

## Annex to Directors' Report - 3

### ANNUAL REPORT ON CORPORATE SOCIAL RESPONSIBILITY (CSR) ACTIVITIES

#### 1. Brief outline on CSR Policy of the Company

Housing Development Finance Corporation Limited ("Corporation") has a Board approved Corporate Social Responsibility (CSR) Policy in compliance with Section 135 of the Companies Act, 2013 and the rules made thereunder. Pursuant to the amendments to Companies (Corporate Social Responsibility Policy) Rules, 2014 on January 22, 2021, the CSR Policy has been amended and approved by the Board at its meeting held on May 7, 2021 and the amended Policy shall be effective from 1 April, 2021.

The Corporation believes in conducting its business responsibly, fairly and in a transparent manner. It continually seeks ways to bring about an overall positive impact on the society and environment where it operates. The Corporation has been making consistent efforts over the years towards economic and social upliftment of the marginalized and vulnerable sections of society.

The Corporation primarily implements its CSR initiatives through the H T Parekh Foundation (Foundation), a Section 25 registered charitable institution set up by the Corporation in October 2012, to commemorate the legacy of its Founder Chairman, Shri H T Parekh. The CSR mandate of the Corporation is undertaken either directly or through partnerships with implementing agencies with a proven track record of expertise, governance and implementation ability.

The CSR projects undertaken by the Corporation are within the framework of Schedule VII of the Companies Act, 2013. The Corporation's CSR projects are focused on the core sectors of Education, and Healthcare. The Corporation also recognizes the need to play a strong role in ensuring Environment Sustainability; therefore programmes in the areas of waste management, green (solar) energy and urban ecological restoration are part of its CSR activities. Further, projects in Livelihoods focused on women and migrant workers and supporting Persons with Disabilities as target groups are also undertaken.

The main objective of the CSR Policy is to lay down guidelines for CSR spending and to support programmes aimed at development of communities who are inequitably endowed. The CSR policy of the Corporation *inter alia* provides guiding principles for selection and implementation of CSR activities in pursuance of Schedule VII to the Companies Act, 2013 (Clause VI), roles and responsibilities of the CSR Committee (Clause VII), guidance for formulation of an annual action plan (Clause VIII), process for implementation of CSR activities (Clause IX), modalities of monitoring and evaluation framework (Clause X), manner of undertaking impact assessment (Clause XI) and reporting mechanism. The CSR Policy of the Corporation is available on the Corporation's website at [www.hdfc.com](http://www.hdfc.com)

#### 2. Composition of CSR Committee:

Sr. No.	Name of Director	Designation/Nature of Directorship	Number of meetings of CSR Committee held during the year	Number of meetings of CSR Committee attended during the year
1.	Mr. Deepak S. Parekh	Non-Executive Non-Independent Chairman	3	3
2.	Mr. Jalaj Dani	Independent Director	3	3
3.	Mr. Keki M. Mistry	Vice Chairman & CEO	3	3
4.	Ms. Renu Sud Karnad	Managing Director	3	3
5.	Mr. V. Srinivasa Rangan	Executive Director	3	3

#### 3. Provide the web-link where Composition of CSR committee, CSR Policy and CSR projects approved by the board are disclosed on the website of the company.

The weblink for the requisite information is as under:

<https://www.hdfc.com/about-us#corporate-social-responsibility>

4. Provide the details of Impact assessment of CSR projects carried out in pursuance of sub-rule (3) of rule 8 of the Companies (Corporate Social Responsibility Policy) Rules, 2014, if applicable (attach the report).

Pls. refer Annexure 3A for the Executive Summary of Impact Assessments undertaken during the year.

5. Details of the amount available for set off in pursuance of sub-rule (3) of rule 7 of the Companies (Corporate Social Responsibility Policy) Rules, 2014 and amount required for set off for the financial year, if any

Sr. No.	Financial Year	Amount available for set-off from preceding financial years (₹ Crore)	Amount required to be set-off for the financial year, if any (₹ Crore)
1	2020-21	-	-
2	2021-22	-	3.50
	<b>TOTAL</b>	<b>-</b>	<b>3.50</b>

6. Average net profit of the company as per section 135(5) ₹ 9,520.70 Crore

7.

Sr. No.		(₹ Crore)
7 a)	Two percent of average net profit of the company as per section 135(5)	190.41
7 b)	Surplus arising out of the CSR projects or programmes or activities of the previous financial years	0.12
7 c)	Amount required to be set off for the financial year, if any	-
7 d)	Total CSR obligation for the financial year (7a + 7b - 7c)	190.53

8. (a) CSR amount spent or unspent for the financial year:

Total Amount Spent for the Financial Year (₹ Crore)	Amount Unspent (₹ Crore)				
	Total Amount transferred to Unspent CSR Account as per section 135(6)		Amount transferred to any fund specified under Schedule VII as per second proviso to section 135(5).		
	Amount	Date of transfer	Name of the Fund	Amount	Date of transfer
194.03	-	-	-	-	-

- (b) Details of CSR amount spent against ongoing projects for the financial year:

Sr. No.	Name of the Project	Item from the list of activities in Schedule VII to the Act	Local area (Yes/No) [Refer Note 1]	Location of the project	Project duration	Amount allocated for the project (₹ crore) [Refer Note 2]	Amount spent in the current Financial Year (₹ crore)	Amount transferred to Unspent CSR Account for the project as per the section 135(6) (₹ crore)	Mode of Implementation Direct (Yes/No)	Mode of Implementation – Through Implementing Agency	
				District (State)						Name	CSR Registration number
1A	COVID-19 Support - Preventive and curative healthcare equipment and supplies	(i) Promoting healthcare, including preventive healthcare		Dhubri, Dima Hasao, Hailakandi, Karbi Anglong, Kamrup Rural, Majuli, Sonitpur, South Salmara Mancachar, West Karbi Anglong (Assam); Bishnupur, Chandel, Churachandpur, Imphal East, Jiribam, Kakching, Kamjong, Noney, Pherzwal, Senapati, Tamenglong, Tengnoupal, Ukhrul (Manipur)	Upto 18 months	2.32	2.32	-	No	H T Parekh Foundation	CSR00000821

Sr. No.	Name of the Project	Item from the list of activities in Schedule VII to the Act	Local area (Yes/No) [Refer Note 1]	Location of the project	Project duration	Amount allocated for the project (₹ crore) [Refer Note 2]	Amount spent in the current Financial Year (₹ crore)	Amount transferred to Unspent CSR Account for the project as per the section 135(6) (₹ crore)	Mode of Implementation Direct (Yes/No)	Mode of Implementation – Through Implementing Agency	
				District (State)						Name	CSR Registration number
2A	<b>Education - Higher Education &amp; Research</b> <i>Programmes targeting institutional support and need based scholarships</i>	(ii) Promoting education		Pan India	Upto 30 months	21.54	21.54	-	No	H T Parekh Foundation, Buddy4Study India Foundation	CSR00000821, CSR00000121
2B	<b>Education - Foundational Learning</b> <i>Programmes focused on systems strengthening, teacher capacity building, school infrastructure support and development of resources to address learning gaps</i>	(ii) Promoting education		New Delhi; Durg (Chhattisgarh); Satara, Latur (Maharashtra); Betul, Mandla (Madhya Pradesh)	Upto 37 months	4.83	4.83	-	No	H T Parekh Foundation	CSR00000821
2C	<b>Education - Early Childhood Education</b> <i>Programmes addressing holistic development of pre-school children to ensure better school readiness</i>	(ii) Promoting education		Mumbai, Parbhani (Maharashtra); Multiple Districts (Haryana, Punjab); Bengaluru (Karnataka)	Upto 48 months	2.08	2.08	-	No	H T Parekh Foundation	CSR00000821
2D	<b>Education - Career Readiness &amp; Lifeskills</b> <i>Programmes for secondary school students, especially girls to stay in &amp; complete school, develop leadership skills and career readiness</i>	(ii) Promoting education		Multiple districts (Madhya Pradesh); Mumbai, Pune (Maharashtra)	Upto 21 months	1.14	1.14	-	No	H T Parekh Foundation	CSR00000821

Sr. No.	Name of the Project	Item from the list of activities in Schedule VII to the Act	Local area (Yes/No) [Refer Note 1]	Location of the project	Project duration	Amount allocated for the project (₹ crore) [Refer Note 2]	Amount spent in the current Financial Year (₹ crore)	Amount transferred to Unspent CSR Account for the project as per the section 135(6) (₹ crore)	Mode of Implementation Direct (Yes/No)	Mode of Implementation – Through Implementing Agency	
				District (State)						Name	CSR Registration number
3A	<b>Healthcare - Cancer Support</b> <i>Programmes for prevention, early diagnosis, treatment &amp; care</i>	(i) Promoting healthcare, including preventive healthcare		Guwahati (Assam); Varanasi (Uttar Pradesh); Kolkata (West Bengal)	Upto 37 months	1.80	1.80	-	No	H T Parekh Foundation	CSR00000821
3B	<b>Healthcare - Nutrition</b> <i>Programmes for capacity building of frontline workers and access to nutritious food &amp; supplements for maternal &amp; child health</i>	(i) Promoting healthcare, eradicating malnutrition		Panipat, Palwal (Haryana); Koppal (Karnataka); Chhindwara (Madhya Pradesh); Mumbai, Gadchiroli (Maharashtra)	Upto 43 months	5.74	5.74	-	No	H T Parekh Foundation	CSR00000821
4A	<b>Skilling &amp; Livelihoods - Migrants Welfare</b> <i>Programmes for access to social security &amp; entitlements, job link support for migrant workers</i>	(ii) Promoting livelihood enhancement projects (iii) Measures for reducing inequalities faced by socially & economically backward groups		Delhi; Gautam Buddha Nagar, Ghaziabad, Lucknow, Kanpur Nagar (Uttar Pradesh); Gurugram, Faridabad (Haryana); Mumbai, Thane, Palghar, Pune, Raigad (Maharashtra); Bengaluru (Karnataka)	Upto 30 months	5.52	5.52	-	No	H T Parekh Foundation	CSR00000821
4B	<b>Skilling &amp; Livelihoods - Women focused Livelihoods</b> <i>Programmes for job-linked skilling &amp; livelihood enhancement in rural &amp; urban locations for women</i>	(ii) Employment enhancing vocational skills, livelihood enhancement projects especially amongst women (iii) Promoting Gender Equality		Ahmednagar, Nashik, Pune (Maharashtra)	Upto 48 months	1.53	1.53	-	No	H T Parekh Foundation	CSR00000821
5A	<b>Environment - Solid &amp; Liquid Waste Management</b> <i>Programmes for solid waste management primarily in urban cities</i>	(iv) Ensuring environmental sustainability		Kangra (Himachal Pradesh)	Upto 43 months	0.80	0.80	-	No	H T Parekh Foundation	CSR00000821



Sr. No.	Name of the Project	Item from the list of activities in Schedule VII to the Act	Local area (Yes/No) [Refer Note 1]	Location of the project	Project duration	Amount allocated for the project (₹ crore) [Refer Note 2]	Amount spent in the current Financial Year (₹ crore)	Amount transferred to Unspent CSR Account for the project as per the section 135(6) (₹ crore)	Mode of Implementation - Through Implementing Agency	Mode of Implementation - Through Implementing Agency	Mode of Implementation - Through Implementing Agency
				District (State)							
5B	<b>Environment-Clean (Solar) Energy</b> <i>Programmes for supporting effective solar energy systems for institutions</i>	(iv) Ensuring environmental sustainability (ix) Contribution to incubators in the field of Science, Technology, Engineering funded by any agency of the Central Government		Multiple Districts (Assam, Manipur & Meghalaya)	Upto 28 months	0.74	0.74	-	No	H T Parekh Foundation	CSR00000821
5C	<b>Environment - Other Ecological Interventions</b>	(iv) Ensuring environmental sustainability		Bengaluru (Karnataka); Multiple Districts (Maharashtra); Sonitpur (Assam)	Upto 41 months	3.01	3.01	-	No	H T Parekh Foundation	CSR00000821
6	<b>Urban Sanitation</b> <i>Programmes for creating access to &amp; improvement of sustainable urban sanitation infrastructure</i>	(i) Promoting sanitation		Jodhpur (Rajasthan); New Delhi	Upto 20 months	0.84	0.84	-	No	H T Parekh Foundation, Sulabh International Social Service Organisation	CSR00000821, CSR00000185
7	<b>Supporting Persons with Disabilities (PwDs)</b> <i>Programmes targeting healthcare, education &amp; livelihoods to improve the quality of life for PwDs</i>	(i) Promoting healthcare, including preventive healthcare (ii) Promoting education including special education, promoting employment, enhancing vocational skills especially amongst the differently abled (vii) Training for paralympics sports		Gurugram (Haryana); Mumbai (Maharashtra); Kanchipuram, Theni, Villupuram (Tamil Nadu); Dehradun (Uttarakhand); Hyderabad (Telangana)	Upto 46 months	4.97	4.97	-	No	H T Parekh Foundation	CSR00000821
8	<b>Promotion of the Arts</b> <i>Programmes to preserve, promote and propagate performing arts and Indian culture</i>	(v) Protection, promotion & development of art and culture		Mumbai (Maharashtra)	Upto 24 months	1.75	1.75	-	No	H T Parekh Foundation	CSR00000821
<b>GRAND TOTAL</b>						<b>58.61</b>	<b>58.61</b>				

(c) Details of CSR amount spent against other than ongoing projects for the financial year:

Sr. No.	Name of the Project	Item from the list of activities in Schedule VII to the Act	Local area (Yes/No) [Refer Note 1]	Location of the project	Amount spent for the project (₹ Crore)	Mode of implementation -Direct (Yes/No)	Mode of implementation- Through implementing agency	
				District (State)			Name	CSR Registration number
1A	COVID-19 Support <i>Preventive and curative healthcare equipment &amp; supplies and vaccination programmes for low income communities</i>	(i) Promoting healthcare, including preventive healthcare		Purvi Champaran (Bihar); Ahmedabad (Gujarat); Pulwama (Jammu & Kashmir); Bengaluru, Chikkaballapur, Doddaballapura, Koppal, Mangalore (Karnataka); Ernakulum (Kerala); Churachandpur; (Manipur); Palghar, Wardha, Pune, Nagpur, Mumbai, Amravati, Thane (Maharashtra); New Delhi; Udaipur (Rajasthan); Chennai, Madurai, Vellore (Tamil Nadu); Peddapalli (Telangana); Kanpur (Uttar Pradesh); Nadia, North 24 Parganas, Purba Bardhaman, Kolkata, Howrah, Mayapur, Sonargachi, Jhargram (West Bengal)	33.81	No	H T Parekh Foundation; Dr M L Dhawale Memorial Trust, CII Foundation, Surya Bio Medical Research Centre, Narayana Hrudalaya Charitable Trust, Samaritan Help Mission, E and H Foundation, Doctors For You	CSR00000821, CSR00002539, CSR00001013, CSR00015357, CSR00004596, CSR00000896, CSR00005179, CSR00000608
1B	COVID-19 Support <i>Direct procurement of healthcare equipment for long term health infrastructure</i>	(i) Promoting healthcare, including preventive healthcare		Visakhapatnam (Andhra Pradesh); Guwahati (Assam); Tamenglong (Manipur); Dimapur (Nagaland)	1.65	Yes (Vendor procurements)	NA	
1C	COVID-19 Support <i>Community based relief activities including support for children</i>	(xii) Disaster management, including relief, rehabilitation		Muzaffarpur, Supaul, West Champaran, Jamui, Begusarai, Patna, Khagariya, Madhepura, Purnea, Nalanda, Sambalpur, Jahanabad, Gaya (Bihar); Kanker, Mahasamund, Raigarh, Ambikapur, Rajnandgaon, Bilaspur, Jashpur, Bastar (Chhattisgarh); Ahmedabad (Gujarat); Gurugram (Haryana); Ranchi, Gumla, Dhanbad, Jamshedpur, Hazaribagh, Bokaro, Deoghar (Jharkhand); Khandwa, Barwani, Jhabua, Alirajpur, Dhar, Sidhi (Madhya Pradesh); Mumbai (Maharashtra); New Delhi; Varanasi (Uttar Pradesh); Kolkata, Howrah (West Bengal); Pan India	6.03	No	H T Parekh Foundation	CSR00000821
2A	Education - Higher Education & Research <i>Programmes targeting institutional support and need based scholarships</i>	(ii) Promoting education		Chittoor (Andhra Pradesh); Sonipat (Haryana); Mandi, Bilaspur, Shimla, Hamirpur (Himachal Pradesh); Gautam Buddha Nagar (Uttar Pradesh)	19.29	No	H T Parekh Foundation	CSR00000821
2B	Education - Foundational Learning <i>Programmes focused on systems strengthening, teacher capacity building, school infrastructure support and development of resources to address learning gaps</i>	(ii) Promoting education		Ranchi, Sahibganj, Pakur, Palamu, Purbi Singhum, Koderma, Hazaribagh, Dumka (Jharkhand); Mumbai, Thane, Nandurbar, Satara, Solapur, Pune, Latur, Nanded, Parbhani (Maharashtra); Noney (Manipur); Multiple Districts (Sikkim); Chennai, Krishnagiri (Tamil Nadu); Hyderabad (Telangana); Dehradun (Uttarakhand)	11.08	No	H T Parekh Foundation; The Akanksha Foundation	CSR00000821, CSR00001286

Sr. No.	Name of the Project	Item from the list of activities in Schedule VII to the Act	Local area (Yes/No) [Refer Note 1]	Location of the project	Amount spent for the project (₹ Crore)	Mode of implementation -Direct (Yes/No)	Mode of implementation- Through implementing agency	
				District (State)			Name	CSR Registration number
2C	<b>Education - Early Childhood Education</b> <i>Programmes addressing holistic development of pre-school children to ensure better school readiness</i>	(ii) Promoting education		New Delhi	0.21	No	H T Parekh Foundation	CSR00000821
2D	<b>Education - Career Readiness &amp; Lifeskills</b> <i>Programmes for secondary school students, especially girls to stay in &amp; complete school, develop leadership skills and career readiness</i>	(ii) Promoting education		Khandwa, Barwani (Madhya Pradesh); Multiple Districts (Odisha)	5.49	No	H T Parekh Foundation	CSR00000821
3A	<b>Healthcare - Cancer Support</b> <i>Programmes for prevention, early diagnosis, treatment &amp; care</i>	(i) Promoting healthcare, including preventive healthcare		Cachar (Assam); Mumbai, Pune, Aurangabad, Solapur (Maharashtra); Bengaluru (Karnataka); Pan India; Kolkata (West Bengal)	23.76	No	H T Parekh Foundation & Indian Cancer Society	CSR00000821, CSR00000792
3B	<b>Healthcare - Nutrition</b> <i>Programmes for capacity building of frontline workers and access to nutritious food &amp; supplements for maternal &amp; child health</i>	(i) Promoting healthcare, eradicating malnutrition		Dibrugarh, Guwahati (Assam); Gurugram, (Haryana); Chandigarh; Bengaluru (Karnataka); Palghar, Mumbai (Maharashtra); New Delhi; Chennai (Tamil Nadu); Gautam Buddha Nagar (Uttar Pradesh); Kolkata (West Bengal)	2.79	No	H T Parekh Foundation	CSR00000821
3C	<b>Healthcare - Eyecare</b> <i>Programmes to support avoidable blindness</i>	(i) Promoting healthcare, including preventive healthcare		Saran (Bihar); New Delhi; Chennai (Tamil Nadu); Kolkata (West Bengal)	7.00	No	H T Parekh Foundation	CSR00000821
3D	<b>Healthcare - Paediatric Surgeries</b> <i>Programmes supporting treatment for heart &amp; other surgeries amongst children</i>	(i) Promoting healthcare, including preventive healthcare		Bengaluru (Karnataka); Kochi (Kerala); Mumbai (Maharashtra); New Delhi; Coimbatore, Chennai (Tamil Nadu); Hyderabad (Telangana)	1.65	No	H T Parekh Foundation	CSR00000821
3E	<b>Healthcare - Other Interventions</b>	(i) Promoting healthcare		Multiple Districts (Karnataka); Mumbai (Maharashtra); New Delhi; Kolkata (West Bengal)	1.69	No	H T Parekh Foundation	CSR00000821
4A	<b>Skilling &amp; Livelihoods - Women focused Livelihoods</b> <i>Programmes for job-linked skilling &amp; livelihood enhancement in rural &amp; urban locations for women</i>	(ii) Employment enhancing vocational skills, livelihood enhancement projects, especially amongst women		Gurugram (Haryana); Chikkaballapur (Karnataka); Mumbai (Maharashtra); Koraput, Nabarangpur (Odisha); Chennai (Tamil Nadu); Bally, Durgapur (West Bengal)	3.87	No	H T Parekh Foundation & Vrutti	CSR00000821 & CSR00000538

Sr. No.	Name of the Project	Item from the list of activities in Schedule VII to the Act	Local area (Yes/No) [Refer Note 1]	Location of the project	Amount spent for the project (₹ Crore)	Mode of implementation -Direct (Yes/No)	Mode of implementation- Through implementing agency	
				District (State)			Name	CSR Registration number
5A	<b>Environment - Solid &amp; Liquid Waste Management</b> <i>Programmes for solid waste management primarily in urban cities</i>	(iv) Ensuring environmental sustainability		Mumbai, Navi Mumbai, Pune (Maharashtra); Kolkata (West Bengal); Pan India	1.89	No	H T Parekh Foundation	CSR00000821
5B	<b>Environment-Clean (Solar) Energy</b> <i>Programmes for supporting effective solar energy systems for institutions</i>	(iv) Ensuring environmental sustainability		Pune, Thane (Maharashtra); Ahmedabad (Gujarat); Raichur, Yadgir, Haveri, Koppal (Karnataka); Sambalpur (Odisha)	4.79	No	H T Parekh Foundation	CSR00000821
5C	<b>Environment - Other Ecological Interventions</b>	(iv) Ensuring environmental sustainability		Mumbai (Maharashtra); New Delhi; Kolkata (West Bengal)	3.22	No	H T Parekh Foundation	CSR00000821
6	<b>Urban Sanitation</b> <i>Programmes for creating access to &amp; improvement of sustainable urban sanitation infrastructure</i>	(i) Promoting sanitation		Kolhapur (Maharashtra); Khorda, Cuttack, Puri (Odisha); Trichy (Tamil Nadu); Hyderabad (Telangana)	2.60	No	H T Parekh Foundation; Eram Scientific Solutions Pvt. Ltd. (Vendor)	CSR00000821
7	<b>Supporting Persons with Disabilities (PwDs)</b> <i>Programmes targeting healthcare, education &amp; livelihoods to improve the quality of life for PwDs</i>	(i) Promoting healthcare, including preventive healthcare (ii) Promoting education including special education (ii) promoting employment enhancing vocational skills especially amongst the differently abled		Vijayawada, Vishakhapatnam (Andhra Pradesh); Kamrup Metropolitan (Assam); Bengaluru (Karnataka); Trivandrum (Kerala); Mumbai, Pune (Maharashtra); East Khasi Hills (Meghalaya); New Delhi; East Sikkim (Sikkim); Chennai, Coimbatore (Tamil Nadu); Hyderabad (Telangana); West Tripura (Tripura)	3.55	No	H T Parekh Foundation	CSR00000821
8	<b>Promotion of the Arts</b> <i>Programmes to preserve, promote and propagate performing arts and Indian culture</i>	(v) Protection, promotion & development of art and culture, restoration of buildings & sites of historical importance		Ahmedabad (Gujarat); Mumbai (Maharashtra)	0.55	No	H T Parekh Foundation; Mahila Housing SEWA Trust	CSR00000821, CSR00001364
<b>GRAND TOTAL</b>					<b>134.92</b>			

- d) Amount spent on Administrative Overheads Note 3 -
- e) Amount spent on Impact Assessment, if applicable ₹ 0.50 Crore
- f) Total amount spent for the Financial Year (8b + 8c + 8d + 8e) ₹ 194.03 Crore
- g) Excess amount for set off, if any

Sr. No.	Particular	Amount (₹ Crore)
(i)	Two percent of average net profit of the company as per section 135(5) – Note 4	190.41
(ii)	Total amount spent for the Financial Year	194.03
(iii)	Excess amount spent for the Financial Year [(ii)-(i)]	3.62
(iv)	Surplus arising out of the CSR projects or programmes or activities of the previous financial years, if any	0.12
(v)	Amount available for set off in succeeding financial years [(iii)-(iv)]	3.50

**Notes:**

- The Head office of the Corporation is located in Mumbai and its business is conducted across India through branches and service centres. In line with this, the Corporation's CSR projects are also undertaken across the country.
- Amount allocated towards the project for FY 2021-22 only.
- Administrative expenses have been incurred from the interest income earned by the H T Parekh Foundation during the year.

**9. (a) Details of Unspent CSR amount for the preceding three financial years:**

Sr. No.	Preceding Financial Year	Amount transferred to Unspent CSR Account under section 135(6) (₹ Crore)	Amount spent in the reporting Financial Year (₹ Crore)	Amount transferred to any fund specified under Schedule VII as per section 135(6), if any			Amount remaining to be spent in succeeding financial years (₹ Crore)
				Name of the Fund	Amount	Date of transfer	
1.	2020 - 21	-	-	-	-	-	-
2.	2021 - 22	-	-	-	-	-	-
	<b>TOTAL</b>	-	-	-	-	-	-

**b) Details of CSR amount spent in the financial year for ongoing projects of the preceding financial year(s)**

Sr. No.	Project ID	Name of the Project	Financial Year in which the project was commenced	Project duration	Total amount allocated for the project (₹ Crore)	Amount spent on the project in the reporting Financial Year (₹ Crore)	Cumulative amount spent at the end of reporting Financial Year (₹ Crore)	Status of the project - Completed/ Ongoing
1A		Education - Higher Education & Research	2019-20	Upto 28 Months	61.57	14.66	61.57	Completed
1B		Education - Foundational Learning	2019-20	Upto 37 months	18.72	6.69	18.72	Ongoing
1C		Education - Early Childhood Education	2019-20	Upto 48 months	7.04	1.59	7.04	Ongoing
1D		Education - Career Readiness & Lifeskills	2019-20	Upto 30 months	4.78	2.11	4.53	Ongoing
2A		Healthcare - Cancer Support	2019-20	Upto 37 months	9.74	0.75	9.74	Ongoing
2B		Healthcare- Nutrition	2019-20	Upto 24 months	13.57	5.74	13.57	Ongoing

Sr. No.	Project ID	Name of the Project	Financial Year in which the project was commenced	Project duration	Total amount allocated for the project (₹ Crore)	Amount spent on the project in the reporting Financial Year (₹ Crore)	Cumulative amount spent at the end of reporting Financial Year (₹ Crore)	Status of the project - Completed/ Ongoing
3A		Skilling & Livelihoods – Women focused Livelihoods	2019-20	Upto 25 months	10.26	3.31	10.26	Ongoing
3B		Skilling & Livelihoods - Migrants Welfare	2020-21	Upto 30 months	9.45	5.52	9.45	Ongoing
4A		Environment - Solid & Liquid Waste Management	2019-20	Upto 43 months	1.81	0.80	1.81	Ongoing
4B		Environment - Clean (Solar) Energy	2019-20	Upto 28 months	2.20	0.84	2.20	Ongoing
4C		Environment - Other Ecological Interventions	2019-20	Upto 41 months	7.14	2.27	5.64	Ongoing
5		Urban Sanitation	2019-20	Upto 24 months	2.75	0.75	2.75	Completed
6		Promotion of the Arts & Heritage Restoration	2019-20	Upto 27 months	1.25	0.35	1.25	Completed
	<b>TOTAL</b>				<b>150.28</b>	<b>45.38</b>	<b>148.53</b>	

#### 10. Details relating to the assets created or acquired through CSR spent in the financial year.

Date of creation or acquisition of the capital asset(s)	Details of the capital asset(s) created or acquired	Amount of CSR spent for creation or acquisition of capital Asset (₹ Crore) [Refer Note 4]	Details of the entity or public authority or beneficiary under whose name the capital asset is registered
26 April 2021	34 KWp, grid connected rooftop Solar Power System, at Vishranthi senior citizens home	0.16	<b>Vishranthi Trust</b> 11th Km, Hoskote-Malur Road, Jadigenahalli P.O. Bengaluru - 562114, Karnataka
1 May 2021	A 40 Kilolitre per day Faecal Sludge and Septage Management (FSSM) plant	2.11	<b>Hyderabad Metropolitan Water Supply &amp; Sewerage Board,</b> Government of Telangana. Integrated Sanitation Resource Park Nalla Cheruvu Uppal Hyderabad - 500039, Telangana
31 May 2021	6 E-toilets, comprising an integrated public toilet cum Self Help group run retail shop, across 3 municipal corporations	0.53	<b>1. Cuttack Municipal Corporation</b> The Commissioner, Cuttack Municipal Corporation, Choudhury Bazar, Cuttack 753001, Odisha <b>3 E-Toilets:</b> <ul style="list-style-type: none"> <li>- OMP Square, Cuttack</li> <li>- Madhupatna Police Station, Cuttack</li> <li>- Near Baliyatra Padiya, Gadagadiya Temple, Cuttack</li> </ul> <b>2. Bhubaneswar Municipal Corporation</b> - Vivekananda Marg Bhubaneswar – 751014, Odisha <b>1 E-Toilet:</b> Raj Mahal Chhak, Bhubaneswar <b>3. Puri Municipal Corporation -</b> Chakra Tirtha Road, Puri, Odisha 752002 <b>2 E-Toilets:</b> <ul style="list-style-type: none"> <li>- Puri Municipal Bus Stand, Puri</li> <li>- Digabareni Beach, Puri</li> </ul>

Date of creation or acquisition of the capital asset(s)	Details of the capital asset(s) created or acquired	Amount of CSR spent for creation or acquisition of capital Asset (₹ Crore) [Refer Note 4]	Details of the entity or public authority or beneficiary under whose name the capital asset is registered
25 June 2021	30 nos. Wipro GE Carescape R860 ICU ventilators	3.29	<ol style="list-style-type: none"> <li>1) <b>Bhagwan Mahaveer Jain Hospital (5 nos.)</b> Bengaluru – 560052, Karnataka</li> <li>2) <b>Sri Jaydeva Institute of Cardiovascular Sciences &amp; Research (5 nos.)</b> Bengaluru – 560069, Karnataka</li> <li>3) <b>The Madras Medical Mission (2 nos.)</b> Chennai – 600037, Tamil Nadu</li> <li>4) <b>Kasturba Hospital (2 nos.)</b> Wardha- 442102, Maharashtra</li> <li>5) <b>B J Government Medical College and Sassoon General Hospital (4 nos.)</b> Pune – 411001, Maharashtra</li> <li>6) <b>Christian Medical College (CMC) (5 nos.)</b> Vellore – 632004, Tamil Nadu</li> <li>7) <b>KEM Hospital, Pune (3 nos.)</b> Pune – 411011, Maharashtra</li> <li>8) <b>St Joseph's Hospital (2 nos.)</b> Nagpur – 441501, Maharashtra</li> <li>9) <b>Dr Hedgewar Institute of Medical Sciences &amp; Research (2 nos.)</b> Badnera Road, Amravati – 444601, Maharashtra.</li> </ol>
25 June 2021	50 nos. Wipro GE Carescape R860 ICU ventilators	5.60	<ol style="list-style-type: none"> <li>1) <b>Swami Vivekanand Medical Mission Hospital (2 nos.)</b> Nagpur – 441108, Maharashtra</li> <li>2) <b>The Gujarat Cancer and Research Institute (5 nos.)</b> Ahmedabad - 380016, Gujarat</li> <li>3) <b>Govt. Rajaji Hospital (3 nos.)</b> Madurai - 625020, Tamil Nadu</li> <li>4) <b>Municipal Corporation of Greater Mumbai (20 nos.)</b> MCGM HQ, Mumbai - 400001, Maharashtra</li> <li>5) <b>Haffkine Bio Pharmaceutical Corporation Ltd. (20 nos.)</b> Parel, Mumbai – 400012, Maharashtra.</li> </ol>
16 July 2021	113.46 KWp, grid connected Solar Power System, at the Director of Police Wireless campus	1.18	<b>Director of Wireless Police</b> D.P.W. Office, Pashan Road Pune– 411008, Maharashtra.
28 July 2021	1 advance life support ambulance Model: Force Traveller Model 3350 BSVI PS	0.25	<b>District Hospital</b> Churachandpur, Manipur – 795128.



Date of creation or acquisition of the capital asset(s)	Details of the capital asset(s) created or acquired	Amount of CSR spent for creation or acquisition of capital Asset (₹ Crore) [Refer Note 4]	Details of the entity or public authority or beneficiary under whose name the capital asset is registered
30 July 2021	40.38 KWp off grid Solar Power System, at Adhar's lifecare centre for adults with disability	1.05	<b>Association of Parents of Mentally Retarded Children (Adhar)</b> Thakurwadi, Badlapur (W), District Thane - 421503, Maharashtra.
28 August 2021	1 basic life support ambulance Model: Force Motors Trax Cruiser	0.12	<b>District Hospital Tamenglong,</b> Duigailong, Tamenglong - 795141 Manipur.
31 August 2021	100 nos. Emvolio (EMVPRO) carrier refrigerators for vaccines across 17 districts (Assam and Manipur)	0.95	1) <b>Directorate of Health Services (Family Welfare),</b> Swasthaya Bhawan, Guwahati - 781036, Assam. Units - 50 2) <b>Family Welfare Directorate,</b> Thangal Bazar, Imphal - 795001, Manipur. Units - 50
31 August 2021	5 public toilet blocks outside Delhi Metro Rail Stations	1.16	<b>Delhi Metro Rail Corporation (DMRC)</b> 1) Karkarduma Metro Station, New Delhi -110092 2) Nehru Place Metro Station, New Delhi -110019 3) Suraj Park, Samaypur Badli, Sector 18, Rohini, New Delhi, 110042 4) Block C, Sector 19, Rohini, New Delhi -110089 5) Nizamuddin East, New Delhi - 110013
13 September 2021	1 advance life support ambulance Model: Force Traveller Type D	0.24	<b>Christian Institute of Health Science &amp; Research (CIHSR),</b> 4 <sup>th</sup> Mile, Dimapur, P.B. No. 31 Nagaland - 797115.
14 September 2021 - 31 March 2022	10 nos. Oxygen (PSA) Plants: - 2 nos. (300 Litre Per Minute capacity) - 8 nos. (500 Litre Per Minute capacity)	5.91	1) <b>St Catherine's Hospital (1 unit - 300 LPM)</b> The Mall, Kanpur - 208001, Uttar Pradesh 2) <b>Yamuna Sports Complex COVID-19 Extension Hospital (2 units)</b> Kakardooma, New Delhi - 110 092 3) <b>Peddapalli Govt. Hospital (1 unit)</b> Peddapalli, Telangana - 505172 4) <b>Yenepoya Medical College (1 unit)</b> Deralakatte, Karnataka - 575018 5) <b>Doddaballapur Hospital (1 unit)</b> Jangamkote, Chikkaballapur Karnataka - 562102 6) <b>Sub Divisional Hospital Chakia (1 unit)</b> East Champaran, Bihar - 845412 7) <b>District Hospital (1 unit)</b> Pulwama, J&K - 192301 8) <b>Dr Bhubhaneshwar Borooah Cancer Institute (1 unit)</b> Guwahati-781016, Assam 9) <b>Homi Bhabha Cancer Hospital and Research Centre (1 unit)</b> Visakhapatnam - 530053, Andhra Pradesh

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15 September 2021	10 nos. Multipara monitors for ICU Model – 'PARA 1005'	0.06	<b>Dr M L Dhawale Memorial Trust</b> Rural Homoeopathic Hospital Palghar-401404, Maharashtra.
31 December 2021	Multiple dental treatment and diagnostics equipment: Gnatus dental chair, light head, Way syringe, Vmax suction tools	0.04	<b>Ramakrishna Mission</b> Ramakrishna Ashram Marg New Delhi – 110055.
17 January 2022	Multiple diagnostic/laboratory equipment: - Morita Tri Mini Endomotor - Yumizen 500-Horiba Haematology Analyser	0.06	<b>Ramakrishna Mission</b> Ramakrishna Ashram Marg New Delhi – 110055.
10 February 2022	Construction of 2 school sanitation blocks for the school	0.08	<b>Paangkriang Friendship School</b> Ijeirong Village, Noney District, Manipur – 795156.
10 March 2022	1 paediatric endoscopy system Model: Olympus 190 series	1.05	<b>Lokmanya Tilak Municipal and General Hospital</b> Sion (West), Mumbai – 400022, Maharashtra.
18 March 2022	15 nos. multiple diagnostic equipment: - <b>ThermoFisher:</b> Vortex Mixer, Biosafety Cabinet, Minus 80 Degree freezer; Pipettes, Dry Bath table top, Non-refrigerated Centrifuge, Nano Centrifuge - <b>Biobee:</b> PCR Work Station - <b>Elanpro:</b> Minus 20 Degree freezer - <b>Biomerieux:</b> BioFire Torch 1.0 Myla PC machine - <b>ThermoScientific:</b> RTPCR System - <b>Medrad:</b> PET CT Pressure Injector - <b>Ipaqt:</b> Genexpert - <b>Bet Medical:</b> Operation Theatre Light - <b>Valley Lab:</b> Electrosurgical Generator	1.44	<b>Sri Shankara Cancer Hospital</b> Shankarapuram, Basavanagudi, Bengaluru – 560004, Karnataka.
21 March 2022	Customised vehicle for free hot meal distribution Model: Mahindra JAYO CBC, BS6	0.19	<b>Santosh Lalita Jain Foundation,</b> Princept Street, Kolkata, West Bengal - 700072.
25 March 2022	50-bed extension hospital	1.65	<b>The Voluntary Health Services (VHS)</b> SH 49A, Pallipattu, Tharamani Chennai– 600113, Tamil Nadu.

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25 March 2022	PET CT system Model: Phillips Ingenuity TF-128 slice PET CT system	8.50	<b>Sri Shankara Cancer Hospital</b> Shankarapuram, Basavanagudi, Bengaluru - 560004 Karnataka.
31 March 2022	- Wipro GE Digital 3D Mammography machine (Pristina 3D Tomosystem) - Siemens RT Planning Radiotherapy couch	2.72	<b>The Cachar Cancer Hospital Society</b> Meherpur, Silchar, Cachar - 788015 Assam.
31 March 2022	150 nos. Emvolio (EMVPRO) carrier refrigerators for vaccines in 9 districts of Assam	1.0	<b>Directorate of Health Services (Family Welfare),</b> Swasthaya Bhawan, Guwahati - 781036, Assam.
31 March 2022	20 nos. CareNX Caremother Fetosense units for foetal heart rate monitoring	0.29	<ol style="list-style-type: none"> <li>1) <b>Primary Health Center (1 unit)</b> Gumballi Post, Yalandur Taluka, Chamarajnagar - 571441, Karnataka</li> <li>2) <b>Primary Health Center (1 unit)</b> Halkurke Post, Tiptur Taluka, Tumkur - 572201, Karnataka</li> <li>3) <b>Primary Health Center (1 unit)</b> Baluvaneralu Post, Tiptur Taluka Karnataka - 527717</li> <li>4) <b>Primary Health Center (1 unit)</b> Dindavara Post, Hiriur Taluka, Chithradurga - 577598, Karnataka</li> <li>5) <b>Primary Health Center (1 unit)</b> Mallapura Post, Jagalur Taluka, Davangere - 577528, Karnataka</li> <li>6) <b>Primary Health Center (1 unit)</b> Huigola Post, Gadag Taluka, Gadag - 582610, Karnataka</li> <li>7) <b>Primary Health Center (1 unit)</b> Hirehal Post, Ron Taluka, Gadag - 582217, Karnataka</li> <li>8) <b>Primary Health Center (1 unit)</b> Nandikeswara Post, Badami Taluka, Bagalkote - 587201, Karnataka</li> <li>9) <b>Primary Health Center (1 unit)</b> Sreemangala Post, Verajpet Taluka, Kodagu - 571217, Karnataka</li> <li>10) <b>Primary Health Center (1 unit)</b> Sugganahalli Post, Magadi Taluka, Ramanagara - 561101, Karnataka</li> <li>11) <b>District Health and Family Welfare (10 units)</b> District Health Officer, Koppal - 583231, Karnataka.</li> </ol>

Date of creation or acquisition of the capital asset(s)	Details of the capital asset(s) created or acquired	Amount of CSR spent for creation or acquisition of capital Asset (₹ Crore) [Refer Note 4]	Details of the entity or public authority or beneficiary under whose name the capital asset is registered
31 March 2022	Varian Truebeam Medical Linear Accelerator for cancer radiation treatment	10.00	<b>Cancare Trust Head and Neck Cancer Institute of India,</b> Byculla, Mumbai - 400 010.
31 March 2022	Academic and library building at Ashoka University	57.00	<b>Ashoka University</b> Plot No. 2, Rajiv Gandhi Education City, Sonapat - 131029, Haryana.
31 March 2022	Krea University Library	1.54	<b>Krea University</b> 5655 Central Expressway, Sri City - 517646, Andhra Pradesh.
31 March 2022	10 schools in North Sikkim, each with: <ul style="list-style-type: none"> <li>- Set up of playgrounds with outdoor play equipment</li> <li>- Digilabs (Servers, solar panels, Android tablets, LED TVs, furniture &amp; furnishings)</li> <li>- Libraries (Books, furniture and furnishings)</li> </ul>	0.96	<b>1) Phensong Secondary School</b> - Phensong, Kabi, North Sikkim - 737116 <b>2) Chawang Primary School</b> - Chawang, Kabi, North Sikkim - 737116 <b>3) Tumlong Junior High School</b> - Tumlong, Kabi, North Sikkim - 737119 <b>4) Gairee Primary School</b> - Gairee, Kabi, North Sikkim - 737117 <b>5) Pentong Primary School</b> - Pentong, Passingdong, North Sikkim - 737116 <b>6) Lingdem Primary School</b> - Lingdem, Passingdong, North Sikkim - 737116 <b>7) Lum Primary School</b> - Lum, Passingdong, North Sikkim - 737107 <b>8) Lingthem Junior High School</b> - Lingthem, Passingdong, North Sikkim - 737116 <b>9) Gnon Sangdong Junior High School</b> - Passingdong, North Sikkim - 737116 <b>10) Barfok Primary School</b> - Passingdong, North Sikkim - 737116.
31 March 2022	Capex items for the vocational training and therapy units at Sankalp's new campus: <ul style="list-style-type: none"> <li>- Vehicles: 1 Maruti EECO van &amp; 1 Okinawa electric bike</li> <li>- 1 Paper bag making machine</li> <li>- School furniture</li> <li>- Assessment tools</li> </ul>	0.22	<b>Sankalp - The Learning Centre and Special Needs School</b> #88, Thiruvalluvar Street, Kolappancheri, Poonamallee Pattabiram Road, Poonamallee, Chennai - 600072, Tamil Nadu.

Date of creation or acquisition of the capital asset(s)	Details of the capital asset(s) created or acquired	Amount of CSR spent for creation or acquisition of capital Asset (₹ Crore) [Refer Note 4]	Details of the entity or public authority or beneficiary under whose name the capital asset is registered
31 March 2022	<p>1. Hybrid Solar rooftop systems of total 55 KW capacity, for 11 Ashramshalas (schools)</p> <p>2. 100 solar street lights of total 6 KW capacity</p>	0.71	<p>1) <b>Rajendra Prasad Ashramshala:</b> Borakhdi, Vyara Taluka, Tapi - 394650, Gujarat</p> <p>2) <b>Shree Vinoba Ashramshala:</b> Gadat, Dolvan Taluka, Tapi - 394633, Gujarat</p> <p>3) <b>Maitree Ashramshala:</b> Karanjvel, Vyara Taluka, Tapi - 394650, Gujarat</p> <p>4) <b>Vanvihar Ashramshala:</b> Khutadiya, Vyara Taluka, Tapi - 394655, Gujarat</p> <p>5) <b>Prena Ashramshala:</b> Garvan, Dolavan Taluka, Tapi - 384633, Gujarat</p> <p>6) <b>Vananchal Ashramshala:</b> Panchol, Dolvan Taluka, Tapi - 394655, Gujarat.</p> <p>7) <b>Vanaraj Ashramshala:</b> Chunavadi, Dolvan Taluka, Tapi - 394635, Gujarat</p> <p>8) <b>Vanpath Ashramshala:</b> Vyara Taluka, Tapi - 394655, Gujarat</p> <p>9) <b>Sarkuva Ashramshala:</b> Vyara Taluka, Tapi - 394651, Gujarat.</p> <p>10) <b>Vajharda Ashramshala:</b> Songadh Taluka, Tapi district - 394651, Gujarat.</p> <p>11) <b>Kalamkui Ashramshala:</b> Dolavan Taluka, Tapi district - 394655, Gujarat.</p> <p><b>Solar Street Lights:</b> Bhagwati Nagar, Near Pashupati Nath Temple, Odhav, Ahmedabad - 382430, Gujarat</p>

Date of creation or acquisition of the capital asset(s)	Details of the capital asset(s) created or acquired	Amount of CSR spent for creation or acquisition of capital Asset (₹ Crore) [Refer Note 4]	Details of the entity or public authority or beneficiary under whose name the capital asset is registered																		
31 March 2022	85 composter units with total capacity to process 750+kgs per day	0.74	<div>1) <b>Ragunath Vihar</b> Navi Mumbai - 410210, Maharashtra</div> <div>2) <b>Goodwill Paradise:</b> Kharghar, Navi Mumbai - 410210 Maharashtra</div> <div>3) <b>Kalina Kamal Society</b> Santacruz East, Mumbai - 400029 Maharashtra</div> <div>4) <b>Chedda Heights</b> Bhandup West, Mumbai - 400078 Maharashtra</div> <div>5) <b>St Teresa Education Institute</b> Mumbai - 400054, Maharashtra</div> <div>6) <b>Auxillium Convent School</b> Bandra West, Mumbai - 400050 Maharashtra</div> <div>7) <b>Sarva Seva Sangh,</b> Andheri East, Mumbai - 400093, Maharashtra</div> <div>8) <b>St Joseph's Convent School,</b> Vile Parle West, Mumbai - 400056, Maharashtra</div>																		
31 March 2022	Installation of 161 nos. solar powered water heating systems of 300 LPD and 500 LPD and 146 nos. solar powered water pumps of 175 KW across PHC/CHC in 2 states	3.42	<div>1) <b>Koppal District, Karnataka</b> Department of District Health &amp; Family Welfare, District Commissioner's Office Koppal – 583231, Karnataka</div> <table><tr><th>Taluka</th><th>Solar Heaters</th><th>Solar Pumps</th></tr><tr><td>Gangavati</td><td>4</td><td>9</td></tr><tr><td>Koppal</td><td>5</td><td>9</td></tr><tr><td>Kushtagi</td><td>4</td><td>12</td></tr><tr><td>Yelburga</td><td>5</td><td>6</td></tr><tr><td>Total</td><td>18</td><td>36</td></tr></table>	Taluka	Solar Heaters	Solar Pumps	Gangavati	4	9	Koppal	5	9	Kushtagi	4	12	Yelburga	5	6	Total	18	36
Taluka	Solar Heaters	Solar Pumps																			
Gangavati	4	9																			
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			<div>2) Sambalpur District, Odisha Office of the CDM &amp; PHO, District Headquarters Hospital, Modipara, Sambalpur - 768001, Odisha.</div> <table><tr><th>Taluka</th><th>Solar Heaters</th></tr><tr><td>Dhankauda</td><td>1</td></tr><tr><td>Govindapur</td><td>3</td></tr><tr><td>Jamankira</td><td>4</td></tr><tr><td>Jharsuguda</td><td>2</td></tr><tr><td>Jujumura</td><td>3</td></tr><tr><td>Katarbaga</td><td>1</td></tr><tr><td>Kuchinda</td><td>5</td></tr><tr><td>Mahulpalli</td><td>5</td></tr><tr><td>Maneshwar</td><td>3</td></tr><tr><td>Naktideul</td><td>3</td></tr><tr><td>Rairakhol</td><td>2</td></tr><tr><td>Rengali</td><td>2</td></tr><tr><td>Sadar</td><td>1</td></tr><tr><td>Total</td><td>35</td></tr></table> <div>3) Raichur District, Karnataka Department of District Health and Family Welfare, Ekminar Road, Raichur - 584103, Karnataka.</div> <table><tr><th>Taluka</th><th>Solar Heaters</th><th>Solar Pumps</th></tr><tr><td>Devadurga</td><td>9</td><td>7</td></tr><tr><td>Lingasugur</td><td>13</td><td>10</td></tr><tr><td>Manvi</td><td>1</td><td>9</td></tr><tr><td>Raichur</td><td>4</td><td>8</td></tr><tr><td>Sindhanur</td><td>8</td><td>11</td></tr><tr><td>Maski</td><td>1</td><td>-</td></tr><tr><td>Sirwar</td><td>1</td><td>-</td></tr><tr><td>Total</td><td>37</td><td>45</td></tr></table> <div>4) Yadgir District, Karnataka Office of the District Commissioner, Department of District Health and Family Welfare, Yadgir – 585201, Karnataka.</div> <table><tr><th>Taluka</th><th>Solar Heaters</th><th>Solar Pumps</th></tr><tr><td>Hunasagi</td><td>3</td><td>1</td></tr><tr><td>Shahpur</td><td>6</td><td>4</td></tr><tr><td>Shorapur</td><td>7</td><td>9</td></tr><tr><td>Yadgir</td><td>17</td><td>8</td></tr><tr><td>Gurumitkal</td><td>4</td><td>0</td></tr><tr><td>Wadagera</td><td>5</td><td>0</td></tr><tr><td>Total</td><td>42</td><td>22</td></tr></table>	Taluka	Solar Heaters	Dhankauda	1	Govindapur	3	Jamankira	4	Jharsuguda	2	Jujumura	3	Katarbaga	1	Kuchinda	5	Mahulpalli	5	Maneshwar	3	Naktideul	3	Rairakhol	2	Rengali	2	Sadar	1	Total	35	Taluka	Solar Heaters	Solar Pumps	Devadurga	9	7	Lingasugur	13	10	Manvi	1	9	Raichur	4	8	Sindhanur	8	11	Maski	1	-	Sirwar	1	-	Total	37	45	Taluka	Solar Heaters	Solar Pumps	Hunasagi	3	1	Shahpur	6	4	Shorapur	7	9	Yadgir	17	8	Gurumitkal	4	0	Wadagera	5	0	Total	42	22
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			5) Haveri District, Karnataka Office of the District Commissioner, 2nd Building, B Block, Dept. of District Health and Family Welfare, Haveri - 581110, Karnataka.		
			Taluka	Solar Heaters	Solar Pumps
			Byadgi	3	5
			Hangal	8	5
			Haveri	4	9
			Hirekerur	1	8
			Ranebennur	5	10
			Savanur	3	2
			Shigaon	5	4
			Total	29	43
Total		114.22			

**Note 4:** This amount represents the cumulative CSR spent on acquisition/creation of capital assets, until the date of completion. Of this, an amount of ₹ 63.22 crores has been spent in the current financial year.

**11. Specify the reason(s), if the company has failed to spend two per cent of the average net profit as per section 135(5).**

Not Applicable

For Housing Development Finance Corporation Limited

MUMBAI  
May 2, 2022

KEKI M. MISTRY  
Vice Chairman & CEO

DEEPAK S. PAREKH  
Chairman - CSR Committee

## Annex to Directors' Report - 3A

### IMPACT ASSESSMENT REPORTS - Executive Summary FY 2021-22

#### 1. HDFC CORPORATE SOCIAL RESPONSIBILITY (CSR) OVERVIEW

HDFC recognises that India's social problems are complex and these issues require multifaceted approaches to address them. HDFC work across a range of social interventions and development initiatives to facilitate deep and long-term impact for a developed and inclusive society. We envision an inclusive India where vulnerable communities have the access and opportunity to transform their lives and move from a state of 'surviving to thriving'.

HDFC's CSR initiatives are undertaken through direct partnerships with non-profit organisations and through its primary implementing agency, the H T Parekh Foundation (the Foundation). The Foundation is a Section 25 (now Section 8) company incorporated in 2012, to honour the rich legacy of its Founder Chairman, Shri H T Parekh.

Our key focus areas:

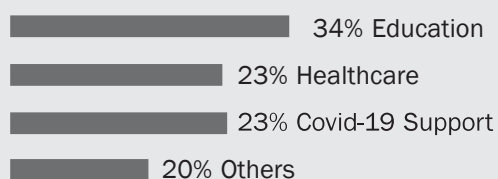
- Education
- Healthcare

With a secondary focus on:

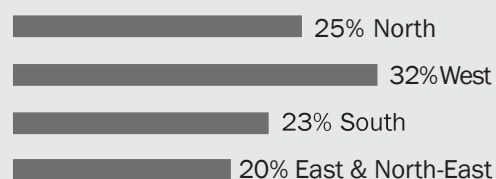
- Environment
- Supporting Persons with Disabilities (PwDs)
- Skilling & Livelihoods

Our projects are distributed across India working in close partnership with 90+ implementing agencies. Our projects target vulnerable communities and certain hard-to-access regions, thus contributing to key Sustainable Development Goals, as outlined in the United Nations 2030 Agenda for Sustainable Development.

#### Sectoral Break-up FY 2021-22



#### Regional Break-up FY 2021-22



## 2. (A) SECTORS AND THEMATIC FOCUS

### 2.1 EDUCATION:

We partner with organizations working in under-resourced educational programs across the country to ensure inclusive, equitable and quality education and promote lifelong learning opportunities for all. Our projects prioritize learning outcomes, create knowledge on pedagogical practices, work to bring about systemic change and support the development of higher education institutes of excellence.



Thematic Focus	Program Focus
Early Childhood Education	Improved learning environment, age appropriate learning aids, teacher capacity building for better school readiness of children
Foundational Learning	Systems strengthening, teacher professional development, development of educational resources, strengthening school learning environment & innovative teaching practices
Higher Education	Institutional support including infrastructure and need based scholarships

### 2.2 HEALTHCARE:

We partner with organizations working towards provision of affordable and quality healthcare to children and women that are vulnerable or economically marginalized. Our projects in Nutrition aim to improve the nutritional status of mothers, children and adolescent girls. Towards Cancer support, our projects support access for early diagnosis and treatment of cancer, and increasing the survival rate amongst children with cancer.



Thematic Focus	Program Focus
Nutrition	Access to nutrition and strengthening the primary healthcare system for improving nutrition status of children and pregnant women
Cancer Support	Improved access to early diagnosis and quality treatment of cancer for increasing survival rate and screening coverage
Paediatric Surgeries	Lifesaving treatment support for underprivileged children, primarily focused on congenital heart defects

### 2.3 ENVIRONMENT:

Our projects aim to make urban settlements sustainable by providing access to sanitation, scientific waste management, ecological restoration and reduction in carbon emissions through installation of solar energy solutions.



Thematic Focus	Program Focus
Solid Waste Management	Sustainable waste management systems towards an improved circular economy, at household, institutional and city level
Solar Energy	Quality solar energy installations across education and healthcare institutions, as also supporting incubation of solar energy entrepreneurs towards livelihood
Ecological Restoration	Ecological restoration of natural ecosystems, including afforestation and water management
Urban Sanitation	Projects for sustainable sanitation services across urban slum settlements and upgradation of public sanitation facilities in cities

## 2.4 SUPPORTING PERSONS WITH DISABILITIES (PwDs):

PwDs face institutional and societal barriers in all aspects of life due to a lack of accessible infrastructure and the associated social stigma with physical and/or intellectual impairments. Our strategy is to improve the 'quality of life' from a social and economic lens for PwDs.



Thematic Focus	Program Focus
Healthcare and Special Education	Support institutions, resource development and infrastructure to improve learning and health outcomes for children with disabilities
Skilling and Livelihood	Ensure financial independence and increase workforce participation by skilling and job placements for youth with disabilities
Ecosystem Interventions	Raise awareness on issues faced by PwDs and ensure their inclusion in society

## 2.5 SKILLING & LIVELIHOODS:

We focus on prioritising groups that have been historically marginalised from economic opportunities to ensure their wellbeing and financial independence.



Thematic Focus	Program Focus
Welfare for Migrants	Programs for social security, entitlements & livelihood opportunities for migrant construction workers
Livelihoods for Women	Programs for job linked skilling & livelihood enhancement for women

## 2. (B) COVID-19 SUPPORT

During FY 2021-22, we acted on priority to identify and support immediate to long term interventions for COVID-19 relief measures. Our efforts aimed to provide various community relief measures and support the set-up of resilient health infrastructure during the second lockdown, with the objective of reaching the most vulnerable communities and build future preparedness for any subsequent waves of the pandemic.



Thematic Focus	Program Focus
Healthcare Infrastructure	Healthcare equipment and long-term infrastructure
Vaccination	Support vaccination drives across urban and rural communities, including incentive-based vaccination to mitigate vaccine hesitancy
Community Relief	Nutritious meals and essential supplies to healthcare workers, underserved rural communities & socio-emotional support for children during the second wave of the pandemic

### 3. SUMMARY OF IMPACT ASSESSMENTS CONDUCTED

Based on project completion, we have undertaken impact assessment studies for the below mentioned CSR projects during FY 2021-22 through third party agencies.

The executive summary of the impact assessment reports has been attached below. The detailed reports may be accessed at: <https://www.hdfc.com/about-us#corporate-social-responsibility>

CSR Project	Program Assessed	NGO Partner/s	Program Reach	Third party agency
1. Education - Foundational Learning	1.1 Blending learning in Model Schools	<ul style="list-style-type: none"> <li>▪ The Akanksha Foundation</li> <li>▪ Avasara Leadership Institute</li> <li>▪ Purkal Youth Development Society</li> <li>▪ Shanti Bhavan Educational Trust</li> <li>▪ Teach to Lead</li> </ul>	<ul style="list-style-type: none"> <li>▪ 4,448 students</li> <li>▪ 182 educators</li> </ul>	Deloitte India, Mumbai
	1.2 Community based education programs	<ul style="list-style-type: none"> <li>▪ Foundation to Educate Girls Globally</li> </ul>	<ul style="list-style-type: none"> <li>▪ 31,123 children</li> <li>▪ 2,179 education camps</li> </ul>	

CSR Project	Program Assessed	NGO Partner/s	Program Reach	Third party agency
2. Healthcare - Nutrition	2.1 Nutrition for children at urban construction sites	<ul style="list-style-type: none"> <li>▪ Mobile Crèches for Working Mother's Children</li> <li>▪ Tara Mobile Creches</li> </ul>	<ul style="list-style-type: none"> <li>▪ 8,719 children</li> <li>▪ 32 construction sites, 2 slums</li> <li>▪ 4 cities</li> </ul>	PDAG Consulting, New Delhi
	2.2 Nutrition for children undergoing cancer treatment	<ul style="list-style-type: none"> <li>▪ Cuddles Foundation</li> </ul>	<ul style="list-style-type: none"> <li>▪ 1,046 children</li> <li>▪ 3 cancer hospitals in Assam &amp; West Bengal</li> </ul>	

CSR Project	Program Assessed	NGO Partner/s	Program Reach	Third party agency
3. Urban Sanitation	Household toilets in urban slums	<ul style="list-style-type: none"> <li>▪ Shelter Associates</li> </ul>	<ul style="list-style-type: none"> <li>▪ 1,450 household toilets</li> <li>▪ 43 slums of Kolhapur and Pimpri Chinchwad</li> </ul>	The 4 <sup>th</sup> Wheel, Ahmedabad

CSR Project	Program Assessed	NGO Partner/s	Program Reach	Third party agency
4. Supporting Persons with Disabilities	Training support to para-athletes for the Tokyo Paralympics	<ul style="list-style-type: none"> <li>Foundation for Promotion of Sports and Games</li> </ul>	<ul style="list-style-type: none"> <li>18 para-athletes</li> <li>4 Paralympic sports</li> <li>9 medals won</li> </ul>	Sattva Consulting, Bengaluru

CSR Project	Program Assessed	NGO Partner/s	Program Reach	Third party agency
5. COVID-19 Support	<ul style="list-style-type: none"> <li>Vaccination program across urban &amp; rural communities</li> <li>Community Relief - Nutritious meals and essential supplies provided</li> </ul>	<ul style="list-style-type: none"> <li>Multiple partners (refer Point 8(c) in the Annual report on CSR Activities)</li> </ul>	<ul style="list-style-type: none"> <li>4,79,600 individuals vaccinated</li> <li>15,000 health workers</li> <li>22,800 families</li> <li>13,000 children</li> </ul>	Sattva Consulting, Bengaluru



## IMPACT ASSESSMENT REPORT - Executive Summary April 2022

**1.1 EDUCATION-FOUNDATIONAL LEARNING****Blended learning in Model Schools**

With the onset of Covid-19 and the deleterious impact it had on multiple sectors including education, HDFC supported five Non-governmental Organisations (NGOs) namely Akanksha Foundation, Avasara Academy, Purkal Youth Development Society (PYDS), Shanti Bhavan and Teach for India (TFI) to ensure they continued their operations and the students continued to learn.

**OVERVIEW**

**Investment and Project Overview** Cumulative project investment of **INR 8.16 crore**  
(inclusive of support to 5 implementation partners)

	Organisation	Project overview
1	Akanksha Foundation	Supporting operational costs at two Municipal schools; Technology support
2	Avasara Academy	Support to XCell programme involving socio-emotional, college and career counselling
3	Purkal Youth Development Society	Sponsorship of students belonging to Grade I, III, and VII; Technology support
4	Shanti Bhavan	Scholarship of education costs of students belonging to grade 10 and 12
5	Teach for India	Support towards programme cost of Fellows which includes training and other fellowship completion related costs

**Project locations** 7 cities across 5 states (Maharashtra: Mumbai and Pune; Uttarakhand: Dehradun; Tamil Nadu: Baliganapalli, Chennai; Karnataka: Bengaluru and Telangana: Hyderabad)

**Project duration** Academic year 2020-21

**ASSESSMENT METHODOLOGY**

The main objective of the engagement was to conduct a secondary study with sector focused approach to understand the impact of the CSR initiatives in the ambit of education with focus on remote schooling during the pandemic. This was captured through:

- Secondary data collection from a sample of representative stakeholders and beneficiaries across the Implementing Organisations
- Use of sector specific tools and evaluation framework customization e.g., OECD DAC framework for analysis
- Discussion with client's identified stakeholders to understand their requirements and sampling plan finalized for virtual study
- Obtain relevant data from primary stakeholders through Focus Group Discussions (FGDs)/Key Informant Interviews (KIIs)
- Data and document analysis including MIS/Reports submitted by each Implementing Organisation
- Understand the existing baseline data through sample survey and advise as the client undertakes to evaluate progress against the same
- Analysis of data collected and submit the final reports to client for their consideration

Deloitte used a consultative approach incorporating elements of primary and secondary research. The data collection was followed by a phase of analysis and documentation of key observations and findings. The key stakeholders that were mapped for interactions included – Students, Educators/Fellows, Parents, Device beneficiaries, Counsellor/Career Counsellor, Leadership team, Residential staff, Programme Managers, Principal, City Directors, School Management Committee (SMC) members, Volunteers, Alumni and Social Worker. The team interacted with a total of 239 stakeholders as part of this exercise.



## IMPACT ASSESSMENT FINDINGS

Below is a summary of Deloitte's observations and findings of the impact assessment undertaken to evaluate the remote schooling projects implemented by five NGOs:

### Relevance/need for project:

- **247 million children** across India continued to face disruptions in education due to Covid-19.<sup>1</sup>
- **6 million children** in India are currently reported to be out of school.<sup>2</sup>
- **56.7% children** enrolled in government schools have access to smart phones.<sup>3</sup>
- **92% children** lost at least **one ability associated with languages** and **82% children** lost at least **one mathematical ability** on an average.<sup>4</sup>
- Parents increasingly faced challenges in addressing the psychosocial needs of their children amidst the pandemic.

### Impact created:

5 implementing organisations impacted	50 schools impacted	4448 students impacted 2895 students impacted in Kindergarten to Grade 7 1553 students impacted in Grade 8 and above	182 educators impacted
176 devices distributed, 151 tabs and 25 smart phones	100 first generation learners empowered towards a better future	100% schools aligned to new age technological interventions	100% children and educators provided with psychosocial support through individual/group counselling or check-in calls
	67.8% average attendance noted across 4 partners	100% students enrolled in the academic year 2020 – 2021 appeared for the yearend examinations	

### Student performance:

<b>Primary grades -</b> <b>Learning outcomes achieved in 6 key areas:</b> reading, comprehension, grammar, spoken skills, concept building, problem solving and reasoning <b>Average score of students &gt;60% (Akanksha Foundation and PYDS)</b> <b>More than 60% students show at par or improvements in Math and Reading Comprehension (TFI)</b>	<b>Higher grades -</b> <b>Average score in grade 10<sup>th</sup> and 12<sup>th</sup> students - &gt;80% (Shanti Bhawan)</b>
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<sup>1</sup> Education: From disruption to recovery, <https://en.unesco.org/covid19/educationresponse>, (accessed on 03/03/2022)

<sup>2</sup> ibid

<sup>3</sup> Annual Status of Education Report, 2021

<sup>4</sup> The loss of learning for children during the pandemic, <https://azimpremjuniuniversity.edu.in/field-studies-in-education/loss-of-learning-during-the-pandemic>, (accessed on 03/03/2022)

Pivots to the implementation model due to Covid-19:

The pandemic brought pronounced challenges for stakeholders across the education ecosystem. To ensure learning continues with minimal disruption, support provided by HDFC has been able to aid residential facilities, build capacities of educators, provide access to devices, and facilitate career counselling and psychosocial support.

The following themes form the core of the intervention pivots adopted by the partners:

### *Continuity of learning*

The continuity of learning was affected by various factors during the online mode of learning, the main impediments were–

Intermittent  
network availability

Device availability  
with students and  
educators

Increased health  
and family  
responsibilities

Emerging social and  
cultural biases

The organisations under study brought in multiple innovations to address this challenge. The first task that all NGOs undertook was **mapping the student whereabouts in the initial months of the lockdown**.

- **Device availability and usability** was ensured for students and teachers by all partners via fundraising and crowdsourcing. Tablets and cell phones distribution at PYDS and Akanksha Foundation was supported under the HDFC grant. At TFI, devices were loaned to parents after signing student device loan agreement.
- Addressing **network availability** by providing data packs and **favourable network cards**.
- Ensuring **health and wellness** became a major challenge to be addressed, where all partners engaged in extensive outreach through **community, partner organisations, and SMC members** for helping those in need.
- Shanti Bhavan ensured that all students were in school and continued schooling as pre-pandemic times to **ensure minimal disruption**. Strict control measures were undertaken to curtail the spread of virus via own medical clinics or forging partnerships with local hospitals.
- Offline support provided through **distribution of stationery and reading materials** to students. Avasara Academy mobilized community members as channels to deliver learning material at the student doorstep.
- Counselling parents/caregivers towards facilitating virtual lessons for their wards.

### *Capacity building, training, and support for educators*

Educators were the key stakeholders in making the online mode of learning effective and sustainable. Hence it became pivotal to the success of intervention to capacitate the educators towards increasing and varied demand of the “new normal” in education. The challenges in this regard were –

Educators were used  
to the brick-and-  
mortar classroom  
setup

Customization and  
usability of available  
educational  
platforms

Shift to a learner  
centric teaching  
approach

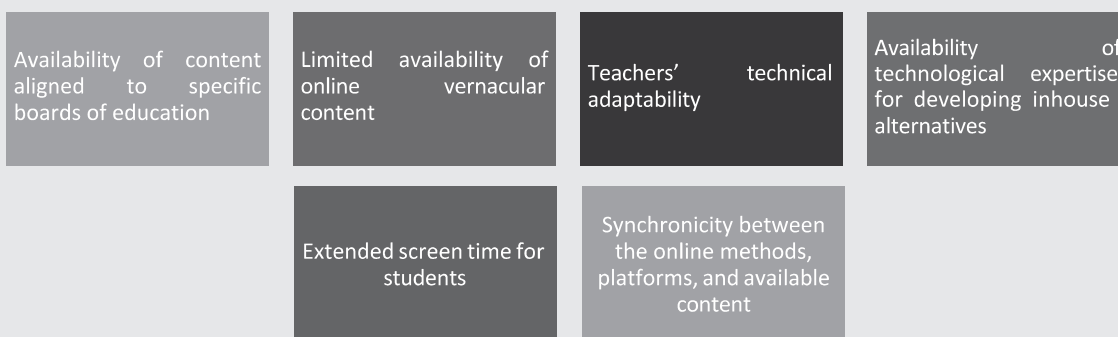
Planning of online  
lessons to optimize  
the time constraint

The rigorous capacity building interventions undertaken were aligned to addressing the challenges and evolving demands of the education sector –

- **Lesson plan alignment** trainings through peer learning approaches was a key intervention.
- All partners undertook extensive teacher training programmes in aegis of boards of education where the curriculum was aligned.
- **Technological training teams**, peer training teams, taskforces were setup for ensuring not just the usability of devices but also ensuring innovation and consistency of teaching learning methods. During the study, **80% educators found confidence in using new age educational technology**.
- Training to ensure psychological safety in virtual classrooms - All partners have **capacitated teachers on Socio-emotional and Ethical (SEE) curriculum and trauma informed learning**.

### *Innovations in curriculum, content creation and dissemination*

With online learning becoming the norm, the educational content had to undergo aligned changes. Some key challenges that emerged due to shift to virtual lesson delivery modes are summarized below –



Hence, certain pivots had to be brought in for addressing these challenges –

- **Socio emotional and Ethical learning (SEE)** curriculums were formalized.
- Lesson plans revamped to focus on student engagement. Extensive emphasis on retention of existing learning levels rather than advancement into grade appropriate rigour of learning levels.
- Introduction of asynchronous modes of learning during the academic year 2020 – 2021 after arrangement of devices, internet connection and data serviceability. The educators disseminated content using **mini lesson videos, voice notes, and learning packets**. Some of the tools that were leveraged are – WhatsApp groups, Edmodo, Edpuzzle, Xrecorder, Lomo, Jolly phonics, YouTube, StoryWeaver, Raz-Kids, Rocket learning app, Matific, Google Forms, Khan Academy, Google Read Aloud, GeoGebra, Quizlet among others.
- **Utilisation of synchronous mode of learning**, mainly Zoom and Google Meet. Shorter synchronous sessions to optimize lesson delivery and to reduce screen time. PYDS had multiple sessions in the day as options to students, TFI curtailed the session duration. Shanti Bhavan moved its music programme online in association with Broadway for Arts Education.
- **Celebration of major national and international events**, to ensure engagement of children.
- Mandate of **ice-breaker activities** and frequent check-in with students. This was achieved by including grounding exercises, fun activities like Hallaboli, trivia, and quiz sessions at PYDS, Akanksha Foundation and TFI. Shanti Bhavan emphasised on physical training through sports or exercises for 60 minutes daily. Tools like Padlet, Peardeck, Mentimeter, Kahoot were leveraged to make learning a fun activity.
- **Use of technology platforms, establishment of technological expertise teams – Setup at regional levels** to partake in capacity building sessions and to ensure usability of devices distributed to students.
- **Play way, project based and experiential learning models** – Play way learning was utilized across grades to reduce monotony of remote learning and to provide children hands-on learning experiences.

With crucial educational milestones being redefined for students, career counselling during the pandemic emerged as a major support mechanism at Avasara Academy and Shanti Bhavan to ensure students felt motivated and guided towards their career aspirations. This was ensured through –



*Focus on parent engagement level*

Due to discontinued classroom setup and extended association at home, the role of parents and caregivers became primary. This came with its own set of challenges –

Increased dependence on parents and caregivers for fulfilling the interpersonal skills' gap led to psychosocial pressures on them

Parents were affected by the pandemic and distressed due to decreased livelihood opportunities

The NGOs addressed the challenges by -

- **Increased frequency of parent teacher meetings** ensured increased involvement of parents in school activities.
- Involvement of community workers and partnership with community-based organisations helped the organizations to continue being in touch with the parents even at the peak of the pandemic.
- The **provision of ration and relief support** ensured that parents were reachable throughout the pandemic and were reassured of continued support.
- Shanti Bhavan provided **periodic contact with parents** to children through phone calls and socially distanced meet ups in school premises.

*Meeting the need for psychosocial support*

The pandemic impacted socio-emotional wellbeing of all age groups. With reduced physical mobility and confinement to indoors, the need for psychosocial support was felt across the target population. Some of the challenges faced by the organisations on this aspect are listed here –

Absence of social circle for children impacting their wellbeing and decline in social and interpersonal skills

Decreased co-curricular activities

Increase in negative emotions

Migration related distress

During the study, five emotions were observed in highest frequency and intensity among the students: distress (20%), feelings of being overwhelmed (26%), anxiety (30%), fear (9%) and lack of motivation (15%). The NGOs worked in varied ways to ensure seamless delivery of education while addressing the psychosocial needs of varied stakeholders.

- **Grade band wise solutions** brought in to address psycho-social needs of various age groups at PYDS, Akanksha Foundation and TFI. At Shanti Bhavan and Avasara Academy, the school counsellors ensured students received support on a need basis.
- **Prioritizing mental health over content mastery** was achieved by **trauma informed learning**.
- **Parent teacher interactions** were increased for better understanding of psychosocial needs of students for parents.
- Increased frequency of **check-in calls** by school representatives helped case by case response to the psychosocial needs.
- **Formal counselling services** provided to parents and students having specialized counsellors.
- NGOs also **opened interfaces** for educators to communicate their difficulties.
- **Partnerships explored** with organisations working on addressing mental health concerns.

*Addressing learning gaps*

The teaching – learning approaches underwent a significant change that affected the learning levels of students leading to learning

Dependence on the usability and workability of devices for different set of students

Increased digital exposure leading to health issues like painful/strained eyes

Digital fatigue due to long exposure to screen

gaps. This was compounded by the fact that –

The pivots for addressing the learning gaps looked like the following –

- **Prioritizing engagement over achievement of grade appropriate learning outcomes.**
- Unique approaches to assess levels of engagement were developed. Schools used online portals including Edmodo to capture the engagement levels of students.
- Focus on **formative skills for lower grades and life-skills for higher grade students.**
- **Bridge curriculums** in varied forms explored and introduced to address grade appropriate learning gaps.

### *Tracking mechanisms for attendance, assessment, and retention*

Tracking mechanisms for attendance, assessments and retention changed in response to the online mode of teaching –

Adaptation of teachers towards usage of online mechanisms

Availability of devices with teachers and students

Ability of students, teachers, and parents to use the platforms and devices

learning. The adaptation to online tracking mechanisms were riddled with following challenges –

The pivots for addressing the challenges looked like the following –

- Attendance was tracked on **MS-Excel sheets and asynchronous submissions were tracked** on instant messaging applications like WhatsApp. Some also moved to in-house developed tools to track the same.
- For Kindergarten to grade IV - A combination of synchronous and asynchronous mode of assessment.
- For Grade V and above - Video based assessments and asynchronous assessments.
- **Revised grade cards** helped track student performance under certain key performance indicators. Emphasis on recording results of diagnostics and a switch to recording grades rather than marks. Avasara Academy recorded anecdotal evidence of the key students' performance instead of grade cards during the initial transition towards online learning.

### Recommendations:

- **Blended learning model** combining facets of online lesson delivery and opportunities for interaction in traditional classrooms can be leveraged.
- Focus on filling learning gaps through **extensive bridge programmes**. For the primary grades, foundational learning has suffered a greater scale where increased emphasis can be laid on building basic understanding of subjects and interpersonal relationships. While the focus can lay upon grade appropriate learning for higher grades.
- Effort can be extended towards **bridging the digital divide** to ensure education can reach remote locations.
- **Added focus on developing formative skills** in students, including empathy, self-control, integrity, and grit.
- **Emphasis on awareness, creation and training of educators and parents to build safer spaces for students** to express themselves completely.
- **Trainings can be moulded to attend to regional specificities** to enable educators to respond to contextual concerns of parents and students effectively.

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## IMPACT ASSESSMENT REPORT - Executive Summary April 2022

## 1.2 EDUCATION-FOUNDATIONAL LEARNING

### Community based Education Programs

Housing Development Finance Corporation (HDFC) supported **Foundation to Educate Girls Globally (FEGG)** to continue working towards **improving the enrolment, retention and learning cycle of children** across remote villages in Barwani and Khandwa districts of Madhya Pradesh, India. These districts feature high on poverty rate and low on literacy rates. The pandemic added to the already existing challenges, that required the organisation to realign their operational model to ensure continuity of learning.

#### OVERVIEW

<b>Implementing organisation:</b>	<b>Foundation to Educate Girls Globally (FEGG)</b>
<b>Investment and Project Overview</b>	<ul style="list-style-type: none"> <li>Project investment of <b>INR 1.81 crore</b></li> <li>Project aimed at <b>improving the enrolment, retention and learning cycle</b> of children across villages in Barwani and Khandwa in Madhya Pradesh, India through the following project activities:</li> </ul>

#### Ensuring improved learning outcomes

Camp Vidya, in-community learning model was introduced to ensure children continued to learn despite closure of schools owing to the pandemic

#### Community mobilization and empowerment

Implementation partner focused on mobilizing community members through community ownership by leveraging support from Team Balika (volunteers)

#### Enrollment of out-of-school girls (OOSGs)

Implementation partner utilized door-to-door contact and follow-up home visits, along with engagement with community members to identify and enroll OOSGs

#### Retention of enrolled girls

To sustain retention of girls in school, the project introduced life skills education for adolescent girls and conducted meetings with School Management Committee (SMC) members

<b>Project locations</b>	• Khandwa and Barwani districts, Madhya Pradesh
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<b>Project duration</b>	October 2020 - March 2021
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#### ASSESSMENT METHODOLOGY

The high-level objective of the impact assessment conducted by Deloitte was as follows:

- To conduct primary data collection from a sample of representative stakeholders and beneficiaries across intervention locations
- To use sector specific tools and evaluation framework customization e.g., OECD DAC framework for impact assessment
- To understand the existing baseline data through sample survey and advise as the client undertakes to evaluate progress against the same
- To study the direct/indirect impact of the CSR initiatives on the lives of the targeted communities and beneficiaries, pertaining to the project

- Analysis of the strategic strengths of the CSR initiatives, models of implementation and performance of the projects
- Suggesting potential ways forward to fine tune and improve the CSR initiatives carried out in the future

Deloitte used a mixed research design to conduct the impact assessment. The research questions were designed along the principles suggested by OECD's Donor Assistance Committee (DAC) for Development Assistance. 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). The primary data was collected through a field visit conducted in project locations, Khandwa and Barwani districts of Madhya Pradesh in the month of January 2022. The data collection was followed by a phase of analysis and documentation of observations and findings. The research team covered a total of **380 stakeholders through field visit and virtual interactions and 587 beneficiaries (Camp Vidya and Enrolment-ready girls) through document validation**. The key stakeholders included Camp Vidya students, Team Balika, Adolescent girls, Parents, SMC members, Anganwadi Workers, Government officials, and Implementing Organisation team (Field, Programme Management and Leadership).

## IMPACT ASSESSMENT FINDINGS

Below is a summary of Deloitte's observations and findings of the impact assessment of the support to Foundation to Educate Girls Globally (FEGG):

### Relevance/need for project:

- The project **supports the cause of girl's education** which continues to be a cause of concern in the country.
- The **pandemic has introduced unique challenges in the educational sector**, more so in rural geographies where access to resources to continue education is limited or absent. The **project locations, Barwani and Khandwa are rural districts with high poverty rates and low literacy rates**.
- The project is relevant to the targeted geography – **Madhya Pradesh, that takes the 28th position in terms of literacy rate** and has seen a decline in children aged 6 – 14 years enrolled in school.
- The beneficiaries (**children**) **supported under the project belong to underserved social communities and are primarily first-generation learners**.
- The **project covers Sustainable Development Goal (SDG) 4** which aims to ensure inclusive and equitable quality education and promote lifelong learning opportunities for all.

### Impact created:



84,738 total beneficiaries impacted (**exceeded target of 54,596 by 55%**). Total beneficiaries include OOSGs, SMC members, children benefitted from Camp Vidya.



2,179 Camp Vidya organized in 1,844 villages (**exceeded target of 1,117 by 95%**).

**31,123 children benefitted** from Camp Vidya



**12,427 girls** benefitted (Khandwa)  
**5,922 girls** benefitted (Barwani)






**8,165 boys** benefitted (Khandwa)  
**4,609 boys** benefitted (Barwani)





Majority Camp Vidya students were from socio-economically marginalized groups:  
**15% Scheduled Caste (4,610), and 61% Scheduled Tribe (19,066)**



**Enrollment-ready school girls**


-  **25,661 enrolment ready out-of-school girls** registered
-  **50% out-of-school girls identified and enrolled from migrant families** who returned to the village during the pandemic
-  **82% of enrolment-ready school girls** have been enrolled


**Learning levels**

-  **Literacy skills (Hindi) grade level increase:** 12.5% children moved 3 levels upward, 21% moved 2 levels upward, 35% moved 1 level upward and 27% stayed at the same level
-  **Numeracy skills (Maths) grade level increase:** 3% children moved 3 levels upward, 25% moved 2 levels upward, 32% moved 1 level upward, 30% stayed at the same level
-  **Increase in learning levels in literacy skills:** Baseline average score of 2.2 to end line average of 3.17
-  **Increase in learning levels in numeracy skills:** Baseline average score of 2.21 to end line average of 2.9

**Life skills education adolescent girls**

-  **94% girls** covered during the study reported increase in confidence and motivation gained through life skills education sessions
-  **Behavioural change** observed in adolescent girls post life skills education sessions, reported by **85%** parents
-  **96% adolescent girls** covered during the field visit were steadfast in their resolve to **complete higher education**

 While all parents of primary school girls responded affirmatively, **82% parents of secondary school girls were open to the idea of continued education.** However, they were concerned about challenges including proximity to schools and safety concerns which heightened their apprehensions.

 **90% parents** abreast with the changes in government policies and girls' rights including information about the prohibition of child marriage (Amendment) Bill, 2021.

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Pivots to the implementation model due to Covid-19:

- **FEGG moved to a community-based learning model** from a school-based learning model. Camp Vidya was conceptualized to ensure continuity of learning numeracy and literacy skills. The camp comprised of two-hour sessions facilitated and led by Team Balika and supported by Field Coordinator.
  - Community mobilization and empowerment, an essential component of the model benefits greatly from the Team Balika (community volunteer from each village). Hence, **effort was laid towards capacity building, and soft skills training of Team Balika**, to motivate and prepare them for the new mode of teaching and learning.
  - To continue enrolment of out-of-school girls, **FEGG moved to a hyper-local focus with increased frequency of door-to-door contact** to understand the belief system of parents towards education and engage with them to identify out of school girls. Team Balika also took support from government school teachers and Anganwadi workers in this process.
  - To work towards **retention of school girls**, the team moved to a community-based life skills sessions for all adolescent girls in the village as opposed to a democratically elected Bal Sabha. During school closures, the SMC meetings were conducted in community spaces to discuss aspects of girls' education and issues pertaining to the pandemic. Pre-pandemic mandate called for one SMC meeting every month, however, during the pandemic, the frequency of the SMC meetings reduced to once in two months or was held on need-basis.
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#### Highlights of the programme:

- **Activity-based learning** implemented through **incorporation of natural elements** such as twigs and leaves to teach counting, addition and subtraction, and inclusion of cultural specificities to engage students including games such Dal Bhaati (Hindi adaptation of Simon Says), an energizer used by Team Balika before beginning the sessions.
- Camp Vidya **benefitted students beyond those captured** in the list of registered students.
- Team Balika (community volunteer) and government school teachers worked together to effectively run community-based learning in the villages.
- **All** camps practiced gender agnosticism.
- Focus on **community ownership and responsibility** through door-to-door contact, SMC meetings, awareness, and enrolment drives.
- SMC played a key role in **creating the awareness and motivating parents** to send their children for Camp Vidya.
- Initial hesitation towards camps from parents, placated through door-to-door counselling by Team Balika.
- Lesson plans and extensive trainings provided to Team Balika to facilitate Camp Vidya effectively.
- The camps facilitated **life skills education sessions for adolescent girls through a game-based model**. Focus was laid on socio-emotional wellbeing of the adolescent girls through the games played during the sessions. **Emotionally engaging content** using positive psychology concepts such as savouring used in life skills education (LSE) sessions.
- **Digital mode of monitoring progress in camps** using a digital PMS accessible to the field coordinators on the ground.
- **Continued emphasis and effort towards enrolment ready girls** to ensure identification of enrolment ready girls continues despite school closures.

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#### Recommendations:

- As schools begin to reopen, **focus can be extended towards retaining girls in schools**. Efforts can be laid towards helping build and sustain a positive attitude towards education.
- **Elements of Camp Vidya (in-community) intervention model can be retained** and continued during school breaks to provide continued engagement and learning among natural elements. Camps can be segregated based on the grades of the students to facilitate grade appropriate learning.
- **Additional support can be provided to Team Balika members to build capacities**. A reward mechanism can be instituted for Team Balika to enhance their retention in the programme.
- **Team Balika members can be provided with access to certain components of the Project Monitoring System (PMS)** to ensure field data collection is fast tracked.
- **Continued comparative analysis for life skills education sessions** can be conducted to measure the impact it has had on the lives of adolescent girls.

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**IMPACT ASSESSMENT REPORT - Executive Summary April 2022**
**2.1 HEALTHCARE: NUTRITION**  
**Nutrition for Children at Urban Construction Sites**
**CSR Project**

Healthcare-Nutrition: Access to nutritious food supplements for children and women addressing SDG 2 and 3

**Program**

Nutrition for children at urban construction sites and urban slums

**Overview**

Partner Name(s)	Mobile Creches for Working Mother's Children (MC)
	Tara Mobile Creches (TMC)
Location of Project	Delhi NCR, Bengaluru
	Pune, Pimpri-Chinchwad
Target Population	Children of migrant labourers at urban construction sites and slums until the age of 12-14 years and their parents
Duration	Mobile Creches for Working Mother's Children - April, 2018 - March, 2021
	Tara Mobile Creches - March, 2019 - April, 2021
Grant Amount	Mobile Creches for Working Mother's Children - ₹1.59 crores,
	Tara Mobile Creches - ₹ 0.98 crores

**Project Overview****Background**

The National Family Health Survey-5 (2019-21) (NFHS-5) reports that 35.5%, 19.3% and 32.1% of children under five years of age are stunted, wasted and underweight respectively.

According to the SDG India Index & Dash Board, 2020-21, 33.4 percent children aged under five years are underweight and 34.7 percent children aged under five are stunted across the country. Additionally, the National Family Health Survey-5 (2019-21) (NFHS-5) reports that 35.5%, 19.3% and 32.1% of children under five years of age are stunted, wasted and underweight respectively. NFHS-5 also reports that 67.1% of children between 6-59 months are anaemic. One of the flagship programmes of Government of India namely, Integrated Child Development Scheme (ICDS) has been addressing this gap of undernourishment in children and women in India since 1975. It is one of the world's largest and unique programme for early childhood care and development with a focus on providing supplementary nutrition to children upto 6 years of age and pregnant and lactating mothers. It achieves this through the Supplementary Nutrition Programme (SNP) operational across approximately 14 lakh Anganwadi Centers (AWCs) in India. However, the

migrant population are unable to access the programme<sup>1,2</sup> and its services due to the far-flung location of construction sites that may not have a AWC nearby and issues with registering for the programme.

#### **About the Partner**

##### **Mobile Creches for Working Mother's Children**

Mobile Creches is a pioneering organisation working for the right of marginalised children to early childhood development. It provides health, nutrition and childcare services to children at construction sites and urban slums to the most vulnerable children in need of urgent interventions.

##### **Tara Mobile Creches**

Tara Mobile Crèches was set up in 2007 with an aim to ensure access to safety, healthcare, nutrition, education and recreation for the children of construction workers. TMC works with children in the age group of 0-14 years at construction sites across the region of Pune city and Pimpri Chinchwad.

#### **Program Intervention**

##### **Mobile Creches for Working Mother's Children**

Mobile Creches follows a multi-pronged approach from bottom to top in order to achieve the goals identified under their Early Childhood Care & Development Programme (ECCD). The interventions at various levels include –

- Providing/ensuring childcare services at construction sites and in the slums
- Building awareness in the community on importance of ECCD, the need for enhanced childcare practices at home, access and entitlement to state services, and enlisting their participation to monitor and oversee quality of government child care services
- Apart from the meals provided at the centres, the program also mandates to provide nutritional supplements to children in the form of iron supplements and deworming tablets.
- Activities related to nutritional counselling are held regularly as per mandated Parent Development Programme (PDP) methods.

It achieves this through the Supplementary Nutrition Programme (SNP) operational across approximately 14 lakh Anganwadi Centers (AWCs) in India.

1. Behera, R., & Brahma, J. P. (2012). Access to education, nutrition and protection of children of migrant workers (An assessment in three cities of Odisha). Odisha: migration information & resource centre (MIRC) Aide et Action International South Asia.

2. <https://bhs.org.in/migrant-friendly-services-in-cities/>

### **Tara Mobile Creches**

Project Poshan is run and managed by TMC across 16 construction sites/day-care centres, catering to over 2,800 children, pregnant women and lactating mothers.

As part of the intervention the following services are included -

- Three balanced hot meals per day for the children according to their age and nutritional requirements, special food supplements to malnourished children, meals for lactating and pregnant women and nutritious snacks for older children (who miss out on meals due to school timings) along with providing supplementary nutrition such as Iron, Vitamin A and Calcium supplements.
- With an aim to improve awareness on child nutrition and caregiving practices, nutritional counselling is provided to mothers to ensure that they continue to cook nutritional meals at their home and choose a nutritious menu within their budget.

### **Other Highlights of the Program**

While MC mandates allowed for organised provision of dry rations for all the children during the pandemic, measures were taken at the right time at TMC centres to ensure that adequate food supplies were given to the labour community members in general and not just limited to the children.

- A certified doctor visits the centre at regular pre-decided intervals to conduct health screening and assess the nutritional status of children. The doctor also addresses concerns relating to any seasonal or chronic ailments.
- At MC, health cards are used at the centres, which are very extensive in terms of the medical details it can capture, and useful in cases of relocation of children to other MC supported construction sites.
- COVID vaccination of parents has been taken up as a priority in terms of medical support by the MC centres

### **Assessment Methodology**

Agency Name – PDAG Consulting LLP

### **Objectives of the Study**

1. Evaluate changes in children's nutritional outcomes
2. Understand the knowledge, attitude and practice level of key program functionaries, mothers and community members

## Assessment Methodology

- Qualitative and quantitative research methods of data collection and analysis were used thereby allowing for a comprehensive evaluation, wherein inferences were drawn after observations from both methods are compared and reflected upon.
- The quantitative method of data collection focused on the first objective to evaluate the nutritional outcomes of children who are also the direct beneficiaries of the programme. A structured questionnaire was used to collect data on different indicators assessing the nutritional outcomes.
- There are two components with respect to analysing quantitative data for the evaluation - the first component includes analysis of raw data collected through personal interviews during field visits. The second component includes analysing the anthropometric measures recorded by TMC and MC for their own monitoring purposes.
- Table 1 (below) represents the sample size of each centre in both Bengaluru and Delhi, for MC and Pune and Pimpri-Chinchwad for TMC.

A structured questionnaire was used to collect data on different indicators assessing the nutritional outcomes.

Table 1: Sample Size (Delhi Mobile Creches & Tara Mobile Creches)

S. No.	Partner	Location	Total beneficiaries at the centers at the time of study	Sample
1	MC	Bengaluru & Delhi NCR	676	229
2	TMC	Pune & Pimpri-Chinchwad	335	247

- The qualitative aspect of the study addresses the questions of knowledge, attitude and practice level of mothers, community members, and officials associated with the project. The methods included Personal Interviews, Key Informant Interviews and Focus Group Discussions for TMC for which the field visits were conducted in December 2021.
- The field visits for Delhi and Bengaluru could not be conducted due to the third wave of the pandemic, hence Telephonic Focus Group Discussions (TFGD), Telephonic Personal Interviews (TPI) were conducted during the lockdown, followed by centre audits once the lockdown restrictions were lifted. Grounded-theory approach was used to analyse the collected data.
- The anthropometric measures recorded by TMC and MC were analysed following the guidelines provided by the World Health Organisation using the z-score package in Stata statistical software.

- The weight for age z-score represents incidence of underweight, weight for age z-score represents incidence of stunting and weight for height z-score represents incidence of wasting in children. These are also the core set of indicators for the Global Nutrition Monitoring Framework and are also included in WHO's Global reference list of 100 core health indicators.

### Impact Assessment

#### Reach

97.5% of children at TMC and 95.2% at MC reported that they go to the centres every day except holidays.

**Table 2: Total No. of Beneficiaries**

S. No.	Partner	Total children benefitted	Total mothers/parents benefitted
1	MC	5,923	3,825
2	TMC	2,796	1,865

**Table 3: Beneficiaries According to Age**

S. No.	Age	Delhi Mobile Creches	Tara Mobile Creches
1	0-3 years	10%	25%
2	3-6 years	52%	31%
3	Above 6 years <sup>3</sup>	38%	44%

- 97.5% of children at TMC and 95.2% at MC reported that they go to the centres every day except holidays.** The regularity in children attending the centers and consuming **all three meals** testifies for the well-designed framework of the program.
- The TMC evaluation used monthly data recorded from August 2020 to November 2021 to evaluate the impact on nutritional status of children due to Project Poshan, while for the MC evaluation, the anthropometric measures of each child enrolled at the centres between April 2018 and March 2021 was used.
- The highest proportion of children stay for only one month or less at both TMC and MC centers.

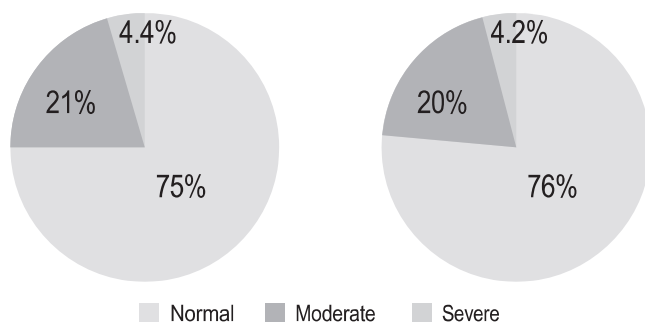
### Key Findings

- It was found that a small proportion of children are malnourished in the category of 24-59 months while a negligible proportion of children are malnourished in the 6-23 months category at the TMC centers.
- Findings from analysing the anthropometric data for children below 5 years of age suggest **positive trends in incidences of underweight children** i.e., severe or moderate cases of underweight children are improving to moderate and normal levels, respectively.

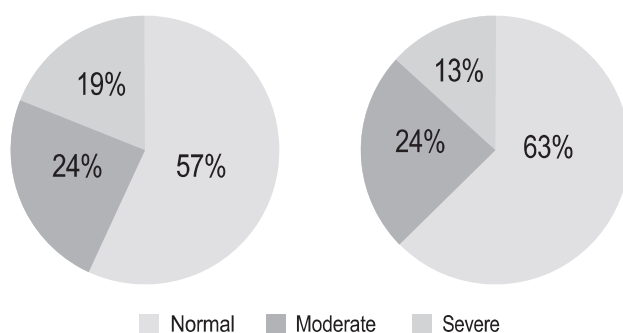
3. The age category of above 6 years includes children upto 18 years of age for TMC and children upto 14 years of age for MC.

- Children who come to the centers for a minimum of two months show improvement in their nutritional status. Weight for age shows the maximum change across months in comparison to height for age and weight for height. Unlike height, weight fluctuates over time and therefore reflects current and acute as well as chronic malnutrition and can show change even during a shorter duration.
- 51.8 percent and 16.2 percent of children showed improvement in incidence of underweight when comparing their levels of underweight to their first months vis-à-vis last month at the centers for TMC and MC respectively.

**Figure 1: Levels of Underweight for First and Last Month at Centre Run by Delhi Mobile Creches**



**Figure 2: Levels of Underweight for First and Last Month at Centre Run by Tara Mobile Creches**



- The underweight indicators show significant improvement if a child stays associated with the center for at least two months or more. The status of severely/moderately underweight children improves with TMC's and MC's operations. However, stunting and wasting indicators are unable to show significant improvement as these require long term interventions.

The underweight indicators show significant improvement if a child stays associated with the center for at least two months or more.



### Qualitative Findings

In the evaluation of both the partners, it was found that the centres have a **safe and secure environment for the children**, the centre staff are organised with their nutritional services and serve hygienic and nutritious food in a timely fashion and that the centres provide basic medical services.

Objective	Key Findings
Safety/Safe Space for Children	<ul style="list-style-type: none"> <li>Project Poshan maintains safety through housing the enrolled children within their day care centre which are constructed at a safe distance from the construction site.</li> <li>Infrastructure such as tall gates, enclosed areas, movement registers and presence of security personnel helps to ensure safety.</li> <li>Movement registers, attendance registers help monitor children's location.</li> <li>General observation of researchers and narrations from community as well as officials demonstrate that the centres are safe spaces for children, with parents especially appreciating this service.</li> <li>On an average, children at both TMC and MC centers are associated with the centers for less than two months on a continuous basis due to the nature of work at the construction sites.</li> </ul>
Nutrition	<ul style="list-style-type: none"> <li>There is a general consistency from both community and the functionaries as well as through observations that nutritious food is provided at the appropriate time.</li> <li>Fruits, vegetables, nuts, millets and ghee further add to the nutritional spectrum. Special food supplements are provided to malnourished children.</li> </ul>
Nutritional Counselling	<ul style="list-style-type: none"> <li>Activities related to nutritional counselling are held regularly as per mandate. The children's liking of the centre food is an important factor in terms of the mothers responding to the centre's nutrition advice.</li> <li>The working mothers have limited time after their day's work. Post which, the kitchen space in their makeshift camp homes is very small. This makes adhering to any of the narrative counselling components almost impossible.</li> </ul>

### Recommendations

The study informs two major recommendations:

- Recording of anthropometric measures of children into a MIS or record keeping is essential for monitoring purposes. It was found that the back-end data provided by both TMC and MC lacked consistency in book-keeping which led to 25-30 percent of missing data (either height or weight).
- The activities around conducting nutritional counselling and information materials shared needs to be streamlined and standardised across centres to an extent, while also having scope for one-to-one personalised interactions to cater to specific needs of parents who are often from marginalised socioeconomic backgrounds.

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## IMPACT ASSESSMENT REPORT - Executive Summary April 2022

### 2.2 HEALTHCARE: NUTRITION

#### Nutrition for Children Undergoing Cancer Treatment

##### CSR Project

Healthcare-Nutrition: Access to nutritious food supplements for children and women addressing SDG 2 and 3

##### Program

Food and nutrition for underprivileged children undergoing treatment for cancer at government hospitals

#### 1. OVERVIEW

Partner Name(s)	Cuddles Foundation
Location of project	Assam Medical College (AMC), Dibrugarh
	Dr B Borooah Cancer Institute (BBCI), Guwahati
	Nil Ratan Sircar Medical College and Hospital (NRS), Kolkata
Target Population	Underprivileged children undergoing treatment for cancer
Duration	September 2019 to March 2021
Grant Amount	Rs 2.19 crore

Nutrition is a vital element for cancer treatment

Cuddles Foundation currently partners with 26+ government and charity cancer hospitals across 18+ cities.

#### 2. PROJECT OVERVIEW

##### 2.1 Background

Nutrition is a vital element for cancer treatment with malnourished children more likely to develop chemotherapy intolerance leading to the abandonment of treatment. In order to help children fight the disease effectively there is a need to improve their nutritional status when they are under treatment.

##### 2.2 About the Partner

Established in 2013, the Cuddles Foundation focuses on holistic nutrition counsel, support and aid of underprivileged children undergoing treatment for cancer in India. It currently partners with 26+ government and charity cancer hospitals across 18+ cities. Using a multi-pronged approach of nutritional counselling and nutritional aid, it tackles a simple but ignored aspect of a child's successful recovery from cancer i.e. nourishment throughout the course of treatment.

## 2.3 Program Intervention

- (i) Continuous support and handholding of the patient and caregivers by placing experienced nutritionists trained in Pediatric Oncology to look after the end-to-end functioning of the services
- (ii) Caters to needs of both IPD and OPD patients by providing nutritional supplements, hot meals, and ration baskets
- (iii) Nutritional guidance to caregivers and children
- (iv) Conducting research and building nutritional knowledge

Cuddles Foundation uses an app-based monitoring system, “FoodHeals” to track the nutritional status of children in a consistent manner. The app is used by nutritionists to monitor the anthropometric measurements of children and suggests further course of action for designing a diet plan and monitoring the nutritional needs of children.

Cuddles Foundation uses an app-based monitoring system, “FoodHeals” to track the nutritional status of children

## 3. ASSESSMENT METHODOLOGY

### 3.1 Agency Name

Policy and Development Advisory Group (PDAG)

### 3.2 Scope of Work/Objectives

The evaluation study was conducted by a group of qualified researchers from PDAG, through on field engagements and grounded research methodologies. With a two-pronged approach combining qualitative and quantitative data collection and analysis, the study focused on the objectives:

1. To assess the impact on nutritional status of children due to the intervention
2. To assess the impact on treatment completion
3. To assess the knowledge, attitude and practice of caregivers

### 3.3 Research Tools/ Methodology Adopted

The evaluation used a mixed method approach including both qualitative and quantitative methods of data collection and analysis to ensure a comprehensive evaluation. Key features of the research -

- Quantitative data collection comprised of 69 interviews with the parents using a structured questionnaire focusing on the various components of the program and its service delivery.
- In order to achieve robust estimates Cochran’s sample size estimation was used at 95 percent confidence level and 5 percent level of precision for the purpose of sampling.

Quantitative data collection comprised of 69 interviews with the parents using a structured questionnaire

Owing to the third wave of the pandemic, both the quantitative and qualitative data collection was conducted telephonically

- Qualitative data collection included conducting 3 Key Informant Interviews (KII) with the program functionaries such as nutritionists and nurse associated with the program and 4 Focus Group Discussions (FGD) with parents across 3 hospitals using the saturation principle.
- The evaluation also analyzed the data from the FoodHeals app to observe any changes in the nutritional outcomes of children.
- 866 observations were included in the analysis using data shared by the Cuddles Foundation.
- Owing to the third wave of the pandemic, both the quantitative and qualitative data collection was conducted telephonically with the support of Cuddles Foundation.

#### 4. IMPACT ASSESSMENT

##### 4.1 Outputs/ Reach

The program supported **1,046 beneficiaries** undergoing cancer treatment. The oldest beneficiary is 22 years of age according to the data captured by the FoodHeals app. The average age of beneficiaries receiving support from the program is 8 years.

The average age of beneficiaries receiving support from the program is 8 years.

**Table 1:** Distribution of Children across Hospitals

S. No.	Age	AMC	BBCI	NRS
1	0-5 years	0	33.62	38.15
2	5-12 years	0	37.05	42.14
3	Above 12 years	100	29.33	19.7
	Total beneficiaries	<b>62</b>	<b>583</b>	<b>401</b>

Figure 1 outlines the range of services that CF provides to the beneficiaries. 95.24% out of 60.87% beneficiaries receiving the ration baskets reported receiving them once every month. These ration baskets comprise of 30-32 food items which cater to the nutritional needs of children. The service delivery is looked after by the nutritionists at the hospitals who are put in touch with the patients soon after the diagnosis. 96% of respondents reported meeting the nutritionist immediately after starting the treatment at their respective hospital. The nutritionists are easily accessible to the parents either physically during children's visit to the hospital

or remotely over phone. 100% of respondents reported that they can contact the nutritionist for any consultation whenever they need to.

**Figure 1: Services Received by the Beneficiaries (%)**



100% of respondents reported that they can contact the nutritionist for any consultation whenever they need to.

## 4.2 Key Findings

The nutritional status of children is closely monitored by the nutritionists using the FoodHeals app by recording anthropometric indicators such as height, weight, mid-upper arm circumference (MUAC) and body mass index (BMI) during consultations with patients and caregivers. The evaluation uses z-score analysis for underweight, stunting and wasting to assess any change in the nutritional outcomes of children below 5 years.

**Table 2: Nutritional Status of Children**

S. No.	Levels	Underweight		Stunted		Wasted	
		First	Last	First	Last	First	Last
1	Severe	13.69	11.76	13.75	12.72	14.12	12.54
2	Moderate	24.3	25.77	21.2	22.54	15.27	14.58
3	Normal	62.01	62.46	65.04	64.74	70.61	72.89

For each of the three indicators, **more than 60 percent of children below 5 years of age report normal nutritional status** i.e., no incidence of underweight or stunting or wasting when compared to the first time they were registered on FoodHeals app vis-à-vis their last anthropometric records on the app.

The proportion of well-nourished children has improved over the course of their treatment.

Cuddles Foundation's intervention is successfully able to maintain the nutritional status of children without significant deterioration.

Additionally, the number of **severe cases of underweight, stunting and wasting decreased by 1-2 percent**. However, there is a marginal increase in the number of children who are moderately underweight and moderately stunted. Overall, the incidence of normal levels for all the three indicators are increasing or marginally reducing for both male and female children.

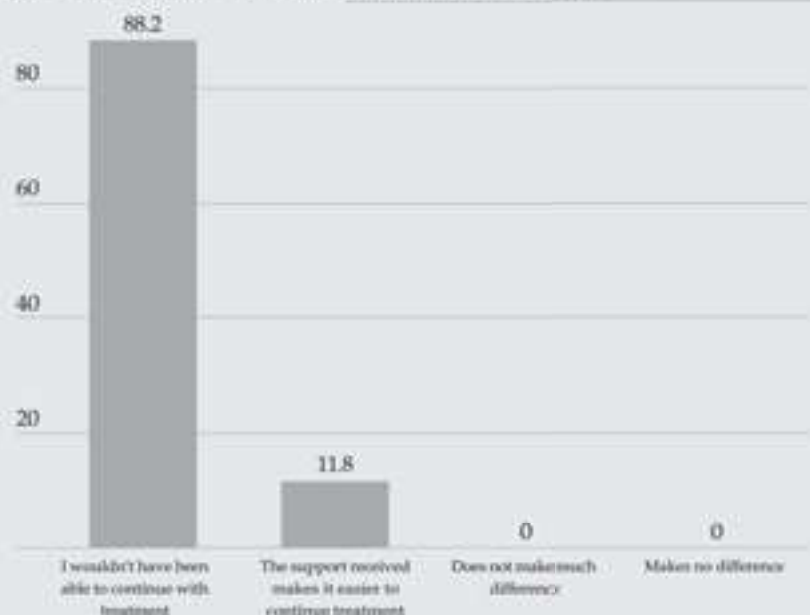
The nutritional outcomes of beneficiaries above 5 years of age are analysed using the BMI scores as recommended by World Health Organization and Centre for Disease Control. When comparing the first observed BMI with the last observed BMI for each beneficiary, there is a marginal increase observed in severe thinness and overweight cases. However, the proportion of well-nourished children has improved over the course of their treatment.

The results suggest that CF's intervention is successfully able to maintain the nutritional status of children without significant deterioration. The results do not show greater improvement as the intensity of cancer and the treatment itself is known to severely affect the nutritional status of children. In such a case, CF is able to provide significant support to maintain the nutritional status of children.

### Completion of Treatment

**100 percent of respondents** reported that they wouldn't have been able to continue with the treatment without the support received by the program and the program makes it easier for them to continue with the treatment.

Figure 2: Perspective of Parents on the Support Received



On further examining the MIS data recorded through the FOODHEALS App, we found only one case wherein the patient had abandoned the treatment in between. The testimonies received from the parents significantly represents the role of CF's intervention in building and providing a holistic architecture in order to positively support with the completion of treatment.

Objective	Key Findings
Nutrition	<ul style="list-style-type: none"> <li>■ A general consistency has been observed with respect to the utility of the nutritional services.</li> <li>■ The systems to deliver necessary items are efficiently managed by the nutritionist and the logistics team.</li> <li>■ Dry ration kits are equally, if not more important to hot meals as they help sustain the nutrition levels when the patient is at home.</li> </ul>
Nutritional Counselling	<ul style="list-style-type: none"> <li>■ A lot of emphasis is placed on nutritional counselling that are conducted at an interval of 15 days to a month.</li> <li>■ The diet chart that prepared by the dietitian helped the parents to plan the meals of their patients. Feedback sessions are appreciated by the parents.</li> <li>■ Tele-counselling played a key role when parents could not physically meet the nutritionists.</li> </ul>
Clinical Support	<ul style="list-style-type: none"> <li>■ Regular ward visits are done. Monitoring of patients in the (IPD) is followed by consultation and then the required nutritional supplement is provided.</li> <li>■ Additionally, tele-counselling is done when a patient and their parents are not staying in the hospital.</li> <li>■ Patients in critical condition are fed through food pipes and nutritionists continuously monitor their condition.</li> <li>■ Hospital staff understands the importance of dieticians with considerable cooperation from the hospital.</li> <li>■ Most of the interviewed patients expressed their gratitude towards the professional integrity and support of the nutritionists even during the lockdown.</li> </ul>
Support During Lockdowns	Meals and nutritional support for IPD patients continued during the lockdown. Take home ration continued. CF helped OPD as well as IPD patients with food.

### 4.3 Recommendations

- Standardised communication materials on nutrition and hygiene should be shared with families and the patients
- Community outreach could be introduced in the programme to help understand the status of nutrition among children on a regular basis instead of when the appointments are in the hospital

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## IMPACT ASSESSMENT REPORT - Executive Summary - April 2022

**DURATION**  
FY 2019-20 and FY 2020-21

### 3. URBAN SANITATION Household Toilets in Urban Slums

**GRANT AMOUNT**  
INR. 3.13 crores

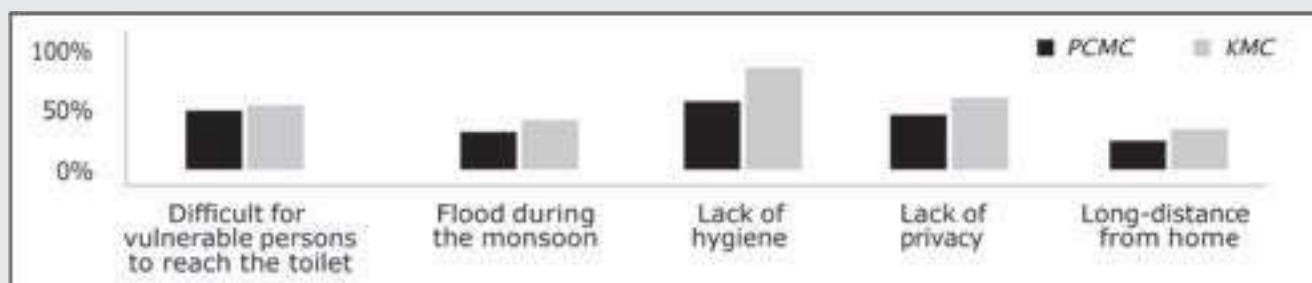
#### PROJECT DETAILS

##### BACKGROUND

Inadequate access to toilets remains a complex challenge, given its multiple intersections with other health and sanitation challenges. These challenges are particularly severe in India's slums where constrained housing and inadequate sewage disposal systems only worsen the living conditions of those who must live in the slums. Women and girls face even more health and hygiene challenges due to a lack of access to quality menstrual products and infrastructure along with social norms. In slum contexts, there is an inadequate number and capacity of Community Toilet Blocks (CTBs), which further leads to ineffective sanitation practices, facilities, and behaviours. With the onset of the COVID-19 health pandemic, the need to ensure adequate sanitation access, availability, and behaviour has only been reiterated.

In the target slums settlements in **Kolhapur Municipal Corporation (KMC)** and **Pimpri-Chinchwad Municipal Corporation (PCMC)**, prior to the **Shelter Associates' (SA) program**, most people used Community Toilet Blocks (CTBs) in KMC (97%) and PCMC (81%). Open defecation was prevalent in both locations of KMC (19%) and PCMC (16%).

Figure 1: Challenges of Using CTBs/Open Defecation



While the challenges around accessing CTBs or engaging in open defecation were primarily a lack of hygiene, lack of privacy, and difficulty of access for vulnerable populations, the main reason that had prevented persons from building a toilet prior to the One Home, One Toilet (OHOT) program was an absence of sewage lines and high construction costs.

##### ABOUT THE PARTNER

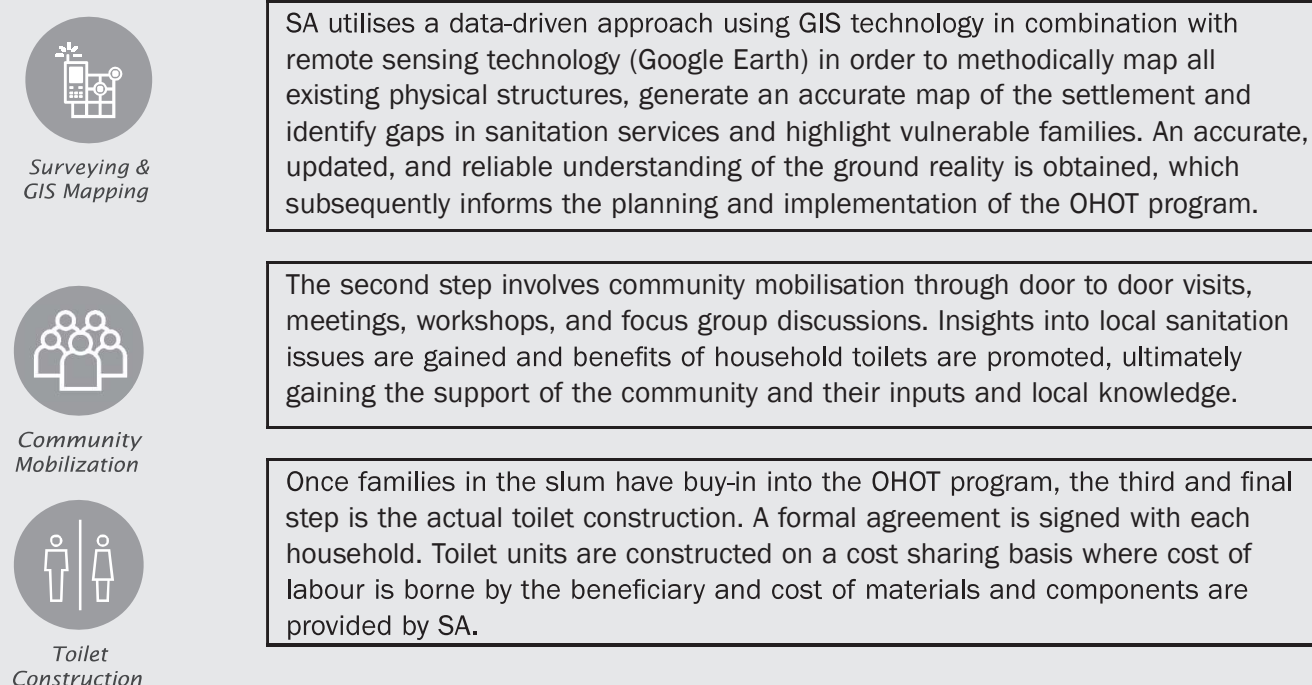
Since 1993, SA works to improve sanitation and housing conditions via programming and research. SA facilitates access to sanitation in informal settlements by setting up a robust spatial data platform to identify households that lack access to basic sanitation, facilitating the construction of household toilets, conducting awareness workshops, and providing a platform for sanitation issues to be deliberated upon.

##### PROGRAM INTERVENTION

SA's OHOT program provides individual household toilets to low-income settlement dwellers. The OHOT program builds on the premise that more individual household toilets will reduce the strain on CTBs, reduce open defecation, and improve general health and hygiene. To this end, SA utilises a 3-part actionable process:



Figure 2: 3-Step Process of Shelter Associates' OHOT program



## ASSESSMENT METHODOLOGY

### AGENCY NAME: 4TH WHEEL SOCIAL IMPACT

#### STUDY OBJECTIVES

The retrospective evaluation aimed to assess program impact across three levels - individual, household, community. The objectives of the study were as follows:

- To profile beneficiaries who have participated in the OHOT program
- To document and review the implementation processes of the OHOT program
- To assess outcomes and impact at 3 levels - individual, household, and community
- To analyse the program based on the evaluation criteria defined by OECD/DAC i.e.: relevance, efficiency, effectiveness, impact, coherence, and sustainability.

#### RESEARCH TOOLS AND METHODOLOGY

Mixed methods were utilized as part of this process and outcome evaluation. Multi-stage cluster sampling was adopted, with stratification carried out first on the basis of geography and representation of vulnerability (elderly, women, children, and disabled persons). Utilizing the proportion to percentage method, the sample was further stratified for household size (large, medium, small), level of upgradation (full upgradation, partial upgradation, and only toilet) and type of sewage (sewage line and septic tank).

A total of 305 respondents were reached in the study via interviews. 52 respondents were reached in 5 slums in PCMC and 253 respondents participated from 9 KMC slums. In addition, 10 interviews (4 community leaders, 2 government staff, and 4 SA implementation staff) were held with key informants in both geographies.

## IMPACT ASSESSMENT

### PROGRAM REACH

A total of 1011 households in 26 slums and 416 households across 17 slums were reached in KMC and PCMC respectively during the period under study.

Table 1: Overview of Program Coverage

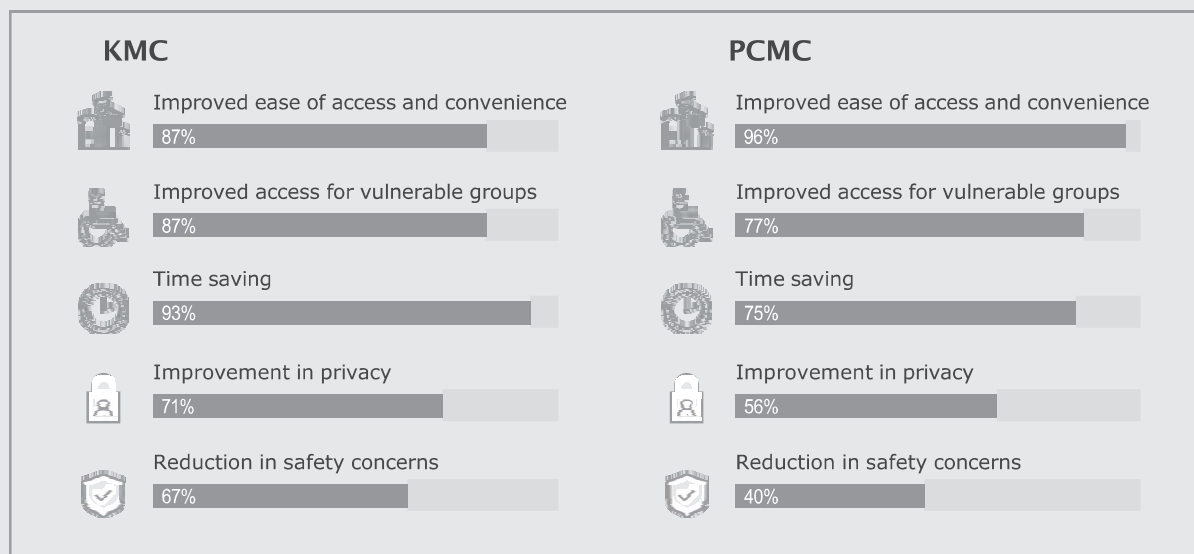
Year	KMC			PCMC			Total		
	Slums	Households	Vulnerable Households	Slums	Households	Vulnerable Households	Slums	Households	Vulnerable Households
2019-20	16	711	361	17	416	203	33	1127	564
2020-21	10	323 <sup>1</sup>	151	0	0	0	10	323	151
Total	26	1034	512	17	416	203	43	1450	715

### KEY FINDINGS

#### INDIVIDUAL LEVEL

A high number of households in KMC (84%) and PCMC (88%) were characterized by all family members using household toilets.

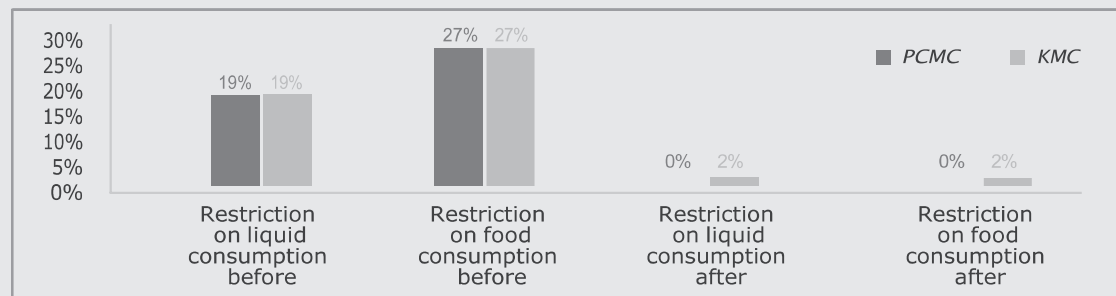
Figure 3: Impact at the Individual Level



Improvements were noted in regulation of dietary practices, improved frequency of changing sanitary napkins, and lower occurrence of urinary tract infections among women.

<sup>1</sup> For the purpose of the study, the sampling universe details for KMC in 2020-21 is 300 instead of 323. The construction of some toilets' was delayed due to the second Covid-19 wave in India, and they were completed a little after the end of the year.

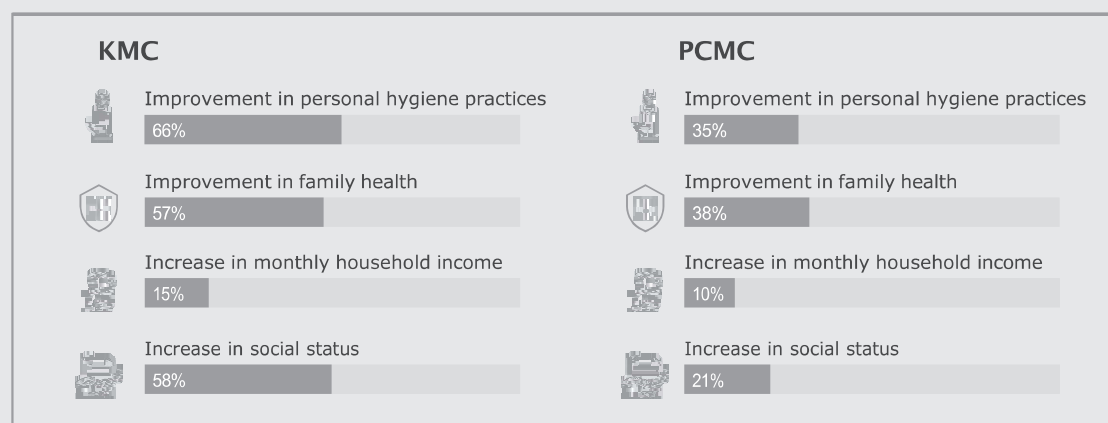
Figure 4: Dietary Restrictions, before and after the toilet



### HOUSEHOLD LEVEL

Overall improvements in family health and personal cleanliness were attributed to household toilets by beneficiaries. Aspects such as better marriage proposals, ease to invite guests to visit, and increased comfort for guests in the household also improved in both geographies.

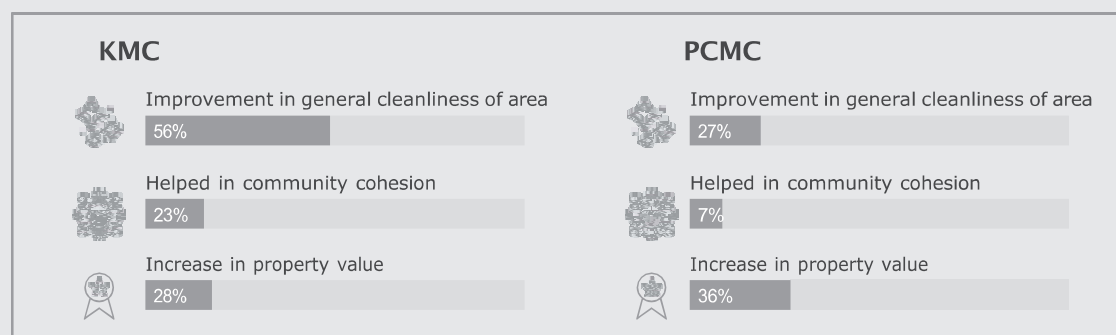
Figure 5: Impact at the Household Level



### COMMUNITY LEVEL

Beneficiaries stated that toilets have resulted in overall cleanliness of their slum, in strengthened community cohesion<sup>2</sup> and that property values and rents have increased in the area owing to household toilets.

Figure 6: Impact at the Community Level



<sup>2</sup> A cohesive community is one where there is common vision and a sense of belonging for all communities

## RECOMMENDATIONS

Acknowledging the complexities that accompany public delivery of fundamental services in informal settlements and large-scale behavioural change efforts, the following recommendations on improving toilet design, ensuring external linkages, and amplifying awareness and advocacy efforts could be considered.

### REVISIT THE TOILET DESIGN TO IMPROVE WASH AMENITIES

Improving overall toilet infrastructure is central to ensuring toilet usage, and essential WASH amenities such as water storage points, hand washing basins, dustbins, electricity and lights, and good ventilation, should be targeted.

### FOCUS ON THE NEXT SET OF RELATED AND CRITICAL OUTCOMES FOR SAFE SANITATION

Appropriate collection, containment, treatment, disposal, and/or recycling of faecal waste (especially in case of septic tanks) and sufficient water connections for sanitation systems, are imperative to sustain toilet access and usage.

### MAINTENANCE OF CTBS SHOULD BE A PRIORITY

The study found that some members in households would prefer to continue to use CTBs. Thus, improving the infrastructure (doors, latches, water tank covers, lights, dustbins) and ensuring regular and quality cleanliness of the CTBs will contribute towards ensuring health, hygiene and safety of those who continue using the CTBs.

### STRENGTHEN SANITATION COMMITTEES

Empowering Sanitation Committees (which include local community members) to ensure timely cleaning of drainage of gutter lines by the respective Municipal Corporations and to hold awareness sessions on waste segregation and proper disposal in their communities, will help to sustain behavioural changes.

### EXPLORE INNOVATIONS TO STRENGTHEN THE PROGRAM

Numerous innovations such as Samagra Sanitation, Magic Genie Eco Toilet, Solar Powered Urine Diversion (SPUD) toilets from Africa, and Garv Stainless Steel Public Toilet Infrastructure have integrated eco-friendly innovations into the toilet design and disposal. These could be considered as a next step to build sustainability into the toilet models.

### FACILITATE GOVERNMENT SCHEME LINKAGES

Building synergies with government schemes to reduce the credit burden of building toilets (Pradhan Mantri Awaas Yojana), and address poor housing conditions (Credit Linked Subsidy Scheme for Economically Weaker Sections and Low Income Group), will help mitigate the credit concerns that emerge for low-income households when they undertake infrastructure improvements.

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## IMPACT ASSESSMENT REPORT - Executive Summary - April 2022

### 4. SUPPORTING PERSONS WITH DISABILITIES Training Support to Para-athletes for Tokyo Paralympics

#### OVERVIEW

**Partner Name:** Foundation for Promotion of Sports and Games (Olympic Gold Quest)

**Duration:** 2020 - 2021

**Grant Support:** INR 1.57 crore

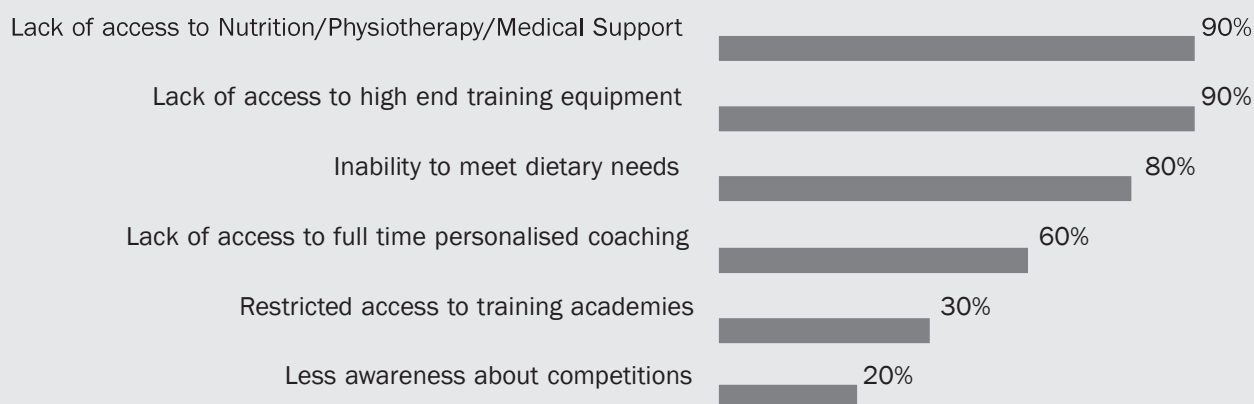
#### Project Overview

##### Background

Disability inclusion is still in its nascent stage in India. People with disabilities (PwD) not only face societal barriers, but are also hurdled by institutional and systemic challenges such as lack of accessible infrastructure and discriminatory policies. As a result, they face exclusion from access to education, employment, and community living. Sports acts as a powerful transformative tool to help reduce the stigma and discrimination linked to disability and can help PwD acquire social skills, develop independence, and become empowered.

India has been participating in the Paralympics since 1968 and won its first Paralympic medal in 1972. Since then, the sports culture in India has also undergone a major shift. Rising interest has been recorded in wrestling, badminton, and other sports played at the Olympic Games. The increase in viewership of these sports has also led to an organic deviation in sponsorship and funding which was earlier limited to the district or the state level governments. Moreover, Schedule VII of the Corporate Social Responsibility (CSR) law (Companies Act, 2013) has identified training in sports, including Paralympic sports, as an activity under CSR. Thus, corporate donors have also been funding the organisations dedicated to shaping the future of the athletes and the para-athletes.

#### CHALLENGES FACED BY PARA-ATHLETES (n=10)



The para-athletes reported that before receiving support from OGQ, they did not have a dedicated support team to take care of the various aspects of training such as nutrition, physiotherapy, and injury management. Moreover, para-athletes require equipment for mobility such as hi-tech wheelchairs and other adaptive sports gear which they are not able to afford individually. This equipment is necessary for athletes to train and perform at national and international tournaments.

## About the Partner

Foundation for Promotion of Sports and Games, commonly known as Olympic Gold Quest (OGQ) was founded in the year 2000 and is the brainchild of Prakash Padukone and Geet Sethi. Together they realised that Indian athletes need 24x7 support teams for sports science interventions, coaching, fitness, and injury management.

OGQ began with the singular mission of helping Indian athletes secure Olympic gold medals, and its vision is to compliment the efforts of the Indian Government and several Sports Federations by identifying talented and deserving athletes and providing them with all the support they need to excel in their sport and win gold medals.

## Program Intervention

In October 2019, OGQ recognised the need to support Indian para-athletes and started its Para-Athlete Program which focused on training athletes across India who had a high probability to qualify for the Tokyo Paralympics 2020. HDFC through H T Parekh Foundation (HTPF) has been one of the key donors to OGQ's program from its inception and has supported 18 para-athletes from November 2020 to August 2021.

Under this program, OGQ provides support to its para-athletes in five key areas: sports science, administrative support, coaching and training, equipment, and support to enable participation in national and international tournaments.

- The sports science support comprises an array of interventions such as physiotherapy, nutrition support, psychological support, medical assessments, and injury management.
- The coaching and training support by OGQ ensures that athletes get the best possible training from coaches and trainers. OGQ also organises training camps with different coaches to ensure athletes get the required technical and tactical training to develop and enhance their skills.
- OGQ further ensures that the equipment used for training is in line with international standards.
- Administrative support and participation support helps the athletes focus only on their game, while a dedicated team takes care of all logistics and financial aspects of their training and participation.

Furthermore, the OGQ experts monitor the progress of each para-athlete through an 'Athlete Management' software. All information regarding nutritional requirements, injuries, medical assessments, and daily progress are tracked through this software. The team coordinates closely among themselves to address the needs of the athletes.



50% of the para-athletes receive coaching, while the rest train either under the national team's coach, or are coached through affiliations such as one with the Indian army. In some cases, the para-athletes have a personal coach who has been training them since before receiving support from OGQ.

The OGQ team shared that before the Paralympics, only those para-athletes who requested mental health support received it but now the OGQ team assesses the need for it. Before the Tokyo Paralympics 2020, only one para-athlete received sports psychology support. Post the Paralympics, 40% of the para-athletes reported receiving mental health and counselling support which has proven to be beneficial in their training and performance.

### Highlights of the Program

- OGQ recognized the need for dedicated infrastructure for para-athletes and addressed it by partially financing a dedicated training facility in Lucknow under the leadership of Gaurav Khanna for the national para-badminton team.
- OGQ provides stipend not only to the para-athletes, but also to their family/ non-family attendees. Though this is especially valid in the case of wheelchair bound athletes, OGQ determines it on a need basis.

### Assessment Methodology

**Agency Name:** Sattva Media and Consulting Pvt. Ltd.

#### Objectives of the Study

- Change in sporting skills, bodily awareness, and physical & mental strength of para-athletes.
- Change in access to high quality equipment and infrastructure for para-athletes.
- Change in the overall performances of Indian para-athletes in international competitions.
- Program's ability to create awareness about para-athletes, para-sports and mobilise support for Paralympics.
- OGQ's role in motivating para-athletes during the COVID-19 lockdown.
- Identify gaps and challenges on ground in terms of project implementation.
- Provide actionable recommendations to strengthen the impact of the program.

#### Design and Framework for the Study

The study incorporated a three-fold approach which was descriptive and cross-sectional in design, and used mixed-methods (qualitative and quantitative) for data collection from primary and secondary sources. The study incorporated the Organisation for Economic Cooperation and Development's (OECD), Development Assistance Committee (DAC) principles for evaluation. The framework was contextualised to capture the effectiveness and impact of the support provided by OGQ to the Paralympic athletes.

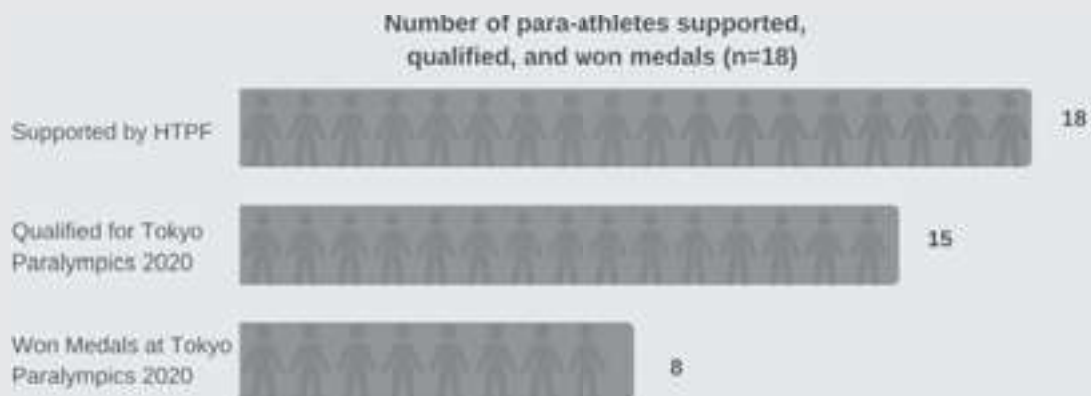
#### Data Collection Tools and Stakeholders

Sattva interacted with a total of eight types of stakeholders across the OGQ and HTPF team to get a 360-degree perspective on the program. This included 10 quantitative surveys and one case study with the para-athletes, and 15 qualitative in-depth interviews split between the para-athletes, the coaches, the trainers, the physiotherapists, the nutritionists, OGQ research and program team, and the HTPF team.

## IMPACT ASSESSMENT

### Reach

The beneficiaries of the program are the para-athletes across four sports, namely para-archery, para- badminton, para-shooting, and para-athletics.





## KEY FINDINGS



**90% para-athletes believe that OGQ's support has given them access to professional trainers and a nutritious diet, both of which are critical for training**

- International coaches are brought in for training camps to coach the athletes on strengthening their technical skills.
- Provision of personalized nutrition support is imperative and beneficial for the para-athletes, especially for wheelchair bound athletes facing challenges such as weightgain.



**Although training and nutritional support was received by all the para-athletes, coaching and sports psychology support was need based**

- 50% of the para-athletes receive coaching, while the rest coach either under the national team coach, or under coaches provided through other affiliations such as the Indian Army.
- 40% of the para-athletes receive mental health and counselling support which has proven to be extremely beneficial in their training and performance.



**Most para-athletes reported that access to professional trainers and coaches has resulted in a significant improvement in technical and tactical skills**

- 80% of the para-athletes rated their technical skills in their particular sport between two and three on five before receiving support from OGQ. Whereas, 80% shared a four on five rating after receiving support from OGQ.



**70% para-athletes were unable to maintain their dietary requirements during the pandemic. OGQ ensured support by providing nutritional supplements**

- According to members of the OGQ sports science team, the dietary requirements were readjusted as per the athlete's activity levels while they were at home. Nutritional supplements were arranged for athletes and that helped maintain their fitness and strength throughout the phases of lock down.



**OGQ provided all the para-athletes with the training equipment required to continue 'practice at home' during the pandemic**

- 80% of the athletes reported that they did not have the correct equipment to train at their home base during the pandemic.
- OGQ provided all the para-athletes with equipment and helped set up home gyms wherever necessary.



**All the para-athletes believe that their success has changed the perception of the community towards the differently abled as a whole**

- The athletes shared that their neighbours, extended family and people from their hometown are now supportive of other differently abled people taking up sports as a career.
- Athletes also believe that the media coverage and attention towards the para-athletes significantly increased after the Tokyo Paralympics 2020.



**Brand endorsements, partnerships, and government jobs provide financial security to para-athletes and spread community awareness leading to more acceptance**

- Six of the 18 HTPF supported para-athletes now have professional representation for potential endorsements or partnerships with brands, as compared with only one athlete having an endorsement before the Tokyo Paralympics 2020.
- In addition, three athletes supported by HTPF have secured job offers by state governments and Sports Authority of India.
- Devendra Jhajharia who is a two-time Paralympic medalist was awarded with the Padma Bhushan and is the first Indian para-athlete to be conferred with this honour.

**RECOMMENDATIONS**



**Simulation Training**

- Sattva found that climatic conditions play a role in determining performance of the athletes. Factors such as heat and humidity have been proven to negatively impact muscle endurance which is important for athletes to perform well.
- Such external factors could be addressed by providing simulation training to the athletes. OGQ could map out locations where an athlete trains, especially considering climatic conditions of the geography where upcoming international tournaments are going to take place.



**Dedicated Infrastructure**

- Although 50% of the para-athletes shared that their access to training infrastructure has improved after receiving OGQ's support, 30% of the para-athletes still face restricted access to infrastructure.
- Hence, there is a need for dedicated infrastructure accessible to para-athletes which OGQ has in the past addressed by partly financing the national para badminton training academy in Lucknow. OGQ could similarly help establish training centres for other para sports across the country to improve access to infrastructure for para-athletes.



### Sports Psychology Support

- All the para-athletes who received counselling support shared that it was helpful for them.
- 70% of the para-athletes felt that the COVID-19 pandemic had disrupted their training at the highest degree.
- Thus, it is essential for the athletes to get professional psychological support in addition to learning refocusing strategies for optimal performance. OGQ could hire an in-house full-time sports psychologist for the same.



### Document the Program Processes

- Sattva found out that the processes, feedback mechanisms, and other SOPs for the program are not formally documented yet.
- Hence, one of the primary actionable recommendations would be to ensure that all SOPs for processes such as scouting of athletes, feedback mechanisms are formally documented and circulated within the organization.

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## IMPACT ASSESSMENT REPORT - Executive Summary - April 2022

### 5. COVID-19 SUPPORT Vaccination Program & Community Relief

#### OVERVIEW

As part of the Covid-19 support strategy for 2021-2022 HDFC Ltd partnered with multiple organisations across India to prepare and protect against the pandemic



Vaccination Program

Support: Rs. 18.18 Cr.



Community Relief

Support: Rs. 6.03 Cr.

#### Background

On 11th March 2020, the World Health Organisation (WHO) declared the outbreak of coronavirus disease (COVID-19) as a global pandemic. In India, limits and curfews were imposed as strict containment measures and many sectors, including education, were completely closed down in the offline setting, as a mitigation strategy to contain the outbreak of the second wave in April-May 2021.

Relief efforts continued and over the course of the year, vaccines were developed to control the spread of the virus. India's demography, population, and social construct posed innumerable challenges in administering vaccines. With a staggering 17.7% (1.39 billion) of the world's population, ensuring a consistent vaccine supply, maintaining a high pace of vaccine administration, and achieving nationwide coverage were substantial challenges. As vaccination drives began, many myths and rumours were spread, especially in rural areas and among the underprivileged which led to vaccine hesitancy.

As of April 2022, 99 crore+ of dose 1, 89 crore+ of dose 2 and 2.55 crore+ of precaution doses have been administered in India. This has been achieved through a mammoth effort of the Government and support by Corporates through their CSR effort, as well as NGOs who understand the communities.

#### About the Project

##### Vaccination Relief

HDFC in partnership with multiple organisations created a model to enable successful vaccination of marginalized at-risk populations at an accelerated pace.

- Collaborative Approach: Direct jabs through vaccination centres
- Incentivization Approach: Incentive-based drives to increase inoculations

Lack of vaccination centres in close proximity and lack of digital literacy to register on CoWin were the two major bottlenecks in getting the economically vulnerable population vaccinated. The partners worked tirelessly to set up vaccination centres in close proximity to the community and helped beneficiaries with their registration on the CoWin portal. The team was readily available at the campsite to provide support and services to any community members.

**There was a clear need for vaccination drive and outreach: 67% of beneficiaries surveyed believed myths around COVID-19 leading to vaccine hesitancy.**

Vaccine hesitancy due to myths and misconceptions regarding the disease and its treatment compounded the problem, especially in rural and remote tribal areas. Various focus group discussions were conducted by the vaccination-centric program teams among the participants such as community members, sarpanch, and construction workers.

HDFC and partner organisations worked towards debunking these myths, improving vaccine awareness and mobilising people for vaccination.

Partners	Location
Samarthanam Trust for the Disabled	Delhi NCR
Karnataka Health Promotion Trust	Uttar Pradesh
CII Foundation	Ahmedabad (Gujarat)
Jaslok Hospital & Research Centre	Kochi (Kerala)
Narayana Health	Koppal, Bangalore (Karnataka)
Dr M L Dhawale Memorial Trust	Mumbai, Thane, Palghar (Maharashtra)
Surya Biomedical Research Centre	Udaipur (Rajasthan)
Yuva Unstoppable	Kolkata (West Bengal)
Samaritan Help Mission	

## Community Relief

In the pandemic year, India's unemployment rate rose sharply.

A similar trend was noticed amongst the study respondents. 26% (n=330) reported the loss of income sources due to the pandemic. Currently, after 2 years into the pandemic, there are still 15% of the total study respondents without having found any new employment or source of income.

31% of the respondents reportedly faced significant challenges where they exhausted all their savings or had taken loans to cope with unemployment as a result of the pandemic.

### **The combined challenges of loss of employment and reduced income further manifested into a shortage of food and other supplies**

Nearly 57% of the respondents in the study have expressed facing a food shortage during the COVID-19 lockdown, especially during the second wave. In order to cope with the consequential food shortage, the respondents reported having to reduce either the quantity of food in each meal and/or the number of meals consumed in a day.

Healthcare professionals were on the frontline during the pandemic with long working hours and inadequate time to cater to their own needs.

During the peak of the pandemic waves, many children lost their primary caregivers, making them vulnerable to higher risks like isolation, lack of supervision, child labour etc.

The relief programs were implemented in partnership with multiple organisations working at community level spread across various locations and delved into following relief measures:



Providing healthcare workers with nutritional support in the manner of cooked meals and nutritious kits



Food and hygiene kits to vulnerable and underserved communities



Food assistance counselling, bereavement support linking to foster care and institutional support to children in distress



Supervision centres and educational kits to children in distress

Partners	Location
The Aangan Trust Annamrita Foundation Childline India Foundation Foundation to Educate Girls Globally Goonj Mitti Social Initiatives Taj Public Service Welfare Trust Yuva Unstoppable	Delhi, NCR, Ahmedabad (Gujarat), Mumbai (Maharashtra), Kolkata, Howrah (West Bengal), Patna (Bihar), Varanasi (Uttar Pradesh), Madhya Pradesh, Chhattisgarh, Jharkhand

## Assessment Methodology

### Objectives of the Study

- Assess the effectiveness and efficiency of the program executed by the implementation partners
- The impact of COVID-19 vaccination and relief program and support measures among the targeted groups

### Design and Framework for the Study

The study conducted by Sattva incorporated a descriptive cross-sectional design method where data was collected from a representative population of the beneficiaries to provide a snapshot of the outcome and the characteristics associated with it, at a specific point in time. The study incorporated a mixed-method approach consisting of quantitative and qualitative data collected from primary and secondary sources, to gather valuable impact-related insights from a 360-degree perspective across the stakeholders involved.

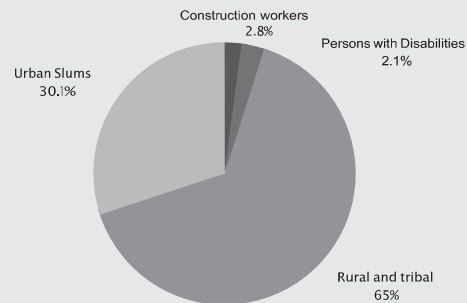
Quantitative data was collected through surveys conducted with 280 beneficiaries across four locations for Vaccination program, whereas qualitative data collection was administered through focus group discussions and in-depth interviews with different stakeholders and partners. For the Community Relief programs, insights were derived from Sattva's engagements in the form of in-depth interviews and focus group discussions with program team members, doctors, field coordinators, kitchen staff, tutors, and other stakeholders.

## Impact Assessment

### Vaccination Reach



**479600**  
Individuals  
vaccinated



### Community Relief: Reach



15,000 Health care workers at  
hospitals and COVID care  
centres



13,000 children in distress due  
to lost of parents in pandemic



40 + hospitals and covid  
centres



22,800 families from  
underserved or missed out  
communities

### Key Findings

#### Vaccination Program

##### Awareness



At least 1/2 of the study respondents did not get vaccinated due to a lack of adequate information about the vaccination process.



90% of the survey respondents reported receiving information about vaccination directly from the NGO partners.



44% of beneficiaries reported are now aware of the importance of vaccination and 38% of beneficiaries also reported their vaccine myths being quashed as a result of the vaccination drive.



Incentivization in some locations increased vaccine turnout.



The vaccination drive also had compounded positive effects as beneficiaries further referred it to others.

### Ease of Access



Organising camps at work-sites helped in achieving high-turnout rates around increase in 72% for construction workers.



Almost 69% of study respondents reported having easy access to vaccination camps due to the efforts of NGO partners.



97% of beneficiaries displayed willingness toward the second dose of vaccination.

### Seamless process



100% beneficiaries exhibited a level of satisfaction with the vaccine process, where 77% people showing high level of satisfaction.

### Community Relief

#### Identification



The swift identification of vulnerable communities and healthcare staff in partnership with local/ regional NGOs, community influencers, and relevant government stakeholders helped the relief aid to reach the target beneficiaries in time.



Cooked meals were provided to vulnerable level-4 Healthcare Workers by identifying them with the help of local government stakeholders or using existing databases.



The immediate and long-term needs of children in need of care and protection, along with families affected by covid were mapped, and addressed with a well-coordinated network of services.



The food kits distributed and additionally the stationary for education camps for the students to not disturb them from studies.

#### Dissemination



The timely delivery of freshly cooked meals served to healthcare staff at designated hospitals helped meet their nutritional needs.



Nutritious and hygienic cooked meals were provided to the healthcare staff, keeping in mind their region-specific tastes and preferences.



Strict quality control and hygiene standards were enforced at the sites of the preparation of the cooked meals.





Localised procurement of ration kits from vendors ensured that ration kits were customised to suit the local requirements and tastes.



The interventions generated livelihood opportunities for PWD and increased community engagement.



Care was taken to ensure that rations procured were of the highest quality, and the packaging of the kits followed hygiene practices.

#### Other



The interventions generated livelihood opportunities and inculcated a sense of dignity among secondary stakeholders, and also enabled them to cope up with the COVID-19 pandemic via community engagement.

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