



Impact Assessment Study of Bandhan Bank's CSR programmes

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Executive Summary

India has come a long way, notwithstanding the vicissitudes that it has faced during the last seven and a half decades since independence. The poverty rate in 1947 was 70%, which stood at 21.1% in 2019¹. Similarly, the literacy rate has also been growing and has shown a remarkable improvement from 18.33% in 1951 to 74.04% in 2011².

However, with the ever-growing population, a significant proportion of contemporary India travails a plethora of problems. According to recent figures by NITI Aayog, 25% of the population in India is still poor. This implies that every fourth person of the total population of India is in poverty³. In the Global Multidimensional Poverty Index (MPI) 2021 ranking, India stands at 62 out of 107 other countries⁴. It is well recognized that women, people with disabilities, indigenous communities, scheduled castes, and various minority groups often find themselves struggling at the margins of developmental benchmarks. As a result, they get trapped in a vicious cycle of poverty⁵. A vast majority of India's labour force is employed in the informal sector, which lives in rural as well as peri-urban areas, thereby further exacerbating the vulnerabilities of these traditionally excluded groups.

Considering these crucial issues, Bandhan Bank Limited ('Bandhan Bank' or 'Bank'), one of India's youngest universal banks, strives to promote inclusive banking and caters to the unbanked and under-banked segments of the country's population. The CSR programmes of Bandhan Bank are designed to address key national priorities such as the provision of quality primary education, skill development, access to healthcare, and enhancing livelihood security.

Bandhan Bank had partnered with Bandhan Konnagar to implement and scale up five flagship projects - Targeting Hard-Core Poor (THP) Program, Bandhan Health Program, Bandhan Financial Literacy Program, Employing the Unemployed, and Bandhan Education Program. These were spread across seven states namely Assam, Bihar, Jharkhand, Tripura, West Bengal, Madhya Pradesh, and Odisha. Furthermore, the bank had collaborated with various five Non for Profits namely- Blind People Association, Help Age India, Samerth Charitable Trust, Education Support Organisation and National Association for Blind to implement six programmes in the state of Gujarat - Maintenance and Expansion of Eye Hospital, Support for Mobile Medical Unit (MMU), Running the Daycare Centre for Differently abled Children, Educating out-of-school Children of Sarkhej and Vejalpur areas, Gyanshala Middle-school Programme and Support for Running Sammilit Pathshala, respectively.

These programmes had an inclusive and systematic approach and ensured representation and coverage of various marginalised communities with a collective outreach of over 17 lakh individuals across eight states. Moreover, these programmes contributed towards the

¹ National Sample Survey Office (NSSO), 2020

² Census 2011

³ India Population Statistics 2022 | Current Population of India – The Global Statistics – The Data Experts | Statistical Data Reports

⁴ 2021 Global Multidimensional Poverty Index (MPI) | Human Development Reports (undp.org)

⁵ <https://data.worldbank.org/indicator/SP.RUR.TOTL.ZS>

achievement of global Sustainable Development Goals (“SDGs”) in India and are in direct alignment with ten out of the seventeen SDGs while also being aligned with Schedule VII, Companies Act 2013.

To evaluate the impact of the CSR initiatives and understand the perception of the stakeholders, Bandhan Bank empaneled KPMG to conduct an impact assessment study of selected projects. A mixed method approach (quantitative and qualitative) was used for this purpose. Review of documents and data provided by the team was undertaken to understand the objective and coverage of the programmes. Subsequent to the desk review, key performance indicators were identified and finalised, in consultation with the programme team. Further, field visits were carried out in three states: Assam, Gujarat, and West Bengal, to understand the project, processes, and perceived impact on the target communities. The study planned to cover an approximate sample of 2,000 respondents and a sample size of 1,986 was achieved as the data collection was dependent on the availability of the beneficiaries on the field. The study covered around 1,646 respondents for the flagship programmes, representing around 83% of the total respondents for the impact assessment. For the purpose of this study, OECD- DAC (Organisation for Economic Co-operation and Development- Development Assistance Committee) framework was used for developing the research tools (questionnaires for quantitative and qualitative surveys) and evaluating the impact created. The data collected was analyzed using excel/statistical tools.

Key Impact

Overall impact of the program on various parameters is presented in the table below:

Table 1: Impact on key performance indicators

Themes	Parameters/ Categories	Impact
Economic	Business	<ul style="list-style-type: none"> Beneficiaries increased their investment in secondary assets as a result of the programmes. It assisted them in pursuing alternative sources of income in order to increase their assets, consistently afford domestic essentials, and ultimately break free from the poverty cycle. Around 73% of the respondents shared that they bought new assets as a secondary source of livelihood using the profits earned after the completion of the project The programmes were successful in enhancing beneficiaries' financial awareness. Financial inclusion and literacy are critical to guaranteeing the overall development of individuals and communities and assisting them in transitioning from survival to a sustainable growth trajectory.

	Income	<ul style="list-style-type: none"> The programmes were effective in increasing the average income of the beneficiary households. Analysis of primary data showed that post-intervention, the women beneficiaries reported an average monthly income of INR 7,000. This amounts to an average delta change increase of INR 5,000 per month or an annual increase of INR 60,000 in the household income of the women beneficiaries. The current average household income for the treatment group respondents is 2.3 times the household income for the control group respondents. Increase in income and financial awareness led to improved savings for the beneficiaries. Analysis of primary data showed that on an average, the savings amounted to INR 3000 per month or an annual increase INR 36000, for the treatment group which is almost 2 times the savings for the control group respondents. This resulted in the overall improvement of the quality of life for the beneficiaries and their families.
Social	Gender	<ul style="list-style-type: none"> THP program is an asset-based livelihood intervention for ultra-poor women beneficiaries. The intervention comprised of activities around business/ entrepreneurship skill development, on-site technical assistance, counselling and providing income generating assets for enterprise development. The project has created positive economic impact on the beneficiaries resulting into enhanced income and growth in asset. Analysis of primary data showed that almost 100% of the women respondents reported that they were involved in micro-enterprises to sustain their livelihood instead of depending on daily wage labour as their main source of income after the implementation of the programme. The women beneficiaries surveyed shared that post intervention they experienced enhanced social standing in family and society. They felt their participation in family and village level decision making processes increased leading to enhanced self-confidence.
	Health	<ul style="list-style-type: none"> Bandhan Health Programme has been beneficial in raising the beneficiaries' awareness about health-related concerns affecting mother and children and in bringing about a behavioral change amongst the beneficiaries. Analysis of primary data showed that almost 100% of the respondents reported a significant increase in awareness about maternal and childcare amongst the target community.

	Education	<ul style="list-style-type: none"> • Bandhan Education Centres improved access to education and about 88% of the respondents reported improved attendance and regularity amongst their children • Primary data analysis showed that there has been a 67% decrease in average monthly expenditure on education for respondents availing the services of these centres. • Further, approximately 72% of the respondents availing the service of Bandhan Academy Schools shared that the academic result of their children has improved.
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Source: KPMG data analysis

Overall, it was observed that the programmes have a holistic coverage under a spectrum of thematic areas covering livelihood, gender, health, education, disability, and quality of life. As an approach, the program aims to empower the beneficiaries, mapping their progress and thereby reducing inequalities faced by them socially and economically. It was further observed that the programmes were inclusive given the community-centric and collaborative approach of the interventions. Although, these programmes have been successfully etched in the community there is still always a scope for further improvement. Thereby, basis our survey, a few recommendations have been listed.

Under the Targeting the Hard-Core Poor Programme, the beneficiaries are from weak socio-economic backgrounds which is why the provision of additional support to them becomes imperative. A strong mentoring backup in terms of a supportive environment and refresher training every two years, becomes the next important step. Further, identifying role models amongst the graduated women for strengthening support networks is also crucial. While on the larger level, a strong community-driven support system is important, to ensure mentoring of these beneficiaries by successful champions, which will help strengthen their capacities holistically. Similarly, Bandhan Health Programme could focus on enhancing the frequency of health forums, while also improving the quality of monthly refresher training for the 'Swasthya Sahayika' to increase the outreach and impact of the programme.

Bandhan Education Programme could further support the community by providing access to higher education to them and also delving deeper into reducing challenges that hinder girl children to take up formal education. Under Employing the Unemployed Programme, a support system in terms of mentoring the candidates, improving quality of training, strengthening job placement assistance and further diversifying the training to include smart investments and associated themes, is important to further deepen the impact of the programme. Bandhan Financial Literacy Programme can provide access / trainings to the beneficiaries on mobile and digital banking which can accentuate the impact of the programme.

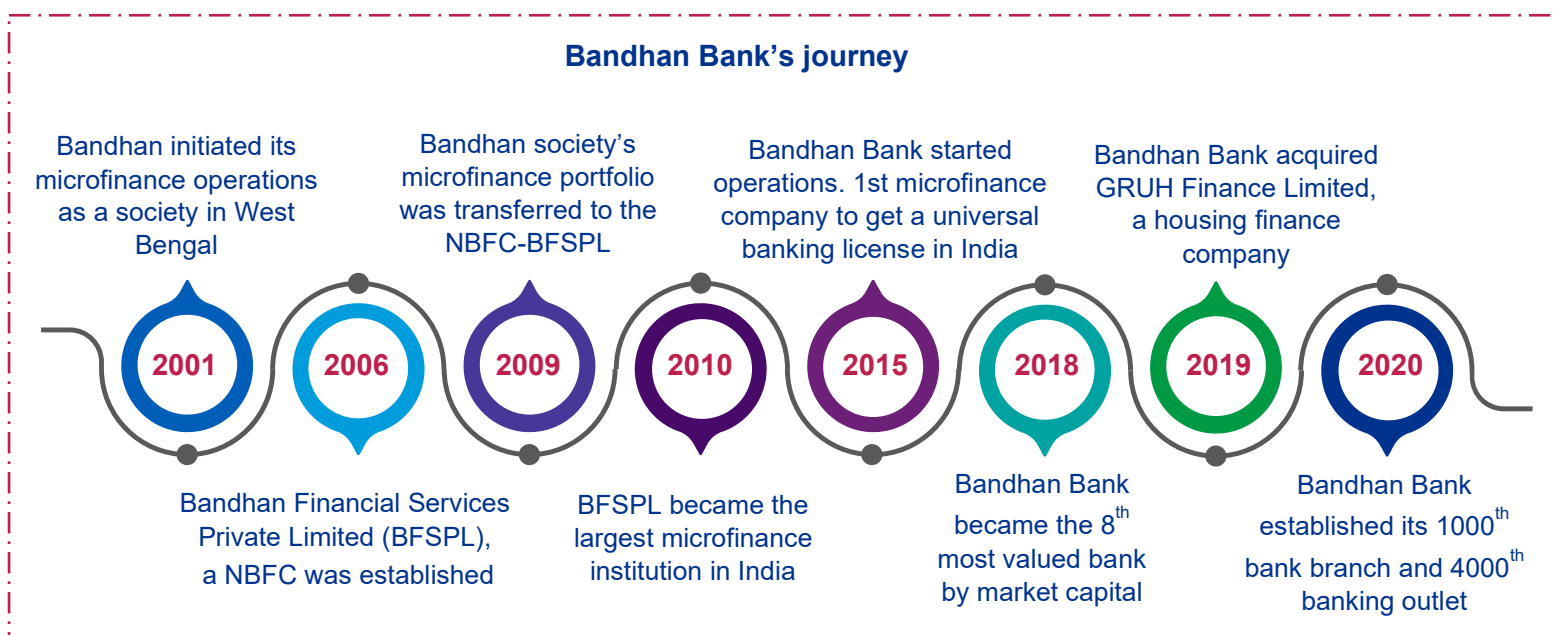
The HelpAge MMU Programme can focus on increasing the frequency of MMU visits in the community and the number of diseases under its ambit. Also, both the programmes of SCT Daycare centre and NAB Sammilit Vidyalaya could focus on improving the availability of quality inclusive education for CwD through awareness generation and capacity building workshops. Further, there is scope to enhance the learning environment under SCT Daycare centre and improve infrastructure for the CwDs under NAB Sammilit Vidyalaya. Moreover, SCT Quality Education and ESO Gyanshala programmes can also focus on expansion and improvement of educational institutions. Capacity building of teachers and staff is another vitally important step towards enhancing the impact of both the programmes.

Chapter 1: Introduction

1.1 About Bandhan Bank Limited: An overview

Bandhan Bank Limited works towards enabling financial inclusion in the country with around 73% of the banking outlets located in either rural (34%) or semi-urban (39%) areas. The seeds of Bandhan Bank were sown by Chandra Shekhar Ghosh as he was moved by the struggles of Kolkata's small traders who were forced to borrow money on high interest from traditional moneylenders due to lack of options. The journey of Bandhan Bank to promote financial inclusion in the country began in 2001 with microfinance operations in rural West Bengal. In 2015, Bandhan Bank began its operations, becoming the first microfinance company in the country to receive the universal banking license.

The infographic below showcases the journey of Bandhan Bank⁶:



“ To be a world-class bank with convenient and affordable financial solutions to all, offered in an inclusive and sustainable manner. ”

The Bank remains committed to their vision of a financially inclusive India and to offer full-fledged banking services to the poor sections of the society. In order to further strive towards inclusive growth, Bandhan Bank empowers marginalised communities and augments developmental efforts in the country through its holistic Corporate Social Responsibility (“CSR”) initiatives. These CSR initiatives are implemented with the support of the implementing agencies like Bandhan Konnagar to cater to vulnerable communities residing in the vicinity of Bandhan Bank's

⁶ Source: Bandhan Bank's website: <https://bandhanbank.com/Our-Story>

operational areas. The initiatives undertaken are in alignment with the provisions of Section 135 of the Companies Act (2013) and CSR Rules.

1.2 About Bandhan-Konnagar

Bandhan-Konnagar ('Bandhan' earlier), a non-profit organisation founded in 2001 with the goal of empowering women and alleviating poverty, was registered under the West Bengal Societies Registration Act, 1961. The primary operations of Bandhan focused on provision of microfinance and development-related services, believing that access and control over livelihood and household social and economic decisions were essential for social transformation. Bandhan was designated as a Non-Banking Financial Company (NBFC) in 2006 as the microfinance services expanded. Bandhan-Konnagar continued to provide development services while the microfinance portfolio was transferred to the NBFC (Bandhan).

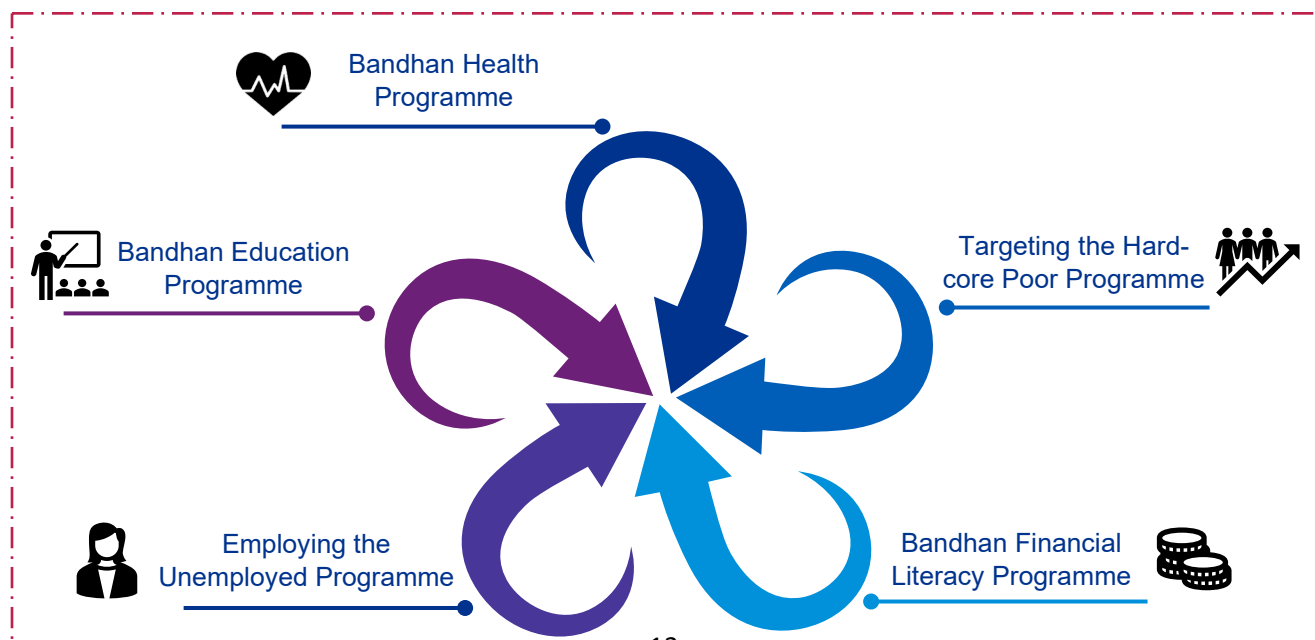
Bandhan - Konnagar continues its journey of providing impactful development services to millions of socially marginalised and underprivileged people across India. With over two decades of experience, Bandhan- Konnagar strives for comprehensive community development through an engendered approach and conducts a variety of impact-oriented programmes. Bandhan Konnagar's programme strategy ensures development of the community's capacity to address poverty and its related causes, such as livelihood opportunity for hard-core poor, health, nutrition, education, clean water, unemployment, and gender inequality.



A society free from poverty, illiteracy, and ill-health where the rights and opportunities of everyone are ensured.

In partnership with Bandhan-Konnagar, Bandhan Bank supports the following five flagship CSR programmes which have been holistically designed to address key developmental issues of livelihood, health, poverty, and financial inclusion.

The infographic below represents the five flagship programmes:



KPMG was empaneled to undertake impact evaluation study of these flagship programmes along with six CSR projects implemented in Gujarat.

1.3 Impact Evaluation - Approach and Methodology

To evaluate the impact of their CSR initiatives and understand the perception of the beneficiaries and stakeholders, Bandhan Bank empaneled KPMG to conduct an impact assessment study of 11 selected CSR projects including the five flagship projects mentioned above and six key projects in Gujarat for the period FY2016-FY2022.

The expected benefits from the study are as follows:

- Captures perceptions of the respondents and stakeholders.
- Guides more effective investment.
- Recommends improvement in programme delivery.
- Enhances understanding of impact of various CSR initiatives.

1.3.1 Framework for Impact Evaluation

The study used the OECD DAC evaluation framework for evaluating the impact of the programme. It is a widely used framework for evaluating impact of social development programs. An overview of the above mentioned five evaluation parameters is provided below.:

- **Relevance:** The extent to which the intervention objectives and design respond to beneficiaries' needs, policies, and priorities, and continue to do so if circumstances change.
- **Effectiveness:** The extent to which the intervention achieved, or is expected to achieve, its objectives, and its results, including any differential results across groups.
- **Efficiency:** The extent to which the intervention delivers, or is likely to deliver, results in an economic and timely way.
- **Impact:** The extent to which the intervention has generated or is expected to generate significant positive or negative, intended, or unintended, higher-level effects.
- **Sustainability:** The extent to which the net benefits of the intervention continue or are likely to continue.

OECD DAC Framework	
What is it?	How it helps?
Framework for evaluating performance of social development programs on relevance, effectiveness, convergence, and sustainability aspects	Helps in gaining qualitative understanding of the impact created, stakeholder perception, extent of collaboration with other actors and sustenance of the change

Figure 1:OECD DAC framework

An illustrative of the OECD DAC framework is provided in the table below

Evaluation Criteria	Generic Evaluation Questions	Cross-cutting Objectives
Relevance	<p>A measure of the extent to which the activity suits the priorities and policies of target group, recipient, and donor:</p> <ul style="list-style-type: none"> To what extent are the objectives of the Project still valid? To whom are the programmes being targeted? 	<p><i>Commitments of the stakeholders are integrated into Project</i></p>
Effectiveness	<p>A measure of the extent to which an aid activity attained its objectives</p> <ul style="list-style-type: none"> To what extent were the objectives achieved / are likely to be achieved? What were the major factors influencing the achievement or non-achievement of the objectives? 	<p><i>Achieved cross-cutting objectives during project implementation</i></p>
Efficiency	<p>A measure of the extent which signifies that the aid uses the least costly resources possible to achieve the results.</p> <ul style="list-style-type: none"> Were activities cost-efficient? Were objectives achieved on time? 	<p><i>Resources are provided and efficiently used for participation of all stakeholders</i></p>
Impact	<p>A measure of the extent which signifies positive, or negatives changes produced by the development intervention, directly or indirectly, intended, or unintended or externally or internally</p> <ul style="list-style-type: none"> What has happened as a result of the Projector project? What real difference has the activity made to the beneficiaries? How many people have been affected? 	<p><i>Achieved real and long-lasting positive changes in the lives of intended beneficiaries</i></p>
Sustainability	<p>A measure of whether the benefits of an activity are likely to continue after donor funding.</p> <ul style="list-style-type: none"> To what extent did the benefits of a project continue after donor funding ceased? What were the major factors which influenced the achievement or non-achievement of sustainability of the project? 	<p><i>Likelihood that project achievements will continue after project</i></p>

Figure 2: OECD DAC framework- Illustrative

1.3.2 Detailed Methodology

The impact study adopted a four-phase structured methodology for evaluation as illustrated below. The adopted methodology ensured that the key performance indicators were identified in alignment with the OECD DAC framework and the research questions were designed to effectively capture the impact of the programme.

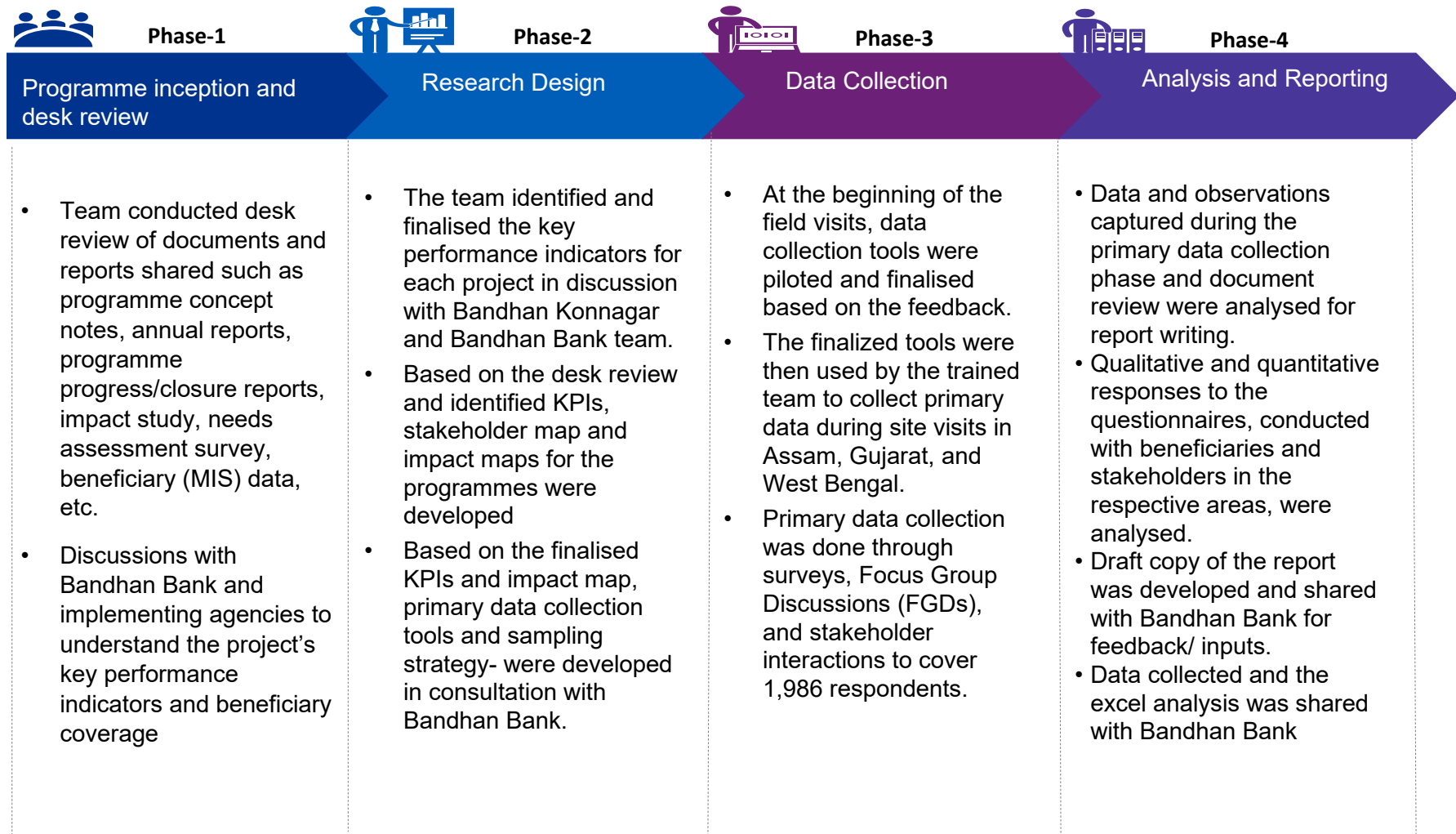


Figure 3: Methodology Phases

Phase 1: Programme inception and desk review

At the beginning of the study, KPMG consulted Bandhan Bank and the implementing partners to gather information about the programmes and reviewed the project-related documents shared

Desk review was conducted for project related documents such as programme concept notes, annual reports, programme progress/closure reports, impact study, needs assessment survey, beneficiary (MIS) data, etc., to develop an in-depth understanding of projects.

Phase 2: Research design

Subsequent to developing an understanding of the program, KPMG in consultation with Bandhan Bank finalised the scope and boundary of the study. KPIs were finalised in consultation with the Bandhan Konnagar team for the flagship programmes and were used for the development of data collection tools. The following KPIs were chosen in alignment with the OECD DAC framework, which has been described in the preceding section.

The table below provides the list of KPIs identified for the flagship programmes:

Table 2: Identified KPIs for flagship

THP Programme	FY 2016- FY 2022	Number of hard-core poor women HH enrolled
		Number of hard-core poor women HH graduated (drop off)
		Impact on women - <i>(increase in income and livelihood security, increase in regular savings, increased skillsets and confidence, improved access to essential services-shelter, financial services, improved food security, enabled asset growth, etc.,)</i>
Health Programme	FY 2017- FY 2022	Number of households reached out to
		Improved health indicators (SMILE 3 and SMILE 4)
		• Percentage of institutional deliveries
		• Percentage of complete antenatal care services
		• Percentage of immunization coverage
		• Percentage reduction in wasting in children under 5
		Increased awareness on maternal and childcare issues among women
		Increased awareness on WASH and adoption of healthy and hygienic habits
Education Programme	FY 2017- FY 2022	Increased access to healthcare checkups and services through a) linkages with govt stakeholders and b) monitoring support by programme staff
		Number of students enrolled under the programme
		Number of education centres, Number of Bandhan academy schools (West Bengal), Number of facilitators at the Bandhan Education centres
		Improvement in academic performance and increase in attendance and regularity of students
Employing the Unemployed Programme	FY 2018- FY 2022	Reduced expenditure on education
		No of candidates trained
		No of candidates placed (Placement rate)

		Average monthly income of the individual and the household
		Improved skillsets and employment opportunities for the candidates
		Improved communication and soft skills
Financial Literacy Programme	FY 2020-FY 2022	Number of women that completed the financial literacy program
		Number of women having/using bank accounts
		Increase in awareness on financial management
		Improved access to financial services

The table below provides the list of KPIs identified for the Gujarat programmes (FY 2020-FY 2022):

Table 3: Identified KPIs for Gujarat programmes

Blind People Association: Maintenance & Expansion of Eye Hospital	Number of direct surgeries supported (Around 25% of the cost of surgeries was supported)
	Number of equipment supported
	Improvement in access to quality eye care services
	Reduction in medical expenditure
HelpAge India: Support for operating MMU	Number of individuals reached out to
	Improvement in access to healthcare services
	Improvement in access to medicines
	Reduction in medical expenditure
Samerth Charitable Trust: Running the day-care centre for differently abled children	Number of children at the center
	Improved access to affordable day care facilities for children with disability
	Reduction in expenditure on day care facilities for children with disability
	Additional income due to reduction in days lost because of unavailability of affordable day care facility for children with disability
Samerth Charitable Trust: Educating Out of School children of Sarkhej & Vejalpur areas	Number of students in schools
	Number of schools supported
	Number of students in community centers
	Number of community centers supported
	Improvement in academic performance of students
Education Support Organisation: Gyanshala Middle-School Programme	Number of students in schools
	Number of Gyanshala schools supported
	Improvement in academic performance of students

National Association for the Blind: Support for running "Sammilit Pathshala"	Number of students in schools
	Improvement in academic performance of students

Enhanced understanding of the selected programmes and identification of KPIs helped in developing:

- Stakeholder map
- Impact map
- Sampling strategy
- Tools for data collection - questionnaires for interviews

Phase 3: Data Collection

Once the framework for undertaking the study was finalized, a field visit plan was developed. At the beginning of the field visits, data collection tools were piloted and finalized based on the feedback. The finalized tools were then used by the trained team to collect primary data during site visits. Secondary data from programme documents including progress report, beneficiary database, reports on needs assessment, baseline survey, impact study, etc., available with implementation partner was collected.

Phase 4: Analysis and Reporting

The data and observations from documents review and field visits were analyzed. Draft copy of report was developed and shared with Bandhan Bank and the implementing partners for feedback/ inputs. Subsequently, final report was prepared and submitted to Bandhan Bank.

1.3.3 Sampling Design

KPMG used a multi-stage stratified random sampling design to select districts, branches, and beneficiaries for the flagship programmes. For the Flagship programmes, the States of Assam and West Bengal were selected for primary data collection. Sampling strategy was finalised in consultation with Bandhan Bank based on programme and beneficiary coverage.

- Developed a sampling frame of the selected States (Assam and West Bengal) and districts wherein the beneficiaries were situated
- For each state, one district with the highest beneficiary coverage was selected for data collection.
- The branches were selected based on the number of beneficiaries covered and the coverage of programmes.
- Branches with multiple programmes were included, where possible, to provide qualitative insights on the comprehensive impact of the CSR initiatives in the area.
- Additionally, control group villages were identified for primary data collection for four of the flagship programmes to provide a comparative view with the treatment group.
- Simple Random Sampling (SRS) were used for selecting beneficiaries from the sample villages to eradicate any chance of potential bias.

The table below provides the geographical and sample coverage of study for the flagship programmes:

Table 4: Geographical and sample coverage for flagship

Geographical Coverage of Study for Flagship Programmes				Sample respondents for Flagship programmes					
Flagship Programmes	State	District	Branches	State-wise Respondents Coverage	Total Respondents	Beneficiary Survey	FGD Beneficiaries	Stakeholders	Control Group
Targeting the Hard-core Poor Programme	Assam	Dibrugarh	Kotoha & Naharkatia	169	343	308	-	6	29
	West Bengal	East Medinipur	Panskura-2 & Anantapur	174					
Bandhan Health Programme	Assam	Dhubri	Balajaan	21	49	0	43	6	0
	West Bengal	South 24 Parganas	Polerhat-1	28					
Bandhan Education Programme	Assam	Darang & Odalguri	Mongaldoi	224	533	505	-	6	22
	West Bengal	South 24 Parganas	Ghatakpur	309					
Employing the Unemployed Programme	Assam	Guwahati	Guwahati	276	495	469	-	6	20
	West Bengal	Barasat	Barasat	219					
Bandhan Financial Literacy Programme	Assam	Dibrugarh	Naharkatia	226	226	211	-	3	12
Total respondents for Flagship programmes					1646	1493	43	27	83

The six selected programmes in Gujarat were implemented in the Ahmedabad. The table below provides the sample coverage of study for the Gujarat programmes:

Table 5: Geographical and sample coverage for Gujarat programmes

Programme Name	Total Respondents	Beneficiary Survey	FGD Beneficiaries	Stakeholders
Blind People's Association: Maintenance & Expansion of Eye Hospital	67	54	10	3
HelpAge India: Support for operating MMU	65	54	8	3
Samerth Charitable Trust: Running the day-care centre for differently abled children	35	32	-	3
Samerth Charitable Trust: Educating Out of School children of Sarkhej & Vejalpur areas	54	51	-	3
Education Support Organisation: Gyanshala Middle-School Programme	81	60	18	3
National Association for the Blind: Support for running "Sammilit Pathshala"	38	35	-	3
Total respondents for Gujarat programmes	340	286	36	18

Overall, the impact assessment of the selected CSR programmes covered around 1,986 respondents. 90% (1,779) of the total respondents were covered through in-depth beneficiary surveys. The study covered around 1,646 respondents for the flagship programmes, representing around 83% of the total respondents for the impact assessment. The remaining respondents were from the six selected programmes in Ahmedabad, Gujarat.

1.3.4 Data Collection Method

The methods used for engaging with the beneficiaries and stakeholders were survey interviews, in-depth interviews and FGDs.

Survey Interview

Survey is a list of questions aimed at extracting specific data from a particular group of people. It is often used to assess thoughts, opinions, and feelings. In survey interviews, questionnaires are completed by the interviewer based on answers of respondents. In the study, the survey interview was conducted to gather primary data from sampled beneficiaries on the impact of the programme on their lives using a structured questionnaire.

In-depth Interview

An in-depth interview (IDI) is defined as a qualitative research technique to undertake explorative individual interviews. In such an interview, respondent perspective on a particular program, idea, or subject are explored. An IDI consists of broad open-ended questions to help both interviewer and interviewee to deep dive into the subject matter. It allows them to deviate from the scripted questionnaire to explore in detail aspects of the subject matter. IDIs are different from survey interviews, as they are less structured. In this study, IDIs have been conducted with selected stakeholders with a guided questionnaire.

Focused Group Discussion

A focus group discussion (FGD) involves gathering people from similar backgrounds or experiences together to discuss a specific topic of interest. It is a form of qualitative research where questions are asked about their perception, attitudes, beliefs, opinion, or ideas. In focus group discussion participants are free to talk with other group members; unlike other research methods it encourages discussions with other participants. It generally involves group interviewing in a small group of usually 8 to 12 people⁷. In this study, FGDs and informal discussions were conducted with various stakeholders including beneficiaries for understanding the impact of the program.

The following chapters in the report provide the programme-wise analysis and findings of the impact evaluation study.

⁷https://www.herd.org.np/uploads/frontend/Publications/PublicationsAttachments1/1485497050-Focus%20Group%20Discussion_0.pdf

Chapter 2: Targeting the Hard-Core Poor Programme

2.1 About the Programme

According to the World Bank (2011), gender disparities make women and girls more susceptible to poverty than men and boys, and they have an impact on how both men and women respond to changes in their level of poverty.⁸ These inequities are caused by differences in gender norms, intra-household capital division, work and responsibility, and power dynamics.⁹ Women typically have lower levels of education, less ownership and influence over assets, and worse social indicators than men do in many nations.¹⁰

Poverty inherently reduces the window of opportunity for women's socioeconomic advancement since women confront a higher level of disadvantage due to limited employment opportunities, tendency for low-paying jobs, and vulnerability to childcare demands. Additionally, the labor force participation rate for women is much lower than that of men in both urban and rural areas, coming in at 18.6% and 27.7%, respectively, compared to 58.4% and 57.1% for men, according to data from the Annual Report 2020 – 2021, Periodic Labour Force Survey conducted by National Statistical Office (NSO)¹¹.

Thus, to make efforts to bring about genuine change and positive social benefit, Targeting the Hard-Core Poor Programme (THP) implemented by Bandhan-Konnagar is designed for extremely poor, female-headed households and offers them a variety of viable micro - enterprise opportunities as well as mentoring and training in self-confidence, entrepreneurship, consumer engagement, marketing, and financial management. The THP programme has a 360-degree strategy and offers regular counselling and mentoring assistance. They are also given a maintenance stipend to cover their daily expenses until they start generating income from the assets provided to them.

Types of assets offered	
Mixed	Combination of farm based and non-farm assets: Poultry/ Goats/ Pigs etc. + Grocery Shop/ Cosmetics etc.
Farm	Farm-based assets such as Dairy + Poultry/ Goats/ Pigs etc.
Non-Farm	Non-farm assets such as Cosmetics/ Grocery/Garments/ Tea stall etc.

Figure 4: Types of assets

The initiative promotes financial literacy and entices women to open savings accounts in order to ensure that they make well-informed financial decisions. By the end of 24 months, the women-led households graduate, lift themselves out of extreme poverty, and integrate into society. To graduate from the programme, women must accomplish certain criteria, such as a significant rise in income over the poverty line, improved savings habits, food security, etc. Additionally, sessions are conducted to generate awareness on social issues, health, and sanitation, and facilitate participants' access to the government's various social protection initiatives.

2.2 Programme Design

The programme has a multi-layered selection process to identify the hard-core poor, women-headed households. The programme focuses on physically active women between the ages of 18 and 59 who come from the most disadvantaged, hard-core poor part of society and have no adult male earner in the home.

⁸ (2011) *World Development Report 2012: Gender Equality and Development*. World Bank, Washington D.C.

⁹ Grown, Caren. (2014) *Missing Women: Gender and the Extreme Poverty Debate*.

¹⁰

Quisumbing, Agnes, Lawrence Haddad, and Christine Peña. (2001) *Are Women Overrepresented Among the Poor? An Analysis of Poverty in 10 Developing Countries*. Journal of Development Economics, 66: pgs. 225-269.

¹¹ Source: Periodic Labour Force Survey (2020-2021)

The duration of the initiative is 24 months, during which time the chosen households receive a series of comprehensive services, such as a grant for productive assets and weekly coaching. The chart below depicts the approach used by the programme over a 24-month period to meet the goal of mentoring and training female heads of households toward poverty emancipation:



Figure 5: Steps of the programme

An impact map is defined as a logical chain/ framework giving an overview of how inputs (actions taken, or work performed) result into outputs (changes resulting from the interventions relevant to the outcomes), causing outcomes (likely or achieved short or medium-term effects arising out of the outputs of intervention) and impact (positive or negative, intended, or unintended, direct, or indirect effects created by the interventions). The figure below shows the impact map of the programme



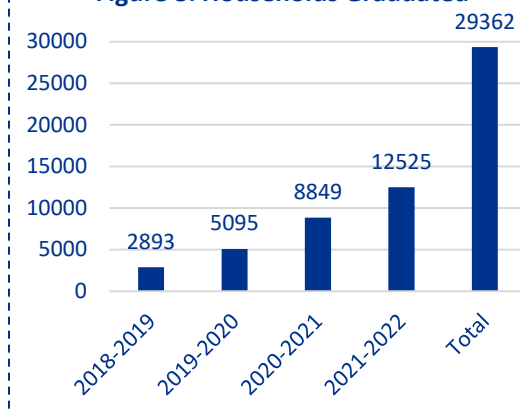
Figure 6: Impact Map

2.3 Programme Coverage

Figure 7: Graduation criteria

1. Significant rise in income above the poverty line (monthly income > INR 4000)
2. Improved food security- Two nutritious meals for family members
3. Improved savings habit- deposit a minimum of INR 250 at least once in a quarter
4. Significant enterprise asset growth (Asset value > INR 23000)
5. Safe and secure shelter/home
6. Children of school going age are attending schools regularly
7. Children age <5 receive primary immunization
8. Access to social security schemes
9. Linkage to credit services
10. Accessing public health facilities
11. Access to safe drinking water
12. Access to sanitary latrines

Figure 8: Households Graduated



The programme has twelve defined criteria for graduation as listed above. The enrolled women-led households graduate if they meet the first five mandatory criteria and any four out of the remaining seven ones. The table below illustrates the state-wise beneficiaries enrolled and graduated in the seven states where the programme was implemented:

Table 6: State-wise beneficiaries

STATES	Cumulative numbers where the programme has been completed ¹² .	
	Enrolled	Graduated
Assam	5,600	5,588
Bihar	1,600	1,600
Jharkhand	2,400	2,391
MP	1,600	1,571
Odisha	3,200	3,198
Tripura	1,000	985
West Bengal	14,100	14,029
TOTAL	29,500	29,362

Source: Data provided by Bandhan Konnagar

¹² Till March 2022.

2.4 Analysis and Findings- OECD DAC

2.4.1 Evaluation Criteria 1: Relevance

Relevance is a measure of the extent to which the intervention objectives and design respond to beneficiaries' needs, policies, and priorities, and continue to do so if circumstances change.

Relevance assesses how well the programme connected with the aims and policies of the government in which it is being executed. It also seeks to determine whether the programme is relevant to the needs of the beneficiaries. The program's relevance is understood in this context in terms of community needs as well as connections to existing government operations.

The initiative focused on hard-core poor female-headed households. It featured a well-defined selection procedure that included community members to ensure optimal beneficiary selection. The following criteria were used to determine the recipient households:

1. Being led by a physically active woman.
2. No physically active man or alternate source of income in the household.
3. No outstanding loans with any MFI/SHG or other official financial institution.
4. No productive/income-generating assets to keep the household sustainable.
5. Inability of the household in providing two complete meals per day.

According to 100% of the respondents from West Bengal and Assam, the programme was relevant and connected with the needs of the targeted community.

I. **Alignment of the programme with National Priorities - Sustainable Development Goals (SDGs)**

The Sustainable Development Goals (SDGs), commonly referred to as the global goals, were established by all United Nations members in 2015 with the aim of eradicating poverty, preserving the environment, and guaranteeing that everyone lives in peace and prosperity by 2030. India was a key contributor to the development of the SDGs and is dedicated to fulfilling them by 2030.

The THP initiative strives to improve the socioeconomic circumstances of the extremely poor women. Due to the nature of the intervention, the programme has an impact on a wide range of SDG-related outcomes, as shown below:



Table 7: SDG Goals and Targets for THP Programme

SDG GOAL		SUB-TARGETS ¹³	RELEVANCE
GOAL 1	No Poverty	<p>1.1 By 2030, eradicate extreme poverty for all people everywhere, currently measured as people living on less than \$1.25 a day</p> <p>1.4 By 2030, ensure that all men and women, in particular the poor and the vulnerable, have equal rights to economic resources, as well as access to basic services, ownership and control over land and other forms of property, inheritance, natural resources, appropriate new technology and financial services, including microfinance</p>	The programme targeted hard-core poor women-led households with only one earning member. Before the intervention, the participants were struggling with poverty and lacked access to essential services.
GOAL 2	Zero Hunger	2.1 By 2030, end hunger and ensure access by all people, in particular the poor and people in vulnerable situations, including infants, to safe, nutritious, and sufficient food all year round	The programme aimed at improving food security for the selected households.
GOAL 5	Gender Equality	5.1 End all forms of discrimination against all women and girls everywhere	The programme worked towards economic and social empowerment of women through providing them with training and support to start their own microenterprise.
GOAL 6	Clean Water and Sanitation	6.2 By 2030, achieve access to adequate and equitable sanitation and hygiene for all and end open defecation, paying special attention to the needs of women and girls and those in vulnerable situations	One of the programme components aimed to improve generate awareness on water, sanitation, and health & hygiene issues in the community.
GOAL 8	Decent Work and Economic Growth	8.3 Promote development-oriented policies that support productive activities, decent job creation, entrepreneurship, creativity, and innovation, and encourage the formalisation and growth of micro-, small- and	The programme helped hard-core poor women find sustainable livelihood and enhanced their household income.

¹³ <https://sustainabledevelopment.un.org/topics/sustainabledevelopmentgoals>

		<p><i>medium-sized enterprises, including through access to financial services</i></p> <p>8.5 <i>By 2030, achieve full and productive employment and decent work for all women and men, including for young people and persons with disabilities, and equal pay for work of equal value</i></p>	
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Table 8: State-wise SDG Goals score for THP Programme¹

	Goal 1	Goal 2	Goal 5	Goal 6	Goal 8	Overall
India	60	47	57	48	88	66
Assam	51	41	25	64	50	57
West Bengal	59	46	41	81	57	62

The contribution of Indian women to the country's GDP at 17% is far below the global average of 37%¹⁴. As per the ILO, women in India spend 291 minutes/ day in rural areas on unpaid care work. Men correspondingly spend only 32 minutes¹⁵. Heavy and unequal care work means women remain trapped in income and time poverty, and do not benefit equally from the wealth generated by our economies.

Women are underpaid and employed in low-skilled employment, part-time/flexible positions, and jobs with no social security when they do enter the workforce, if at all¹⁶. As a result, the initiative was specifically targeted at extremely disadvantaged women with few possibilities. It targeted families headed by women who lacked any physically active men in the 18 to 59 age range. It aimed to increase their involvement in the formal sector and aid them in escaping the vicious cycle of poverty. Therefore, the programme was created with the goal of fostering a more inclusive society.

II. Alignment to Schedule VII of the Companies Act, 2013

The programme has been designed to cater to marginalised communities residing in the vicinity of Bandhan Bank's operational areas in alignment with the provisions of Section 135 of the Companies Act (2013) and CSR Rules.

The actions undertaken as part of the programme fall into the following broad categories of the section¹⁷:

- eradicating hunger, poverty, and malnutrition, promoting health care including preventive health care and sanitation including contribution to the Swachh Bharat Kosh set-up by the Central Government for the promotion of sanitation and making available safe drinking water

¹⁴ NITI Aayog (2017). *India: Three Year Action Agenda. 2017-18 to 2019-20*. Government of India. New Delhi.

¹⁵ ILO (June 2018). *ILO Report: Care Work and Care Jobs: The Future of Decent Work*. International Labour Organisation. Geneva.

¹⁶ Oxfam India (2020). *On Women's Backs: India Inequality Report 2020 Unpaid Care Work and Violence Against Women and Girls at a Crossroads: A Case for Behaviour Change of Dominant Social Norms*

¹⁷ Source: Schedule VII, Section 135 of the Companies Act (2013)

- promoting education, including special education and employment enhancing vocation skills especially among children, women, elderly, and the differently abled and livelihood enhancement projects
- promoting gender equality, empowering women, setting up homes and hostels for women and orphans; setting up old age homes, day care centres and such other facilities for senior citizens and measures for reducing inequalities faced by socially and economically backward groups

2.4.2 Evaluation Criteria 2: Effectiveness

Effectiveness refers to an assessment of the factors affecting the progress towards outcomes for every stakeholder and validation of robustness of systems and processes. It helps in ensuring that the implementation and monitoring systems are robust to achieve optimum social impact.

The program's effectiveness is determined by assessing how well the program's activities were carried out and the effectiveness with which the program's systems and processes were executed.

The THP programme aimed to assure the socioeconomic empowerment of the beneficiaries of the programme. This needed achieving the following three key programme outcomes:

- An increase in beneficiaries' income
- An increase in the assets given by the programme
- An improvement in the socioeconomic standing of the recipients

To effectively achieve these outcomes, the programme adopted following measures:

- I. **Process driven implementation strategy:** The programme integrated a process-driven implementation strategy that included a baseline and market survey to ensure a context-specific programme, a defined process for selecting beneficiaries to ensure proper targeting and transparency, standardised activities with a specific timeline to achieve quality, and pre-determined KPIs to ensure thoroughness.
- II. **Professional team for implementation:** A professional team with prior expertise implementing comparable initiatives was assembled. Field staff were stationed to efficiently administer and monitor the programme. This helped in maintaining execution quality and providing timely handholding support to beneficiaries.
- III. **Beneficiary centric training program:** The core of the THP programme was training beneficiaries to be self-sufficient and socioeconomically empowered. Training was essential for boosting confidence and guaranteeing effective management of the program's assets.

Around 29,362 households successfully graduated and were economically self-reliant post-intervention. The study covered 308 women under the THP programme from West Bengal (52%) and Assam (48%). The OBC (other backward castes) category constituted around 60% of the respondents, while the Scheduled Tribe (ST), Scheduled Caste (SC), and General categories each had 15%, 4%, and 21% of respondents, respectively. The intervention increased household income, improved skill sets, and provided access to essential services such as safe shelter, sanitation, social security programmes, and so on.

2.4.3 Evaluation Criteria 3: Efficiency

The criterion of efficiency aims to measure if the project was implemented in a cost-effective and timely manner.

The goal is to determine whether the inputs—funds, knowledge, time, etc.—were effectively used to produce the intervention outcomes. This evaluation criteria tries to determine whether the programme was carried out in a timely and cost-effective manner.

The programme has been efficiently implemented in the villages with the support of key village stakeholders and the women beneficiaries themselves.

I. *Timeliness of delivery or implementation of project interventions*

The programme was implemented on time by Bandhan Konnagar with support from Bandhan Bank Limited in the selected regions as per the detailed area and beneficiary selection process defined.

II. *Cost efficiency of project activities*

It was also found out through interaction with the Bandhan Bank Limited and Bandhan Konnagar team members that there was no overshooting of the budget, and all the activities were executed well within the allocated budget. Payment milestones were clearly defined as such, and interventions were implemented in the districts in consultation with the key village stakeholders.

III. *Duplication/ overlap of project activities*

Duplication of effort arises when similar interventions are needlessly undertaken within the same community/ location due to poor knowledge management and inadequate coordination of projects, thereby resulting in fund and resource inefficiency. However, in this case, it was observed that the beneficiaries did not have access to any other similar comprehensive enterprise-based livelihood programme in the region during field observations and interaction with respondents. Additionally, the lack of access to a livelihood training programme for the control group respondents further highlight that there were no overlapping activities in the areas surveyed.

2.4.4 Evaluation Criteria 4: Impact

Impact has been measured in terms of the proportion of respondents who reported having a significant change in their lives due to the initiation of the project.

The goal of measuring the impact is to determine the project's primary or secondary long-term impacts. This could be direct or indirect, intentional, or unintentional. The unintended consequences of an intervention can be favourable or harmful.

The program's socioeconomic and economic impacts are discussed in the following paragraphs. The program's aid includes extensive training, handholding support, and the delivery of income-generating assets. The trainings aided in the development of entrepreneurial skills and provided the beneficiaries with the ability to be socially and economically independent.

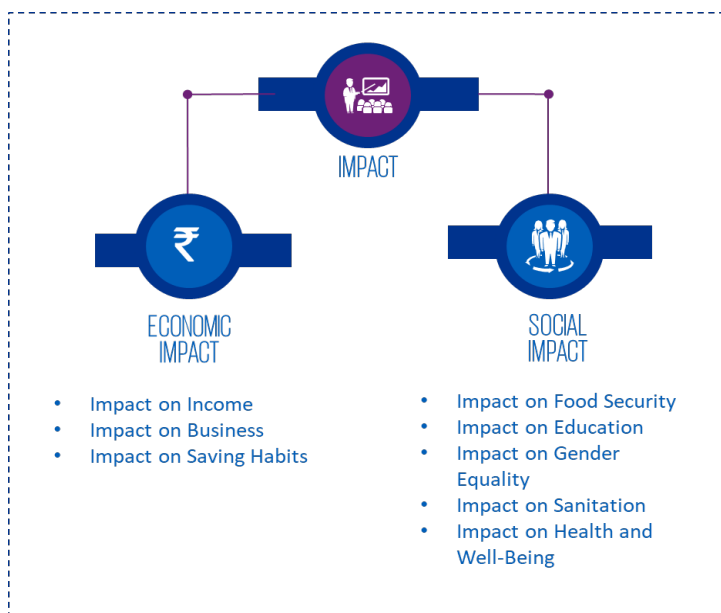


Figure 9: Impact flow chart

I. Economic impact

The section gives an account of economic impacts created by the program. The economic impacts have been grouped under three sub-heads:

- Impact on business
- Impact on income
- Impact on saving habits

a. Impact on business

Prior to the program's implementation, women relied on daily wage labour as their primary source of income. Due to gender disparities in wage rates as well as other disadvantages such as lack of education, skills, and training for women, it is understood that daily wage labour does not offer a reliable and steady source of income especially for women. This resulted in a lack of economic security for women, particularly those who were exclusively responsible for operating their own households. Since the focus of the programme is primarily on hard-core poor female-headed households, the beneficiaries were encouraged to shift to micro-enterprises as it is a more reliable source for income generation than wage labour. Before the implementation of the programme, around 92% of the women respondents worked as daily wage labourers. Out of the remaining respondents, 1% women were unemployed and

around 7% of them earned their livelihood through selling goods like vegetables, toys, etc.¹⁸. Thus, the women-headed households did not have access to capital or skillsets for establishing their own micro-enterprises. Additionally, lack of confidence, absence of financial management abilities and lack of training and handholding support hindered the women respondents from pursuing business prior to the intervention.

The programme enabled participants to set up their micro-businesses through provision of enterprise-related training, asset transfer (valued around INR 11,500 under farm, non-farm, or mixed category), and regular mentoring support. All the women respondents reported that they were involved in micro-enterprises to sustain their livelihood instead of depending on daily wage labour as their main source of income after the implementation of the programme.

With their involvement in micro-business enterprises established with the support of the programme, all the women respondents reported an increase in income due to significant enterprise asset growth. Since the selected women beneficiaries were the sole breadwinners of their households, there was a need to further secure their livelihood through pursuing alternate forms of income. Thus, the women respondents aspired to acquire secondary assets which would further help them grow their assets, consistently afford household necessities, and gradually break out of the poverty cycle. In accordance with this, around 73% of the respondents shared that they bought new assets as a secondary source of livelihood using the profits earned after the completion of the project. Due to encouragement to engage in alternate sources of income, around 63% of the women respondents who had bought secondary assets reported that they were engaged in livestock rearing (cow, goat, hen, pig, or duck). Apart from livestock rearing, women opted for a variety of secondary assets including sewing machines, groceries, readymade garments, non-precious jewelry, etc. The programme enabled women-headed households to expand and diversify their sources of income, which will, in turn, help in sustaining the positive impacts over the long term.

The remaining respondents, who did not invest in any secondary assets, prioritised other expenditures such as loan repayment, purchasing household essentials, supporting their daughter's wedding, etc., with their business income after the implementation of the programme. All the 27% women respondents who reported that they had not bought any secondary assets, had an average increase in the monthly income of INR 4150. Since this was 20% lower than the average increase in monthly income for the programme overall which stands at INR 5000, this suggests that income was one of the factors influencing women's ability to invest in secondary assets.

The study captured the women respondents' perception about the growth of their microenterprise. The participants shared that they were interested in expanding their small business and were unable to grow beyond their immediate village circle or community. Basis interaction with beneficiaries, it was observed that the women respondents associated significant asset growth with expansion and investment in secondary assets, in addition to increased earnings from the asset.

¹⁸ Further, the majority (73%) of these 7% women respondents were from Assam with only 27% of the women from West Bengal being engaged in small business activity prior to the intervention.

The programme contributed towards alleviation of poverty through enabling occupational change for the hard-core poor women from daily wage labourers to running their small businesses. The provision of support for setting up micro-enterprises through asset transfer and comprehensive training addressed the paucity of capital and skills. This helped inculcate basic entrepreneurship and transform the economic lives of the hard-core poor women participants.

b. Impact on income

The programme was directed towards enhancing the economic status of the beneficiaries by helping them start and sustain micro business enterprises. This enabled them to secure a stable and sustainable income stream for their families and over the period of the programme “graduate” out of extreme poverty.

An overview of impact created by the programme on the monthly income of the surveyed beneficiaries is given in the table below:

Table 9: Average Monthly Household Income

Average Monthly HH Income (INR) ¹⁹ (Median)			
Block-Level		Pre-Intervention	Post Intervention
Programme		2,000	7,000
Assam		2,000	7,000
District: Dibrugarh	Barabaruah	1,800	7,000
	Jaipur	2,000	8,000
West Bengal		2,000	7,000
District: East Medinipur	Tamluk	2,000	7,000
	Panskura	2,000	7,000

Source: KPMG Primary Data Analysis

The incapability of the women to earn enough money to support their households was one of the key factors used for selecting the programme’s beneficiaries. The average monthly income of the women participants before the programme was INR 2000. Around 78% of the women reported an income of INR 2500 or less before enrolling in the THP programme²⁰. Overall, 95% of respondents shared that, prior to the intervention, their monthly income was less than or equal to INR 5,000. The data on income, particularly on pre-intervention household income, might vary from actuals since the programme had been completed a while ago it was observed that some respondents were not able to recall accurately. The table below provides a frequency distribution of the average monthly household income of participants before joining the programme.

¹⁹ Kindly note that median values have been used to minimise the effect of outliers in the data.

²⁰ Please note that the data collected from the surveyed beneficiaries might not be accurate as it was based on their recall. Since the beneficiaries were recalling their income before intervention i.e., recounting information from two years prior to the date of completion of programme, the data may vary considerably. Also, the interviews with the beneficiaries were conducted in the presence of area coordinators or field supervisors and their presence might have influenced the beneficiaries’ responses

With the programme's emphasis on providing training and support to enable beneficiaries to engage in sustainable micro-enterprise possibilities for sufficient income production, there was a significant increase in the monthly income of the participants. Post-intervention, the women beneficiaries reported an average monthly income of INR 7,000. This amounts to an average delta change increase of INR 5,000 per month or an annual increase of INR 60,000 in the household income of the women beneficiaries.

Table 10: Pre-Intervention household income range for beneficiaries

Pre-Intervention HH Income Range ²¹	Programme	Assam	West Bengal
0-2,500	78%	84%	73%
2,501-5,000	17%	7%	26%
5,001-7,500	4%	6%	1%
7,501-1,0000	1%	3%	0%

Source: KPMG Primary Data Analysis

Therefore, the household income of the participants increased approximately 2.5 times after the programme from an annual income of INR 24,000 to INR 84,000 post-intervention. The table below provides a frequency distribution of the average monthly household income of participants after graduating from the programme.

Table 11: Post-Intervention household income range for beneficiaries

Post Intervention HH Monthly Income Range	Percentage of beneficiaries		
	Programme	Assam	West Bengal
0-4,000	1%	0%	2%
4,001-8,000	75%	73%	77%
8,001-12,000	21%	24%	18%
Above 12,001	2%	3%	3%

Source: KPMG Primary Data Analysis

As represented in the table, around 99%²² of the respondents had an average monthly income above INR 4,000. Majority (75%) of the women reported that their average monthly income was between INR 4,001 and INR 8,000. Post-intervention, around 23% of the women surveyed had a higher average monthly income of INR 8,001 or above. The average monthly income at a state level is same for Assam and West Bengal. However, as per the data table above, there is a slightly higher number of women (26%) in Assam reporting monthly income above INR 8,001 as compared to the women (20%) from West Bengal.

The table below provides a comparison of household income between the treatment group

²¹ Kindly note that outliers were identified and imputed with the median income of INR 2000 for pre-intervention HH income.

²² Kindly note that the data shows only two beneficiaries reporting monthly income of less than INR 4000. Since these beneficiaries provided an income range of 3000-4000 on data collection, the average of lowest and highest value was then inputted during the data cleaning process.

and control group respondents²³.

Table 12: Comparison of income between treatment and control group

Average Monthly HH Income (Median)	Treatment Group		Control Group
	Pre-Intervention	Post Intervention	
Overall	2,000	7,000	3,000
Assam	2,000	7,000	2,500
West Bengal	2,000	7,000	4,000

Source: KPMG Primary Data Analysis

As the table shows, the treatment group respondents performed significantly better in comparison with the control group. The average household income for control group was INR 3,000 as compared to INR 7,000 for the treatment group after intervention. Thus, the current average household income for the treatment group respondents is 2.3 times the household income for the control group respondents. The income levels of the control group respondents are comparable to the pre-intervention income level of the treatment group, highlighting the positive impact of the programme on household income.

Thus, the women participants graduated above the national poverty line (INR 1,059.42 for rural and INR 1,286 for urban areas) with a significant increase in their household income having an average monthly income of INR 7000²⁴. The programme has been successful in facilitating the economic stability for the beneficiary households, as evidenced by the considerable improvement in the beneficiaries' average income.

c. Impact on saving habits

The programme aimed to create a positive impact on the savings habit as it would help the participants safeguard their assets, manage emergencies, and meet their consumption needs in case of periods of low cash flow. Prior to the intervention, the women respondents barely managed to sustain their households on a meagre average monthly income of INR 2,000. Thus, there was not enough scope to save money for these women who neither had access to a stable source of income nor awareness of financial issues. This lack of awareness of the importance of saving regularly prior to the intervention was highlighted by around 58% of the women surveyed.

To address this issue, the THP programme actively encouraged women to save on a regular basis. Participants were provided with training on financial management and encouraged to develop regular saving habits. About 93% of the women surveyed indicated that there had been a significant improvement in their saving habits. The data shows that all the women respondents were able to save at least INR 1,000 per month approximately. There are various external factors affecting the participant's ability to save such as food and/or family emergencies, purchasing of animals, COVID-19 pandemic, etc., as they increase the demand on the income. Nevertheless, 93% women respondents shared that they inculcated regular savings habits and worked towards setting aside funds for the future.

²³ The study covered approximately 29 respondents as part of the control group for THP programme.

²⁴ Kindly note that the study is providing median values for the same.

On average, the women beneficiaries were able to save around INR 3,000 per month which amounts to INR 36,000 annually. The table below provides a comparative view of monthly savings between treatment and control group respondents.

Table 13: Monthly savings- Treatment and Control group

Monthly Savings (INR)	Treatment Group	Control Group
Overall	3,000	1,000
Assam	3,000	1,000
West Bengal	3,500	1,000

Source: KPMG Primary Data Analysis

As the table shows, the participants who graduated from the THP programme were able to save (INR 3,000) up to around three times the amount saved by the control group respondents (INR 1,000). Also, as per the data, the monthly savings of respondents from West Bengal is slightly higher than that reported by their counterparts in Assam. This difference can be attributed to a number of reasons, like household sizes, the average income of the households, access to government savings schemes, and so on. Thus, the programme positively impacted the beneficiaries surveyed by encouraging them to build saving habits to ensure their growth in terms of economic security.

II. Social impact

a. Impact on food security

One of the key goals of this intervention was to achieve food security for hard-core poor women, which included ensuring two square meals a day for themselves and their families. Prior to the initiation of this programme, most of the women beneficiaries were employed as daily wage labourers in the informal sector, with no stable and secure income. Before the intervention, their wages were so low that affording even two square meals a day was a challenging task. About 60% of the women who responded to the survey raised this issue, stating that they lacked food security and that it was challenging for them to afford two square meals for their families. Around 68% of the respondents reported that they did not have economic and livelihood security before THP was initiated in their areas. The absence of economic and livelihood security led to a lack of food security, which had a detrimental effect on their general well-being.

To address this problem, the THP programme concentrated on raising the beneficiary households' income and the sources of that income to guarantee the achievement of economic and livelihood security. Nearly 94% of respondents reported improved food security, and all respondents agreed that the programme had helped them achieve economic and livelihood stability. The remaining 6% of respondents did not report a significant change in their food security or availability of rations at home for household consumption. Only 1% of these respondents²⁵ reported that they had faced issues in accessing food for their family prior

²⁵ To understand the challenges in accessing food prior to intervention, two questions were posed to the respondents of the study: (a) Were you able to get at least two meals a day for your household? (b) Did you have enough ration at home? Prior to intervention, 49% of respondents reported that they did not have enough ration at home. Out of these 49% respondents, all the beneficiaries reported improved food security after the programme. Similarly, out of the 59% respondents who shared that they had difficulty in accessing two squared meals a day, only 1% (2 respondents) did not report significant improvement in

to intervention. Thus, the program's objective to guarantee food security for the targeted households was accomplished.

b. Impact on skills

As mentioned above, lack of access to sustainable livelihood opportunities was the primary issue faced by the respondents. The women surveyed endured extreme poverty which was aggravated by the lack of relevant skill sets and employment opportunities.

The programme provided training on enterprise development and confidence building to all participants. Around 99% of the women beneficiaries surveyed found the training sessions on enterprise development and confidence building to be effective in enabling them to sustain their livelihood and confidently manage their micro-enterprise²⁶. The training helped these women efficiently operate and grow their assets for income generation. However, the remaining respondents shared that there were instances when it became difficult for them to attend training due to household responsibilities and other personal reasons. Since the programme had been completed a while ago, it was further observed that some respondents were not able to recall and differentiate between the various components of the training, for example-asset management and confidence building.

Additionally, around 93% of the treatment group respondents reported a lack of access and awareness about financial services before enrolling in the THP programme. The THP programme improved access to financial services for the participants as it plays a key role in sustaining the intervention's impact beyond graduation. In West Bengal, around 88% of the respondents indicated that the programme improved their access to financial services such as bank accounts, digital banking, etc. In Assam, around 100% of the women respondents shared that the programme improved their access to credit linkages.

Overall, there was satisfaction with the training support offered as it helped the women feel more confident in their ability to grow their assets and gradually challenge the socio-economic inequalities that restrict women in the vicious cycle of extreme poverty. Such improvements in an individual's well-being through enhanced life skills and confidence may also have long-term effects on their resilience in dealing with shocks and significant upheavals in their lives such as loss in business, COVID-19, economic downturns, and climate disasters.

c. Impact on gender equality

Women-headed hard-core poor households are the most marginalised section of society as it is extremely difficult for these women to find stable sources of income to provide for their families. In addition to the financial responsibilities of the household, the women are expected

food security. These two women respondents who belonged to West Bengal, reported a significant increase in income and had bought secondary assets to supplement their livelihood. It is possible that this gap is due to the perception of beneficiaries in understanding the question and/or recalling the information from the past.

²⁶ Kindly note that the study explored how the women participants recall the training and not the actual implementation or provision of training. It was difficult for the respondents to differentiate between various aspects of training, for example-between confidence building and asset management training. However, overall, the field observations suggest satisfaction with the quality of training and mentoring support provided to the respondents.

to carry out their predefined societal roles as homemakers and caregivers for the family members. Thus, their time and energy are also spent on domestic and caregiving responsibilities. This adds to the additional burden of unpaid care work on the women and significantly impacts their health and ability to financially sustain themselves. Additionally, these hard-core poor women lack the confidence and skillsets necessary to pursue employment outside of daily wage labour, which would pay enough to sustain their households.

To counter these issues, the THP Programme facilitates mentoring and training the women beneficiaries in self-confidence, entrepreneurship, consumer engagement, marketing, and financial management. As mentioned in the above sections, the women participants reported a significant increase in their household income and their ability to provide for their households. The key to ensuring the holistic development of individuals and communities and aiding them to transition from survival to a sustainable growth trajectory is financial inclusion and literacy. The initiative promoted financial literacy and encouraged women to open savings accounts to ensure that they make well-informed financial decisions. Around 100% of the women respondents reported that they felt a notable change in their confidence, dignity, and skillsets, which helped them feel empowered and have faith in their ability. The programme acted as a catalyst for embedding an entrepreneurial outlook in the women participants. The field observations suggest that many women were now eager for support and guidance to further grow their micro-enterprise beyond their circles and communities. Thus, the programme's focus on socially empowering participants enhanced their general well-being, enabled self-sufficiency, and strengthened social inclusion within their community over time.

d. Impact on sanitation, health, and well-being

Access to clean water, adequate sanitation, and hygienic conditions is another fundamental need that remains unmet for those living in extreme poverty. Hard-core poor women-headed households frequently lack access to adequate WASH infrastructure as well as knowledge of good WASH practices. Before the programme, around 64% of the beneficiaries reported that they faced issues in accessing sanitation facilities. Out of these 64% respondents, around 96% of them reported improvement in access to sanitation facilities after the programme²⁷. The THP programme also worked towards improving awareness and access to essential services such as sanitation, drinking water, etc., as per the requirements of the participants. Through activities aimed at raising awareness, Bandhan Konnagar personnel encouraged beneficiaries to maintain good health and hygiene and disseminated knowledge on WASH. Around 47% of the women reported that they faced difficulty in accessing public healthcare services. Out of these 47% respondents, around 95%²⁸ of them reported improvement in

²⁷ The remaining 4% of respondents (eight beneficiaries) who did not report improvement in access to sanitation facilities even though they had shared that it was a challenge prior to intervention, were from West Bengal only. Majority of them (six respondents out of eight) were from the Tamluk block. Also, 75% of these respondents reported that they lived in their own pakka house. This might explain the gap and need for support for access to functional sanitation facilities

²⁸ The remaining 5% beneficiaries (seven respondents) who reported access to healthcare service as a challenge before programme did not report significant improvement in access to public health facilities. All these seven beneficiaries were from Tamluk, West Bengal, out of which three belonged to one village called Nilkuntha. Thus, this could also point to the perceived gap in access to quality healthcare services in the particular village by the beneficiaries.

access to public healthcare facilities for themselves and their families. Overall, improved awareness resulted in increased utilisation of healthcare services, which led to significant improvement as most of the recipients did not have access to healthcare before the programme.

As a basic necessity, safe and secure shelter is an essential factor in addressing the predicaments of hard-core poor households. Finding a safe and secure shelter to live in necessitates a reliable source of income. Women-headed households frequently lacked the resources to access secure housing since they did not have a steady income to cover the costs of renting or purchasing a home and sustaining it. The lack of access to a safe and secure shelter was highlighted by 89% of the respondents as a challenge prior to the intervention. The THP programme focused on providing assistance for income generation and provided a maintenance stipend to the selected beneficiaries to cover their daily expenses till they were able to generate sufficient income from the micro-enterprises established by the support of this programme. This led to the improvement in having the financial means to access safe and secure shelter. Out of the 89% respondents who reported access to safe shelter as a challenge prior to intervention, around 90% of them reported improvement in accessing safe and secure shelter after completion of programme. Out of these remaining 10% respondents²⁹, around 64% of the women were currently living in a kacha house and 36% were residing in a pakka house and felt there was a need for a more safe and more secure shelter for their family.

Additionally, the programme worked towards facilitating participants' access to the government's various social protection initiatives. Around 79% of the respondents reported that there was a lack of access and awareness about social security schemes prior to the intervention. Out of these, around 74%³⁰ of women reported improved access to social security schemes such as Sukanya Samruddhi Yojana for savings, Pradhan Mantri Suraksha Jan-Dhan bank account, etc. Overall, the intervention positively impacted the quality of life of the women and their families through facilitating improved access to sanitation, public health facilities, social security schemes, credit linkages, social security measures, and education for children.

2.4.5 Evaluation Criteria 5: Sustainability

Sustainability measures the extent to which the programme ensures sustainability of its outcomes and impact, even after its exit.

²⁹ Around 28 beneficiaries who had reported access to safe shelter as a key challenge prior to intervention, did not report significant improvement in their access. It is important to note that the study only captured the respondent's perceived improvement in accessing safe and secure shelter before and after the programme. As mentioned above, the majority of beneficiaries who did not report significant improvement in access to safe shelter were currently living in kacha houses. This perhaps also suggests that the respondents connote safe and secure shelter with a pakka house that is owned by the family, instead of a kacha house.

³⁰ Out of the remaining 26% respondents (62 beneficiaries) who did not perceive a significant improvement in access to social security schemes, only two were from Assam, whereas the rest belonged to West Bengal. This demonstrates the disparity in awareness of government schemes and activities applicable to beneficiaries between Assam and West Bengal. This aids in determining what types of efforts should be prioritised in particular states, and ultimately aids in creating the programme in a tailored manner for better results.

Sustainability refers to the sustainability of an intervention's positive effects after development or assistance has ended. This evaluation criterion includes significant elements related to the likelihood of ongoing long-term benefits and risk tolerance. Setting up a governance structure, financial model, and operating system is necessary to ensure sustainability.

The programme had an in-built exit strategy with sustainability at its core. The programme took the idea of empowering beneficiaries to take control of their lives through the tools of income generation. The two-year process of engaging with them was designed to boost their self-assurance so they could manage any situation, seek assistance, and overcome obstacles via practical experience starting, developing, and maintaining an income-generating enterprise.

This targeted strategy on capacity building rather than only direct benefits to beneficiaries enabled the programme in sustaining its impact beyond its implementation phase.

2.5 Conclusion and the Way Forward

The programme was implemented across 7 states by Bandhan-Konnagar with financial assistance from Bandhan Bank Ltd. implemented the Targeting the Hard-Core Poor Programme (THP). Over a period of two years, the various phases of the programme were designed to provide comprehensive assistance to the beneficiaries. The phases included mentoring and training in self-confidence, entrepreneurship, consumer engagement, marketing, and financial management. The programme also included the allocation of income-generating assets, handholding support to support income-generating activities, and engagement with government initiatives. The program's primary goals were to assist the participants in developing a stable income source and enabling them to "graduate" from severe poverty.

The program's coverage has been comprehensive in scope. It was extended to all who met the qualifying conditions, regardless of social background. Beneficiaries from various backgrounds, including scheduled castes, scheduled tribes, other backward castes, and minorities, were covered by the program.

Some of the key strengths of the programme have been highlighted as follows:

- I. **Strong Community Connect:** The programme team was able to build a strong community connection and goodwill in the area, especially in West Bengal.
- II. **Inclusive and robust beneficiary identification:** The beneficiary and area selection process ensured that the programme catered to the most marginalised and vulnerable women households in the remotest regions.
- III. **Quality of training and support:** The impact of the comprehensive training provided on managing the micro-enterprise assets was reflected in the study. Beneficiaries were appreciative of the handholding and counselling support throughout the programme.
- IV. **Building entrepreneurial mindset:** The programme empowered the women and shaped their attitudes to imbibe an entrepreneurial outlook through continued mentoring support. It boosted their confidence and improved their resilience to life challenges.

By increasing beneficiaries' incomes, the programme has also improved their well-being, particularly in the areas of health, education, cleanliness and sanitation, gender equality, socioeconomic independence, and empowerment, etc.

In conclusion, this programme has had a substantial impact on the socioeconomic lives of the beneficiaries and their households. The collaborative and comprehensive aspect of this intervention was fundamental to the program's effectiveness. The program's efficacy is recognisable from the outcomes, which include increased income, asset growth, greater savings, and a stronger sense of self-confidence, empowerment, and dignity among the beneficiaries.

The following recommendations have been given based on observations during the field interaction and analysis of the primary and secondary data collected during the study:

- I. Provision of mentoring support post-completion of the programme would help sustain the programme's impact. Strengthening support networks for the women through identifying role models amongst the graduated women and building peer group interaction.
- II. Extending the duration of the programme for women that are struggling and need additional support. Around 80% of the respondents highlighted the need for increasing the duration of the programme and provision of handholding support to sustain the programme's impact.
- III. The beneficiaries as well as stakeholders shared that further training on communication, financial management, and scaling up their businesses to earn more would be helpful as they were unable to think beyond their local community. Around 21% of the women surveyed expressed the need for improving the quality of the training. This was helpful in understanding the eagerness of the beneficiaries to improve and learn how to grow their business. As one's business grows, set of variables to manage become more complex requiring advanced set of business management skills. Hence, it is also recommended that the programme should have refresher training every two years to help build skill sets required by the beneficiaries to operate at next level.
- IV. Longer-term support from the field team on how to sell/ market the products. As per the stakeholders, there is a need for support for growing more businesses, in terms of both organising training programmes and distribution of assets.
- V. Digitalising the beneficiary baseline and project data can be beneficial for centralised monitoring of data through the digitalised databases for consolidating the baseline data that is currently only available at the branch level.
- VI. As a strategy, the programme attempted to strengthen beneficiaries' agency through training and empowering them to be in charge of their lives. The two-year engagement approach with the beneficiaries was aimed at increasing their confidence. This enabled the beneficiaries to face challenging issues, seek assistance, and overcome obstacles through real-life experience in creating and operating an income-generating activity. When the beneficiaries graduated, they were essentially on their own. However, the beneficiaries were from low-income families with very little support networks and coping mechanisms to fall back on. During interactions with the beneficiaries, it was discovered that they were usually not just the sole breadwinners for their families, but also completely responsible for household management. In the absence of a supportive atmosphere and coping mechanisms, the added strain of running a business can become overwhelming. This highlighted the importance of a strong and sustainable community-driven support system.



Respondents for THP Programme in West Bengal



Respondents for the THP Programme in Assam



Respondents for THP Programme in West Bengal



Respondents for THP Programme in West Bengal

Chapter 3: Bandhan Health Programme

3.1 About the Programme

There has been significant progress in improving access to healthcare services in India over the last two decades, particularly in the case of maternal and infant health. In India, the maternal mortality rate (MMR) reduced by 80% from 556 per 100,000 live births in 1990 to 113 in 2018³¹. There has also been a decrease in the infant mortality rate from 58 in 2005 to 34 per 1000 live births in 2016³². The country's progress made on MMR and IMR was appreciated at global forums as it was higher than the world averages for the same duration³³.

Although India's overall health indices have improved over the past few decades, the progress across socio-economic groups have not been consistent with the degree of health awareness is low among the underprivileged population due to lower educational status, poor functional literacy, lack of emphasis on education within the healthcare system, and a low priority for health. According to data from Oxfam India Inequality Report 2021³⁴, the chances of a child dying before his fifth birthday are three times greater in the bottom 20% of the population than in the top 20%.

Therefore, the Bandhan Health Programme (BHP) aims to promote the health and well-being of impoverished families by improving their awareness of health issues. The core objective of the programme is to inculcate healthy practices and increase the uptake of institutional healthcare services in the targeted communities. Bandhan Health programme works to bridge the gap in accessing healthcare services in rural areas, especially for women and children from poor households. The programme also addresses the low level of awareness that is one of the key challenges preventing the community, particularly women, to utilise available health services.

BHP's flagship SMILE project or "Safe Motherhood Initiative through Linkages & Education" project focuses on generating awareness around safe motherhood, child nutrition, personal hygiene, and sanitation practices among the communities. The initiative focuses on children under the age of five, pregnant women, lactating mothers, and adolescent girls. Through organising monthly health forums and regular household-level counseling, the programme strives to generate awareness about maternal and child health and promote the adoption of healthy practices.

Other ongoing initiatives under the health programme include the 'Take Care To Dare' (TCTD) project which aims to raise awareness of menstrual hygiene management and reduction of anemia among adolescent girls aged 14 to 18 years. Additionally, the programme also supports the installation of RO water treatment plants for improving access to safe drinking water in the community. This study focused on the SMILE project to understand the impact on the targeted community as the other initiatives were not completed/ phased out at the time of assessment.

³¹ <https://www.gatesfoundation.org/our-work/places/india/health>

³² <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC6319280/#:~:text=The%20%E2%80%9CHealth%20Goal%E2%80%9D%20or%20SDG,equity%20and%20inclusive%20growth%20and>

³³ Ibid

³⁴ <https://www.oxfamindia.org/press-release/india-inequality-report-2021-indias-unequal-healthcare-story>

3.2 Programme Design

The primary focus of the health programme is to create health awareness among mothers and adolescent girls to improve accessibility to available health care services in the area. Adopting a community-centric approach, the programme identifies and trains local women to become health volunteers, popularly known as 'Swasthya Sahayikas'. These community health volunteers, operate in the villages to disseminate health education through routine health forums and household-level counseling. Staff members and community volunteers conduct household visits to improve the awareness levels and knowledge of beneficiaries on healthcare, particularly those pertaining to mother and child issues. The initiative also includes the provision of linkage and referral services to increase access to primary healthcare. The programme activities are designed towards bringing about behavioral changes and adopting healthy practices among the beneficiaries and improving their usage of institutional healthcare services and thereby prevention of malnutrition among children under the age of five years.

The table below illustrates the key activities involved in the programme:

Key Activities	Establishing health awareness service mechanism	Increasing awareness on health and hygiene	Communities accessing the institutional health care services
	<ul style="list-style-type: none"> Area selection based on secondary data and setting up of residential branch Training and capacity development of project staff Identifying and training <i>Swasthya Sahayikas</i> Development of IEC material 	<ul style="list-style-type: none"> Conducting health forums and household level counseling among the targeted communities Technical and refresher training for <i>Swasthya Sahayikas</i> Conducting awareness campaigns in schools Conducting half-yearly anthropometric camps for the under-five children Observing World Health Day, World Toilet Day, etc. 	<ul style="list-style-type: none"> Networking with service providers and government departments Referring the persons to institutional health care centers Escorting the persons to the institutions

Figure 10: Key activities of Bandhan Health Programme

3.3 Programme Coverage

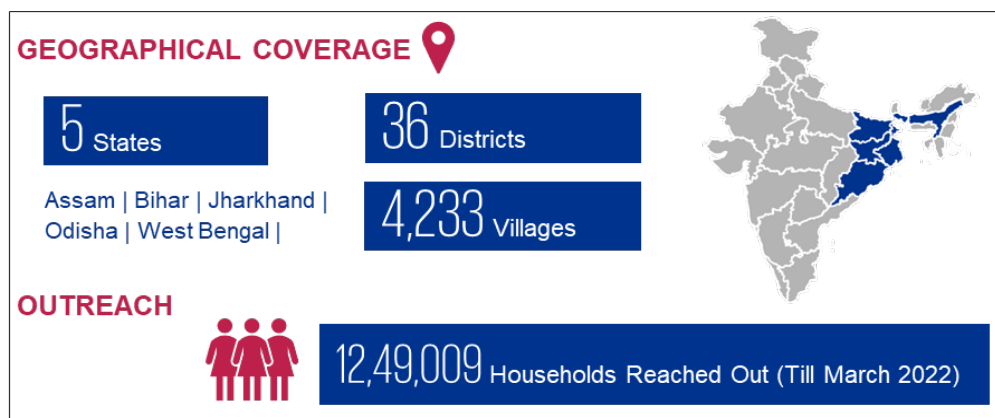


Figure 11: Geographical coverage and outreach

The programme had an outreach to over 12,49,009 households in five states under funding support of Bandhan Bank Ltd.

The table below provides the project-wise beneficiary outreach for the health initiatives³⁵.

Table 14: Programme-wise beneficiary outreach

Programme initiatives	Number of Households covered
SMILE I	75,000
SMILE II	2,20,796
SMILE III	1,79,566
SMILE IV	3,58,879
SMILE V*	1,46,472
SMILE VI*	2,28,584
TCTD*	5,963
Safe Water*	33,749
Total Outreach (Till March 2022)	12,49,009

Source: Bandhan Health Programme

3.4 Analysis and Findings- OECD DAC

3.4.1 Evaluation Criteria 1: Relevance

A program's relevance is determined by how well it aligns with the goals and policies of the administration under which it is being implemented. It also aims to ascertain whether the programme is pertinent to the

³⁵ The KPMG impact assessment study covered SMILE III and SMILE IV through field survey. The flagship SMILE initiative has different phases based on timeline and geographic coverage. SMILE I and II were not selected for the field survey since the programme had been phased out before April 2019 and it was difficult to connect with the beneficiaries and expect them to recall the various programme components. *The following projects- SMILE V, SMILE VI, TCTF, and Safe Water, were currently ongoing and have thus not been covered in the study.

beneficiaries' requirements. In this setting, the program's relevance is understood in terms of both linkages to already-existing government programmes and community needs.

I. Alignment of the programme with National Priorities - Sustainable Development Goals (SDGs)

With the intention of eradicating poverty, protecting the environment, and ensuring that everyone lives in peace and prosperity by 2030, the Sustainable Development Goals (SDGs), also known as the global goals, were adopted by all United Nations members in 2015. India is committed to achieving the SDGs by 2030 and played a significant role in its creation.

The BHP programme aims to increase health awareness with the intention of enhancing the health and wellbeing of families who are underprivileged. 100% of the respondents and stakeholders reported that the programme was relevant to the targeted community.

Due to the nature of the intervention, the programme has an impact on Goal-3 and Goal-6 of SDG related outcomes, as shown below:



Table 15: SDG Goals and targets for BHP

SDG Goal	Target	Sub-targets ³⁶	Relevance
GOAL 3	Good Health and Well-Being	<p>3.1 By 2030, reduce the global maternal mortality ratio to less than 70 per 100,000 live births</p> <p>3.7 By 2030, ensure universal access to sexual and reproductive health-care services, including for family planning, information and education, and the integration of reproductive health into national strategies and programme</p>	The programme aimed to improve access to healthcare service and generate awareness on key health issues in the community.
GOAL 6	Clean Water and Sanitation	<p>6.1 By 2030, achieve universal and equitable access to safe and affordable drinking water for all</p> <p>6.2 By 2030, achieve access to adequate and equitable sanitation and hygiene for all and end open defecation, paying special attention to the needs of women and girls and those in vulnerable situations</p>	The programme aimed to generate awareness on water, sanitation, and health & hygiene issues in the community.

³⁶ <https://sustainabledevelopment.un.org/topics/sustainabledevelopmentgoals>

		6.b <i>Support and strengthen the participation of local communities in improving water and sanitation management</i>	
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II. Alignment to Schedule VII of the Companies Act, 2013

The programme is designed to assist marginalised communities in the vicinity of Bandhan Bank's operational locations, in accordance with Section 135 of the Companies Act (2013) and the CSR Rules.

The actions carried out as part of the programme are in alignment with schedule VII:

- *eradicating hunger, poverty, and malnutrition, promoting health care including preventive health care and sanitation including contribution to the Swachh Bharat Kosh set-up by the Central Government for the promotion of sanitation and making available safe drinking water.*

3.4.2 Evaluation Criteria 2: Effectiveness

The program's effectiveness is measured by examining how successfully the program's activities were conducted as well as the effectiveness with which the project's methods and systems were implemented.

The implications of the expected outcomes on the beneficiaries can be used to assess the programme's effectiveness. The programme's objective was to increase health awareness and behavioural change through multiple interventions such as monthly health forum, regular household level individual counselling and focus group discussion etc. Working towards the achievement of these key objectives, the programme outcomes have been determined as follows:

- Increase health awareness and behavioral change of the targeted beneficiaries on mother and child-care issues.
- Improving access to antenatal care, institutional delivery, immunisation, and prevention of malnutrition.
- Training targeted beneficiaries to act as community resource persons and bridge the gap in healthcare awareness in the communities.

To effectively achieve these outcomes, the programme adopted following measures:

- I. **Process-driven implementation approach** - The programme used a method-driven and community-centric implementation strategy that included a baseline and end-line survey on the pre-determined KPIs for monitoring the progress of the targeted households.
- II. **Professional team for implementation** - A professional team with experience in running similar programmes was deployed and the staff were assigned to work at the field level, for efficient implementation and monitoring. This helped to maintain implementation quality and guarantee timely support for the beneficiaries
- III. **Awareness generation through community resource persons-** The programme identified women from the community and trained them as health volunteers. In addition to conducting health forums and household-level counseling, the health volunteers also escort the beneficiaries for health check-ups, hospitalisation, and follow-ups. Their continuous presence and support to the community was appreciated by the beneficiary respondents.

The study covered around 49 respondents across two states – Assam and West Bengal, through Focus Group Discussions (FGDs) and stakeholder interviews to assess the impact of the programme in the selected geographical locations.

3.4.3 Evaluation Criteria 3: Efficiency

The aim is to establish whether the inputs — money, knowledge, time, and so on — were used efficiently to generate the targeted outcomes. The program's timely and cost-effective execution is the focus of this evaluation criterion.

With the assistance of significant community stakeholders and the women and children who would benefit from the initiative, it has been effectively implemented in the villages.

I. *Delivery or implementation of project interventions in a timely manner*

Bandhan Konnagar, with assistance from Bandhan Bank Limited, implemented the programme on time in the targeted communities in the selected geographical locations and beneficiary selection process mapped out.

II. *Cost-efficiency of project activities*

Discussions with Bandhan Bank Limited and Bandhan Konnagar team members indicated that there was no budgetary overflow and that all activities were completed within the allocated budget. Payment milestones were clearly specified, and interventions were carried out in districts in collaboration with key village stakeholders.

III. *Duplication/ overlap of project activities*

Duplication of effort occurs when similar initiatives are unnecessarily carried out in the same community or region as a result of poor knowledge management and insufficient project coordination, leading to inefficient use of funds and resources. During interactions with the beneficiaries, no other similar programme was mentioned in the area. Thus, the programme focused on improving awareness of health issues and increasing access to government healthcare facilities and did not seem to have duplication/overlapping of project activities.

2.4.4 Evaluation Criteria 4: Impact

The purpose of assessing the impact is to identify the primary or secondary long-term impact of the program. This could be intended or unintended, direct, or indirect. An intervention's unforeseen effects may be beneficial or detrimental.

I. *Impact on health awareness education*

In developing countries, women's prenatal, birth, and postnatal experiences are primarily managed in their communities rather than in health centres. Therefore, community awareness and engagement should be a part of any facility-based components of initiatives to promote maternal and child welfare.

Interventions and practices aimed at improving maternal health and childcare reflect the collective vision of lowering infant and maternal mortality rates. Similarly, BHP's SMILE project aims to contribute to this vision by providing adequate training through health forums on topics related to healthcare issues, especially related to maternal and childcare. All the

respondents—beneficiaries as well as stakeholders—stated that the target community's awareness on maternal and childcare issues has significantly increased after the implementation of the BHP programme. During the discussions, the women said that attending the monthly sessions had given them a better understanding of important topics including family planning, breastfeeding practices, immunisations, nutrition, diseases like diarrhea, and menstrual cleanliness. The sessions, according to the respondents, focused on the significance of mother and infant health, for which safe institutional deliveries and gap between pregnancies are both crucial.

The scope of women's reproductive health issues in rural India is cause for serious concern. Antenatal care (ANC) and safe delivery are crucial reproductive health characteristics since they are directly associated to maternal and perinatal morbidity, fetal loss, and so on. The respondents in Assam admitted that before the intervention, they were completely unaware of the number of visits necessary for antenatal care. Indicating towards the impact of the BHP programme, they stated that following the intervention, pregnant women in the village learned about ANC visits and went to the health centre for their four necessary antenatal care checkups on time.

Under the BHP programme, the trained 'Swasthya Sahayikas' operate in the villages to disseminate health education through routine health forums and household-level counseling. This form of training provides the people of the community with the needed awareness and information about the healthcare issues as well as various government schemes that provide the needed facilities. According to the respondents, the health forums increased their knowledge of the many government programmes for which they might qualify. The respondents in West Bengal stated that it was at these gatherings where they first learned about the Mother and Child Protection Card (MCP Card). MCP Card could be used as an intervention tool, to monitor both mother and child, and to educate them about health, nutrition, and child development. It has the opportunity to raise awareness, facilitate community engagement, and boost service utilisation among beneficiaries.

The majority of healthcare funding is provided by the government, business, and insurance sectors, but all out-of-pocket costs are covered by individuals and their households. Out-of-pocket (OOP) payment is one of the most common methods of healthcare funding, and it often places a significant strain on low-income households. When the poor seek medical treatment for serious illnesses, they become extremely vulnerable. In India, the average out-of-pocket spending is projected to be INR 14,660 per annum³⁷. During the focus group discussions in the selected areas, the respondents mentioned that their typical out-of-pocket health-care expenses were around INR 400 per month amounting to INR 4,800 annually.

To address healthcare challenges, there was a need to raise awareness, improve health and nutrition behaviour, and devise community programmes for child nutrition, personal cleanliness, and sanitation practices. Through the frequent health forums of BHP, there was an increase in knowledge about nutrition, hygiene, and health. 83% of the respondents

³⁷ Source: Data from Niti Aayog-<https://www.niti.gov.in/paying-out-ones-own-pocket-how-poor-india-are-facing-hardship-treat-their-kids#:~:text=The%20mean%20out%20of%20pocket,mean%20OOP%20on%20hospitalized%20care.>

acknowledged that the health forums adequately covered pertinent health subjects. The remaining respondents shared that additional health issues may be included for enhancing the impact of the programme. By increasing awareness and access to healthcare services, the programme had an overall positive effect on the targeted community.

II. Impact on the adoption of healthy practices

For individuals who are living in extreme poverty, access to clean water, sufficient sanitation, and hygienic conditions are basic requirement that is still unmet. Through awareness-raising efforts by staff members and health volunteers, the BHP programme encouraged beneficiaries to adopt good health and hygiene practices. Around 83% of the stakeholders reported that awareness about WASH and hygiene increased in the community. The remaining respondents stated there was still scope for improvement in terms of increasing WASH awareness and providing the community with access to sanitation facilities.

The main challenges preventing pregnant and lactating women and new mothers from accessing healthcare facilities for regular checkups include a lack of access to transportation and connectivity, a lack of familiarity with the healthcare system, and financial and social constraints. The BHP programme assisted in overcoming these obstacles as the respondents highlighted in the FGDs that the programme staff were supportive and escorted them and their children in cases of malnutrition for routine check-ups. The respondents reported that the staff and health volunteers ensured that the pregnant and the lactating women, and the SAM-MAM children attended their periodic follow-ups at the health centres to monitor their progress and their vitals- blood pressure, height, weight, etc.

Improved outreach through education and community support also generates positive results in terms of improving access to care and improving health-related outcomes. The stakeholders expressed that the programme improved linkages and access to quality healthcare services for women and children in the village. The respondents shared that there was an increase in institutional deliveries. During the discussion in Assam, the women remarked that after the programme, almost all the women delivered at the hospital and were aware of the risks of giving birth at home without any medical supervision.

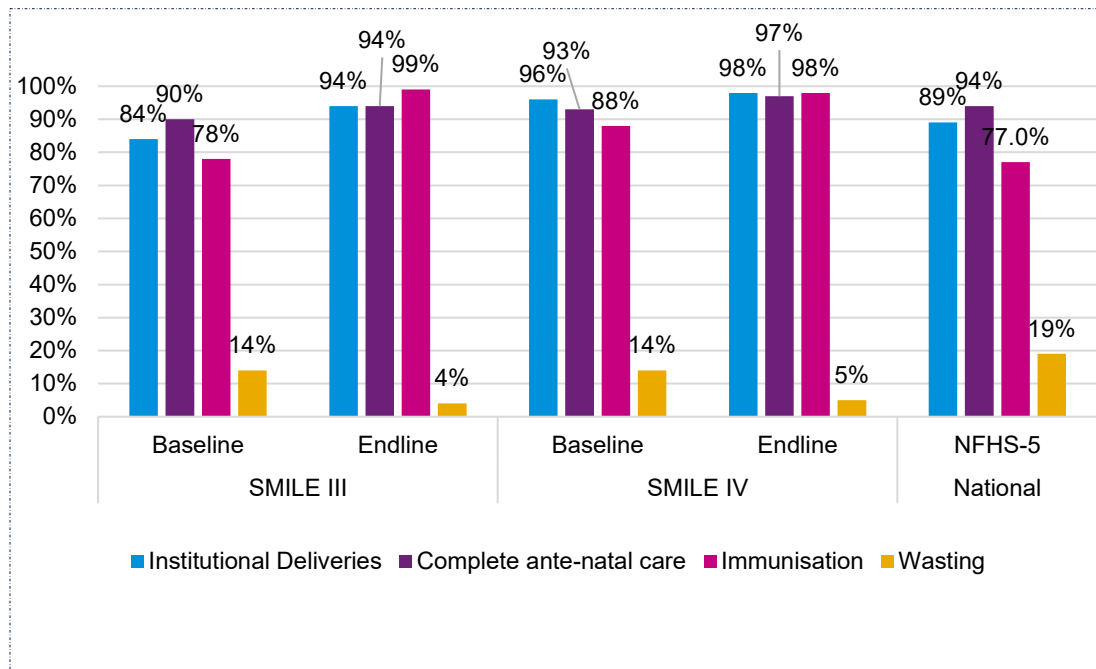
“ Earlier, women would deliver at home and there would be many cases where the child died during birth. After the programme, all the pregnant women go to the hospital for delivery and complete the four antenatal care visits as required. ”

--FGD respondents in Assam

The stakeholders shared that the programme had been effective in reaching out to remote areas and improving the community's access to information on health and hygiene. Additionally, the presence of village-level volunteers facilitated awareness generation amongst the targeted community. Around 200 households were covered by one health volunteer who was responsible for disseminating information and helping the beneficiaries

with linkage and referral services to the health centres.

A baseline and endline survey were conducted in accordance with the programme's design to evaluate the programme's impact on the community. The graph below depicts the outcomes for various indicators according to the baseline study, endline study, as well as the national-level data from the Fifth National Family Health Survey Report³⁸ (NFHS 5):



*Figure 12: Baseline, endline and national-level data for BHP indicators
Source: Bandhan Health Programme*

According to Bandhan Konnagar's project report, the SMILE III project helped institutional deliveries improve by ten percent, from 84% in the baseline survey to 94% in the end line survey. As compared to the NFHS-5 data, the end line survey for SMILE III shows a five percent higher level of institutional deliveries. Complete prenatal care witnessed a 4% increase from baseline to endline, going from 90% to 94%. It aligns with the national level-NFHS data which stands at 94% as well. Immunisation rates increased by 21%, from 78% in baseline to 99% in endline. When compared to the NFHS data, which is 77%, it reflects substantial progress with a 22% difference.

Similarly, the SMILE IV project contributed to a two percent increase in institutional deliveries, from 96% in the baseline survey to 98% in the end line survey. The end line survey was nine percent higher than the NFHS data for institutional deliveries which stands at 89%. There was a four percent increase in uptake of complete antenatal care, from 93% at baseline to 97% at endline. It indicates a three percent improvement over the 94% from NFHS statistics. Immunisation increased by ten percent, rising from 88% at baseline to 98% at endline. It shows significant progress (21% higher) when compared to NFHS data, which stands at 77%.

³⁸ <https://dhsprogram.com/pubs/pdf/FR375/FR375.pdf>

Anthropometric examinations³⁹ were organised to screen children under the age of five years and identify those with severe acute malnutrition and moderate acute malnutrition. The children identified were supported and provided with linkages for nutrition rehabilitation and access to nutritional supplements. There had been a reduction in malnourishment (wasting⁴⁰) among children below five years of age from 14% to 4% for SMILE III and from 14% to 5% for SMILE IV. In India, 19% of children under the age of five years are wasted which is a sign of acute undernutrition.

All the stakeholders reported that there was a reduction in infant mortality rate and maternal mortality rate in the area. Further, the respondents highlighted that there was a decrease in malnutrition amongst children in the community. The intervention facilitated the identification of children suffering from malnutrition and aided their progress towards the healthy category. The programme staff and health volunteers conducted regular follow-ups to monitor and assess the nutrition status of the child, ensured timely vaccinations, and provided counseling support to the child's mother and/ or guardians.

2.4.5 Evaluation Criteria 5: Sustainability

The term "sustainability" describes how long positive impacts of an action last after support or development has finished. The likelihood of continuous long-term benefits and risk tolerance are key components of this evaluation criterion. To achieve sustainability, a governing framework, financial model, and operating system must be established.

Bandhan health programme proactively engaged with key stakeholders and encouraged them to participate in various activities. Through building the capacity of community resource persons, the programme was able to ensure that the impact was sustainable. The programme was focused on training health volunteers from the target communities, so the dissemination of knowledge and information to the community is not solely dependent on external resources and can continue even without the organisation's assistance. The programme implementation team conducted household visits and initiated routine follow-ups for aiding the community in availing institutional healthcare. This guarantees that the target communities will eventually develop a habit of using such services and will be more informed going forward. These activities demonstrate that the programme will be able to sustain the intervention's impact even after the organisation's active assistance has been withdrawn.

3.5 Conclusion and the Way Forward

Even when health centres are proximate to communities, rural populations tend to underutilise essential health care. This is typically due to a lack of knowledge about how to access these facilities as well as a lack of information about the benefits of using such health services. Capacity building and community

³⁹ Anthropometric measurements are noninvasive quantitative measurements of the body. According to the Centers for Disease Control and Prevention (CDC), anthropometry provides a valuable assessment of nutritional status in children and adults. Typically, they are used in the pediatric population to evaluate the general health status, nutritional adequacy, and the growth and developmental pattern of the child.

Source: <https://pubmed.ncbi.nlm.nih.gov/30726000/#:~:text=Anthropometric%20measurements%20are%20noninvasive%20quantitative,status%20in%20children%20and%20adults>.

⁴⁰ Wasting is defined as low weight-for-height. It often indicates recent and severe weight loss, although it can also persist for a long time. It usually occurs when a person has not had food of adequate quality and quantity and/or they have had frequent or prolonged illnesses. Wasting in children is associated with a higher risk of death if not treated properly. Source: HTTPs

empowerment through training, information dissemination, and ongoing discourse could improve the use of available healthcare facilities to promote safe motherhood, child nutrition, personal hygiene, and adequate sanitation practices.

The BHP has been designed to increase health awareness in order to improve the health and well-being of low-income families. According to the findings of this study, the programme has been impactful in bringing about change in the communities where it operates.

The following can be listed as the program's key strengths:

- I. Community volunteer- driven:** Community resource persons were identified and trained to generate awareness in the community. This also built social capital for the volunteers which boosted their motivation.
- II. Coverage of health issues:** The programme covered a wide range of health issues that increased awareness on key concerns around maternal and child health in the community.
- III. Strengthening access to government services:** The intervention improved awareness and access to government services for the community through networking with government stakeholders.
- IV. Follow-up support:** The support provided by the staff to escort the beneficiaries for checkups, hospitalisation and follow-ups were effective in enabling access to government healthcare services.

However, there are two recommendations to suggest a course of action for expanding the program's impact in the foreseeable future:

- I.** Frequency of the health forums can be increased to improve the impact of the programme. Around 83% of the stakeholders suggested that the frequency of the health forums can be increased to improve the impact of the programme. The stakeholders remarked that the various issues concerning women's health were now being openly discussed in the community due to the efforts of the Bandhan health programme. This space created through these health forums can be further leveraged to ensure sustainable progress toward promoting women's well-being, generating awareness, and initiating conversations on topics considered taboo in society such as sexual and reproductive health.
- II.** Quality of training provided for local volunteers can be further strengthened to enhance the programme's impact. About 67% of the stakeholders highlighted the need for improving the quality of training for local volunteers. The quality of monthly refresher training conducted for the 'Swasthya Sahayikas' can be further enhanced to strengthen their capacity and knowledge base. This would help bolster the quality of information and support provided to the beneficiaries.

In accordance with SDGs 3 and 6, the program's objectives were beneficial in bringing about change as intended, in the awareness and access to healthcare services in the targeted community.



Respondents for health programme, Assam



Respondents for health programme, West Bengal

Chapter 4: Bandhan Financial Literacy Programme

4.1 About the Programme

India is home to 17.5% of the world's population yet almost 76% of its adult population does not understand the basic financial concepts⁴¹. This puts a burden on the nation in the form of higher cost of financial security and lesser prosperity. Lack of financial literacy hampers process of greater need for long-term investments, both for households to meet their life stage goals and for meeting the country's capital requirements for infrastructure and development.

Financial literacy and inclusion are the key tools to ensure holistic development of people and communities and assist them to move from sustenance to a sustainable growth path.

Hence, to take action to effect positive growth and meaningful change in the society, the Bandhan Financial Literacy Programme (BFLP) is aimed at deepening financial inclusion in rural communities. This initiative pays special attention to ensuring that the programme encourages participants to become financially aware and gain financial confidence.

This initiative seeks to promote financial literacy by empowering women, especially from poor households. In India, only 24% of the women meet the minimum criteria of financial literacy, as defined by the Reserve Bank of India (RBI).⁴² Hence, the initiative will enable women to access diverse financial products and manage the household economy with efficiency to improve household income, savings, and investment capacity. The overall advantage derived by households through financial inclusion is the capacity to create assets, generate resources for investments, and meet emergency expenses adequately. They are also taught to access varied banking services, including insurance and pension schemes.

The BFLP is aligned with the National Strategy for Financial Education (NSFE) which emphasises a multi-stakeholder-led approach for empowering various sections of the population to develop adequate knowledge, skills, attitudes, and behavior that are needed to manage their money better and to plan for the future, that is, ensuring their financial well-being.

4.2 Programme Design

The programme works towards empowering people from low-income families by giving them knowledge about cash flow, savings, debt management, investments, asset creation, and budgeting. The women develop significant confidence when they differentiate between 'wants' and 'needs' and invest in safe instruments, negotiate debts astutely, and use facilities such as ATMs, checkbooks, and SMS alerts. The financial literacy programme provides training and information to empower individuals to:

⁴¹ <https://www.livemint.com/Opinion/f5xo11OSPqxGWUdaWKVb8J/Why-India-needs-to-work-on-financial-literacy-now-more-than.html>

⁴² (March 08, 2022) *In India, Financial Literacy Programs Are Lifting Families Out of Debt and Fueling New Prosperity*. Asian Development Bank. Accessed from <https://www.adb.org/results/india-financial-literacy-programs-lifting-families-out-debt-fueling-new-prosperity#:~:text=Only%2027%25%20of%20Indian%20adults,responsive%20to%20financial%20literacy%20outreach>.

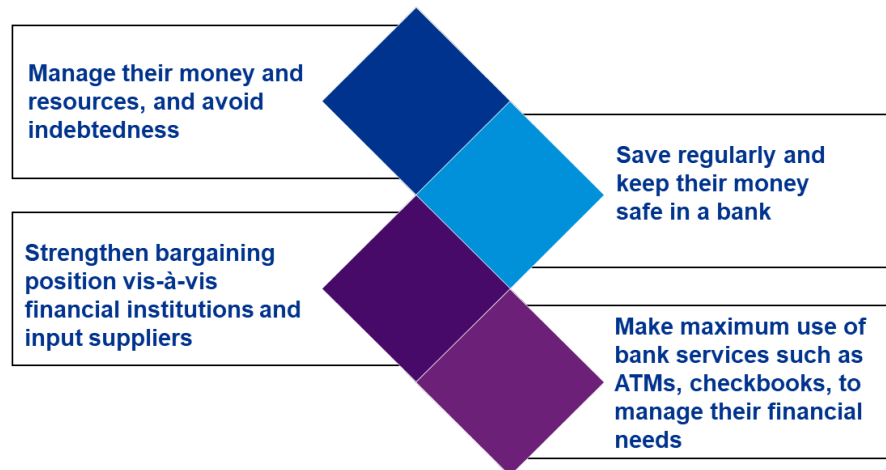


Figure 13: Key outcomes of FLP Programme

According to the programme's selection process, the beneficiaries included women between the ages of 16 to 65 years without any prerequisite of formal education⁴³. The financial literacy programme has a well-defined implementation process that includes conducting need assessment surveys, formation of batches, literacy forums, group meetings and home visits as well as a clear plan for phasing out and exiting.

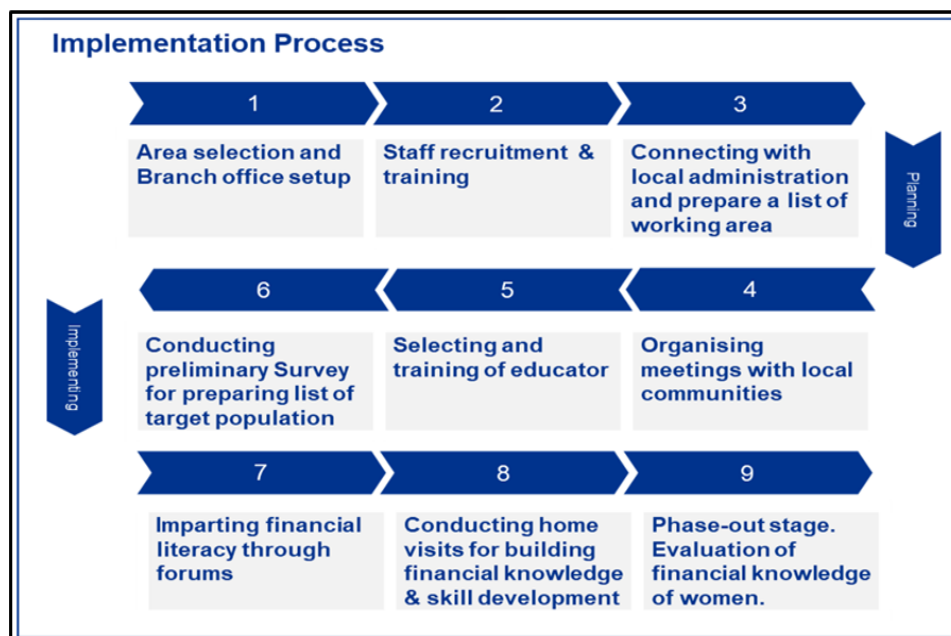


Figure 14: Implementation process for FLP Programme

⁴³ In April 2022, the programme's selection criteria were updated to target women belonging to the 18 to 40 years age group who have completed schooling up to grade five or above. Since the impact assessment study conducted has covered beneficiaries up to March 2022, the study covered beneficiaries according to the former selection process.

4.3 Programme Coverage

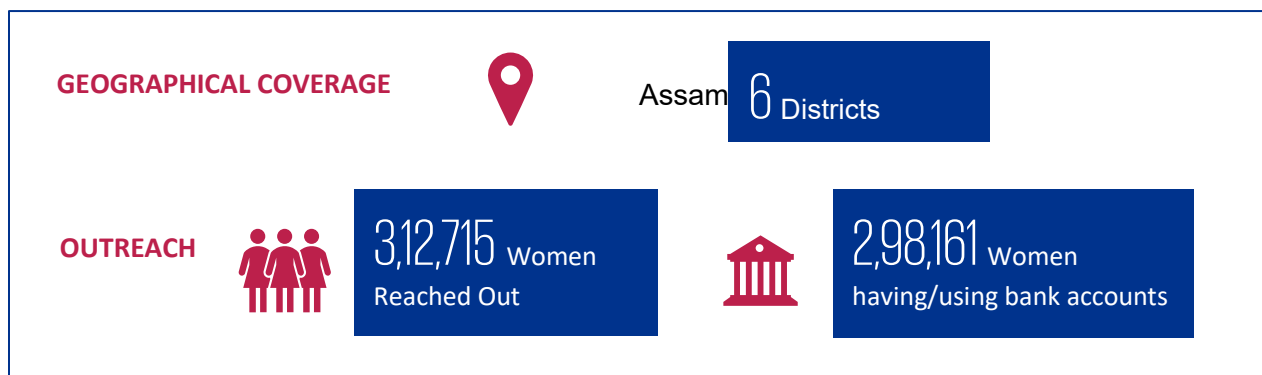


Figure 15: Geographical coverage and outreach of FLP Programme

The BFLP had an outreach to 3,12,715 women from low-income households under funding support of Bandhan Bank Ltd. The following table shows the year-wise beneficiary coverage in all the six districts of Assam, where the programme was implemented:

Table 16: Year-wise district beneficiaries of FLP Programme

Name of District	Year 2019-20		Year 2020-21		Year 2021-22		Cumulative Beneficiaries up to March'22
	No. of Villages Covered	No. of Beneficiaries Covered	No. of Villages Covered	No. of Beneficiaries Covered	No. of Villages Covered	No. of Beneficiaries Covered	
Dhubri	87	3478	216	53777	276	53511	110766
Kokrajhar	38	918	59	14052	79	13373	28343
Dibrugarh	0	0	219	39574	341	52964	92538
Tinsukia	0	0	24	5291	34	6506	11797
Sivasagar	0	0	128	20533	215	23971	44504
Charaideo	0	0	51	11814	102	12953	24767
Total	125	4396	697	145041	1047	163278	312715

Source: Bandhan Konnagar Financial Literacy Programme

4.4 Analysis and Findings- OECD DAC

4.4.1 Evaluation Criteria 1: Relevance

A program's relevance is determined by how well it aligns with the goals and policies of the government that is putting it into action. It also aims to ascertain whether the programme is pertinent to the beneficiaries' requirements. In this setting, the program's relevance is understood in terms of its linkages to prevailing government programmes and to community needs.

The programme was deemed relevant and connected with the needs of the community by all surveyed respondents. The programme aimed to improve their financial literacy and access to essential financial services.

I. Alignment of the programme with National Priorities - Sustainable Development Goals (SDGs)

All United Nations members adopted the Sustainable Development Goals (SDGs), sometimes referred to as the global goals, in 2015 with the aim of eradicating poverty, protecting the environment, and ensuring that everyone lives in peace and prosperity by 2030. India played a significant role in the drafting of the SDGs and is dedicated to achieving them by 2030.

Bandhan's financial literacy programme aims to enhance financial literacy by empowering women, particularly those from low-income households. Due to the design of the intervention, the programme has an impact on Goal-1 and Goal-5 of SDG-related outcomes, as illustrated below:



Table 17: SDG Goals and targets for FLP

SDG Goals	Target	Sub-Targets ⁴⁴	Relevance
GOAL 1 No Poverty	End poverty in all its forms everywhere	<p>1.1 By 2030, eradicate extreme poverty for all people everywhere, currently measured as people living on less than \$1.25 a day</p> <p>1.4 By 2030, ensure that all men and women, in particular the poor and the vulnerable, have equal rights to economic resources, as well as access to basic services, ownership and control over land and other forms of property, inheritance, natural resources, appropriate new</p>	The programme aimed to improve access to financial services and generate awareness of financial literacy in the community and thereby improving better money management.

⁴⁴ <https://sustainabledevelopment.un.org/topics/sustainabledevelopmentgoals>

		<i>technology and financial services, including microfinance</i>	
GOAL 5 Gender Equality	Achieve gender equality and empower all women and girls	5.a Undertake reforms to give women equal rights to economic resources, as well as access to ownership and control over land and other forms of property, financial services, inheritance, and natural resources, in accordance with national laws	The programme aimed to improve financial literacy and promote financial inclusion for women beneficiaries from marginalised backgrounds.

II. Alignment to Schedule VII of the Companies Act, 2013

The programme is designed to assist women from marginalised communities in the vicinity of Bandhan Bank's operational locations, in accordance with Section 135 of the Companies Act (2013) and the CSR Rules.

The measures taken as part of the programme fall within the following general categories of the section:

- *Promoting education, including special education and employment enhancing vocation skills, especially among children, women, elderly, and the differently abled and livelihood enhancement projects.*
- *Promoting gender equality, empowering women, setting up homes and hostels for women and orphans; setting up old age homes, daycare centres, and other facilities for senior citizens, and measures for reducing inequalities faced by socially and economically backward groups.*

4.4.2 Evaluation Criteria 2: Effectiveness

The efficacy with which the project's strategies and systems are implemented can be used to assess the effectiveness of the program.

The program's goal was to assist participants become more financially literate and financially included.

The programme adopted the following measures in order to successfully attain these outcomes:

- I. **Process-driven approach for implementation** - A method-driven implementation strategy was employed for the programme, which comprised a baseline and end line knowledge evaluation tests for monitoring progress, a systematic system for selecting beneficiaries to ensure correct targeting and accountability, standardised activities with a predefined timeline to ensure quality, and pre-determined KPIs to ensure continued and consistent impact is created.
- II. **Qualified implementation team**- A qualified team with previous expertise managing these types of programmes was assigned. Staff members were allocated to work in the field in order to effectively implement and monitor the programme. This contributed to the preservation of implementation quality and provided prompt assistance to the beneficiaries.
- III. **Women-centric training programme** – The FLP programme's main objective was to impart financial literacy and initiate financial inclusion for women from poor households. The training on financial literacy was essential for building the women's confidence and strengthening their

ability to manage their finances, save regularly and access a range of banking services, such as insurance and pension programs. Thus, the programme's focus on a specific target audience was able to resonate with the participants and catalyse behavioral change.

The study covered 211 respondents to understand the impact of the programme. Additionally, the study covered 12 control group respondents for the programme.

4.4.3 Evaluation Criteria 3: Efficiency

The objective is to determine whether the inputs—funds, knowledge, time, and so forth—were effectively utilised to produce the desired outcomes. This evaluation criterion is concerned with the timely and economical implementation of the programme.

It has been successfully executed in the villages with the help of important local stakeholders and the women beneficiaries of the programme.

I. *Timely delivery or implementation of project initiatives*

With the help from Bandhan Bank Limited, Bandhan Konnagar effectively implemented the programme on schedule in the designated areas in accordance with the precisely planned out area and beneficiary selection process.

II. *Project activities' cost-effectiveness*

There was no budgetary excess, according to discussion with Bandhan Bank Limited and Bandhan Konnagar team members, and all activities were accomplished within the allocated budget. Payment benchmarks were clearly stated, and district-level interventions were carried out in coordination with key village stakeholders.

III. *Overlap or duplication of project operations*

Due to insufficient project coordination and poor knowledge management, duplication of effort happens when comparable efforts are unnecessarily carried out in the same community or region. This results in the wasteful use of funds and resources. During field observations and interactions with respondents, it was discovered that the beneficiaries in this case did not have access to any other equivalent financial literacy programme aimed at deepening financial inclusion in rural communities. Furthermore, the control group respondents' lack of access to a financial information and awareness programme implies that there were no overlapping activities in the locations evaluated.

4.4.4 Evaluation Criteria 4: Impact

The purpose of assessing the impact is to identify the primary or secondary long-term impact of the program. This could be intended or unintended, direct, or indirect. An intervention's unforeseen effects may be beneficial or detrimental.

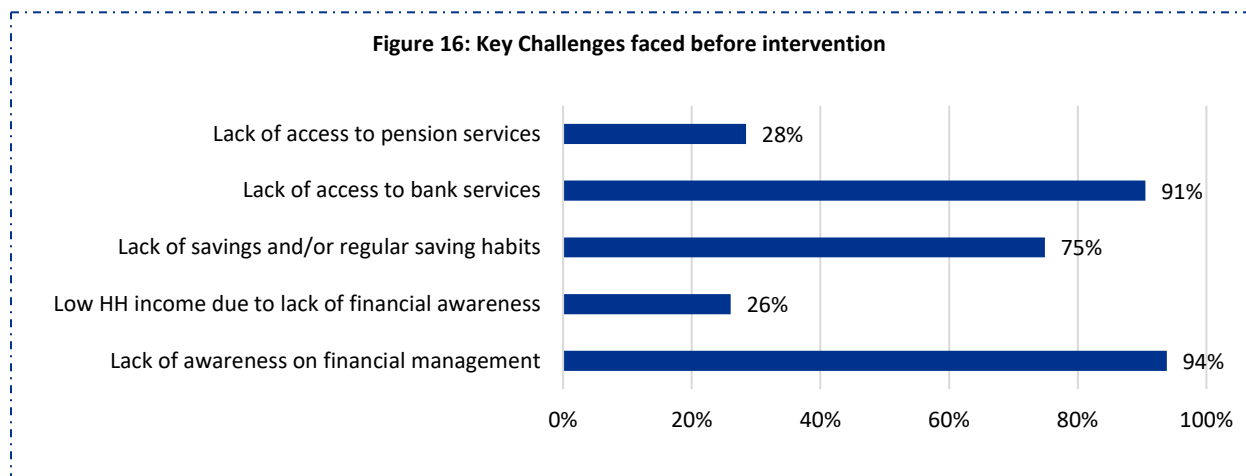
I. *Impact on awareness and financial management*

There are sizable populations in India that are resource-deprived and dwell on the lower margin of economic stability. These populations are extremely susceptible to ongoing negative financial pressures. Furthermore, the poorer areas are forced to choose expensive alternatives since they lack access to formal financial services.

It has been observed that financial literacy is marked by considerable and consistent gender disparity. Women require financial education to create a financially secure future since they encounter distinct financial obstacles. Longer life expectancies than those of men, lower lifetime incomes than those of men, and work gaps because of housework and childcare provide unique problems for women. Women, especially from poorer sections of society, are financially more vulnerable than men. They also have different financial needs and are more likely to spend on day-to-day household expenditures including education for their children, household groceries, and health facilities amongst several others.

Even if women's access to financial services is improved, their ability to utilise this access is often still limited by these disadvantages they experience because of their gender. Lack of knowledge or skills necessary to make informed financial decisions may aggravate difficulties in managing a household. Through financial literacy, they can plan ahead for their requirements and deal with unforeseen circumstances without taking on extended debt.

During the survey, when asked about the various challenges that the beneficiaries had to face prior to the intervention, the following responses were observed:



Source: KPMG Primary Data Analysis

Amongst all the challenges, the beneficiaries surveyed shared that lack of awareness on financial management, access to bank services and regular saving habits were the key areas of concern for them. Percentage of beneficiaries reporting the same were 94%, 91% and 75% respectively. These challenges were resolved to significant extent post the implementation of the programme.

Around 99% of the respondents finished the programme successfully and reported that it was useful in helping them better manage their finances. The remaining respondents shared that they were unable to complete the programme due to personal reasons as well as difficulty in managing their household responsibilities and trainings organised. The programme, according to the respondents, lowered their financial risks and helped them become more financially responsible.

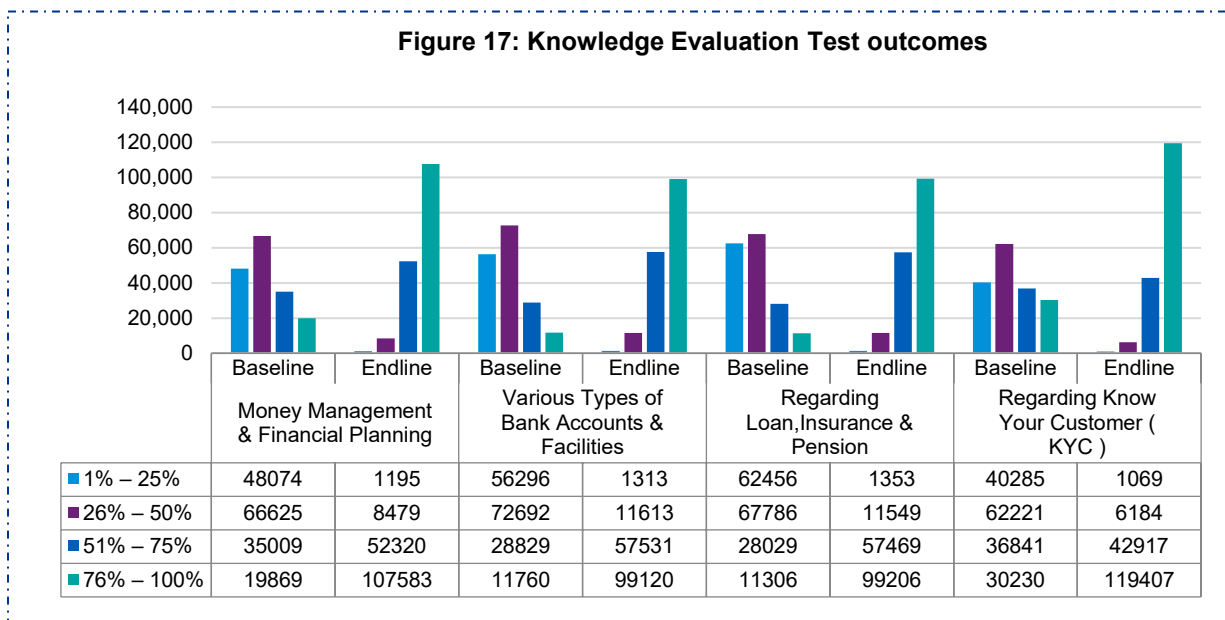
Furthermore, the programme was designed to impart financial knowledge to women

beneficiaries via forums with specific batches conducted by trained Community Resource Person (CRP). The key topics covered during the training included:

1. Regarding Know Your Customer (KYC)
2. Regarding loan, insurance, and pension
3. Various types of bank accounts and facilities
4. Money management and financial planning

The respondents of the survey were asked to rate the programme and the training provided to them on a scale of one to five, with one being the lowest and five being the highest. All of the respondents gave the overall programme a rating above three, with 99% of them giving it a rating above four. Thus, the respondents were satisfied and appreciated the quality of the training imparted. Around 99% of the women surveyed rated the KYC module four or above, highlighting the relevance and effectiveness of the training. The remaining three modules- (a) bank accounts, (b) money management, and (c) loan and insurance services, received a rating of four or above from 98%, 93% and 92% of the respondents, respectively.

As part of their programme activities, Bandhan Konnagar conducted a baseline survey to assess the financial knowledge of the beneficiaries before the intervention of the FLP programme. A similar evaluation was conducted after the completion of each round of two months to map the progress of the beneficiaries. According to the Knowledge Evaluation Tests, a notable rising trend could be observed in all four courses with regard to the percentage of women scoring 50% or higher in these assessments after the intervention. The graph below presents a comparative view of the range of marks obtained by the women participants in baseline and end line knowledge assessments conducted by Bandhan Konnagar:



Source: Bandhan Financial Literacy Programme

Before the intervention, the lack of education, functional numeracy and financial literacy among the women participants adversely affected their household investment and savings, impacting the overall well-being of their families. Around 75% of the women surveyed shared that there were no consistent saving habits in place prior to the intervention. Among them, 99% reported a considerable improvement in savings due to regular savings habits. The remaining respondents did not report a significant improvement in savings due to personal exigencies and insufficient household income limiting their ability to save on a regular basis. Also, other reasons include previous debt commitments, high household expenditures due to large family size, etc.

The programme helped the women beneficiaries to curb their excessive household spending, save proactively and work on reducing the tendency to borrow money from lenders. The findings of the survey suggest that on average, the monthly household savings for the treatment group were INR 4,031, which was around 7% more than the respondents in the control group (INR 3,750). Thus, the programme helped in enhancing the standard of life for the majority of these women respondents and led to an overall rise in household income through improved financial management.

Overall, the respondents were satisfied with the training on financial management and reported a positive impact on their financial awareness.

II. Impact on access to financial services

Women's access to financial services is restricted by gender-related obstacles. Based on sociocultural conventions and gender roles, household financial planning tends to predominantly be the prerogative of men. This impedes the participation of women in household financial management. Other obstacles to women participating in financial planning include apparent and latent constraints on working outside the home, acquiring credit, and owning property.⁴⁵

Inequalities in financial education are correlated to the awareness and access to hands-on learning for various financial products. Practical learning opportunities may be hindered when women face both social and institutional constraints to financial access beyond their household as well.⁴⁶ These barriers are enhanced due to a lack of formal education which further decreases their level of understanding of financial management.⁴⁷ These barriers prevent them from using formal financial services like bank services, pension services, and other credit linkages.

Financial literacy, therefore, is a significant step toward financial inclusion because perception influences behaviour, which results in individuals accessing and receiving financial services

⁴⁵ (June 2013) *Women and financial literacy: OECD/INFE Evidence Survey and Policy Responses*. Financial Literacy & Education, Russia Trust Fund.

⁴⁶ Ibid.

⁴⁷ (2017) Singh, Chetna, Kumar, Raj. *Financial Literacy among Women – Indian Scenario*. Universal Journal of Accounting and Finance 5(2): 46-53. Institute of Management Studies, Banaras Hindu University, India.

and products. The well-being of poor households necessitates an overall increase in informed women who are equipped to utilise financial services frequently and make wiser decisions for their families.

The support provided by BFLP through financial literacy training improved the beneficiaries' access to financial services. Around 94% of the respondents in the treatment group shared that they have active bank accounts as compared to 67% of control group respondents.

Approximately 91% of respondents to the survey cited a lack of access to bank services as a barrier to financial inclusion. Nearly 98% of these women beneficiaries reported that the intervention enhanced their ability to avail of bank services. The remaining 2% of the respondents shared that digital banking would likely increase their access to and utilisation of financial services on a consistent basis. They found it challenging to frequently go visit the bank or any other financial institution because of their caregiving and household responsibilities, and other personal obligations.

Around 12% of the treatment group respondents had availed loans and 88% of them reported to have used the loans for business purposes in order to sustain their livelihood. 8% of the respondents reported that they had utilised the loans for educational expenses, such as paying for the higher education of their children. The remaining 4% of the respondents claimed to have availed loans for financing healthcare expenses incurred during health emergencies or for accessing treatment for chronic illnesses, etc. The women surveyed stated that they had acquired loans from Self-Help Groups (SHGs), MFI, and banks, and indicated that they would be inclined to do so in the future as well. On the other hand, none of the respondents in the control group used loan services. This suggests that due to the intervention, the treatment group was better equipped to avail of loans and comprehend these loan services than the control group, which did not have access to the BFLP or other similar programmes.

There was a lack of access to pension services before enrolling in the programme, as highlighted by 28% of the surveyed women. Among them, 90% of the respondents reported that they have observed an increase in awareness and access after the intervention. Since the remaining 10% of respondents had an average age of 31 years, their awareness of pension services increased, but they were unable to provide feedback on the improvement in access as they were not eligible for the same.

The programme proved helpful in addressing the key challenges faced by the community around awareness and access to financial services before the intervention.

III. Impact on women empowerment

There are gender disparities in financial literacy across many countries and parameters, according to a wide spectrum of research literature. On average, women score lower on financial knowledge tests than men, while also being less confident in their financial competence.⁴⁸

On the other hand, it may not be sufficient to simply acquire the knowledge element of financial

⁴⁸ (June 2013) *Women and financial literacy: OECD/INFE Evidence Survey and Policy Responses*. Financial Literacy & Education, Russia Trust Fund.

literacy. Regardless of a country's degree of progress, notable psychological components of financial literacy, such as motivation and confidence, may also be vital, especially where social and institutional constraints are substantial.⁴⁹ Thus, the capability of women to reach their financial potential is hampered by their lack of confidence as well as their lack of knowledge related to financial management.

The programme improved the women's quality of life and self-esteem by enabling them to gradually attain their financial objectives and raise their creditworthiness. According to the stakeholders, the women were actively involved in household decision-making. The intervention gave the women the knowledge they needed to protect themselves from deceptive investment schemes and exploitative lenders. It made it possible for the women to comprehend the financial product's terms and conditions before deciding whether to use it. The stakeholders also emphasised how the intervention raised women's self-confidence and sense of competence.

Overall, the training programme was focused on the financial inclusion of women and effectively addressed their requirement.

4.4.5 Evaluation Criteria 5: Sustainability

The term "sustainability" describes how long positive impacts of an action last after support or development has finished. The likelihood of continuous long-term benefits and risk tolerance are key components of this evaluation criterion. To achieve sustainability, a governing framework, financial model, and operating system must be established.

The programme built the capacity of the beneficiaries to efficiently manage their finances and apply the knowledge in their daily lives. Since BFLP has been developing trained CRPs the dissemination of knowledge and information to the community is not solely dependent on external resources and can continue even without the organisation's assistance. The activities boosted the confidence of the women and improved their access to key financial services which would help sustain its impact beyond the implementation phase.

4.5 Conclusion and the Way Forward

Participation in the modern economy entails financial literacy for effectiveness. Since financial literacy can be linked with various other financial decisions, insufficient financial knowledge has consequential repercussions.

In our country, where poverty and unemployment are major issues, it is imperative to financially educate women in order to propel the wheel of progress by giving them greater possibilities to contribute to fiscal development. In addition, because of their longer life expectancies than men and lesser incomes during their working years, women experience specific financial difficulties. Therefore, enhancing women's financial knowledge is essential to fostering their financial security.

⁴⁹ (June 2013) *Women and financial literacy: OECD/INFE Evidence Survey and Policy Responses*. Financial Literacy & Education, Russia Trust Fund.

The extent of the programme's coverage has been extensive. The results of this study show that the programme has had a significant impact on bringing about change in the communities where it operates.

The program's success can be attributed to the following key strengths:

- I. Dedicated community building initiatives:** Respondents were appreciative of the Bandhan staff's conduct and efforts to foster a strong sense of community and goodwill through forums, group meetings and home visits.
- II. Awareness and behavioral change:** The programme was able to improve financial knowledge awareness among women and assist them in integrating that knowledge into routine habits of saving and managing their finances.
- III. Training on accessing financial services:** Beneficiaries were equipped with practical knowledge of how to access financial services which they were able to apply in their day-to-day lives.
- IV. Quality Trainers:** The programme team was well-trained and knowledgeable. This ensured the quality of delivery of the modules which improved the financial awareness and confidence among the women.

To propose a course of action for enhancing the program's impact in the near future, the following are a few recommendations:

- I. The respondents expressed the need for improving access to digital banking services in the area. Women's understanding of and access to financial services would improve with the provision of training in mobile and digital banking. This suggestion has already been initiated by the organisation for the improvement of the FLP programme in the selected areas.
- II. Collaborating with financial institutions to promote financial education as an integral part of the customer journey, especially for women. Training and building capacity of the local financial institutions to cater to women from marginalised sections of society and provide additional support in accessing financial services.



Respondents for FLP Programme in Assam



Chapter 5: Employing the Unemployed Programme

5.1 About the programme

India has one of the youngest populations in this ageing world. With around 62.5% of its population in the working age group of 15-59 years⁵⁰, India's demographic dividend⁵¹ is estimated to peak around 2041 when the share of the working-age population is expected to rise to 59%⁵². Although this demographic opportunity holds significant potential for growth, there are certain prerequisites for harnessing the same such as a skilled working population, gainful employment opportunities, access to education and vocational training, and a healthy populace⁵³.

According to the data from the Centre for Monitoring Indian Economy (CMIE), India's labour force participation rate for the age-group 15-59 years has fallen to 40% in 2022 from 47% in 2016-17⁵⁴. This suggests that the country's labour force has further decreased to less than half of the total working-age population, amounting to approximately 435 million out of 1,085 million⁵⁵ individuals. Hence, the nation needs to create more jobs and enhance skills to increase employability among the young population.

The government of India has ambitious plans to transform India into a competitive, high-growth, and highly productive middle-income country⁵⁶. The economy is in transition from being largely agriculture-based to a manufacturing and service-based economy. However, these plans depend on the availability of jobs in the market and the quality of the labour force. In India, it is estimated that for the next two decades, over 12 million young people between 15 and 29 years of age will join the workforce every year⁵⁷. Thus, there is a need for around 109 million skilled workers across key industry sectors as per the government's skill gap analysis⁵⁸.

Aligned to the aim of empowering the labour force with the right set of quality skills for this transitioning economy, Bandhan-Konnagar implemented Employing the Unemployed Programme (EUP) with financial assistance from Bandhan Bank Limited. The programme is aimed at addressing the issue of unemployment in India. It has the following objectives:

- To equip the underprivileged and unemployed youth with numerous industry-relevant skills.
- To build a skilled workforce relevant to the current and emerging market needs.

Under the programme, vocational training centres known as Bandhan Skill Development Centre (BSDC) are set up, to provide training to the unemployed youth. The primary objective of the Bandhan Skill Development Centres is to build a skilled workforce through the provision of quality skill development training and employment linkages for underprivileged youth. The 'Employing the Unemployed' initiative equips unemployed youth with industry-relevant skills for seeking employment in emerging sectors and

⁵⁰ <https://www.livemint.com/Opinion/zgCdZ3GrDwtDpQWD95HenO/Opinion--Indias-demographic-dividend-will-play-out-over-a.html>

⁵¹ The term "demographic dividend" describes the potential for economic growth that can result from changes in the age structure of a population, particularly when the share of the working-age population, which is defined as those between the ages of 15 and 64, is higher than the non-working-age population. Source: <https://www.imf.org/external/pubs/ft/fandd/2006/09/basics.htm>

⁵² Source: Economic Survey 2018-19

⁵³ <https://thewire.in/rights/world-population-day-withering-demographic-dividend>

⁵⁴ Centre for Monitoring Indian Economy (CMIE)

⁵⁵ <https://www.thehindu.com/business/Economy/only-40-indians-are-employed-or-seeking-work-cmie/article65354550.ece>

⁵⁶ [Skilling India \(worldbank.org\)](https://www.worldbank.org/skills)

⁵⁷ Ibid

⁵⁸ Ibid

industries. After successful completion of these skill development courses, candidates either find employment with reputed companies or engage in their own businesses.

The youth can choose from an array of domains, which are listed below⁵⁹:

Table 18: Domains available for Skill Development programme

S.No.	Domain	Age (Years)	Minimum Qualification
1	ITes- BPO	18-34	Class XII
2	Micro Finance Executive- BFSI	18-28	Class XII
3	Refrigerator and AC Repairing	18-35	Class X
4	Computer Hardware and Networking	18-35	Class XII
5	Computer Accounting	18-35	Graduate
6	Sales	18-30	Class XII
7	Warehouse Executive	18-30	Class XII
8	Guest Relation Executive	18-30	Class X

Source: Bandhan Konnagar EUP

Training in the above-mentioned courses is accredited by National Skill Development Corporation (NSDC), which is the implementing agency for skills training in the country and Sector Skill Council (SSC), which is an autonomous body set- up under NSDC.

5.2 Programme Design

The programme imparts skill development training to the unemployed youth which includes classroom or lecture-based learning as well as on-the-job training dependent on the selected domain. The organisation has its own pool of experienced skill development trainers who specialize in imparting skill development training in their domain. The trainers are responsible for conducting the courses in a comprehensive manner as well as interacting with industries, communities, and parents of the youth. Additionally, the trainers support with organizing on-the-job training, providing placement support, and monitoring the progress of the trainees. The course content is broadly categorized into core skills, professional knowledge, professional skills, and technical skills development. Regular refresher training is conducted for the trainers to ensure the quality of training imparted and keep them updated on the latest industry trends and knowledge.

Sector specialists are brought in to conduct these training and develop course content to ensure the learning material is relevant and up to date with the industry. Further, industry experts are invited as guest faculty to share their knowledge and experience with the trainees to enrich their learning experience. The programme team tracks and monitors the employment status and provides support to participants to adapt to their new job environments for up to three months post-employment.

⁵⁹ Please note that the availability of courses varies centre-wise.

The figure below represents the training process of the EUP programme:

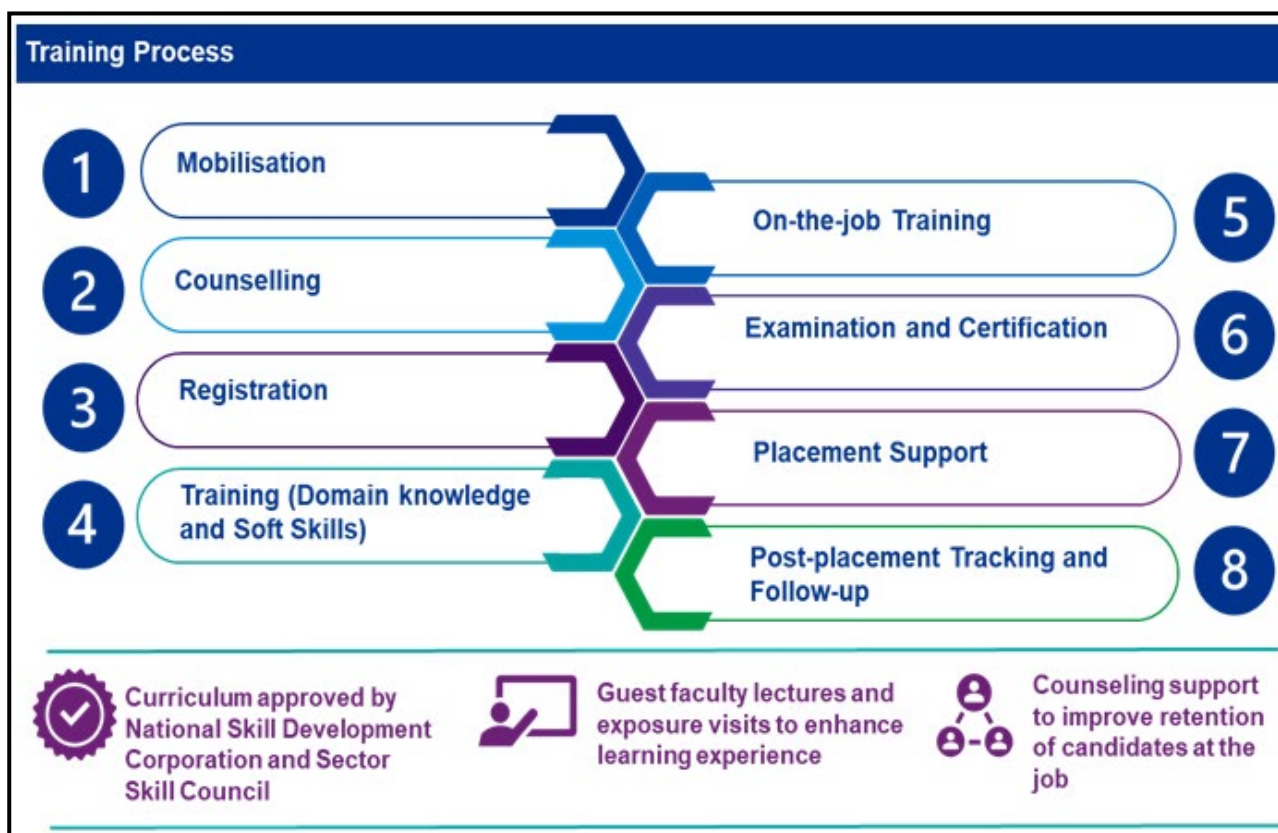


Figure 18: Training process for EUP programme
Source: Bandhan Konnagar EUP

5.3 Programme Coverage

The EUP had an outreach to 11,487 trainees and 7,791 placed candidates through at most 15 active Bandhan Skill Development Centres across the following five states:

- Assam
- Bihar
- Madhya Pradesh
- Odisha
- West Bengal

The following table presents the number of candidates that were trained and placed in each centre during the five years (2017-22) of operation of the programme:

Table 19: Number of candidates trained and placed (2017 – 2022)

S.N	Year	2017-18		2018-19		2019-20		2020-21		2021-22	
	Number of active centres	3		10		13		15		15	
	Activity Centre	Trained	Placed	Trained	Placed	Trained	Placed	Trained	Placed	Trained	Placed
1	Cuttack	292	209	201	130	-	-	-	-	-	-
2	Patna (Patna 1)	471	337	161	77	139	101	105	28	314	206
3	Indore	91	51	118	66	153	109	33	20	152	90
4	Barasat	-	-	231	170	569	429	135	98	271	154
5	Chandannagar	-	-	232	185	-	-	208	149	440	338
6	Bally	-	-	154	129	-	-	265	128	-	-
7	Behala	-	-	172	133	296	235	162	107	349	254
8	Siliguri	-	-	230	133	319	230	87	46	256	171
9	Ranaghat	-	-	220	153	-	-	-	-	-	-
10	Burdwan	-	-	147	95	216	156	124	64	260	165
11	Patna 2 (New)	-	-	-	-	192	133	212	90	357	205
12	Guwahati	-	-	-	-	147	106	50	17	61	22
13	Utarpara	-	-	-	-	382	281	-	-	314	263
14	Malda	-	-	-	-	256	198	119	73	270	217
15	Berhampore	-	-	-	-	316	243	156	101	256	201
16	Bhubnewshar	-	-	-	-	247	180	37	15	41	23
17	Kulpi	-	-	-	-	17	9	55	-	22	9
20	Chakdaha	-	-	-	-	-	-	121	61	286	197
Total		854	597	1,866	1,271	3,429	2,411	1,869	997	3,649	2,515
Grand Total											
Number of candidates trained										11,487	
Number of candidates placed										7,791	

Source: Bandhan Konnagar EUP

5.4 Analysis and Findings- OECD DAC

5.4.1 Evaluation Criteria 1: Relevance

Relevance assesses how well the programme is connected with the aims and policies of the government in which it is being executed. It also seeks to determine whether the programme is relevant to the needs of the beneficiaries. The program's relevance is understood in this context in terms of community needs aligned to the government's vision.

The initiative focused on setting up skill development centres for unemployed youth. 95% of the respondents who were surveyed stated that the programme was aligned with their needs and improved their access to market demand-based jobs. The remaining respondents shared the need for strengthening access to employment opportunities.

I. Alignment of the programme with National Priorities - Sustainable Development Goals (SDGs)

The Sustainable Development Goals (SDGs), commonly referred to as the global goals, were established by all United Nations members in 2015 with the aim of eradicating poverty, preserving the environment, and guaranteeing that everyone lives in peace and prosperity by 2030. India was a key contributor to the development of the SDGs and is dedicated to fulfilling them by 2030.

Due to the nature of the intervention, the programme has the following impact on the SDG-related outcomes, as shown below:



Table 19: SDG Goals and targets for EUP

SDG GOAL		SUB-TARGETS ⁶⁰	RELEVANCE
GOAL 4	Quality Education	4.1 By 2030 substantially increase the number of youth and adults who have relevant skills, including technical and vocational skills, for employment, decent jobs, and entrepreneurship.	The programme provided access to skill development training and placements to the unemployed youth.
GOAL 8	Decent Work and Economic Growth	8.5 By 2030, achieve full and productive employment and decent work for all women and men, including for young people and persons with disabilities, and equal pay for work of equal value	The programme helped unemployed youth from marginalised backgrounds to access livelihood opportunities and enhance their household income.

Table 21: SDG State-wise 2020 score⁶¹

	Goal 4	Goal 8	Overall
India	47	88	66
Assam	43	50	57
West Bengal	54	57	62

II. Alignment to Schedule VII of the Companies Act, 2013

⁶⁰ <https://sustainabledevelopment.un.org/topics/sustainabledevelopmentgoals>

⁶¹ Source: <https://sdgindiaindex.niti.gov.in/#/ranking?goal=8&area=IND&timePeriod=2020>

The programme has been designed to cater to marginalised communities residing in the vicinity of Bandhan Bank's operational areas in alignment with the provisions of Section 135 of the Companies Act (2013) and CSR Rules.

The actions undertaken as part of the programme fall into the following broad categories of the section⁶²:

— *promoting education, including special education and employment enhancing vocation skills, especially among children, women, elderly, and the differently abled, and livelihood enhancement projects*

5.4.2 Evaluation Criteria 2: Effectiveness

The program's effectiveness is determined by assessing how well the program's activities were carried out and the effectiveness with which the program's systems and processes were executed.

The EUP programme aimed to build a skilled workforce to cater to the industry's needs. This needed achieving the following three key programme outcomes:

- Improvement in industry-relevant skillsets
- Increase access to employment opportunities
- Increase in income of the candidates

To effectively achieve these outcomes, the programme adopted the following measures:

- I. **Process-driven implementation strategy:** The programme was structured with the roles and responsibilities of various staff clearly defined. Detailed market scoping to identify relevant courses and potential employers was carried out which helped ensure the effectiveness of the programme. There was a detailed process for beneficiary mobilisation and selection, and a standardised curriculum was followed for imparting quality skill development training.
- II. **Professional and qualified team for implementation:** Quality trainers with considerable professional experience and academic prowess were involved in the Bandhan Skill Development Centres. A dedicated placement team for building relationships with employers in the area and enhancing employment opportunities also enabled quality implementation of the programme.

The impact assessment study covered 469 respondents from both West Bengal (44%) and Assam (56%). Around 51% of the candidates surveyed were female with Assam having a higher representation of female respondents (56%) than West Bengal (45%). The sample was representative of the various social categories having around 19%, 19%, and 5% of respondents from other backward castes, scheduled caste, and scheduled tribe categories respectively. Around 98% of the respondents had finished their school education⁶³ and about 53% of the candidates had completed their graduation⁶⁴.

⁶² Source: Schedule VII, Section 135 of the Companies Act (2013)

⁶³ Till 12th grade

⁶⁴ Around 3% respondents had a postgraduate degree

The intervention increased average income, improved skill sets, and provided access to quality skill development training for the candidates.

5.4.3 Evaluation Criteria 3: Efficiency

The goal is to determine whether the inputs—funds, knowledge, time, etc.—were effectively used to produce the intervention outcomes. This evaluation criterion tries to determine whether the programme was carried out in a timely and cost-effective manner.

The programme has been efficiently implemented with the support of key stakeholders and the candidates themselves.

I. Timeliness of delivery or implementation of project interventions

The programme was implemented on time by Bandhan Konnagar with support from Bandhan Bank Limited in the selected centres as per the agreed-upon target.

II. Cost efficiency of project activities

During the discussion with Bandhan Bank Limited and Bandhan Konnagar, it was reported that there was no overshooting of the budget. The activities were executed within the stipulated budget with clearly defined payment milestones.

III. Duplication/ overlap of project activities

Duplication of effort arises when similar interventions are needlessly undertaken within the same community/ location due to poor knowledge management and inadequate coordination of projects, thereby resulting in fund and resource inefficiency.

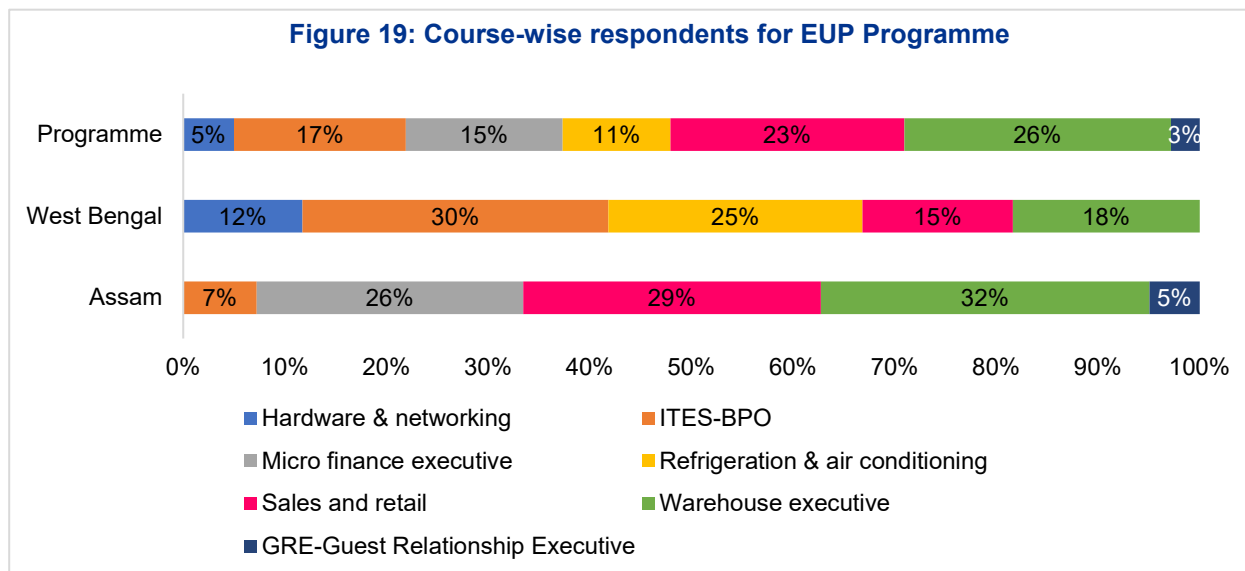
During the discussion with stakeholders, it was observed that although there were various skill development centres in the cities selected for the field survey-Kolkata and Guwahati, there was still an issue of affordability and quality. On the other hand, Bandhan skill development centres were able to provide quality skill development training at very affordable costs. Further, interaction with control group respondents highlight limited duplication of project activities as none of them had been part of any skill development training.

5.4.4 Evaluation Criteria 4: Impact

The goal of measuring the impact is to determine the project's primary or secondary long-term impacts. This could be direct or indirect, intentional, or unintentional. The unintended consequences of an intervention can be favourable or harmful.

The skill development training aimed to improve the employability of the youth and enhance their skillsets. The sample had representation across all the courses offered at the Bandhan Skill Development Centres with the highest percentage of respondents (26%) from the Warehouse Executive domain.

The graph below represents the course-wise distribution of the respondents covered for the impact assessment study across both states:



Source: KPMG Primary Data Analysis

I. Improvement in the employability of the candidates

The growth of India's potential relies heavily on the skilling and employability of the youth, especially the marginalised ones. To bridge the gap between talent and employment, employability programs are highly essential to handhold the underprivileged youth and harness the country's demographic dividend. Therefore, it becomes imperative to create job opportunities for them to help them attain productive lives and aspirational economic opportunities.

Lack of relevant skillsets for employment (32%) and access to skill development training (28%) were the key challenges faced by the respondents before the intervention. The need for quality skill development was more pronounced in West Bengal with 47% of the respondents reporting that they did not have relevant skill sets for employment opportunities prior to enrolling in the programme as compared to 19% of the respondents from Assam. Around 94% of the respondents reported that they had successfully completed their training. The remaining 6% of the respondents were currently ongoing training⁶⁵ at the Bandhan Skill Development Centres at the time of the field survey.

About 72% of the respondents expressed that the EUP programme played a role in enhancing their skillsets and employability. The remaining 28% of the respondents shared the need for further strengthening placement support to improve their access to better employment opportunities. None of the control group respondents had been part of any skill development

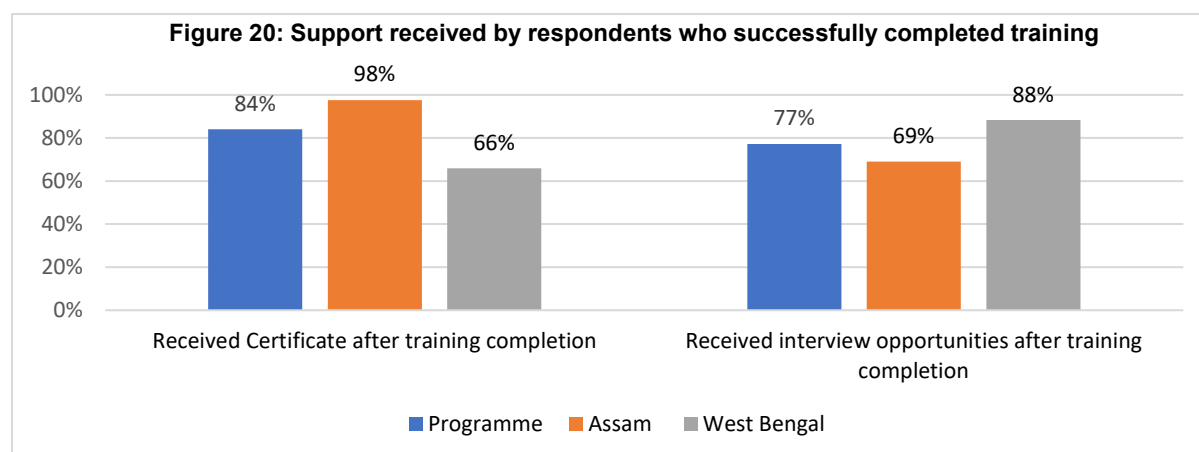
⁶⁵ These 6% candidates were ongoing their training at the time of the field survey and were interviewed in person at the Bandhan Skill Development Centres

programme. 35% of the respondents from the control group shared that the training programmes in their area were not affordable and accessible. Additionally, they expressed that the courses offered at these training centres were not relevant to their requirements.

The candidates shared that the faculty and placement coordinators contacted them to inform them of multiple interview opportunities. They highlighted that the centre equipped them for professional interviews through ample time allocated for mock interviews. 100% of the beneficiaries surveyed reported that the centre provided them with the opportunity to sit for the interviews. Out of these, about 77% of the candidates who completed their training shared that they availed the interview opportunity provided by the centre. Approximately 88% of the respondents from West Bengal reported that they were able to avail of interview opportunities as compared to 69% of respondents from Assam. Overall, as per the cumulative data⁶⁶ shared by Bandhan-Konnagar, the placement rate for the EUP programme was around 68%.

Although all the candidates were offered opportunities to sit for interviews, some of the candidates were unable to attend the interview due to various issues such as location constraints, low salary, and other personal reasons. The candidates shared that in certain instances it did not seem financially reasonable for them to take up the job opportunities with low salary packages and high commuting time and costs. The distance to commute for the job was a particularly critical factor for female candidates due to unsafe public spaces and high crime rates against women in the country. It was also observed that due to capacity building and skill set enhancement from training, these respondents had also taken the initiative to identify job opportunities and find jobs themselves. The respondents expressed the need for improving job placement assistance and interview support to increase the placement and retention rate of candidates.

Around 84% of the respondents reported that they received their certificate post-completion of the training. The remaining respondents shared that they were yet to collect the certificate from the centre. The graph below represents the percentage of respondents reporting the support received from the centre post-completion of their training:



Source: KPMG Primary Data Analysis

⁶⁶ This refers to the cumulative data till March 2022, i.e., Total Placed (11,487) /Total Trained (7,791)

One of the factors affecting job retention amongst youth is the level of skillsets and training as many candidates find it difficult to cope with the pressures of a job, especially in the early formative years. The programme imparted quality skill development and on-job training (where applicable) to enable the candidates to be employment ready and manage the demands of their job. Around 68% of the respondents shared that they were able to retain the job for at least up to three months after completion of training. Around 19% of the candidates surveyed were able to retain their job for up to six months or more. Only 9% of the respondents shared that they were not able to retain the job for even three months. Around 11% of the respondents highlighted that they had difficulty continuing the job due to commuting time. The issue of commuting is more accentuated in Assam as around 19% of the candidates surveyed shared that they found it difficult to retain their job due to the long commute required. The candidates surveyed also expressed the following reasons for not being able to retain their jobs- low salary, difficulty in meeting targets, inadequate training at the workplace, and personal reasons.

The programme worked on improving the soft skills or interpersonal skills of the candidate to enhance their confidence and employability. Around 24% of the candidates surveyed shared that they lacked good communication skills prior to enrolling in the programme. The need for support for building communication skills was more accentuated in West Bengal. Around 53% of the respondents from West Bengal expressed that there was a need for improvement in communication skills as compared to only as low as 1% of respondents in Assam. Additionally, low confidence levels were a significant issue in West Bengal with around 51% of the candidates surveyed highlighting the issue. Soft skills training focused on developing skills such as communication, teamwork and problem-solving. Other soft skills include emotional intelligence, confidence, and a positive attitude. These skills act as a catalyst in sustaining the workplace. Around 70% of the candidates surveyed shared that there was an increase in their confidence levels after the completion of the training. The remaining respondents expressed the need to increase the duration and enhance the quality of the soft skills training.

About 12% of the respondents expressed that they were financially dependent on others and around 6% of the respondents shared that the lack of social support network was a key challenge prior to the intervention. Around 22% of respondents highlighted that the programme improved their social support networks. With reference to social aspects, 15% of the respondents reported that their role in making family decisions increased post-completion of the training. Social praise was another aspect which improved as around 15% of the candidates surveyed stated that they received praise from the other residents of the village.

II. Increase in income

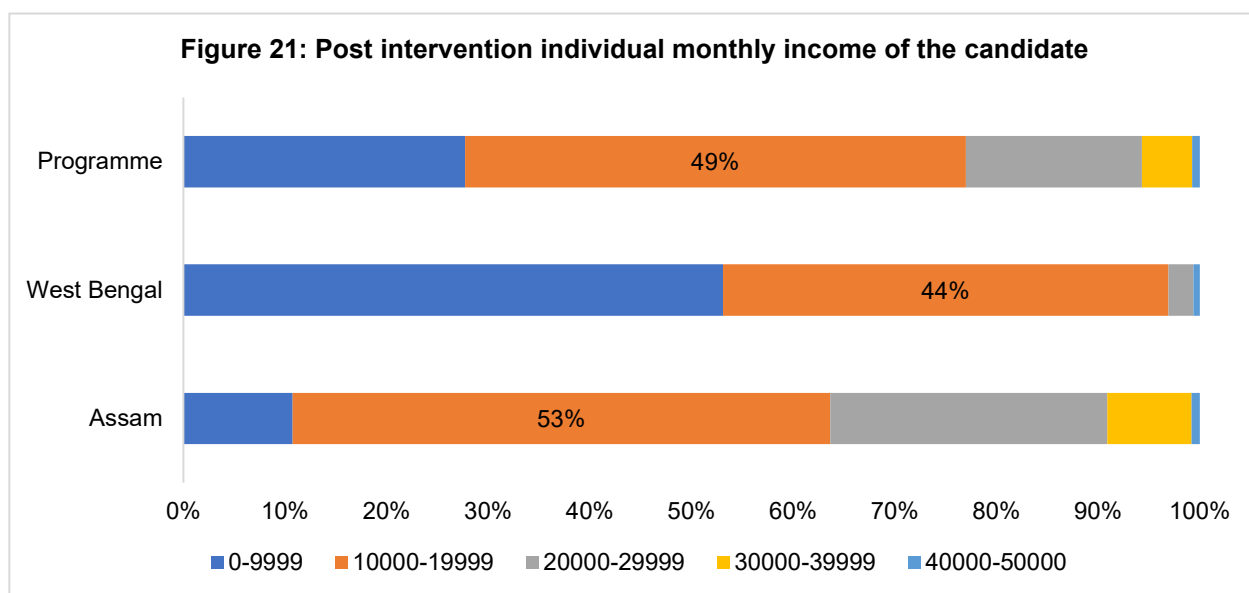
India is steadily making her way to be among the economically developed nations almost after eight decades after independence. This pace of development can be accelerated largely with the right approach to all-inclusive progress. Different skills are required to meet the differing demands of a shifting labour market and focused skill development programmes must be designed to meet the needs of a diversity of youth residing in India. Many young people, including those living under the bare minimum, often face multiple challenges in accessing decent work, and in turn, are more likely to experience income inequality and poverty, which

further impacts their ability to contribute to the economy. Employing the unemployed programmed enabled an increase in income for the candidates through the provision of relevant skillsets and linkages to work opportunities.

Individual Income

The programme improved access to job opportunities for the unemployed youth in the community from low-income families. Post-intervention, the monthly income for the candidates was INR 13,365 along with other performance-based allowances and social security benefits depending upon the nature of the occupation and company. As the graph below shows, almost 50% of the candidates across both states had their monthly salary income between INR 10,000- 19,999. In Assam, the monthly average income for the respondents was higher (INR 15,525) as compared to West Bengal where the average income was INR 10,139 per month. This difference in average monthly income is due to higher-paying courses such as Micro-finance executive and Guest Relationship Executive in the sample for Assam as well as varying industry norms.

The graph below represents the individual monthly income of the candidate post-intervention:



Source: KPMG Primary Data Analysis

In Assam, the Guest Relationship Executive (GRE) course reports the highest average monthly income in Assam of INR 29,250⁶⁷. Since the respondents for the GRE course completed their training in 2019, there seemed to be a significant increase in income for the candidates over the years. The average monthly income for the microfinance course in Assam was around INR 18,336.

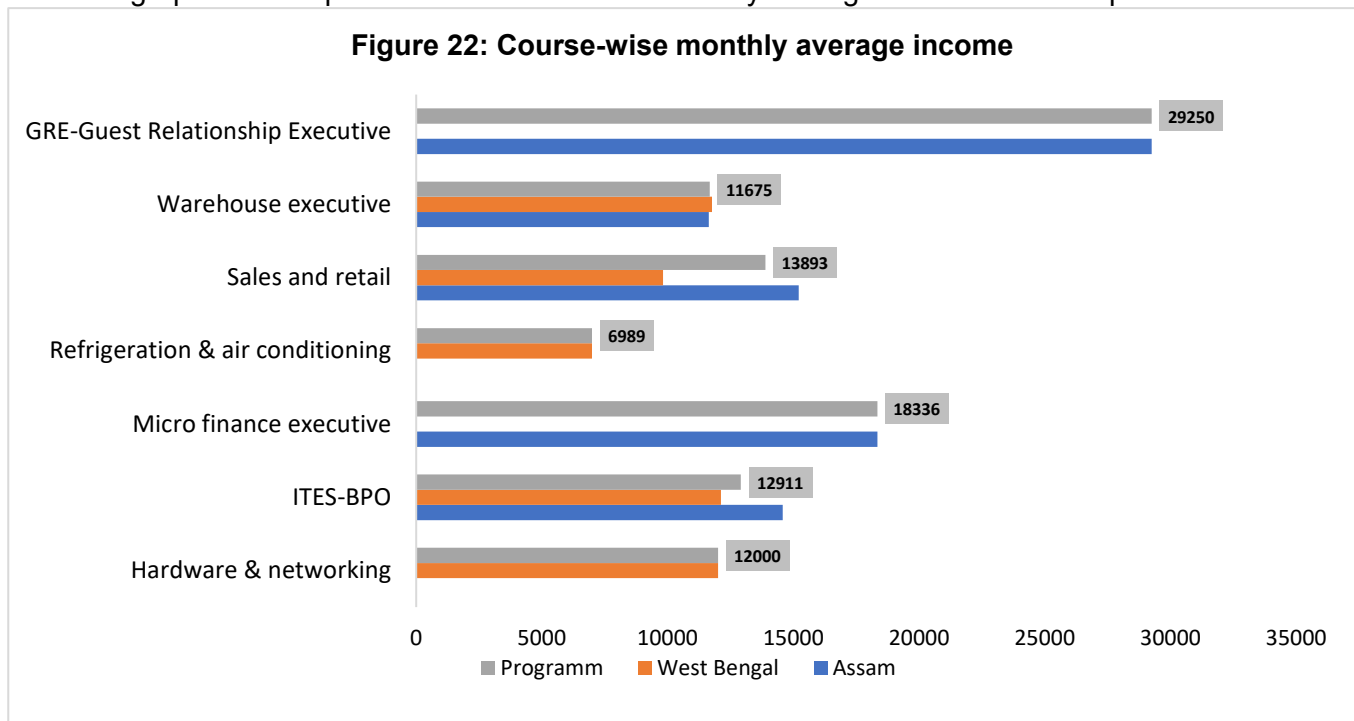
In West Bengal, ITES-BPO had the highest monthly income of INR 12,119 closely followed by Hardware and Networking at INR 12,000. The course on Refrigeration and Air Conditioning

⁶⁷ Kindly note that the limited number of respondents (12) for the GRE course also accounts for the higher salary average.

reported the lowest monthly salary at INR 6,989.

As the graph below shows, Assam and West Bengal had similar average monthly incomes for ITES-BPO and Warehouse Executive courses. The average monthly income for respondents from the Sales and Retail course was INR 13,893. In Assam, the respondents for the Sales and Retail course had a higher monthly income of INR 15,216 as compared to West Bengal (INR 9,813). Since around 62% of the respondents from the Sales and Retail course in Assam were engaged in business activities, the monthly income was higher than that reported in West Bengal.

The graph below represents the course-wise monthly average income of the respondents:



Source: KPMG Primary Data Analysis

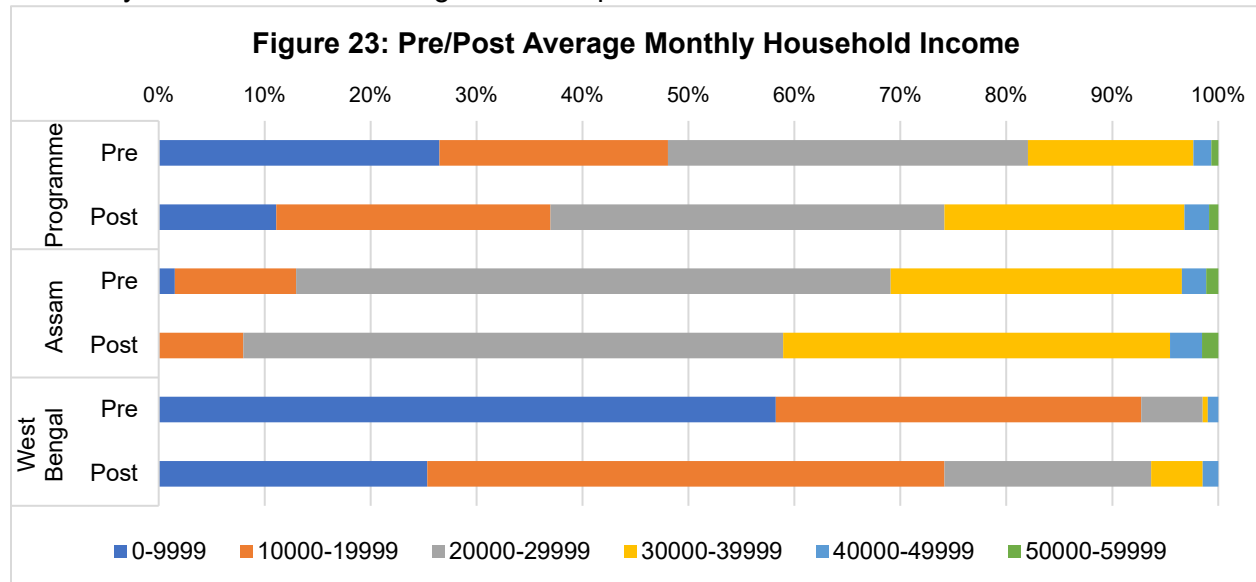
Household Income

This programme catered to the unemployed youth who belonged to financially weaker sections of the society where they would have predominantly one earning member only. It is evident that if one family member receives skills training and gets placement, his/her siblings and relatives would also get influenced to undergo skill training. Thus, the intervention contributed to enhancing the household income and quality of life of the candidate's family.

Overall, a 24% increase was observed in monthly average household income for the overall programme as compared to the pre-intervention level. There has been a 67% increase in average monthly household income in West Bengal as compared to a 10% increase in Assam. As the graph below shows, in West Bengal, 58% of the respondents reported that their monthly household income before intervention was less than INR 10,000 as compared to only

2% in Assam. This highlights that the need for the programme was more accentuated in West Bengal and suggests a difference in the socio-economic background of the sample respondents. Nevertheless, there has been an overall improvement in household income and the respondents have also reported an improvement in their quality of life.

The graph below represents the percentage of respondents and their pre/ post average monthly household income range for a comparative view:



Source: KPMG Primary Data Analysis

5.4.5 Evaluation Criteria 5: Sustainability

Sustainability refers to the sustainability of an intervention's positive effects after development or assistance has ended. This evaluation criterion includes significant elements related to the likelihood of ongoing long-term benefits and risk tolerance. Setting up a governance structure, financial model, and operating system is necessary to ensure sustainability.

The programme improved the skillsets of the unemployed youth and enabled linkages for employment opportunities. The training empowered the candidates to look for job opportunities on their own in addition to the support provided by the centre. The programme provided regular monitoring support for up to three months after completion of the training. The trainers and the faculty were motivated and were able to connect with the candidates. In some cases, the faculty provided additional support to the candidates in areas such as soft skills and English language, basis the need.

The programme also ensured that the trainers were competent and built their capacity to deliver the selected courses. The candidates were connected through a WhatsApp group during their training and were added to the alumni Facebook group post completion of their training. The alumni networks can be further strengthened to build an additional layer of mentoring and support system for the candidates. This would help in knowledge and experience sharing amongst peers, thereby

empowering the candidates to reach out for support while facing challenges at work or during a job search.

5.5 Conclusion and the Way Forward

Bandhan Konnagar implemented the Employing the Unemployed Programme (EUP) across 5 states with the financial assistance of Bandhan Bank Ltd. The programme had multiple placement partners which provided a strong base for the programme to be impactful. More importantly, in the post-pandemic world, the need for trained human capital is vitally important for enabling economic recovery in the country. Hence, training the youth from rural and semi-urban areas had helped tap the potential that mostly shifts to the unorganised sector due to marginalisation and perpetual poverty and debt.

The program's coverage has been inclusive in scope. It was extended to all who met the qualifying conditions, including those coming from marginalised and poor backgrounds, i.e., scheduled castes, scheduled tribes, other backward castes, and minorities.

Some of the key strengths of the EUP programme have been highlighted as follows:

- I. Quality Trainers:** The programme had qualified and experienced trainers who were able to effectively impart the curriculum and engage candidates during the training.
- II. Training on soft skills:** Training on soft skills and the dedicated attention provided for mock interviews were appreciated by the candidates and boosted their confidence.
- III. Infrastructural facilities:** The skill centre provided a conducive learning environment with adequate facilities including provisions for multi-media learning. Beneficiaries were satisfied with the centre and the amenities available.
- IV. Placement Linkages:** The centre managers along with dedicated placement coordinators have established connections with industries in the area. The programme has built linkages with reputed companies such as Ola, Flipkart, etc.

By increasing beneficiaries' incomes, the programme has also improved their well-being, particularly in the areas of a stronger role in decision-making in the family, improved social capital and quality of life etc.

In conclusion, this programme has had a significant impact on the socioeconomic lives of the beneficiaries and their households. The holistic nature of the project efficiently covered the entire process of linking certified trainees with prospective employers and organising placement drives with post-placement counselling and follow-up services with employees and employers. The collaborative approach in this intervention was fundamental to the program's effectiveness.

The following recommendations have been given based on observations during the field interaction and analysis of the primary and secondary data collected during the study:

- I. Improving flexibility of course duration and timings** would help enhance the programme's impact. Around 45% of the respondents shared that the duration of the programme can be increased for better learning development and that better training materials would further help enhance the quality of the training.

- II. Some respondents expressed the need to increase the duration and enhance the quality of the soft skills training. Many students came from Bengali or Assamese medium, with very little exposure to the English language. Therefore, there were instances, where the candidates felt they needed more support to build their communication and interpersonal skills, especially as most of the jobs required basic command of the English language.
- III. Strengthening job placement assistance and interview support to increase the placement and retention rate of candidates. Though there is a strong placement team which has been able to connect with renowned brand names as well, the candidates shared that low salary and long commuting distance were key concerns for them. This is especially applicable for women candidates as their families would not allow them to commute long distances.
- IV. Extending monitoring and tracking support from short-term (three months) to medium-term (six months to one year) for sustaining the impact. This would be especially beneficial in helping improve job retention as candidates would be able to voice their concerns and seek support from their employers as well.
- V. Provision of mentoring support post-completion of the programme through strengthening/building of alumni networks and forums, setting up job fairs, and enhancing interaction among candidates.



Students at Bandhan Skill Development



Trainer at Bandhan Skill Development Center, Kolkata



Bandhan Skill Development Center, Kolkata

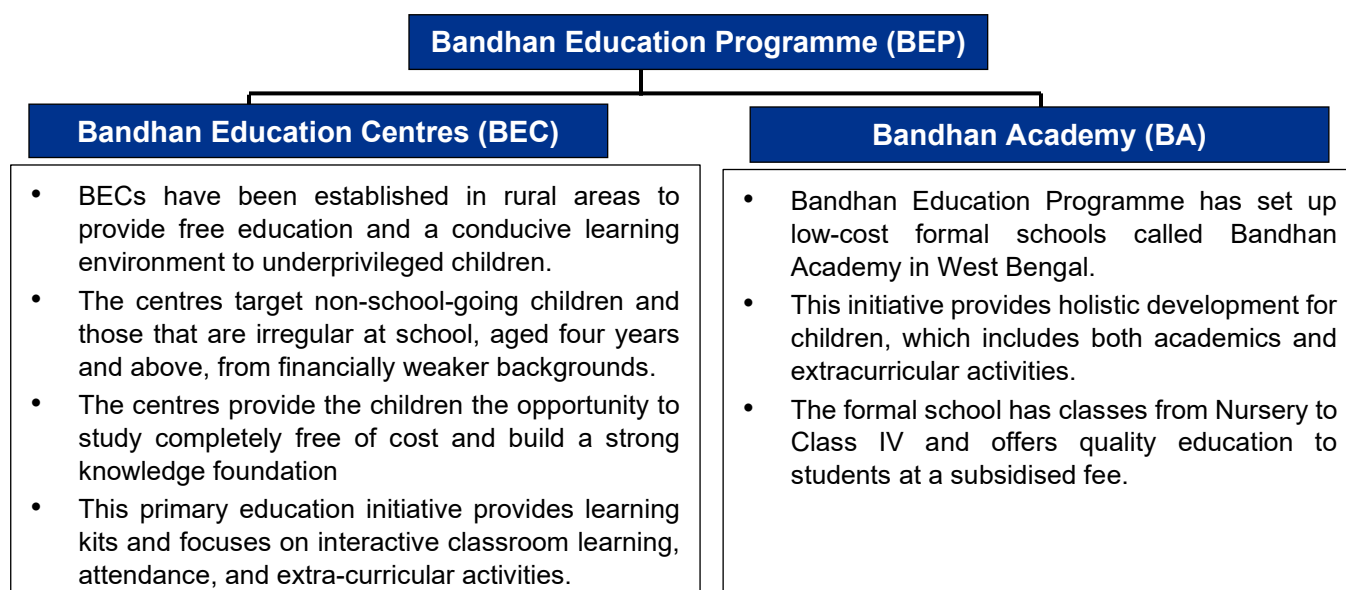
Chapter 6: Bandhan Education Programme

6.1 About the programme

Through his famous quote “*education is the most powerful weapon which you can use to change the world*”, Nelson Mandela highlighted the role of education as the liberator from the shackles of ignorance, poverty, and socio-economic exclusion. This essence has been enshrined in the Indian Constitution, which mandates free and compulsory education for all children up to 14 years of age as a Fundamental Right. The education sector in India has been gearing towards the universalisation of education through policy reforms and central and state government schemes. There has been considerable progress in improving access to education with an approximate 55% decrease in the number of children out of school systems from 13.46 million children in 2006 to 6.1 million in 2014⁶⁸.

However, the issue of disparity in access to school along with the poor quality of education remains a key challenge highlighting the glaring need for inclusive quality education across gender, disability, caste, and religion. According to the National Achievement Survey, around 50% of the children in primary schools (approximately 50 million) did not have grade-appropriate learning levels⁶⁹. The COVID-19 pandemic further revealed the shortcomings of the country’s education system as it affected around 250 million students⁷⁰. The shutdown of schools and the haphazard transition to online teaching-learning during the pandemic resulted in significant learning loss, an increase in dropout rates, and a more pronounced digital divide.

Bandhan Education Programme aims to address the issue of the significant gap in accessing quality primary education for the rural population in the country. The programme works towards provision of quality and affordable education through the following initiatives represented below:



⁶⁸ Source-UNICEF: <https://www.unicef.org/india/what-we-do/education>

⁶⁹ Source: National Achievement Survey, NCERT 2017

⁷⁰ Source: <https://home.kpmg/in/en/home/insights/2021/10/nep-covid-19-school-education-assessments.html>

6.2 Programme Design

Under the Bandhan Education programme, children are enrolled at the age of four years (or above) in a kindergarten class and are taught up to class III. The education centre consists of one rented room and one teacher is appointed for around 30-33 students. The teachers at the BEC are selected from the local community itself, which helps in facilitating joyful learning for the children as well as in communicating with the parents. The teachers monitor the reading skills and learning progress of the students. Also, the teachers are provided training and guidance on teaching methodologies to improve the quality of learning. After four years of learning at BEC, the students are enrolled and mainstreamed into government or private schools. The Bandhan Education programme identifies and prioritises areas with a significant lack of access to schooling and quality education.

The model focuses on child-centred and joyful methods of teaching in the class. Co-curricular activities are given equal importance as the other subjects for an all-around holistic development of the child. Each education centre is further supervised at least 1-2 times in a week by the Education Organiser (EO). The education organiser supervises on the attendance level of students and teachers, quality of education imparted in the classroom, the participation level of students, teacher-student relationship, level of teacher's compassion towards their students etc.

The figure below represents the implementation process of the programme:

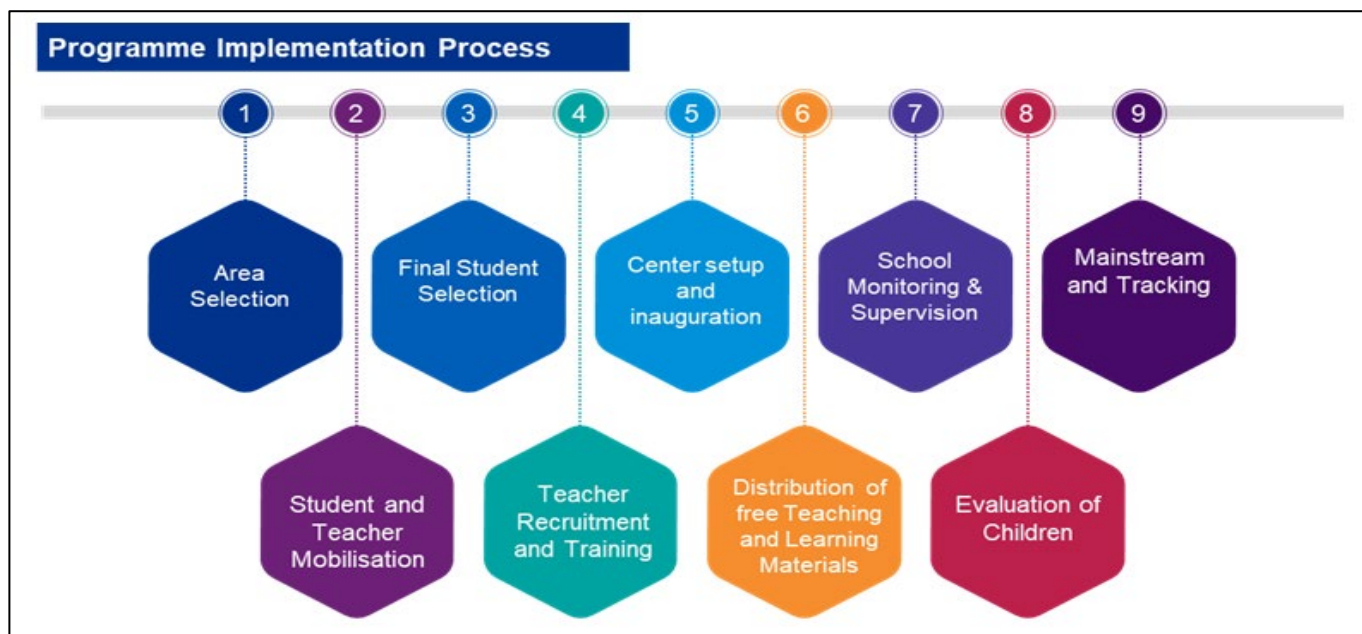


Figure 24: Programme Implementation Process

6.3 Programme Coverage



The Bandhan Education Programme had an outreach of 1,12,786 students across five states through 3,617 education centres and 10 formal academy schools in West Bengal.

The following table represents state- wise data on number of students who received education throughout the five years (2017-22) of operation of the programme:

Table 22: State-wise student beneficiaries for BEP (2017 – 2022)

S.No.	Name of the state	Number of districts covered	Number of Bandhan Education Centres	Number of Bandhan Academy Schools	Number of children who received education
1	Assam	7	255	-	7,680
2	Bihar	10	819	-	25,137
3	Jharkhand	5	276	-	8,350
4	West Bengal	13	2,137	10	67,719
5	Tripura	4	130	-	3,900
Total		39	3,617	10	1,12,786

Source: Bandhan Education Programme

6.4 Analysis and Findings- OECD DAC

6.4.1 Evaluation Criteria 1: Relevance

A program's relevance is determined by how well it aligns with the goals and policies of the government within which it is being implemented. It also aims to ascertain whether the programme is pertinent to the beneficiaries' requirements. In this setting, the program's relevance is understood in terms of both linkages to existent government programmes and community needs.

The programme focused on providing rural marginalised children access to formal schooling and quality education. It aims to develop a low-cost model for primary education through Bandhan Education Centres and Bandhan Academy to complement government's effort for ensuring universal primary education for all, particularly those from vulnerable backgrounds and financially weaker sections of the society.

About 95% of the respondents reported that the programme was relevant and aligned with the needs of the targeted community. The remaining respondents were of the opinion that higher education warranted intervention in terms of both accessibility and quality. Since their children had already graduated from the Bandhan Education Programme, they expressed their current need around education of their children.

I. Alignment of the programme with National Priorities - Sustainable Development Goals (SDGs)

All members of the United Nations adopted the Sustainable Development Goals (SDGs), also known as the global goals, in 2015 with the intention of eradicating poverty, protecting the environment, and ensuring that everyone lives in peace and prosperity by the year 2030. India played a significant role in the creation of the SDGs and is committed to achieving them by 2030.

The BEP initiative strives to improve the access and quality of primary education for economically deprived children. The programme has a wide variety of outcomes connected to the SDGs because of the nature of the intervention, as shown below:



Table 23: SDG Goals and targets for BEP

SDG GOAL	TARGET	SUB-TARGETS ⁷¹	RELEVANCE
GOAL 4	Quality Education	<p>4.1 By 2030, ensure that all girls and boys complete free, equitable and quality primary and secondary education leading to relevant and effective learning outcomes</p> <p>4.6 By 2030, ensure that all youth and a substantial proportion of adults, both men and women, achieve literacy and numeracy</p>	<i>The programme targets non-school-going children and those that are irregular at school, aged four years and above, from financially weaker backgrounds to provide them with access to quality primary education for their holistic development.</i>

⁷¹ <https://sustainabledevelopment.un.org/topics/sustainabledevelopmentgoals>

Table 24: SDG State-wise 2020 score⁷²

	Goal 4	Overall
India	47	66
Assam	43	57
West Bengal	54	62

II. Alignment to Schedule VII of the Companies Act, 2013

The programme has been designed to cater to children from marginalised communities residing in the vicinity of Bandhan Bank's operational areas in alignment with the provisions of Section 135 of the Companies Act (2013) and CSR Rules.

The actions undertaken as part of the programme fall into the following category of the section:

- *Promoting education, including special education and employment enhancing vocation skills especially among children, women, elderly, and the differently abled and livelihood enhancement projects.*

6.4.2 Evaluation Criteria 2: Effectiveness

The program's effectiveness is measured by examining how successfully the program's activities were conducted as well as the effectiveness with which the project's methods and systems were implemented.

The implications of the expected outcomes on the beneficiaries can be used to assess the program's effectiveness. The program's objective was to provide quality education to children through a low-cost model. The following programme outcomes have been established as a means of achieving this key objective:

- Improved access to quality education at the primary level for the marginalised communities.
- Mainstreaming of children from marginalised communities to higher education after building a strong knowledge foundation.

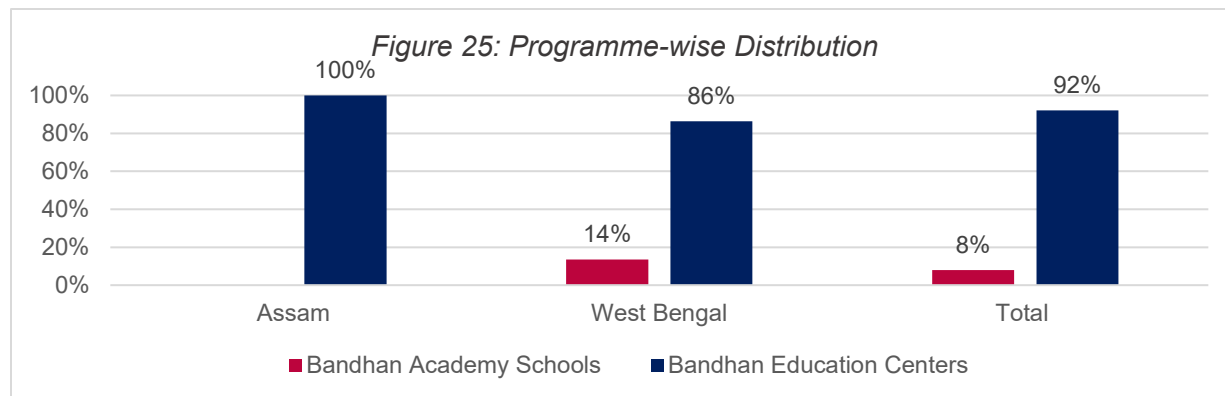
To effectively achieve these outcomes, the programme adopted following measures:

- I. **Process-driven implementation approach and a professional team** - The programme used a method-driven and community-centric implementation strategy on pre-determined KPIs for monitoring the progress of the programme. To achieve this, a professional team with considerable experience was deployed and the staff were assigned to work at the field level, for efficient implementation and monitoring. This helped to maintain implementation quality and guarantee timely support for the beneficiaries.
- II. **Community Teachers** - Teachers from the local community were trained by the BEC and employed therein. Due to the teachers' greater capacity and familiarity to interact with and understand the children, it was possible to establish trust and communication with the parents.

⁷² Source: <https://sdgindiaindex.niti.gov.in/#/ranking?goal=8&area=IND&timePeriod=2020>

Secondly, it aided in the capacity building of the teachers by providing them with training and employment.

The study included 505 respondents, with West Bengal accounting for 58% and Assam for 42%. The sample was representative of many social groups in West Bengal, with roughly 54% of respondents belonging to the general category, 42% to the OBCs, and 4% to the scheduled castes. All Assamese respondents were from the general category. Around 38% of all respondents were wage workers, with agriculture accounting for 15%. Families of the respondents had an average of five members in both states, with one earning member.



Source: KPMG Primary Data Analysis

6.4.3 Evaluation Criteria 3: Efficiency

The objective is to ascertain whether the funds, knowledge, time, etc.—were used efficiently to achieve the intervention outcomes. This evaluation criterion aims to assess whether the programme was executed timely and economically.

With the assistance of significant village stakeholders, the programme has been successfully implemented in the communities.

I. Timeliness of delivery or implementation of project interventions

Bandhan Konnagar, with assistance from Bandhan Bank Limited, implemented the programme as planned in the targeted locations, adhering to the detailed location and beneficiary selection process outlined.

II. Cost efficiency of project activities

Interaction with the Bandhan Bank Limited and Bandhan Konnagar team members further revealed that there was no budget overflow and that all activities were successfully carried out within the cost limit.

6.4.4 Evaluation Criteria 4: Impact

Identifying the project's principal or secondary long-term impacts is the aim of the impact measurement process. This could be purposeful or accidental, direct, or indirect. An intervention's unanticipated effects may be advantageous or disadvantageous.

The objective of the Bandhan Education Programme was to increase access to high education for children, especially those from marginalised households and economically challenged sections of society.

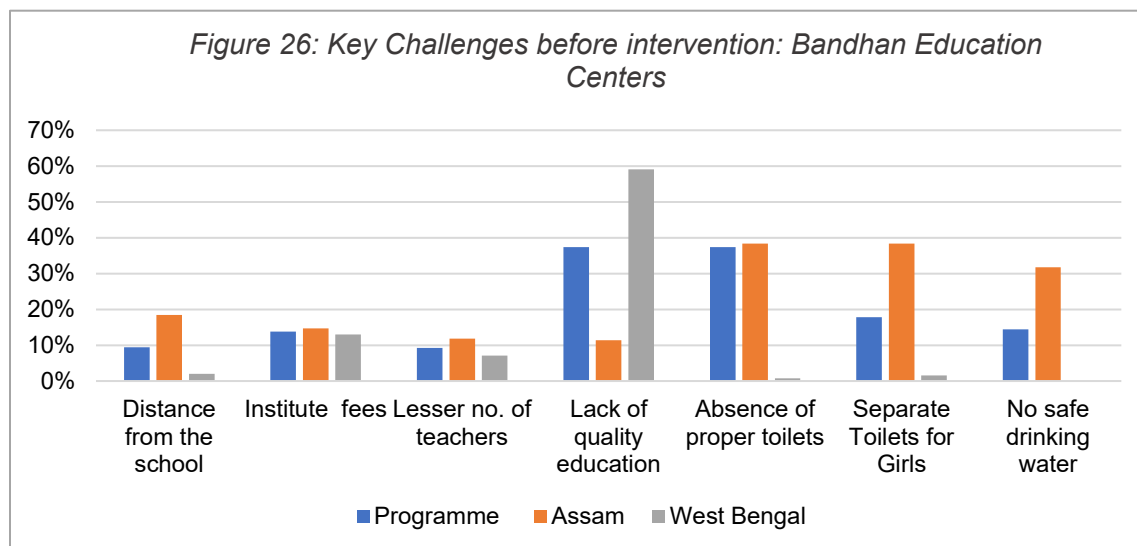
BANDHAN EDUCATION CENTRES

Bandhan Education Centres (BEC) were established in the community to offer marginalised children free education and a supportive educational environment. The study covered 211 respondents from Assam and 254 respondents from West Bengal enrolled in the BECs, comprising 92% of the total respondents for the study.

I. Impact on attendance and passing percentage

Access to primary education in marginalised communities is a significant issue in India. The inequitable socio-economic and power dynamics have a significant impact on children's access to school and engagement in the educational process. The differences in educational achievement and accessibility between various socio-economic classes in India are a clear indication of this. India implemented the Right to Education Act (RTE) in 2010 to actively advocate inclusive practices in education in order to combat this issue.

Prior to the intervention, the majority of respondents reported a lack of access to quality education, with approximately 37% stating a lack of access to education. Furthermore, around 37% of respondents stated that their children dropped out of school or do not attend school on a regular basis due to the lack of proper toilets at institutional facilities. Another reason given by 18% of respondents for not attending school is a lack of separate toilets for girls. Other key challenges identified by the community included higher institutional fees (14%), lesser number of teachers (9%), distance from the school (9%) and a lack of safe drinking water (14%). Furthermore, prior to the programme, a substantial number of children opted out due to a lack of quality education and financial constraints, and some private schools were also temporarily closed during the Covid-19 pandemic.



Source: KPMG Primary Data Analysis

The programme was successful in addressing these challenges faced by the community around education. In its initial stage, access to quality education can be assessed by a reduction of absenteeism in children. After the implementation of BEP, approximately 88% of the respondents stated that their children's attendance and regularity had improved. The parents and guardians indicated that the staff guided them during their children's enrollment in government or non-government schools after completion of the BEC programme. Even during the Covid-19 outbreak, the programme provided academic guidance to children through community centres, and teachers visited children in their homes for special learning aid. This step aided in ensuring children's regularity in attending school to an extent. The remaining respondents shared that the pandemic and other family challenges hindered any significant improvement in their children's attendance and regularity.

An improvement in academic performance can be used to gauge the effectiveness of the program's education delivery. Approximately 81% of the parents surveyed reported that their children's academic results had improved. The remaining respondents shared their concerns over the effect of a pandemic on the learning levels of their children. In West Bengal, almost 98% of respondents reported an improved passing percentage/score, compared to around 60% in Assam. The respondents in Assam expressed the need for enhancing quality education. In Assam, around 93% of the parents reported the need for deploying quality educators in adequate numbers. Additionally, this difference also suggests the effectiveness of the Bandhan education centres in West Bengal owing to significant outreach and experience in implementing the programme over the years.

II. Impact on holistic development

The programme aided in the overall development of children by increasing their participation in the classroom (87%). This highlighted the establishment of a positive and supportive environment to encourage children to interact with teachers and other children. According to the parents surveyed, around 82% of the children improved their communication at home with family and friends, indicating a rise in confidence and self-esteem. The remaining respondents shared that training of the teachers particularly around ways of engaging with the classroom would enhance student interaction and communication.

Post-intervention, there has been an increase in participation in sports for around 78% of the respondents and around 67% reported an increase in other extracurricular activities such as art and crafts, music, etc. This demonstrates that teachers and other personnel are encouraging children to participate in extracurricular activities and sports. Improvement may also be attributed to the availability of better facilities for the same. The response from the beneficiaries to the observed changes in their children has to be understood in the context of the wide-ranging and long-term effect of the pandemic on the overall well-being of the children and their families.

III. Impact on education-related expenditure

Income levels in households from marginalised communities are already at the lower end of the income spectrum. Within that constricted budget, they need to take care of all household expenses, including education. Household expenses may thus conflict with the budget for

education, as higher household expenditures in relation to income may drive families from financially weaker sections to forego quality schooling altogether. As a result, interventions in the sphere of education may have little or no probability of progress if they do not incorporate the aspect of educational expenditure in the process of planning and implementation.

BEP took into account the education expenditure and worked to ensure that the community incurs the lowest feasible cost for educating their children. Following the intervention, respondents reported a 67% decrease in monthly education expenditure from an average of INR 99 to around INR 32. This demonstrates the program's impact on increasing the accessibility and affordability of quality education for the targeted community.

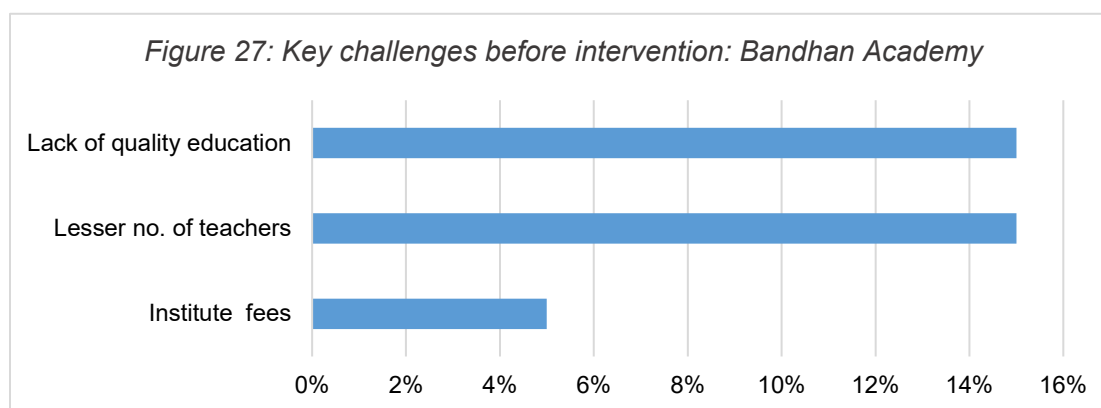
BANDHAN ACADEMY SCHOOLS

Bandhan Academy schools (BA) were established to provide marginalised children with quality education at the primary level. The study covered 40 respondents from West Bengal enrolled in Bandhan Academy, comprising around 8% of the total respondents for the Bandhan Education programme.

I. Impact on attendance and passing percentage

The establishment of schools and enrollment rates have increased over the past few decades, reflecting the increased engagement in education. However, it can be inferred that the expansion in this sector has only been in terms of inputs and enrolment. The challenge of raising the standard of education being delivered has not received enough attention. Teachers have a key responsibility in providing children with educational opportunities in schools. However, teacher absenteeism also acts as a significant barrier to quality education and access to trained teachers.

The majority of respondents stated that they did not have access to high-quality education prior to the intervention, with about 15% saying they did not have any access to school. Additionally, almost 5% of respondents said that the rising institutional fees posed challenges to accessing quality education for their children. Another reason cited by 18% of those surveyed for not attending school is a shortage of teachers (15%). Furthermore, there was an issue of high dropouts and irregularity in schooling prior to the programme due to a lack of quality education, budget constraints, and the shutting down of few private schools during the Covid-19 outbreak.



Source: KPMG Primary Data Analysis

About 50% of the respondents said that their children's attendance and regularity had improved after BEP was implemented. Bandhan Academy schools were more impacted by the pandemic and school closures than Bandhan Education Centres since the BECs were located in the midst of the community. Thus, outreach during the school shutdowns was more challenging for Bandhan Academy schools located at a significant distance from the targeted regions. Children were given academic support through home visits and online education during the pandemic. Although students at Bandhan Academy were affected by the school shutdowns, the gap was minimised through the adoption of online learning and visiting children at home. Thus, the remaining respondents did not report a significant improvement owing to the school shutdowns as well as family-level struggles to cope with the pandemic.

The effectiveness of the program's quality of education can be evaluated by assessing academic performance. About 72% of the parents surveyed stated that their children's passing percentages had significantly increased. The programme assisted marginalised children in overcoming the barrier of commuting to school by providing buses for travelling to and from the schools efficiently. The remaining respondents stated that enhancing the capacity of instructors would bolster the academic performance of the children.

II. Impact on holistic development

According to 50% of the respondents, the programme enhanced children's development by increasing their classroom participation. This emphasised the significance of establishing a positive and supportive environment to encourage kids to engage with teachers and other children. The remaining 50% of respondents may represent children who were significantly impacted by school closures during the pandemic. 33% of the children reported improved communication at home with family and friends, indicating an increase in confidence and self-esteem. Due to the epidemic, the remaining respondents were most likely enrolled in online education through Bandhan Academy and so did not have many opportunities to engage with their peers and teachers.

Post-intervention, approximately 35% of respondents reported an increase in sports participation, while approximately 65% reported an increase in other extracurriculars. This showcases that teachers and other staff encourage students to engage in extracurricular activities and sports. The remaining respondents feel that there is a need to improve sports and extracurricular facilities in schools in order to increase student participation.

III. Impact on education-related expenditure

The treatment group respondents reported an average expenditure of around INR 633 per month on education. According to the control group respondents⁷³ from West Bengal, the median expenditure for education is around INR 800, which is higher than the education expenses incurred by the treatment group respondents after the intervention. The goal of the Bandhan Academy Schools initiative was to minimise the costs for the provision of quality formal education to the community's marginalised sections. This objective contributed to providing the children with a solid educational foundation as well as ensuring their enrolment

⁷³ Respondents sending their children to low-cost private schools.

in schools and continuation of higher education.

2.4.5 Evaluation Criteria 5: Sustainability

Sustainability is the continued existence of a favourable outcome after development or aid has finished. This evaluation criterion contains key aspects concerning the likelihood of continuous long-term benefits and risk tolerance. To achieve sustainability, a governance framework, financial model, and operating system must be established.

The programme enhanced the capacity of teachers who belonged to the targeted community. The adopted model of training community teachers significantly improved the effectiveness of Bandhan education centres, while also bolstering the sustainability of the impact. The teachers were able to easily connect with the children as they shared similar cultures and socio-economic backgrounds. This also added to their approachability and improved communication with the parents and other community members. The teachers provided handholding support during mainstreaming of the children and their presence in the community helped sustain the impact of the programme.

6.5 Conclusion and the Way Forward

Education is a critical requisite for the inclusive economic progress of the country. It is also universally regarded to play a significant role in achieving higher social equity. With the aim of helping children build a strong knowledge foundation and supporting the process of establishing an inclusive society, academic institutions should be designed to impart quality education. The Bandhan Education Programme, therefore, helped address the gap in accessing quality primary education for the rural population. It enabled children from marginalised and vulnerable communities to acquire the necessary knowledge base for continuing their education in mainstream schools.

The key strengths of the programme can be recognised as follows:

- I. Community-centric** – The Bandhan Education Centres are placed within the community itself, ensuring children's safety and enhancing transparency with parents over their children's education.
- II. Robust monitoring support** - The programme has a strong monitoring mechanism that includes regular field visits from various programme staff, ensuring that the programme is effectively implemented at all stages.
- III. Empowering teachers from the community** - It was possible to build trust with the parents by selecting and training teachers from the local community. As a member of the community, the teachers were able to better interact with and understand the children. They were given opportunities to increase their skill sets and enhance their capacity through this programme.
- IV. Vibrant learning environment** - The programme increased children's access to quality education by creating a supportive learning environment. The participatory nature of the courses encouraged student participation.

The study suggests the following recommendations for a plan of action to maximise the programme's impact:

- I.** Overall, around 72% of the respondents shared that building better education facilities inclusive of more amenities would enhance the quality of the programme. The need for better infrastructural

facilities was more pronounced among respondents for Bandhan education centres (75%). Around 33% of respondents from Bandhan Academy schools shared that the provision of facilities like playgrounds, better-equipped computer labs, sports facilities, etc. would help improve the student's overall development.

- II. Respondents shared that the programme should organise activities around girl child education to improve awareness and provide support to girls to continue their education. 93% of the respondents for Bandhan Academy shared that the programme should organise activities around girl child education to improve awareness and provide support to girls to continue their education. Around 48% of the study respondents in Bandhan Academy were female as compared to 59% of respondents from BECs. This further highlights the concern of parents from Bandhan Academy around raising awareness of the importance of girl education in the community.
- III. Around 76% of the respondents enrolled in the Bandhan Education Centres shared that the deployment of quality education staff in adequate numbers would help improve the programme impact. Additionally, 32% of the parents surveyed under Bandhan Education Centres highlighted that training for education staff should be further strengthened.
- IV. 93% of the respondents from Bandhan Academy schools highlighted the need for establishing a higher-education institution in the area. The parents reported that there was a lack of affordable options for good quality education after graduating from the Bandhan programme.



Respondents for Bandhan Education Programme, Assam



Respondents for Bandhan Education Programme, Assam



Respondents for Bandhan Education Programme, Assam



Students at Bandhan Education Centre at Ghatakpur, West Bengal



Teachers at Bandhan Academy School, Ghatakpur, West Bengal

Chapter 7: Blind People Association: Maintenance & Expansion of Eye Hospital

7.1 About the Implementing Partner

The Blind People's Association (BPA) is one of the largest NGOs in India working toward providing an entire continuum of services for persons with disabilities (PwDs). It is a multi-campus organisation with 15 campuses all over Gujarat and one in Rajasthan. It also has 13 vision centres and 10 daycare centres for persons with multiple disabilities. As an organisation, BPA focuses on the following:

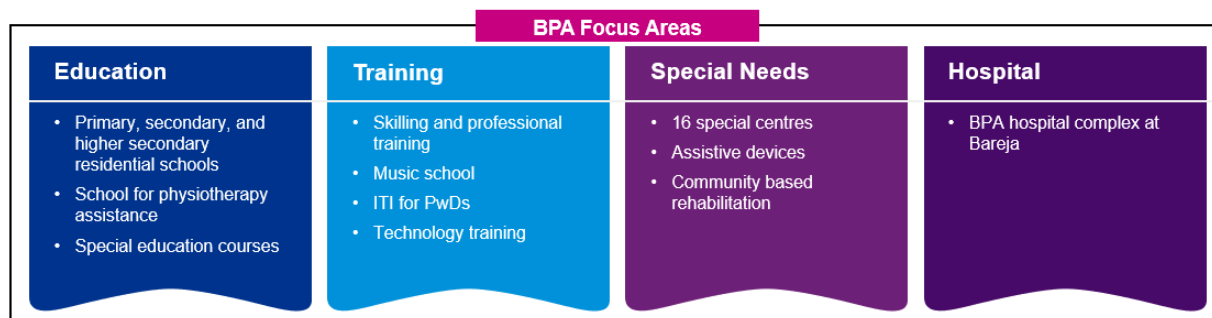


Figure 28

As highlighted above, BPA runs the Porecha Eye Hospital Complex at Bareja (Ahmedabad, Gujarat). The hospital provides comprehensive eye care services to persons in more than 1000 villages and covers over seven districts. It has the following six departments:

1. Cataract
2. Retina
3. Glaucoma
4. Pediatric eye care
5. Cornea
6. Low vision

BPA firmly believes that all persons with disabilities have the right to the same quality of life as their non-disabled counterparts. Aligning itself with the vision of BPA, Bandhan Bank provided support to the cause and helped people access eye-care services in several villages in Ahmedabad. The bank provided funds for maintenance and expansion of the hospital for three years (FY 2019- 22).

7.2 About the Programme

Globally, nearly 2.2 billion⁷⁴ people have near or distant vision impairment. The majority of these people are over the age of 50 years. According to the National Blindness and Visual Impairment Survey: 2015-2019, nearly 40 million people in India are blind or visually impaired. Research also suggests that a majority of these people live in villages and tier 4 cities, where they don't have access to glasses⁷⁵.

⁷⁴ WHO: Blindness and vision impairment. 2021

⁷⁵ WHO: Blindness and vision impairment. 2021

Almost half of these people have an impairment that could have been prevented or is yet to be addressed.⁷⁶ Most eye- care related cases are reported at the later stage of advancing illness which ends up blinding the person. Primary eye care services form a very critical aspect of the health care system. The provision of primary eye care within an integrated health care system is a feasible and self-sustaining approach which not only addresses the issue of lack of access to the services but also helps identify the population who needs this support the most.

This programme is thereby aimed at addressing blindness and visual impairment and making primary eye care services available and easily accessible. The major objectives of this programme are as follows:

- To serve the community affected by blindness and vision impairments through preventive, curative and promoting measures.
- To integrate the permanently blind, predicted blind as well as poor-sighted people into common society.
- Involve the community in all phases of eye care project from planning, implementation, monitoring, and evaluation of project work for better project outcome.
- Develop community base organisation, make them understand their own eye care need and promote them to raise resources for the same and part of the whole comprehensive eye care approach to full fill the need.
- To combat avoidable and unavoidable blindness in Gujarat, with a comprehensive community eye care concept to organize Outreach Screening Camps to provide eye care facilities to the rural and tribal communities.

The funds given by the bank were directed for the maintenance and expansion of the eye hospital to achieve the above-mentioned objectives. The services of BPA are majorly directed toward the marginalised sections of society. The association intervenes through early identification, intervention, and support, as the community's visual disabilities are often a result of a lack of medical prevention and care.

The diagram below represents the key activities undertaken as part of the project:

⁷⁶ National Family Health Survey (NFHS) 4: 2015- 16

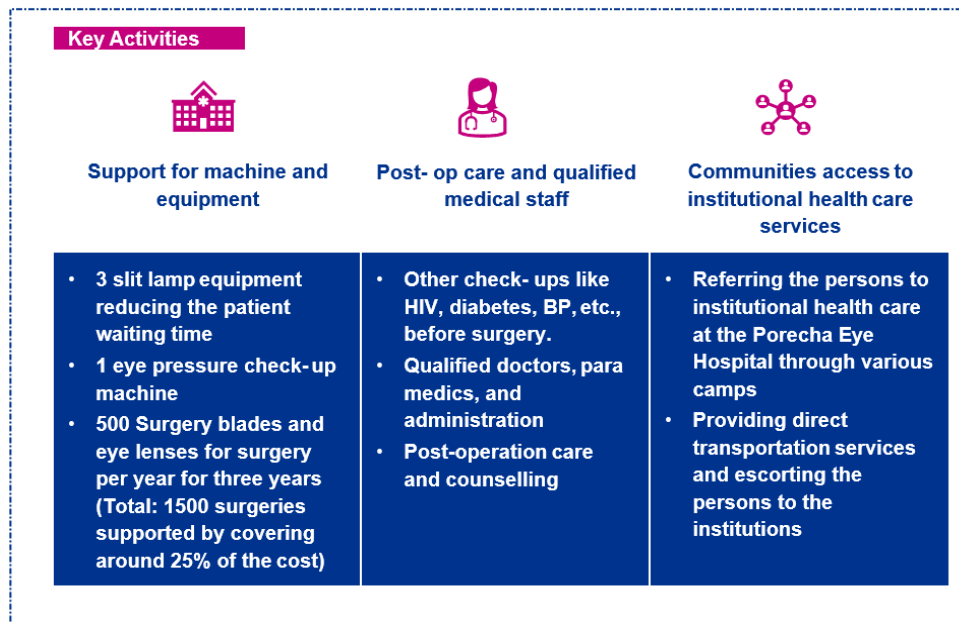


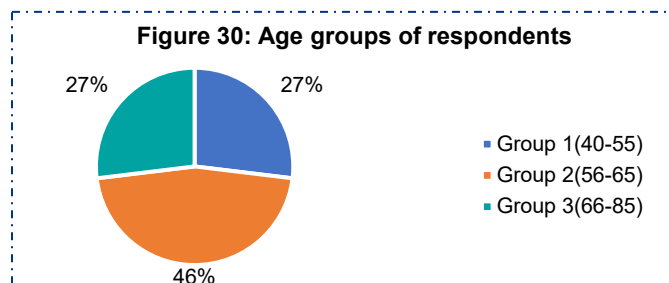
Figure 29: Key Activities of BPA Programme

Hence, the programme's focus is to avoid the avoidable blindness and create a society, where a visually impaired person enjoys the equal rights, responsibilities & opportunities. It seeks to reach the unreached and marginalized by emphasizing on the premise "Getting sight as a right".

7.3 Programme Coverage

Bandhan Bank supported the eye hospital at Bareja with medical equipment to improve the accessibility and quality of eye care. It had an outreach to around 1500 people in Gujarat throughout its three years of operation and support (FY2019-22).

Approximately 500 patients every year were supported with surgery blades and eye lenses with the funding provided by Bandhan Bank.



7.4 Analysis and Findings- OECD DAC

Treatment and elimination of eye diseases not only requires efficient technological equipment and funding, but also a proper identification of such patients who are marginalized and lack access to a quality healthcare system. Hence, the programme has been designed in a way to cater to those who have limited access to healthcare services.

The impact assessment survey covered 54 respondents, over 54% of whom were females. The survey sample had respondents from various social categories such as OBC (56%), SC (27%), and General (14%). Around 62% of the respondents did not have access to any formal education.

7.4.1 Evaluation Criteria 1: Relevance

Relevance examines how well a programme is connected with the ambitions of the government and objectives of the national priorities. It also seeks to determine how well the programme is serving the needs of the community.

The initiative focused on providing eye care services to underserved sections among the targeted population and thereby have an overarching impact in the life of the patients. 100% of the respondents stated that the programme was relevant and aligned with their needs. The various components of the project had improved their timely access to affordable health services. All the respondents expressed that the intervention had brought about an overall improvement in their health condition.

The funding provided by the bank supported the hospital in increasing the walk-in patients from 3,500 to 5,000 per month, leading to a percentage increase of almost 43%. The majority of the respondents were aged 55 years or above and reported that they were facing challenges due to deteriorating vision before the intervention. However, the setting up of the eye facility has helped in resolving their challenges to a considerable extent.



Respondents for BPA- Porecha Eye Hospital programme

Further, during the survey, it was also shared that other than BPA, there were no other organisations conducting eye check-up camps in their villages. Beneficiaries had to travel long distances to be able to avail the benefits of such facilities before the intervention. However, setting up of health camps has reduced the travel time and hassle. 76% of the respondent had reported the same.

I. **Alignment of the programme with National Priorities - Sustainable Development Goals (SDGs)**

The SDGs aim to eradicate poverty, create an equitable society, and ensure economic and social well-being of people all around the world. The programme has an impact on a wide range of SDG-related outcomes, as shown below:



Table 25: SDG Goals and Targets for BPA Programme

SDG Goal	Target	Sub-targets ⁷⁷	Relevance
GOAL 3	Good Health and Well-Being	3.4 By 2030, reduce by one-third premature mortality from non-communicable diseases through prevention and treatment and promote mental health and well-being	The programme aimed to improve access to quality eye care services.
GOAL 10	Reduced Inequalities	10.2 By 2030, empower and promote the social, economic, and political inclusion of all, irrespective of age, sex, disability, race, ethnicity, origin, religion or economic or other status	The programme works towards eliminating preventive blindness by the provision of quality eye care services to marginalised rural communities, with a focus on the aged population.

Table 26: SDG State-wise 2020 score⁷⁸

	Goal 3	Goal 10	Overall
India	74	67	66
Gujarat	86	64	69

The visually handicapped have passed through many stages: of being treated as rejects of society to being recognized as talented persons who were no inferior to their sighted counterparts⁷⁹. Globally, it was not until the later 20th century that special attention was given to blind people. India was the first country in the world to launch the National Programme for Control of Blindness in 1976 with the goal of reducing blindness prevalence to 0.3% by the year 2020⁸⁰.

To give a boost to the above-mentioned missed deadline, the programme is designed in a way so as to contribute towards reaching the target better late than never. The majority of the cases are those which can be cured through timely treatment and simple surgeries.

II. Alignment to Schedule VII of the Companies Act, 2013

The programme has been designed to provide quality eye-care services to the marginalised population in alignment with the provisions of Section 135 of the Companies (CSR Policy) Act, 2013 and its subsequent rules.

⁷⁷ <https://sustainabledevelopment.un.org/topics/sustainabledevelopmentgoals>

⁷⁸ Source: <https://sdgindiaindex.niti.gov.in/#/ranking?goal=8&area=IND&timePeriod=2020>

⁷⁹ UNESCO. BIWAKO Millennium Framework for Action towards an Inclusive Barrier – Free and Rights – Based Society for Persons with Disabilities in Asia and Pacific, 2002.

⁸⁰ India Vision Atlas: AIIMS

The actions undertaken as part of the programme fall into the following broad categories of the section⁸¹:

- *Eradicating hunger, poverty, and malnutrition by promoting health care including preventive health care and sanitation including contribution to the Swachh Bharat Kosh set-up by the Central Government for the promotion of sanitation and making available safe drinking water.*
- *Promoting gender equality, empowering women, setting up homes and hostels for women and orphans; setting up old age homes, day care centres and such other facilities for senior citizens and measures for reducing inequalities faced by socially and economically backward groups.*

7.4.2 Evaluation Criteria 2: Effectiveness

Effectiveness refers to the degree to which factors affecting the progress towards outcomes for every stakeholder are successful. It helps ensure that the implementation and monitoring systems are vigorous to achieve optimum and desired social impact.

The programme's effectiveness is determined by assessing how well the program's activities were carried out.

The programme was designed to reduce the backlog of avoidable blindness through identification and treatment of curable blind at primary level and create awareness pertaining to visual impairment in the community. To effectively achieve these outcomes, the programme adopted following measures:

- I. Process driven implementation strategy:** The programme integrated a process-driven implementation strategy focusing on multi-stage interventions, with quality medical staff. This involved identification of the people who needed medical care, providing required eye-care services specific to the patients, and monitoring post-operation recovery or issues. A track record of treated patients was maintained in individual files.
- II. Professional team for implementation:** In order to minimize controllable blindness and visual impairment, the programme paid attention to adhering to a proper Medical Protocol, that is, maintaining ethics and integrity throughout its years of operation. The health staff was trained and only the doctors with specialized master's degree were recruited.
- III. Targeted beneficiary mobilisation:** The core of the programme is to integrate the underserved sections of society into the healthcare system. This was achieved via targeted identification of patients through camps and the provision of transportation facilities to the hospital.

7.4.3 Evaluation Criteria 3: Efficiency

The criterion of efficiency aims to measure if the programme was implemented in a cost-effective and timely manner, as intended.

The goal is to determine whether the various programme inputs like funds, knowledge, time, etc., were effectively used to produce the intervention outcomes.

⁸¹ Source: Schedule VII, Section 135 of the Companies Act (2013)

The programme has been efficiently implemented with the support of key stakeholders and the beneficiaries themselves.

I. *Timeliness of delivery or implementation of project interventions*

The programme was implemented on time by BPA with support from Bandhan Bank Limited in the selected regions as per the detailed area and beneficiary selection process defined.

II. *Cost efficiency of project activities*

It was also found through interaction with Bandhan Bank Limited and BPA that there was no overshooting of the budget, and all the project activities were executed well within the allocated budget.

7.4.4 Evaluation Criteria 4: Impact

Impact has been measured in terms of the proportion of patients who were diagnosed and cured, with significant change in overall awareness and health conditions.

The goal of measuring the impact is to determine the project's primary or secondary long-term impacts. This could be direct or indirect, intentional, or unintentional. The unintended consequences of an intervention can be favourable or harmful.

Bandhan Bank directly supported eye surgeries (surgery blades and lenses) of 1,500 patients covering around 25% of the total cost of surgery. The three slit lamps donated by the Bank reduced the waiting time of the patients from five hours to approximately three hours in getting their eyes checked. This led to an increase in walk-in patients over the years since the inception of the project.

The funding enabled the procurement of advanced equipment such as eye pressure check-up machines, surgery blades, and lenses which led to an increase in sight restoration and improvement in visual outcomes post-operations. The project facilitated an increase in outreach camp activities in the nearby areas, which led to an increase in the number of patients being treated at the hospital. Specifically, the project enabled an increase in the outreach to patients from tribal communities.

The programme impacted the patients in the following ways:

I. *Improved access to quality eye care*

As per the survey, 93% of the respondents highlighted increased access to quality eye care services post-intervention. Some respondents availed the services only at camps or satellite centres with limited facilities, and hence faced difficulties in accessing the medicines. 80% of the respondents shared that the increase in the frequency of visits of medical staff through camps positively impacted the community. During these camps, patients suffering from minor impairments such as red eye, were given eye drops/ medicines. Additionally, the hospital provided transportation facility to the patients who required surgeries.

The majority of the respondents were aged 55 years or above. During the FGD interactions, it was reported that they faced challenges due to deteriorating vision before the intervention. The respondents also shared that only BPA conducted eye check-up camps in their villages, and there was no other organisation that conducted health camps in their community. 100% of the respondents stated that the programme resulted in an overall improvement in their health condition.

II. Reduced medical expenditure

87% of the patients surveyed reported that the programme improved their access to medicines which reduced their medical expenditure. The respondents in the focus group discussion indicated that the hospital provided them with transportation support from their villages for surgery and post-operation follow-up which helped minimise their medical expenditure. Additionally, they reported that the cost of availing quality eye surgery services was around INR 15,000 in other hospitals, which was very high. The camps made it possible to provide medicines to the patients with minor impairments in the community vicinity itself. This has led to a reduction in transportation cost of buying medicines at distant chemist shops/ hospitals. However, for a few people who required advanced vision impairment treatment, access to medicines remained an issue.

The patients surveyed also shared that they had become dependent on their family members and could not even carry out basic household chores or any non-intensive farming activities such as sowing seeds. Moreover, their caregivers often had to face wage loss to take care of them as they were prone to accidents inside the house as well as outside. Around 98% of the respondents shared that the intervention had resulted in additional household income due to decreased number of days lost to sickness. This saved amount was inclusive of both the reduced medical expenditure and caregiver's income. The programme led to an average of INR 4,933 as additional income annually for the respondents by reducing their health care expenditure and days of sickness.

7.4.5 Evaluation Criteria 5: Sustainability

Sustainability is a measure which determines the continuity of activities after the intervention. It investigates the outcomes of the programme and the real difference that has been made post its completion.

The programme was modelled with the aim to provide accessible primary eye-care services to people in underserved areas. After identifying and curing the patients, post-operation follow-ups were one of the important mandates of the programme. Once the surgeries were performed successfully, patients were kept in the hospital for a few more days, where daily screening was conducted. Patients were made aware of the precautions they had to take after being discharged. The programme improved the community's awareness of eye care through their health camps across remote villages. In order to improve the outreach, the hospital also has various satellite health centres⁸² in selected areas that help improve easy access to eye-care services and sustain the impact for the longer term.

7.5 Conclusion and the Way Forward

Alma Atta Declaration of 1978 declared health a human right for all. Later, WHO and UNICEF in their documents and Sustainable Development Goals (SDGs) as a universal mission, reiterated the

⁸² Kindly note that these satellite centres were not directly supported by Bandhan Bank Limited. However, these initiatives did enhance the overall sustainability of the programme and have been included as part of the overall sustainability strategy of the hospital initiatives.

importance of healthcare services. They highlight a whole-of-government and whole-of-society approach to health that combines the following three core components as the core of integrated health services:

- I. Multisectoral policy and action
- II. Empowered people and communities
- III. Primary care and essential public health

By bringing together these three components, primary health care creates the foundation for the achievement of Universal Health Coverage (UHC). This helps to equitably maximize the level and distribution of health and well-being by focusing on people's needs and preferences (both as individuals and communities) as early as possible along the continuum of care- from health promotion and disease prevention to diagnosis, treatment, rehabilitation, and palliative care.

Building upon the above mentioned three core components, what started out as an altruistic idea of preventing needless blindness and serving the poor has now exceeded its objectives. With better technologies available at the hospital, the programme has stood out in terms of providing comprehensive eye care services to the poor.

Around 83% of the respondents recommended that deploying more quality health staff in adequate numbers at the hospital would enhance the impact of the programme. About 67% of them suggested improving the hospital facilities pertaining to more beds and toilets. Around 48% of the respondents highlighted the need to improve access to healthcare services which not only covers the primary health care, but also serious illnesses like cancer. This would strengthen and upgrade the programme. Further, reach of conducting other tests such as high/ low blood pressure, sugar, etc., to everyone in the community except for the patients would help create a larger impact on the community well-being.

Additionally, around 33% of the stakeholders shared that there is a need for improving linkages and access to healthcare facilities for referrals. This would require:

- I. Securing participation of voluntary organisations, private hospitals, etc.
- II. Increasing the number of medical professionals available at the hospital.
- III. Improving the quality of medical professionals.



Respondents for BPA- Porecha Eye Hospital programme



Respondents for BPA- Porecha Eye Hospital programme



Respondents for BPA- Porecha Eye Hospital programme



Respondents for BPA- Porecha Eye Hospital programme



Equipment supported by Bandhan Bank at BPA- Porecha Eye Hospital programme

Chapter 8: HelpAge India: Support for operating MMU

8.1 About the Implementing partner

HelpAge India is a well-known nonprofit organisation in India that works to enhance the lives of elderly people who require assistance. It works through 26 state offices across India, runs numerous programs on-ground, addressing elder needs and advocating for their rights. HelpAge works with the central, state, and local governments to lobby for their needs at the national, state, and community levels, including universal pension, high-quality healthcare, action against elder abuse, and many more. The organization's programmes are concentrated on making direct contributions in the areas of healthcare, eldercare, subsistence, disaster relief, advocacy, and awareness. Their mission is to provide impoverished elders with holistic care so they can live happy, fulfilling lives. The following are a few of HelpAge India's major initiatives:

Mobile Healthcare	Old Age Homes	Cancer Care
Physiocare	Elder Helplines	Support A Gran
Disaster Management	Cataract Surgeries	Livelihood Support

Figure 31: Major initiatives of HelpAge India

Bandhan Bank partnered with HelpAge and provided funds for three years (FY2019- 22) to support Mobile Medical Units (MMU's).

8.2 About the Programme

In the state of Gujarat, communicable, maternal, neonatal, and nutritional illnesses (CMNNDs) make up 28.29% of the overall disease burden⁸³. Anemia prevalence among females aged 15 to 49 increased from 56.5% to 69%⁸⁴. Premature deaths are estimated to constitute 66.2% of the state's overall disease burden, while disabilities or morbidity constitute 33.8%⁸⁵.

Additionally, the cost of healthcare for each person contributes to health inequities. Gujarat has a per capita government health expenditure of 1,502, which is less than the national average of 1,753⁸⁶. This shows that even though healthcare costs in the state are marginally lower, they might still be too high for the most vulnerable sections of the society to afford.

Thus, in collaboration with Bandhan Bank, HelpAge India has implemented Mobile Medical Units (MMU) in an effort to lessen the health disparities that exist in the state. MMU is a flagship programme of HelpAge India that attempts to bring parity in healthcare system among vulnerable people. The initiative's primary objective is to provide regular doorstep healthcare services as well as preventive health screenings and medication. The MMU educates the public on preventative healthcare while also providing primary

⁸³ Global Burden of Disease Data. 2019

⁸⁴ NFHS -5

⁸⁵ Health Dossier: Reflections on Key Health Indicators- Gujarat. 2021

⁸⁶ National Health Account estimates. 2019

healthcare to the society's marginalized groups. A physician, a pharmacist, and a social worker are present in each MMU. The initiative provides customized and reasonably priced healthcare in response to the changing requirements of the community. These MMUs go into the interiors of urban slums and villages, bringing healthcare close to the destitute elders and their communities. For most elders it saves them from the long lines at hospitals which are also situated far from their communities, and they get free medication on a monthly basis. Their Individual patient card keeps a record of their treatment and helps monitor their progress.

Through the provision of services ranging from maternal health, child and adolescent health, management of chronic communicable diseases, and basic OPD care, to other geriatric care and emergency medications, MMU services are intended to meet technical and service quality standards for primary healthcare.

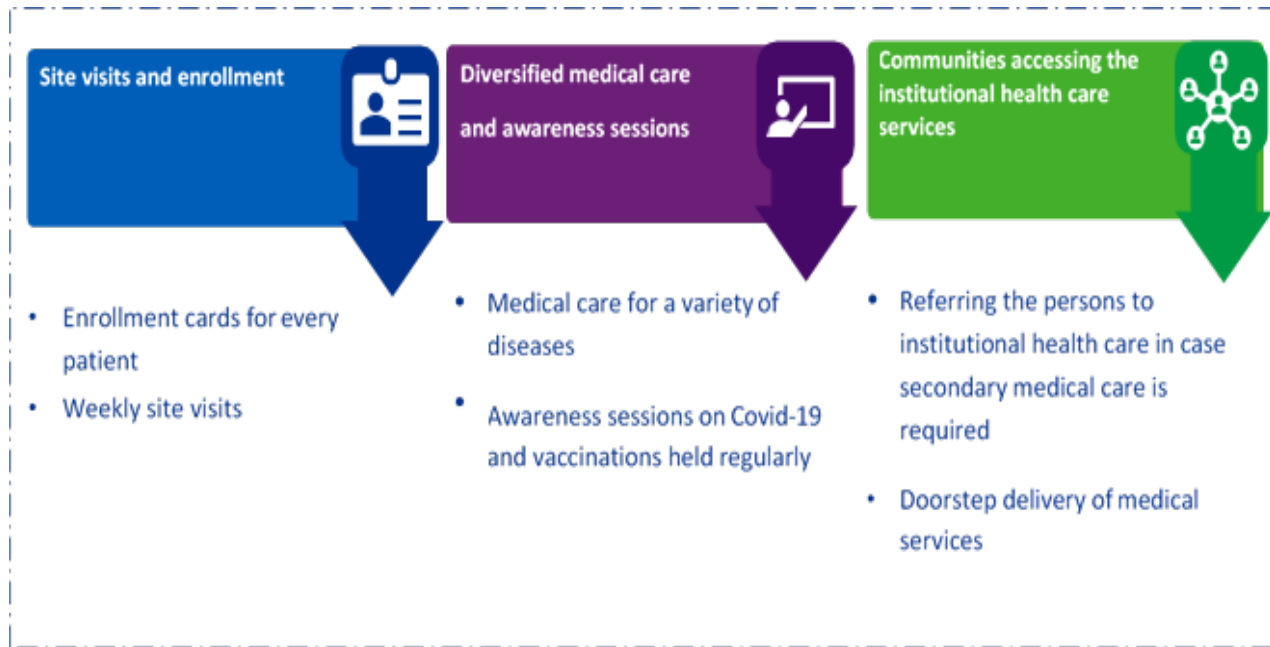


Figure 32: Services offered by HelpAge Programme

8.3 Programme Coverage

The programme reached 79,089 people who were afflicted with various diseases. The initiative has been implemented at 31 sites in Gujarat's Ahmedabad district. A total of 36457 males and 42632 females have benefitted from the initiative.

Table 27: Total beneficiaries of HelpAge Programme

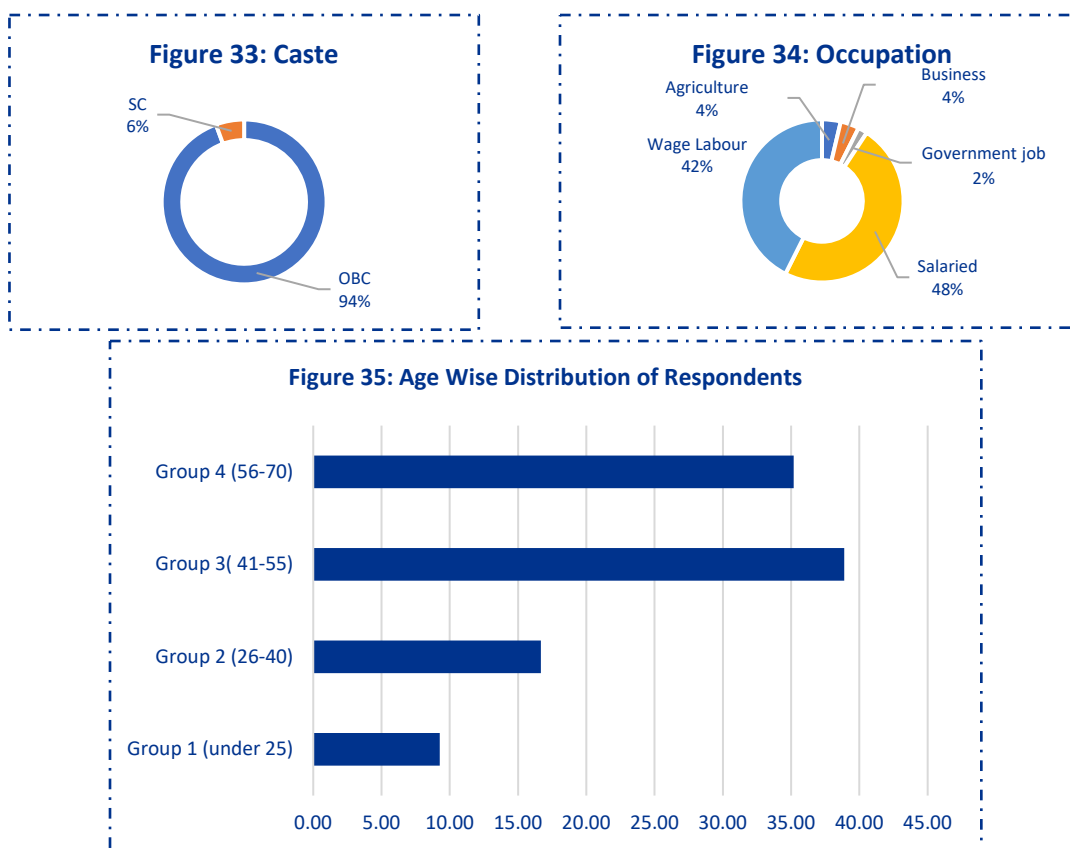
Financial Year	Patients reached		Total
	Males	Females	
FY 2019-20	10096	11271	21367
FY 2020-21	12338	13978	26316
FY 2021-22	14023	17383	31406
Total	36457	42632	79089

8.4 Analysis and Findings- OECD DAC

Access to health care and equitable distribution of health services are the fundamental requirements for achieving the SDG 3 (Good health and well-being). Over the years, health indicators in India have collectively shown an improvement but the public health system still faces enormous challenges and disparities in terms of addressing the needs of the growing nation and its overall well-being. There exist inequalities based on the region, socio economic status and gender.

Working for the cause of disadvantaged and marginalized sections in rural India, the programme had a holistic impact in the lives of people. From providing much needed medication and treatment to those in need, general awareness about health practices was also an important component of the programme.

Since the main objective of impact assessment was to assess the efficacy of the programme, the survey covered diversity of respondents. Out of the 54 respondents from the community who availed the services of the MMU, 61% were females and 39% of the were males. The sample was representative of the wider social stratification with around 94% of the respondents belonging to other backward castes and 6% belonging to scheduled castes. 48% of the respondents surveyed were salaried and 42% were wage labourers. The average family size of the respondents was five members with around two working members in the household. The graph below shows that more than 70% of the respondents were older than 40 years of age. Thus, the MMU initiative focused on improving access to healthcare services and medicines, particularly for the aged members of the community. However, people of all age groups did seek MMU's consultation.



8.4.1 Evaluation Criteria 1: Relevance

Relevance examines how well an initiative is connected with the governmental and the national priorities. It also seeks to examine how well it is catering to the needs of the targeted population.

The initiative focused on providing doorstep delivery of healthcare services and reach the underserved sections of the society.

The programme aims to improve health of people in rural areas and provide disease- specific care to those who are suffering. MMU's prescribe and provide medicines to the patients and also helps increase disease awareness in the community.

I. Alignment of the programme with National Priorities - Sustainable Development Goals (SDGs)

The SDGs aim to eradicate poverty, create an equitable society, and ensure economic and social well-being of people all around the world. The programme has an impact on a wide range of SDG-related outcomes, as shown below:



Table 28: SDG Goals and targets for HelpAge Programme

SDG Goal	Target	Sub-targets ⁸⁷	Relevance
GOAL 3	Good Health and Well-Being	3.4 By 2030, reduce by one-third premature mortality from non-communicable diseases through prevention and treatment and promote mental health and well-being	The programme aimed to improve access to quality medicine and basic health check-ups.
GOAL 10	Reduced Inequalities	10.2 By 2030, empower and promote the social, economic, and political inclusion of all, irrespective of age, sex, disability, race, ethnicity, origin, religion or economic or other status	The programme focused on the aged population and aimed to improve their access to medicines and healthcare services.

Table 29: SDG State-wise 2020 score⁸⁸

	Goal 3	Goal 10	Overall
India	74	67	66
Gujarat	86	64	69

⁸⁷ <https://sustainabledevelopment.un.org/topics/sustainabledevelopmentgoals>

⁸⁸ Source: <https://sdgindiaindex.niti.gov.in/#/ranking?goal=8&area=IND&timePeriod=2020>

Offering essential services, MMUs have helped mobilise healthcare to conduct screenings, basic diagnosis, and sometimes complex medical treatments closer to people's homes.

100% of the respondents reported that the programme was relevant and aligned with the needs of the community. The patients surveyed shared that the project interventions resulted in an overall improvement in their health condition and well-being and made the access to healthcare easy.

II. Alignment to Schedule VII of the Companies Act, 2013

The programme has been designed to provide doorstep delivery of healthcare services to the marginalised population in alignment with the provisions of Section 135 of the Companies (CSR Policy) Act, 2013 and its subsequent rules.

The actions undertaken as part of the programme fall into the following broad categories of the section⁸⁹:

- *Eradicating hunger, poverty and malnutrition promoting health care including preventive health care and sanitation including contribution to the Swachh Bharat Kosh set-up by the Central Government for the promotion of sanitation and making available safe drinking water.*
- *Promoting gender equality, empowering women, setting up homes and hostels for women and orphans; setting up old age homes, day care centres and such other facilities for senior citizens and measures for reducing inequalities faced by socially and economically backward groups.*

8.4.2 Evaluation Criteria 2: Effectiveness

Effectiveness measures the extent to which factors affecting the progress towards programme outputs for every stakeholder are successful. It helps ensure that the implementation and monitoring systems are strengthened to achieve optimum and desired social impact.

The programme's effectiveness is determined by assessing how well the programme activities were carried out.

The MMU programme was designed to bring healthcare services to population for whom accessing these services have been otherwise difficult. MMU's weekly visits to the local areas increased access to quality medicines and routine medical care, reduced transportation costs of travelling for patients, and enhanced their quality of life. These regular health checkups helped in screening the patients and testing them for diseases such as diabetes, blood pressure, etc. This enabled preventive care and early detection and reduced the burden of diseases in the community.

To effectively achieve these outcomes, the programme adopted following measures:

- I. **Continuity of healthcare services:** The programme intended to provide healthcare services to patients of all age groups within their residential areas and help them avail benefits of primary medical checkups. The MMU visited the community every Thursday at a scheduled time. The doctor catered to each patient and provided them with the necessary medicines for one week.
- II. **Professional team for implementation:** In order to maximise the programme outputs, the doctor was accompanied by:

⁸⁹ Source: Schedule VII, Section 135 of the Companies Act (2013)

- i. A social worker, so as to establish a rapport with the patients.
- ii. A pharmacist

8.4.3 Evaluation Criteria 3: Efficiency

The criterion of efficiency aims to measure if the programme was implemented in a cost-effective and timely manner, as intended. The goal is to determine whether the inputs- funds, knowledge, time, etc.- were effectively used to produce the intervention outcomes.

The programme has been efficiently implemented with the support of key stakeholders and the beneficiaries themselves.

I. Timeliness of delivery or implementation of project interventions

The programme was implemented in time by HelpAge with support from Bandhan Bank Limited in the selected regions as per a detailed area selection process.

II. Cost efficiency of project activities

Through interactions with Bandhan Bank Limited and HelpAge, it was also confirmed that all the project activities were well executed within the allotted budget.

8.4.4 Evaluation Criteria 4: Impact

Impact has been measured in terms of the proportion of patients who were diagnosed and cured, with significant change in overall awareness and health conditions.

The goal of measuring the impact is to determine the project's primary or secondary long-term impacts. This could be direct or indirect, intentional, or unintentional. The unintended consequences of an intervention can be favourable or harmful.

The programme had the following impacts:

I. Improved access to healthcare services

All the respondents reported that the project interventions improved their timely access to affordable healthcare services. Around 91% of the respondents expressed an increased availability of medicines because of the intervention. The curative services provided by the MMU broadly covered primary health care. The remaining respondents shared that they had to visit the nearby hospitals or pharmacies to access the specific medicines needed for their ailments. The programme has directly benefitted more than 70,089 people and treated patients for various ailments including diabetes, high blood pressure, thyroid, common cold, and fever.

About 56% of the patients surveyed reported improved access to healthcare services because of weekly MMU visits. Other respondents reported difficulties owing to their work commitments, household responsibilities, and the timings of the MMU visits.

About 48% of the respondents reported that the doorstep delivery of healthcare services through MMUs helped reduce their travel time and commuting costs to clinics/ hospitals located away from the community. However, there were patients that had to travel some distance from nearby blocks since MMU would remain stationary at the two-three sites

covering the entire area. Overall, the patients surveyed shared that the project interventions resulted in an overall improvement in their health condition and well-being.

II. Reduced medical expenditure

The respondents were satisfied with the healthcare services being provided by the MMU. 98% of the respondents reported that the project interventions resulted in additional income because of the reduced number of days lost to sickness and decrease in medical expenditure. The data suggests that the programme contributed an average of INR 4,759 as an additional annual income for the respondents by reducing their expenditure on health. The stakeholders also reported that the project interventions reduced healthcare expenditures for the community at large.

8.4.5 Evaluation Criteria 5: Sustainability

Sustainability is a measure which determines the continuity of activities after the intervention is over. It investigates the outcomes of the programme and the real difference that has been made post its completion.

The programme aimed to provide easily accessible primary healthcare services to people in underserved areas. Patients with different ailments were treated and a proper health record was maintained for individuals. Once the medicines were prescribed for a course of three- five days, the doctor would do a follow- up during the next MMU visit. If the ailment persisted, different course of action was adopted, and the patients were treated accordingly. For people who could not be treated at the MMU, a reference card was made. They were made aware about their diseases and directed to hospital consultations.

The weekly visits of the MMUs helped create awareness among the community about basic healthcare issues and practices. This ensured that after the programme completed its course, the patients had developed a capacity to cater to their ailments in an informed manner.

8.5 Conclusion and the Way Forward

India is a signatory of the Article 25 of the *Universal Declaration of Human Rights (1948)* by the United Nations that grants the right to a standard of living that is adequate for the health and well-being of humans including food, clothing, housing and medical care and necessary social services. On the same line, Article 21 of the Indian constitution guarantees Right to Health inherent to a life with dignity.

However, the Indian health sector faces several challenges like inadequate access to medical services, lack of preventive care, shortage of professionals, paucity of resources, etc. Given the situation, the programme has helped bridge the current gaps in the healthcare system efficiently. The goal of the programme was to attain the highest possible level of health and well-being for all at all ages, through a preventive, curative, and promotive health care orientation.

Although, majority of the people were satisfied with the functioning of the MMU, they gave certain suggestions and recommendations to further enhance the programme quality specific to the community needs. Almost 91% of the respondents surveyed stated that increasing the frequency from one day a week to twice a week would enhance the impact and outreach of the initiative. Majority of them desired an increased time of the MMU in the vicinity. This would not only increase the access to healthcare

services for those who need it more, but also for those who are not able to access it because of their jobs/ schools/ colleges since the visit day is pre- decided to be on a Thursday.

The respondents and stakeholders suggested that the provision of certain basic pathological tests would further increase the community's access to basic healthcare services and reduce their commuting time to other hospitals. Additionally, around 67% of the stakeholders expressed the need for increasing the number of diseases covered by the MMU initiative. This may require deploying more medical professionals to cater to the diseases other than those covered under primary health care. To further expand the benefits of the programme, around 98% of the respondents suggested increasing the availability of quality medicines to cater to the needs of the community. Majority of the respondents reported common problems like cold, body pain, etc. Hence, medicines for such ailments could be stocked up to serve everyone in a single visit itself.

Additionally, about 33% of the stakeholders stated that there was a need to improve linkages and access to healthcare facilities for referrals. For better and effective linkages, the following suggestions are made:

- I. More medical officers/ health workers could be deployed so that the MMU can increase its outreach to more patients.
- II. Better lab facilities could be provided so that the local health workers are able to utilize these facilities for the benefit of the patients.

The stakeholders further indicated that improving the quality of training for healthcare personnel and the quality of healthcare services would enhance the programme impact and also improvise the linkages.

Throughout its three years of operation, the programme served increasing number of people every year, as highlighted in the programme outreach section of the chapter. The programme impact was appreciated by the respondents and hence, the suggestions and recommendations made above highlight the importance of programme in the community.



Respondents for the HelpAge India MMU programme



Respondents for the HelpAge India MMU programme



Community members line up for medicines and check-ups at one of the key locations for HelpAge MMU funded by Bandhan Bank till March 2022. (MMU service has resumed at this location through the support of another donor)

Chapter 9: Samerth Charitable Trust: Day Care Centre

9.1 About the Implementing Partner

Samerth Charitable Trust (Samerth) is a non-profit organisation, founded in 1992, that works towards empowering vulnerable and marginalised communities. It focuses on facilitating access to social and economic rights for these communities. The trust began operating in Ahmedabad in 2002 and targets underprivileged communities living in slums and other ghettoised areas of the city. The trust has successfully managed around six Disabled People's Organisations, trained 1,502 volunteers on disability, and has reached out to over 4,800 individuals with disabilities. Samerth collaborates with the government and other stakeholders to work towards inclusive and sustainable development in the country.



Vision: To build a humane, sustainable, and equitable society.

Samerth supports unreached communities through the following initiatives:

Table 30: Community initiatives by Samerth Charitable Trust

Samerth's Initiatives	
Participatory water management	Environment
Disability	Health
Education programme	Education
Livelihood programme	Livelihood

Working with children and people with disabilities is a major focus area of Samerth. According to certain estimations, 10% of the overall people in any population suffer from some or the other form of disability⁹⁰. In poor and marginalised communities, their vulnerability increases, and they become the last layer of the bottom of the pyramid. World Bank estimates that 20% of the world's poorest people have some kind of disability.

Samerth works toward creating an inclusive society that includes disability. The Ahmedabad programme houses a daycare for children / young adults with a disability which also offers community-based rehabilitation services in severe cases. Bandhan Bank partnered with Samerth Charitable Trust and funded the Day Care Centre for two years (FY2020- 22).

9.2 About the Programme

Expansion of educational systems in India has improved the literacy rate from 14% at independence to 73% as per the census 2011⁹¹. The Right to Education Act of 2009, has largely enhanced access to education. However, there is still a sizeable population of children who are out of school. Equity, equality, and inclusion are key principles of our Constitution, and the government has adopted 'Sabka Saath Sabka Vikas' as an overarching goal, envisioning an inclusive new India. A number of programmes have been taken up by the government including Samagra Shiksha Abhiyan and Beti Bachao Beti Padhao.

Throughout India, as also across the globe, the inclusive education movement, especially from the perspective of children labelled as disabled, has become pronounced over the years. The education of children with disabilities is receiving a special thrust under The Right of Persons with Disabilities Act 2016

⁹⁰ Disabled World. Disability Statistics: Information, Charts, Graphs and Tables. 2022.

⁹¹ Census 2011

giving effect to the United Nations Convention on the Right of Persons with Disabilities and the Accessible India Campaign.

However, as per UNESCO's 'State of the Education Report for India: Children with Disabilities (2019)', one-fourth of the Children with Disabilities (CwDs) population aged between 5 and 19, do not attend any educational institution. On the other hand, among 5 years old with disabilities, three-fourths do not go to any educational institution⁹². Gaps remain in the form of appropriate norms and standards that apply to all educational institutions, services for CwDs, and a lack of coordinated authority to enforce the norms and standards.

With the intent of bridging this gap, Samerth established the Samerth Talim Kendra (STK), which is a daycare centre for children and young adults with intellectual disabilities in the Vejalpur-Juhapura area of Ahmedabad (Gujarat). The STK programme is aimed at improving the access to affordable daycare facilities for children with disabilities, with the following objectives:

- Ensuring to mainstream the children in inclusive education.
- Impart livelihood training.
- Maintain safety standards in livelihood units.
- Provide market linkages to livelihood units.

Apart from trained professionals such as physiotherapists, psychotherapists, and speech and sensorial therapists, the coordinators and teachers of the Kendra are professionally trained in providing education to these children. The funding also helped the trust operationalise a vocational training centre to improve the employability skillsets of youth with disabilities. The vocational centre imparted training on four main activities- roti making and selling, paper plate making and selling, beadwork, and photocopying. The overarching aim of the programme is to integrate individuals with disabilities into mainstream society by facilitating their physical, intellectual, and financial independence to the maximum extent possible and enable an inclusive environment in government schools for their education.

Every new admission into the STK undergoes a detailed assessment involving key stakeholders-medical professionals, STK teachers, and caregivers. A goal-based individual education plan is designed for each child, including but not limited to various therapies (physio, psycho, sensory, speech) and level-wise activities. These goals are reviewed and revised quarterly. The programme facilitates engagement with the government schoolteachers in the vicinity and with the parents for promoting awareness of inclusive education. Additionally, regular parent-teacher meetings are conducted to ensure parents are involved in the child's development. Samerth trains teachers from within the community and equips them with specialised knowledge on disability using courses curated by professional institutes. Outreach activities like community camps are held to identify individuals needing home-based services. The trust has categorised the activities at the centre into four levels with progressively complex tasks, moulding a more independent individual along the process, which is represented as follows:

⁹² UNESCO. State of the Education Report for India: Children with Disabilities. 2019

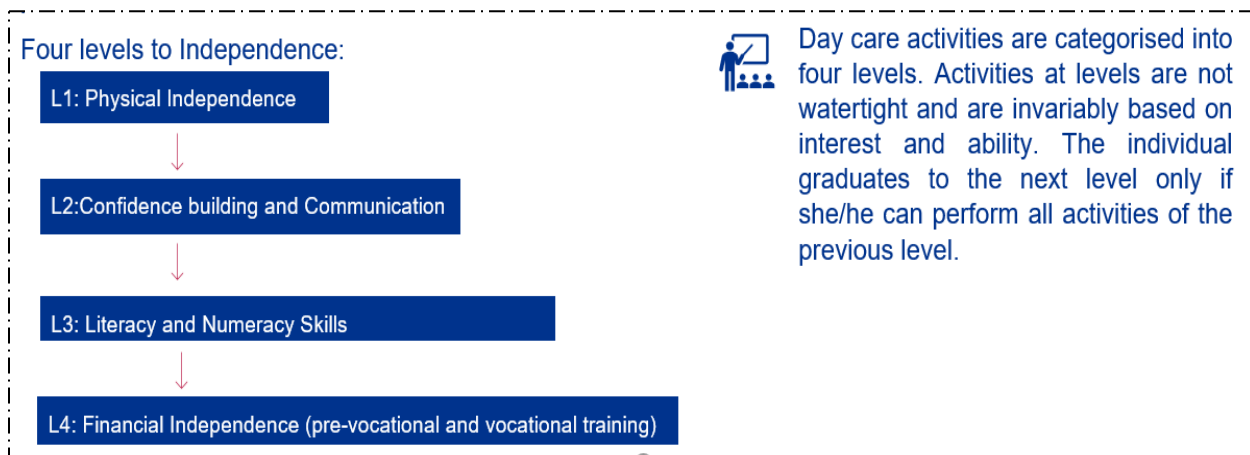


Figure 36: Four levels of daycare activities

9.3 Programme Outreach

The programme had an outreach to 85 CwDs, belonging to the marginalised population of the following four areas in the Ahmedabad district of Gujarat:

- Vejalpur
- Juhapura
- Makarba
- Sarkhej

The children who were enrolled in the programme had the following disabilities:

Type of disability
Mental Retardation
Cerebral Palsy
Visual impairment
Hearing impaired

9.4 Analysis and Findings- OECD DAC

Education is at the core of expanding life prospects of all children, including the CwDs. Education systems that are inclusive, equitable and empowering can aide in fostering societies that are in turn inclusive, equitable and strong⁹³. This connection between education and society lies at the heart of creating change and achieving social justice. India is a diverse country that has valued differences since time immemorial. However, the country is also highly stratified socio-economically. Disability has been traditionally perceived as a serious handicap, a deviation from normality, resulting in discrimination and disadvantage. For decades, the education system has either disregarded or struggled with the idea of integrating children with disabilities in mainstream schools. Inclusion has therefore remained only a goal on paper.

However, the programme, following a 'rights-based approach', has impacted the lives of 85 children and proved to be a correct step towards creating a just and equitable society. The study covered 32

⁹³ Inclusive Education. UNICEF

respondents who had availed of the daycare centre facilities for their children. The survey sample had around 34% female respondents and 66% male respondents. Around 78% of the respondents belonged to other backward castes and the remaining 22% belonged to the general category. The programme focused on financially weaker and socially marginalised families that face greater challenges in providing essential support for their children with disabilities.

9.4.1 Evaluation Criteria 1: Relevance

Relevance examines how well the programme is connected with governmental and national priorities. It also seeks to examine how well it is catering to the needs of the targeted population.

The initiative set up a daycare centre for children and young adults with intellectual disabilities. 100% of the respondents who were surveyed stated that the programme was aligned with their needs and improved their access to affordable daycare facilities for children with disability.

I. Alignment of the programme with National Priorities – Sustainable Development Goals (SDGs)

The SDGs aim to create an equitable society and ensure the economic and social well-being of people of all age groups around the world. The programme has an impact on a wide range of SDG-related outcomes, as shown below:



Table 31: SDG Goals and targets for SCT Daycare Programme

SDG Goal	Target	Sub-targets ⁹⁴	Relevance
GOAL 3	Good Health and Well-Being	3.4 By 2030, reduce by one-third premature mortality from non-communicable diseases through prevention and treatment and promote mental health and well-being	The programme also works towards provision of health checkups and linkages for medical support for the children with disabilities.
GOAL 4	Quality Education	4.2 By 2030, ensure that all girls and boys have access to quality early childhood development, care, and pre-primary education so that they are ready for primary education 4.5 By 2030, eliminate gender disparities in education and ensure equal access to all levels of education and vocational training for	The programme aims at improving access to quality daycare facilities for children with disabilities.

⁹⁴ <https://sustainabledevelopment.un.org/topics/sustainabledevelopmentgoals>

		<i>the vulnerable, including persons with disabilities, indigenous peoples, and children in vulnerable situations</i>	
GOAL 10	<i>Reduced Inequalities</i>	10.2 <i>By 2030, empower and promote the social, economic, and political inclusion of all, irrespective of age, sex, disability, race, ethnicity, origin, religion or economic or other status</i>	<i>The programme works towards improving caregiving services for children with disabilities through provision of quality daycare facilities.</i>

Table 32: SDG State-wise 2020 score⁹⁵

	Goal 3	Goal 4	Goal 10	Overall
India	74	57	67	66
Gujarat	86	52	64	69

To reach their full potential, children need a balanced provision of education and health. A child's right to education entails the right to learn. Yet, for many disabled children across the globe, access to quality care and education remains a dream. Through the funding provided to aid the programme, this dream became a reality for the children impacted

II. Alignment to Schedule VII of the Companies Act, 2013

The programme has been designed to cater to marginalised sections in alignment with the provisions of Section 135 of the Companies (CSR Policy) Act, 2013 and its subsequent rules.

The actions undertaken as part of the programme fall into the following broad categories of the section⁹⁶:

- *Promoting education, including special education and employment enhancing vocation skills especially among children, women, elderly, and the differently abled and livelihood enhancement projects.*

9.4.2 Evaluation Criteria 2: Effectiveness

Effectiveness refers to the degree to which factors affecting the progress towards outcomes for every stakeholder are successful. It helps in ensuring that the implementation and monitoring systems are vigorous to achieve optimum and desired social impact.

The programme's effectiveness is determined by assessing how well the program's activities were carried out and the effectiveness with which the program's systems and processes were executed.

⁹⁵ Source: <https://sdgindiaindex.niti.gov.in/#/ranking?goal=8&area=IND&timePeriod=2020>

⁹⁶ Source: Schedule VII, Section 135 of the Companies Act (2013)

The Day Care programme was designed in a way to ensure that underserved children, who struggle with disability, were able to holistically access the educational services in a safe environment. To effectively achieve this, the programme adopted following measures:

- I. Identification of children:** Through its outreach camps, the programme identified children who needed daycare/ home-based services. This ensured that no child is left out in access to their right to quality care and education.
- II. Professionally trained team:** Physiotherapists, psychotherapists, trained teachers, and caregivers, were all part of the programme design. To serve the children with specific needs, individual plans were developed.

SCT ensured that categorisation of daycare activities into four levels is designed in a way so as to enable the child towards all-round development. Due to effective service provisioning, the respondents shared that the programme improved physical strength, verbal and non-verbal communication skills, and intellectual ability.

To bridge the rift between the levels of learning being provided and what the children need, the programme conducted training of teachers at the Kendra in special-needs education. Through its model of integrated care, educational, and training services, the programme interventions identified the children with special needs. Around 23 of the 85 individuals belonged to higher age groups. Along with special care, these children were also provided with training.

9.4.3 Evaluation Criteria 3: Efficiency

The criterion of efficiency aims to measure if the programme was implemented in a cost-effective and timely manner, as intended.

The aim is to assess whether the inputs- funds, knowledge, time, etc.- were effectively used to produce the intervention outcomes.

The programme has been efficiently implemented with the support of key stakeholders and the beneficiaries themselves.

I. Timeliness of delivery or implementation of project interventions

The programme was implemented on time by Samerth Charitable Trust with support from Bandhan Bank Limited in the selected regions as per the detailed area and beneficiary selection process defined.

II. Cost efficiency of project activities

It was also found through interaction with Bandhan Bank Limited and Samerth Charitable Trust that there was no significant overshooting of the budget, and all the activities were executed well within the allocated budget for the programme.

9.4.4 Evaluation Criteria 4: Impact

The impact has been measured in terms of the proportion of stakeholders expressing satisfaction in access to the quality of services being provided at the daycare centre.

The goal of measuring the impact is to determine the project's primary or secondary long-term impacts.

The programme impacted the children and their parents in the following ways:

I. Increased access to daycare services

The parents surveyed indicated difficulty in accessing any daycare facilities in the area prior to the intervention. 100% of the respondents who were surveyed stated that the programme improved their access to affordable daycare facilities for children with disability. Parents and guardians shared that it was difficult to find an affordable daycare facility for their children in the area prior to the intervention. Additionally, they emphasised that their children's required quality care and facilitators trained in providing care for children with multiple disabilities. Thus, there was a need for a quality daycare facility with trained facilitators that was affordable to the parents of the community. The programme addressed this lacuna through the provision of an affordable and quality daycare centre for children with disabilities. Around 84% of the parents shared the daycare programme improved their access to a quality facilitator to care for their child. The remaining respondents expressed that the provision of more extensively trained caregivers and professionals would further aid in the child's overall development. This is particularly important for children with mental and intellectual disabilities, as they require trained facilitators with significant experience in caregiving.

II. Improved awareness of caregiving for children with disability

The gap in access to quality daycare facilities for children with disabilities before intervention was interconnected to the lack of awareness around disabilities and caregiving. The provision of daycare centres cannot adequately address all the developmental and emotional needs of the children without the support of the parents and guardians. Around 75% of the stakeholders surveyed shared that there was a lack of awareness among parents and guardians on caregiving for children with disabilities. Hence, there was a need for building awareness among parents and the community overall. About 41% of the parents expressed that the programme has enhanced their capacity as parents and caregivers of their children. They shared that they felt more adept at understanding and addressing their child's needs. The remaining respondents shared that the additional capacity-building training would help them become more confident caregivers for their children. The need for frequent community-level awareness workshops was also highlighted by the parents and stakeholders.

III. Improvement in child's development

Overall, 97% of respondents found the intervention to be helpful in contributing to the growth and development of their children. The parents shared that the programme had helped the children gradually do small tasks independently and had improved their ability to communicate with others. However, the remaining respondents expressed that the availability of more quality facilitators to care for these children would help further enhance their overall development.

IV. Increased savings

Around 75% of the respondents shared that the intervention had resulted in an additional

average income of INR 4,848 (annually) due to a reduction in days lost due to the unavailability of daycare facilities for their children with disability. The parents were able to continue with their jobs without taking extra work leaves by leaving the children in the facilities. Yet, some respondents belonging to BPL families expressed the issue of affordability.

9.4.5 Evaluation Criteria 5: Sustainability

Sustainability means the continuation of benefits from an intervention after development assistance has been completed. The probability of continued long-term benefits and resilience to risk are important components of this evaluation criterion.

The programme built the capacity of parents and caregivers and improved awareness among the community on disability. Through regular teacher-parent meetings, the intervention aimed to encourage parent participation in their children's development. Thus, enhancing the capabilities of the parents helped sustain the impact as it enabled them to continue applying the learnings of the programme while caregiving for their children. The project facilitated physical and intellectual independence through a goal-oriented individual needs-based plan for children with disability. This enabled overall development among the children and enabled them to gradually learn and accomplish small chores on their own. This also contributed to their well-being as well as confidence and self-esteem in the longer run.

9.5 Conclusion and the Way Forward

As a part of Agenda 2030, Sustainable Development Goal 4 aims to “ensure inclusive and equitable quality education and promote lifelong learning opportunities for all”. This objective implies that a school can only be inclusive when all its students are able to access its entirety of resources and participate in its activities without any exceptions. Inclusive education systems wherein each individual, including those with disabilities, has an equal opportunity for educational progress is a top global priority. There has been remarkable progress in this regard in the last few decades, with various international frameworks and national policies on disability now in place.

India has adopted a rights-based approach to the inclusion of children with disabilities by ratifying the UN Convention on Rights of the Child (UNCRC) and the UN Convention on Rights of Persons with Disabilities (UNCRPD). Admittedly, however, the education of children with disabilities is still insufficiently addressed by schooling systems⁹⁷. Early detection of developmental delays and timely intervention in early childhood is not yet widespread. But for the past few years in India has seen a lot of changes, with the government, private sector, and NGOs, collectively working in tandem to achieve this cause.

With this overview, the programme has been successful in achieving its intended objectives and creating a positive impact in the lives of CwDs. To further the impact of the programme, the respondents and stakeholders highlighted certain suggestions and recommendations.

Approximately 19% of the respondents recommended that provisions should be introduced to make the daycare centre more accessible for children with multiple disabilities and increase linkages with other healthcare facilities. To cater to children with multiple disabilities, a greater number of trained teachers

⁹⁷ UNICEF. A Lost Decade. 2021.

would be required. Streamlining the prevalent data systems in order to improve the availability, validity, and reliability of the data could further help in improving the programme linkages.

Some parents also expressed that there was a scope for improving the quality of trainers through additional training. This will require appropriate teacher training, the creation of open-access repositories of teaching-learning material, and also the development of contextual, standardised assessment and diagnostic tools to further identify hidden disabilities. This sort of inclusive education requires a nuanced understanding of the diverse needs of children and their families across a range of contexts and therefore, cannot be achieved in isolation. It requires fostering effective long-term partnerships involving the government, civil society, the private sector, and the local communities for the overall benefit of CwDs.

Around 69% of the respondents stated the need for conducting capacity-building and sensitisation workshops targeted at parents and guardians as well as the community at large to overcome the stereotypes and build positive dispositions toward children with disabilities, in classrooms and beyond. 22% of the respondents also highlighted the issue of timings and distance while enrolling their children in the programme. In this context, the girls specifically are more vulnerable and to ensure their safety, parents may be hesitant to enroll their girl child. The following diagram is illustrative of solutions to further the impact of the programme and increase its coverage:

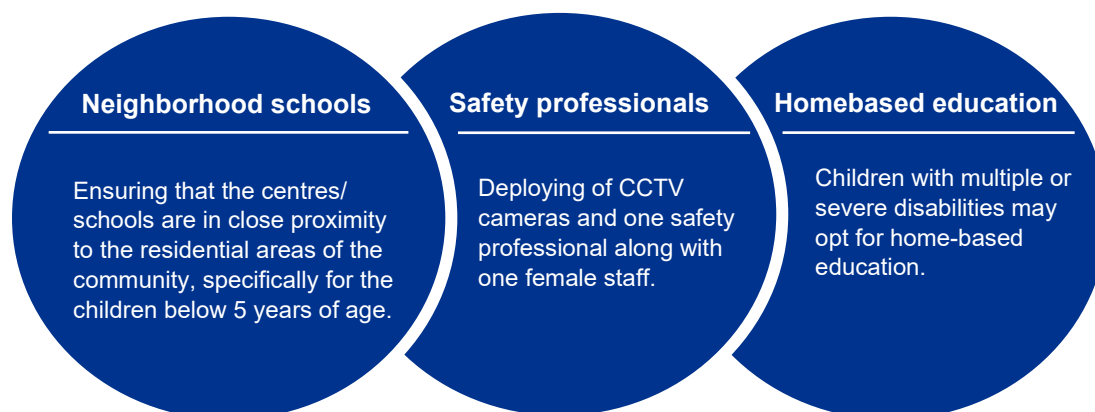


Figure 37: Recommendations for enhancing impact of SCT Daycare programme - Illustrative

Additionally, the use of information technology for the education of children with disabilities can aid the large-scale provisioning of accessible solutions that address their diverse learning needs. Further, the interrelated components of the teaching-learning process, which are, curriculum, pedagogy, assessment, and teaching learning materials (TLM) require to be in sync to achieve the objective of inclusion.

Inclusive education is complex to implement and requires a holistic understanding of multiple issues. To this effect, the programme has made considerable progress in changing the lives of the children and providing them with opportunities to live productively.

Chapter 10: Samerth Charitable Trust: Quality Education Programme

10.1 About the Implementing Partner

Samerth Charitable Trust (Samerth), a non-profit organisation founded in 1992, works towards empowering vulnerable and marginalised communities, with focus on facilitating access to social and economic rights for these communities. In 2002, the trust began operating in Ahmedabad and has been working for underprivileged communities residing in slums and other ghettoised areas of the city. Samerth collaborates with the government and other stakeholders to work towards inclusive and sustainable development in the country.



Vision: To build a humane, sustainable, and equitable society.

Samerth supports unreached communities through the following initiatives:

Table 33: Community initiatives of Samerth Charitable Trust

Samerth's Initiatives ⁹⁸	Sector
Participatory water management	Environment
Disability	Health
Education programme	Education
Livelihood programme	Livelihood

Samerth believes in increasing accountability of the Public Education System (both schools and Anganwadi) so that the state and central governments take positive steps to address the issue of inequality by ensuring universal quality public education system for children aged 3-14 years. Bandhan Bank partnered with Samerth Charitable Trust and funded the Quality Education programme for two years (FY2020- 22).

10.2 About the Programme

The concept of education in India is not only aimed at making the people literate but it is also inspired by the principles of establishing cultural unity and socio-economic justice. Hence, equal opportunity for all sections of society to participate in education system is a constitutional mandate under the Right to Education Act, 2009⁹⁹. India has paved way for inclusion at all levels. Yet, according to India State of Education Report (ASER)¹⁰⁰, both primary and secondary level education have huge gaps. Dropout rate at primary level is 29%, whereas, at the secondary level, gap between actual and expected abilities of students has increased further. There is even a much higher gap between students in rural and urban areas. As per the Foundational Learning Survey¹⁰¹ (2022), around 48% of the assessed children have either “limited” foundational numeracy skills or are “lacking the most basic knowledge and skills”.

⁹⁸ <https://www.samerth.org/>

⁹⁹ Ministry of Education. Steps taken by the government to ensure equal access to education. 2022. PIB

¹⁰⁰ UNESCO: India State of Education Report. 2021.

¹⁰¹ Ministry of Education. Foundational Learning Survey. 2022

To bridge this gap, Bandhan Bank and Samerth partnered to enhance the quality of education in India in the foundational years in government schools of Ahmedabad. These schools are run in the Sarkhej – Makarba ghetto with few facilities, populated by marginalised children. The teachers lacked exposure to the new age learning pedagogy and are still restricted to traditional forms of teaching. Accordingly, this programme strives to support the teachers to adopt the new pedagogy that is intrinsically linked to innovative teaching practices and strategies for design of course, delivery and assessment in schools and develop an environment of learning through fun. The teachers are provided with the necessary training to enhance their capacity and commitment along with structured content through provisioning of reading and learning materials. The programme promotes quality teaching and learning processes with individualised instruction appropriate to each child's developmental level, abilities, and learning style with active, cooperative, and democratic learning methods. The following are the programme objectives:

- Enhancing the quality of education in the government schools
- Teaching marginalised children through community centers
- Building the capacities of teachers and Samerth team

The education programme implemented by Samerth supports the children of grades one and two by providing them with a strong foundation for the learning journey that lies ahead of them. The teaching is child-centric, activity-based, and involves monthly evaluations to track the progress and monitor the child's learning curve. At the end of the year, a forum of parents and teachers is organised to share the findings and learnings of this initiative.



Government Schools

The team from Samerth visits the government schools five days a week and spends one hour with grade two students and half an hour with grade one students to impart learnings on principles of language acquisition and mathematics.

The programme promotes quality learning outcomes by teaching the children how to learn efficiently. This is achieved through child-friendly pedagogy in an environment of learning through fun-based activities.

This methodology keeps experiential learning as the center of focus and the activities are designed accordingly.



Community Centers

The programme team teaches marginalised children through four community centers for two hours, five days a week.

This ensures continuity in learning for the children.



Training Sessions

The team from Samerth works with teachers individually to make them understand the methodology and the issues they are facing in adopting them in the classrooms.

Training sessions cover the concepts of language acquisition, mathematics, child-centric teaching, foundational learning, etc. to enhance the capacities of teachers.

10.3 Programme Outreach

The programme had an outreach to 853 students in Ahmedabad district in Sarkhej – Makarba ghetto during its operational years (FY2020- 22).

Table 34: Programme outreach for Quality Education programme

Organisation	Number of students
Government schools	727
Community centre programme	126
Total	853

Source: Data provided by Samerth Charitable Trust

10.4 Analysis and Findings- OECD DAC

Through its reading and learning content, Samerth has promoted quality learning outcomes helping children learn what they need to learn and how to learn it. The survey covered diversity of respondents, out of which 49% of the respondents surveyed were females and 51% of the respondents were males. 80% of the respondents belonged to the other backward classes, whereas 20% of the respondents belonged to the general category. Around 55% of the parents surveyed reported that they were engaged in daily wage labour, around 14% were engaged in business, and 16% worked in other non-professional services. This highlights that over half of the children enrolled in the programme came from financially vulnerable families.

10.4.1 Evaluation Criteria 1: Relevance

Relevance examines how well a programme is connected with the aims and policies of the government and the national priorities. It also seeks to determine how well the programme is serving the needs of the community.

India recognizes the Right to Education for children aged six- fourteen years as a constitutional right. Realizing the importance of education in foundational years, Samerth holistically focused on adopting new learning methods for children and conducting teacher trainings on these pedagogies to accelerate and maximise the learnings of the children.

I. Alignment of the programme with National Priorities - Sustainable Development Goals (SDGs)

The SDGs aim to eradicate poverty, create an equitable society, and ensure economic and social well- being of people all around the world. The programme has a direct impact on SDG Goal, as shown below:



Table 35: SDG Goals and targets for SCT Quality education

SDG GOAL	TARGET	SUB-TARGETS ¹⁰²	RELEVANCE
GOAL 4	Quality Education	4.1 By 2030, ensure that all girls and boys complete free, equitable and quality primary and secondary education leading to relevant and effective learning outcomes	The programme aims at improving access to quality education for children from vulnerable backgrounds.

Table 36: SDG State-wise 2020 score¹⁰³

	Goal 4	Overall
India	57	66
Gujarat	52	69

100% of the respondents reported that the programme was relevant and aligned with the needs of the community. Through the structured content and good quality resources and materials, the programme adopted an environment of learning with fun to support child development.

II. Alignment to Schedule VII of the Companies Act, 2013

The programme has been designed to cater to marginalised sections in alignment with the provisions of Section 135 of the Companies (CSR Policy) Act, 2013 and its subsequent rules.

The actions undertaken as part of the programme fall into the following broad categories of the section¹⁰⁴:

- Promoting education, including special education and employment enhancing vocation skills especially among children, women, elderly, and the differently abled and livelihood enhancement projects.

10.4.2 Evaluation Criteria 2: Effectiveness

Effectiveness refers to the degree to which factors affecting the progress towards outcomes for every stakeholder are successful. It helps in ensuring that the implementation and monitoring systems are vigorous to achieve optimum and desired social impact.

¹⁰² <https://sustainabledevelopment.un.org/topics/sustainabledevelopmentgoals>

¹⁰³ Source: <https://sdgindiaindex.niti.gov.in/#/ranking?goal=8&area=IND&timePeriod=2020>

¹⁰⁴ Source: Schedule VII, Section 135 of the Companies Act (2013)

The programme's effectiveness is determined by assessing how well the program's activities were carried out and the effectiveness with which the program's systems and processes were executed.

To effectively achieve these outcomes, the programme adopted following measures:

- I. Learnings through community centres:** By organizing effective teaching sessions for marginalised children in the four community centres for five days a week, the programme focused on providing education to underserved children in continuity. This has further ensured that during the pandemic, the children were able to access online classes and are at par with their classmates.
- II. Trained teachers:** To support children, Samerth provided training to individual teachers on unique and interesting methods of teaching so as to increase the child's engagement in the class. Teachers were trained to adopt pedagogical approaches specific to needs of the children.

10.4.3 Evaluation Criteria 3: Efficiency

The criterion of efficiency aims to measure if the programme was implemented in a cost-effective and timely manner, as intended.

The goal is to determine whether the various programme inputs like funds, knowledge, time, etc., were effectively used to produce the intervention outcomes.

The programme has been modelled in a way so as to suit each child's developmental level, abilities, and learning style by employing active, cooperative, and democratic learning methods. It has been efficiently implemented with the support of key stakeholders and the beneficiaries themselves.

I. Timeliness of delivery or implementation of project interventions

The programme was implemented in time by Samerth Charitable Trust with support from Bandhan Bank Limited in the selected regions as per the detailed area and beneficiary selection process defined.

II. Cost efficiency of project activities

It was also found through interaction with Bandhan Bank Limited and Samerth Charitable Trust that there was no significant overshooting of the budget, and all the project activities were executed well within the allocated budget.

10.4.4 Evaluation Criteria 4: Impact

The purpose of impact measurement is to determine the primary or secondary long-term impacts of a project. Impact has been measured in terms of the proportion of parents and stakeholders who reported noticing a significant change in the lives of the children due to the initiation of the project.

The programme impacted the children and their parents in the following ways:

I. Increase in attendance and regularity of students

100% of the respondents reported improved attendance and regularity due to the programme interventions. Not only did it help to integrate the children into education

system, but it also prepared them for any future crises like the Covid- 19 pandemic. The programme focused on building digital literacy skills amongst the students, belonging to grade five to eight. The parents surveyed shared that they were satisfied with the quality of education.

II. Reduction in education- related expenditure

During the interactions around 31% of the respondents reported that the high fee structure and lack of quality education made learning difficult for their children, prior to the intervention. 100% of the respondents reported a decrease in expenditure on education-related expenses for their children. On average, the respondents reported that their monthly expenditure on education reduced significantly from INR 868 to INR 85, which corresponds to almost a 90% decrease in the fee as compared to what was charged in schools during the pre-intervention stage. Thus, the programme addressed the key issue of high education expenses to a significant extent.

III. Improvement in passing percentage

The programme team interacted with the teachers regularly and provided them with training on the subject matter, webinars, worksheets etc. This helped the teachers in making a transition from the traditional methods of teaching to a more holistic, comprehensive approach to teaching. The teachers emphasised a positive school environment and provided additional support to children based on the requirements. The programme focused on individualised learning with regular assessments of all students.

After the implementation of the programme, 100% of the parents surveyed shared that there was an improvement in the passing percentage/ academic scores of their children.

IV. Holistic development of students

Around 57% of the respondents shared that the communication of their children with their family members and friends has improved post the intervention. 73% of the respondents shared that due to the programme, their children's participation in extracurricular activities has increased. During the foundational years, children require peer-driven learning in a school environment which was disrupted because of the school shutdowns due to the pandemic. Despite the restrictions during the pandemic, the programme was able to ensure the continuation of studies and minimise the learning loss of the children. Building self-esteem and communication skills are an integral part of the holistic development of a child, therefore, the respondents shared the need for further activities to boost the interpersonal and life skills of children who might have been affected significantly during the pandemic.

10.4.5 Evaluation Criteria 5: Sustainability

Sustainability is a measure which determines the continuity of activities after the intervention. It investigates the outcomes of the programme and the real difference that has been made post its completion.

The programme is modelled on the premise that support provided to children in the foundational years of their learning is carried forward to their future. The programme is designed in a way so as to enable each participating child to become independent, and as a result, attain the grade-appropriate level of understanding of basic concepts. Strengthening the foundational years also makes children more suited to higher standards in mainstream higher education.

The programme ensured child-centric, activity-based learning through teachers from within the community. These teachers had been trained in applying educational approaches that are specifically tailored to the needs of the children. Thus, by strengthening the capacity of teachers in the community learning centres, the programme ensured the sustainability of the impact.

10.5 Conclusion and the Way Forward

Education acts as an integrative force in society by communicating values and shaping personalities that unite different sections of society and shapes the country's future. To learn is a natural curiosity which is inherent to all human beings. True learning is a life-long process, but to continuously achieve, children must find it rewarding to learn so as to develop a sustained level of growth. Through its programme, Samerth has been able to imbibe within the students a natural inclination to learn and perform well academically.

However, to further the impact of the programme, the respondents shared certain suggestions and recommendations. Around 88% of people surveyed expressed the need for improving the infrastructural facilities. The respondents shared that the rooms were small with inadequate space for the students. By improving the classroom infrastructure, the programme can enhance the learning environment which would positively contribute to educational quality and learning outcomes among the children as it acts as a motivation for improved attendance and regularity¹⁰⁵. This forms a productive cycle which further motivates the teachers as well. Respondents added that the learning environment can be enhanced by using spacious rooms, vibrant banners, and visual learning tools, and by establishing a computer lab for the students.

About 47% of the respondents also shared that there was scope for improvement in the quality of education imparted. They highlighted that incorporating activity-based learning and other innovative pedagogies would contribute to enhanced learning of the children. A few respondents suggested organising training for the teaching staff to further improve the program. Consistent training will not only help teachers learn and adopt new technologies and methods of imparting knowledge but also help them conceptualise strategies required to teach students at the primary

¹⁰⁵ UNICEF: School infrastructure and education quality: a positive impact on the learning environment



level. Some of the training topics suggested are activity-based learning, life skills, inclusive education, and organizing initiatives in School Education including library, eco-club, youth club, kitchen garden, etc.

Chapter 11: Education Support Organisation: Gyanshala Middle-School Programme

11.1 About the Implementing Partner

Education Support Organisation - Gyanshala aims to improve access to quality education for children from financially weaker backgrounds. They work towards ensuring that children from low-income rural and urban households have access to quality education. The Gyanshala programme started its journey with a focus on elementary education and gradually expanded to middle and high school education. The key objectives of the organisation are:

- i. To develop an affordable education system that imparts quality education at a large-scale level.
- ii. To build an institutional model and capability to operate classes for children belonging to low-income rural and urban families.
- iii. To promote large-scale adoption of the approach through collaborating and partnering with the government and other stakeholders.

Gyanshala's basic approach to organise school systems has four distinct features:

- i. Focus relatively more on using children's capability to learn than only on enhancing teachers' capacity to teach.
- ii. Re-engineer class teacher role into a team effort of a 6-tier team, thus bringing curriculum designing close to the classroom, and demystifying teacher role.
- iii. Take an overall system-organization perspective to design a school program, instead of looking at only teaching-learning-curriculum processes.
- iv. With major focus on learning outcomes, Gyan Shala ensures periodic independent assessment of programme and student performance by reputed external agencies to gauge the programme effectiveness for appropriate on course correction.

With this approach, Gyanshala runs three core programmes:

- i. Elementary programme
- ii. Middle school programme
- iii. High school programme

Realising the importance of this approach and the impact it creates in the lives of children, Bandhan Bank partnered with Gyanshala and funded the ESO middle school programme for three years (FY2019- 22).

11.2 About the Programme

As per Annual Status of Education Report (ASER)¹⁰⁶, at least half of children in India are not able to acquire basic literacy and arithmetic skills by the end of primary school. While there are some variations across States, among rural and urban areas, and few exceptions from year to year,

¹⁰⁶ Annual Status of Education Report, 2022. Foundational Literacy Survey.

millions of children are almost two- three years behind where they are expected to be according to the curriculum expectations¹⁰⁷. Therefore, the biggest educational challenge facing the country is improving the basic learning levels and quality of education, specifically at the primary and secondary levels.

Recognizing this persisting problem, the Gyanshala programme of Education Support Organisation (ESO) was introduced with the aim of providing quality 'Basic School Education' to children from poor rural and urban families (socio-economically backward communities). The Gyanshala Middle School programme was initiated in 2005 as a pilot project, and Bandhan Bank funded the project from 2019-22. The programme has the following objectives:

- i. Mobilise slum children to take middle- school education.
- ii. Follow the syllabus prescribed by Education Department of Gujarat.
- iii. Provide classrooms to carry out education activities.
- iv. Provide workbooks to all children.
- v. Recruit teachers and impart foundation training to all teachers.
- vi. Conduct examinations for all children and arrange for an external evaluation.

Gyanshala ascribes due importance to middle school education as it is a critical stage in a child's education journey. It is at this stage that a conceptual and theoretical clarity is established which goes a long way to shape the performance of the child in secondary and higher- secondary stages. The programme operates in communities where the Gyanshala elementary programme had been established. For the middle school education model, the programme needs a cluster of three to four classes of a single grade to provide subject-specific classroom learning to the children. Gyanshala Middle School Programme caters to grade fourth to grade seventh across 12 urban slums in Ahmedabad. The classrooms are located within the communities which allows the children, especially girls, to attend the classes without any hassles of commuting. The programme is based on a child-centric model which focuses on innovative schooling providing cost- effective higher learning outcomes. It follows a 5A approach to counter the academic challenges keeping in mind the socio- economic barriers, which is represented below:

¹⁰⁷ UNICEF: A Lost Decade. 2021.

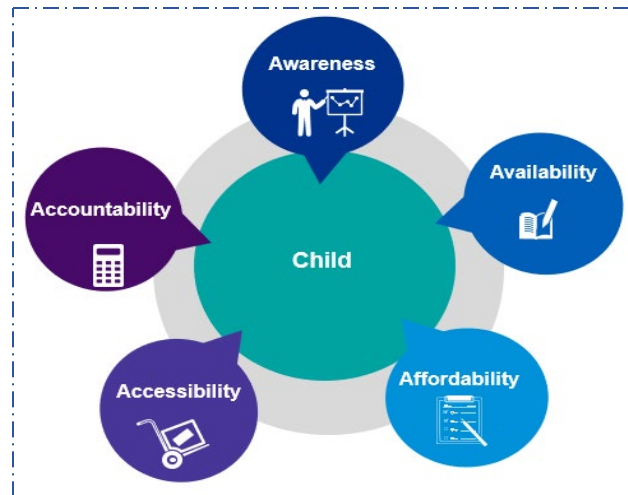


Figure 38: 5A Approach of the Gyanshala Programme

Gyanshala programme has a curriculum design team that works on developing child-friendly learning material. The design team develops content in the local language (Gujarati) using pedagogies and examples from renowned curriculums across India and worldwide. Students are provided with subject workbooks that are developed by the in-house design team. The design team is involved in conducting teacher training workshops and ensuring effective delivery of the curriculum in the classroom. Gyanshala Middle School Programme focuses on teacher training to build capacity of teachers to impart quality education. The teachers were selected based on the minimum eligibility criteria- of either holding or pursuing a bachelor's degree. Also, teachers from local community are preferred which makes the process of building rapport and trust with the parents easier. The programme includes three types of training workshops for teachers:

- i. Core training
- ii. Refresher training
- iii. Regular training

Core and Refresher training are three-five days workshops conducted during summer and Diwali break. Regular training is organised every fortnight on the subject content to be delivered in the classroom. The training workshops for each subject includes the following components specific to each subject:

- i. Philosophy
- ii. How child learns
- iii. Understanding of major concepts
- iv. Understanding the teaching-learning processes
- v. Demonstration by teachers

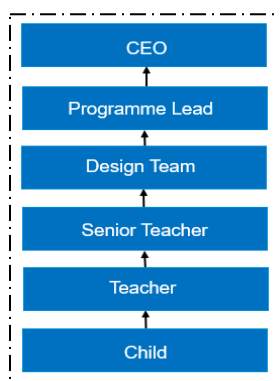


Figure 39

To ensure an effective implementation of the programme, Gyanshala has created a number of organizational mechanisms to integrate front- end with the back- end, the hierarchical model for which is represented in the figure. This ensures the implementation of well- planned and designed lesson sequences and schedules. These mechanisms include a cadre of senior- teacher cum supervisor, who act both as a support to the class teacher and their link to the back- end curriculum design team. One such person is deployed for each group of five- six class teachers.

11.3 Programme Coverage

The programme had an outreach to around 909 students across the following 13 schools in the urban slums of Ahmedabad:

Table 37: Programme outreach for Gyanshala

S.No.	List of urban slums
1	Amaravadi
2	Behrampura
3	Khodiyarnagar
4	Vadaj
5	Vasana 1
6	Vasana 2
7	Vatva 1
8	Vatva 2
9	Charmaliya
10	Meghaninagar
11	Chamanpura
12	Fatehvadi
13	Ganeshnagar

11.4 Analysis and Findings- OECD DAC

Gyanshala centres provide education like any formal school system. Starting with only ten classes at the beginning, it has emerged as one of the largest non-government school education programmes in past years, ensuring high learning outcomes for all the enrolled children. To understand the impact of the programme on access to quality education, the impact assessment survey covered 69 respondents. The sample was representative of various social categories having around 57%, 32%, and 3% of respondents from other backward castes, scheduled caste, and scheduled tribe categories respectively. On an average, the respondents had around six family members with two earning members and two school-going children in the household. None of the respondents reported having children of school-going age who had dropped out or were enrolled but not going to school regularly.

11.4.1 Evaluation Criteria 1: Relevance

Relevance examines how well a programme is connected with the aims and policies of the government and the national priorities. It also seeks to determine how well the programme is serving the needs of the community.

Right to Education for children aged six- fourteen years is a constitutional right. To this effect, the Ministry of Education runs various central sector and sponsored schemes to achieve universal education ensuring highest quality of learnings through professional teaching.

Samagra Shiksha¹⁰⁸ scheme is an integrated scheme for school education covering the entire gamut from pre- school to class XII. It aims to deliver inclusive, equitable, and affordable school education and subsumes three schemes:

1. Sarva Shiksha Abhiyaan- universalization of elementary education
2. Rashtriya Madhyamik Shiksha Abhiyaan- universalization of secondary education
3. Teacher Education- to motivate and equip teachers to encourage and foster critical thinking in students and hence impart quality education

The Gyanshala ESO programme is aligned to the broader objective of the flagship scheme and works towards inclusive education model. The initiative focused on providing quality education to the children in urban slums. 100% of the respondents reported that the programme was relevant to the community needs.

The ESO programme aims to uplift the children belonging to weaker sections of the society by providing them cost- effective education in a community driven environment. During the FGDs, the parents of the children shared that prior to the programme, the travel distance to school and cost of purchasing materials were the main hurdles in accessing education. The programme helped in resolving the challenges to considerable extent.

The programme interventions made it easy to access education. Since the school was located within the community, there was a feeling of enhanced sense of safety and security amongst the children. While interacting with parents during FGDs, they shared that their children were always excited to go to the school. The programme also made education affordable by reducing the expenditure. ESO promotes Constructivist and Piagetian perspectives of learning. Because of focus on activity-oriented pedagogy, teachers and students interacted as a group for nearly 15% of the time. The children spent rest of the class time in working individually or as a group on individual worksheets that are provided under the programme itself. One such worksheet is provided for each core subject, which is followed by feedback sessions.

I. Alignment of the programme with National Priorities - Sustainable Development Goals (SDGs)

The SDGs aim to eradicate poverty, create an equitable society, and ensure economic and social well- being of people all around the world. The programme has an impact on a wide range of SDG-related outcomes, as shown below:

¹⁰⁸ PIB: Samagra Shiksha Abhiyaan for School Education. 2022. Delhi.



Table 38: SDG Goals and targets for Gyanshala Programme

SDG GOAL	TARGET	SUB-TARGETS ¹⁰⁹	RELEVANCE
GOAL 4	Quality Education	4.1 By 2030, ensure that all girls and boys complete free, equitable and quality primary and secondary education leading to relevant and effective learning outcomes	The programme aims at improving access to quality education for children from vulnerable backgrounds.
GOAL 5	Gender Equality	5.1 End all forms of discrimination against all women and girls everywhere	Through the community centre model, the programme improved access to education for girls.

Table 39: SDG State-wise 2020 score¹¹⁰

	Goal 4	Goal 5	Overall
India	57	48	66
Gujarat	52	49	69

The school enrolment in India is progressing towards the target of universal coverage, but around half the children drop out of schools before completing grade XI¹¹¹. Various studies have revealed that a large proportion of children in grades four and five cannot read with comprehension even a simple paragraph in their first language or perform simple arithmetic operations with two digits.¹¹² This is true for not only relatively backward states like UP and Bihar but also for the Southern States and Gujarat. Such children are prone to reverting to illiteracy within a couple of years of leaving schools. Therefore, if current trends continue, about half of Indian adults could

¹⁰⁹ <https://sustainabledevelopment.un.org/topics/sustainabledevelopmentgoals>

¹¹⁰ Source: <https://sdgindiaindex.niti.gov.in/#/ranking?goal=8&area=IND&timePeriod=2020>

¹¹¹ Institute for Policy Research Studies- National Survey for Estimation of Out- of School Children. 2020.

¹¹² National Statistical Office (NSO) Survey: 2019.

remain functionally illiterate between 2025 and 2030. Furthermore, the male literacy rate in India stands at 84.7% while that of females is 70.3%.¹¹³

As a result, the initiative has been designed strategically to provide quality education, to both girls and boys. Through its objectives, the programme makes it easier to access education in the local community, where the children go with elation to study. Additionally, parents encourage their children to study owing to education being economically affordable.

II. Alignment to Schedule VII of the Companies Act, 2013

The programme has been designed to cater to marginalised sections in alignment with the provisions of Section 135 of the Companies (CSR Policy) Act, 2013 and its subsequent rules.

The actions undertaken as part of the programme fall into the following broad categories of the section:

- *Promoting education, including special education and employment enhancing vocation skills especially among children, women, elderly, and the differently abled and livelihood enhancement projects.*
- *Promoting gender equality, empowering women, setting up homes and hostels for women and orphans; setting up old age homes, day care centres and such other facilities for senior citizens and measures for reducing inequalities faced by socially and economically backward groups.*

11.4.2 Evaluation Criteria 2: Effectiveness

Effectiveness refers to the degree to which factors affecting the progress towards outcomes for every stakeholder are successful. It helps in ensuring that the implementation and monitoring systems are vigorous to achieve optimum and desired social impact.

The programme's effectiveness is determined by assessing how well the program's activities were carried out and the effectiveness with which the program's systems and processes were executed.

The ESO programme was designed to ensure the achievement of the following outcomes:

- Improving academic performance
- Increased enrolment
- Ensuring a stimulative and supportive learning environment
- Adopting pedagogical approaches specific to the needs of the children

To effectively achieve these outcomes, the programme adopted the following measures:

- I. Specialised curriculum design:** The programme has a specialised design team that developed a curriculum that catered to the local community. The team extensively researched and adapted globally recognised academic curriculums to cull out the most

¹¹³ Census 2011

effective pedagogy for the subject. Additionally, audio-visual learning materials were developed in the local language of Gujarati.

- II. Professional team for implementation:** A professional team following a standard model of hierarchy is deployed to execute the programme. Continuous monitoring and training helped in maintaining execution quality and providing timely handholding support to children.
- III. Community schools:** For children to be able to learn without disruptions, the school was set- up in the community itself. Since the schools were located within the community, it enabled improved access and regularity for students, especially girls.

The parents and guardians of children studying at the Gyanshala programme shared that they were satisfied with the quality of education provided. The respondents highlighted that the centre provided the children with a clear conceptual understanding which enabled them to easily compete with the curriculum in other schools. The programme ensured the continuation of learning for the students by introducing home visits and video lessons to minimise the learning loss during Covid-19 pandemic. During FGDs, all the teachers and parents shared that there was an improvement in the passing percentage or academic scores of the children. None among these parents enrolled their children in any private tuition as they did not perceive it as a requirement and were satisfied with the academic support provided by the programme.

62% of the respondents showed increased participation in class. Other students were more engaged into extra- curricular activities. These extra- curricular activities were conducted annually in the form of cultural programmes. However, owing to disruptions caused by Covid- 19, no such programmes were held for the past three years. The parents surveyed also shared that they received positive feedback from the teachers about their child.

ESO ensures consistent subject specific training for teachers and has in place certain mechanisms, to make sure that the teachers are regular in the school. Teachers are governed by private sector contract employment and are weekly monitored on their performance. This is a major reason for parents expressing their satisfaction with the teachers. They shared that the teachers are knowledgeable, approachable and provide adequate attention to each child.

11.4.3 Evaluation Criteria 3: Efficiency

The criterion of efficiency aims to measure if the programme was implemented in a cost-effective and timely manner, as intended.

The goal is to determine whether the inputs- funds, knowledge, time, etc.- were effectively used to produce the intervention outcomes.

The programme has been efficiently implemented with the support of key stakeholders and the beneficiaries themselves.

I. Timeliness of delivery or implementation of project interventions

The programme was implemented on time by ESO with support from Bandhan Bank Limited.

II. Cost efficiency of project activities

It was found through interaction with Bandhan Bank Limited and ESO that there was no overshooting of the budget, and all the project activities were executed within the allocated budget.

11.4.4 Evaluation Criteria 4: Impact

The impact has been measured in terms of the proportion of parents and stakeholders who reported noticing a significant change in the lives of the children due to the initiation of the project.

The goal of measuring the impact is to determine the project's primary or secondary long-term impacts. This could be direct or indirect, intentional, or unintentional. The unintended consequences of an intervention can be favourable or harmful.

The programme impacted the children and their parents in the following ways:

I. Increased attendance and regularity of the students

Around 87% of the respondents expressed that there was an improvement in the attendance and regularity of their children in going to school. As per the programme objective, the Gyanshala centres were located in the heart of the community itself. This enabled the students to regularly attend classes without any hassle of commuting. Further, this promoted transparency and trust, especially for parents and guardians of the girl child. During the FGD discussions, it was observed that parents were extremely hesitant to send their daughters to schools located outside the community especially if they worked on the farms or had their workplaces far away from their residences. As the parents could not leave work to escort their daughters on their commute to school, access to education for girls was affected. This issue was addressed through the Gyanshala model, where the classes are held in the community itself enabling better access to education, especially for the girl child.

Overall, the programme improved attendance and regularity of the students through their community-centric approach. The remaining 13% of the respondents who did not report a significant improvement in the attendance of their ward highlighted the need for better education facilities. Since the Gyanshala centres were located within the urban slums to ensure close proximity to the targeted community, this added limitations around availability of space and amenities for the students.

II. Improvement in passing percentage

Through its design, the programme ensured engaging trained staff to build high-quality conceptual foundation and providing individual subject specific worksheets designed in local language ensured complete involvement of children in the schools. 100% of the respondents and stakeholders reported that there was an improvement in the passing percentage or academic scores of the children.

During the FGD discussions, the parents, and the teachers shared that they were satisfied with the quality of education provided and did not perceive the need for any

further private tuition. The respondents highlighted that the centre provided the children with a clear conceptual understanding which enabled them to easily cope with the curriculum in other schools. The programme ensured the continuation of learning for the students by introducing home visits and video lessons to minimise the learning loss during Covid- 19.

III. Reduction in education-related expenditure

Around 94% of the respondents shared that prior to the intervention, they faced difficulty in availing of quality education for their children due to the high fees of private schools. Around 99% of the respondents reported a decrease in their education expenses. The respondents shared that before the intervention, expenditure on the education of their children was approximately INR 808 per month which decreased to around INR 87 post-intervention, leading to almost 89% overall reduction.

IV. Holistic development of students

The programme organized cultural events to encourage the holistic development of the children and engage them in extracurriculars. About 84% of the parents surveyed reported that there was an improvement in the participation of their child in extracurricular activities such as music, crafts, and arts. However, parents and teachers highlighted that a few children lost interest in extracurricular activities due to disruptions caused by Covid- 19. The majority of the stakeholders surveyed expressed that the programme improved the communication skills of their children and helped them become more proactive in class.

11.4.5 Evaluation Criteria 5: Sustainability

Sustainability is a measure which determines the continuity of activities after the intervention. It investigates the outcomes of the programme and the real difference that has been made post its completion.

The programme aimed to set up a replicable and scalable model to provide good quality basic school education to children. The model itself is built on the premise that support provided to children in middle school is carried forward to their future. The programme is designed in a way to enable each participating child to become independent and curious to learn, and as a result, enhance their level of understanding. Strengthening the conceptual foundation during middle school also makes children more suited to higher standards in mainstream higher education.

In addition to regular assessments, the programme ensured child-centred, activity-based learning from community teachers through individual workbooks for each subject. These teachers are members of the community itself and are trained to apply innovative approaches specifically tailored to the needs of children.

11.5 Conclusion and the Way Forward

In order to align the outcomes with SDG 4, the ESO middle school programme covers holistic components integral to the all-round development of a child. It has been successful in inducing

a change in the communities where it functions. Targeted children are first-generation learners in their families. The biggest challenge they face is obtaining quality education because of the lack of affordable institutions that provide quality learning.

With its child-centric approach, the programme focuses more on children's ability to learn than only on the teacher's capability to teach. Students' learning is periodically and continuously measured through various assessments to ensure long-lasting effects.

However, to further the impact of the programme, the parents and teachers gave certain suggestions and recommendations.

- I. To make the programme more inclusive, around 26% of the respondents highlighted the need for organising activities to encourage education for girls in the community. The stakeholders shared that though the parents were supportive of their children's education, it was difficult for the students, especially, girls, to devote time to study after school due to household commitments and responsibilities.
- II. Overall, the parents were eager to send their children to the ESO middle school programme. Since the school conducts classes up to eighth standard in the community, the parents requested for expansion of the programme covering even higher grades. Implementation of ESO higher school programme in the same communities can help motivate both the children and their parents to ensure that students complete their education. Completing the school will also aid in encouraging the students to pursue higher education.
- III. Along the same line, around 57% of the respondents expressed the need for establishing a higher education institution in the locality. There are as such no cost-effective higher education institutes in the area, which forces parents to send their children to another city/ state. This in itself is a discouraging factor in continuing education.
- IV. About 97% of the parents surveyed also highlighted the need for providing better education facilities with all infrastructural amenities. This is inclusive of larger classrooms, installation of computers, and hygienic washroom facilities. The linkages to the programme can further be enhanced through government tie-ups which would help introduce mid-day meals.
- V. About 20% of the respondents suggested improving the quality of education imparted to further strengthen the programme. More focus on the English language and strengthening of communication skills will help prepare the children for future competitive examinations and entrance into national/ state universities.

High enrolment numbers over the years evidence to the success of the programme. To make the children aware of their career options and educating them with future prospects and challenges will further support the programme in achieving true essence of SDG 4.



Respondents for the Gyan Shala Middle School Programme



Respondents for the Gyan Shala Middle School Programme



Respondents for the Gyan Shala Middle School Programme



Respondents for the Gyan Shala Middle School Programme



Respondents for the Gyan Shala Middle School Programme



Respondents for the Gyan Shala Middle School Programme

Chapter 12: National Association for the Blind: Sammilit Vidhyalaya

12.1 About the Implementing Partner

National Association for the Blind (NAB) was established in 1952 in Mumbai with the aim of promoting the interests of people with vision loss in India. It was set up with a vision to empower the visually challenged population of India, and has the following objectives:

- i. Prevention of preventable and cure of curable visual impairment.
- ii. Socio-economic rehabilitation of the visually challenged in the mainstream, through education, training, and employment.
- iii. To take up advocacy against all types of individual and structural discrimination and ensure full legal capacity.
- iv. Assure accessibility to the world of information.

The National Association for the Blind, Gujarat State Branch (NAB, GSB) strives to improve access to education, skill development and livelihood opportunities for the blind across Gujarat. NAB Gujarat has an active network of branches across 24 districts. It has been a pioneer in initiating services for children with visual impairment and additional disabilities. The organisation works toward the prevention of blindness, provision of education, distribution of assistive devices, community-based rehabilitation, and support services to persons with disabilities.

Additionally, NAB Gujarat is involved in organising state-level athletics events, cricket, and chess events. Some of the key initiatives of NAB Gujarat are:

- i. Praveen Mandakini Bhagwati Savinay Sammilit Vidhyalaya
- ii. Inclusive Education for Disabled at Secondary Stage (IEDSS)
- iii. The H.N. Makim Braille Press

Bandhan Bank partnered with NAB Gujarat and provided funds for three years (FY2019- 22) to support its project Sammilit Vidhyalaya.

12.2 About the Programme

Around 1.7% of the child population in India lives with some form of disability¹¹⁴. Three-fourths of the children with disabilities at the age of five years and one-fourth between 5-19 years do not go to any educational institution. Owing to disabilities, the number of children enrolled in school drops drastically with each successive level of schooling. This lack of access to formal education for children with disabilities is a worldwide problem that has a significant socio-economic impact. Additionally, the burden of these disabilities is not borne equally. It is often far greater for people living in rural areas, those with low-incomes, women, and children¹¹⁵.

Adding to the issues faced by disabled children, the education system has, for decades, either disregarded or struggled with the idea of integrating them into mainstream schools. Such children require inclusive education, wherein students with and without disabilities learn together and the

¹¹⁴ State of the Education Report for India. 2019

¹¹⁵ UNICEF. Making Schools Accessible to Children with Disabilities. 2016.

system of teaching and learning is suitably adapted to meet the learning needs of different types of students with disabilities. It would ensure that:

- i. No child is excluded or discriminated against.
- ii. Equal opportunity for the full development of potential
- iii. Strengthening respect for human diversity

NAB Gujarat recognises that children with disabilities should have full enjoyment of all human rights and fundamental freedoms on an equal basis with other children. Subsequently, it established an inclusive school in Bavla, Gujarat, to improve access to quality education for children with disabilities. The programme aims to build an effective model for inclusive schools which would integrate quality education and provide support for both children with disabilities as well as non-disabled children. It has the following objectives:

- i. Empower children with disabilities with education and training to attain self-sufficiency.
- ii. Integrating them with dignity in mainstream society.

These inclusive schools or Sammilit Vidhyalaya focus on creating an enabling learning environment with trained and qualified teachers who are equipped to support students with disabilities. The school facilitates the provision of resource materials and support for children with disabilities. The programme caters to the varying needs of the children and ensures the availability of support such as Braille, sign language, etc. The school creates a disabled-friendly environment where children with disabilities and non-disabled children learn and grow together. This also promotes sensitivity and awareness amongst non-disabled children and their parents towards the need for inclusivity and acceptance.

The school enrolls children with disabilities as well as non-disabled children belonging to financially weaker and marginalised families. The children are provided with free education along with transport services, uniforms, and shoes, minimising the family's expenditure on education. The school is registered with the Department of Primary Education and is monitored and evaluated by the department. The academic curriculum follows the Gujarat state syllabus.

The school building also has a dedicated science laboratory and provision of computer training for children studying in grades five and above. The Sammilit Vidyalaya programme aims at the holistic development of children and encourages them to pursue sports and other hobbies. Cultural and sports events are regularly organised at the school to engage children in extracurricular activities. Additionally, the school conducts health check-ups on a regular basis and ensures that all disabled children have their disability certificates and are provided with the necessary disability assistive devices. Some of the key features of the Sammilit Vidyalaya programme are:

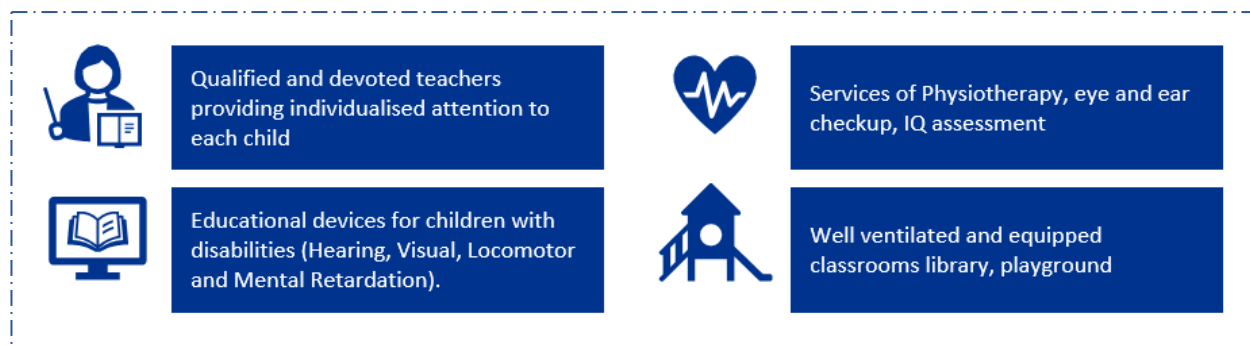


Figure 40: Key features of Sammilit Vidyalaya Programme

12.3 Programme Coverage

The school had contributed to providing quality education for vulnerable and marginalised children. During its years of operation (FY2019- 21), the programme had an outreach of around 538 students, including children with disabilities. The school provided inclusive quality education to the children enrolled along with health checkups and support for children with disabilities.

12.4 Analysis and Findings- OECD DAC

According to United Nations Convention on the Rights of Persons with Disabilities (UNCRPD), inclusive education involves a process of systemic reform involving changes and modifications in content, teaching methods, approaches, structures, and strategies in education. It should be able to remove all the barriers with the aim to provide all the students with an equitable and participatory learning experience that caters to their needs.

To understand the impact of the programme on access to inclusive quality education, the impact assessment survey covered 39 respondents, 40% of whom were females. The average family size of the respondents was five members with around two earning members in the household. Around 34% of the parents surveyed reported that they were engaged in daily wage labour with about 52% of the respondents being salaried.

12.4.1 Evaluation Criteria 1: Relevance

Relevance examines the degree to which a programme aligns with governmental and the national priorities. It also seeks to examine how well it is catering to the needs of the targeted population.

The programme focused on establishing an inclusive and non-discriminatory education system for blind children with disability-specific sensitisation among the teachers and other school staff. 100% of the respondents shared that the programme was relevant and aligned with the needs of the community.

The lack of inclusive and accessible options for the education of children with disabilities before intervention was highlighted by about 46% of the parents surveyed. The lack of provisions for disabled children such as braille and sign language were reiterated by around 67% of the stakeholders as the key issue in accessing quality education prior to the intervention. Parents also shared that prior to the intervention, the children faced many issues, such as the feeling of alienation, unwelcoming behaviour by staff/ fellow classmates, less favourable treatments, etc., which led them to fail at making reasonable adjustments. Additionally, they shared that the lack

of basic amenities (like accessible toilets, safe drinking water, adequate seating arrangement, etc.) contributed to children dropping out or not being regular to school.

I. Alignment of the programme with National Priorities – Sustainable Development Goals (SDGs)

The SDGs aim to create a just and equitable society and ensure the economic and social well-being of people all around the world. The programme has an impact on a wide range of SDG-related outcomes, as shown below:



Table 40: SDG Goals and targets for Sammilit Vidyalaya Programme

SDG Goal	Target	Sub-targets ¹¹⁶	Relevance
GOAL 3	Good Health and Well-Being	3.4 By 2030, reduce by one-third premature mortality from non-communicable diseases through prevention and treatment and promote mental health and well-being	The school also works towards the provision of regular health checkups and linkages for medical support for children with disabilities.
GOAL 4	Quality Education	4.1 By 2030, ensure that all girls and boys complete free, equitable and quality primary and secondary education leading to relevant and effective learning outcomes 4.5 By 2030, eliminate gender disparities in education and ensure equal access to all levels of education and vocational training for the vulnerable, including persons with disabilities, indigenous people, and children in vulnerable situations	The programme aims at improving access to quality inclusive education for children.
GOAL 10	Reduced Inequalities	10.2 By 2030, empower and promote the social, economic, and political inclusion of all, irrespective of age, sex, disability, race, ethnicity, origin, religion or economic or other status	The programme works towards improving access to quality education for children with disabilities.

¹¹⁶ <https://sustainabledevelopment.un.org/topics/sustainabledevelopmentgoals>

Table 41: SDG State-wise 2020 score¹¹⁷

	Goal 3	Goal 4	Goal 10	Overall
India	74	57	67	66
Gujarat	86	52	64	69

Over the last few decades, research in child development has highlighted that children who are blind grow, flourish, and achieve greater self and social fulfilment by being nurtured in the least restrictive environment¹¹⁸. With the support of local education, these children may enjoy every day common experiences that are essential to their holistic development.

The programme made sure to provide technical assistance, consultation to regular classroom teachers, and a conducive educational environment for children with disabilities so they are able to realise their potential. Through its model of inclusive education, the programme made schools that caters to both disabled and non-disabled children accessible.

II. Alignment to Schedule VII of the Companies (CSR Policy) Act, 2013

The programme has been designed to provide doorstep delivery of healthcare services to the marginalised population in alignment with the provisions of Section 135 of the Companies (CSR Policy) Act, 2013 and its subsequent rules.

The actions undertaken as part of the programme fall into the following broad categories of the section¹¹⁹:

- *Promoting education, including special education and employment enhancing vocation skills especially among children, women, elderly, and the differently abled and livelihood enhancement projects.*
- *Promoting gender equality, empowering women, setting up homes and hostels for women and orphans; setting up old age homes, day care centres and such other facilities for senior citizens and measures for reducing inequalities faced by socially and economically backward groups.*

12.4.2 Evaluation Criteria 2: Effectiveness

Effectiveness measures the degree to which different aspects affecting the progress towards programme outputs for all stakeholders are successful. It helps ensure that the implementation and monitoring systems are strengthened to achieve optimum and desired social impact.

The programme's effectiveness is determined by examining how well the programme activities were carried out.

To effectively achieve these outcomes, the programme adopted the following measures:

¹¹⁷ Source: <https://sdgindiaindex.niti.gov.in/#/ranking?goal=8&area=IND&timePeriod=2020>

¹¹⁸ Mani, MNG. The Role of Integrated Education for Blind Children.

¹¹⁹ Source: Schedule VII, Section 135 of the Companies Act (2013)

- I. **Trained professional staff:** The programme was designed in way so as to aid the children with specialised teachers who served as resource persons. Additionally, appropriate educational texts were also provided.
- II. **Integrated learning:** The focus of the intervention was to create an enabling environment for the children in the school where all facilities are accessible. Through its curriculum, it aimed at developing the child's present level of effective functioning in cognitive skills.

The above-mentioned measures ensured participation of children in schools and provided them with an opportunity to integrate into mainstream society. The diagram below represents different components of inclusive education that were they key drivers of programme design:

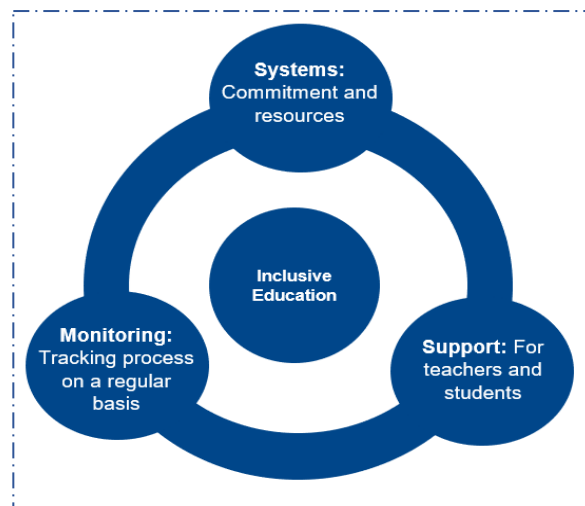


Figure 41: Key drivers of programme design for Sammilit Vidyalaya

12.4.3 Evaluation Criteria 3: Efficiency

The criterion of efficiency aims to measure if the programme was implemented in a cost-effective and timely manner, as intended. The goal is to determine whether the inputs- funds, knowledge, time, etc.- were effectively used to produce the intervention outcomes.

The programme was efficiently implemented with the support of key stakeholders and the beneficiaries themselves.

I. **Timeliness of delivery or implementation of project interventions**

The programme was implemented in time by NAB, Gujarat with support from Bandhan Bank Limited in the selected regions as per the detailed area and beneficiary selection process.

II. **Cost efficiency of project activities**

It was also found through interaction with Bandhan Bank Limited and NAB, Gujarat that there were no budget overruns, and all the project activities were carried out well within the allocated budget.

12.4.4 Evaluation Criteria 4: Impact

Impact is measured in terms of the number of children who were provided with access to education

The goal of measuring the impact is to examine the intended impacts upon programme completion. This could be direct or indirect, intentional, or unintentional. The unintended consequences of an intervention can be favourable or harmful.

The programme had the following impacts:

I. Increased attendance and regularity of students

Due to a lack of inclusive education institutions and practical support to be able to learn, the majority of the children with disabilities in the area did not have access to quality education. 100% of the parents expressed that there was an improvement in the attendance and regularity of their children after the initiative.

The programme provided Braille texts and resource materials to enable the blind children with a chance to study at par with other students. It also ensured teaching sign language to the children with verbal disabilities. Even during Covid-19, the classes were held in online mode due to the shutdown of schools. The teachers conducted home visits to distribute textbooks and guide the children and their guardians on how to download and use the Google Meet application for accessing online classes. The children were also provided with uniforms and sweaters along with the learning materials.

II. Improvement in academic percentage

The stakeholders shared that prior to the intervention there was a lack of access to quality education. The school provided affordable quality education for children with disabilities and those from financially weaker families. Through the provision of quality educators and a conducive learning environment, the programme improved the academic performance of the children. All the respondents reported an improvement in the passing percentage of their children. 100% of the respondents indicated that the children showed increased interest in studies and actively participated in class.

Owing to the programme components and efforts by the teachers, children were able to attend the classes regularly and study every subject with convenience. Additionally, the respondents shared that they received positive feedback from teachers about their children.

III. Reduction in education-related expenditure

Around 97% of the respondents shared that high institute fee was a key challenge for availing quality education for their children prior to the intervention. 100% of the respondents reported a decrease in the average monthly expenditure on the education of their children. Prior to the intervention, their average monthly expenditure on education was INR 861 which was reduced to INR 71 after the intervention, leading to a reduction of almost 92%. Thus, the programme addressed the key challenge around high school fees faced by the respondents and improved access to affordable and quality education for the children.

IV. Holistic development of students

Integrated education involves providing special assistance to children in both studies as well as extracurricular activities. 100% of the parents surveyed reported that there had been an increase in participation in sports among children and that the programme had improved their communication skills. They added that their children were actively engaged in cultural events organised at school and participated in music, dance, plays, etc.

The parents surveyed mentioned that there was an improvement in the children's behaviour as they became mature and calm. They added that the children would get ready on time as they were quite eager to go to school. Around 23% of the respondents shared that the programme improved the children's confidence and self-esteem. The parents and teachers shared that the children require considerable time to adapt to the school environment. They were used to being surrounded only by family members and had limited social exposure prior to enrolling in the school.

12.4.5 Evaluation Criteria 5: Sustainability

Sustainability is a measure which determines the continuity of activities after the intervention is over. It investigates the outcomes of the programme and the real difference that has been made post its completion.

The programme intended to provide access to education for children with disabilities who otherwise would have limited options for quality schooling. The design of the programme aimed to provide appropriate support and learning materials to enable children to assimilate into the classroom. Through developing the right educational environment, the programme worked towards inclusiveness of disabled and marginalised children. Engagement with parents and the community further generated awareness and sensitisation around disabilities. Thus, the programme through building a strong knowledge foundation for the children and raising societal awareness works towards sustaining the impact generated.

12.5 Conclusion and the Way Forward

Every child in India has the fundamental right to elementary education, including children with disabilities. India was one of the first countries to ratify the United Nations Convention on the Rights of Persons with Disabilities (CRPD), showing its strong commitment to upholding the rights of persons with disabilities and to ensuring that children with disabilities have access to inclusive, quality education¹²⁰. Making schools accessible by eliminating barriers children face is a critical factor in this regard.

According to a report published by United Nations, in 10 low- and middle-income countries, children with disabilities were 19% less likely to achieve minimum proficiency in reading than those without disabilities¹²¹. Even when they join the school, these children are more likely to drop out before completing their education. In 2016, UNICEF conducted an analysis of 15 countries. The outcomes revealed that among a number of factors, including household income

¹²⁰ UNICEF. Making Schools Accessible to Children with Disabilities. 2016.

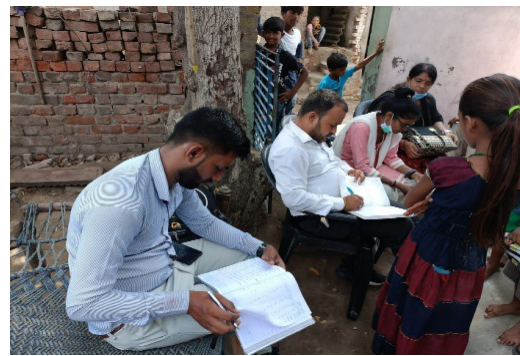
¹²¹ UNICEF. Global Education Monitoring Report. 2020.

and gender inequalities, the role of disability was the most dominant in contributing to whether children attended school or not. Such children were likelier to have never entered school in the first place. Such findings contain acute insinuations- not only in terms of inequitable educational access, but also in terms of basic life choices and opportunities denied to them.

To bring underserved children at par with other students, the programme interventions made significant contributions. It helped one among the most underserved sections of society access their right to education. Around 89% of the respondents were satisfied with the school and did not have any further requirements.

However, the respondents shared a few suggestions and recommendations to make the programme more inclusive and effective:

- I. The parents expressed the need for establishing a higher education institution in the area. Seeing the children learn and grow, the parents also achieved a sense of motivation. They wanted to see their children getting a fair chance to access complete education in a safe environment near the community itself.
- II. Developing coherence, linkage, and coordination with governmental and private initiatives can help further increase the programme outreach. It would contribute to multi-dimensional impact through the alignment of quality education for these children, vocational education, and health.
- III. Conducting awareness campaigns in the community at large to sensitise the people would help break the barriers and negative stereotypes. Negative attitudes are a major debilitating barrier to inclusion as stereotypes about disability act as an influence on the life of children.



Children in the Sammilit Vidhyalaya

Chapter 13. Conclusion and Way Forward

13.1 Conclusion

Holistic development must be inclusionary rather than elitist. The growth of the community must consider all facets of the communities, particularly the marginalised and disadvantaged groups in society. Bandhan Bank's flagship and partnership programmes, both centered on strengthening the multiple aspects of the community that are crucial to ensuring the marginalised groups have a decent standard of living.

Flagship Programmes

Through the provision of training and support for micro-enterprise assets, the *THP* programme strived to improve the livelihood options for ultra-poor, women-headed households. Almost 100% of the enrolled women graduated from the programme after meeting all the prerequisites for graduation, demonstrating the program's efficacy in enhancing the livelihood security of the beneficiaries. The programme has improved the income of the beneficiaries, which has also improved their quality of life in a range of areas, including socioeconomic independence and empowerment, gender equality, cleanliness and sanitation, and health, education, and work autonomy.

Through health forums and household visits by community volunteers, the Bandhan Health Program attempted to increase awareness of health issues among marginalised communities. A significant improvement in community awareness of maternal and childcare issues was reported by about 100% of the respondents, highlighting the successful execution of the programme. By promoting institutional deliveries, antenatal care, immunisation, and treatment for acute malnutrition, the programme has successfully enhanced general awareness around key health issues and their access to healthcare services in the targeted communities.

The Financial Literacy Programme aimed to enhance financial inclusion in rural communities and increase financial literacy among women. Around 99% of the respondents completed the programme successfully, and they reported that it has helped them to navigate their finances adequately. The respondents also shared that there were significant improvements in saving habits, financial planning, and awareness of and access to financial services.

The Employing the Unemployed Programme aimed to offer youth from marginalized backgrounds with access to quality skill development training. With a placement rate of 66%, the programme was impactful in enhancing access to skill development trainings and employment prospects. The programme was productive in increasing the average monthly income of the beneficiaries and in delivering trainings to help respondents beneficiaries gain confidence and skill sets.

Through non-formal primary education centres and formal academy schools, the Education Programme aimed to increase access to high-quality primary education in remote rural communities. The programme's implementation was effective because it substantially improved access to quality education while also minimizing dropout rates and education expenditure. Additionally, the programme helped kids from disadvantaged and marginalised groups build the foundational knowledge they need to progress in mainstream schools.

Partnership Programmes (Gujarat)

Bandhan Bank, in collaboration with The Blind People Association aimed at making primary eye care services accessible for the community impacted by blindness and visual impairment through the initiative of maintenance and expansion of the eye hospital. All of the respondents stated that the intervention had resulted in an overall development of their health. As a result, the programme has been a success in its implementation and has distinguished itself in delivering comprehensive eye care services to the underprivileged.

HelpAge India's MMU programme, in a collaborative effort with Bandhan Bank, sought to educate the community on preventive healthcare, conduct preventative health screenings and medication, and offer routine doorstep healthcare services. Working for the benefit of disadvantaged and marginalised groups in rural Gujarat, the programme had a huge impact on the community. According to all respondents, the project interventions enhanced their timely access to affordable healthcare services.

With the aid of funding from Bandhan Bank, the Samerth Talim Kendra programme aimed to promote inclusive education in government schools while also facilitating the physical, intellectual, and financial independence of people with disabilities. 100% of those surveyed reported that the programme was relevant and improved their access to low-cost daycare facilities for CwDs. With this perspective, the programme has been successful in accomplishing its objectives and creating a constructive difference in the lives of CwDs.

The Quality Education Programme was designed in collaboration with Bandhan Bank and Samerth Charitable Trust to improve the quality of education in India during the formative years in government schools, educating marginalised children through community centres, and strengthening teacher capacity. Samerth has been able to instill in students a natural inquisitiveness and improved their academic scores through its programme. 100% of respondents reported enhanced access to education and decreased educational expenditure.

Gyanshala, a project of Education Support Organization and Bandhan Bank, sought to uplift children from the socially disadvantaged sections of society by providing them with low-cost education in a community-driven atmosphere. All the respondents deemed the programme relevant to the needs of the community as it was successful in bringing about change in the target communities because it addressed comprehensive components that are essential to a child's holistic development.

Bandhan Bank partnered with NAB Gujarat to fund the Sammilit Vidyalyaya programme. The programme aimed to create an inclusive and non-discriminatory education system for blind children, as well as disability-specific sensitization among teachers and other school staff. The programme was relevant and resonated with the requirements of the community, according to all respondents. The programme interventions contributed substantially to bringing underprivileged children at par with other students.

Therefore, in summary the programmes have been able to bring about a significant change on the socio-economic lives of the beneficiaries and their households. The collaborative and holistic nature of these intervention have been crucial in making the programmes a success. The success of the program is evident from the impacts observed, such as income growth, improved savings,

and an enhanced sense of self-confidence, empowerment and dignity among the beneficiaries, improved awareness and access to health care facilities, improved attendance, and academic scores, amongst several others. The changes observed at the individual level are also reflected at the household level, through better living conditions and improved socio-economic status of households.

13.2 Recommendations

Despite the fact that programmes in the target communities have been beneficial, there is still scope for development overall for better engagement and guaranteeing an extensive impact of the benefits of the programmes. Based on our observation during the field interaction and analysis of the primary and the secondary data collected during the study, the following recommendations have been suggested for the flagship programmes.

THP program has been instrumental in strengthening the capacity of the beneficiaries to start and manage micro enterprises. However, as one's business grows, set of variables to manage become more complex requiring advanced set of business management skills. Hence, it is recommended that the program should have refresher training every two years to help build skill sets required by the beneficiaries to operate at next level.

As an approach, the program aimed to enhance the agency of the beneficiaries to become empowered and independent, so that they can take charge of their lives. The two-year process of engaging with the beneficiaries was directed towards improving their confidence level. This helped the beneficiaries to face difficult situations, seek support, and overcome the challenges by real life experience of establishing and running an income generation activity. Once the beneficiaries graduated, they mostly operated on their own.

However, the beneficiaries came from under-privileged backgrounds with limited support system and coping mechanism to fall back upon. During interaction with the beneficiaries, it was observed that many a times they were not just the only breadwinner for their families but were also solely responsible for the management of the household. The added pressure of managing a business at times would get overwhelming in absence of supportive environment and coping mechanism. This emphasised the need on:

- a. Provision of mentoring support post-completion of the programme would help sustain the programme's impact
- b. Strengthening support networks for the women through identifying role models amongst the graduated women and building peer group interaction
- c. Setting up of strong community driven support system in the form of village development committee post completion of the programme and ensure that they remain functional. Successful beneficiaries should be made part of VDCs, who can mentor other beneficiaries

Similarly, Bandhan Health Programmes has been crucial in increasing the awareness level of beneficiaries on maternal and child health and in bringing about behavioral change amongst the beneficiaries in the community through health forums. Frequency of such health forums could be further increased to increase the outreach and enhance the impact of the programme. Furthermore, the quality of monthly refresher training conducted for the 'Swasthya Sahayikas' can

be further enhanced to strengthen their capacity and knowledge base.

Bandhan Education Programme has improved access to education for children through enabling a conducive learning environment and empowering the teachers from within the community. Since both the education centre and academy schools were directed towards provision of elementary education, the beneficiaries surveyed expressed their needs around future higher classes for their children. This suggest that there exists a need for support on provision of secondary and higher education. Possibility of organising activities around girl child education to improve awareness and provide support to girls to continue their education could be explored.

Employing the unemployed programme, has been successful in bringing about multiple changes on the socio-economic levels of candidates through increase in employability and employment opportunities leading improved income levels. These changes have been transmitted to their household and family members by way of improved well-being, living standards, and socio-economic security. The impact of the programme on the beneficiaries is well demonstrated through the presence:

- a. Adequate facilities for multi-media learning within the centre premises
- b. Dedicated placement coordinators and their connections with reputed industries, leading to improved access to employment opportunities

Bandhan Bank could possibly capitalize on these connections by designing interventions that seek to further deepen the impact. One way of doing this by supporting the beneficiaries in upgrading their skills through refresher trainings or advance trainings in related trades.

The team could also work on:

- a. Extending the duration and Improve the quality of trainings
- b. Extending monitoring and tracking support from short-term (three months) to medium term (six months to one year) to ensure that the candidates are able to sustain the job created.
- c. Strengthening job placement assistance and interview support to increase the placement and retention rate of the candidates
- d. Provision of mentoring support post completion of programme through strengthening and building alumni network and forums, setting up of job fairs and enhancing interaction among candidates.
- e. Furthermore, to enhance the income levels of the candidates and associated savings, the team could provide trainings/ guidance to the candidates on options of savings and smart investments.

Bandhan Financial Literacy Programme has been effective in deepening financial inclusion in rural communities. Trainings conducted on various topics have benefitted the beneficiaries through awareness generation on financial issues particularly pertaining to their household economy. To further improve the impact of this programme, the team could explore the option of providing access / training to the beneficiaries on mobile and digital banking.

To address the needs of the community and the scope of improvement for the Gujarat programmes, the following recommendations have been suggested on the basis of our observation during the field interaction and analysis of the primary and the secondary data collected during the study.

The HelpAge MMU Programme, run in partnership with Bandhan Bank, was successful in increasing preventative healthcare awareness while also facilitating access to healthcare through routine MMU visits. However, the respondents highlighted the need for better outreach in order to further boost the impact of the programme. The programme team can work on increasing the number of diseases being covered by the MMUs as well as increasing the frequency of MMU visits in the community.

Both the programmes of SCT Daycare centre and NAB Sammilit Vidyalaya contributed to improving the availability of quality inclusive education to children with disabilities. The programmes were effective in achieving their set objectives within the given timelines. Basis our observations during the field study, we propose the following recommendations:

- a. The respondents for SCT daycare centres highlighted the need for enhancing the learning environment for the CWDs. This could be through integration of ICT (Information, Communication and Technology) into daily classroom instructional process. Therefore, the programme team can provide support to day care centres to facilitate digital classrooms.
- b. The respondents of the NAB Sammilit Vidyalaya programme expressed the need for improved amenities to assist the CwDs in accessing the educational institutes. To facilitate these needs, the programme team can work on establishing and improving linkages to public and private initiatives in the same domain to facilitate the availability of better facilities, like disability-friendly bathrooms, ramps at building entrances and playground facilities for CwDs.
- c. Since inclusive education for CWDs is relatively an unfamiliar concept in the rural communities, respondents for both programmes expressed the need for improvement in community awareness towards inclusive education. The programme team can organise awareness generation and capacity building workshops in the communities to enhance their understanding on related concepts and aid in the elimination of barriers to the overall development of CwDs.

Working towards providing quality education for children from marginalized communities, the programmes of SCT Quality Education and ESO Gyanshala were effective in achieving their target goals in the given timelines. Basis the understanding of the needs of the respondents during the field study, we suggest the following recommendations:

- a. The respondents of the SCT quality education programme emphasised on their requirement for spacious classrooms, hygienic washrooms, playgrounds, etc. Therefore, the team can work towards expansion of existing infrastructural facilities for improved learning environment.
- b. The respondents highlighted the requirement for the availability of higher education institutions. The programme team can work towards setting up of higher education institutions to ensure continued education for the children. Furthermore, the team can work towards setting up coaching centres to prepare children for competitive examinations.

- c. The respondents of both the programmes expressed the need for better infrastructural facilities like spacious classrooms, hygienic washrooms, playgrounds, etc. to further enhance the impacts of the programmes. Therefore, the team can work towards expansion and improvement of existing infrastructural facilities for improved learning environment, which in turn would incentivise the children to attend school regularly.
- d. Additionally, to further improve the impact at the programme level, the team can also organise training and capacity-building activities for the teachers and staff at the institutions for both programmes.

13.3 Assumption and Constraints of the Report

- Primary data relating to business, income, savings, and investment collected from the surveyed beneficiaries might not be accurate as it was based on their recall and could not be verified in absence of records



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