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Impact Assessment of Projects on Health, Well-being & WASH for Change under Uday Program

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[Report Submitted on March 2025]

List of Abbreviations

Abbreviations	Full Forms
ANC	Antenatal Care
ANM	Auxiliary Nurse Midwife
ASHA	Accredited Social Health Activist
AWW	Anganwadi Worker
CHCs	Community Health Centres
CSR	Corporate Social Responsibility
FGD	Fixed Group Discussion
HIMS	Hospital Information Management System
HR	Human Resource
IFA	Iron and Folic Acid
IEC	Information, Education, and Communication
IPHS	Indian Public Health Standards
IRECS	Inclusiveness, Relevance, Efficiency, Convergence and Sustainability
KII	Key Informant Interview
MCH	Maternal and Child Health
NHM	National Health Mission
PHCs	Primary Health Centres
PNC	Postnatal Care
PPE	Personal Protective Equipment
SMC	School Management Committee
WASH	Water, Sanitation, and Hygiene

Executive Summary

1. Introduction and Methodology

In between 2020 and 2024, HCLTech implemented six integrated CSR projects under its flagship *Uday Program*, targeting urban-poor communities with a focus on Health, Well-being, and Water, Sanitation and Hygiene (WASH). These projects spanned four geographies—Noida, Lucknow, Chennai, and Bengaluru—and addressed the needs of vulnerable groups, including adolescent girls, children with disabilities, pregnant and lactating women, and school-going children. The period of implementation coincided with the COVID-19 pandemic, posing substantial challenges but also reinforcing the relevance of community-centric health and hygiene programs.

The impact assessment followed a **qualitative research design**, guided by the **IRECS framework** (Inclusiveness, Relevance, Effectiveness, Convergence, and Sustainability). Data collection methods included **Key Informant Interviews (KIIs)**, **Focus Group Discussions (FGDs)**, and **on-ground observations**, covering over 500 stakeholders such as beneficiaries, healthcare workers, educators, NGO staff, and government functionaries. **Purposive sampling** ensured rich, context-specific insights, and **thematic analysis** was used to identify impact narratives, implementation processes, and systemic gaps across the portfolio of interventions.

2. Justification or Rationale of the Projects

The six CSR projects were rooted in a clear recognition of systemic gaps in public health, hygiene infrastructure, and healthcare access, particularly among economically disadvantaged communities in urban areas.

- **Limited access to quality healthcare** emerged as a recurring theme across all project locations. Many communities faced financial, infrastructural, and logistical challenges in accessing healthcare check-ups, screenings, maternal and child health (MCH) services, immunization, and basic outpatient care. These systemic barriers were further exacerbated by the COVID-19 pandemic, which strained health systems, disrupted routine services, and deepened existing challenges.

- **Lack of health awareness**, particularly around antenatal care, nutrition, menstrual hygiene, and family planning, contributed to poor health-seeking behavior, especially among women and adolescent girls.
- **Children with disabilities**, especially those with hearing impairments, remained underserved due to lack of early screening, awareness, and affordability of specialized care.
- **Overburdened public hospitals**, especially during the pandemic, highlighted the fragility of health systems, necessitating emergency HR support, infrastructure augmentation, and operational streamlining.
- **Poor hygiene and WASH practices in schools and communities**—coupled with inadequate sanitation infrastructure—exacerbated risks of disease transmission, absenteeism, and school dropouts.
- **Limited awareness around gender equality**, combined with deep-rooted social stigma and lack of supportive ecosystems, restricted girls' access to education - necessitating a holistic, community-driven intervention to foster inclusion and empowerment.

Collectively, these projects responded to deep-rooted developmental challenges, intensified by the pandemic, with a focus on strengthening both demand- and supply-side health ecosystem components.

3. Key Intervention Overview

The six projects implemented under the Uday Program employed a multi-pronged approach to address critical health and hygiene gaps.

- **School and community-based awareness and behavior change initiatives** formed a core component of the projects, fostering dialogue and knowledge-sharing on critical health and social issues. More than 800 sessions were conducted, focusing on general health, gender equality, women's empowerment, maternal and child health (MCH), menstrual hygiene, nutrition, breastfeeding, and sanitation. Innovative tools such as the Mirror Tool and gamified learning approaches (e.g., Snake and Ladder) were employed to enhance participant engagement.
- **Health camps and mobile outreach** brought essential services like general and specialized health screenings, ANC/PNC check-ups and vaccinations, directly to

underserved communities. These were supported by strengthened referral pathways to PHCs and CHCs.

- **Upgradation of public health facilities**, aligned with Indian Public Health Standards (IPHS), included provision of infrastructure improvements, medical equipment enhancements, patient support, and communication system upgrades across select PHCs and CHCs in Noida and Lucknow.
- **Capacity building of frontline health workers (FLWs)**—including ASHAs, ANMs, and AWWs—enhanced their ability to deliver quality MCH services, especially in high-need urban settlements.
- **Cochlear implant support for children with hearing impairments** provided full-cycle interventions—screening, surgery, post-operative care, and 100 sessions of speech therapy—thus enabling social inclusion and educational reintegration.
- **Comprehensive COVID-19 support for vulnerable groups**—provided targeted interventions including healthcare access, essential medical services, and awareness campaigns during the pandemic, with focused support for pregnant and lactating women to ensure safe pregnancies, continued maternal care, and improved health outcomes for both mother and child.
- **Establishment of COVID-19 wards and referral extension support** for two government hospitals in Noida and Delhi, along with the provision of necessary consumables for COVID ward operations, enhanced hospital patient intake capacities and enabled the treatment of additional patients during the pandemic.
- **Human resource support during the COVID-19 pandemic** helped operationalize 300-bed COVID wards across two major hospitals (Delhi and Noida), deploy medical and administrative staff, ensure PPE supply, and support hospital digitization through Hospital Information Management Systems (HIMS).
- **WASH infrastructure upgrades in schools and communities** included construction of gender-segregated toilets, installation of handwashing stations, soap banks, and awareness campaigns on hygiene and menstruation, supported by School Management Committees (SMCs).

4. Major Impacts Created

The interventions led to a range of transformative outcomes, both immediate and systemic:

- **Improved health awareness and behavior change** among adolescent girls, pregnant women, lactating mothers, and school students, leading to increased adoption of safe hygiene, nutrition, and maternal and child health (MCH) practices.
- **Creation of a gender-sensitive and inclusive school environment**, leading to increased enrollment and participation of girls in schools, improved menstrual health management, and progress in shifting community attitudes toward gender equality.
- **Enhanced healthcare access** through localized service delivery and strengthened community-health system linkages. Health camps, COVID care services and community volunteers reduced dependency on overstretched public facilities and improved health-seeking behavior.
- **Upgradation of public health infrastructure** in government health centers, leading to better quality of care, reduced waiting times, and increased patient intake, with upgraded facilities in Noida and Lucknow now achieving over 90% IPHS compliance.
- **Enhanced access to quality healthcare services during COVID** for vulnerable populations through timely adaptation of programs, integration of pandemic safety protocols, and strengthened outreach mechanisms within existing service delivery models.
- **Increased resilience of public hospitals**, especially during the pandemic, through expanded bed capacity, essential equipment provisioning, and skilled HR support. Over 57,000 patients benefitted directly from the COVID wards, with an additional 200,000+ benefitting indirectly through vaccination and data management services.
- **Improved inclusion and independence for children with hearing impairments**, with over a dozen children showing marked progress in communication skills, mainstream school enrollment, and reduced dependence on caregivers.

Improved sanitation coverage and hygiene practices through WASH interventions in schools and communities, leading to better health outcomes and a decline in dropout

rates among adolescent girls due to enhanced menstrual hygiene awareness and facility availability.

5. Way Forward

While the program demonstrated strong outcomes across sectors, several areas require further strengthening:

- **Planned and phased program exits** should be institutionalized to promote long-term sustainability and ensure smooth transitions, building on lessons learned from Chennai.
- **Continued investments in speech therapy and hearing aid support** for children post-surgery are critical. Home-based therapy modules and low-maintenance device options can improve long-term outcomes.
- **Full-scale adoption and training on HIMS platforms** should be prioritized to unlock efficiency gains in hospital operations.
- **Deeper focus on convergence with government schemes**, such as Ayushman Bharat and National Health Mission (NHM), can scale up impact and reduce duplication.
- **Strengthen community engagement and increase male student participation** in gender equality discussions, encouraging boys to see household responsibilities and support for girls' education as shared duties—not just acts of help—to drive lasting behavior change in the community.
- **Integration of WASH, health, and education initiatives**, particularly in schools, can strengthen long-term outcomes related to adolescent health, retention, and hygiene behavior.

Overall, the Uday Program has successfully demonstrated a robust, adaptive, and inclusive model for delivering essential health and WASH services to underserved urban populations. Its success provides a strong foundation for future CSR strategies that aim to strengthen public systems, empower communities, and ensure no one is left behind.