Business Operations, and Sushree, Manager - Operations at Wagons Skill Foundation, have been central to the design and execution of the "Know Your Money" program. With a strong background in digital learning and CSR implementation, their work focused on creating a scalable, technology-driven financial literacy solution for underserved populations across India. The program was conceptualised as a fully digital initiative, supported by HDFC Securities, to reach individuals across urban, semi-urban, and rural regions, particularly those with limited exposure to formal financial systems. Under their leadership, the program was designed to be inclusive, multilingual, and accessible to a wide range of demographics.



Pre-Intervention

Abhay, Head of Business Operations, and Sushree, Manager - Operations at Wagons Skill Foundation, have been central to the design and execution of the "Know Your Money" program. With a strong background in digital learning and CSR implementation, their work focused on creating a scalable, technology-driven financial literacy solution for underserved populations across India. The program was conceptualised as a fully digital initiative, supported by HDFC Securities, to reach individuals across urban, semi-urban, and rural regions, particularly those with limited exposure to formal financial systems. Under their leadership, the program was designed to be inclusive, multilingual, and accessible to a wide range of demographics.



Post-Intervention

Under the leadership of Abhay and Sushree, the program was successfully transformed into a large-scale digital learning initiative through a mobile-based application available in multiple Indian languages. The structured modules, combined with a self-paced learning approach, enabled outreach to over 5 lakh participants across the country. A robust network of partners and NGOs facilitated grassroots mobilization, enabling the program to reach remote communities. Participants learned key financial concepts like budgeting and savings, boosting their confidence and prompting discussions on financial decisions. The program also fostered knowledge sharing within families and communities. This case demonstrates that a well-designed digital platform, supported by strong execution, can effectively enhance financial literacy and empower society.

IMPACT OF THE PROGRAM ACROSS MULTIPLE LEVELS



INDIVIDUAL LEVEL

The Financial Literacy Program has led to measurable improvements in participants' financial awareness and behaviour. A significant proportion of respondents (71.7%) can now prepare a monthly budget independently, and 73.3% can perform UPI transactions independently, indicating improved financial capability. Bank account ownership increased to 96.7% after the training, and digital payment usage rose to 80.0%, reflecting stronger adoption of formal financial systems. Additionally, 60.0% of participants reported having emergency savings, showing progress towards financial stability and preparedness for unexpected expenses.



COLLECTIVE/COMMUNITY LEVEL

At the community level, the program has contributed to the spread of financial awareness through peer learning and household discussions. Around 60.0% of participants reported discussing financial planning with family members, while 28.3% have helped others understand digital payments and banking services. Furthermore, 18.3% shared information about government schemes, indicating active dissemination of knowledge. These behaviours highlight the program's role in extending financial literacy beyond individual participants and strengthening collective financial decision-making.



STATE LEVEL

The program has supported financial inclusion efforts across regions by increasing the use of formal financial services and reducing reliance on informal practices. The proportion of participants saving in bank accounts increased from 35.0% before training to 50.0% after training, while reliance on cash savings at home reduced from 25.0% to 11.7%. Borrowing from informal moneylenders declined from 16.7% to 6.7%, indicating a shift towards safer financial practices. The program's reach across diverse geographic segments, including Tier 1 to Tier 4 cities, has enabled wider access to financial knowledge and services.



NATIONAL LEVEL

At the national level, the program contributes to broader financial inclusion and digital empowerment goals by improving the adoption of formal financial systems. Digital payment usage increased from 51.7% before training to 80.0% after training, reflecting growing participation in the digital economy. Additionally, 26.7% of participants reported saving between ₹500-₹1,000 per month and 25.0% saved between ₹1,001-₹3,000, indicating improved saving behaviour across income groups. By enabling individuals to adopt structured financial practices, understand financial products, and use digital platforms safely, the program supports the development of financially aware citizens who are better prepared to engage in an increasingly digital and competitive economic environment.

05. CHALLENGES FACED



Ensuring consistent engagement and completion of training modules was a challenge, as many participants completed only the initial modules, while fewer progressed to full completion.



Technical difficulties, such as audio or video issues (13.3%), device compatibility (13.3%), and internet connectivity (11.2%), affected the learning experience for some participants, though over half did not experience any issues.



Limited understanding of advanced financial products remained a challenge, with lower awareness of insurance (18.3%), mutual funds (11.7%), and pension schemes (8.3%), and a notable group lacking confidence in explaining any financial product (35.0%).



A significant proportion of participants still lacked emergency savings (40.0%), indicating constraints in translating knowledge into financial resilience.



Behavioural change in financial habits, such as consistent budgeting and disciplined saving, requires time, and not all participants were able to adopt these practices immediately.

LESSONS LEARNED

Blended learning, which combines online and offline methods, enhances accessibility and engagement, especially with ongoing support.

Simplified, practical, and relatable content helps improve understanding, especially for more complex financial products and concepts.

Addressing technical challenges via user support and platform enhancements is crucial for facilitating smooth participation and improving learning outcomes.



Continuous engagement, follow-ups, and encouragement are essential to improve module completion rates and sustained learning.

Building awareness of savings and financial planning needs to be further strengthened to ensure participants can build financial security buffers.

Interactive, practice-based learning methods like simulations and real-life examples enhance confidence and application of financial knowledge.

06. SWOT ANALYSIS



- ➔ Strong program design combining LMS-based digital learning with offline sessions for better reach and engagement.
- ➔ High adoption of financial practices, with 96.7% of participants having bank accounts and 80.0% using digital payments.
- ➔ Significant improvement in practical financial skills, with 71.7% able to prepare budgets and 73.3% performing UPI transactions independently.
- ➔ Increased financial awareness and confidence among participants in managing day-to-day finances.
- ➔ Strong community impact with 28.3% of participants supporting others by sharing financial knowledge.



- ➔ Lower completion of full training modules, with only 28.3% completing all modules, indicating drop-offs in sustained engagement.
- ➔ Limited understanding of advanced financial products, with awareness of insurance (18.3%) and mutual funds (11.7%) remaining low.
- ➔ A considerable proportion (35.0%) of participants lack confidence in explaining financial products.
- ➔ Dependence on smartphones for training may make learning easier for some participants.



- ➔ Expansion of training programs to reach more participants across different regions and socio-economic groups.
- ➔ Opportunity to improve module completion rates beyond the current 28.3% through stronger engagement strategies.
- ➔ Strengthening awareness of advanced financial products, especially for the 35.0% who lack confidence in understanding them.
- ➔ Building on existing behaviour change, as 60.0% of participants already have emergency savings.
- ➔ Scaling community-level impact through participants who are already sharing knowledge with others.

T

Threats

- ➔ Technical challenges, such as audio/video issues (13.3%) and device compatibility (13.3%), may affect learning continuity.
- ➔ Drop in engagement in self-paced digital learning, reflected in lower full course completion (28.3%)
- ➔ Variations in digital literacy levels may limit effective participation for some individuals.
- ➔ A significant proportion (40.0%) of participants without emergency savings indicates risk of low financial resilience.



07. OECD-DAC FRAMEWORK ANALYSIS



Relevance



Coherence



Effectiveness



Efficiency



Impact



Sustainability



RELEVANCE

Limited financial literacy and low adoption of formal financial systems remain key challenges in India, especially among underserved and low-income populations. A significant proportion of individuals lack awareness of budgeting, savings, digital payments, and financial safety, leading to continued dependence on informal practices. The program directly addressed this gap by providing structured, multilingual financial literacy training in both digital and offline formats. By focusing on practical areas such as banking, digital payments, savings, credit, and fraud awareness, the program addressed a clear, existing need at the national and community levels, enabling participants to access and use formal financial systems more effectively.



COHERENCE

The program is well aligned with national priorities, including financial inclusion, digital empowerment, and responsible financial behaviour. It complements key government initiatives such as Pradhan Mantri Jan Dhan Yojana (PMJDY), Digital India, and financial literacy efforts under RBI and SEBI. The intervention also aligns with Sustainable Development Goals, including SDG 1 (No Poverty), SDG 8 (Decent Work and Economic Growth), and SDG 10 (Reduced Inequalities). By promoting access to banking, digital transactions, and financial awareness, the program supports broader policy objectives and strengthens existing development efforts.



EFFECTIVENESS

The program has effectively achieved its objectives of improving financial awareness and adoption of formal financial practices. A significant proportion of participants (71.7%) can now prepare monthly budgets independently, while 73.3% can perform UPI transactions independently. Bank account ownership increased to 96.7% after training, and digital payment usage rose to 80.0%, indicating strong behavioural adoption. Additionally, 60.0% of participants reported having emergency savings, reflecting improved financial planning. These outcomes demonstrate that the program has successfully translated knowledge into practical financial behaviour.



EFFICIENCY

The program efficiently utilised resources by leveraging a blended learning model combining LMS-based digital platforms and offline delivery. The use of mobile applications and multilingual content reduced the need for extensive physical infrastructure, enabling a wider reach at lower cost. Partnerships with local organisations and community-level facilitators supported last-mile delivery, especially in areas with limited connectivity. The integration of technology with field-level support ensured timely implementation and optimal use of available human and material resources.



IMPACT

In the short term, the program has resulted in increased adoption of formal financial systems, with digital payment usage rising from 51.7% to 80.0% and bank account ownership reaching 96.7%. Participants have also improved their financial planning, with 71.7% practicing budgeting and 60.0% maintaining emergency savings. In the long term, the program is contributing to stronger financial inclusion, reduced reliance on informal borrowing (declining from 16.7% to 6.7%), and improved saving behaviour. The program has also created a community-level ripple effect, with 60.0% of participants discussing financial planning with families and 28.3% supporting others in understanding financial practices.



SUSTAINABILITY

The program shows strong potential for sustainability through behavioural change and knowledge transfer. A majority of participants have adopted practices such as budgeting, saving, and using digital payments, indicating sustained behaviour change. Community-level knowledge sharing and household discussions reflect growing ownership and continued impact beyond direct beneficiaries. The use of digital platforms ensures continued access to learning resources, while multilingual content supports long-term usability. However, further strengthening is required in areas such as a deeper understanding of advanced financial products and continued engagement mechanisms to ensure long-term retention and consistent application of financial practices.



Relevance



Coherence



Effectiveness



Efficiency



Impact



Sustainability

08 WAY FORWARD / RECOMMENDATIONS



Community awareness efforts can be further strengthened to reach more individuals, especially in underserved areas, thereby improving participation and engagement in financial literacy programs.



Access to digital devices, stable internet connectivity, and basic technical support can be enhanced to address challenges participants face during online learning.



The LMS platform and digital content can be further improved by incorporating more interactive and user-friendly features to support participants with varying levels of digital familiarity.



Additional focus can be placed on advanced financial topics such as insurance, investments, and pensions, as awareness in these areas remains relatively lower among participants.



Continuous engagement mechanisms such as reminders, follow-ups, and progress tracking can be introduced to improve module completion rates and sustained participation.



Greater emphasis can be placed on the practical application of learning through simulations, examples, and exercises, particularly in areas such as savings, budgeting, and responsible borrowing.



Capacity building of trainers and facilitators can be further strengthened to ensure consistent delivery and better support to participants across different regions and languages.



Ongoing handholding support and periodic refresher sessions can be considered to reinforce learning and ensure long-term adoption of financial behaviours.

09. CONCLUSION

The Financial Literacy Program, supported by HDFC Securities Limited and implemented by Wagons Skills Foundation, has significantly improved financial awareness, behaviour, and inclusion among participants across diverse regions. The program has led to a clear shift from limited understanding and low usage of formal financial services to increased adoption of banking, digital payments, budgeting, and saving practices. Participants are now more confident in managing their finances, with many independently performing digital transactions and making informed financial decisions. The initiative has not only strengthened individual financial capability. However, it has also created a wider community impact, with participants sharing knowledge and encouraging responsible financial behaviour within their families and peer groups. The program demonstrated effective use of digital platforms combined with on-ground training, ensuring accessibility and engagement across different population segments. While certain challenges related to digital access, advanced financial understanding, and sustained engagement remain, the program has established a strong foundation for long-term financial empowerment and inclusion.



IMPACT ASSESSMENT STUDY

SCHOOL TRANSFORMATION PROGRAM

Implemented by: YUVA UNSTOPPABLE

TABLE OF CONTENTS

Abbreviations	01 - 02
<hr/>	
Executive Summary	03 - 05
Project Overview	03
Project Details	03
Project Activities	04
Key Findings and Impacts	05
<hr/>	
01. Introduction	06 - 07
Background and Need for the program	06
Objectives of the Program	06
About HDFC Securities Limited	07
About the Implementing Partner: Yuva Unstoppable	07
<hr/>	
02. Research Methodology	08 - 11
Objectives of the Study	08
Research Design	08
Sampling Methodology and Framework	08
Design Snapshot	09
Key Stakeholders Consulted	09
Study Tools	09
Ethical Considerations	09
Data Validation and Interpretation Approach	09
<hr/>	
03. Key Findings and Impacts	10 - 18
<hr/>	
04. Key Challenges and Barriers	19 - 20
<hr/>	
05. OECD Framework	21 - 22
<hr/>	
06. Recommendations	23
<hr/>	
07. Conclusion	24
<hr/>	

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BBREVIATIONS

AV	Audio-Visual
BCC	Behaviour Change Communication
BPL	Below Poverty Line
CSR	Corporate Social Responsibility
DAC	Development Assistance Committee
FGD	Focus Group Discussion
FY	Financial Year
HDFC	Housing Development Finance Corporation
HM	Headmaster
HR	Human Resources
INR	Indian Rupee
KII	Key Informant Interview
M&E	Monitoring and Evaluation
MDM	Mid-Day Meal
MoU	Memorandum of Understanding
NEP	National Education Policy
NGO	Non-Governmental Organisation
OECD	Organisation for Economic Co-operation and Development

PM	Programme Manager
PTA	Parent-Teacher Association
SBSV	Swachh Bharat Swachh Vidyalaya
SDG	Sustainable Development Goal
WASH	Water, Sanitation, and Hygiene

EXECUTIVE SUMMARY

PROJECT OVERVIEW

HDFC Securities Limited commissioned SoulAce Consulting Pvt. Ltd. to undertake an independent impact assessment of the School Transformation Programme implemented by Yuva Unstoppable in government and aided schools across Mumbai (Maharashtra) and Gujarat. The objective of the study was to capture the immediate effects of the programme on school infrastructure, student health and hygiene practices, classroom learning experiences, and overall academic engagement. Government and government-aided schools in Mumbai and Gujarat continue to serve children from economically marginalised households, including families dependent on daily-wage labour, domestic work, and small-scale self-employment. Field observations and stakeholder interactions indicated that, before the intervention, many of these schools operated with worn-out toilets, limited or unsafe drinking water arrangements, and traditional chalk-and-board classrooms. The School Transformation Programme was designed to address these gaps by improving school sanitation, ensuring safe drinking water, introducing smart classrooms, providing handwashing and dishwashing areas, and conducting structured behaviour change communication sessions on hygiene.

PROJECT DETAILS



Year of Implementation

FY 2024-25



Year of Assessment

FY 2025-26



Total Beneficiaries

3,856 students



Project Locations

Maharashtra and Gujarat



Project Budget

Rs. 1,00,00,000



Implementing Partner

Yuva Unstoppable



Alignment with SDGs

3 GOOD HEALTH AND WELL-BEING



4 QUALITY EDUCATION



6 CLEAN WATER AND SANITATION



Alignment with National Programs

- Swachh Bharat Swachh Vidyalaya
- National Education Policy

PROJECT ACTIVITIES



Constructed and renovated school toilets, with separate facilities for boys and girls.



Built and upgraded drinking water facilities, including the installation of purifiers and coolers.



Set up smart classrooms with audio-visual content and conducted teacher training on their usage.



Created handwashing and dishwashing areas and Mid-Day Meal (MDM) shaded areas in select schools.



Delivered a series of six structured Behaviour Change Communication (BCC) sessions on personal hygiene, sanitation, nutrition, and waste segregation.

FGD WITH PARENTS



KEY FINDINGS AND IMPACTS

KEY FINDINGS



100%
of the surveyed students confirmed that their school received upgraded toilet facilities.



93.3%
of the students reported that toilets were in poor condition before the intervention.



78.3%
of the students reported poor classroom conditions prior to intervention.



65.0%
of the students were carrying drinking water from home before the intervention.



46.7%
of the students reported being absent for 1-2 days and 16.6% for 3-5 days due to illness before the intervention.



Students did not have access to digital tools in the classroom before the intervention.



Behaviour Change
Communication sessions were a new component for most students.

KEY IMPACTS



95.0%
of the students reported that adequate toilets were available for boys and girls after the intervention.



96.6%
of the students reported that the toilets were always absolutely clean after the intervention.



96.7%
of the students strongly felt that smart classes and better infrastructure improved academic performance.



81.7%
of the students reported no longer needing to carry water bottles from home.



50.0%
of students reported zero days of illness-related absence in the last month.



53.3%
of the students attended over five smart-classroom sessions weekly, and 98.3% found them extremely helpful for understanding subjects.



56.7%
of the students attended all six hygiene sessions, and 100% reported learning about personal hygiene and clean surroundings.

01. INTRODUCTION

BACKGROUND AND NEED FOR THE PROGRAM

Education remains one of the most powerful drivers of social mobility, yet access to a safe, hygienic, and conducive-to-learning school environment remains uneven across India. Government and government-aided schools in low-income urban neighbourhoods often operate with ageing infrastructure, limited sanitation facilities, and minimal exposure to digital learning. The School Transformation Programme was conceived against this backdrop, with the intent of strengthening the physical and learning environment of schools in low-income urban neighbourhoods of Mumbai (Maharashtra), including Charni Road and Masjid Bunder, as well as in Ahmedabad, Gujarat, that serve children from economically vulnerable households. The intervention was designed to upgrade five core facilities in government and government-aided schools, namely school toilets, drinking water arrangements, smart classrooms, handwashing and dishwashing areas, and Mid-Day Meal (MDM) shaded areas. These facilities were identified as the most pressing infrastructure gaps based on baseline assessments conducted by the implementing team in each school.

OBJECTIVES OF THE PROGRAM



To improve access to safe and clean drinking water in government and government-aided schools by installing water purifiers and coolers.



To upgrade school toilets and provide separate, hygienic, and well-ventilated facilities for boys and girls, with a view to reducing illness-related absenteeism, especially among adolescent girls.



To set up smart classrooms with audio-visual content and to build the capacity of teachers to use digital teaching aids effectively.



To create dedicated handwashing and dishwashing areas and Mid-Day Meal shaded areas to support hygienic mealtime practices.



To strengthen hygiene and sanitation behaviour among students through a structured series of Behaviour Change Communication (BCC) sessions.



To provide post-handover support to school management for the continued upkeep and sustainability of the facilities created.

ABOUT HDFC SECURITIES LIMITED

HDFC Securities Limited operates in the financial services sector, offering a range of investment and trading solutions to individuals and institutions. Alongside its core business, the company is actively engaged in corporate social responsibility initiatives to support community development. Its CSR efforts focus on key areas such as health and sanitation, education promotion, scholarships for underprivileged children, the setup of digital classrooms, and the renovation, operation, and painting of schools. The organisation also supports preventive and curative healthcare initiatives. These activities are primarily undertaken across Maharashtra, Gujarat, and Tamil Nadu, reflecting its commitment to creating meaningful social impact.

ABOUT THE IMPLEMENTING PARTNER: YUVA UNSTOPPABLE

Yuva Unstoppable is a not-for-profit organisation working on school transformation, youth empowerment, and community well-being across multiple Indian states. The organisation's school transformation work focuses on upgrading sanitation facilities, drinking water arrangements, classroom infrastructure, and digital learning environments in government and government-aided schools. Under the partnership with HDFC Securities, Yuva Unstoppable implemented infrastructure upgrades and structured hygiene education across 25 schools in Maharashtra and Gujarat during FY 2024-25, reaching students from low-income households across multiple language mediums, including Marathi, Hindi, and Urdu.

INTERACTION WITH HASHEMIASH HIGH SCHOOL TEACHER



02

RESEARCH METHODOLOGY

HDFC Securities Limited commissioned SoulAce Consulting Pvt. Ltd. to conduct an independent impact assessment of its CSR initiative, the School Transformation Programme, implemented through Yuva Unstoppable in FY 2024-25. The assessment was undertaken in FY 2025-26 with the objective of measuring both the immediate effects and the broader impacts of the programme on student well-being, the school environment, and the learning experience.

OBJECTIVES OF THE STUDY



To assess the immediate effects and broader impacts of the programme on student attendance, hygiene practices, classroom learning, and overall school experience.



To measure the contribution of the programme towards improving school infrastructure and the learning environment across the participating schools.



To capture stakeholder perspectives on programme delivery, usage of facilities, and behavioural change among students.



To document case examples and qualitative observations that illustrate change at the school and student levels.



To identify the strengths of the programme and the areas requiring continued support or course correction.

RESEARCH DESIGN

The study followed a descriptive cross-sectional research design and used a mixed-methods approach. The quantitative component involved a structured survey with student beneficiaries. In contrast, the qualitative component captured the perspectives of principals, teachers, parents, and the implementing partner team through semi-structured interviews and focus group discussions.

SAMPLING METHODOLOGY AND FRAMEWORK

A stratified random purposive sampling approach was adopted to select student respondents, with sampling carried out across schools. The total student sample size was 60. The sample was structured to capture a balanced representation across gender and grade levels.

DESIGN SNAPSHOT



Name of the project

School Transformation Programme



Implementing agency

Yuva Unstoppable



Research design

Descriptive cross-sectional design



Approach

Mixed methods (quantitative survey + qualitative KIIs and FGDs)



Sampling Technique

Stratified Random and Purposive sampling



Sample size (Students)

60



Geographical Coverage

Mumbai (Maharashtra), Gujarat schools are represented through the implementing partner KII

KEY STAKEHOLDERS CONSULTED



Student beneficiaries (Class 4 to Class 8)



Parents of student beneficiaries



Teachers (primary and secondary)



Principals/ Headmasters



Programme Manager, Yuva Unstoppable

STUDY TOOLS

The following tools were developed and used for data collection: a structured student survey, a semi-structured Key Informant Interview guide for principals, a Focus Group Discussion guide for teachers, a Focus Group Discussion guide for parents, and a Key Informant Interview guide for the implementing partner. A separate field observation note was used to capture school-level observations and case story details.

ETHICAL CONSIDERATIONS

Informed consent was obtained from all participants prior to data collection. Participation was voluntary, and respondents were free to withdraw at any stage. The identities of all student respondents were anonymised, and data were stored securely with access restricted to the assessment team. Participants were treated with dignity and respect throughout the study.

DATA VALIDATION AND INTERPRETATION APPROACH

Quantitative data from the student survey were cleaned and tabulated against the indicators listed above. Qualitative inputs from KIIs, FGDs, and field observations were used to interpret and contextualise the survey findings. Where survey responses pointed to a particular pattern, qualitative inputs were used to explain the underlying drivers and lived experience.

KEY FINDINGS AND IMPACTS

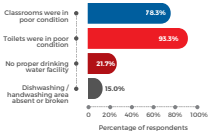
DEMOGRAPHIC PROFILE

Variable	Category	% of Respondents
Gender	Female	58.3%
	Male	41.7%
Grade	Class 4-5	53.3%
	Class 6-8	46.7%
Parental Occupation	Salaried employment	36.7%
	Self-employed/ small business	25.0%
	Domestic work	16.7%
	Farming/ allied activities	15.0%
	Daily wage labour	6.7%
Monthly Household Income	INR 5,001 - 10,000	58.3%
	INR 10,001 - 20,000	23.3%
	INR 20,001 - 50,000	13.3%
	Less than INR 5,000	3.3%
	Above INR 50,000	1.7%

As per the survey findings, the student sample was slightly tilted towards female respondents (58.3% girls and 41.7% boys) and was distributed almost evenly across the two grade groups (53.3% from Class 4-5 and 46.7% from Class 6-8). The household profiles of the respondents reflected a predominantly low-income population, with 58.3% of households reporting a monthly income between INR 5,001 and INR 10,000, and 81.6% reporting a monthly income at or below INR 20,000. Parental occupations were spread across salaried employment (36.7%), self-employment or small businesses (25.0%), domestic work (16.7%), farming and allied activities (15.0%), and daily wage labour (6.7%). This profile reflected the programme's intended focus on students from economically vulnerable households.

PRE-INTERVENTION SCENARIO

CHART 1: CONDITION OF SCHOOL BEFORE INFRASTRUCTURE DEVELOPMENT (MULTIPLE RESPONSES)



Before the intervention, the physical condition of the sample schools was poor across multiple infrastructure dimensions, with limited routine maintenance and ageing facilities. Survey responses confirmed this position: 93.3% of students reported that toilets were in poor condition, and 78.3% reported that classrooms were in poor condition.



Toilets were available, but they were basic and lacked proper privacy. In some cases, the toilets did not even have doors earlier. The classrooms were functional, but the paint had worn out, the seating was very basic, and the overall environment was not engaging for the children.

– **Mohmad Suhail Ansari, Headmaster,**
Hashemiah Urdu School



INTERACTION WITH CHHARODI SCHOOL PRINCIPAL



CHART 2: TOILET USAGE BEFORE INFRASTRUCTURE UPGRADE

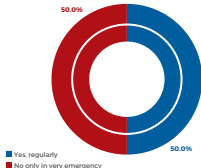
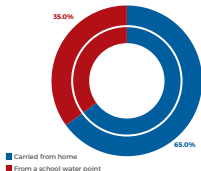


CHART 3: SOURCE OF DRINKING WATER BEFORE IMPROVEMENT



50.0%

of the respondents reported using sanitation facilities only in emergencies, suggesting inconsistent use.



65.0%

of the respondents relied on carrying water from home regarding access to drinking water.



35.0%

of the respondents used the school water point, suggesting limited reliance on in-school water infrastructure prior to improvements.

PROJECT INTERVENTION

PROGRAM DELIVERY

TABLE 1: SELECT SCHOOLS PRE AND POST INTERVENTION STATUS

School	Before Intervention	After Intervention	Source of Evidence
Aryan Education Society (Marathi medium), Charni Road, Mumbai	Toilets in poor condition; common toilets for boys and girls; no digital classrooms; teaching with chalk and board; classrooms lacked colour and engagement	Separate toilets for boys and girls; smart classroom in use; renovated water and dishwashing arrangements; wall art and improved classroom aesthetics	Principal KII (Headmaster, 33 years' service); Teacher FGD; Parent FGD; Student survey
Hashemiah Urdu High School, Masjid Bunder, Mumbai	Toilets available but lacked privacy and were limited in number; classrooms with worn-out paint; no MDM shaded area; teaching mostly traditional	Renovated toilets with doors and privacy; functional drinking water with a purifier; a smart classroom installed; structured hygiene sessions delivered	Principal KII (Headmaster, 34 years' service); Teacher FGD; Parent FGD; Student survey
Other schools covered by the implementing partner across Maharashtra and Gujarat	Mixed infrastructure gaps in sanitation, drinking water, and digital learning across 25 schools	Cleanliness and sanitation upgrades; introduction of app-based smart class content; teacher training	Implementing Partner KII (Programme Manager, Yuva Unstoppable)
		Class 6-8	46.7%
Monthly Household Income		INR 5,001 - 10,000	58.3%

THE FIVE FOCUS AREAS OF THE PROGRAMME

The programme concentrated on five focus areas because each was identified during baseline assessments and stakeholder interactions as a binding constraint on student attendance, health, and learning.



SCHOOL TOILETS

– functional, private toilets – were essential for student health, dignity, and continued attendance, particularly for adolescent girls. Parent FGDs confirmed that earlier hesitation in sending children to school was directly linked to the poor condition of toilets.



DRINKING WATER FACILITIES

– Safe drinking water on school premises reduced students' burden of carrying water from home and lowered the risk of waterborne illness, supporting more consistent attendance.



SMART CLASSROOMS

– Audio-visual learning aids made abstract concepts in mathematics, Science, and English easier to understand. Teachers reported that smart classrooms reduced the time spent on drawing diagrams manually and increased student attentiveness.



HANDWASHING AND DISHWASHING AREAS

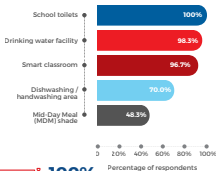
– A dedicated handwashing area linked the BCC sessions on hygiene with the daily routine of meals, ensuring that learnt behaviour was practised consistently.



MID-DAY MEAL (MDM) SHADED AREA

– A shaded area provides a clean, protected space for students to consume their meal, supporting both hygiene and dignity at mealtime.

CHART 4: SCHOOL INFRASTRUCTURE FACILITIES CONSTRUCTED/UPGRADED (MULTIPLE RESPONSES)



100%

of the respondents reported the construction or upgrade of school toilets, while a majority also reported improvements in drinking water facilities (98.3%) and smart classrooms (96.7%).



70.0%

of the respondents reported dishwashing and handwashing areas, whereas 48.3% reported Mid-Day Meal (MDM) shade facilities.

Overall, the findings indicate near-universal coverage of core infrastructure components, with relatively lower coverage observed for supporting facilities such as MDM shade areas.

Parent FCDs involved mothers from Aryan Education Society School and Hashemiah Urdu School in Mumbai, who reported the lack of shaded dining areas for children, leading to meals being eaten in classrooms.

SANITATION OUTCOMES AFTER THE INTERVENTION

CHART 5: AVAILABILITY OF ADEQUATE TOILETS FOR BOYS AND GIRLS

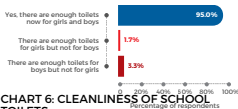


CHART 6: CLEANLINESS OF SCHOOL TOILETS

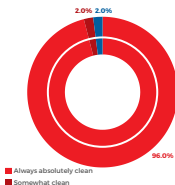
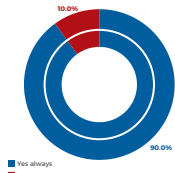


CHART 7: AVAILABILITY OF WATER AND SOAP IN TOILETS



According to the survey findings, the sanitation upgrades led to a substantial improvement in students' day-to-day hygiene experience.



95.0%

of the students reported that there were now enough toilets for both girls and boys, 96.6% reported that the toilets were always clean, and 90.0% reported that water and soap were always available in the toilets.

Overall, it reflected a clear shift from the pre-intervention scenario, in which 93.3% of students reported that toilets were in poor condition.

All respondents reported that the toilets are now properly ventilated and well-lit.



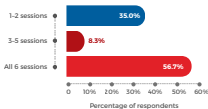
Yuva Unstoppable has built separate washrooms for boys and girls in our school, and that has been very useful for us.

-Shamika Tandel, Class 8, Aryan Education Society School, Charni Road, Mumbai



PARTICIPATION AND LEARNING FROM HYGIENE AND CLEANLINESS SESSIONS

CHART 8: NUMBER OF HYGIENE AND CLEANLINESS SESSIONS ATTENDED



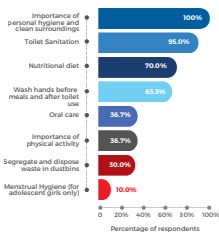
PARTICIPATION IN HYGIENE AND CLEANLINESS SESSIONS



56.7%

of the respondents attended all six sessions, while 35.0% attended one to two sessions and 8.3% attended three to five sessions, indicating relatively high overall participation.

CHART 9: AWARENESS AND LEARNING FROM HYGIENE SESSIONS



AWARENESS AND LEARNING OUTCOMES



100%

of the respondents reported awareness of the importance of personal hygiene and clean surroundings, and a large majority (95.0%) were aware of toilet sanitation.

Awareness of nutritional diet (70.0%) and handwashing practices (63.3%) was also substantial. Relatively lower proportions reported learning about oral care and physical activity (36.7% each), waste segregation (30.0%), and menstrual hygiene (10.0%).

POST-INTERVENTION SCENARIO

CHART 10: NUMBER OF SMART CLASSROOM SESSIONS PER WEEK

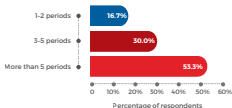


CHART 11: SUBJECTS TAUGHT USING SMART CLASSROOM

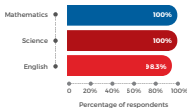


CHART 12: HELPFULNESS OF SMART CLASSES IN UNDERSTANDING SUBJECTS

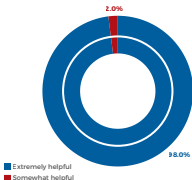
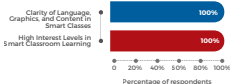


CHART 13: EASE OF COMPREHENSION AND INTEREST LEVELS IN SMART CLASSES



USAGE OF SMART CLASSROOMS



53.3%

of the respondents reported attending more than five sessions per week, while 30.0% attended three to five sessions, and 16.7% attended one to two sessions.

All surveyed students confirmed that they were currently attending classes in the smart classroom.

SUBJECT COVERAGE THROUGH SMART CLASSROOMS

Mathematics and Science were taught through smart classrooms for 100% of the surveyed students. In comparison, English was covered for 98.3% of students, indicating near-universal integration of core subjects into the smart classroom model.

PERCEIVED EFFECTIVENESS AND LEARNING EXPERIENCE



98.3%

of the students reported that smart classes were extremely helpful in understanding subjects.

All respondents found the content easy to understand and described the learning experience as very interesting, reflecting a highly positive perception of the intervention.



Earlier, we taught mostly with the blackboard and charts, and we sometimes used a TV or projector that had to be shared across floors. The smart classroom has changed how we teach, especially for difficult topics. The children are more attentive, and they understand concepts faster.

– Teacher FGD participants (Waseema Fatima Razbi, Shaikh Salma, Sabiya Khan), Hashemiah Urdu High School



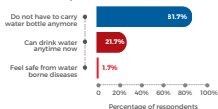


We also have a smart classroom, which is very useful for learning and dealing with difficult topics.

– Aayesha Tabbasum, Class 5, Hashemiah High School, Masjid Bunder, Mumbai



CHART 14: HELPFULNESS OF DRINKING WATER FACILITY (MULTIPLE RESPONSES)



81.7%

of the students reported that they no longer needed to carry a water bottle from home, 21.7% reported that they could now drink water at any time during the school day, and all respondents confirmed that they were now drinking water from the school facility.

GROUND TEAM WELCOMED BY VASNA IYAVA SCHOOL



ATTENDANCE OUTCOMES FOLLOWING INFRASTRUCTURE UPGRADES

CHART 15: SCHOOL ABSENTEEISM DUE TO ILLNESS BEFORE INTERVENTION

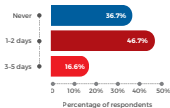
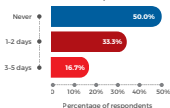


CHART 16: SCHOOL ABSENTEEISM DUE TO ILLNESS IN THE LAST MONTH (POST-INTERVENTION)



Following the upgrades, the proportion of students with monthly attendance (zero absences) increased significantly from 36.7% to 50.0%. This improvement was driven entirely by a corresponding drop in students missing 1-2 days of school, which decreased from 46.7% to 33.3%. Meanwhile, prolonged absenteeism of 3-5 days remained static at approximately 16.7%, indicating that the initiative successfully mitigated mild, hygiene-related illnesses, while more severe health issues logically remained unaffected by the sanitation improvements.



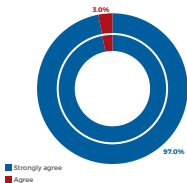
Earlier, there was some hesitation in sending the children to school regularly. Toilets were unclean and uncomfortable, especially for the girls, and water shortages occurred at times. We were reluctant to send our children every day.

- Parent FGD participants, Hashemiah Urdu School



PERCEIVED IMPROVEMENT IN ACADEMIC PERFORMANCE

CHART 17: IMPROVEMENT IN ACADEMIC PERFORMANCE DUE TO SMART CLASSES AND BETTER INFRASTRUCTURE



96.7%

of the respondents strongly agreed that smart classes and improved infrastructure led to better academic performance, while the remaining 3.3% agreed.

This indicates a uniformly positive perception of the intervention's impact on academic outcomes among respondents.

WASHROOM BY HDFC SECURITIES



IMPACT OF THE PROGRAM ACROSS MULTIPLE LEVELS



STUDENT LEVEL

Better access to clean toilets and safe drinking water; reduction in illness-related absenteeism; higher engagement in smart classroom learning (98.3% found it extremely helpful); great improvement in perceived academic performance (96.7% strongly agreed); adoption of personal hygiene behaviours through structured BCC sessions (100% reported learning about personal hygiene).



SCHOOL LEVEL

Renovated and segregated toilet facilities; functional drinking water arrangements; smart classrooms operational and integrated into the timetable; teachers oriented on the use of digital teaching aids; an overall improvement in the learning environment as observed by principals and reflected in parent feedback.



COMMUNITY LEVEL

Greater confidence among parents in sending children to school regularly; reduction in earlier hesitation linked to hygiene and safety concerns, particularly among parents of adolescent girls; and an enhanced school image within the local community.

GROUND TEAM WELCOMED BY VASNA IYAVA SCHOOL



04. KEY CHALLENGES AND BARRIERS



Some students suggested the need for more than one smart classroom per school, indicating that demand for digital learning had grown beyond current capacity.



Mid-Day Meal arrangements remained inconsistent in some schools, with children continuing to eat their meals inside classrooms in the absence of a dedicated shaded area.



Adolescent girls' hygiene needs, including menstrual hygiene, surfaced in stakeholder interactions and required continued attention through both infrastructure (additional washrooms) and BCC sessions.



Parents and teachers in one of the sample schools highlighted that infrastructure upgrades had so far been concentrated on selected floors, and that further floors required similar attention.

CASE STUDY 1: RECLAIMING DIGNITY AND LEARNING - HASHEMIAH URDU HIGH SCHOOL



Background

Hashemiah Urdu High School, located in a low-income area of South Mumbai, caters to students from economically weaker backgrounds and has faced infrastructure and enrolment challenges.



Pre-Intervention Situation

The school had inadequate sanitation facilities with limited privacy, no dedicated Mid-Day Meal shaded area, and inconsistent access to drinking water. Classrooms were basic, and teaching relied largely on traditional methods. These conditions affected attendance, particularly for girls.



Intervention

Under the School Transformation Programme, toilets were renovated, drinking water purifiers and a smart classroom were installed, classrooms were refurbished, and Behaviour Change Communication sessions on hygiene were conducted.



Observed Changes

Post-intervention, improvements were noted in hygiene practices, attendance, and learning. Students reported regular use of clean toilets, increased use of school drinking water, and high engagement with smart classrooms. Teachers observed greater attentiveness and understanding, while parents reported a greater willingness to send their children to school.



Remaining Needs

Infrastructure gaps remain on the upper floors, and there is a need to expand smart classrooms and upgrade the remaining ones.



Key Learnings

The case indicates that integrated infrastructure and behaviour change interventions can improve hygiene, attendance, and learning outcomes, while phased expansion within the same school is important for sustained impact.

INTERACTION WITH ARYAN SCHOOL TEACHER



05. OECD-DAC FRAMEWORK ANALYSIS



Relevance



Coherence



Effectiveness



Efficiency



Impact



Sustainability



RELEVANCE

The programme directly addressed a gap in the quality of school infrastructure in low-income urban government and government-aided schools, where access to clean toilets, safe drinking water, and digital classrooms was uneven. At the local level, baseline survey responses confirmed the severity of the issue: 93.3% of students reported that toilets were in poor condition, 78.3% reported that classrooms were in poor condition, 65.0% were carrying water from home, and 53.3% had no access to digital tools in the classroom. The programme's design directly addressed each of these gaps and was therefore highly relevant to the realities of the communities it served.



COHERENCE

The programme's design integrated five interlinked components: sanitation, drinking water, smart classrooms, handwashing areas, and BCC sessions that together reinforced one another. The programme also aligned strongly with national and global frameworks, including SDG 3 (Good Health and Well-being), SDG 4 (Quality Education), SDG 6 (Clean Water and Sanitation), the Swachh Bharat Swachh Vidyalaya initiative, and the broader objectives of the National Education Policy on quality and equity.



EFFECTIVENESS

The programme met its core objectives across all five focus areas. 95.0% of students reported that there were now enough toilets for both girls and boys, 96.6% reported that the toilets were always absolutely clean, 81.7% no longer needed to carry water from home, 53.3% attended more than five smart-classroom sessions per week, 98.3% found smart classes extremely helpful in understanding subjects, and 96.7% strongly agreed that academic performance had improved. These data points indicated that the programme successfully translated its activities into measurable changes at the student level.



EFFICIENCY

The programme made efficient use of resources by leveraging existing public-school infrastructure rather than creating parallel systems, by drawing on the implementing partner's field network across schools, and by integrating teacher training into the same delivery model. Schools were prioritised based on the severity of need, ensuring that resources flowed to locations with the most acute gaps. The implementing partner team performed multiple roles, including surveying, coordination, supervision, and handover, which helped keep overhead costs contained.



IMPACT

The programme's immediate impacts were evident in improved sanitation outcomes, increased use of school drinking water, regular attendance in smart classrooms, and a reduction in illness-related absenteeism. 100% of students reported learning about the importance of personal hygiene through the BCC sessions. Over the longer term, the renovated infrastructure, the introduction of digital learning, and the embedding of hygiene behaviours among students hold the potential to support sustained gains in attendance, retention, and learning outcomes.



SUSTAINABILITY

The programme's sustainability rests on three pillars. First, behaviour change has been institutionalised through six structured BCC sessions, with 56.7% of students attending all six. Second, the infrastructure, such as toilets, water units, and smart classrooms, has been formally handed over to school management, which has taken ownership of routine maintenance. Third, teacher capacity on the use of digital teaching aids has been built through hands-on training, supporting knowledge transfer beyond the project period. The principal area requiring continued attention is the long-term maintenance, which currently rests entirely with school management.



Relevance



Coherence



Effectiveness



Efficiency



Impact



Sustainability

06 RECOMMENDATIONS

The recommendations below have been derived from survey findings, key challenges identified through KIs and FGDs, and the implementing partner team's inputs.



The smart classroom component can be expanded within existing schools to ensure the availability of more than one smart classroom per school, particularly in schools where students and teachers have reported high demand for digital learning.



The menstrual hygiene component of the BCC curriculum can be strengthened in schools for adolescent girls, as only 10.0% of students reported learning about menstrual hygiene through the existing sessions.



The construction of shaded areas for Mid-Day Meals can be prioritised in schools where such facilities are currently unavailable, so that students can consume meals outside classrooms.



A structured post-handover maintenance checklist can be developed for school management, comprising clearly defined indicators for toilets (cleanliness, functionality, water availability), water purifiers (working condition, filter status, water quality), availability of soap and water at handwashing stations, and smart classroom equipment (functionality of hardware, software accessibility, and power supply), along with a monthly inspection schedule and simple tick-box reporting format.



Hands-on refresher training can be conducted for teachers on the use of smart classroom content at the beginning of each academic year, particularly for newly joined teachers.



A light-touch grievance mechanism can be established to enable students, teachers, and parents to report issues related to toilets, water purifiers, or smart classroom equipment, with a defined turnaround time for resolution.



Post-handover handholding can be continued for at least one academic year following installation, so that minor issues with infrastructure or smart classroom content can be resolved before they affect usage.



The programme can be expanded to additional floors and schools within the same locations, in line with the implementing partner's observation that further coverage is required.

07. CONCLUSION

The School Transformation Programme, supported by HDFC Securities Limited and implemented by Yuva Unstoppable, delivered measurable change across the sample schools in Mumbai. Renovated toilets, safe drinking water, and smart classrooms reshaped students' daily school experience from low-income households, with 96.6% reporting clean toilets, 81.7% no longer carrying water from home, and 96.7% strongly agreeing that academic performance had improved. Pairing infrastructure upgrades with structured Behaviour Change Communication sessions translated these gains into changed daily practices, advancing SDG 3 (Good Health and Well-being), SDG 4 (Quality Education), and SDG 6 (Clean Water and Sanitation).