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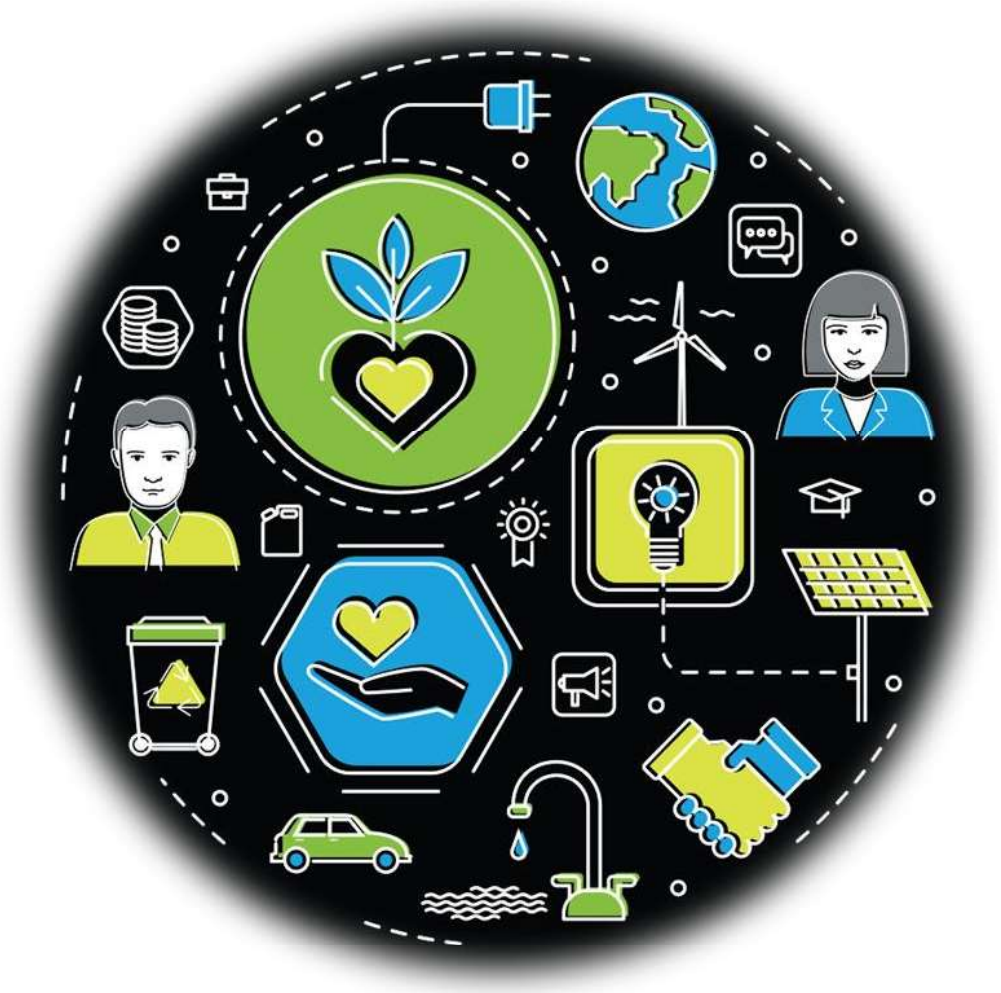

Impact assessment of CSR grant projects

BA Continuum India Pvt. Ltd.

FY 2020-22 and FY 2021-22

July 2023

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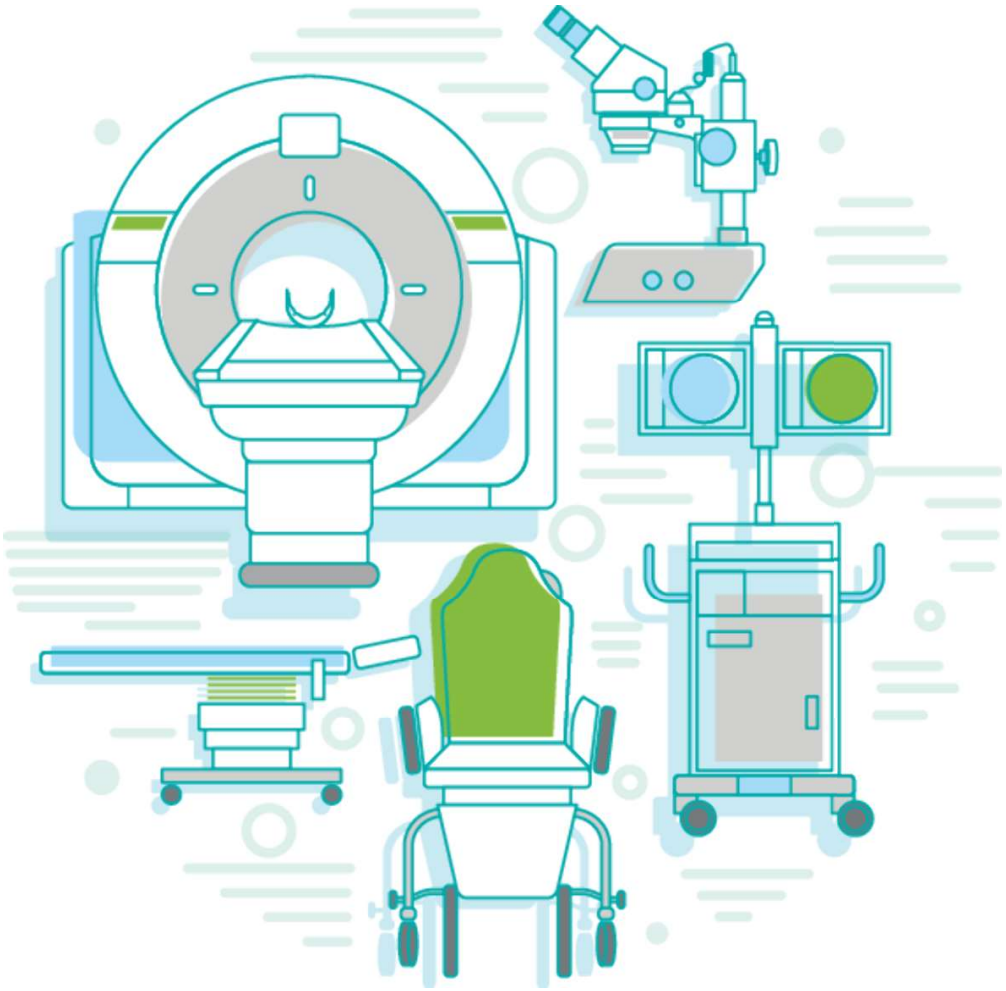
Project 1: COVID-19 support project

FY 2020-22



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Executive summary

Introduction

Project title	COVID -19 support project
Multiple Implementing partners	✓ American India Foundation (AIF) ✓ Plan International (India Chapter) ✓ Habitat for Humanity ✓ United Way of Hyderabad
Project overview	Multiple COVID-19 support projects implemented in FY 2020-21 and 2021-22 to enable appropriate COVID-19 response within the communities and health facilities. Support was offered to the overwhelmed healthcare systems to meet the demands of drugs, oxygen, and other lifesaving equipment at the hospitals through multiple grants. The focus of BACI funded project was: • Provision of emergency equipment • Upgradation of COVID-19 and complications management capacity at hospitals • Support to equipment at high-dependency treatment units • Personal protective equipment and hygiene supplies provision
Project period	FY 2020-21 and FY 2021-22
Total grant amount	INR 11,27,55,387
Project locations	➢ Ahmedabad (Gujarat) ➢ Aleru, Hyderabad and Secunderabad (Telangana) ➢ Kilpauk and Tambaram (Tamil Nadu) ➢ Mumbai and Thane (Maharashtra) ➢ New Delhi, Noida (Uttar Pradesh) – Delhi NCR region
Problem statement[1]	India with a population of 1.3 billion is home to various infectious diseases with its vast and divergent geographical and ecological diversity. The COVID-19 pandemic enormously impacted the healthcare systems globally. Given the disastrous outbreak of COVID-19 in India, the health system of the country was exhausted and in need of support. Widespread and sustained transmission resulted in high rates of hospitalization, quickly overwhelming the hospitals. During these unprecedented times, there was an apparent lack of appropriate quarantine facilities, tertiary care facilities and high-dependency units in the country. Additionally, lack of spending on tertiary care made the infrastructure gaps more obvious. The high patient caseloads also increased work-related risk of the healthcare professionals, which caused severe inadequacies in the provision of care during the peak of the pandemic.
SDG alignment	

[1] Maves RC, Downar J, Dichter JR, Hick JL, Devereaux A, Geiling JA, Kissoon N, Hupert N, Niven AS, King MA, Rubinson LL, Hanfling D, Hodge JG Jr, Marshall MF, Fischkoff K, Evans LE, Tonelli MR, Wax RS, Seda G, Parrish JS, Truog RD, Sprung CL, Christian MD; ACCP Task Force for Mass Critical Care. Triage of Scarce Critical Care Resources in COVID-19 An Implementation Guide for Regional Allocation: An Expert Panel Report of the Task Force for Mass Critical Care and the American College of Chest Physicians. Chest. 2020 Jul;158(1):212-225. doi: 10.1016/j.chest.2020.03.063. Epub 2020 Apr 11. PMID: 32289312; PMCID: PMC7151463.

Approach and methodology

Deloitte's tailor-made approach for evaluating the impact of this BA Continuum India Private Limited (BACI) funded CSR project and identifying potential areas of future intervention was based on substantial experience in conducting evaluations of similar nature and scope of work (SOW). A qualitative assessment design was deployed for the assessment. This primary data collection was carried out through field visits and online (video and audio) interactions and was supplemented/ triangulated with the help of relevant secondary data from the facilities. The primary data was collected through qualitative methodology through interviews and focused group discussion with all the stakeholders in April and May 2023. The data collection was followed by a phase of analysis and documentation of observations and findings to arrive at the key impact narrative within the report.

Description of sample

A stakeholder mapping exercise, based on the desk review, was conducted to identify the range of interactions that would be required to document multiple perspectives about impact. The documentation of multi-stakeholder interactions was critical to validating findings through triangulation. The stakeholder mapping for the ECHO project is presented below:

Primary stakeholders:	Secondary stakeholders:
• Medical Superintendents/ Chief Medical Officers (CMO) of the supported facilities • Key personnel at the facilities supported through BACI interventions- Nurses and Doctors	• District Governments where interventions were supported by BACI • IP staff

Sampling plan

A multi-stage mixed methodology was adopted to identify the sample of respondents for the study. The final set of the respondents was selected purposively. A snapshot of the sample covered is given as below:

Project location	Sample covered	Type of sampling
• Telangana • New Delhi • Mumbai • Thane	• Medical Superintendents/ Chief medical officers: five • District Government officials: two • Implementing Partner personnel: three	• Purposive

Study tools

A range of tools were customised to meet the objectives of the assessment. The table below presents a snapshot of the methods and tools used to document various stakeholder perspectives during the assessment.

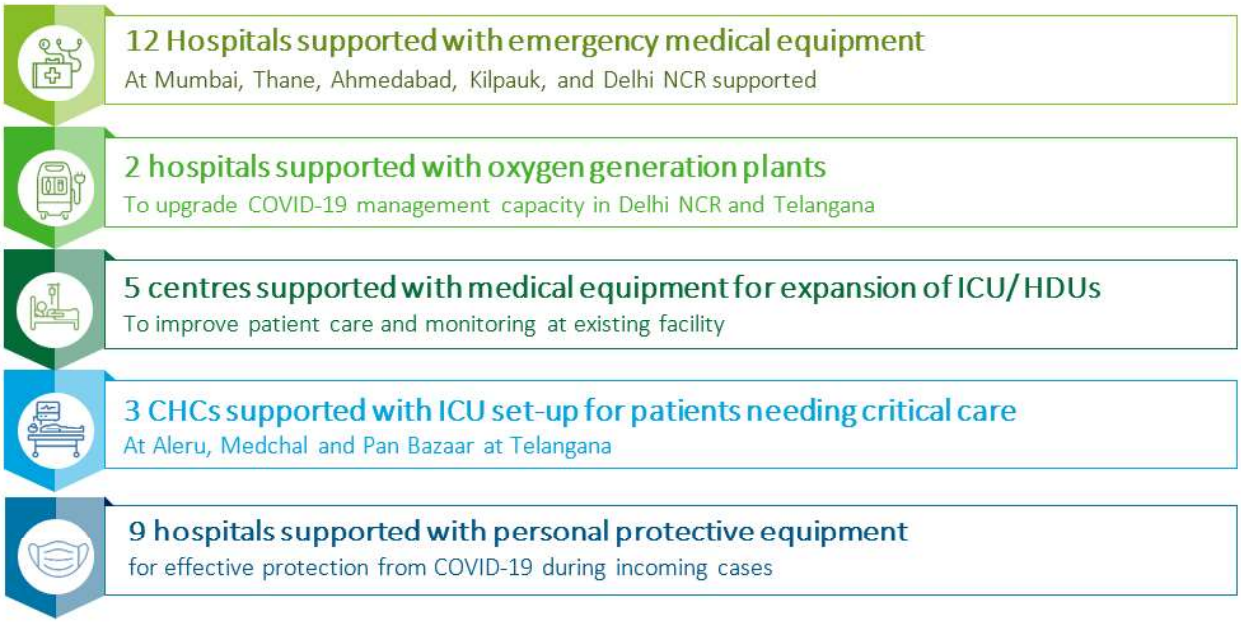
Stakeholder	Key points covered	Study tools employed
Direct beneficiaries (Hospitals/personnel receiving COVID-19 PPE and equipment support)	Feedback on the project Perception of impact Gap areas and needs addressed by CSR support	KII and FGDs
Indirect beneficiaries (Patients receiving care at facilities)	Nature of support received from facility Feedback on the treatment provided Perceived impact on care received during pandemic	Secondary content analysis of patient survey/ register entries
Project management/field team	Program implementation Program monitoring	KII, FGD

Limitations

The support extended by the IPs to the hospitals was a short-term, intensive exercise of procurement and distribution. Because of this, the IPs did not have ongoing connect with the hospital administrators and staff to enable several of these interations. It was hence, not possible to engage with multiple stakeholders from each centre/ location to document impact.

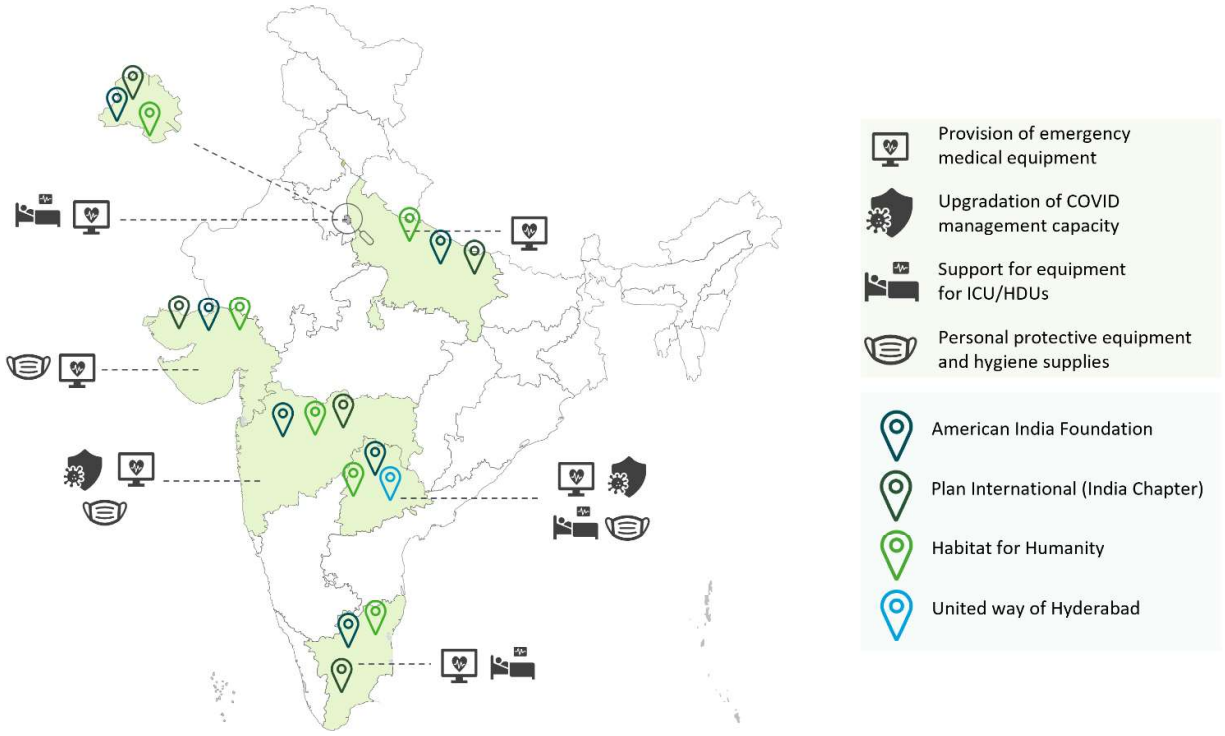
Coverage snapshot[2]

The BACI supported COVID-19 projects were delivered through a network of IPs while identifying the needs through connect with district and local administration. The outreach of the initiatives through the FY 20-21 and FY 21-22 grants is presented below.



[2] Source: Review reports of COVID-19 support projects, FY 20-21 and 21-22, prepared by Deloitte.

Geographical coverage of the projects



Partners and organizations supported[3]

Channel of support	Implementing organization	Facilities supported
Provision of emergency medical equipment	• American India Foundation • Plan International (India Chapter) • Habitat for Humanity	• Pandit Madan Mohan Malviya Shatabdi municipal general hospital, Mumbai • Shushrusha Hospital, Mumbai • Bethany hospital, Thane • Civil hospital, Ahmedabad • Shardaben general hospital, Ahmedabad • LG Hospital, Ahmedabad • Government Kilpauk Medical college and hospital, Kilpauk, Tamil Nadu • Cama and Albless hospital, Mumbai • Deep Chand Bandhu Hospital, New Delhi, • Chacha Nehru Bal chikitsalaya, New Delhi • Government Institute of Medical Sciences, Noida, UP • Dedicated COVID hospital, Noida, UP
Upgradation of COVID management capacity	• American India Foundation	• Ayurvedic and Unani Tibbia medical college and Hospital • Telangana State Road transport corporation hospital, Telangana
Support for equipment for ICU/HDUs	• United way of Hyderabad • Habitat for Humanity	• St. Stephen's hospital, New Delhi • Holy Family hospital, New Delhi • Government Hospital, Tambaram • Aleru CHC, Telangana • Medchal CHC, Telangana • Pan Bazaar CHC, Telangana

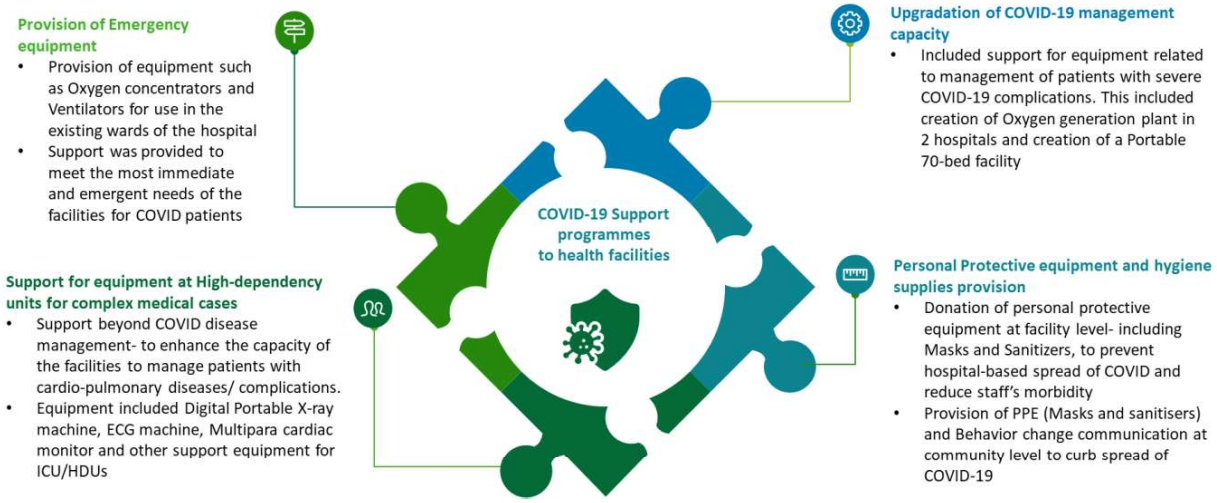
[3] BACI MOUs for COVID relief and support, FY 20-21 and 21-22

Personal protective equipment and hygiene supplies	• American India foundation • Habitat for humanity	• Pandit Madan Mohan Malviya Shatabdi municipal general hospital, Mumbai • Shushrusha Hospital, Mumbai • Bethany hospital, Thane • Civil hospital, Ahmedabad • Shardaben general hospital, Ahmedabad • LG Hospital, Ahmedabad • District Hospital, King Koti, Hyderabad, Telangana • Government Area hospital, Kondapur, Telangana • Government Area hospital, Vanasthalipuram, Telangana

Project model

BACI programmes for COVID relief and support were built on a framework of meeting most immediate expectations and provisioning for the ongoing needs of the supported facilities and communities. The support was directed towards multiple areas. These included **facility operationalization** (COVID-19 specific and other supportive equipment support), **PPE and hygiene supplies** at community and health facilities, and **provision of hot meals and rations** to displaced migrants and families affected by job losses[4].

Off the 20+ hospitals reached through varying degrees of support, five (5) facilities were designated as dedicated COVID-care facilities, and others were able to utilize support for their critical and high-risk patients.



Inputs

The key inputs of the BACI COVID-19 support programmes are as follows:

a) **Personnel/ Organizations** involved in the identification, line listing and prioritization of needs, approval process and distribution of the materials
b) **Equipment procured and distributed to various facilities:**
    a. **Personal protective equipment**: Based on the understanding that the hospital systems may not be able to pivot to meet the rising PPE demands quickly, the support offered included PPE Kits and N-95 masks for personnel
    b. **Emergency equipment to enable self-sufficiency of the facility in management of incoming COVID-19 cases**: The support enabled provision of ventilators, oxygen plants, oxygen concentrators and other critical equipment to the hospitals

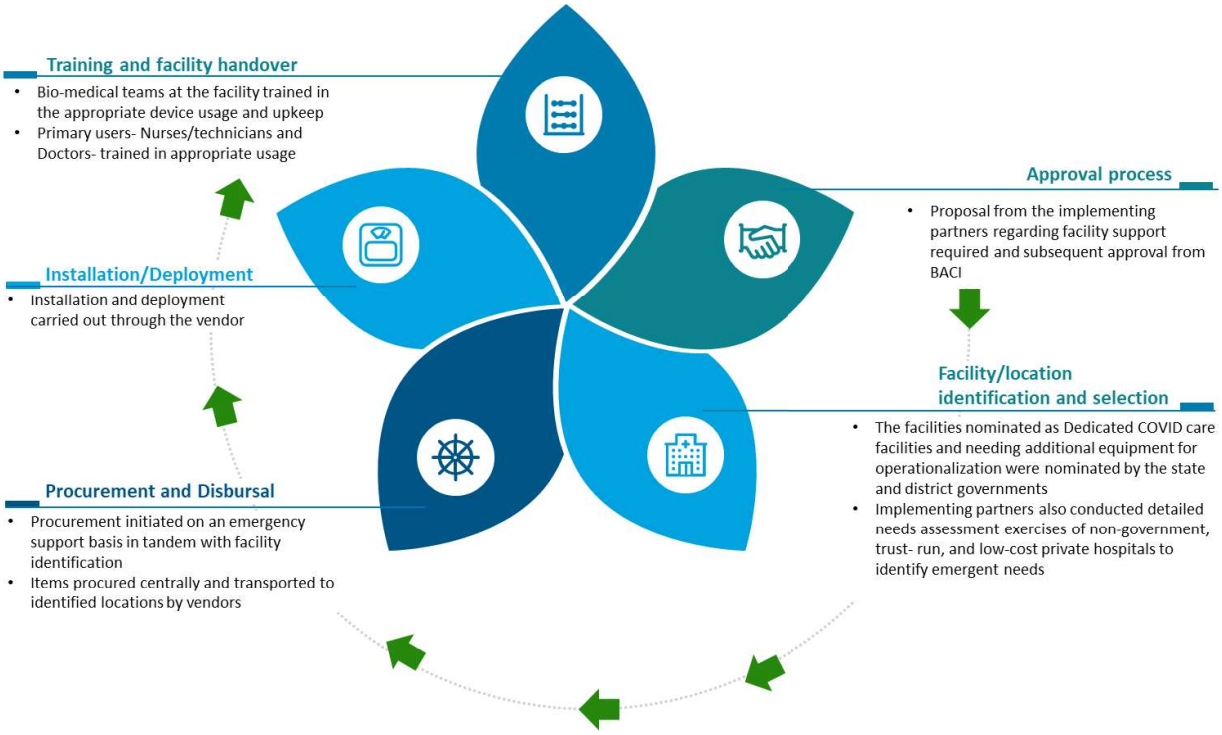
[4] BACI MOUs for COVID relief and support, FY 20-21 and 21-22

c. **Critical care equipment for care for cardiovascular, pulmonary, and other complex cases**: The support enabled purchase of ECG machines, Cardiac monitors, bed side patient monitors, etc. to enable improved care for non-COVID illnesses as well
d. Materials procured to improve response at community through available masks, hand sanitizers and education of COVID-19 appropriate behaviors

Process[5]

The process of the support provision for COVID relief programmes was initiated by implementing partner identification based on ongoing relationships or approval of new proposals. The identification of the organizations and the finalization of the facilities/communities to be supported were managed by the implementing partners. The process of consultation was largely external-directed towards organizations needing support, based on the BACI grant directives.

The process of selection of the facilities was followed through two mechanisms. The first mechanism was direct support to government-run facilities that needed additional equipment. The second mechanism was to support facilities based on district government nominations for non-government facilities that were identified as dedicated/expanded COVID care facilities. The third mechanism was to identify the facility through a detailed needs assessment exercise based on patient load and current preparedness of the facility.



The identification of vendors and initial processing for purchase order generation and procurement was carried out in parallel with the needs assessment exercise. As the needs assessment exercise was completed and the final list of facilities to be supported was identified, the orders were placed, and the procurement process was followed through. The distribution and installation of equipment (wherever necessary) was carried out on an expedited basis, by deploying the distribution channels of the organizations. For most equipment, deployment and installation were carried out within two days and there was almost zero downtime for most equipment provided.

[5] Source: Review reports of COVID support projects, FY 20-21 and 21-22, prepared by Deloitte

Strategic differentiators

Approval and distribution process in tandem with the local and state governments to ensure utilization

Leveraged multiple on-ground organizations' networks to ensure adequate needs assessment

Support offered to facilities with strong community presence and patient footfall, to ensure larger community impact

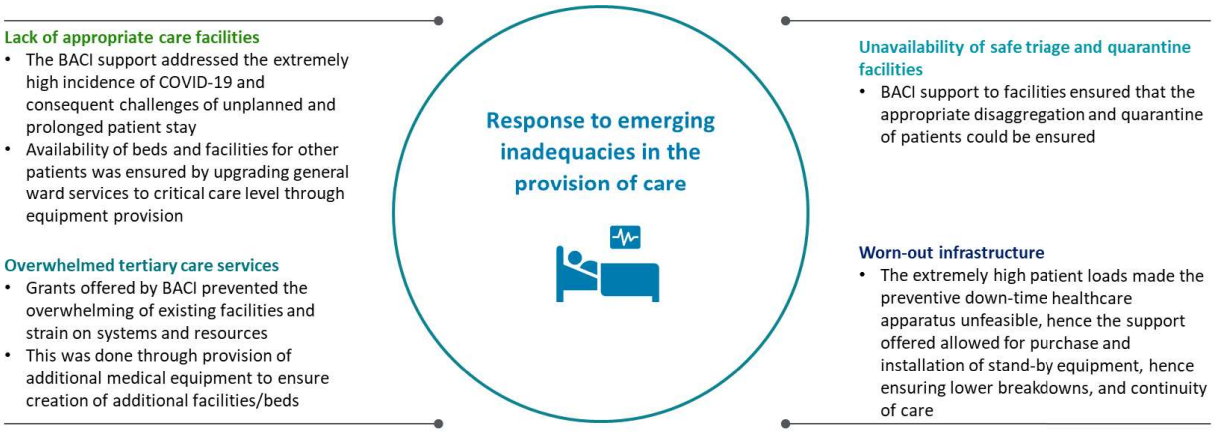
Impact created

The BACI COVID support projects were envisaged to support the immediate and long-term equipment requirements of the public and private facilities. These projects were able to support not just COVID management at facilities, but also the management of other specialized conditions and critical illnesses.

Response to emerging inadequacies in the provision of care

The COVID-19 pandemic made apparent the various rifts that existed in the availability and equity of healthcare in a distressing manner. The various inadequacies in healthcare became apparent because of the COVID-19 pandemic.

Additionally, there were escalated issues because of overuse of equipment, overworked personnel, and inadequate beds and systems in the hospitals. These issues were a lack of appropriate care facilities, unavailability of safe triage and quarantine at the facility as per standards, overwhelmed tertiary care services, leading patient spillovers in secondary and primary facilities, and hospital equipment breakdowns because of overuse.



The immediate support provided to facilities strengthened their emergency response and triage of incoming COVID patients, and curb the nosocomial spread of COVID, and supported recovery for moderate forms of COVID-19. In the tertiary facilities, BACI also provided ventilators which contributed to the management of severe and complicated cases of COVID. In addition, the continued support for equipment offered as oxygen plants and portable COVID facilities prepared them to tackle future COVID surges.

Expansion of tertiary care at health facilities

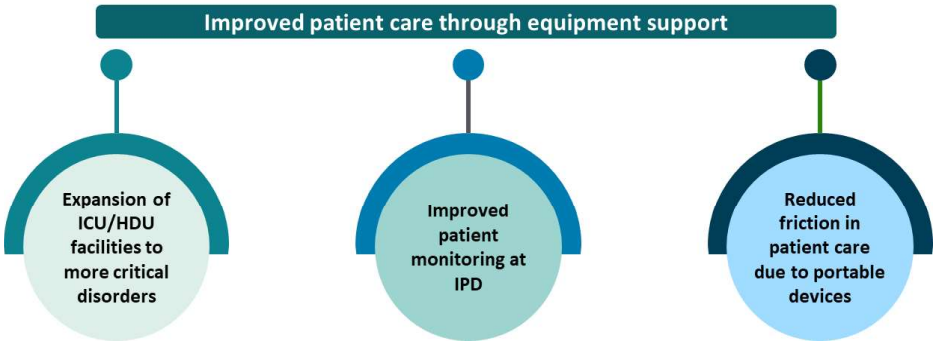
The equipment provided to the hospital was originally intended as a response to the challenges of the COVID-19 pandemic. However, the **equipment- especially the ventilators and oxygen concentrators- proved to be extremely useful in operationalizing and expanding specialties at the hospitals**. Hospitals reported expansion of facilities related to cardio-vascular, cardio-pulmonary, and high-risk obstetric care through the support offered by BACI. The patient care was improved through multiple channels- expansion of care to more critical disorders, improved patient monitoring and reductions in frictions to care.

St. Stephen's Hospital, situated at Tis Hazari (Old Delhi) is over a 100-year-old establishment that serves the economically weaker groups with facilities for most tertiary care issues such as Internal medicine, Gynecology, etc. The BACI support provided to the hospital included Ventilators with full-face masks and trolley, Digital and portable X-ray, ECG apparatus, and Multipara cardiac monitor.

The cardiac monitors have enabled the hospital to set up a special monitoring area for critical patients, which has saved the lives of several people. The portable X-ray machines have also supported expedited management of patients as it is ultra-portable and can carry out imaging without distressing the patient.

Dr Elizabeth, the Head of the Department of Radiology at the hospital mentions- "The portable X-ray machine has proved to be extremely useful in the management of high-dependency patients. The technicians have expressed that the machine is easy to use and transfer. Overtime, it has become an important component of the care we offer to the patients at the high dependency unit".

The staff reported no issues in the machines provided and mentioned that the continuity of usage has not been hampered in any manner. The Medical Superintendent of the hospital, Dr. Bage, mentioned that **the equipment deployed at the ICU and HDU has enabled him to rationalize the deployment of staff** without affecting the standard of care at the hospital. Dr Sudhir, the Director of the hospital says, "At the time of COVID, a lot of donors stepped up to support the hospital, to support oxygen concentrators and ventilators at the hospital. However, support for other equipment was also **paramount while upgrading the beds.** This grant has solved most of the operational challenges in the setup. **The equipment provided has allowed us to care better for the patient. It is a highly valued addition to our hospital"**



Creation of new referral facilities

The support offered for 10-bed ICU set ups and the upgradation of secondary-level public facilities improved the sufficiency of hospitals in managing the incoming patient load. **This created additional hospital facilities for the management of COVID patients, and later, was utilized for management of multiple complicated illnesses**.

The support enabled three CHCs at Telangana- CHC Aleru, CHC Pan Bazaar and CHC Medchal to expand the intensive care unit, and the ward capacity at the facility. Implemented in partnership and agreement with the Government of Telangana, the CHCs reported admission of patients and end-to-end care provided in their intensive care facilities. 10-bed ICUs created in all the facilities were able to reach full capacity within 2-3 weeks of set up and caters at an average of 110-150 patients a month. The CHCs have been reported to treat multiple conditions such as acute asthma (especially among elderly), bronchitis, chronic pulmonary disease, poisoning, snake bites and a few dialysis cases every month. Additionally, the CHC is a designated delivery point under the National Health mission, and the ICU also acts a post-operative recovery facility for its caesarean cases. The CHC sees 15-20 deliveries every month, off which 75% are C-sections.

CHC Aleru, Yadagirigutta district, Telangana is a government run facility that serves a population of more than 50,000 people largely from low-income, marginalized groups who rely on agriculture for income. The CHC has daily outpatient load of 200 and ~30 inpatient cases.

There is no private hospital nearby and patients requiring emergency and critical care are referred to Mahatma Gandhi Memorial Hospital, Warangal or Gandhi Hospital, Secunderabad (Hyderabad). Both these facilities are 1.5 hours away from CHC Aleru. Prior to operationalization of the 10-bedded ICU, the facility had to refer several cases to these facilities owing to unavailability of equipment here, despite presence of specialists at the facility (two civil assistant surgeons, a gynecologist, a pediatrician and a visiting anesthetist along with trained nursing staff)

At the time of Deloitte's visit, the CHC had patients with Acute Gastroenteritis, Sunstroke, COPD and C-section admitted at the centre. Because of the support, the CHC has become largely self-sufficient, with only patients requiring 24x7 emergency and critical care being referred. These include patients with burns, critical head injuries, severe poisoning cases, COPD, and cerebrovascular insufficiency (CVI) who require CT scans.

Pictures of the 10 bedded intensive care facility at Medchal CHC. Picture credits: Deloitte

Prevention of Nosocomial spread at health facilities

The COVID-19 pandemic was an evolving situation, with multiple surges, which overwhelmed public and private hospitals alike. **In the first and second 'waves' of the pandemic, there was a severe PPE and equipment shortage within the country. As a response, BACI was involved in the disbursal PPE kits and N95 masks for the hospital staff. The facilities were thus able to continue the treatment of COVID patients and save several lives.**

During the first 'wave' of the pandemic in March 2020, the hospitals were still developing a triage and quarantine system, which then exposed many outpatient and in-patient departments to the virus. However, as the PPE kits and N95 masks along with better quarantine norms became available, the staff as well as the patients were protected from nosocomial spread.

This helped improve the survival rate of patients admitted for non-COVID related disorders and curtailed the viral load in the patients that had been admitted with flu or COVID symptoms.

Upgraded equipment for specialized management of pulmonary conditions

During the second 'wave' of the COVID-19 pandemic, hospitals across the country were grappling with the challenge of an extreme shortage of medical oxygen. Supplemental oxygen was one of the key medical requirements for COVID patients suffering from severe pneumonia. This challenge guided the mechanism built by BACI for upgradation of COVID and other Chest disease management capacities of the health system. The impact of these initiatives was far-reaching. **The hospitals which were provided oxygen plants reported a higher capability in management of illnesses requiring supplemental oxygen- such as respiratory illnesses** like asthma, bronchitis, COPD and silicosis; **head and chest trauma**; **burns, emergency cardiac episodes, and stroke**.

The **Telangana State Road Transport Corporation Hospital** (TSRTCH) was identified by the American India Foundation as a hospital in need of support for upgradation of the medical equipment. The hospital was supported by an oxygen generation plant, which supported the plans to initiate ICU and ER facilities in the hospital.

The hospital, cognizant of the probable peaks of the pandemic, had deployed a plan for the upgradation of the emergency and in-patient facilities at the hospital- in tandem with the district administration. Because of the support provided, the oxygen plant at TSRTCH was established, which was able to fill 57 cylinders within 1 hour. Additionally, the plant is directly connected through oxygen lines to the operation theater complex, Emergency room, and Intensive cardiac units for direct delivery of oxygen. The hospital has also assigned 3 technicians for the upkeep of the oxygen plant. The technicians were provided training by the vendor for appropriate usage of the machines.

Dr Venkatramana, the Chief medical officer of the hospital says, "We faced a lot of challenges during the 1st and 2nd waves of COVID, especially due to lack of oxygen cylinders. Hence, we were on the lookout for a permanent solution when we were recommended to reach out to AIF for support. Because of the support provided, the hospital was now able to meet all its oxygen requirements without any challenges. The ICUs, HDUs and operation theaters running within the hospital have now become self-sufficient and the hospital does not have to refer out most of the patients anymore".

The **Government Hospital for Thoracic Medicine**, Chromepet, Tambaram is a hospital dedicated to the care of TB and other lung conditions with a total of 896 beds dedicated to the care of economically weaker patients through in-patient and outpatient channels. BACI provided equipment for support for several ICU/HDU equipment at the hospital.

The hospital is a key medical institute for cardio-pulmonary cases from across the south of India. The equipment that was provided to the hospital allowed them to replace old equipment and operationalize additional beds in the ICU.

This also enabled the hospital to upgrade the technical equipment available to them. Because of the grant support offered, the hospital was able to purchase equipment that was otherwise difficult to purchase within the ongoing purchase cycle.

Redressal of most urgent community needs

The pandemic also created community level challenges related to the lockdown. These were challenges related to the migrant exodus, loss of jobs as well as rapid spread of virus within the community. To solve for these challenges, the programme had supported hot meals and grocery kits distribution within the community. **The programme reported high beneficiary satisfaction- allowing them to tide over the challenges, save money for other health and education needs of family, and in preventing loss of life.**

Project evaluation findings

The current report presents a detailed documentation of Deloitte's observations and findings of the impact assessment of BACI supported COVID-19 projects. A summary of the evaluation findings is as presented below:

Meets expectations | Meets some expectations with scope of improvement | Below expectations and critical

Parameter	Rationale	Score
Relevance	• India witnessed large outbreaks of emerging cases due to COVID-19 which had enormous impact on the healthcare systems • The multiple challenges of the healthcare system owing to high facility footfalls, equipment breakdown, lack of specialised equipment etc. were impediments in extending patient care to complicated cases and those requiring mechanical cardio-respiratory support • Additionally, health facilities needed support in expanding existing support for ICU/ HDU dependent cases- which needed funds from private funding organisations	
Coherence	• The programme was implemented through multiple IPs identified through their on-ground presence and coordination with the state/local authorities. • The program enhanced the capacity of the facilities, and replaced worn-out equipment, which helped them to address the rising patient counts due to COVID-19 • In Tamil Nadu and Telangana, the support was offered to government owned secondary facilities that had to be upgraded to provide tertiary level care. Owing to the commitment from the state governments, the programme could be implemented in extremely coherent manner	
Effectiveness	• **The support was executed at the time of the pandemic when the demand for the support was high, ability to procure equipment with quicker turnaround was low, the imports were limited, and the costs were rising.** • The support was executed in a span of 2-months through various IPs once the grant disbursal was done. This expedited execution helped in addressing upcoming challenges of the pandemic. • The programme addressed gaps at 21 health facilities in six states and supported in curtailing COVID-19 spread in 3 communities during the period of execution.	
Efficiency	• The project was implemented through multiple IPs that supported the smooth and expedited execution of the project • The programme was able to provision and transport oxygen generation plants to Delhi, Telangana and Tamil Nadu within 20 days, and the installation at each location was completed within 48 hours • The oxygen concentrators and other equipment at hospitals were also provisioned and disseminated within a few weeks, which ensured that the overall upgradation of facility could be completed early	
Impact	• The programme was able to address challenges and emerging inadequacies related to tertiary care • The programme was able to enable downstream referral centres through equipment to manage uncomplicated cases of COVID better • The equipment provided also enabled provision of care to tertiary level disorders, post operative recovery, trauma, poisoning, etc. • The provision of PPE kits, N-95 masks and sanitizers at the hospitals helped prevent nosocomial spread of COVID-19, hence improving effectiveness of care at the hospital	

	• The provision of supplies and hot meals at the community level allowed those affected by job-and income- losses to tide over the calamity	
Sustainability	• The programme was created at the time of rising infection rates of COVID-19- leading to failure of healthcare system, unavailability of treatment and unfulfilled need for ventilators and supplemental oxygen. By the time the procurements were completed, and the equipment was deployed by vendors, the infection rates of COVID-19 began to decline • However, the BACI support also included provision of equipment which was not specific to COVID-19 care, and hence was utilized by hospitals and health facilities for longer time • The ICU and HDU support provided by BACI reported high utilization and integration within the health facility	

Way forward

The project reviewed by Deloitte reported frameworks and systems that allowed for timely reporting and adherence to agreed outputs and outcomes. The assessment however, outlined certain opportunity areas to enhance the effectiveness of the grant and maximize impact:

- Despite the expedited approvals and selection of the on-ground locations/hospitals related to the equipment support and facility set up, there were multiple challenges to the procurement due to unavailability of the same. This led to delays and the equipment specific to COVID-19 could not be delivered on time. Pivoting the approvals and purchases to more non-COVID specific requirements during this time would have supported the overall sustainability of the initiative
- BACI could consider factoring in a cost related to implementing partner led monitoring of the future infrastructure spends for about 1-2 years post execution. This will ensure that the expenditures and deployments are aligned to BACI guidelines and need of the communities

Project 2: Sustainable School Sanitation Units

Habitat for Humanity India (FY 2021-22)

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Handwashing station installed in a school sanitation unit at Ghaziabad, under BACI grant

Sustainable school sanitation units

Executive summary

Introduction

Project title	Sustainable school sanitation units
Implementing partner	Habitat for Humanity India Trust
Project overview	4-months grant from BA Continuum India Private Limited (BACI) funding school sanitation upgradation/ re-development in charitable/ government run school. It also introduces BCC for WASH and covid related awareness through a ToT programme for teachers, staff, SMC members and school going children
Project period	December 2021 – March 2022
Grant amount	1,91,88,273
Project locations	Ahmedabad, Chennai, Delhi NCR (Ghaziabad), Hyderabad and Mumbai
Problem statement	The Government of India in partnership with UNICEF, launched the Swachh Bharat Swachh Vidyalaya (SBSV) initiative in 2014 to ensure that "all schools in India have access to separate functional toilets for boys and girls"[6]. It also called for promoting key WASH messages and appropriate hygiene practices & behavior amongst school going children. The SBSV linked access to safe water, toilet and hygiene facilities in schools with promotion of equity. The consideration being that these facilities improved the overall hygiene in schools, that in turn, lead to tangible outcomes for school attendance, classroom attentiveness and regularity of school curriculum. The SBSV further added that provision of gender-segregated toilets, enabled privacy and dignity, especially for girls. Ultimately, installation of sanitation units, safe drinking water and promotion of WASH hygiene was considered a national mission that would enable children as future citizens[7]. As of June 2023, 53% schools in India still do not have access to drinking water and 47% do not have separate toilets for girls and boys[8]. Thus, the interventions through CSR sponsored grants for assisting low-income, charitable or aided schools, aligns closely with SBSV objectives by providing for the installation of school sanitation units and promotion of key WASH messages.
SDG alignment	

[6] https://swachhvidyalayapuraskar.com/about
[7] Swachh Bharat: Swachh Vidyalaya – A National Mission, Clean India: Clean School: A Handbook, Water, Sanitation and Hygiene in Schools
[8] Clean water: A basic need for every schools in India, Arjun Rajamani, Times of India, 23 Jun 2023

Approach and methodology

Deloitte's tailor-made approach for evaluating the impact of this BA Continuum India Private Limited (BACI) funded CSR project and identifying potential areas of future intervention was based on substantial experience in conducting evaluations of similar nature and scope of work (SOW). A mixed-method assessment design was deployed for the assessment. This primarily focused on primary data collection through field visits or through online (video) interactions and was supplemented/ triangulated with the help of relevant secondary data and knowledge as available.

The data for the impact assessment was collected by using customized data collection tools through document review, and key stakeholder and beneficiary interactions (on a sample basis). Considering the timing of reopening of schools prior summer vacation and after end-term examinations in March, the primary data was collected through physical site visits catering to smaller beneficiary sample, during May 2023. The data collection was followed by a phase of analysis and documentation of observations and findings.

Description of sample

A stakeholder mapping exercise, based on the desk review, was conducted to identify the range of interactions that would be required to document multiple perspectives about impact. The documentation of multi-stakeholder interactions was critical to validating findings through triangulation. The stakeholder mapping for the 'sustainable school sanitation units' project is presented below:

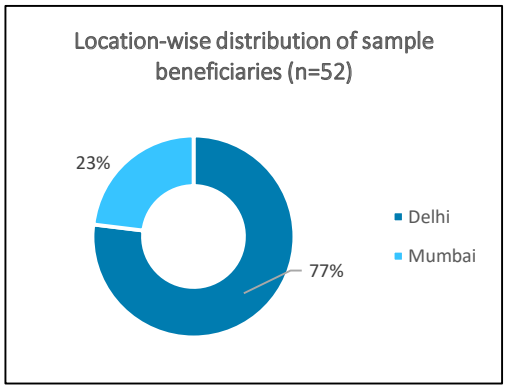
Primary stakeholders:	**Secondary stakeholders:**
• School students who utilised the sanitation units between 2021-23 • School teachers and staff	• Parents • IP staff • Visitors to the school

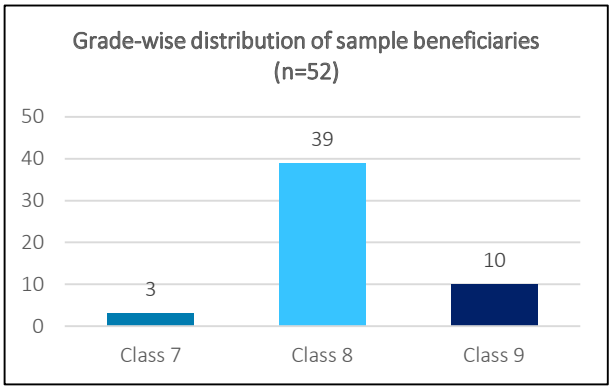
Sampling plan

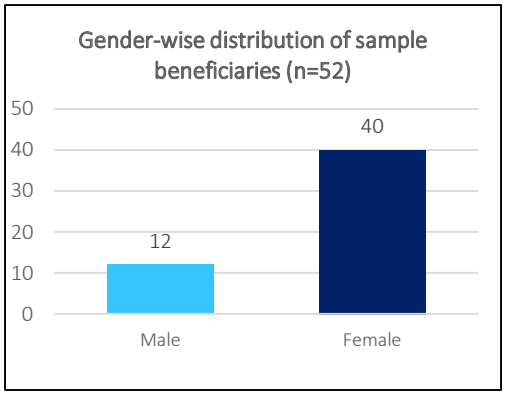
A multi-stage mixed methodology was adopted to identify the sample of respondents for the study. The final set of the respondents, given the duration of school hours, was selected purposively. A snapshot of the sample covered is given as below:

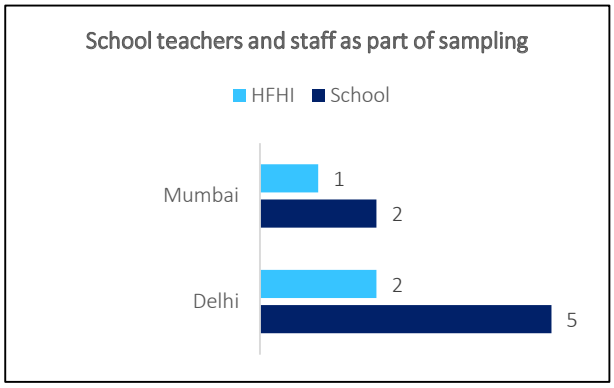
Project location	Sample covered	Type of sampling
• Delhi NCR	• Students: 40 • School Staff: 4 • Principal: 1 • IP staff: 2 • Parents: 2	• Purposive
• Mumbai	• Students: 12 • School Staff: 2 • Principal: 1 • IP staff: 1 • Parents: 2	• Purposive
Stakeholder type	**Sample covered**	**Type of sampling**
• Students	• Grade 8 students who attended school between 2021-23	• Purposive
• Teachers	• Class teachers & PTI	• Purposive
• Headmaster/ Principal	• 2 School Principals	• Purposive
• IP Staff	• 2 staff, school coordinators (Delhi) • 1 staff, school coordinator (Mumbai)	• Purposive

A sample of students, teachers, principals, parents and IP coordination staff was selected for the purpose of the assessment. The respondent-wise distribution for the 52 students included in the sample is shared below:









Study tools

A range of participatory tools were customised to meet the objectives of the assessment. The table below presents a snapshot of the tools used during various stakeholder interactions during the assessment.

Stakeholder	Key points covered	Study tools employed
Direct beneficiaries	Nature of support provided Feedback on the project Perceived social impact (health, wellbeing, attendance, admissions, safety, dignity, awareness)	FGD, survey, case study
Indirect beneficiaries	Feedback on the project Perception of impact Gap areas and needs that could be potentially bridged by CSR support	KII, survey, FGD
Project management/ field team	Program implementation Program monitoring	KII, FGD

Limitations

Sample seleceted was restricted to availability of the stakeholders on account of ongoing classes, exams and ability to provide critical feedback.

Coverage snapshot[9]

The BACI supported 'sustainable school sanitation units' program impacted the lives of school going children from low-income communities in all the project locations. The outreach of the initiative through the FY 21-22 grant is presented below.

9 School sanitation units
Above 6,318 school going children from 5 major cities of India accessed quality sanitation facilities

School going children and school staff
Above 6,318 school going children from 5 major cities of India accessed quality sanitation facilities

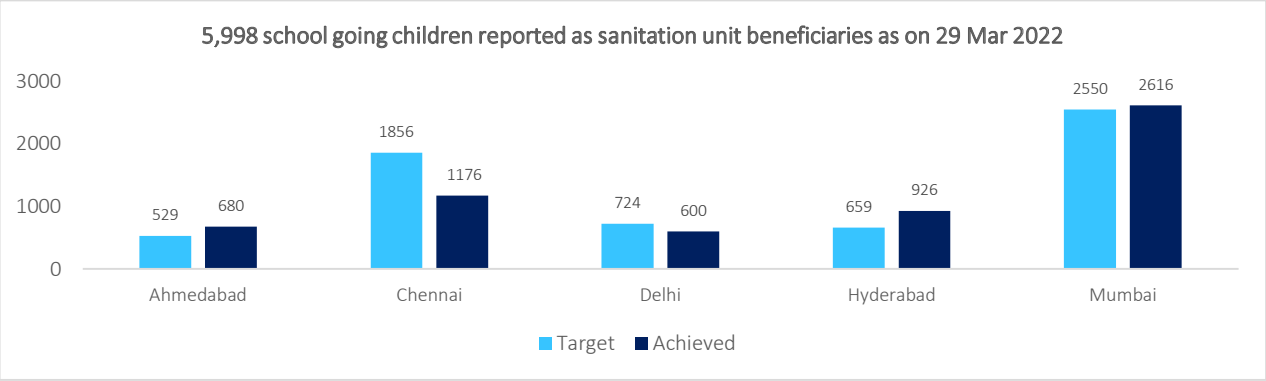
9 Toilet committees (WASH) formed
10 students per school organized as Toilet committees and engaged in key WASH messages

Behavioral Change Training for WASH
School staff and SMC trained on WASH to mentor school going children on key WASH practices

Description of the beneficiaries[10]

HFHI has identified the designated charitable/ government run schools in five cities namely Ahmedabad, Chennai, Delhi, Hyderabad, and Mumbai to provide improved and separate toilets & urinals for children belonging to underserved communities.

The initiative has helped to provide improved school sanitation facilities to 5,998 school going children, School staff, SMC and teachers. Maximum number of school going children were from Mumbai location where it has helped 2,616 students out of total 5,998 school children which contributes 43.61% of total students count. All these students belonged to the economically weaker sections and could not afford accessing education from private schools.

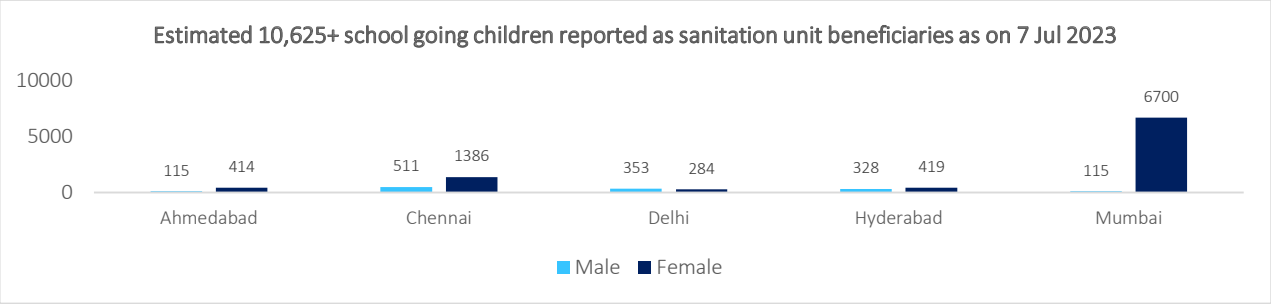


HFHI selected schools that had been established for at least 20 years and continued serving the migrant community or operated in slum areas. Sanitation units in these schools had reached a stage where it either required majot repair works or total reconstruction, due to findings of structural assessments. Timely support by BACI has helped these schools to gain improved sanitation units for their studens, teachers and staff.

Further, the sanitation units supported by BACI have a pad-changing room in girls toilet that were installed with pad-vending machine with incinerator, which is very useful for the female children and staff.

[9] Based on QPR and end-term reports submitted by Habitat for Humanity India, dated Apr 2022
[10] Based on final beneficiary count as shared by Habitat for Humanity India, dated 7 Jul 2023

For the impact assessment review study, HFHI shared the updated beneficiary count in the month of July 2023. It showed increase in overall number of students in one year. The beneficiary count has reached 10,625+ students against the 5,998 students in the year of implementation, i.e., FY 21-22.



This increase in number is also because of more admissions in the post covid phase. HFHI has shared the gender-wise break up for Ahmedabad, Chennai, Delhi, and Hyderabad location. However, for the Mumbai location the updated number of Male beneficiaries was not available with HFHI and 115 males continued from the previous year.

Location	Schools (including BaLA Paintings and BCC)	Drinking water	WC Toilets (Indian style)		Pad changing room with vending machine and incinerator installed	Urinals		Handwash	
			Girls	Boys	Girls	Girls	Boys	Girls	Boys
Ahmedabad	2		15 2 differently abled	10 1 differently abled	2	10		2	1
Chennai	2	2	10	6			8	2	2
Delhi	1 with RCC roof, ramps and corridors	1	7	4	1		6	1	1
Hyderabad	2		10	6			8	2	2
Mumbai	2 with Septic tanks		15	12			4	2	2
Total	**9**	**3**	**59**	**39**	**3**	**10**	**26**	**9**	**8**

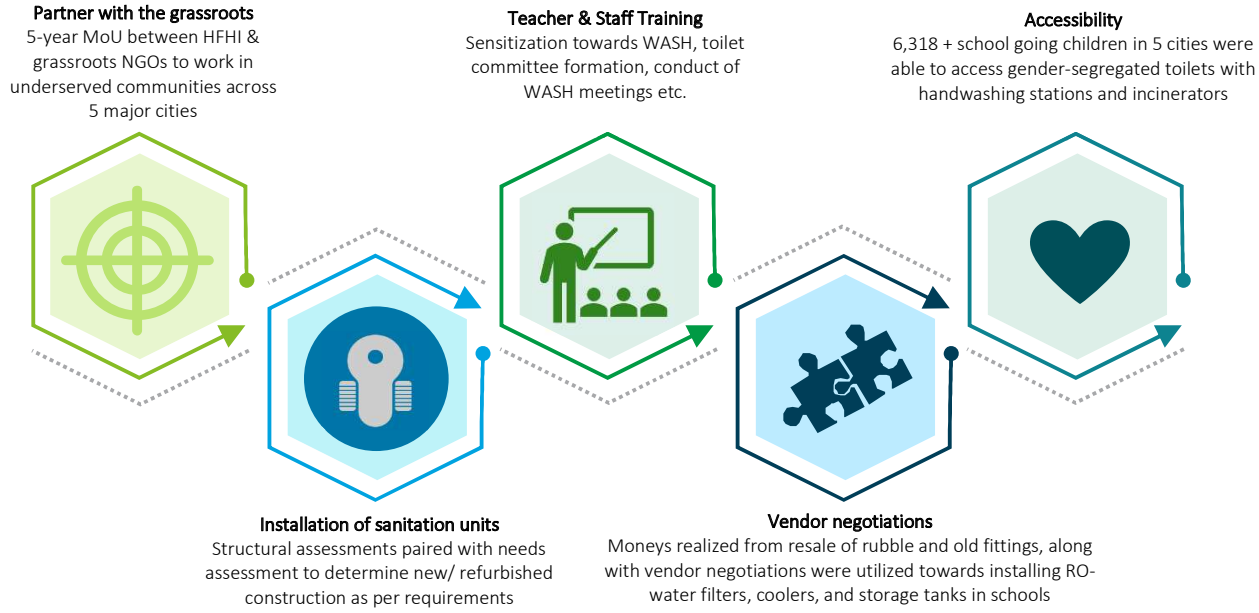
Source: FUC for BACI Project IN22808 email sent by HFHI on 29 Mar 2022

School WASH committee members from Ghaziabad; providing feedback for the school sanitation units built under BACI grant, during the Deloitte Impact Assessment study

Project model

Habitat for Humanity India (HFHI) deployed the grant amongst low-income, under-served community schools that were either run by charitable organizations or the local government. To ensure guarantee of long-term utilization, existing MoU-based partnerships between HFHI and legacy grass-roots organizations were leveraged to quickly identify most needy schools using a structural assessment and rapid-needs assessment tool.

Sustainable school sanitation units program – 5 step model for leveraged impact



Inputs

Critical to HFHI's 'sustainable school sanitation units' program are the legacy grass-roots NGO partnerships and technical supervisors working along with field staff of HFHI, who would complete the following processes:

- **Rapid WASH needs-assessment and structural assessment of sanitation facilities in schools:**
  i. Interface meetings with government education department and peer-network of legacy grassroots NGOs to seek referrals for establishing database of schools eligible for 5-year projects
  ii. Team of HFHI field mobilisers and civil engineers thereafter conduct a rapid needs assessment (including structural safety assessment) to identify list of needy schools and collect school's letter of request for projected requirements such as toilets, buildings, and any other support
- **Identification of beneficiaries:** compiled list of 'School Letter of request' are vetted with tagging as per material/ construction support required. HFHI programme management team then conducts review visit to confirm the requests
- Commencement of construction, WASH committee formation and handover documentation

Process

Identification of most needy schools

Designated charitable/ government run schools were identified in five cities namely Ahmedabad, Chennai, Delhi, Hyderabad, and Mumbai to provide improved and separate toilets & urinals for children belonging to underserved communities after following the inputs listed as above. Preference was given to schools that were found to be located in and serving underserved communities and children with special needs

Procurement & construction

Programme team having evaluated the school, confirmed their Letter of request. Thereafter, a Bill of Quantity with approved structural drawing & architectural information was initiated at the head office. The National Procurement Committee identified the nearest vendor to deliver at doorstep of requestor school. The Programme team reviewed progress on mobile via WhatsApp with photos, location pins and invoice tracking. Their members were also present at the site breaking ceremony.

Inauguration plaque of school sanitation unit as observed during impact assessment study

Quality control

- Central team monitored progress at all stages on a real-time basis. It had standing instructions to redirect orders to new location/ requestors based on changing needs-fulfilment requirement since same request was made to multiple sponsors. The construction milestone-based payments to vendors were another control mechanism built in to the processes for ensuring quality
- Four civil engineers were deputed by central team to monitor construction quality and processes. Since the workmanship also had to be certified internally, an Assistant Manager or representative of Programme team had to be present on-site during delivery for pre-delivery inspection
- All material & equipment were handed over to requestor along with sign-off and receipt documentation that were filled by Programme team. Documents were thereafter transferred to central office

Formation of WASH committees in schools:

To enable success of the school sanitation units, school-teachers and staff were oriented on key WASH messages by the HFHI programmes team. After the orientation sessions, volunteer class teachers were formed in to WASH committee heads, who would in turn work with the SMC and school going children to affect the WASH message dissemination.

School WASH committee with dedicated teachers was formed and made responsible for enabling handwashing, correct use of toilets etc. HFHI team also utilised the fresh sanitation units as "Building as Learning Aid (BaLA)" by adorning WASH and Covid prevention messages through cartoon-characters on wall paintings. Flipcharts and IEC material were further provided to class teachers to ensure WASH messaging. Schools commenced 5-minute WASH messages during morning assembly.

Monitoring

Contractual clauses for QC indemnified the vendor as responsible for six months from day of handover or first monsoon, whichever was earlier. Schools were thereafter expected to maintain facilities beyond the six months period.

HFHI programme team monitored the program regularly to review its effectiveness and track the number of Letters of appreciation, further support request letters etc. that were periodically reviewed, and action taken accordingly.

Strategic differentiators

Long-term partnerships with grass-roots NGOs and existing vendor relations, assisted in quick deployment of needs assessments and commencement of construction

High-quality branded materials utilized for all input materials, fittings, and consumables; were found to be operational and well-maintained even after one-year

School SMC registers indicated pressing need for improved sanitation units for past 5-years, only CSR grant could enable realization of objectives

Negotiations with contractors and sale of rubble enabled plough back of savings/ earnings to build drinking water facilities in select schools

Impact created

The account presented below is based on the analysis of survey responses and a content analysis of the narratives recorded during Deloitte team's interactions with multiple sample stakeholders including beneficiary students, teachers, and school staff. The impact discussed is specific to the model used in the delivery of interventions.

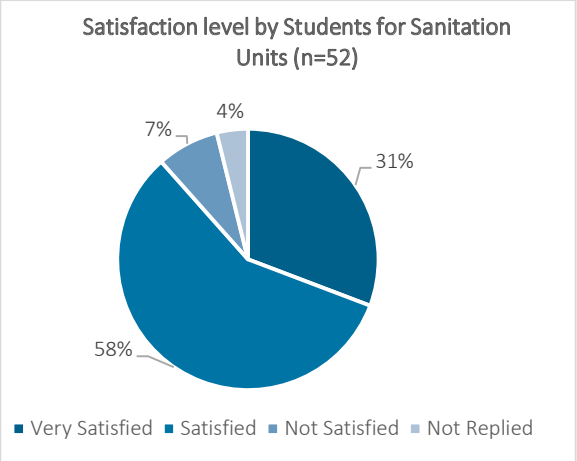
Key findings

Access to improved sanitation facilities

Schools operating in low-income, underserved communities across five major cities were able to upgrade their sanitation facilities replete with WC Toilets (Indian style); Urinals; handwash stations and pad-vending machine with incinerator in changing room. Each sanitation unit was provided with septic tanks, RCC roof, connecting ramps and corridors as per design requirements specific to location

WC and Urinals:

- **98 Indian style WC units** were installed for both girls & boys to ensure ease of use and maintenance
- WC were found operational, clean and well maintained in Ghaziabad while Mumbai school toilet was found over-utilised by the public due to its location
- **2 schools in Ahmedabad** were fitted with additional railings to make them **accessible for the differently abled**
- **36 urinals** were installed in five cities, included 10 urinals for girls in Ahmedabad. These urinals were found operational and decently maintained
- **100% sample** rated the sanitation units as 'excellent', 'accessible' and 'very clean'

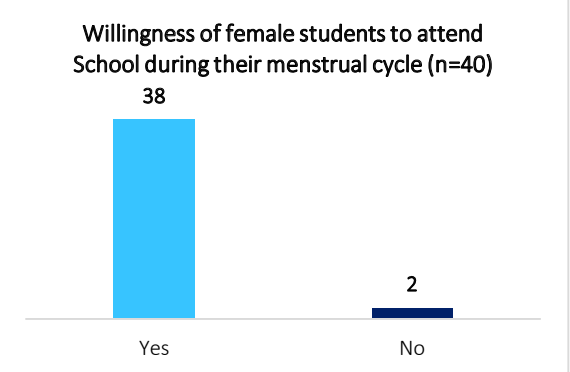


Hand washing stations

- Each toilet facility was fitted with hand washing stations consisting of 4-5 taps. Running water and proper drainage connection was observed in sample schools. **Total 17 hand washing stations under BACI grant**
- Height of handwashing stations was calibrated as per average school going child height. **100% sample reported ease of use**
- The schools would require O&M support for upkeep/ replacement after another 2 years due to the rate of heavy utilisation and consequent wear & tear

Menstrual hygiene:

- Provision of gender-segregated toilets, enabled privacy and dignity, especially for girls**. 100% sample girls reported attending school during their menstrual cycle.** Previously, they did not attend school during period days owing to lack of hygiene standards and broken door/ door locks
- Improved sanitation units have benefitted the female students and staff in Ahmedabad and Delhi (Ghaziabad) where a Pad changing room with vending machine and incinerator was installed



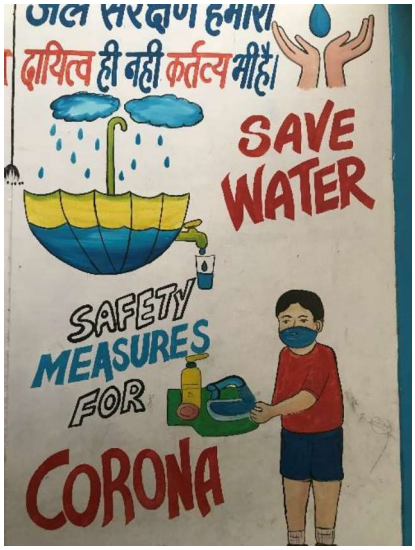
Drinking water (plough back of savings)

- Negotiations with contractors and sale of rubble enabled plough back of savings/ earnings to build drinking water facilities in Chennai and Delhi schools
- The drinking water units installed per school includes two Reverse Osmosis (RO) filtration units connected with two 1,000 litres storage tanks and two water coolers
- Provision of safe drinking water **was additional non-grant infrastructure** that provided relief to the recipient schools

Improved WASH practices

BaLA paintings & flipcharts

- HFHI conceptualised the fresh sanitation units as "Building as Learning Aid (BaLA)" by adorning WASH and Covid prevention messages through cartoon-characters on wall paintings. **100% paintings found intact and clearly legible after one year**
- Flipcharts on WASH topics as IEC material were provided to class teachers to ensure dissemination of key WASH messages. More materials with updated messages may be provided in subsequent grant cycles, if feasible
- 90% sample students found the flipcharts and BaLA paintings relevant and engaging



School BaLA painting in Ghaziabad outside sanitation units built under BACI grant, observed during the Impact Assessment study

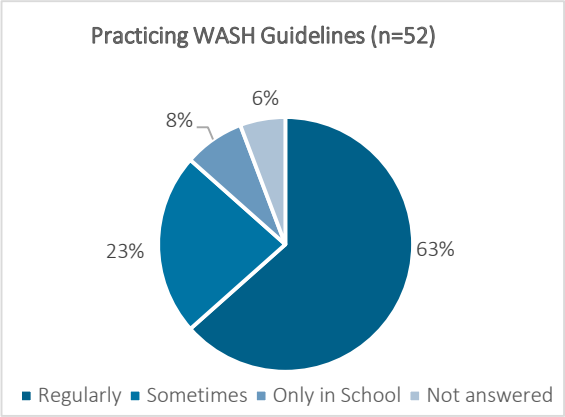
WASH committee formation and appointment of 'Hygiene Ambassadors'

- WASH training for school-teachers and staff helped inculcate best practices amongst the students. However, refresher trainings are required for the staff on a periodic basis
- School WASH committee with dedicated teachers was formed and made responsible for enabling handwashing, correct use of toilets etc.
- Schools thereafter commenced 5-minute WASH messages during morning assembly
- The initiative has helped to improve the awareness about the key WASH hygiene practices among all the students, who further shared with their near and dear ones.
- BACI funded project was implemented immediately after the Covid 19 situation, thereby 100% School management reported relevance of sanitation and key WASH messages as a timely best practice from health perspective

Improved learning outcomes

Increased attendance

- Schools have observed an improvement in the attendance especially amongst female students. Previously, health concerns and menstrual cycle hygiene requirements due to lack of privacy and hygiene were cited as common concerns in their leave applications
- 100% students reported feeling more comfortable and relaxed to go to school with the improved sanitation facility
- Sanitation unit gave confidence to parents as well about the wellbeing of their children in the school. Sample parents reported that the school toilet facility was better than their own homes or community toilets due to state-of-the-art infrastructure and level of privacy afforded



Improved classroom concentration

- 100% students reported improved concentration in the classroom owing to the sanitation facilities. None of the children delayed going to the toilet as it was clean and odourless
- Previously, students reported burning sensation in abdomen due to holding on in classes since the toilets were not well maintained
- Teachers have created out-of-class student pass to facilitate access to toilets during the sessions. These passes are checked by staff to prevent loitering and ensure attendance

Increased admission inquiries

- Sample school principals reported that more admission inquiries commenced in April 2022 and also observed in April 2023 after the public heard about the sanitation facilities
- Mothers particularly inquired about the girls' toilets and some of them personally inspected the facility prior admitting their children in the school

"More parents are inquiring for admissions in the school after seeing the sanitation unit that is now the only permanent structure in the school without any damage, cracks, or seepages"

Ms. Vaishali Jadhav
English Medium, School Principal

Savings for charitable schools' corpus

Considering that the average toilet sanitation unit cost between INR 15-20 lakhs each, it was a huge cost to school corpus. Majority SMC registers had recorded school resolution to build new or renovate their toilet facilities. However, lack of available funding prevented implementation of the decisions for 5-8 years, as observed in sample registers reviewed during the impact assessment study

Structural Safety & lifecycle

- Civil engineers who surveyed the structural safety of existing toilet units in Ghaziabad school found them in end-of-life state being built on saline ground soil in the year 1988. Similar feedback reported from Mumbai, where existing infrastructure was unable to support the demands
- Provision of new sanitation units would have a lifecycle of 40-60 years, provided no vandalism or act of God takes place. The structural integrity of new sanitation units was observed to be in better condition than the overall school and this fact was acknowledged by school-teachers, staff, principals and SMC members

O&M

- Schools required additional grants to ensure sufficient O&M costs can be met in the long run
- For charitable schools charging negligible fees, it may be proposed that SMC charges minimal subscription fees to meet basic costs on a need's basis

Limitations

The meticulously planned impact assessment of Habitat for Humanity's program had certain limitations which have been listed below:

- 1 or 2 schools per five cities were selected for the interventions, and located in remote areas, therefore travel to all sites was not feasible
- School session in Mumbai was closed at the time of impact assessment study, so children had to be contacted in school premises while paying school fees or collecting documents etc.

Sanitation unit for school-going girls and boys, from the Shetkari Shikshan Sansthan Primary School, Ghansoli, Navi Mumbai

Stories from field

Stakeholder quotes

"Students are comfortable and happy with the new toilets. Earlier the number of toilets to students ratio was very poor. Only 1 toilet for each floor was available. Also, the condition of toilets was very bad. Now the facilities are excellent, and I see improved attendance as well."

– Teacher, Shetkari Shikshan Sansthan Primary School, Ghansoli, Navi Mumbai

"We all use the new toilet, and it is very clean. It is very useful and convenient. We feel stress free while attending the school."

– Student, Shetkari Shikshan Sansthan Primary School, Ghansoli, Navi Mumbai

"We had to demolish an old godown to create way for the foundation of the new sanitation unit in the school. We sold the malba (rubble) and old items to recover costs, then offered 2 x RO units, 2 x 1,000 litres storage tanks and 2 x water cooler since we saw that the children did not have access to drinking water in the school"

–Contractor, St. James Convent School, Ghaziabad, Delhi NCR

"The newly constructed toilets created a favorable studying environment for all the students. We appreciate the environment sensitization, health and hygiene learnings imparted by our teachers and volunteers. We further share the messages witj our friends and family".

– Aksa, Grade-8 student, St. James Convent School, Ghaziabad

Grade-10 students from Ghaziabad during FGD with Deloitte during impact assessment study

Case studies

Case Study 1: A sense of dignity and hygiene

Tarannum is a 15-year-old student of St. James Convent School, Ghaziabad operated by Ashadeep Foundation, a grassroots partner NGO of HFHI. She has been attending the school since nursery and currently attends grade 10th. Her father is a worker for an export-import business. She reported satisfaction with the one-year-old sanitation block in her school. She specifically appreciated the hygiene of the toilets. While reflecting about her menstrual hygiene before the construction of new toilets, Tarannum shared that the toilet seats and doors were broken, stinky and unfit for use. Therefore, she refrained from attending school during that time.

She remarked that students would cover their nose with any available cloth while crossing the facility because of the foul smell. They refrained from using the toilets until extreme emergencies or burning sensation, which negatively impacted their health. All this affected their studies as concentration in classroom was not possible. *"The new toilet structure has helped create a positive environment in the school",* Tarannum added. She further commented that, *"I understand the value of the toilets after facing hardship for 10 long years and have hence volunteered in ensuring cleanliness of the toilets by being the hygiene ambassador for my school".*

As a hygiene ambassador, she ensures that the toilets are regularly cleaned by the helping staffs. Appreciating the importance of waste disposal, she confirmed that the sanitary pad incinerators installed in the toilets were an added advantage as girls could hygienically dispose-off the waste, without having to worry about anything.

Case Study 2: Principal, Shetkari Shikshan Sansthan Primary School, Ghansoli, Navi Mumbai

The school was established in 1967 primarily for educating children from the economically weaker sections. Earlier the school had only three toilets on three floors for all the students. Those toilets were not in a good condition especially for girls. We approached Habitat for Humanity India to assist with constructing sanitation unit and they took some letters and supporting documentation from us.

The new sanitation units constructed by them through support from BACI are very hygienic, user-friendly, and clean. Our students appreciate whenever they use the hygienic toilet facilities and like to see the colorful flipcharts.

"This sanitation facility has helped in improving the attendance of students, as they can access the toilets without any stress. Even parents are very satisfied, and they are sending their children to school happily. It has also helped the new entrants to enroll in the school based on the improved sanitation facility in the school".

We are very thankful to HFHI and BACI for accepting our humble request and supporting our school with the sanitation unit for the betterment of the school children and staff.

Deloitte team interaction with school staff and students from the Shetkari Shikshan Sansthan Primary School, Ghansoli, Navi Mumbai; during the impact assessment study

Project evaluation findings

The current report presents a detailed documentation of Deloitte's observations and findings of the impact assessment of 'Sustainable school sanitation units' project that was implemented by Habitat for Humanity India. A summary of the evaluation findings is presented in the table below:

 Meets expectations  Meets some expectations with scope of improvement  Below expectations and critical

Parameter	Rationale	Score
Relevance	• Access to sanitation facility provides equity for school going children, especially for girl children • Intervention is aligned with Swatch Bharat Swatch Vidyalaya Mission and UNICEF guidelines for school sanitation	
Coherence	• The program was implemented by Habitat for Humanity India who utilized vendors having expertise in the domain of WASH and infrastructure, to build sanitation units in schools • Schools serving children from underserved communities were identified basis needs assessments, structural assessment, and geo-tagging of requests	
Effectiveness	• Access to sanitation facilities improved the attendance, amongst the students • 5,998 students across 5 locations have benefitted by access to the improved sanitation units • The project designed to be executed in 06 months, was implemented, and completed within timeline	
Efficiency	• Vendors were onboarded basis a strict procurement policy to ensure quality products and delivery schedule • Third party AMC for six-months with handholding support by HFHI staff • Formation of WASH committees within the school and selection of hygiene ambassadors amongst each grade enabled quick uptake of behaviour change for WASH	
Impact	• **100% target completion** for installation of sanitation units • **9 WASH committees** formed with 90 members to disseminate key hygiene messages were operational even after one year • **100% of the sample** beneficiaries reported that they were satisfied with the improved sanitation units that added to their **comfort, classroom concentration and sense of security** • **100% of the sample** school authorities reported that provision of new sanitation units helped them to follow the guidelines under the Swachh Bharat Swachh Vidyalaya (SBSV) initiative and some of the UNICEF guidelines • Sample Teachers reported that attendance of students improved after new sanitation units, and only reasons of absence were mainly attributable to festivals, harvest and generic illness at home • **100% of the sample** beneficiaries reported that access to the improved sanitation units have reduced their stress and anxiety levels	
Sustainability	• After the expiry of 6-months vendor-based AMC, schools required additional handholding support to maintain the sanitation units • On an average INR 32,000 per school is estimated annual requirement for paying housekeeping services and activities including conservancy staff; toilet peripherals etc.; which may prove expensive for the schools charging minimal fees from underserved communities • Need for regular update of key WASH messages and bi-annual refresher training	

Way forward

The project reviewed by Deloitte reported frameworks and systems that allowed for timely reporting and adherence to agreed outputs and outcomes. The assessment however, outlined certain opportunity areas to enhance the effectiveness of the grant and maximize impact. These are presented as project wise recommendations in the table below:

Aspect	Recommendations
O&M for Sanitation	• Aided schools require long term handholding support to ensure cleanliness, hygiene, and maintenance after expiry of vendor AMC. HFHI may consider another project for O&M after 2 years • Mumbai school to particularly review security and maintenance aspects for long term sustainability
SMC	• Schools may explore minimal subscription to be contributed by SMC towards maintenance and repair, on a needs basis • SMC documentation highlighting need for new toilet infrastructure over past five years can be suitably highlighted with this programme that has met long-standing needs of the school at zero cost to their corpus
WASH Training	• There is a need to conduct refresher training for teachers on a biannual basis to ensure key messages are communicated and refreshed content ensures constant interest in WASH related activities

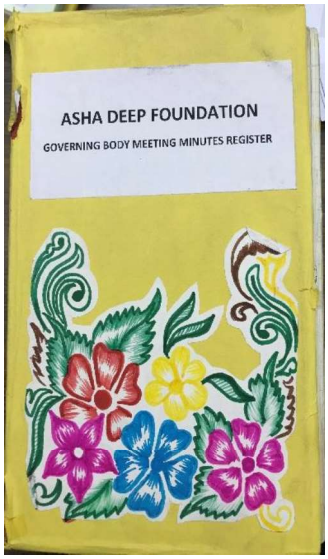
Grade-10 students from Ghaziabad during FGD with Deloitte during impact assessment study

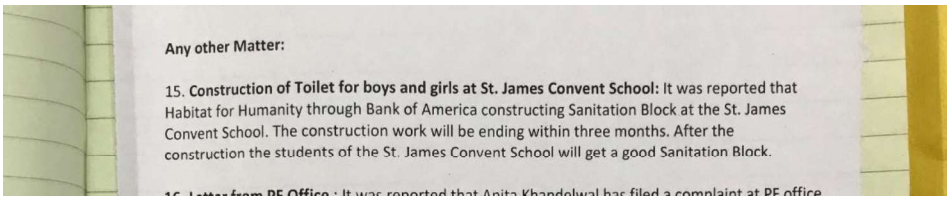
Annexure

Deloitte team was able to secure photo-documentation of before-after the intervention, with supporting AGM minutes trail documenting toilet unit construction at St. James Convent School, Shahid Nagar, Ghaziabad, Delhi NCR. The school received a freshly constructed sanitation unit under BACI grant:

Comparison of old (left) and new (right) toilets

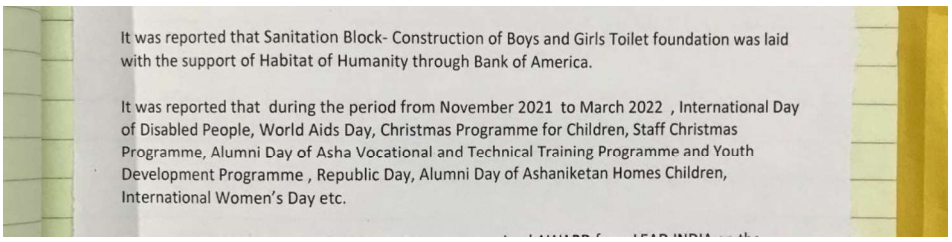
GBM register of the school documents project inception, foundation laying and inauguration across project lifecycle





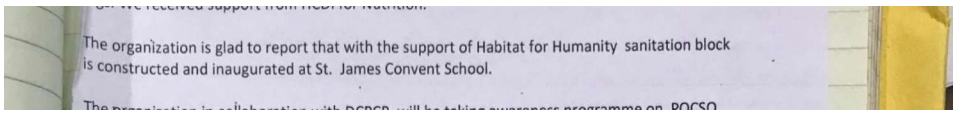
Any other Matter:

15. **Construction of Toilet for boys and girls at St. James Convent School:** It was reported that Habitat for Humanity through Bank of America constructing Sanitation Block at the St. James Convent School. The construction work will be ending within three months. After the construction the students of the St. James Convent School will get a good Sanitation Block.



It was reported that Sanitation Block- Construction of Boys and Girls Toilet foundation was laid with the support of Habitat of Humanity through Bank of America.

It was reported that during the period from November 2021 to March 2022 , International Day of Disabled People, World Aids Day, Christmas Programme for Children, Staff Christmas Programme, Alumni Day of Asha Vocational and Technical Training Programme and Youth Development Programme , Republic Day, Alumni Day of Ashaniketan Homes Children, International Women's Day etc.



The organization is glad to report that with the support of Habitat for Humanity sanitation block is constructed and inaugurated at St. James Convent School.

Project 3: Bio-toilets (Improved Access to Sanitation)

World Vision India (FY 21-22)

Table of contents

Deloitte interaction with ragpickers community in front of a BACI sponsored Bio-toilet in Tekchand Nagar, Gurugram. Beneficiary with her family and neighbors' children display WASH messages created during a WASH committee meeting

Bio-toilets (improved access to sanitation)

Executive summary

Introduction

Project title	Bio-toilets (improved access to sanitation)
Implementing partner	World Vision India (WVI)
Project overview	The 6-months project implemented by World Vision India aims to improve the sanitation facilities in low-income households mapped to the existing (long-term) Area Development Programme (ADP) of WVI and making them open defecation free. An element of community organization around key WASH messages was executed by formation of WASH committees and completion of IEC painting/ messaging in area. The specific objectives of BACI funded project was to build & instal bio-toilets, community sanitation units and conduct behaviour change communication for over 15,000 migrant communities residing in temporary slums through the following: ➢ To provide 72 individual bio-toilets each in low-income, underserved, slum communities of four cities (Total 288) ➢ To provide 2 or more community bio-toilets in high density, low-income, underserved, slum communities of four cities (Total 10) ➢ To provide WASH sensitisation and training to community members by organising them as WASH committees ➢ To complete Wall paintings and disseminate key hygiene messages in the community
Project period	Dec 2021 – March 2022
Grant amount	INR 1,47,46,200
Project location	Chennai, Delhi, Gurugram and Hyderabad
Problem statement	Sanitation in India has improved a lot due to the specific achievements of Swachh Bharat Mission in working towards ending open defecation across the country[11] UNICEF claims that an estimated 450 of 568 million people in India stopped defecating in the open, between 2015-2022. However, the marginalized communities who cannot afford access to sanitation facilities require interventions that support sanitation investments. Other than capital investments, there is also a need to engage the communities by building capacities[12] of field-level functionaries and front-line workers, who could in turn train the Self-Help Groups (SHGs). Long term IEC and BCC would eventually lead to improved access to sanitation.
SDG alignment	

[11] UNICEF, 2023. Strengthening sustainable WASH programming
[12] Swachh Bharat Mission Grameen Phase II: Visual Cleanliness through ODF Sustainability and Effective Management of Solid and Liquid Waste

Approach and methodology

Deloitte's tailor-made approach for evaluating the impact of this BA Continuum India Private Limited (BACI) funded CSR project and identifying potential areas of future intervention was based on substantial experience in conducting evaluations of similar nature and scope of work (SOW). A mixed-method assessment design was deployed for the assessment. This primarily focused on primary data collection through field visits or through online (video) interactions and was supplemented/ triangulated with the help of relevant secondary data and knowledge as available.

The data for the impact assessment was collected by using customized data collection tools through document review, and key stakeholder and beneficiary interactions. The primary data was collected through physical site visits catering to smaller beneficiary sample, during May 2023. The data collection was followed by a phase of analysis and documentation of observations and findings.

Description of sample

A stakeholder mapping exercise, based on the desk review, was conducted to identify the range of interactions that would be required to document multiple perspectives about impact. The documentation of multi-stakeholder interactions was critical to validating findings through triangulation. The stakeholder mapping for the MoW project is presented below:

Primary stakeholders:

- Bio-toilet beneficiaries
- Community toilet users
- WASH/ O&M committee members

Secondary stakeholders:

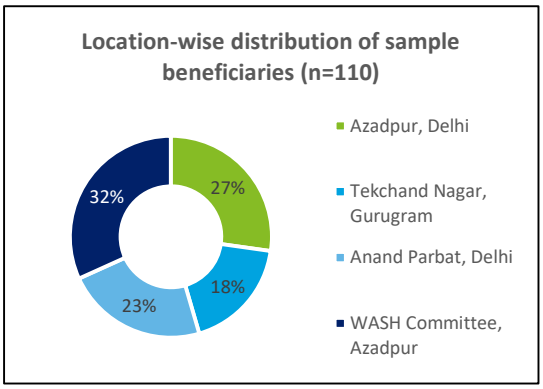
- Slum site owners
- PWD sanitation department
- Local plumbers & fitters
- IP staff

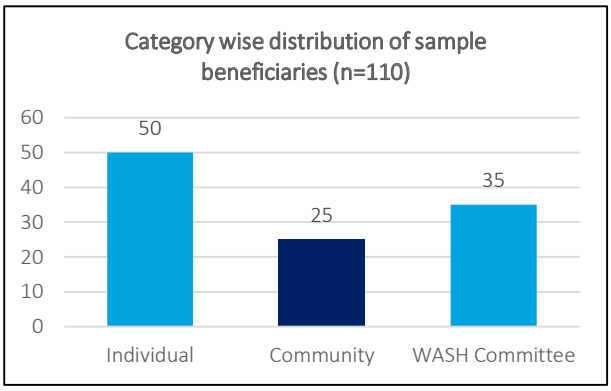
Sampling plan

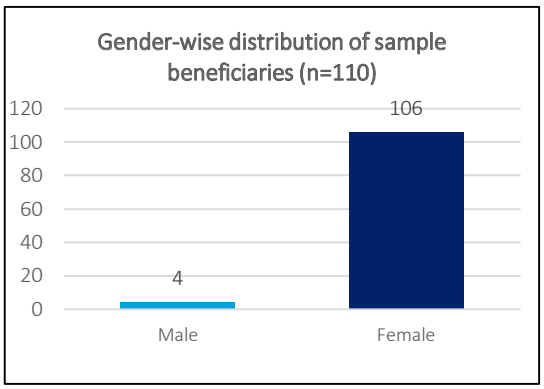
A multi-stage mixed methodology was adopted to identify the sample of respondents for the study. The final set of the respondents, given the wide spread of beneficiaries across slum locations, was selected purposively. A snapshot of the sample covered is given as below:

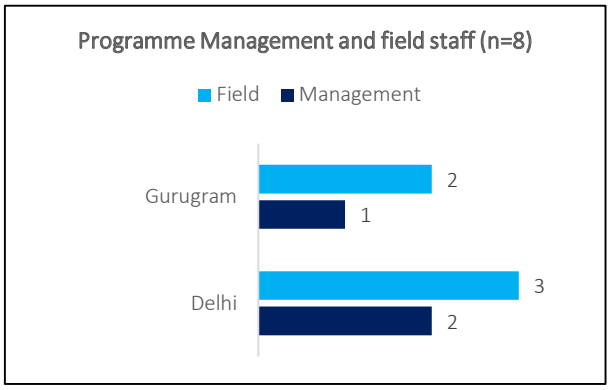
Project location	Sample covered	Type of sampling
• Delhi • Gurugram	• Individual Bio-toilet beneficiaries: 50 • Community Bio-toilet beneficiaries: 25 • WASH/ O&M groups: 35 • Programme management and staff: 7	• Purposive
Stakeholder type	**Sample covered**	**Type of sampling**
• Individual Bio-toilet beneficiaries	• Azadpur, Delhi: 30 houses from migrant communities • Tekchand Nagar, Gurugram: 20 houses from rag-pickers communities	• Purposive
• Community Bio-toilet beneficiaries	• Anand Parvat Camp, Delhi: 25 residents from migrant communities	• Purposive
• WASH committee groups	• 35 members from Azadpur	• Purposive
• Programme management and staff:	• 3 field staff, and 2 coordinators, Azadpur and Anand Parbat camp • 2 field staff, and 1 coordinator, Tekchand Nagar	• Purposive

A sample of beneficiary owners, WASH/ O&M committee members, plumbers and WVI programme staff was selected for the purpose of the assessment. The intervention type and location-wise distribution for the 110 beneficiaries included in the sample is shared below:









Study tools

A range of participatory tools were customised to meet the objectives of the assessment. The table below presents a snapshot of the tools used during various stakeholder interactions during the assessment.

Stakeholder	Key points covered	Study tools employed
Direct beneficiaries	Nature of support provided Feedback on the project Perceived social impact (health, wellbeing, digestion, time-savings, punctuality, safety, dignity, expense reduction)	FGD, survey, case study
Indirect beneficiaries	Feedback on the project Perception of impact Gap areas and needs that could be potentially bridged by CSR support	KII, survey, FGD
Project management/ field team	Program implementation Program monitoring	KII, FGD

Limitations

Restricted access to some beneficiaries, and WASH committee members during working hours due to the women owners of individual biotoilets working as domestic help or busy in collecting water for the household.

Coverage snapshot[13]

The BACI supported 'Improved Access to Sanitation' Program impacted the lives of migrant slum communities in all the project locations. The outreach of the initiative through the FY 21-22 grant is presented below.

288 Individual bio-toilets
Above 1,440 users from informal settlements of 4 major cities of India

10 Community bio-toilets
Above 6,750 users from informal settlements of 4 major cities of India

11 WASH committees formed
91 Members engaged in informal settlements of 4 major cities of India

Behavioral Change Training for WASH
Conducted by field mobilisers and WASH committee members. Children's groups also actively engaged

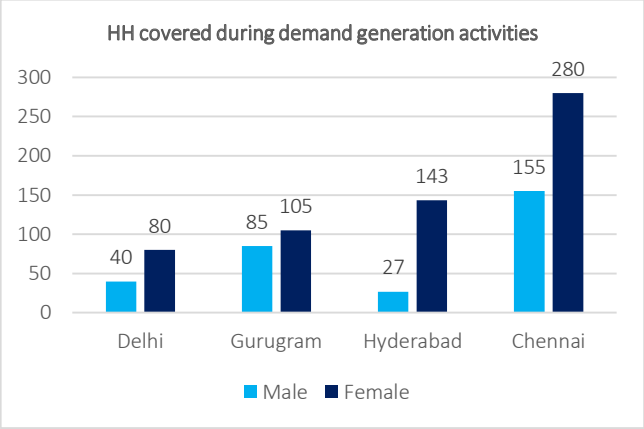
Description of the beneficiaries

The field mobilisers of WVI operate in a locality identified under the Area Development Plan (ADP). Under the ADP, households are demarcated with allocation of responsibilities to field mobiliser to achieve the specific outcomes such as Health, Skilling, Education, Environment, WASH etc. in underserved communities.

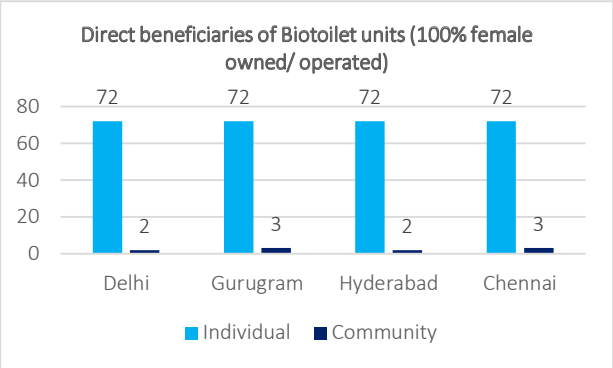
For the BACI sponsored project, the ADP of Lalbagh (Azadpur), Sonia Vihar and Anand Parbat were selected in Delhi. Similarly, Basai Areas, Tekchand Nagar Slums were selected in Gurugram; Ambedkar Nagar Colony, Roshandowla, Ranganaykulgutta and Rajiv Gandhi Nagar Colony in Hyderabad; and Redhills, Madhavaram, Vyasarpadi and Sarpadi in Chennai. In all these locations, the residents belonged to Below Poverty Line (BPL); migrant/ minority communities who did not own their slum residences and thereby portable bio-toilets were installed next to their shanties. Only few labourers in Chennai were the owners of small land where permanent bio-toilets were constructed.

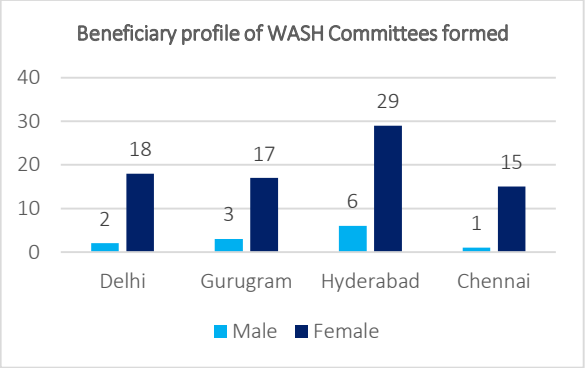
The ADP field mobiliser in each city, conducted baseline assessments with a semi-structured questionnaire using mWater mobile application. Basis the demand generation exercise[14], 72 most-needy households were identifed, geo-tagged and permissions sought to commence the intervention.

The selected households had to apply for installation of bio-toilets by sharing a request letter which was followed up with an NOC from authorities (PWD/ local Panchayat) for allowing installation of individual bio-toilets and community toilets. Thus, there was no scope for arbitrary installation or demolition in future.



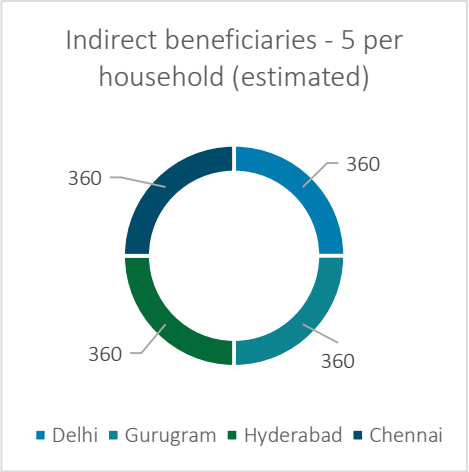
[13] WVI - Improved Access to Sanitation closure report as on 31 Mar 2022, submitted to Bank of America Continuum India by WVI management. Shared with Deloitte on 17 May 2023
[14] As per project closure supporting data shared by WVI on 17 May 2023





During the installation process, either the female elder or housewife of the individual household was identified as the owner of bio-toilet. In the community areas, PWD was listed as the owner, with collectives formed for the maintenance of cleanliness and hygiene.

During the assessment, it was reported and observed that the individual household bio-toilet was the only physical asset that the family owned, other than their utensils. All other items in the household were either rented locally; gifted by donor(s) or passed down from employer(s).

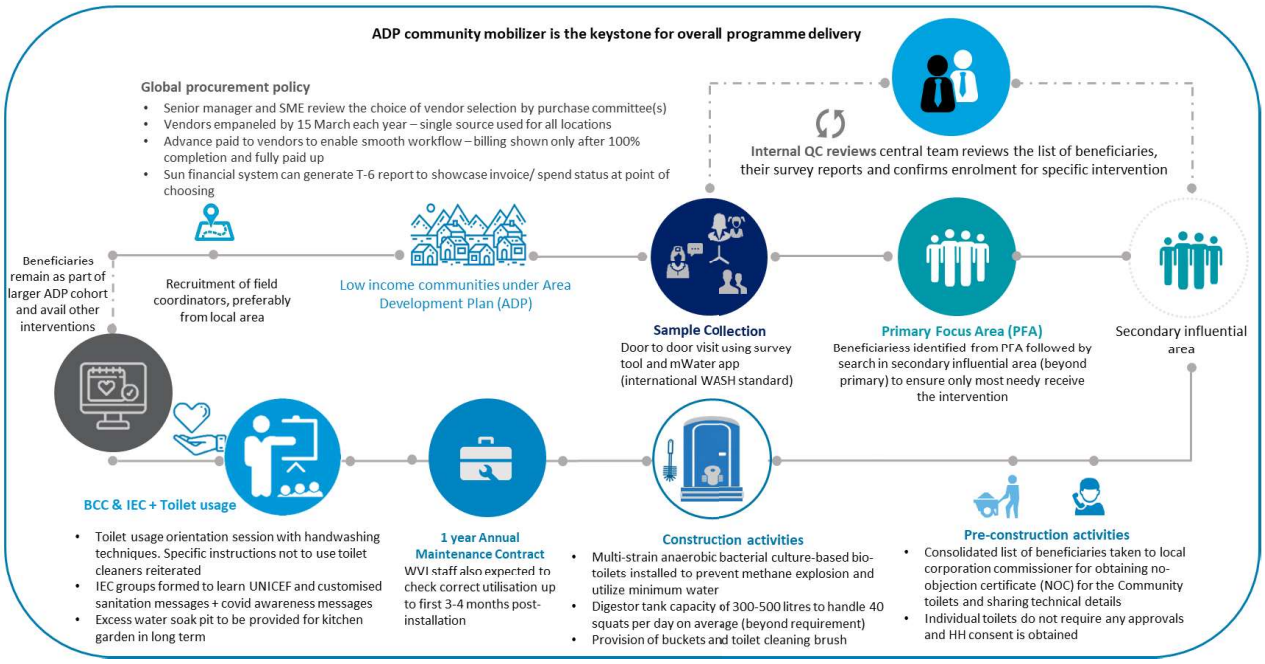


WASH committee members from Azadpur; demonstrating 6-step hand-washing technique taught by WVI under BACI grant, during the Deloitte Impact Assessment study

Project model

World Vision India engages the low-income, underserved communities through the Area Development Plan (ADP) model, that allows specific interventions catering to specific needs. For BACI's portfolio investment in sanitation vertical, the ADP was a suitable model; that could clearly identify the most-needy beneficiaries and address their concerns in access to sustainable sanitation.

WVI bio-toilet installation follows a lifecycle approach:



Inputs

Critical to WVI's, improved access to sanitation – bio-toilets program are the field mobilisers of ADP, who would complete the following processes:

- **Baseline with WASH needs-assessment of Household (HH):**
  i. mWater App used to geo-tag household assets, needs and WASH capacity
  ii. Family socio-economic status – assets, electronics, loans, children's education, aged-parents etc.
  iii. Tenure of residence in the slum
  iv. Nature of employment of housewife, as applicable
  v. Nature of employment of HH male members, as applicable
  vi. Willingness to install bio-toilet and signature on consent forms
- **Identification of beneficiaries:** from the baseline assessment, seeking most needy households who provide consent for installation of bio-toilets in their homes
- **Orientation, sensitization, and formation of WASH committees** from within the slum-cluster: groups of 5-12 women are collectivized into a WASH committee. Age not being a criterion, neighbours are likely to be selected as common group members to ensure that each section of the ADP gets adequate coverage of WASH behavior change activities
- **Record keeping**: field mobilisers maintain hand-written accounts of daily activities; meetings attendance & minutes; construction/ installation status; future beneficiaries approaching them in the field and so on.
- **Staff checks** – 3-4 months of handholding support to ensure HH are using the bio-toilets correctly and following hygiene instructions
- **One-year third-party vendor AMC** offered per bio-toilet, from date of installation

Process

World Vision India has capitalised on the success of the Area Development Plan (ADP) format of working with underserved communities on a year-on-year basis. Multiple processes, checks and balances are inbuilt within the ADP reporting mechanism, which in turn assists in quickly identifying most needy beneficiaries and preparing them for specific intervention(s):

Area Development Plan (ADP)

WVI works with PWD, Municipal Corporations and other line departments to identify and prepare a list of low-income marginalised communities living in the urban landscape. Thereafter, a sample survey is conducted to identify needs assessments and mapping of the community structures. Once the scoping exercise is completed, WVI brings a set perimeter of community under the Area Development Plan. This area is thereafter tagged to unique funders for specific interventions across the socio-economic development needs that are specific to ADP requirements.

The ADP under BACI CSR grant were specifically identified for sanitation intervention, considering the needs of the communities, who stood in long queues in semi-functional or damaged public utilities, leading to open defecation near their residence.

Selection of most-needy beneficiaries under a cohort using needs assessment tools

The field mobilisers under ADP conduct a door-to-door needs assessment, using mWater app to geo-tag the WASH needs and livelihood status of the proposed beneficiaries. Under the BACI grant, demand-generation exercise was conducted to prepare a list of most needy beneficiaries by confirming their household status and signing of request letters. Field mobilisers also maintained a manual register that documents entire lifecycle of the processes.

Consent and installation

Once the beneficiaries submitted their letter of request, the field mobiliser consolidated the cohort and approached local government authorities to seek no-objection certificate (NOC) for commencing construction activities. During the BACI grant cycle, it was observed that Lalbagh community at Azadpur, New Delhi was too congested for installing bio-toilet units. Thereby an innovation was done by procuring plastic-walled units (in place of metallic walls) that could be lifted and installed on the rooftops. The light-weight structures were suitable for providing adequate space, security and dignity in the area.

WASH sensitization and training

Improved sanitation outcomes could not be guaranteed without conducting behaviour change communication sessions and sharing of Information, Education and Communication (IEC) for WASH. Towards this, WVI organised the women of community as WASH committees, on the lines of an SHG group, complete with meetings register and subscription contribution. In FY 21-22 the subscription amount was INR 10 per individual, per meeting. The WASH committees further engaged children for hygiene-message rallies and street-plays. All records were up-to-date and well maintained at the field office. There was also a component of wall paintings with hygiene messages that were found intact and clearly legible during the impact assessment.

During the impact assessment in FY 22-23, it was found that WASH committees had been redesignated as WASH and O&M committee, that collected one-time charge of INR 500 per household, which were followed by INR 10 per individual, per meeting. A typical meeting was held once in 10 days. The O&M charges were used for long-term maintenance and repair as required.

AMC support and Monitoring

The bio-toilets were handed over to the individual households with a one-year third party AMC. Field staff from WVI regularly visited the households for the first 3-4 months since handover, to ensure proper utilisation of the facility and that hygiene was being followed.

Field mobilisers were further responsible for monthly check-ins with the households to review the status of Bio-toilets and for conducting the WASH committee meetings. These processes were found completed and verified by Area Managers who signed off on the compeltion reports. During the impact assessment in FY 22-23, it was observed that complaints/ feedback and community requests/ enquiries for bio-toilets in non-beneficiary households were being recorded by the field staff. These observations were then processed at ADP level and resolved as per needs basis.

Strategic differentiators

ADP model enables long-term handholding support for the community. BACI grant could be quickly deployed to enable sanitation investment outcomes

Use of mWater app to geo-tag all the households with needs assessments-end line data, enables locating beneficiaries within the thickest labyrinth of highly congested slum communities

Maintenance of donor-wise books of accounts for efficient grant utilization under ADP and separation of attributable credit under various CSR grants schemes

Strong documentation processes completed by field mobilisers have created a paper-trail for all inputs, processes and activities claimed by WVI

Wall paintings with WASH messages are intact and clearly legible in the communities in Gurugram

Impact created

The account presented below is based on the analysis of survey responses and a content analysis of the narratives recorded during Deloitte team's interactions with multiple sample stakeholders including beneficiary households, WASH committee members and WVI programme & management staff. The impact discussed is specific to the model used in the delivery of interventions.

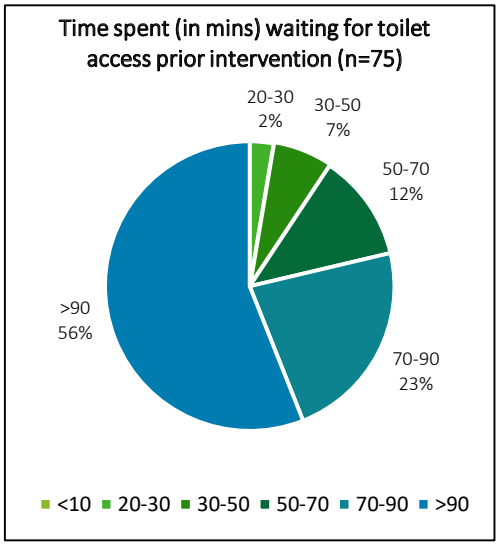
"Having access to a rooftop bio-toilet has changed the health conditions of my entire family and also added life-hours for us, which are now being used to earn more income, complete household chores and provide for our children's future" – Mrs. Bharti Devi, Delhi beneficiary

Key findings

Amongst the sample of 110 that were surveyed during the study, 75 beneficiaries of bio-toilets (individual and community) responded to the toilet-utilisation survey. The WASH committee members (n=35) responded to a separate FGD/ KII discussion.

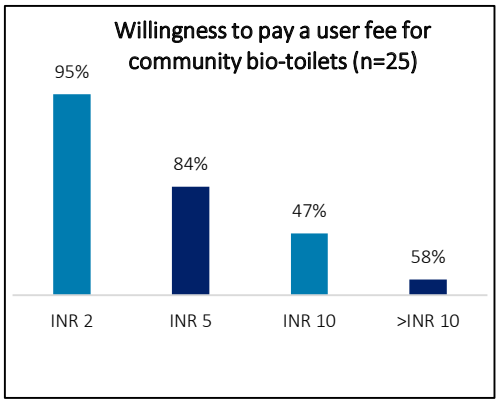
Ease of access to toilets attached to homes or near community

- Both the individual and community bio-toilet beneficiaries who were surveyed (n=75) informed that they spent anywhere between 100-120 mins (~2 hours) for transit and waiting in long queues to gain access to public sanitation units prior intervention. **56% sample reported more than 90 mins wait time prior intervention**
- Long queues resulted in many residents defecating in the open grounds or drains near the common toilet facility, leading to squalor
- The delay in access to public sanitation facilities in the past also resulted in adults becoming late for work in the morning, which often attracted penalties of half-pay for the day or salary-deductions
- With installation of individual bio-toilets for beneficiaries under ADP, the ease of 24x7 access was facilitated for the household leading to a number of positive impacts



Access to toilets attached to homes or near community

- 100% women reported **improved perception of safety and security** for themselves and their teenage daughters, while accessing their toilet, especially during night. Prior intervention, the women would reduce intake of food and beverages during the day, in order to avoid having to use the public toilets at late evening and night times
- All beneficiaries indicated the comfort to use the new sanitation facilities without having to resort to accompanying male member of family or their friends from community
- **100% beneficiaries** surveyed reported that they had attended WVI's training and orientation regarding proper use of bio-toilets and were oriented on how to keep the toilet unit clean
- **90% households** reported ease of use by elderly and young children. 8 households reported that their family members required assistance in accessing the toilet due to old age or being differently abled



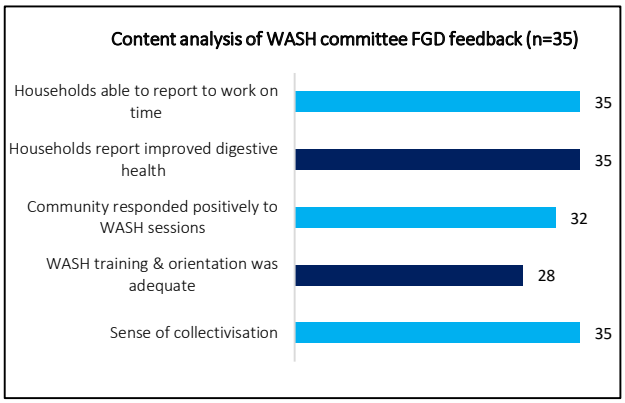
Sense of ownership and dignity

- **100% beneficiaries** surveyed reported that owning the bio-toilet added to their sense of dignity and respect. The relatives and friends were comfortable in visiting their homes as toilet-access was no longer a problem
- For the community bio-toilets, the **user-load was too high** since the existing public toilets were in various stages of disrepair. The community was unable to ensure cleanliness but were very careful not to pour acid in the toilet pan as instructed by WVI. Community at Anand Parvat, New Delhi was also mooting charging a user-fee to ensure the upkeep in future

WASH committee and engagement

Sense of collectivisation through BCC & IEC offerings

- The community under ADP was collectivised to commence awareness about key hygiene messages. WASH committees were formed by identifying women from the bio-toilet beneficiaries
- Once the WASH committee was formed, the WVI field staff oriented them towards BCC training and IEC distribution (including pamphlets and poster)
- WASH committees were organised on the lines of SHG groups and responsible for mobilization and sensitization of their neighbours towards WASH activities that included 6-step handwashing techniques, safe water storage methods and waste segregation
- WASH committee received handholding support from WVI field staff who attended all the meetings



Transition to O&M committee (in FY 22-23)

- By FY 22-23, WASH committee was able to expand its charter due to initial success in disseminating key hygiene messages and gaining support of community
- In FY 22-23, the WASH committee formed under FY 21-22 grant, transitioned to include O&M tasks, under the guidance of WVI staff. O&M included one-time charge of INR 500 per member for maintenance and repair activities after expiry of the one-year AMC. This inclusion, as observed during the survey study, indicates the consciousness of WASH committee to enable long term sustainability of the programme

Improved health & hygiene outcomes

Reduced digestive tract illness

- **100%** of the sample surveyed, including WASH committee members, informed that they **experienced better gut-health** post installation of bio-toilets in their homes and communities
- **Reduced reported episodes** of gastrointestinal disease were reported
- Households reported savings of INR 350-1200 per month on account of reduced visits to doctors/ pharmacists and medication

Reduced incidence of open defecation

- **100%** of the sample reported that area under ADP (as subset of larger community) was moving towards becoming ODF with advent of bio-toilets
- While **100% households that received** the bio-toilets are using them

Reduced time poverty (for individual bio-toilet beneficiaries only)

The provision of bio-toilets created tangible and intangible outcomes. Some of the qualitative aspects, basis content analysis of FGD discussions, and applicable only to individual bio-toilet beneficiaries are summarised as under

Improved punctuality and earning potential

- The access to bio-toilets attached to household enabled working members to report to work on time since there were no queues in waiting for a public toilet stall
- Women reported that they could sleep an additional hour instead of waking up at 3 am in the morning. This helped them to stay fresh and seek additional employment opportunities during the day, especially for those who worked as part-time domestic help. Working at one household for 2 hours per day could add INR 750-1100 to her income, depending on tasks they were hired for, such as cleaning, cooking, washing etc. Incremental tasks, could add more earning potential
- On average, the households reported reduction in late-arrival fines (~INR 20-200 per incident); no-deduction of salary and additional performance incentive (~INR 250-300) for workers reporting to work on time on a sustained basis. While no respondent could quantify the exact amount saved per month on such deductions, the perception was that bio-toilets improved punctuality and prevented opportunity-costs from being lost

> "My family is very grateful for the toilet *suvidha* (facility) that has provided a great sense of security for my four daughters. We are no longer worried about toilet access, and we feel healthier. It is so difficulty to describe our happiness and gratitude."
>
> Mrs. Kumkum Devi
> Bio-toilet beneficiary, D elhi

Additional time with family

- The provision of bio-toilets attached to household not only added health, safety and economic impetus, but also added additional hours that the parents could spend with their children and elderly
- Time spent by women in queues was redirected to completing repeat-household chores like collecting water, cleaning, cooking etc. while men spent an additional hour at work or sought small scale self-employment like tailoring, street-hawker, repairer etc. Some educated mothers also helped their children complete their homework due to available time for studies
- **100% sample** further reported that **additional hour of sleep was made available** as majority of them worked as physical-labourers or factory workers

Limitations

The meticulously planned impact assessment of World Vision India program had certain limitations which have been listed below:

- The end line assessment to assess the sanitation levels of the beneficiaries was in the process of being completed by the implementing partner at the time of impact assessment. the comparative data regarding level of improvement in health or sanitary outcomes could be assessed once this data is made available.
- Samples from two other cities of Hyderabad and Chennai were limited

Stories from field

Stakeholder quotes

"Provision of sanitation facilities for underserved communities is a deeply impacting outcome for project staff of WVI. We can see the difference it creates in their lives"

– Mr. Pawan Daniel, Programme Coordinator, WVI (Northern area)

"I was very scared in going to the toilet at night due to the dark alleys and broken pathway to public toilet. Now, I just have to open a door to relieve myself or help my children"

– Mrs. Saroj Devi, Bio-toilet beneficiary, Delhi

"Now our community is willing to spend as much on the maintenance of their bio-toilets and purchase of soap, because they realize the value of good hygiene."

- Mr. Mohammed, Ragpicker camp, Gurugram

Community toilet beneficiaries from ADP of Tekchand Nagar, Gurugram informed that they received soaps, one-time from WVI field staff as part of WASH orientation activities

Case studies

Case Study 1: Izzat-ghar (dignity unit) installed in our homes

Women beneficiaries of the individual bio-toilets in Delhi have begun to describe the blue colored bio-toilet unit as *Izzat-ghar (*dignity unit). It is one of the few assets that are legally owned by them, in their own name. It is an asset that is used by their family members at all time of the day or night. Distant relatives and friends who used to avoid visiting their homes due to the lack of attached toilets are now joining them in celebrations and sorrow. Indeed, the bio-toilet has brought cheer to such homes where the marginalized feared going to the toilet at odd hours due to prevailing conditions.

Now, the proud owners share that they are saving time, money and their health. Adding that they have commenced working in more houses as domestic help, some women even shared that they are on their pathway to become small-scale tailor shops since the additional hours saved from standing in endless lines are now being utilized for productive outcomes. All families thanked WVI and Bank of America for their timely intervention.

Case Study 2: Long way towards an open defecation free community

The community site at Anand Parvat serves more than 10,000 residents who arrived from all corners of India in search of employment in the national capital. The otherwise segregated labyrinths of Tamil Gali, Bangali Gali etc. all get united in the long queues outside the semi-functional public toilets and the nearly two years old community bio-toilets installed by World Vision India.

One resident exclaimed that even a hundred toilets would be inadequate considering the population being served. She added that their woes would get extended during the festive season when everyone was prone to consume more meals at *bhandaras* (community meals sponsored by public) and suffer indigestion the day after.

The community toilets certainly added value by reducing the unavailability of toilet facilities in the migrant labour camp, however the community continues to demand additional sanitation investment from all able governments, donors and agencies in order to ease their plight.

Project evaluation findings

The current report presents a detailed documentation of Deloitte's observations and findings of the impact assessment of 'Improved access to sanitation' project that was implemented by World Vision India. A summary of the evaluation findings is presented in the table below:

 Meets expectations  Meets some expectations with scope of improvement  Below expectations and critical

Parameter	Rationale	Score
Relevance	• Provision of sustainable sanitation units that required significant capital spend amongst low-income communities at zero-cost to beneficiary is a unique intervention • Households could access the toilets 24x7 leading to improved health, wellbeing, and additional working hours due to comfort provided by the facility	
Coherence	• The program was implemented by World Vision India through their proven ADP strategy • Most needy beneficiaries were identified basis needs assessments and geo-tagging	
Effectiveness	• 288 Individual bio-toilets impacting more than 1,440 users and 10 Community bio-toilets impacting more than 6,750 users from informal settlements of 4 major cities of India • The project was designed to be executed in 06 months, implemented, and completed within timeline	
Efficiency	• Project was implemented through ADP field mobiliser operating in close cooperation with civil engineers to assess the requirements on ground • Vendors were onboarded basis a strict procurement policy to ensure quality products and delivery schedule • Third party AMC for one year with handholding support by WVI staff • Formation of WASH committees within the community to enable quick behaviour change for WASH	
Impact	• **100% target completion** for installation of bio-toilets • **100% of surveyed units found functional and operational with evidence of active usage** • **100% of the sample** beneficiaries reported that owning the bio-toilet added to their **sense of dignity and respect** • **100% of the sample** beneficiaries reported that using the bio-toilet **improved gut health** • **Reported reduced time poverty of about 2 hours per day** • **100% of the sample** beneficiaries reported that access to the bio-toilet added an additional hour of sleep, reduced incidence of disease that **boosted overall productivity and wellbeing** • **11 WASH committees** formed with 91 members to disseminate key hygiene messages were operational even after one year	
Sustainability	• Ownership of the individual household units transferred to community beneficiaries with good upkeep, usage and maintenance • Community units being owned and operated by local bodies/ PWD • While the intervention included one-time investment for bio-toilets, there is a possibility of WASH committee disbanding at the time of dissolution of ADP or divestment by WVI • Sufficient processes need to be initiated to **ensure complete handover** to the WASH committees who are now discharging O&M functions under guidance of WVI field staff	

Way forward

The project reviewed by Deloitte reported frameworks and systems that allowed for timely reporting and adherence to agreed outputs and outcomes. The assessment however, outlined certain opportunity areas to enhance the effectiveness of the grant and maximize impact. These are presented as project wise recommendations in the table below:

Aspect	Recommendations
Documentation maintained by Field Mobilisers	• The programme inputs, activities and progress are thoroughly documented by the field mobilisers through handwritten accounts and mWater App • These written documents can be digitized to enable further analysis
Employee volunteering opportunities	• Location of ADP and beneficiary profile are ideally suited for volunteer employee engagement activities, considering the number of themes offered by ADP. BACI can explore conducting environment sensitization, WASH awareness, nutrition, savings and related topics amongst the beneficiaries of ADP
Implementation model	• Moderate-quality sanitation unit with sufficient plumbing, drainage and ventilation were observed across communities in Azadpur, Anand Parvat and Tekchand Nagar. These were the only assets that 90% households owned as their-own • Location specific configuration of roof-top bio-toilet units were installed across Azadpur, due to congested spaces and unavailability of ground floors. Select households reported additional costs in cementing the bio-toilet base to their rooftop after strong-winds damaged 2-3 units in the locality. Going forward, there will be a need to track WASH Committee registers on number of households being affected due to external factors • WASH sensitization and wall painting were found to be intact and clearly legible even after 1 year of programme implementation. Sample beneficiaries appreciated the handholding support extended under ADP programme • Need to highlight key innovations towards *#SwachhBharatMission* and making communities open defecation free (ODF) at appropriate levels

IEC materials shared by WVI staff amongst the WASH committees

Project 4: Digital Education

Plan International (India Chapter) FY 21-22

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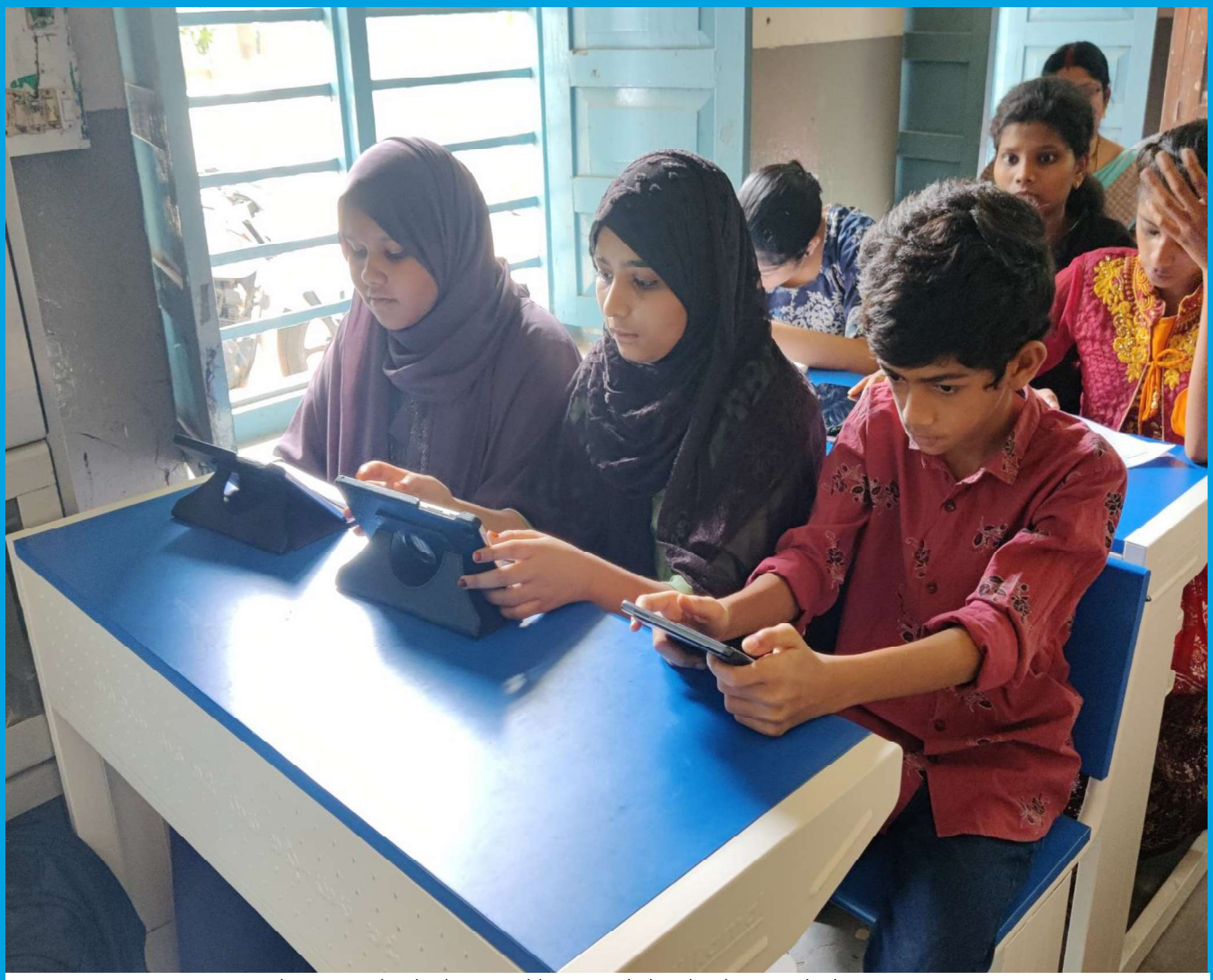


Students in Hyderabad using tablets provided under the Digital Education project

Digital devices for continued learning among school children

Executive summary

Introduction

Project title	Digital Education
Implementing partner	Plan International (India Chapter)
Project overview	Plan International (India Chapter), hereafter referred to as Plan India, received a four-month grant from Bank of America Continuum India Private Limited (BACI). The project aimed to distribute 1,335 digital devices (tablets) to school children from low-income background and marginalized families, across government schools in Hyderabad.[15] The objective of the BACI-supported Digital Education project was to achieve the following: • Provide access to digital devices to ensure continued learning among children during the COVID-19 pandemic • Provide engaging digital education content to stimulate learning among school children
Project period	December 2021 to March 2022
Grant amount	INR 24,897,789
Project location	Hyderabad, Telangana
Problem statement	Education of children in India was significantly hampered during the COVID-19 pandemic due to factors like reverse migration and closure of schools. Closure of 1.5 million schools due to the pandemic and lockdowns in 2020 impacted 247 million children enrolled in elementary and secondary schools across the country.[16] Moreover, online education was not accessible to all because of lack of access to digital devices and internet connectivity, contributing to digital divide. Before the pandemic, only a quarter of households (24%) in India had access to digital devices and internet, with a large rural-urban and gender divide. [17] This contributed to higher dropout rates and decrease in learning outcomes among school children in India.[18] Plan India's Digital Education project aimed to bridge this digital divide and promote learning among underprivileged students across government schools in Hyderabad, by enabling access to tablets and digital learning content.
SDG alignment	

[15] Cybergrant application form submitted by Plan India to BACI
[16] UNICEF. 2021. COVID-19: Schools for more than 168 million children globally have been completely closed for almost a full year, says UNICEF. Accessed at https://www.unicef.org/india/press-releases/covid-19-schools-more-168-million-children-globally-have-been-completely-closed
[17] Ministry of Statistics and Programme Implementation. 2020. Household Social Consumption on Education in India: NSS 75th round (2017-18). National Statistical Office
[18] Ministry of Education. 2022. Unified District Information System for Education Plus (UDISE+) 2021-22. Department of School Education and Literacy

Approach and methodology

Deloitte's tailor-made approach for evaluating the impact of this BA Continuum India Private Limited (BACI) funded CSR project and identifying potential areas of future intervention was based on substantial experience in conducting evaluations of similar nature and scope of work (SOW). A mixed-method assessment design was deployed for the assessment. This primarily focused on primary data collection through a field visit and was supplemented/ triangulated with the help of relevant secondary data and knowledge as available.

The data for the impact assessment study was collected by using customized data collection tools through document review, and key stakeholder and beneficiary interactions (on a sample basis). Considering the summer vacations in schools, the primary data was collected through a physical site visit catering to a smaller beneficiary sample in May 2023. The data collection was followed by a phase of analysis and documentation of observations and findings.

Stakeholder mapping

A stakeholder mapping exercise, based on the desk review, was conducted to identify the range of interactions that would be required to document multiple perspectives about impact. The documentation of multi-stakeholder interactions was critical to validating findings through triangulation. The stakeholder mapping for the Digital Education project is presented below:

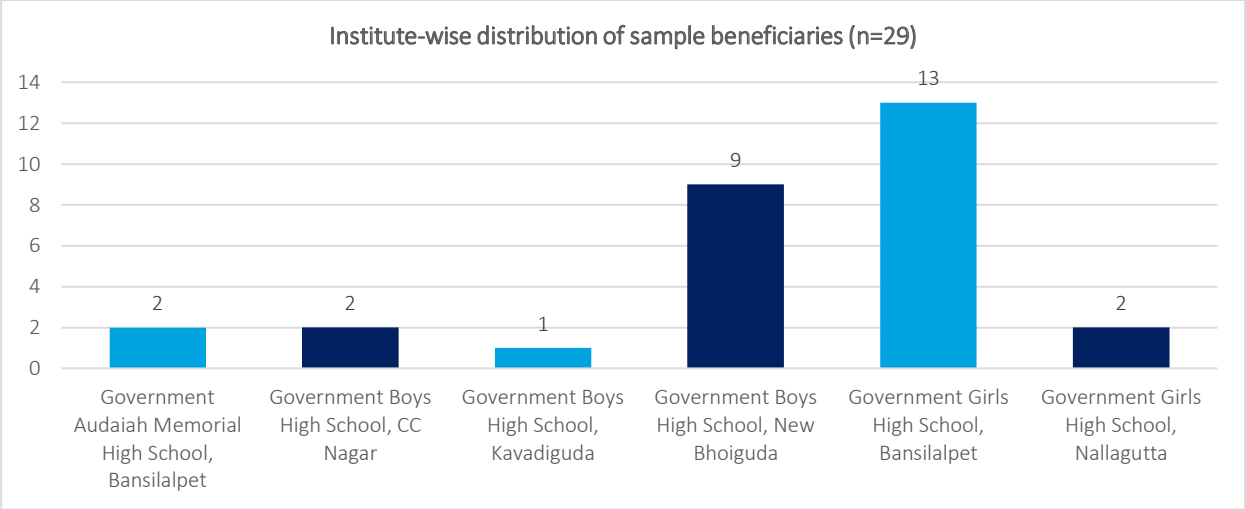
Primary stakeholders:	Secondary stakeholders:
• Students	• Parents • Teachers • IP (implementing partner) staff

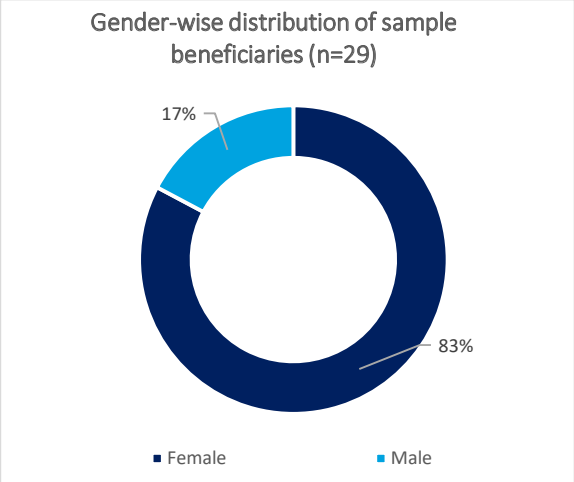
Sampling plan

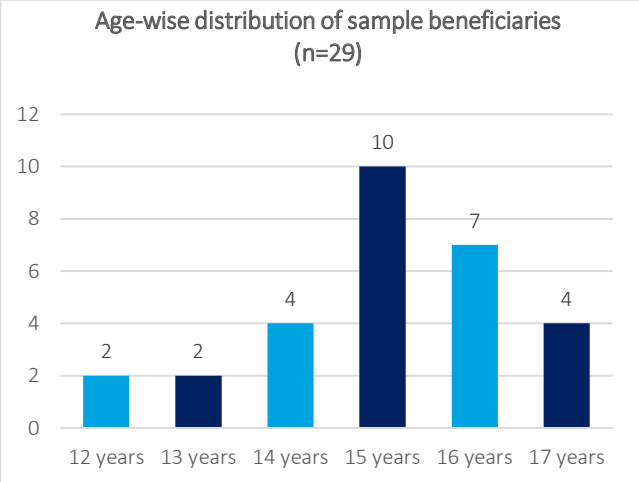
A multi-stage mixed methodology was adopted to identify the sample of respondents for the study. The final set of the respondents, given the summer vacation in schools, was selected purposively. A snapshot of the sample covered is given as below:

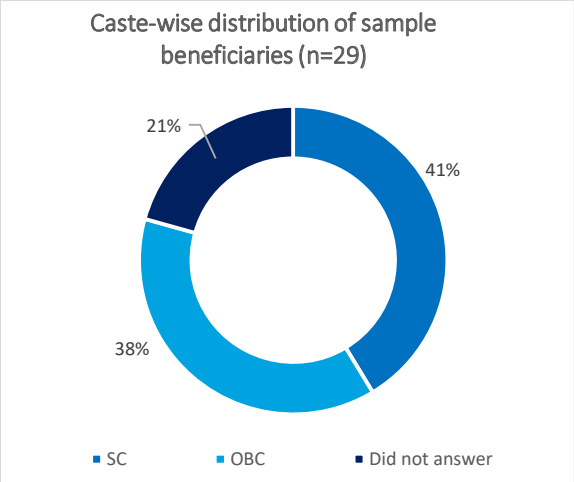
Project location	Sample covered	Type of sampling
• Hyderabad, Telangana	• Students: 29 • Schools: 6	• Purposive
Stakeholder type	**Sample covered**	**Type of sampling**
• Students	• 29 (Grades 6-10)	• Purposive
• Teachers	• 2	• Purposive
• Headmistress/Principal	• 1	• Purposive
• Parents	• 9	• Purposive
• IP staff	• 4	• Purposive

A sample of students, teachers, parents and IP staff was selected for the purpose of the assessment. The age, grade and and caste-wise distribution for the 29 students included in the sample is shared below:


Institute-wise distribution of sample beneficiaries (n=29)
14
12
10
8
6
4
2
0
2
2
1
9
13
2
Government Audaiah Memorial High School, Bansilalpet
Government Boys High School, CC Nagar
Government Boys High School, Kavadiguda
Government Boys High School, New Bhoiguda
Government Girls High School, Bansilalpet
Government Girls High School, Nallagutta


Gender-wise distribution of sample beneficiaries (n=29)
17%
83%
Female
Male


Age-wise distribution of sample beneficiaries (n=29)
12
10
8
6
4
2
0
2
2
4
10
7
4
12 years
13 years
14 years
15 years
16 years
17 years


Caste-wise distribution of sample beneficiaries (n=29)
21%
41%
38%
SC
OBC
Did not answer

Study tools

A range of participatory tools were customized to meet the objectives of the assessment. The table below presents a snapshot of the tools used during various stakeholder interactions during the assessment.

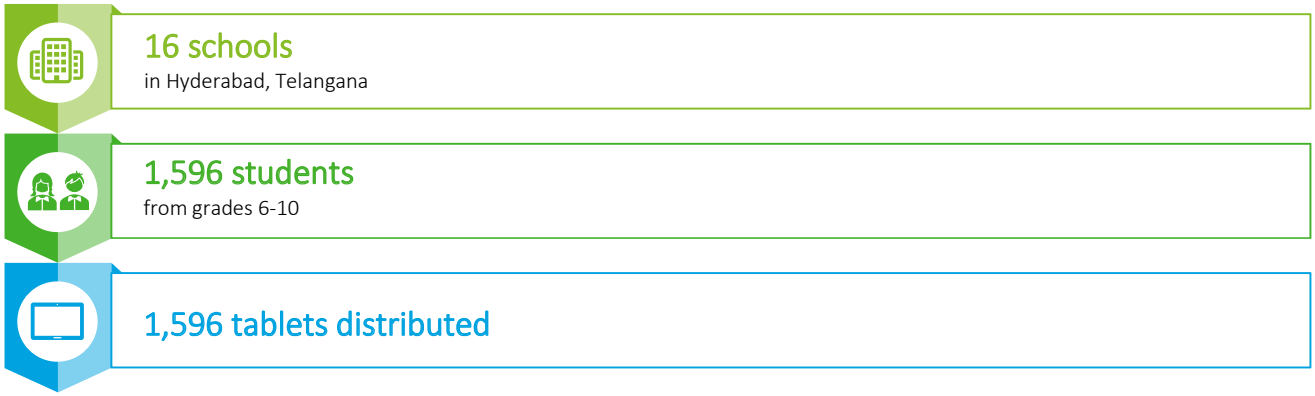
Stakeholder	Key points covered	Study tools employed
Direct beneficiaries	Nature of support provided Feedback on the project Perceived social impact (education, technological skills, support from parents)	FGD, survey, case study
Indirect beneficiaries	Feedback on the project Perception of impact Gap areas and needs that could be potentially bridged by CSR support	KII, FGD
Project management/field team	Program implementation Program monitoring	KII, FGD

Limitations

Limitations include restricted access to beneficiaries, schools and the school staff due to ongoing summer vacation, due to which the primary data was collected through physical site visits catering to smaller beneficiary sample.

Coverage snapshot[19]

The BACI-supported Digital Education project reached out to beneficiaries affected by the COVID-19 pandemic. The outreach of the initiative through the FY 2021-22 grant is presented below.



Description of beneficiaries

The BACI-supported Digital Education project reached out to 1,596 students from 16 government schools in Hyderabad, Telangana from December 2021 to March 2022. The beneficiary students studied across grades 6-10 and were from underprivileged families.

[19] QPR and end-term reports submitted by Plan India

Project model

The Digital Education project implementation had five distinct phases, as illustrated below.

Identification of beneficiaries

- Student beneficiaries from low income and marginalized families were identified with the support of teachers from target government schools

Distribution of tablets

- Tablets were distributed to the students in their respective schools with support from teachers, parents, and School Management Committees
- Plan India monitored the distribution of the tablets and maintained acknowledgements from the students who received the tablets

Usage and monitoring

- Students with access to the tablets shared information with other students, thereby encouraging peer learning
- IT personnel helped students with any tech-related issue

Procurement of tablets

- Tablets were procured as per Plan India's financial and procurement guidelines
- Procured tablets were equipped with digital content developed by the Government of Telangana on multiple subjects in alignment with the school curriculum. Additional apps like BYJU'S were added to enhance the learning content offered to the students

Orientation sessions

- Plan India identified and oriented two personnel (teacher/IT personnel) from each school on how to use the tablet and access information, and navigate across various apps
- Plan India trained oriented the students and parents. Additionally, these trained personnel acted as points of contact for students in case of any issues in accessing the devices

Inputs

- **1,596 Samsung 'Tab A7 lite' tablets** with pre-loaded content were distributed
- The digital content included the school curriculum developed by the Government of Telangana, educational applications, course materials, URLs, etc. along with a safety feature, which prevents students' access to other websites. The installed applications included DIKSHA app, Zoom, Microsoft Word, and BYJU'S

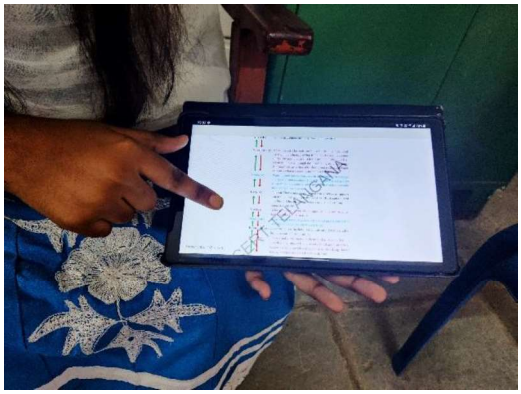
Process

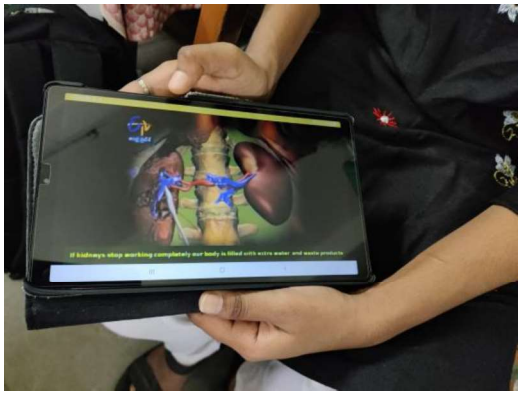
Identification of schools and beneficiaries

- Plan India's consultations with the government schools in Hyderabad revealed a need for digital devices during the pandemic due to lack of devices at home for students to attend virtual classes. These schools were a part of Plan India's ongoing project in underserved communities of Hyderabad
- The IP signed an MoU with the state education department for distribution of devices among students from **16 government schools** around Hyderabad
- The IP met with headmasters of the shortlisted schools to identify the students who needed digital devices in each school. Criteria for selection included academic profile, behavior in classroom, and family size of the students.

Procurement of devices

- Plan India's IT team conducted a market survey to shortlist the best available tablets with good technical specifications.
- A total of **1,596 tablets** were procured as per Plan India's financial and procurement guidelines, and digital content was installed. The content included school curriculum from grades 6-10
- The applications installed on the devices were chosen based on discussions with the state education department, headmasters and teachers at the schools to ensure supplementation and not duplication of the school education
- Syllabus and app updates were done remotely by Plan over a common server. Backend technical support from Samsung was provided for 1 year
- A safety feature was installed on the tablets to prevent students' access to external applications (apps) and unapproved content. This feature could be removed only by Plan India staff





Distributed tablets with pre-installed digital education content

Distribution of devices

- Plan India identified two personnel (teacher/IT personnel) from each school who were oriented by the vendor on how to use the tablet, including locking and unlocking, navigating across various apps, and accessing information
- These trained personnel helped train students in their respective schools and acted as points of contact in case students faced any issue in accessing the devices
- The **devices were distributed from February-March 2022**. Students with siblings in the same school were given one tablet per family
- Orientation for parents was conducted on the same day as device distribution
- Students were asked to use their own SIM cards for accessing content in the tablets
- Students with access to tablets were encouraged to share information with other students via peer learning
- IT personnel, if available, helped the students with any tech-related issue

Strategic differentiators

Support to the most-needy students whose education was affected in light of the COVID-19 pandemic

Strong relationships with the state education department, schools, and parents

Relevant and engaging educational content

Safety feature in the tablets to prevent misuse and restrict access to harmful content

Impact created

The impact presented below is based on the analysis of survey responses and a content analysis of the narratives recorded during the Deloitte team's interactions with multiple sample stakeholders, including beneficiary students, teachers, parents, and Plan India staff.

Key findings

Improved access to digital learning devices and content

Interactions with beneficiary students during the assessment revealed increased access to learning avenues during the COVID-19 pandemic due to the distribution of tablets enabled with digital content.

Access to digital devices

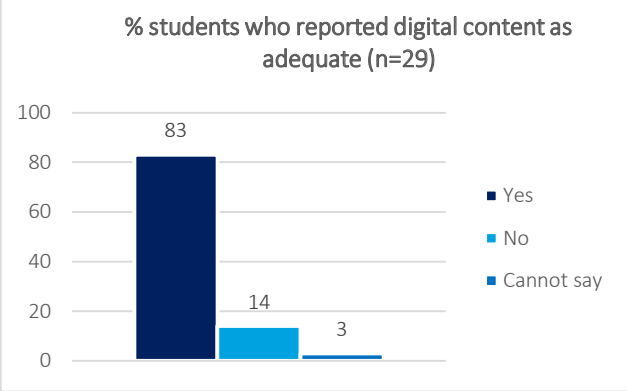
- 100% of the student sample confirmed receiving a tablet with pre-loaded digital content during the review period
- 90% of the student sample confirmed receiving the tablet registered in their name. The remaining 10% shared it with their siblings who had received the tablet
- 100% of the student sample confirmed missing at least some virtual classes during lockdowns (before the initiative) due to limited access to digital devices
- **69% of the student sample confirmed sharing the tablet with their neighbors**, thereby increasing the reach of the initiative

Training on using digital devices

- 100% of the student sample confirmed receiving training on how to use the tablet. Out of this, 55% confirmed the training was for 2-4 hours
- 59% of the student sample confirmed receiving training from both Plan India staff and a teacher
- 100% of the student sample was satisfied with the training received

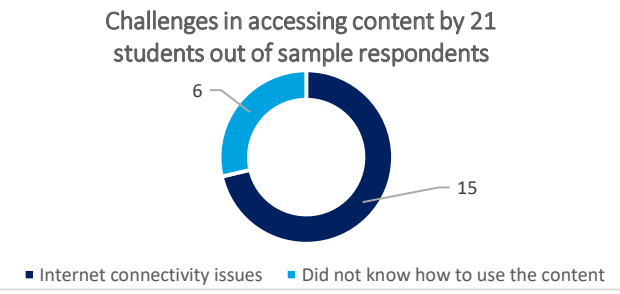
Availability of quality digital education content

- **93% of the student sample rated the quality of the pre-loaded digital content as "excellent"**
- 83% of the student sample felt the pre-loaded digital content was adequate, while 14% expressed the need for additional content. While most students appreciated apps like BYJU'S, a few students suggested that Google and other apps should also have been provided for accessing educational content beyond the school curriculum
- Students reported finding the content engaging and interactive and expressed that apps like BYJU'S made concepts easier for them to understand. Some students reported higher retention of concepts learned through the tablet as compared to classroom teaching
- Students also highlighted that the educational content in the tablets was only up to the 10th grade. As the tablet had a safety feature, which did not allow them to access information beyond the pre-loaded content, it was not useful beyond grade 10. Some students requested Plan India staff to add curriculum for grades beyond 10th for them to be able to continue using it



Ease of use and accessibility of content

- **Ease of use:** 72% of the student sample reported finding it easy to navigate the tablet, apps, and digital content (technological skills)
- **Accessibility of content:** 21 out of 29 sample students reported challenges in accessing the digital education content. Out of these 21 students, **15 students were unable to access content sometimes due to internet connectivity issues**, while **six students did not know how to navigate and use the**



available content. The students who found it difficult to use content requested for additional training on how to use the content

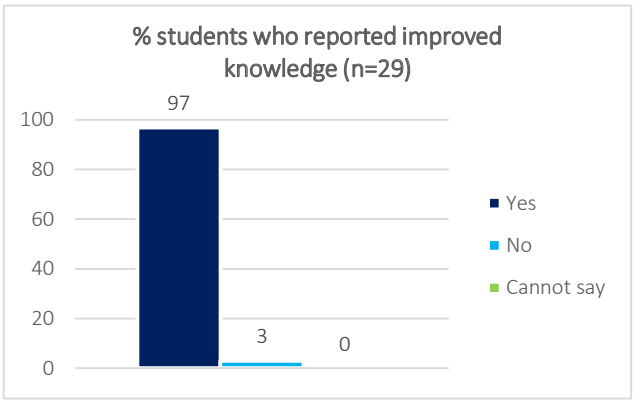
Improved skills and knowledge

Technological skills

- 100% of the student sample reported seeing an improvement in their technological skills due to continued usage of tablets. Changes reported included being able to use the various apps and navigating content on the tablets

Knowledge and learning

- 97% of the student sample reported an improvement in their knowledge as a result of using the digital education content on the tablets



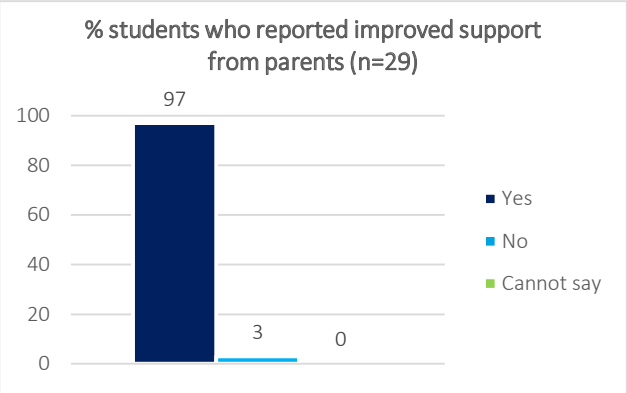
- Student sample highlighted that the tablets led to enhanced learning as it was easier to access the curriculum. They shared that the Government of Telangana broadcasted content virtually through its T-SAT channel, which could be accessed through their television sets. However, there was no option of pausing the content and repeating in case they did not understand the concepts in the first instance. Moreover, students with siblings in school were not able to access T-SAT content simultaneously due to lack of multiple digital devices at home. Additional challenges like power outages at the time of television lessons restricted their learning**. Access to tablets improved learning as they were able to pause, go back and repeat concepts, if unclear**. Siblings could also access content simultaneously on television and tablets
- Students also appreciated apps and content beyond the state curriculum, such as BYJU'S, as it explained concepts in a simplified and engaging manner

Increased motivation to continue education

- 100% of the student sample confirmed being motivated to continue their education amidst the COVID-19 pandemic due to access to tablets and digital education content
- Some **students requested for addition of school curriculum beyond grade 10 for them to be able to continue using the tablets**, as they found it more engaging

Improved support from parents

- 100% of parents in sample interactions confirmed receiving orientation on the Digital Education initiative
- 100% of parents in sample interactions appreciated the initiative and reported finding the tablets to be useful in enhancing the learning outcomes of their children, especially during the pandemic. Parents expressed gratitude towards Plan India and the school for supporting their children in their education
- Parents also appreciated the lack of access to apps like YouTube and Facebook, which enabled their children to use the tablet only for educational purposes, without any distractions
- **97% of the student sample reported that their parents became more supportive and involved in their education after they received tablets under the program**



Improved support from schools

- 100% of the teachers in sample interactions reported finding the tablets and digital education content to be useful and a great value-addition to the school ecosystem. Teachers expressed that access to tablets and digital content has helped improve the learning experience for students
- Teachers appreciated Plan India taking their content recommendations into consideration and restricting students' access to all unapproved apps. However, they noted that some students managed to get the tablets unlocked through external help (e.g., through shops catering to electronics). **Teachers recommended Plan India to enable stronger safety mechanisms on the tablets** to prevent misuse of devices by the students. This would also help ensure children's protection from harmful content and cyber-bullying

Deloitte team interacting with stakeholders at Government Girls High School, Bansilalpet, Hyderabad

Stories from the field

Stakeholder quotes

"I have really enjoyed using the tablet. The DIKSHA and BYJU'S apps along with the curriculum are very informative. I can learn through videos and pause or go back whenever I have a doubt. This was really useful when the school was closed and has helped improve my results. I hope our juniors also receive a similar kind of support from Plan India"

– G. Akshaya, Student, Government Boys High School, New Bhoiguda, Hyderabad

"Words cannot describe how grateful I am to Plan India and the school teachers for supporting our children in their education. We faced a lot of financial difficulties during the pandemic, and did not have the means to buy a smartphone or a tablet. This initiative has immensely helped my daughter to continue her education when the schools were closed"

– Renuka, Parent

Deloitte team interacting with stakeholders, including beneficiary students and teachers at Government Girls High School, Bansilalpet, Hyderabad

Case studies

Kadari Arun

Grade 10, Government Boys High School, New Bhoiguda, Hyderabad

Arun is a 16-year-old boy studying at Government Boys High School, New Bhoiguda. He has just finished grade 10 and is planning to take admission in grade 11 at a junior college. Arun shared the challenges he faced during the COVID-19 pandemic, especially during lockdowns. His father worked as an autorickshaw driver before the pandemic. However, due to lockdowns and lack of any need for transportation, his father could not earn enough money to make ends meet. Hence, the family migrated back to their village in rural Telangana where they engaged in agriculture to sustain themselves.

During this time, Arun helped his father in agriculture and hence was unable to access the state government's T-SAT channel for virtual classes due to conflicting timings. He was discouraged and believed he would never be able to study again. When the situation improved, his family moved back to Hyderabad, and he started attending school again. However, a long gap in his studies meant he had fallen behind his classmates. When Plan India provided a tablet to him, he was able to go through the course curriculum for the previous two years and made up for the lost time. His grades improved and he excelled in his grade 10 exams.

Arun wants to become an engineer and write civil services exams later. He expressed his gratitude towards Plan India for enabling him to study when he had lost hope.

Malavika

Grade 9, Government Girls High School, Bansilalpet, Hyderabad

Malavika is a 15-year-old girl studying in grade 9 at Government Girls High School, Bansilalpet. Her father lost his job during the pandemic, and her family financial difficulties. She and her siblings could not attend the online classes because only her father had a phone, and he was often not at home at the time of classes.

Lack of access to online classes led to a reduction in her learning outcomes. When the schools reopened, she struggled to catch up with lessons she had missed and felt discouraged. She also suffers from a health condition that forces her to take long periods of absence from school, which further affected her learning progress.

When she received the tablet from Plan India, she was overjoyed. She could finally catch up with her classmates despite long breaks from offline classes due to lockdowns. She also felt secure that she would not fall behind if the classes ever shifted to online mode of delivery again. She and her siblings share the device for their lessons. She thanked Plan India and BACI for this opportunity.

Uma

Principal, Government Girls High School, Bansilalpet, Hyderabad

Uma took charge as the principal of the school in 2018. She shared how the staff and students initially faced difficulty in adjusting to online classes at the beginning of the pandemic. Students' education took a backseat due to lack of or limited access to digital devices in the households. Therefore, she was very happy when Plan India approached her for distribution of tablets to students in her school. She also appreciated that Plan India held discussions with the teachers to finalize the resources on the devices, so the students received the best possible content that could help improve their learning outcomes.

She noted that the students used the tabs to watch educational videos during even their summer breaks. She shared that even the parents have been deeply appreciative. She feels proud to have witnessed this at a government school, and thanked Plan India and Bank of America for the initiative.

Project evaluation findings

The current report presents a detailed documentation of Deloitte's observations and findings of the impact assessment of the Digital Education project that was implemented by Plan India. A summary of the evaluation findings is presented in the table below:

 Meets expectations  Meets some expectations with scope of improvement  Below expectations and critical

Parameter	Rationale	Score
Relevance	• In 2020, 1.5 million schools were closed due to the pandemic and lockdowns, which impacted 247 million children enrolled in elementary and secondary schools across India.[20] However, online education was not accessible to all because of lack of access to digital devices and internet connectivity. This contributed to higher dropout rates and decrease in learning outcomes among school children in the country[21] • Plan India's Digital Education project aimed to bridge the digital divide and promote learning among underprivileged students across government schools in Hyderabad, by enabling access to tablets and digital learning content	
Coherence	• The program was implemented by Plan India in partnership with state education department of Telangana as well as 16 government schools across Hyderabad • The program increased access to digital devices and digital education content among students, which helped them in continuing their education in light of the COVID-19 pandemic • The digital content was in line with the school curriculum and approved by the state education department and teachers	
Effectiveness	• 1,596 tablets were distributed to an equal number of students from grades 6-10 across 16 government schools. This exceeded the target of 1,335 tablets that had to be distributed. • The project was completed within timeline	
Efficiency	• Plan India reached out to and trained teachers on the usage of tablets. The teachers, in turn, helped in the distribution and training of students on how to use the tablets. Parents were also oriented on the program for greater buy-in	
Impact	• 97% of the student sample reported an improvement in their knowledge as a result of using the digital education content on the tablets • 100% of the student sample confirmed being motivated to continue their education amidst the COVID-19 pandemic due to access to tablets and digital education content • 100% of the student sample reported seeing an improvement in their technological skills due to continued usage of tablets • 97% of the student sample reported that their parents became more supportive and involved in their education after they received tablets under the program • 69% of the student sample confirmed sharing the tablet with their neighbors, thereby increasing the reach of the initiative • 100% of parents in sample interactions appreciated the initiative and reported finding the tablets to be useful in enhancing the learning outcomes of their children	

[20] UNICEF. 2021. COVID-19: Schools for more than 168 million children globally have been completely closed for almost a full year, says UNICEF. Accessed at https://www.unicef.org/india/press-releases/covid-19-schools-more-168-million-children-globally-have-been-completely-closed

[21] Ministry of Education. 2022. Unified District Information System for Education Plus (UDISE+) 2021-22. Department of School Education and Literacy.

	• 100% of the teacher sample reported finding the tablets and digital education content to be very useful, which has helped improve the learning experience for students	
Sustainability	• During the sample interactions, students highlighted that the educational content in the tablets was only up to the 10th grade. As the tablet had a safety feature, which did not allow them to access information from external sources, it was not useful beyond grade 10. Plan India could consider adding curriculum for grades beyond 10th for students to be able to continue using them	

Way forward

The project reviewed by Deloitte reported frameworks and systems that allowed for timely reporting and adherence to agreed outputs and outcomes. The assessment, however, outlined certain opportunity areas to enhance the effectiveness of the grant and maximize impact. These are presented as recommendations in the table below:

Aspect	Recommendations
Training	• Some students found it difficult to navigate and use the digital content. Plan India could consider organizing additional training sessions on how to use the content for such students
Online safety and security	• Teachers noted that some students sought external help to get their tablets unlocked, which allowed them to use unauthorized apps and content. Teachers recommended Plan India to enable stronger safety mechanisms on the tablets to prevent misuse of devices by the students and protect them from harmful online content
Sustainability	• Students highlighted that the digital content in the tablets was only up to the grade 10. As the tablet had a safety feature, which did not allow them to access information from external sources, it was not useful beyond grade 10. Plan India could consider adding curriculum for grades beyond 10th for students to be able to continue using them