HCLFoundation

Impact Assessment Report of CSR Projects

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Abbreviations

Abbreviations	Full Forms
ASHA	Accredited Social Health Activist
ADL	Activities of Daily Life
ANM	Auxiliary Nurse Midwife
AWC	Angan Wadi Centres
AWW	Angan Wadi Worker
BPL	Below Poverty Line
BPNI	Breastfeeding Promotion Network of India
BPO	Business Process Outsourcing
CCA	Climate Change Adaptation
CF	Complementary Feeding
CHC	Community Health Centre
CHS	Core Humanitarian Standard
CMS	Chief Medical Superintendent
COVID-19	Corona Virus Disease of 2019
CRPM	Common Resource Pool Model
CSO	Civil Society Organization
CSR	Corporate Social Responsibility
CwD	Children with Disability
DDMP	District Disaster Management Plan
DRR	Disaster Risk Reduction
ECA	Extra-Curricular Activities
ECCD	Early Childhood Care and Development

FGD	Focus Group Discussion
FMD	Fine Motor Dysfunction
Ft	Feet
FY	Financial year
GMS	Gross Motor Dysfunction
GP	Gram Panchayat
HCL	Hindustan Computers Limited
HCLF	HCLFoundation
HH	Household
IAG	Inter-Agency Group
ICCC	Integrated Covid Command Centre
ICDS	Integrated Child Development Services
ICU	Intensive Care Unit
IDI	In-depth interview
IEC	Information, Education and Communication
INR	Indian Rupee
IRECS	Inclusiveness, Relevance, Effectiveness, Convergence, Sustainability
IYCF	Infant and Young Child Feeding
JIA	Jignai Industries Association
JKS	Jyoti Kiran school
JRNA	Joint Rapid Needs Assessment
Kcal	Kilocalorie (1,000 calorie)
KII	Key Informant Interview
KL	Kiloliter
KPI	Key Performance Indicator

LHF	Lending Hands Foundation
LPM	Litres per minute
Ltrs	Litres
MAM	Moderate Acute Malnutrition
MCP	Mother and Child Protection
MOIC	Medical Officer In Charge
MoU	Memorandum of Understanding
MUAC	Mid-upper arm circumference
NFHS	National Family Health Survey
NGO	Non-governmental organisation
NPDRR	National Platform for Disaster Risk Reduction
OBC	Other Backward Category
OJT	On-Job Training
ORS	Oral Rehydration Solution
PoA	Power of Attorney
PPE	Personal Protective Equipment
PPPP	Public Private People Partnership
PRI	Panchayati Raj Institution
PSG	Parent Support Group
PTM	Parent Teacher Meeting
PW	Price Waterhouse
PWCALLP	Price Waterhouse Chartered Accountants LLP
SAM	Severe Acute Malnutrition
SC	Scheduled Caste
SDGs	Sustainable Development Goals

SDMA	State Disaster Management Agency
SDP	Skill Development Programme
SHG	Self Help Group
SPARC India	School for Potential Advancement and Restoration of Confidence India
SPOCs	Single Point of Contacts
STC	Save The Children
UN	United Nations
UP	Uttar Pradesh
UPSRLM	Uttar Pradesh State Rural Livelihoods Mission
UT	Union Territory
UWB	United Way Bengaluru
WASH	Water, sanitation, and hygiene
WHO	World Health Organisation
YwD	Youth with Disability

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Executive Summary

Executive Summary

HCLFoundation is undertaking various CSR projects across various thematic focus areas such as education, health, skill development & livelihood, environment, and disaster risk reduction & response.[1] It has engaged PWCALLP to provide support and assistance for an independent review and impact assessment of following CSR Projects identified by the Management as per the provisions of Companies (Corporate Social Responsibility Policy) Amendment Rules, 2021:

#	Name of the Project	#	Name of the Project
1	Network Approach to Strengthen Quality, Accountability and Systems for building resilient communities and India	5	COVID-19 Management & Vaccine Promotion Programme
2	COVID-19 Reducing community transmission and hunger in highly impacted cities in India	6	Services & Infrastructural strengthening under Integrated Child Development Services (ICDS) for addressing health, nutrition, and the development needs of young girls & boys
3	COVID-19 Reducing community transmission and hunger in highly impacted cities in India	7	Promoting Inclusion of Persons/Children with Disabilities and LGBTIAQ+
4	Strengthening Breastfeeding and Infant and Young Child Feeding (IYCF) counselling services and practices to prevent malnutrition in Gautam Buddha Nagar and Lucknow	8	Conservation and rejuvenation of waterbodies through community engagement

As a part of the study, a brief overview of findings for all the 8 CSR projects is provided below:

Project 1: Network Approach to Strengthen Quality, Accountability and Systems for building resilient communities and India

Project Background

India's unique geoclimatic and socioeconomic circumstances make it highly susceptible to various disasters like earthquakes, cyclones, tsunamis, floods, droughts, and landslides. The existing systems struggle to meet the high demands of pre-existing socio-economic vulnerabilities and hazards under disaster risk reduction (DRR). Although the government actively strengthens efforts and builds resilience, there was a need for advanced systems and protocols for quality and accountability. The project '**Network Approach to Strengthen Quality, Accountability and Systems for building resilient communities and India'** implemented by HCLFoundation aimed to link varied players not only as a network but also strengthens their collaboration by making these stakeholders accountable for DRR initiatives in a sustainable manner.

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[1] https://www.hclfoundation.org/about-us

Project Reach	Strengthening systems in DRR to mitigate the effect on vulnerable communities across India.

Geographical Coverage	Pan-India

Project Period	1st March 2020 - 31st March 2021

Thematic Areas	Strengthening Governance for DRR and CCA; Strengthening Quality and Accountability Systems for resilience building; Promoting collective accountability for resilience building

Summary of Impact

The project structured around three broad result areas which are as follows:

Result Area 1: Systems strengthening support to key state and national level government programmes to improve quality and accountability in resilience building:

This result area involved several key activities aimed at strengthening disaster risk reduction efforts across six sectors: Education, Health, Water, Sanitation and Hygiene, Food and Nutrition Service, Shelter, and Protection. These activities included sector consultations with multiple stakeholders, preparation of sector-specific handbooks, and development of multiyear DRR strategies. Additionally, the project focused on the formation and strengthening of state-level inter-agency groups (IAGs), DRR fellowships, advocacy, and partnership building across various states, along with capacity-building training for volunteers on COVID-19 preparedness.

The sector consultations were instrumental in identifying priority areas and developing solutions for specific DRR challenges. These activities, along with the fellowship program, enhanced sectoral coordination and unified strategies, leading to strengthened partnerships and alignment with national priorities. The handbooks and strategic documents produced through this project contributed to better strategic planning and documentation, ensuring improved DRR preparedness.

Furthermore, capacity-building initiatives and consultations under COVID-19 Academy or various other platforms equipped stakeholders with the necessary skills, knowledge, and resources. These efforts ensured effective responses to disasters by enhancing the ability to mitigate risks and recover from crises.

Result Area 2: Institutionalisation of partnership standards and Quality Assurance Initiative on India to improve quality of delivery.

The project activities under this result area pertained to adaptation of partnership standards, consultations and consensus building with stakeholders working in DRR in India and to develop partnership with Global Quality Assurance Initiative (QAI) and other initiatives in India to develop blueprint of QAI for resilience building in India.

Consolidation of partnership standards integrated various humanitarian and corporate norms, including core humanitarian, Sphere, ISO, and PMI standards, into a single reference document. This promoted consistency, coherence, and effectiveness by aligning partnerships with industry norms. Diverse perspectives from both private and public sectors fostered collaboration in systems strengthening and DRR initiatives. CSR roundtables and webinars helped mainstream DRR into business practices and CSR policies. A key outcome was initiating dialogue with the Indian Institute of Corporate Affairs (IICA) to formalize these standards further.

Additionally, the development of these standards and an accreditation system enhanced trust and accountability among CSOs, Corporates, and Government entities. This created new partnerships and strengthened existing ones by ensuring transparent, reliable, and high-quality engagement. These activities provided opportunities for forming new collaborations and reinforced existing ones, establishing a robust framework for cooperation, and advancing DRR efforts.

Result Area 3: Public Private People Partnership (PPPP) for common resource pools for key sectors to enhance collective accountability with more predictable resources:

This result area dealt with research and review of experiences of pool funds in other countries and developing Model of common pool funds in India with blueprint and business plan. As a result of the initiatives, a platform on common resource pool discussion was created and common pool resource sharing document was created on readily available resources for reference such as documents, case studies, experiences, and insights into thematic areas and resource utilization in the field of DRR. The project initiative can further pave way for innovative partnerships among organisations and development of niche-specific approaches like incorporating artificial intelligence in DRR, usage of drones in DRR, etc. among organisations having similar areas of interest.

Recommendations

The following recommendations are made to enhance the project's future effectiveness:

- Adopting partnership standards is crucial for improving disaster risk reduction in corporate social responsibility initiatives. It's vital to actively promote and advocate for these standards among corporate entities and civil society organizations through targeted outreach, workshops, and training sessions. Furthermore, creating collaboration platforms and incentivizing partnerships with recognition can significantly enhance engagement and effectiveness in DRR efforts.
- Regular updates on past events and current progress are essential for stakeholder engagement to create a vibrant and collaborative environment in DRR initiatives. To achieve this, establishing a centralized DRR knowledge hub and organizing consistent communication efforts, educational seminars, skill-building sessions, and virtual conferences are recommended. Additionally, implementing robust systems for maintaining detailed interaction records and regular follow-up mechanisms is important to address engagement and recall challenges.
- The project had developed a range of resources outlining the essential tasks and responsibilities for diverse stakeholders involved in disaster preparedness and response. Recognizing the diverse capacities and roles among these stakeholders, efforts may be made to create videos, graphic pamphlets, and other visual aids of the written material in vernacular languages. This effort will enhance accessibility and understanding, especially for grassroots actors, empowering them to contribute effectively to disaster risk reduction efforts.

Programme 2 & 3: COVID-19: Reducing Community Transmission and Hunger in Highly Impacted Cities in India

About the Programme

During the COVID-19 pandemic, the healthcare system faced severe challenges, including critical shortages of PPE kits for frontline workers, leading to increased infection risks. In slum areas, lack of awareness worsened virus transmission, while shutdowns left laborers and migrants without work and food. To address the above, the programme **"COVID-19: Reducing Community Transmission and Hunger in Highly Impacted Cities in India"** was implemented with the aim of reducing the spread of the virus and alleviating hunger among vulnerable communities.

Programme Reach	60,000+ population covered
Geographical Coverage	Pune and Nagpur (Maharashtra), Vijayawada (Andhra Pradesh), Hyderabad (Telangana), Jaipur (Rajasthan) and Manipur
Programme Period	April 2020- March 2022
Programme Activities	• Distribution of food kit and hygiene kit, community awareness on COVID-19 • Distribution of PPE kit to COVID-19 designated hospitals and vaccination centers

Summary of Impact

- A total of **4,000 food kits and 4,000 hygiene kits were distributed to households in 31 slums** across various cities. These kits were carefully curated to include staple items such as rice, lentils, wheat flour, soybeans, as well as crucial hygiene products as per the findings from needs assessment carried out by Caritas India. By providing these essentials, **immediate nutritional needs and food insecurity issues were addressed**, and consequently, **contributed to improved health outcomes among the recipients**. Hygiene kits contained reusable masks, soap, bleaching powder, and sanitary napkins, fostering better hygiene practices within the communities.

- Parallel to these efforts, **community awareness drives were conducted in slum areas to benefit slum dwellers, migrant workers, and other marginalized communities** by educating them about COVID-19 transmission, symptoms, and preventive measures. With a reach extending to over 60,000 individuals, these campaigns **supported in promoting COVID-appropriate behaviour**, enhancing public health awareness, and curbing the transmission of the virus within these vulnerable communities.

- Additionally, **critical healthcare needs were addressed by providing 7,500 PPE kits to 17 COVID-19 designated hospitals** across the five cities. The support ensured that healthcare workers had adequate protection while attending to patients, contributing to the efficient management of rising case numbers during the pandemic. Furthermore, the **provision of PPE kits to vaccination centres**

in Manipur facilitated the smooth rollout of COVID-19 vaccines, **ensuring the safety of frontline staff and enabling uninterrupted vaccination operations**.

Recommendation

- HCLFoundation initiated this programme during the COVID-19 pandemic, prioritizing immediate support for affected populations. An initial MoU was signed for six months and after that, the programme duration was extended in a speedy manner, instead of following the normal procedure to address the evolving crisis situation without unnecessary administrative delays. Despite the urgent need for rapid action, it is recommended to maintain thorough documentation for such kind of programmes in future. **Balancing compliance and documentation with urgent relief efforts ensures that programme achievements** are recognized, objectives are met, and valuable insights are available for future reference and improvement.

- During the distribution of hygiene and food kits to vulnerable populations in slum areas, the assumption that each household consisted of five members led to discrepancies in aid adequacy. Smaller households received more than needed, while larger households faced shortages. To ensure equitable support, it is recommended **that future initiatives by the HCLFoundation tailor kit contents based on household size.** This approach will guarantee that all households, regardless of their size, receive appropriate and sufficient support.

Project 4: Strengthening breastfeeding and Infant and Young Child Feeding (IYCF) counselling services and practices to prevent malnutrition in Gautam Buddha Nagar and Lucknow

This project was envisaged with an aim to strengthen breastfeeding practices by imparting training to Angan Wadi Workers (AWWs), HCLFoundation (HCLF) and partner organisations' staff on optimal IYCF practices with an overarching objective to contribute towards health & nutrition status of the infants and children in urban areas[2].

Project Reach	383 AWWs, 13 HCLF staff & partner organisation staff, Distribution of 620 self-care kits, 345 poster sets in Gautam Buddha Nagar & 15 secca kits in Lucknow
Geographical Coverage	Lucknow, Gautam Buddha Nagar
Project Period	October 2019 to March 2022

Summary of Impact

During the interactions with stakeholders including HCLF staff, BPNI team, AWWs and beneficiaries, it was noted that **project geographies** were facing following **challenges** with respect to IYCF practices: (i)

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[2] As per the MoU and information shared by HCLF and BPNI team

Lack of soft skills and confidence among AWWs to counsel the community even though they had basic knowledge; (ii) **Predominant traditional practices** in the community like wasting colostrum[3], non-exclusive breastfeeding (by providing water, baby food supplement, cow milk, etc.), **delayed initiation** and **poor quality complementary feeding** (CF) to children.

Hence, counselling sessions for AWWs on IYCF practices were designed with an aim to prepare skilled frontline workers, to promote and support breastfeeding and appropriate CF. These **trainings were conducted over a period of four days each on topics** like importance of IYCF practices, assessing current breastfeeding methods, feeding strategies & techniques, growth monitoring, etc. All the AWWs agreed that their **trainers** were highly **qualified, professional**, and **delivered** the **sessions** in an **easy-**to-understand manner.

- AWWs informed that **training** support provided as part of the programme was **interactive & engaging unlike regular theoretical trainings** they used to receive from various sources. This training methodology included demonstrations, role plays, group activities, audio-visual aids, usage of models of breast & baby, etc. This led to an improvement in their motivation, awareness levels, knowledge, and information.
- AWWs in Gautam Buddha Nagar reported that **provision of masks, gloves, sanitiser**, and ORS was helpful in **adhering to safety protocols during COVID-19** period and aided in successfully **conducting** their **field work**.
- AWWs in Lucknow mentioned that **before the project** either they did not have the **necessary equipment or** had **faulty equipment** which hampered growth tracking and monitoring in the community. The AWWs reported that **equipment provided** as part of this project is of **good quality, functional and still in use**.
- **Increase in knowledge and information** levels of 13 HCLF and partner organisations' staff (working in ECCD area) was noted after the completion of these trainings. A **pre-test score of 37% improved to post-test score of 76%.**
- AWWs informed that they were **better equipped** with **soft skills** and technical knowledge because of training support provided during the project. Provision of self-care kits & secca kits **encouraged** them to **work proactively** and cater to breastfeeding challenges of the community.
- AWWs highlighted that **number of malnourished children** in their area have **reduced** from around **10 (before the project) to 4** (after the project) on a **monthly basis**.

Basis the discussions and observations shared by stakeholders involved in the project; it is suggested that:

- Project team may consider conducting **refresher trainings** with the AWWs. This will keep them abreast with optimal IYCF practices and minimise challenges on-field to improve health outcomes in community.
- **Similar training for** Accredited Social Health Activist (**ASHA**) **workers** may be conducted to upskill the front-line workers. This will enable synergy with the National Health Mission (NHM) department and create a cadre of breastfeeding champions at community level.
- The HCLF and partner organisations' staff suggested that if similar training is conducted in future, there can be a **1-day component of field work** wherein the trainers observe, assess, and provide feedback to trainees during their interactions with community wherever necessary.

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[3] Colostrum is the first thick yellow milk that comes from the breast when the child is born, and it is very nutritious. It acts as a first immunisation for the baby (https://upnrhm.gov.in/assets/site-files/gogl/fy2018-19/Training%20Module_English_Lowres.pdf)

Project 5: COVID-19 Management and Vaccine Promotion Programme

Project Background

During the second wave of the COVID-19 pandemic, the healthcare system of the country encountered unprecedented challenges due to a surge in cases. This surge overwhelmed the healthcare infrastructure, including rural areas. The delivery of health services, especially essential services, was impacted as resources and focus were diverted towards addressing the high influx of COVID-19 patients. Subsequently, the availability of vaccines, led to implementation of efforts to counter vaccine hesitancy and mass vaccination drives.

Project Reach	Hardoi: 12 lakh+ and Noida- 1 lakh+ community members
Geographical Coverage	Hardoi and Noida (Uttar Pradesh)
Project Period	April 2021- March 2022
Project Activities	Installation of 2 oxygen plants, community awareness campaigns, strengthening of SHGs and Nigrani Samitis, support to Integrated Covid Command Centre

Summary of Impact

The district administration in Hardoi grappled with significant challenges in meeting the essential requirements for managing the COVID-19 situation. The authorities were particularly concerned about the potential surge of infections in rural areas, which had the potential to quickly escalate beyond control. To address these issues, intensive awareness campaigns were crucial to curb transmission in rural areas. HCLFoundation played a key role by supporting healthcare facilities in Hardoi District through various initiatives and promoting community awareness around COVID-19. Apart from this, community awareness drives were also conducted in Noida which focused on vaccination promotion.

The project intervention led to **installation of 2 oxygen plants** in District Women's Hospital, Hardoi and Community Health Centre, Sandila. Each plant had a capacity of producing 375 litres of oxygen per minute. This provided **essential oxygen supply to critical Covid patients** during the second wave and helped in saving many lives. The **provision of essential consumables** like masks, gloves, nebulisers, etc. to health facilities in the district ensured safety not only for the patients but also for the healthcare staff. The project support also included upgradation of the **Integrated Covid Command Centre (ICCC)** through development of a dedicated software for strengthening the COVID-19 response system in the district. This intervention was instrumental in monitoring and tracking real time data of the patients and optimum utilisation of the available resources.

The **community awareness campaigns in Hardoi** were conducted not only through display of flex boards, loudspeaker campaigns, but also involved strengthening of Nigrani Samitis and SHG members in the villages. This aided in provision of accurate COVID-19 related information to the community members in 284 Gram Panchayats of the district. The intervention led to necessary awareness generation and facilitated behavioural change among community members through adoption of COVID–19 appropriate behaviour. A total of 12 lakh community members were reached out through the awareness drive.

The **community awareness initiatives in Noida** focused on COVID-19 vaccine promotion through innovative campaign with a view to remove vaccine hesitancy and dispel any misinformation, rumours around COVID-19 vaccine. A mascot was created to raise awareness on COVID-19 vaccine and its benefits. The badges and pamphlets distributed aided in provision of accurate information on COVID-19 appropriate behaviour to more than 6 lakh residents.

It was observed that the oxygen plants installed under the project support were either not utilised or under-utilised. It is suggested that the issue can be highlighted with the concerned authorities to ensure optimum utilisation for the benefit of the local community. Similarly, from a knowledge management standpoint, it's crucial to document special initiatives such as the support given to ICCC. This documentation may not only preserve lessons learned but also serve as a resource for managing emergency situations anywhere in the country in future.

Project 6: Service and Infrastructure Strengthening under Integrated Child Development Services to Address the Health, Nutrition, and Development Needs of Young Girls & Boys

Project Background

This report delves into the challenges faced by Anganwadi Centres (AWCs), particularly in reaching marginalized communities grappling with aftermath of COVID-19 pandemic on children and maternal welfare. In response, "**Service and Infrastructure Strengthening under Integrated Child Development Services to Address the Health, Nutrition, and Development Needs of Young Girls & Boys"** project was launched with an aim to improve the quality and access of services delivered by AWCs.

Project Reach	50 Anganwadi Centres in Noida, Uttar Pradesh
Geographical Coverage	Noida (Uttar Pradesh)
Project Period	Financial Year 2021-22
Project Activities	Capacity building of AWWs, tracking well- being of caregivers, support in regularization of AW services, celebration of breastfeeding week, establishing Poshan Vatikas in AWCs, providing videos on learning methods to caregivers, helping them engage children during lockdown called Nayi Disha Modules

Summary of Impact

A significant focus of the project was on empowering Anganwadi Workers through capacity building in critical areas like Maternal Health and Child Nutrition (MHCN), effective growth monitoring, and innovative home-based learning methods for children. This led to effective delivery of duties by AWWs resulting in enhancement of service delivery to beneficiaries. Further, the project staff supported AWWs in disseminating information about availability of essential services such as 'Take-Home Rations' (THR) in AWCs, thereby improving access of services to beneficiaries.

To bolster nutrition and health awareness, the project introduced 'Poshan Vatikas' in 12 AWCs, enabling healthy vegetable plants distributed to beneficiaries. Additionally, events like Breastfeeding Week were

observed in AWCs, enlightening mothers about the benefits and best practices of breastfeeding. These activities led to enhanced nutrition and health awareness amongst the community.

During the challenging times of the pandemic, regular well-being calls were established with beneficiaries to ensure the continuity of childcare and educational routines. These calls emerged as a lifeline, offering crucial support and motivation to caregivers along with keeping them engaged in childcare and self-care, contributing to their overall well-being and that of their families.

Parents and caregivers were equipped with educational videos under the 'Nayi Disha' module which were circulated to parents through WhatsApp. This led to enriching the home learning environment and fostered uninterrupted learning.

Recommendation

For enhancing the effectiveness of similar projects in future, following suggestions may be considered:

- HCLFoundation may explore the possibility of providing access to basic necessities like water, sanitation facilities, and reliable electricity along with provision of necessary ECCD facilities in Anganwadi Centers. For this purpose, additional resources may be mobilized through exploring collaboration with Govt. departments which can be instrumental in fulfilling these high-priority infrastructure needs effectively.

- Acknowledging that childcare and child growth is the responsibility of the family as a whole. There is a pressing need to raise awareness among males about childcare and child growth. Therefore, involving father alongside mothers in AWC activities is recommended to foster a more inclusive and supportive environment for child development.

Project 7: Promoting inclusion of persons/ children with disabilities and LGBTIAQ+

This project was envisaged with an aim to impart care, support and inclusive & quality education to Children with Disability (CwD) (**6-14 years**) through the **Jyoti Kiran school (JKS);** and providing skill based residential training to Youth with Disability (YwD) (**18-35 years**) along with support in placement through the **Skill Development Programme (SDP).** The project was taken up during the year 2021-22.

Project Reach	**93 students** of JKS and SDP (**55** and **38** respectively)
Geographical Coverage	**Lucknow**, U.P. for **JKS** and **various districts of U.P.** for **SDP**
Project Period	April 2021 to December 2021

Summary of Impact

Skill Development Programme

The **sample universe** of the impact assessment study were the **batch 15 and 16 students** of the SDP programme. In order to understand the impact of the project interventions, **20 respondents** were surveyed, and socio-demographic profile of these respondents highlight the following: **Majority 55%** of

the respondents (n=20) were **female**. The **mean age** of the respondents was reported to be around **25 years**. **50%** of the respondents **completed intermediate** (12th class) while 35% completed graduation.

- Mobilisation activities were conducted by SPARC India team (in Lucknow) and by UPSRLM in other districts to promote the project and invite applications from potential YwD trainees.
- The respondents informed that there were **three major course options**: **BPO, Retail** and **Data entry operator**. Out of 3 months of training, 2 months were online classes due to COVID 19 restrictions and the last month consisted of offline classes.
- All the respondents stated that they were **not engaged in any income generation activities prior to the course enrolment**.
- **No fee payment** involved for the course **along with the need to have a job** were cited as prime reasons for enrolment by all the respondents.
- All the students highlighted that the project had special considerations/ facilities for YwD which encouraged them to do their best in the course. All of them informed that the faculty, staff, and management were sensitised and treated them without any prejudice.
- The respondents stated that the training and placement support provided helped them in getting job. **Average salary of the placed YwDs (10) was INR 8,523** as per project closure report.
- It was reported by 60% of the respondents (n=20) that since they graduated, SPARC India has never reached out to them to enquire about their employment status (within six months post completion).
- At the time of survey, only 6 students were working as salaried employees, their average monthly salary was reported to be INR 12,000.

Basis the discussions and observations shared by the stakeholders involved in the project, it is suggested that:

- Programmes could be of longer duration (around 6 months) to help the trainees delve deeper into the concerned subject matter and gain more knowledge. Also, opportunities for organising advanced certification courses for placed candidates can be explored to help them grow professionally. Similarly, Possibility of introducing programmes and courses in new geographies can also be explored.
- The Project team may conduct regular and frequent follow-ups with the trainees who got placed to provide them any post placement support required and refresher trainings (if required).
- If HCLFoundation supports similar natured programme in future, there can be provision of a designated authority looking after placements and post placement support. The said authority can specifically represent students and the institute in front of the employers providing them with higher bargaining power, look after connecting alumni to share employment opportunities among the students.

Jyoti Kiran School

To understand the impact of the project intervention, **28 respondents who were parents/ guardians of the students were surveyed**. The profile of these students highlights the following: Majority **82%** of the students (n=28) were **male**. 50% of the respondents completed intermediate (12th class) while 35% completed graduation.

- Mobilisation activities were conducted by SPARC India to promote the project and invite applications from the potential CwD students. The JKS programme catered to CwD having high degree of cerebral palsy related disabilities. **The project initiative had a 30+ staff strength to provide one stop solution for all needs of the students and parents**.
- The **infrastructure support available in the school and lack of other options** were cited by all the respondents as reason for enrollment.

- It was reported by all the respondents that the **academic, physiotherapy and speech therapy support has been highly beneficial to their children.** The respondents further informed that good quality and free of cost physiotherapy and speech therapy provided in JKS not only **helped in pain relief and better body movements of their children**, but also helped in financial savings for the household.
- All respondents agreed that the **support resulted in increased participation in school, improvement in speech and body movements of the students.** Some of the parents mentioned that before joining JKS, their children were barely able to walk. However, post the physiotherapy support provided, they were ecstatic to see their children walk and run (to short distances).
- It was reported by all respondents that **counselling and sensitisation sessions** were conducted for them to increase awareness for dealing with the physiological and psychological needs of the CwDs. All the respondents have reported that these sessions have been helpful for them as it helped them better understand the problem, challenges, and the needs of the children, as well as guided and provided them with the means to address the same.

The interventions resulted in all the respondents reporting **enhanced interest** in follow-ups, **more engaged** in the **student's** academic **journey**, **conducting therapy at home**, **better appreciation,** and **empathy** towards their children.

Project 8: Conservation and rejuvenation of waterbodies through community engagement

In light of the absence of natural perennial water sources in Bengaluru, a series of lakes were constructed during the 16th century to replenish the groundwater table, thereby ensuring water availability for drinking and irrigation purposes through wells and borewells. However, as Bengaluru expanded, many of these lakes disappeared, with portions of Bidru Lake also falling victim to encroachment. The dumping of debris and sewage into lakes by granite manufacturing companies poses a threat to water cleanliness, thereby impacting aquatic flora, fauna, and communities dependent on these resources. Furthermore, the obstruction of the lake's inlet by debris restricts the free flow of water into the lake, leading to decreased water availability and posing a threat to water availability in nearby borewells.

To address the pressing water challenges confronting Bengaluru, the HCLFoundation, in collaboration with UWB, initiated project — 'Conservation and Rejuvenation of Water Bodies through Community Engagement' under the Harit Flagship Programme' during the FY 2020-21 to 2021-22.

An overview of the activities undertaken during the FY 2020-21 and 2021-22 is provided in the figure below.

Project Reach	4,000+ direct panchayat population under Bidru Lake 20 Percolation wells created 2,560 KL of rainwater harvesting potential.
Geographical Coverage	Wake the Lake (Bidru lake), Bengaluru One Billon Drops initiative in 2 schools and 10 Anganwadi in Anekal block, Bengaluru

Project Activity

Wake the Lake - Bidru Lake
- ❑ Cleaning of lake and surrounding areas
- ❑ Plantation of saplings
- ❑ Construction of rock embankment at the inlet of lake
- ❑ Wetland development
- ❑ Creation of Miyawaki Forest
- ❑ Volunteering activities of HCL Employees

One Billion Drops- Creation of Percolation well
- ❑ Construction of 20 percolation well in 2 government schools and 10 Anganwadi

Summary of Impact

The project interventions taken up for rejuvenation of Bidru lake created a lot of benefits for the local communities which are summarized hereunder:

- **Enhancement in water availability** - Due to the project interventions undertaken at Bidru Lake, **water availability in Bidru Kere Nagar Colony was enhanced**. Previously, with 30 to 40 households and a population of about 500 near Bidru Lake, residents relied on two community bore wells for water needs. The intervention raised the lake's water level, crucial for bore well recharge, ensuring consistent water supply for drinking, washing, and bathing. This improvement not only secured water access but also elevated residents' quality of life.
- **Local Livelihoods** - With a view to secure the **livelihoods of the local fishermen**, which was under severe pressure due to overcrowding and waste accumulation. The Gram Panchayat introduced tender system, assigning responsibility for lake maintenance to the fisherman winning the tender. The fisherman winning the tender could fish in the lake for five years, paying an annual fee of Rs. 40,000, thus strengthening livelihoods. Due to the project support the catch increased substantially from 100-150 kg per week to 300-350 kg. This led to a **significant rise in income** from Rs. 40,000 to approximately Rs. 60,000-70,000 per month, representing a 63% increase overall.
- **Recreational activities** around the lake increased with pathway construction and plantation efforts. UWB conducted wetland plantation at the lake's inlet to improve water quality, planting various species like Canna and Lotus. Plantation of 2,500 saplings of different species enriched biodiversity. However, the Miyawaki Forest creation failed due to insufficient maintenance and damage by buffaloes.

As part of the **'One Billion Drops'** initiative, 20 percolation wells were constructed in two Govt. schools and ten Anganwadi centers to replenish the groundwater table. Before intervention, due to issues in water management system, Anganwadi centers faced challenges such as water seepage from the roof and water logging during rainy seasons, which led to disruption in teaching activities.

As a result of the project support, the water logging issue at Anganwadi centres was addressed thereby leading to smooth operation of the regular activities at the centers. The intervention led to **mitigation of the flooding issue** which was a regular phenomenon faced across Anganwadis during the rainy season.

Based on the interactions and observations shared, it is recommended to ensure a thorough project handover to ensure the project's sustainability, a step that was not sufficiently taken after the intervention. The HCLFoundation could develop an exit strategy outlining the roles and responsibilities for maintaining the provided infrastructure, ensuring the project's long-term sustainability.
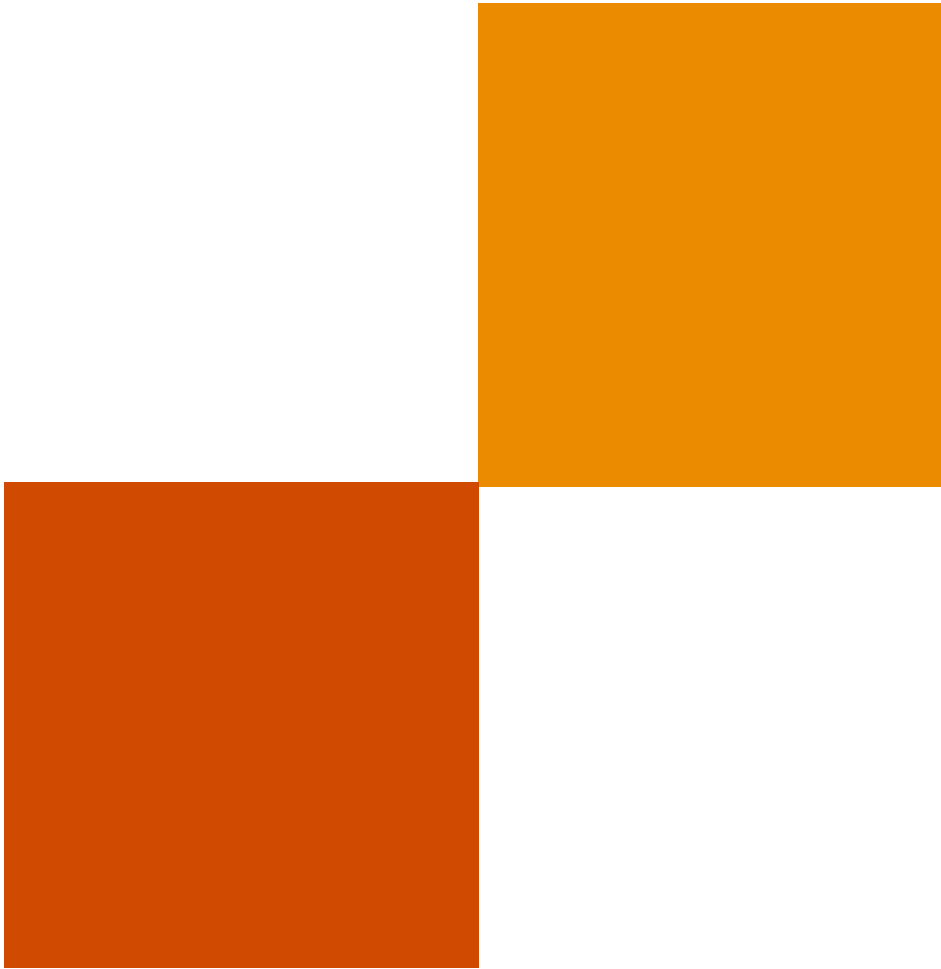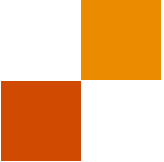
Introduction and Background

1. Introduction and Background

1.1 CSR at HCL Technologies

Founded in 1976, HCL Technologies (HCL) is a leading multinational Information Technology Company which is headquartered in Noida, India. HCL provides a wide range of services based on digital, engineering, cloud, and Artificial Intelligence.[4] As a responsible corporate citizen, the Company has been taking up various initiatives for giving back to the community across the world. In India, HCLFoundation has been anchoring this responsibility with a view to make the local communities equitable and sustainable.[5]

About HCLFoundation

As a not-for-profit organization, HCLFoundation (Foundation) was established in 2011 for contributing towards international and national development goals, taking up long term sustainable programmes with a view to impact the lives of people and communities. The Foundation is undertaking various CSR projects across various thematic focus areas such as education, health, skill development & livelihood, environment, and disaster risk reduction & response.[6] Further, at present, it is implementing five flagship programs, Samuday and HCLTech Grant (Rural Development); Uday and My Clean City (Urban Development); Harit - (Environment Action) to benefit 5.5 million lives (Figure 1):

Figure 1: Flagship programmes of HCLFoundation[7]

Samuday	HCL Tech Grant	Uday	My Clean City	Harit
❑ Initiated in 2015 ❑ Focus on social and economic development of Rural India ❑ Thematic Focus: Agriculture, Education, Health, Infrastructure, Livelihood, and WASH (Water, Sanitation & Hygiene) ❑ Coverage: 11 Blocks of Hardoi Dist. U.P. reaching out to more than 800,00 people	❑ Initiated in 2015 ❑ For strengthening, empowering and engaging with NGOs, recognition of the work being done by them ❑ Thematic Focus: Environment, Health and Education ❑ Coverage: Project support aim to cover 27,54,336 people in 131 districts across 22 states and 2 Union Territories of India. More than 18 lakh beneficiaries already covered	❑ Focus on urban areas where HCL has a presence ❑ Equitable and sustainable development of below BPL communities in Urban areas ❑ 3C Approach: Comprehensive, Continuous and Collaborative ❑ Thematic Focus: Health, education, sports, livelihoods and skilling, environment, disaster reduction and sports ❑ Coverage: 11 Cities	❑ Focus on strengthening Solid Waste Management system of Noida City ❑ Aim is to transform the city into litter and waste free region ❑ Major focus areas are capacity building of relevant stakeholders, intensive behaviour change campaigns, awareness drives and technological solutions	❑ Flagship Programme for Environment Action ❑ For conserving, restoring and enhancing indigenous environmental systems and respond to climate change in a sustainable manner through community engagement ❑ Approach: Participatory and Convergent

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[4] www.hcltech.com/about-us

[5] www.hcltech.com/corporate-social-responsibility#our-approach

[6] https://www.hclfoundation.org/about-us

7 https://www.hclfoundation.org/samuday, https://www.hclfoundation.org/hcltech-grant, https://www.hclfoundation.org/uday, https://www.hclfoundation.org/my-clean-city, https://www.hclfoundation.org/harit)

2.   Methodology for Impact Assessment

2.1 Scope of the study

In order to assess the impact created by select CSR projects, HCLFoundation engaged Price Waterhouse Chartered Accountants LLP (PWCALLP). The scope of the study included reviewing the Key Performance Indicators (KPIs) as defined by the Management under the framework for implementing the CSR Projects for the outputs, outcomes, and impact of the CSR Projects. Framework used was Inclusiveness, Relevance, Efficiency, Convergence and Sustainability framework (the 'IRECS') and recommendations on the Projects' performance were be provided for Management's further evaluation and consideration. The approach included the below:

Approach for the Impact assessment study (IRECS basis):

- Developed the understanding of the scope and boundary of the CSR Projects and aligned on the assistance to be provided.

- Conducted desk review of the documentation provided by the Foundation and in consultation with the Foundation and its implementing partners; and agreed with the Management on the parameters to be assessed for the Impact Assessment.

- Stakeholder mapping was carried out for the Foundation to identify key stakeholder groups to be interacted with during the assessment.

- Based on the above, developed the quantitative/ qualitative questionnaires (as relevant) to be used during the assessment for conducting in-depth interviews, interactions, meetings with the stakeholders and beneficiaries of the CSR Projects.
- For the impact assessment studies, wherever relevant based on the methodology of the study an estimated quantitative sample was drawn for survey during the study.

- Data collection through virtual/ in-person interactions (as relevant) based on the questionnaires was carried out and consultations were done.

- Based on the interactions and discussions, the information was analysed, and assessment of outcome/impact done.

- Report was developed based on the overall findings including the recommendations for Management's consideration.

The list of projects assessed as a part of the Impact Assessment study is provided below:

Table 1: List of projects to be taken up under Impact assessment.

#	Name of the Project	Location of the Project	Project Year
1	Network Approach to Strengthen Quality, Accountability and Systems for building resilient communities and India	Pan India	FY 2020-21
2	COVID-19 Reducing community transmission and hunger in highly impacted cities in India	Maharashtra, Andhra Pradesh, Telangana, and Rajasthan	FY 2020-21

#	Name of the Project	Location of the Project	Project Year
3	COVID-19 - Reducing community transmission and hunger in highly impacted cities in India	Maharashtra, Andhra Pradesh, Telangana, and Rajasthan	FY 2021-22
4	Strengthening Breastfeeding and Infant and Young Child Feeding (IYCF) counselling services and practices to prevent malnutrition in Gautam Buddha Nagar and Lucknow	Uttar Pradesh	FY 2020-21
5	COVID-19 Management & Vaccine Promotion Programme	Uttar Pradesh	FY 2021-22
6	Services & Infrastructural strengthening under Integrated Child Development Services (ICDS) for addressing health, nutrition, and the development needs of young girls & boys	Uttar Pradesh	FY 2021-22
7	Promoting Inclusion of Persons/Children with Disabilities and LGBTIAQ+	Uttar Pradesh	FY 2021-22
8	Conservation and rejuvenation of waterbodies through community engagement	Karnataka	FY 2021-22

2.2 Detailed Methodology

To assess the impact of 8 CSR projects (Table 1), PW team adopted consultative approach in consultation with HCLFoundation team. As a part of the approach & methodology, team carried out the following steps to assess the direct impact on the lives of project beneficiaries and other related project stakeholders:

Figure 2: Step by Step Approach followed for Impact Assessment

Kick off and Desk Review	Research Design & Tool Development	Data Collection	Report Writing
❑ Inception meeting to align on scope and expectations ❑ Strengthening our understanding of the CSR projects ❑ Review of Project Documents	❑ Finalization of evaluation Framework ❑ Stakeholder Mapping ❑ Finalization of sampling Framework ❑ Research Tool Development	❑ Data Collection from Identified Stakeholders ❑ Data Entry, Cleaning and Analysis	❑ Preparation of Draft Report ❑ Obtaining the feedback of HCL Foundation on the draft report ❑ Submission of Final Report for management consideration

Workstream 1: Kick-off and Desk Review

This assignment started with a kick-off meeting with officials from HCLFoundation. The objective of the meeting was to discuss the overall scope of work, ensuring alignment on the expectations and obtaining

understand from the project team on the projects under Assessment. Based on discussions, PW team shared a tentative list of documents with HCLFoundation team as required for gaining deeper knowledge on the concerned projects. After receiving these documents, desk review was conducted.

Workstream 2: Research Design and Tool development

Based on the desk review, PW team gained an understanding of various aspects of the 11 CSR Projects. This Impact Assessment study was guided by the IRECS assessment (Figure 3) which was used to provide overall feedback on the efficacy of implementation as well as its efficiency in achieving the desired project outputs with reference to inputs.

Figure 3: IRECS Framework
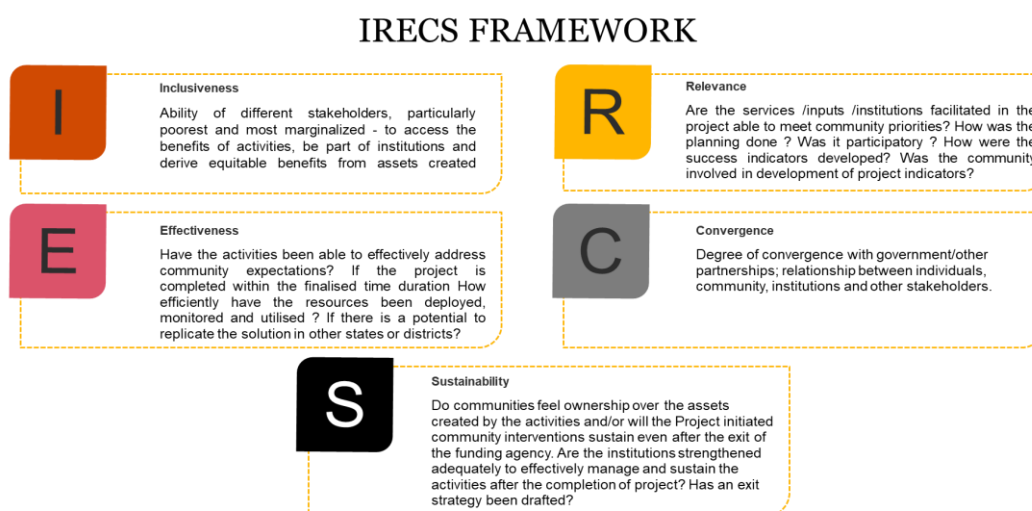
After finalizing the assessment framework, team-initiated mapping of stakeholders to arrive at the sampling methodology for the purpose of impact assessment. Out of 8 CSR projects, team noted that there are 7 CSR projects which are qualitative in nature whereas 1 project is required to be assessed using the mixed-method approach.

Table 2: Sampling Frame and Research Methodology for the Projects Under Assessment*

#	Project Name	Sampling Approach	Implementation Agency
1	Network Approach to Strengthen Quality, Accountability and Systems for building resilient communities and India	Qualitative	Sphere India
2&3	COVID-19 Reducing community transmission and hunger in highly impacted cities in India#	Qualitative	Caritas India
4	Strengthening Breastfeeding and Infant and Young Child Feeding (IYCF) counselling services and practices to prevent malnutrition in Gautam Buddha Nagar and Lucknow	Qualitative	Breastfeeding Promotion Network of India
5	COVID-19 Management & Vaccine Promotion Programme	Qualitative	Lending Hands Foundation

#	Project Name	Sampling Approach	Implementation Agency
6	Services & Infrastructural strengthening under Integrated Child Development Services (ICDS) for addressing health, nutrition, and the development needs of young girls & boys	Qualitative	Save the Children
7	Promoting Inclusion of Persons/Children with Disabilities and LGBTIAQ+	Mixed methodology	SPARC India
8	Conservation and rejuvenation of waterbodies through community engagement	Qualitative	United Way Bengaluru

*This report contains impact assessment of 8 projects as mentioned in Table 2 above.

#In agreement with HCLFoundation, it was decided to prepare a unified Impact Assessment Report for Project number 2 & 3, since both covered same set of activities over two financial years.

Post mapping of the key stakeholder groups in consultation with the HCLFoundation, the PW team started developing the research tools for data collection process. The assessment adopted qualitative approach for data collection as reflected in the table above.

Workstream 3: Data Collection

PW team discussed with HCLFoundation as well as the Implementation partners on field plan prepared for data collection. The data collection process was initiated in March 2024. Project wise research teams were constituted to steer the entire assignment in systematic and organized manner.

Work stream 4: Report Writing

Post completion of the data collection process, team started the process of carrying out analysis of the data to arrive at the insightful and overarching findings for each of the CSR project. The draft consolidated report was prepared accordingly, and key findings were discussed with HCLFoundation for obtaining their feedback and inputs. PW submitted the final report for HCLFoundation's management's consideration post incorporating the inputs received from the HCLFoundation team.

The subsequent sections discuss the detailed project-wise key findings and IRECS analysis based on the desk review and stakeholders interactions carried out for respective CSR project.

3. Project 1: Network Approach to Strengthen Quality, Accountability and Systems for building resilient communities and India

3.1 Background

India's unique geoclimatic and socioeconomic circumstances make it highly susceptible to a variety of disasters, including earthquakes, cyclones, tsunamis, floods, droughts, landslides, etc. Indian systems are struggling to cope with high demands of pre-existing socio-economic vulnerability and hazards. While the government is actively involved in strengthening SRR efforts and building resilience to mitigate disasters but, there is a need to develop advances systems and protocols in terms of quality and accountability.

In response to these challenges, the government has expanded its disaster management approach to encompass the entire spectrum of activities—prevention, mitigation, preparedness, response, relief, reconstruction, and rehabilitation—rather than merely focusing on immediate aid. This strategy is based on the principle that sustainable development is not possible without integrating disaster risk reduction (DRR) into the development process[8].

The COVID-19 pandemic further underscored the urgency of a coordinated approach to manage emergencies. As a result, the need for collaboration amongst varied stakeholders has become necessary to develop comprehensive strategies and mechanisms for disaster mitigation and systems strengthening. This is achievable through initiatives which provide avenues for dialogue to representatives from government, civil society and corporates intending to contribute to DRR initiatives.

3.2 About the project[9]

Natural disasters affect all population groups, but the marginalised and vulnerable population groups are likely to get severely affected in case of such disasters. Often, their impacts are distributed following socio-economic or cultural boundaries, wherein hierarchies of power, marginalization, unequal distribution of services and opportunities, or discrimination affect an individual's ability and capacity to cope with external shocks. Factors such as gender, age, ethnicity, religion, caste, or disability may contribute to one's poverty and vulnerability.

The project '**Network Approach to Strengthen Quality, Accountability and Systems for building resilient communities and India'** implemented by HCLFoundation in 2020-21 across India aimed to link varied players not only as a network but also strengthens their collaboration by making these stakeholders accountable for DRR initiatives in a sustainable manner.

HCLFoundation, in collaboration with Sphere India, implemented the project structured around three broad result areas.

Sphere India network is a collaborative platform for diverse stakeholders, including those involved in humanitarian aid, disaster risk reduction, climate risk management, development, and peacebuilding. The project is executed by bringing together coalition representatives of Sphere network from the government,

[8] Source: https://ndma.gov.in/sites/default/files/PDF/Reports/Annual_Report_NDMA_2022-2023.pdf and
[9] Source: MoU signed between HCLFoundation and Sphere India

private sector, United Nations, international and national NGOs, local NGOs, community-based organizations, professional associations, academic institutions, media, and individuals to undertake various project activities.

Figure 1 illustrates the various activities undertaken within these result areas with support from the network of Sphere India. This systematic approach ensures that each initiative has well-defined objectives and tangible outcomes. Following are three broad result areas under the project:

Result Area 1: Systems strengthening support to key state and national level government programmes to improve quality and accountability in resilience building.

Result Area 2: Institutionalisation of partnership standards and Quality Assurance Initiative on India to improve quality of delivery.

Result Area 3: Public Private People Partnership (PPPP) for common resource pools for key sectors to enhance collective accountability with more predictable resources.

Figure 4: Project Activities undertaken under different result areas

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Result Area 1: Systems strengthening support to key state and national level government programmes to improve quality and accountability in resilience building

National Platform for Disaster Risk Reduction (NPDRR) Sector Consultations

Partnership with MHA, NIDM and line ministries corresponding to key sectors (Education, Health, Waster, Sanitation and Hygiene (WASH), Food and Nutrition Service (FNS), Shelter and Protection) and organize consultations and sessions during NPDRR for each of key sectors.	**Output:** 6 Key Sector Consultation Reports, Handbooks and Multiyear Strategy documents were developed and disseminated in Sphere India Network.

Progress on Prime Minister's 10-Point Agenda & COVID-19 response

Documentation of progress made by civil society on Prime Minister's 10-point agenda and documentation of COVID-19 good practices and response.	**Output: Compendium containing Case Stories** of COVID-19 Response of 68 organisation of Sphere India network was developed.

Development of Advocacy Outputs

• COVID-19 Advocacy Call for Action for different stakeholders such as Government Agencies, CSOs, Media etc. • Advocacy through Interfaith Humanitarian Alliance platforms with webinars and Joint Appeals to address COVID-19 stigma and vaccine promotion.	**Output:** Two COVID-19 Advocacy Call for Action documents circulated in the Sphere Network; Joint Appeals by Faith Leaders against COVID-19 Stigma and Discrimination was disseminated to government authorities, humanitarian organizations, coordinating bodies like Inter Agency Groups (IAGs) and Sphere India, media, donors, and citizens.

Kerala- Systems Strengthening in DRR

Phase II of systems strengthening in Kerala) to complete final documentation of District Disaster Management Plans (DDMPs), State Disaster Management Plans (SDMPs) and State Policies.	**Output:** Documents related to system strengthening in Kerala submitted. The documents such as DDMPs for all the districts in the state, IAG charter was prepared and ratified by concerned IAG executive committee, Institutionalisation of inter-agency coordination led by district and state government with ownership and participation of local civil society organization etc. were prepared.

Advocacy and Partnership Building

Advocacy and partnership building with Poshan Abhiyan and SMART CITIES MISSION	**Output:** Partnership established with Madhya Pradesh (MP) State Government to deliver 14 sessions on Vitamin-A Training Program. Training was delivered as a series over a span of 10 days.

Advocacy Partnerships on DRR and CCA

Advocacy and partnerships in Targeted states of UP, Chhattisgarh, Tamil Nadu and Maharashtra for systems strengthening and mainstreaming of Disaster Risk Reduction (DRR) and Climate Change Action (CCA)	**Output:** NGO Mapping; Coordination with IAG; Coordination and partnership with Government stakeholders including State Disaster Management Authority (SDMA), Health Departments etc..; Coordination with Academic Institutions; State Level Sessions through COVID-19 Academy

Fellowship Programme

Fellowship Programme Support for Young Professionals	**Output:** 16 professionals deputed in the states (6 fellows from the support of HCLF); Fellowship Reports for 18 States and Union Territories prepared outlining the State Policy Framework, Risk Profile, Mapping of NGOs, Partnerships Established in the State, etc.

Covid-19 Academy Trainings

Training and capacity building of volunteers across the states on various aspects of COVID-19 preparedness through Covid-19 Academy.	**Output:** More than 1 lakh volunteers were trained, and Session Reports prepared.

Result Area 2: Institutionalisation of partnership standards and Quality Assurance Initiative on India to improve quality of delivery

Partnership Standards

Adaptation of partnership standards, consultations and consensus building with stakeholders in India	**Output:** Draft of Partnership Standards was developed.

Signing of MoU with Global QAI

Partnership with Global Quality Assurance Initiative (QAI) and other initiatives in India to develop blueprint of QAI for resilience building in India.	**Output:** Coordination and partnership with Global QAI and other initiatives in India established. Draft plan of action (conceptualisation of accreditation mechanism in Partnership Standards); Power of Attorney (PoA) and partnership formalised with Indian Institute of Corporate Affairs based on these Outcomes for further finalising and operationalising the standards

Result Area 3: Public Private People Partnership (PPPP) for common resource pools for key sectors to enhance collective accountability with more predictable resources

Exploration of Creation of Pool Funds

Research and review of experiences of pool funds in other countries	**Output:** Secondary Research Report developed; Consultation Report developed

CSR Dialogues

CSR Roundtables/CSR Webinars for each of the key sectors and One Mega CSR –CSO-Govt-Institutional Donors partnership event/ CSR Webinars	**Output:** Report on CSR Sector Roundtable and pool fund partnership event was developed

Exploration of Creation of Pool Funds

Developing Model of common pool funds in India with blueprint and business plan.	**Output:** Consultation Report developed on common pool funds model

* The above information (project activities and output) is based on data received from Sphere India. Result Area 1 had multiple funding partners in addition to HCLFoundation whereas Result Areas 2 and 3 were exclusively supported by HCLFoundation.

3.3 About the implementing agency[10]

Sphere India is a coalition of humanitarian agencies in India, established in 2003, as a pilot project of the global Sphere Project to promote Sphere Principles, processes, and standards in India. Over time, Sphere India evolved into a collaborative platform for diverse stakeholders, including those involved in humanitarian aid, disaster risk reduction, climate risk management, development, and peacebuilding. The coalition brings together representatives from the government, private sector, United Nations, international and national NGOs, local NGOs, community-based organizations (CBOs), professional associations, academic institutions, media, and individuals.

Sphere India advocates for rights and needs-based approach, emphasizing humanitarian principles, minimum standards, and global frameworks for disaster risk reduction, climate change adaptation, and sustainable development. Its goal is to ensure accountability to affected and at-risk populations. To achieve this, Sphere India facilitates inter-agency coordination and collaboration among diverse actors at various levels, provides a platform for stakeholders to share and amplify their voices, and promotes the sharing of knowledge and capacities. Additionally, Sphere India collectively develops mechanisms and initiatives to enhance accountability to affected and at-risk populations.

3.4 Method of impact assessment

The impact assessment study was carried out by PW to assess the impact created by this project. Prior to initiating the study, PW conducted an **inception meeting with HCLFoundation team** to understand the project and discuss further requirements. Post the meeting, a list of required documents was shared with the HCLFoundation's CSR team. Basis the documents received[11]; PW team started the **desk review of the same to develop detailed understanding about the project**.

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10 Source: https://www.sphereindia.org.in/index.php/our-story
[11] Project documents such as MoU, closure report, etc. shared by HCLFoundation

PW team worked on the development of a **structured qualitative methodology** for evaluating the project, which included desk review of the project documents and qualitative methods for **capturing stakeholder opinion and feedback through In-Depth Interviews (IDIs). Qualitative interactions (virtual/in person)** were conducted basis the **nature of the project.** A **total of 19 IDIs** were conducted to understand the impact created by the project as described in the below figures:

Figure 5 : Type of stakeholders interacted with

	2 IDI with Programme Team Members of HCLFoundation
	1 IDI with members of implementing agency (Sphere India)
	16 IDIs with beneficiaries/facilitators/organisers of project activities such as IAG members, Covid training resource persons, NIDM representative, fellows, CSR representatives, members of CSOs, etc.
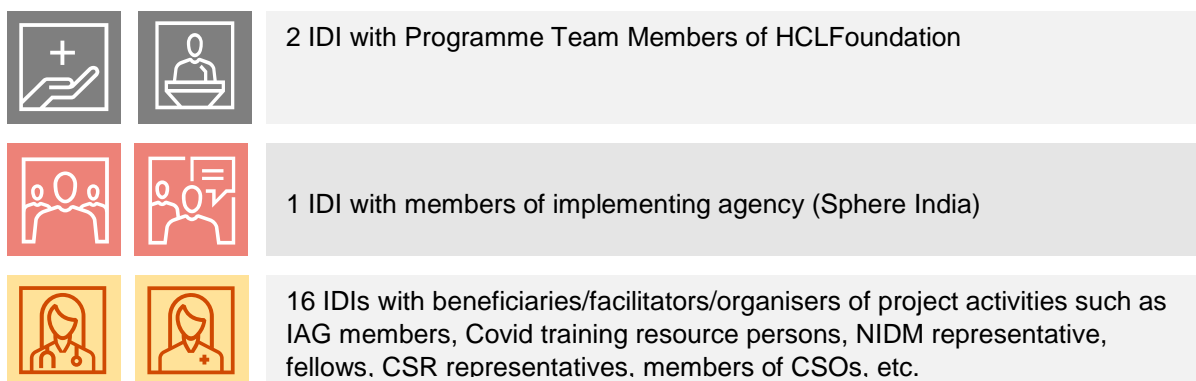
3.5 Key findings

Based on our interactions with project stakeholders along with desk review of the project report provided by HCLFoundation, research team has summarised the below findings from study:

3.5.1 Challenges faced before the project:

DRR initiatives faced several challenges that hindered their effectiveness in disaster preparedness and response. Some of the key challenges are as follows:

- **No structured linkages between civil society, government representatives and corporates:** The three key players have varied approached to DRR and often these stakeholders work in isolation due to absence of linkages at times of emergencies. Therefore, it was necessary to have a common platform where these stakeholders could come together to discuss, share ideas, knowledge, and resources. This would help strengthen their collaborative efforts in disaster response and planning.

- **Lack of standardized processes for preparedness and response in core sectors during disaster situations:** To ensure a coordinated and efficient response during disaster situations, it is crucial to have standard processes in place for various core sectors such as health, education, and WASH. These processes provide a structured framework for preparedness and response, enabling stakeholders to act swiftly and effectively. In the absence of such processes, there are no clearly defined protocols and guidelines, leading to confusion and redundancy during relief work and non-optimal utilization of resources.

- **Lack of capacity building initiatives in DRR:** Preparation and planning for DRR requires constant capacity building and handholding support to grassroots organisations and volunteers to be able to efficiently respond to emergency needs in a strategic manner. Spearheading such capacity building initiatives in DRR often requires organisations who could coordinate among varied stakeholders and organise such trainings.

3.5.2. Summary of Impact created:

Result Area 1: Systems strengthening support to key state and national level government programmes to improve quality and accountability in resilience building:

Various project activities undertaken in the above result area (activities mentioned in 'About the project' section), resulted in the following impact:

Figure 6: Impact created by activities under Result Area 1
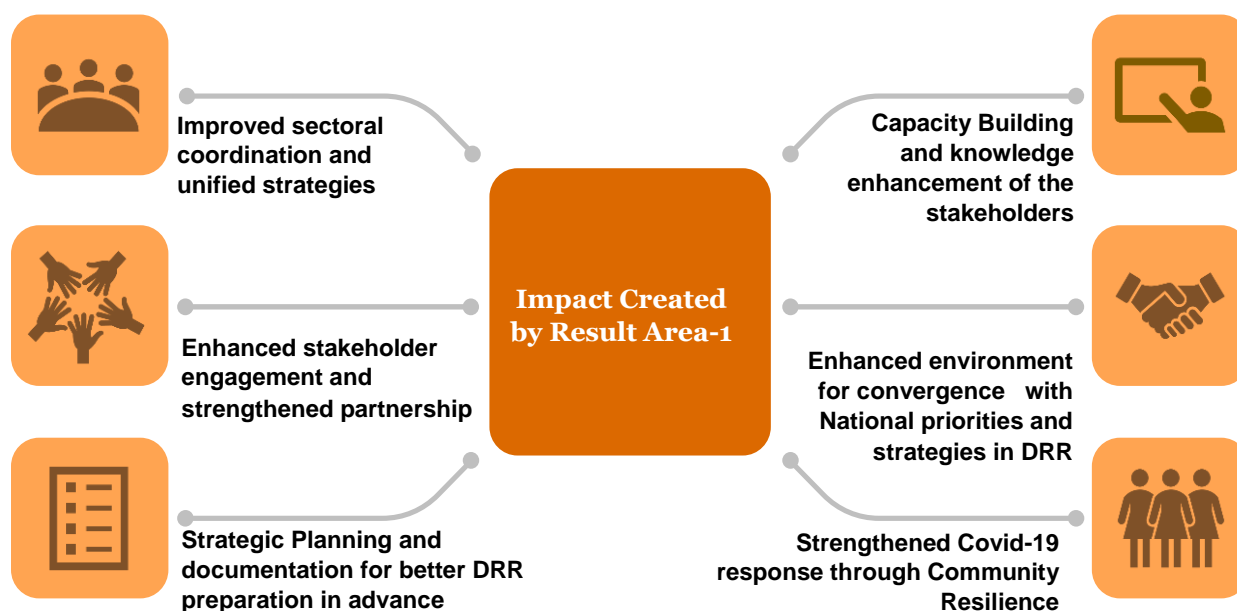
❖ **Improved sectoral coordination and unified strategies**

The project initiatives brought about a multitude of stakeholders together through multiple virtual consultations held of key thematic areas. The continuous engagement and involvement amongst key players resulted in developing a **unified approach and improved inter-agency dialogues.** The figure below depicts the activities undertaken to improve sectoral coordination under the project:

Figure 7: Project activities undertaken to improve co-ordination among stakeholders

Six sector consultations involved dialogues among 1,405 stakeholders representing INGOs, NGOs, UN Agencies, Government Stakeholders, Volunteer Organisations and Academics in India

1
6-sector Coordination

Sector-specific handbooks were prepared as a part of these consultations highlighting aspects of assessing and monitoring sector situation in India, sector strategy and agenda, identification of key stakeholders, resource mobilisation, guiding principles and standards as well as indicators and benchmarks.

2
Sectoral Handbooks

State-level inter agency groups (IAGs) were involved to improve coordination within and among the states.

Inter-agency groups

Online Trainings

4

3

Online trainings were organised across the 10 States and 2,200 people were trained on disaster preparedness and response thereby developing the capacities of stakeholders at varied levels of hierarchy.

A unified approach in six core sectors consultations contributes to ensuring that **interventions are coherent, complementary, and mutually reinforcing,** thereby maximizing their impact on disaster-affected populations. Also, these consultations **fostered the exchange of ideas, expertise, and resources, leading to more innovative and effective strategies** for disaster response and preparedness. Improved sectoral coordination and unified strategies resulting from the sector consultations signify a concerted effort to strengthen disaster response and preparedness efforts. Multi stakeholder consultation **facilitated meaningful engagement** between stakeholders such as government officials, NGOs, UN agencies, and other stakeholders. This helped in **identification of priority areas for action and develop solutions to address specific DRR challenges.** The consultations highlighted the importance of responses **tailored to the unique needs and contexts** of communities and regions.

The circulation of the handbooks and subsequent trainings in the network provided the stakeholders with a **ready reference document** on disaster risk reduction. This laid the foundation to further building on a **proactive, holistic approach among stakeholders that includes prevention, mitigation, preparedness, capacity building, risk reduction, community involvement, and risk resilience** for a wide range of hazards.

The involvement of inter-agency groups (IAGs) paved way to more comprehensive and integrated approaches to addressing complex issues that require multi-sectoral involvement in DRR. As a result, the **IAGs can facilitate in linking various government and private stakeholders in pooling of resources, volunteers, funds, etc. from for setting up relief camps, rescue operations, etc**. in the time of disasters.

At the time of the Uttarakhand floods, the construction workers from Jharkhand trapped in Uttarakhand were provided with relief materials due to timely coordination among the state IAGs. Inter-state IAG coordination among the representatives of Uttarakhand and Gujarat also led to repatriation of two students from Gujarat to Uttarakhand at the time of Covid-19 pandemic.

The project also resulted in the **institutionalisation of IAGs in Kerala and preparation of District Disaster Management Plans (DDMPs)** in Kerala which shall enable these bodies to not only **strengthen DRR response but also influence policy level discussions at state level.** Replication of such a model in other states is likely to solidify disaster response at the grassroots level and enable better coordination and planning when a disaster strikes.

❖ **Enhanced stakeholder engagement and strengthened partnership**

Multi stakeholder consultation **facilitated meaningful engagement** between stakeholders such as government officials, NGOs, UN agencies, and other stakeholders. Additionally, to coordinate partnership efforts within and among states, Sphere India launched a fellowship programme in which 16 young professionals were deputed in the various states and were centric to facilitating engagement and partnerships for other project activities as well. The Fellowship Reports for 18 States and UT were prepared outlining the State Policy Framework, Risk Profile, Mapping of NGOs, Partnerships Established in the state, etc. Prioritising places and communities through assessments of socioeconomic, hydrological, climatic, and geological vulnerabilities allows more focused interventions and resource allocation. Analysing the state's policy framework for disaster risk reduction helped provide insights into the legal and institutional mechanisms in place for addressing and mitigating risks as well as identify gaps, overlaps, and areas where policy implementation could be strengthened. Figure 5 illustrates the effect of Fellowship Programme in DRR ecosystem.

Figure 8: Effect of Fellowship programme on DRR ecosystem

Prospect of developing holistic and effective responses through varied perspectives

Increased and efficacious participation in DRR initiatives

Increased possibility of localisation of efforts essential for addressing the varying vulnerabilities

Likelihood of enhanced capacities of different communities, due to better coordination amongst various actors

Avenue for strengthened partnerships, and improved knowledge sharing among stakeholders.

Improved chances of capacity building of response teams, and coordinated action before, during, and after disasters.

Multi-stakeholder initiatives foster a sense of ownership and commitment among stakeholders, leading to greater support for DRR initiatives.

❖ **Strategic Planning and documentation for better preparation in advance**

Ensuring robust documentation **demonstrated a proactive approach to gathering critical information, identifying needs, and coordinating response efforts**. Sphere India disseminated handbooks, strategy documents, situation reports, etc. with its members and network organisations for **facilitating emergency preparedness and response actions**. Such initiatives for strategic planning shall contribute to **improved availability of comprehensive guidelines, strategies, and documented best practices** for sector-specific emergency response. Through these efforts, stakeholders **can access clear protocols, established procedures, and proven methodologies to guide their response actions**, ultimately enhancing the efficiency and effectiveness of emergency response efforts in future.

These documents shall further provide the stakeholders with a ready **reference on well-defined institutional standards, legislative, policy and planning frameworks, instructions, and details on specific operations such as search and rescue, early warning systems, emergency communication, etc.** This also **contributed to an expanded pool of DRR related resources and knowledge networks, enhanced response capabilities and systems, and so on.**

Figure 9: Essential documents developed during the project

Documents developed

- 6 Sector Handbooks
- 6 multi-year strategy documents
- 74 Situation Reports
- 6 Joint Rapid Needs Assessment Reports prepared on disasters occurred in various geographies

❖ **Capacity building and knowledge enhancement of the stakeholders**

Capacity building through consultations, strategic planning, and initiatives like the COVID-19 Academy, and fellowship programs contributed **to ensuring effective responses to disasters and emergencies**. By equipping stakeholders with the necessary skills, knowledge, and resources, such initiatives contributed to preparing communities to mitigate risks and recover from crises. The knowledge disseminated to the leaders and representatives of various civil society organisations further percolated to other staff members of these organisations through snowball effect.

Sphere India advocated for proper nutrition awareness among its stakeholders and successfully established a partnership with the Madhya Pradesh State government. This collaboration led to the organization of 14 training sessions on vitamin A for frontline workers through COVID-19 Academy, focusing on essential nutrition aspects. These tailored interventions address specific needs related to disaster risk reduction (DRR), enhancing the overall effectiveness of the programme.

During the interactions with varied stakeholders, it was highlighted that the project activities provided with **avenues for focused capacity building such as Vitamin-A training** (described in the box above) **sessions as well as made the stakeholders realise the need of regularly organising capacity**

building sessions with the stakeholders and volunteers on ground to ensure their preparedness for disasters management.

❖ **Enhanced environment for convergence with National priorities and strategies in DRR:**

Engagement in such initiatives and advocating for DRR, influences policy discussions and decision-making processes at the national level. This can lead to policy changes or improvements that reflect the recommendations and insights gathered from these consultations, advocacy efforts, and reports. Such initiatives **increase convergence between DRR initiatives and national priorities,** resulting in more effective disaster preparedness and response strategies through efforts such as NGO Mapping, Coordination with IAG, Coordination and partnership with Government stakeholders including SDMA, Health Departments, Coordination with Academic Institutions, etc.

Additionally, a **two-way communication mechanism for disaster response** has been established during the process of consultations and documentation between the government representatives and civil society organisations. The stakeholders at the grassroots were able to highlight gaps which could have previously gone unidentified. This exercise also made the stakeholders more aware about the existence of various standard document and guidelines such as "Education in emergencies," etc. which they might not be previously aware about.

❖ **Strengthening Covid-19 response through Community Resilience:**

Figure 10: Initiatives on Covid-19 response under the project

2 Covid-19 Calls for Action disseminated to counter stigma and discrimination disseminated to government authorities, humanitarian organizations, coordinating bodies like IAGs and Sphere India, media,

Faith leaders involved to solidify Covid-19 response.

Encouraging people to reflect on their attitudes and behaviors towards those affected by COVID-19, the call to action **promoted empathy and understanding. Dissemination of accurate information alongside the call to action, helped combat misinformation and promoted fact-based understanding of the virus and its implications.**

COVID-19 Academy training **fostered community engagement** by encouraging participation in response efforts. Engaged communities are more likely to **adhere to guidelines, support vulnerable members, and collaborate with authorities to address local challenges.** The training program helped **build trust between communities and authorities** by providing accurate information and promoting transparency. Improved community resilience to disasters, as the coordinated and strategic approach to sectoral response translated into **better support, services, and resources for affected communities during disaster and health-related emergencies.**

Result Area 2: Institutionalisation of partnership standards and Quality Assurance Initiative on India to improve quality of delivery:

Project activities detailed in the 'About the Project' section resulted in the following impact under Result Area - 2:

Figure 11: Impact of project activities under Result Area 2
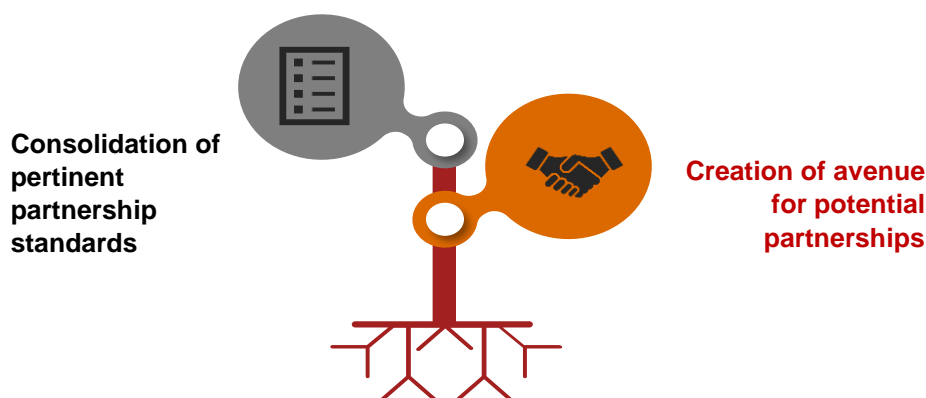
❖ **Consolidation of pertinent partnership standards**

The consultations and CSR roundtables enabled Sphere India to refer and involve different humanitarian standards including core humanitarian standards and technical standards, Sphere standards, ISO standards, PMI standards, etc. and analyze corporate standards to consolidate the same into a single reference document. The draft partnership standards thus prepared **enabled promotion of consistency and coherence but enhanced the effectiveness of partnerships by aligning them with established industry norms** and expectations. Inclusion of varied perspectives of both private and public sector players further **fostered a collaborative approach** on systems strengthening and DRR initiatives. The CSR roundtables and webinars organized were a concrete step towards mainstreaming of DRR into business organisations approach and CSR policies.

A key impact realised through this initiative was that the network members through Sphere were able to **initiative dialogue on possibility of collaboration with the Indian Institute of Corporate Affairs (IICA)** to further formalise these standards.

❖ **Creation of avenue for future potential partnerships**

The development of partnership standards was a crucial step in fostering trust and accountability between potential partners. These standards are designed to ensure transparency and reliability, whether the partnerships were between CSOs and Corporates under CSR initiatives, Government entities and CSOs, or Corporates and Government bodies or any other partnership combination.

In addition to establishing these standards, there was a significant need to create accreditation criteria for organizations adhering to these partnership norms which was created under this result area. This accreditation system will reinforce trust and accountability among the various partners. By certifying organizations that complied with the partnership standards, the project will ensure that all stakeholders could reliably engage with each other, knowing they were meeting consistent, high-quality benchmarks. Hence, the project's activities may create avenues for future potential partnerships among different actors in Disaster Risk Reduction.

Result Area 3: Public Private People Partnership (PPPP) for common resource pools for key sectors to enhance collective accountability with more predictable resources:

The diverse project activities outlined in the 'About the Project' section led to the following impacts under Result Area 3:

Figure 12: Impact of project activities under Result Area 3
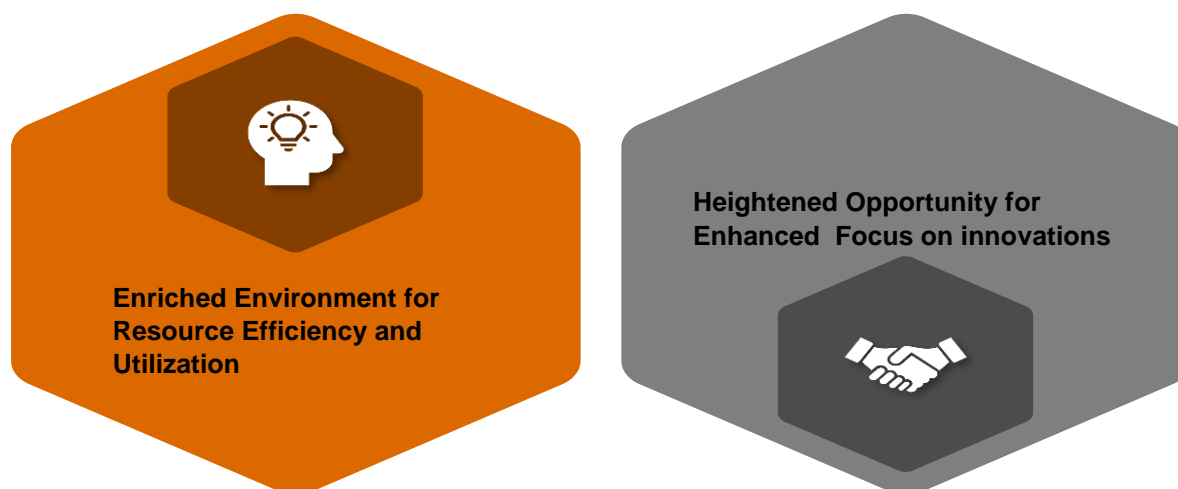
❖ Enriched Environment for Resource Efficiency and Utilization

Public-Private-People Partnership (PPPP) model ensures more predictable and efficiently allocated resources across key sectors in DRR, reducing redundancy and improving the overall response during a disaster situation. A **common resource pool** can offer organizations access to a multitude of reference documents, case studies, experiences, and insights into thematic areas and resource utilization in the field of DRR.

Sphere India, through CSR roundtables and consultations provided a platform for government representatives, corporates, and civil society organizations to discuss existing gaps, explore potential partnerships, and develop a shared pool of resources. This **collective approach enhanced the environment for effectiveness in disaster response** by ensuring that resources are optimally utilized during crises.

❖ Heightened Opportunity for Enhanced Focus on Innovations

Effective implementation in terms of DRR and systems strengthening relies heavily on effective and efficient action are the institutions, policies, and logistics of disaster management. These elements are just as significant as the actual tools used to rescue people. The participation of disaster management practitioners—the domain and subject matter specialists who comprehend the complexity and who know how to best align disaster management policies, institutions, and logistics—in the creation and development of policies is equally crucial.

Engaging CSR practitioners, industry experts, and thought leaders in such events promoted knowledge exchange and **offered guidance on emerging trends, challenges, and opportunities** in the field of DRR and CSR. This access to diverse perspectives is **likely to influence corporate strategies and decision-making.** This can pave way for innovative **partnerships among organisations and**

development of niche-specific approaches like incorporating artificial intelligence in DRR, usage of drones in DRR, etc. among organisations having similar areas of interest. Moreover, there can be more opportunities for capacity building on DRR and systems strengthening, where companies can learn about new tools, frameworks, and methodologies for measuring and reporting on CSR performance.

3.6 IRECS Analysis

Basis the interactions with the key stakeholders and desk review of the documents, below is the impact of the project which is evaluated on the "IRECS framework":

Table 3: IRECS Analysis

Parameter	Assessment from study
Inclusiveness	• The project offered inclusive capacity-building opportunities and communications amongst stakeholders. Additionally, it established a two-way communication and feedback mechanism between government representatives and grassroots civil society organizations, fostering inclusive planning and preparation for DRR initiatives.
Relevance	• The project strategically aligned its activities with National Priorities on DRR, ensuring direct relevance to the country's strategic goals. By establishing a shared platform for government, corporates, and civil society, the project facilitated the consolidation of standards and frameworks for DRR and systems strengthening. • The project facilitated knowledge sharing among stakeholders, helping them understand the contemporary scenario of DRR, identify emerging trends, and document these in an Indianised context. This approach provided an avenue for potential partnerships among stakeholders.
Effectiveness	• Development of key handbooks, reports, draft partnership standards, and multi-year strategies enabled better planning and responses amongst involved stakeholders during emergencies and disaster situation. These documents served as a foundation for capacity building across stakeholders at all levels through trainings on disaster risk reduction (DRR) and systems strengthening in ten states. • Optimization of efficient intra-state and inter-state coordination and planning was achieved by strengthening and institutionalizing inter-agency groups (IAGs) through Fellowship Programme and various consultations conducted under the project. This streamlined approach improved collaboration and response capabilities across different regions. • Further, CSR roundtables, consultations and development of partnership standards facilitated coordination and knowledge sharing among corporates, CSOs and other organizations in the field of DRR, enhancing effectiveness and resource utilization. • Establishment of the Covid-19 Academy contributed to capacity building of the resources at the grassroots level by transferring knowledge on various critical COVID-19-related subjects. This initiative empowered local resources with essential skills and information, making response efforts more effective and targeted.

Convergence	• The project facilitated dialogue between government representatives, specifically the National Institute of Disaster Management (NIDM), and civil society organizations (CSOs) and business organizations. These dialogues focused on solidifying DRR responses and drafting partnership standards, enhancing collaboration and coordination in DRR efforts. • Additionally, the institutionalization of Inter-Agency Groups (IAGs) in Kerala played a crucial role in enabling stakeholders' representation in policy-level discussions and decisions, thereby strengthening the influence of stakeholders in shaping DRR policies and initiatives.
Sustainability	• Following the project's implementation period, the Covid-19 Academy was upscaled to Sphere India Academy, broadening its scope to include training and capacity building across multiple thematic domains. Additionally, the inter-agency groups continue to operate in various states, providing a focal point in the network and linking multiple agencies and functionaries to disaster risk reduction (DRR) responses as needed. • Handbooks and partnership standards developed under the project are continually evolving based on emerging needs, ensuring they remain relevant and effective. These resources continue to fulfill the standard process requirements of the DRR sector, supporting ongoing efforts to enhance disaster preparedness and response.

3.7 Alignment to HCL Tech's CSR policy and UN SDGs

The project is **aligned with HCL Tech's CSR policy** which includes **ensuring environmental sustainability, as one of the key CSR focus areas**. The project is also aligned with Sustainable Development Goals[12]: **SDG 9 "Industry, Innovation and Infrastructure," SDG 11 "Sustainable Cities and Communities," and SDG 13 "Climate Action."** SDG 9 focuses on building resilient infrastructure, promoting inclusive and sustainable industrialization, and fostering innovation; SDG 11 caters to making cities and human settlements inclusive, safe, resilient, and sustainable; SDG 13 involves taking urgent action to combat climate change and its impacts**.**

3.8 Recommendations

Based on the review of the documents and the interactions conducted during the assessment, following recommendations may be considered to further enhance the effectiveness of the project in the future:

• **Strengthening DRR in CSR initiatives through partnership standards:** To improve disaster risk reduction in corporate social responsibility efforts, it is important to adopt partnership standards. These standards create a clear framework for companies and civil society organizations to work together, ensuring transparency and accountability. Active promotion and advocacy for these standards among both corporate entities and civil society organizations can be done in targeted manner through outreach efforts, workshops, and training sessions.

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[12] Source: https://sdgs.un.org/goals

Additionally, creating platforms for collaboration and offering incentives, like recognition, can increase engagement. By fostering a collaborative environment and encouraging the use of partnership standards, we can combine the strengths of CSOs and companies to enhance DRR efforts.

- **Enhancing stakeholder engagement and recall in DRR Initiatives:** As DRR system strengthening processes and related documents are circulated among a wide network of organizations which are working at various levels and capacities, creating a vibrant and collaborative environment is crucial for getting the desired impact. Hence, it becomes important that the stakeholders remain connected and are regularly updated on events, current progress and any latest developments. To achieve this, we suggest establishing a centralized DRR knowledge hub which can be utilized for disseminating information, conduct of seminars, skill-building sessions, and virtual conferences.

  The said hub will also address the issue pertaining to regular stakeholder engagement and enhance the recall value of the work done. Such an initiative will also assist in maintaining detailed interaction records and provide opportunity for regular follow-up. Regular engagement helps stakeholders retain and apply the shared knowledge at the same time keeping them informed and engaged.

- **Enhancing DRR engagement through easy to understand and multilingual materials:** Resources produced by Sphere India within the project encompass handbooks, strategy documents, and procedural materials that outlines the necessary tasks and responsibilities of the diverse stakeholders engaged in disaster preparedness and response. Acknowledging the varying capacities and roles among these stakeholders, efforts may be made to create videos, graphic pamphlets, and other visual aids of the written material in vernacular languages to enhance accessibility and understanding, particularly for grassroots actors. This approach ensures effective communication and engagement, empowering stakeholders at all levels to contribute meaningfully to DRR efforts.

3.9 Study Limitations

Mobilizing stakeholders for the project, i**mplemented around three years ago, posed significant challenges.** These challenges **stemmed from the nature of the intervention and issues such as stakeholder transitions due to job changes or departures**. Additionally, **recalling specific project activities proved difficult for stakeholders**, given the passage of three years since the intervention took place.

4. Project 2 & 3: COVID-19: Reducing Community Transmission and Hunger in Highly Impacted Cities in India

4.1 Background

Imposition of COVID-19 lockdown resulted in job losses, particularly affecting casual laborers and migrant workers. This economic disruption was compounded by the lack of awareness in slum areas, where preventive measures like mask-wearing and hand hygiene were not widely practiced, exacerbating the risk of spread of the virus within these vulnerable communities. At the same time, healthcare facilities were facing unprecedented challenges due to shortages of essential PPE kits, increasing the risk of infection transmission among frontline health workers. In response to these multifaceted challenges, many companies and civil society organizations emerged as crucial pillars of support, offering essential assistance during this critical period.

4.2 About the Projects

With an objective to complement Government's efforts to mitigate the adverse impact of COVID-19 pandemic, HCLFoundation (CSR arm of HCL Tech) implemented projects (programme) on **"COVID-19: Reducing Community Transmission and Hunger in Highly Impacted Cities in India" during FY 2020-21 and FY 2021-22**. This programme **aimed to curb COVID-19 transmission and alleviate hunger among vulnerable slum dwellers**. Below Figure highlights the geographical spread of the programme:

Figure 13: Schematic representation of the Programme
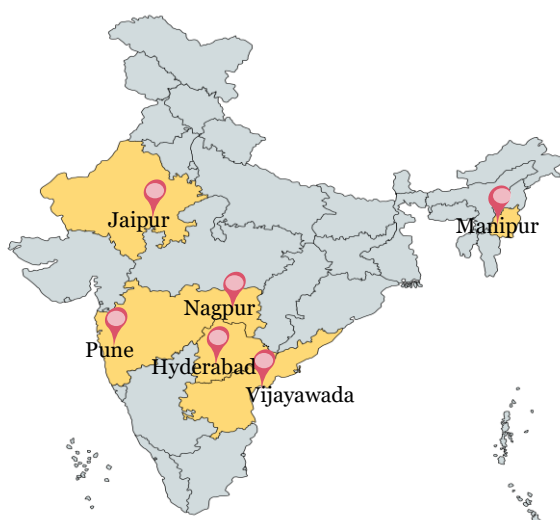
Geographical Outreach
- Jaipur (Rajasthan)
- Pune, Nagpur (Maharashtra)
- Vijayawada (Andhra Pradesh)
- Hyderabad (Telangana)
- Manipur

Programme Outreach
- 31 slum areas with an outreach to around 64,000 individuals
- 17 hospitals and 39 vaccination centres

Programme Period
- April 2020 - March 2022

Under this programme, HCLFoundation partnered with Caritas India to assist vulnerable communities in slum areas and provide support to government hospitals through a range of activities:

- Caritas India conducted needs assessment[13] during FY 20-21, leading to the **distribution of food and hygiene kits to vulnerable individuals such as single women, persons with disabilities, daily wage laborers, and rickshaw pullers** in the identified 31 slum areas in the five cities i.e., Jaipur, Pune, Nagpur, Vijayawada, and Hyderabad.

- This programme was complemented by **extensive COVID-19 awareness campaigns, aimed at promoting COVID-19 appropriate behaviors and precautionary measures** among the community members.

- **PPE kits were supplied to 17 COVID-19 designated hospitals** in the above mentioned five cities with an objective to address the shortages of PPE kits during the pandemic's initial wave in FY 202o-21.

- Further, the scope of support extended beyond **five major urban centers to vaccination centers in Manipur** in FY 2o21-22, where **medical kits were distributed to 39 hospitals across seven districts**, ensuring need-based response to the evolving challenges of the pandemic. (Figure 2).

Figure 14: Bird's Eye-View of Programme Activities*

Distribution of food kit to **4,000** households	Distribution of hygiene kit to **4,000** households	Distribution of **7,500 PPE kit** in 17 COVID designated hospitals	Distribution of medical kits in **39** vaccination centres in **7 districts of Manipur**
Food Kit	**Hygiene Kit**	**PPE Kit**	**Medical Kit (per vaccination centre)**
• Rice- 25 kg • Lentil (Masoor dal raw)- 3 kg • Soybean dried- 2 kg. • Wheat Flour (Raw)- 10 kg • Mustard oil (Raw)- 2 kg • Sugar- 2 kg • Jaggery- 2 kg • Beaten Rice (Raw)- 3 kg. • Salt- 2 Kg • Tea- 300 gm	• Reusable mask -5 • Bathing soap (125 gm)- 28 • Bleaching powder (500 gms)- 4 packets • Sanitary Napkin - 60 • Bathing soap (250 gm)- 8	• Hazmat Suit- 1 • Surgical gloves- 1 Pair • Face mask- 1 • Goggle- 1 • Shoe cover- 1 Pair • Head cover- 1	• N-95 masks -100 • Surgical Masks-2,000 • Sanitizer – 10 bottles (500ml) • Face shield - 20 • Hand gloves -200 • Steam inhalers - 10

Besides, awareness drives were held on COVID-19 to reach out to more than 64,000 individuals in 31 slum areas.

*Above programme information and content distributed in each kit is based on the information shared by Caritas India during the assessment process. As a part of our impact assessment, we have not validated the information.

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[13] The purpose of this rapid needs assessment was to identify the community members in need and understand their requirements with respect to the food and hygiene practices as well as gaps prevalent in the awareness level of these community members

4.3   About the Implementing Agency

Founded in 1962, **Caritas India** is registered under the Society Registration Act XXI 1860. Currently, it is implementing various development initiatives, focusing on humanitarian aid and disaster risk reduction, climate adaptive agriculture and food sovereignty, livelihood and skill development, anti-human trafficking & safe migration, health and nutrition, peace building and community-based rehabilitation[14].

4.4   Method of impact assessment

The impact assessment study was carried out by PW to assess the impact created by this programme. Prior to initiating the study, PW conducted an **inception meeting with HCLFoundation team** to understand the programme and discuss further requirements. During the discussions team noted that HCLFoundation has implemented two projects (i.e Project number 2 & 5) covering same set of activities to benefit community members, hence, it was decided to prepare a unified impact assessment report for the programme, covering activities over two financial years which are attributed to similar programme activities.

Post the meeting, a list of required documents was shared with the HCLFoundation's CSR team. Following documents were received by PW team for the **desk review with an objective to develop detailed understanding about the programme**:

- Memorandum of Understanding (MoU) signed between HCLFoundation and Caritas India
- Quarterly Progress Report by Caritas India for the period of June-October 2021
- Details of the food kits, hygiene kits, PPE kits, and medical kits distributed to the beneficiaries

Team also received three addendums from HCLFoundation team with the aim to extend the programme duration; however, due to inadequate documentation, they were not considered for the review purpose. PW team worked on the development of a **structured qualitative methodology** for evaluating the programme, which included desk review of the programme documents and qualitative methods for **capturing stakeholder opinion and feedback through In-Depth Interviews (IDIs). Qualitative interactions** were conducted basis the **nature of the programme (emergency COVID-19 response)**. Accordingly, following stakeholders were covered to assess the impact:

Figure 15 : Type of stakeholders covered under this assessment

1 IDI with Programme Head of HCLFoundation

1 IDI with Programme Lead of Caritas India

12 IDIs with community members residing in slum areas across five cities namely, Jaipur, Pune, Nagpur, Vijayawada, and Hyderabad*

7 IDIs with doctors, hospital in-charge and frontline workers in Pune, Nagpur, and Vijayawada#

*Out of 25 interactions planned, only 12 interactions were completed due to unavailability of community members because most of them were migrant workers, and it was difficult to mobilise them in limited timeline for carrying out the study.

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[14] Source: https://www.caritasindia.org/

#No interaction was possible with doctors or frontline health worker in Jaipur and Hyderabad due to transfer or unavailability of the officials. As highlighted by Caritas India, no stakeholder interaction was possible due to sensitive situation in Manipur, resulting into difficulty in mobilizing stakeholders. HCLFoundation team was informed about the unavailability of stakeholders.

A plan was developed for **virtual interactions** with key stakeholders mapped for the programme **in consultation with HCLFoundation team**. The survey tools included separate **IDI questionnaires** for HCLFoundation's team, implementing agency, doctors, hospital in-charge, frontline workers, and community members. A **total of 21 IDIs** were conducted to understand the impact created by the programme.

4.5   Key findings

Based on our interactions with programme stakeholders along with desk review of the programme report provided by HCLFoundation, the research team has summarized below findings from the study:

4.5.1 Challenges faced before the programme:

The following are some major challenges faced by various stakeholders before the commencement of programme activities:

1. Overcrowded Living Conditions	Slum areas were posed with overcrowded living conditions creating challenges for residents in maintaining social distancing, which was crucial to prevent the spread of the COVID-19 virus. Further, lack of awareness about COVID-19 symptoms and its appropriate behaviors increased the risk of community transmission.
2. Economic Hardship due to Job Loss	Lockdown resulted in the shutdown of all the workplaces, causing many people to lose their jobs. Those who were dependent on casual employment, such as daily wage laborers, auto drivers and rickshaw pullers, were particularly affected. They started depleting their savings, which was accumulated from their wages. Further due to no alternative sources of income, it led to difficulties in managing food and other household needs.
3. Inadequate Access to Food and Hygiene Kit	Lack of access to sanitation kits like sanitizer, soap, masks etc. resulted in poor hygiene practices. Job losses left many unable to afford basic sanitation needs, worsening the COVID-19 risk. Further, exhaust of ration and savings within few days of the lockdown left them in a dire financial crisis, making it challenging for them to afford food. Lack of city-specific identification documents hindered access to public distribution system of ration.
4. Shortage of PPE Kit in the Hospitals	During the COVID-19 pandemic, the healthcare system faced an unprecedented challenge. Due to the scarcity of PPE items such as gloves, surgical face masks, face shields etc., health workers were at risk. They consistently feared contracting virus, affecting their ability to perform their duties effectively.

4.5.2 Summary of Impact created:

In order to address these challenges, HCLFoundation adopted a holistic approach to undertake various activities. Below summarises the activity wise impact created by this programme:

Distribution of Food and Hygiene Kits in the Slum Areas:

During the COVID-19 pandemic, HCLFoundation provided 4,000 vulnerable households (HHs) with food kits with an aim to address immediate food insecurity. Concurrently, another 4,000 households (HHs), comprising individuals in occupations such as rickshaw pullers, laborers, and domestic helpers, were provided with hygiene kits to ensure COVID-19 safety in their work environments.

Figure 16: Quantum of support provided

| 4,000 Hygiene kits | 4,000 Food kits | Covered 31 slum areas in 5 cities |

During the interactions with Caritas India, it was noted that this targeted effort aimed at specific groups facing economic hardships, including single mothers, widows, persons with disabilities, pregnant and lactating mothers, migrant workers, and others. Based on their requirements, HHs received either a food kit or a hygiene kit and with those who meet criteria were provided with both kits to ensure comprehensive support during these challenging times.

As informed, stringent adherence to COVID-19 protocols was maintained during kit distribution, whether in public spaces or during door-to-door visits for differently abled beneficiaries. This approach prioritized safety while effectively reaching the targeted communities. As a result of this support, the following impact areas were observed:

Figure 17**: Impact of food and hygiene kits distribution**

Improved Nutrition Status

Enhanced Hygiene Practices

Increased Resilience of the most Vulnerable

Fulfilled Basic Food Requirements

Enhanced COVID-19 Appropriate Behaviour
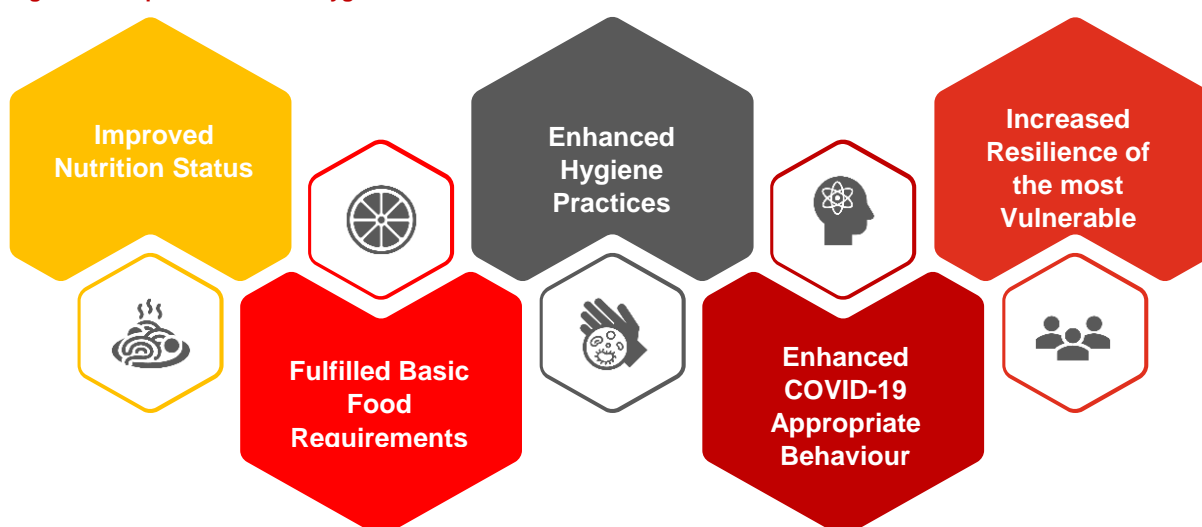
❖ **Improved Nutrition Status and Fulfilled Basic Food Requirements:**

During the interaction with the community members, they revealed appreciation for the diverse array of food items provided in the kits, such as rice, lentils, wheat flour, soybeans, mustard oil, sugar, jaggery, and beaten rice which was adequate to meet their nutritional needs during this challenging time. As reported by the Caritas India's programme lead, these items provided in the kit were sufficient to meet the **daily calorie requirement** of around **1,600 out of 2,100 kcal[15] for a family of 5 members** for the **period of 20 days**. It was also noted that salt, tea, and other seasonal vegetables (such as gram, corn, millets) were grown and stored in HHs for consumption which contributed the remaining calorie requirement of a family. As a result, the food kits effectively addressed food insecurity and contributed to improved health outcomes during the pandemic.

❖ **Enhanced Hygiene Practices and Behavioural Change:**

Community members mentioned receiving reusable masks, bathing soap, bleaching powder, and sanitary napkins among other items in the hygiene kits. Further, this support improved hygiene behaviours among community members, resulting in reduced infections and overall better health outcomes. Additionally, beneficiaries highlighted that receiving the hygiene kits raised awareness about the importance of hygiene & sanitation practices during COVID-19 pandemic, leading to sustained behavioural changes in long term.

❖ **Increased Resilience of the most Vulnerable:**

Assistance through food and hygiene kits proved crucial, especially during the lockdown period when many slum dwellers faced job losses or limited employment opportunities. This support alleviated the financial strain on numerous families, contributing to community resilience by tackling various aspects of the pandemic, from prevention to mitigation. The support provided families with the means (food and hygiene kit) to cope with the challenges posed by the pandemic.

COVID-19 Awareness Drive in Slums Areas:

Community awareness was taken up with an aim to prevent and protect community members residing in slum areas by enhancing their understanding of COVID-19, including its transmission, symptoms, and preventive measures such as wearing masks, hand washing, and maintaining social distance. As highlighted by the Caritas India programme lead, community awareness drive was done through different modes:

More than 64,000 individuals reached out through COVID-19 awareness activities

○ **Mobile Awareness Campaign:** Mobile awareness vans (equipped with a sound system) were deployed in slum areas to disseminate important information about COVID-19 and promote appropriate behaviors through audio messages. The audio messaged were recorded in local language of the community members to ensure better comprehension and retention of information. Additionally, pamphlets containing details about the virus, its transmission, symptoms, as well as dos and don'ts, were distributed.

○ **Hoarding and poster campaign:** Hoardings and posters were printed and installed at prominent locations within the slum and marketplace. These visual aids conveyed essential information about COVID-19 appropriate behaviors, along with clear instructions on what to do and what to avoid.

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[15] Source: Information shared by Caritas India

Awareness drives carried out under the programme resulted in creating following impact:

Figure 18: Impact created through awareness drives
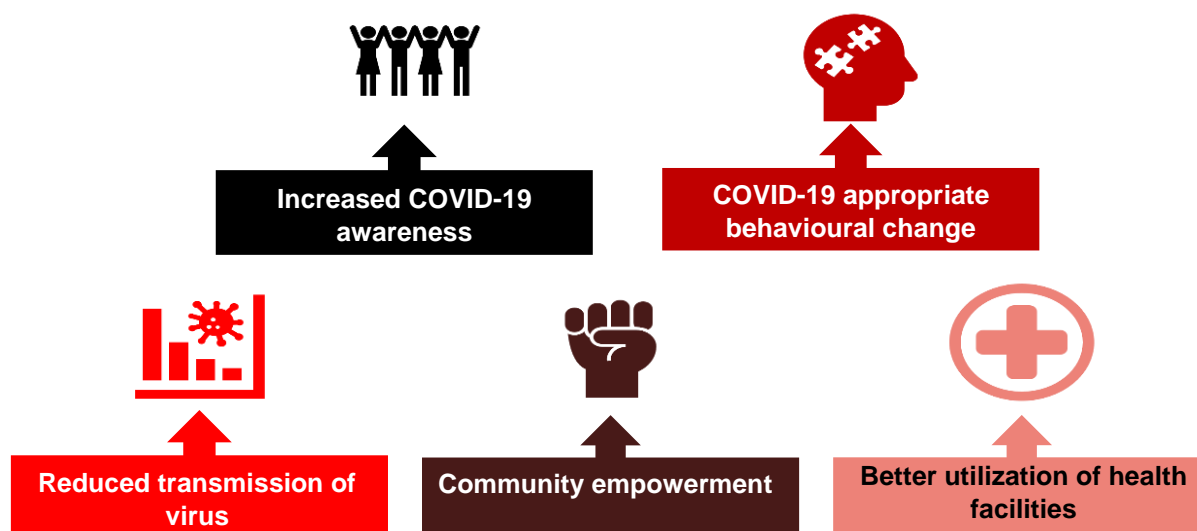
❖ **Increased Knowledge and Awareness regarding COVID-19**:

According to the community members, the awareness campaigns had improved their knowledge of COVID-19, including its transmission, symptoms, and preventive measures. These drives had resulted in a deeper knowledge level among residents of the slum areas.

> " "
>
> I used to have limited knowledge about COVID-19 behaviour due to rumours and misinformation, but after receiving information in awareness drives and receiving hygiene kits, I had clear understanding of what to do to protect myself and my family from COVID-19 spread.
>
> - Community member, Agni, Nagpur, Maharashtra during the field interactions

❖ **Behavioural Change through Adoption of COVID-19 Appropriate Practices:**

As informed by the community members, these campaigns were consistently disseminated information through various channels which continuously informed them to adopt COVID-19 appropriate behaviour for a duration of 1 month, leading to a shift in the community behaviour. After these campaigns, individuals started demonstrating increased adherence to COVID-19-appropriate practices, including regular mask-wearing, frequent hand sanitization, maintaining social distancing, and self-quarantining when symptomatic. This behaviour change played a role to some extent in limiting the transmission of the virus within their slum area. It further empowered individuals with the knowledge to take charge of their health and well-being, motivating them to actively safeguard themselves and their families against the virus.

❖ **Better Utilization of Health Facilities:**

As reported by community members, continuous awareness of various aspects of COVID-19 had enhanced awareness among communities. Initially, there was reluctance and fear surrounding COVID-19 testing, but this perception shifted following the awareness drive. People became more willing to undergo testing if they experienced symptoms and consequently sought appropriate treatment. These awareness campaigns led to better utilization of healthcare services as people sought treatment after getting more aware.

Distribution of PPE Kits in the Hospital:

As informed by Doctors, during the first wave of COVID-19, the hospitals were facing shortage of PPE kits. Besides, the available PPE kits were not of a good quality, leading to their inability to deliver timely care to patients. HCLFoundation provided support to hospitals experiencing shortages of PPE kits as a response to the demands from government authorities or hospitals dealing with a high surge of COVID-19 patients. A total of 7,500 PPE kits were distributed across 17 COVID-19 designated hospitals, in five cities namely Pune, Nagpur, Hyderabad, Vijayawada, and Jaipur which led to following impact:

Figure 19: Impact of distributing PPE kits
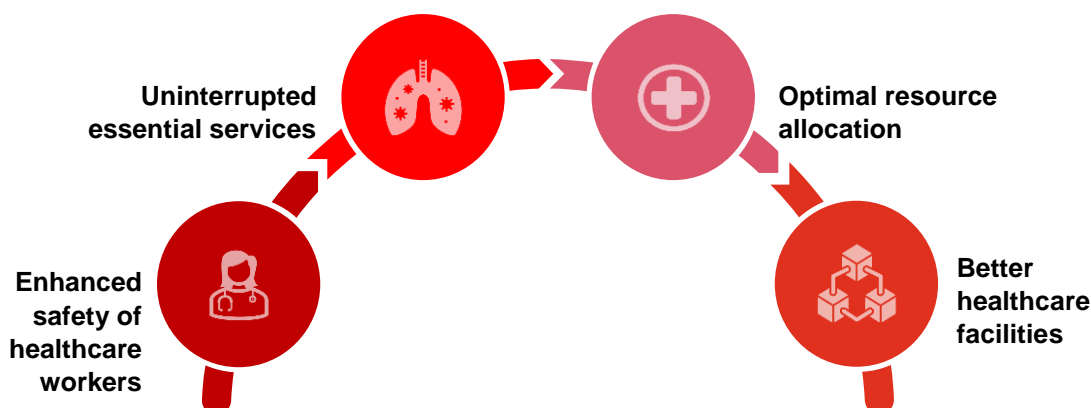
❖ Enhanced Healthcare Workers' Safety and Maintained Essential Services:

As stated by a doctor, PPE kits were invaluable during the initial wave of COVID-19 when hospitals were grappling with shortages. These kits played a crucial role in ensuring the safety and protection of healthcare workers, who were directly involved in treating COVID-19 patients. By reducing the risk of infection among medical staff, the kits helped preserve the workforce and prevented strain on the healthcare system. Moreover, the provision of high-quality PPE kits to hospitals boosted the confidence of healthcare personnel, enabling them to provide effective treatment to patients.

❖ Optimised Resource Allocation and Better Health Facilities:

According to a hospital in-charge, the distribution of PPE kits enhanced resource management within hospitals by ensuring that all healthcare workers had access to them. This availability of essential protective gear at the right times and places reduced staff shortages and interruptions in healthcare services. Doctors and nurses appreciated the support from the HCLFoundation with PPE kits, which prevented shortages during patient care. They received the kits promptly, ensuring their safety and enabling them to carry out their duties confidently, thus supported them in providing better health facilities.

Distribution of Medical Kits in the Vaccinations Centre:

During second wave of COVID-19, government started the COVID-19 vaccination drive. As reported by HCLFoundation programme lead, vaccination centers were facing shortage of PPE kit and other consumables. This challenge was hampering the vaccination team in rolling out COVID-19 vaccine drive efficiently. HCLFoundation took initiative to support the healthcare workers by distributing **PPE kits and other consumables such as sanitizer, masks etc.** to **39 vaccination centers in 7 districts of Manipur**. Impact of the support provided to vaccination centres has been summarized based on the desk review of the programme documents and interaction with the Caritas India programme lead and HCLFoundation programme head, as mentioned below:

❖ Enhanced Safety of Healthcare Workers:

During the second wave of COVID-19 in Manipur, vaccination staff encountered shortages of PPE kits and other essential consumables, hampering their ability to effectively administer the COVID-19

vaccination. According to the Caritas India programme lead, the support extended to vaccination centres played a crucial role in safeguarding the safety of healthcare workers. Furthermore, the provision of these kits bolstered staff confidence, enabling them to confidently engage with patients and deliver essential healthcare.

❖ **Effective roll out of the Vaccination Drive:**

The availability of PPE kits and other essential consumables enabled medical staff to attend to vaccination recipients without hesitation or reluctance. This facilitated the efficient utilization of resources, leading to the effective rollout of the vaccination drive across various vaccination centres in Manipur.

4.6   IRECS Analysis

Basis the interactions with the key stakeholders and desk review of the documents, the impact of the programme was evaluated on the "IRECS framework".

The IRECS analysis summary has been presented in below table:

Table 4: IRECS Analysis

Parameter	Assessment from study
Inclusiveness	▪ The programme effectively supported slum dwellers, particularly vulnerable groups such as single mothers, widows, pregnant and lactating mothers, and differently abled individuals. This programme was not restricted to any class of people, age, gender etc. The provision of food kits and hygiene kits helped them navigate economic shocks during these challenging times. Furthermore, awareness drives conducted in slum areas empowered socio-economically disadvantaged community members with knowledge about COVID-19 appropriate behaviors and preventive measures. ▪ Additionally, the programme extended support by supplying PPE kits to hospitals facing severe shortages. This assistance ensured access to quality healthcare for all patients, regardless of their socio-economic status. As a result, the programme demonstrated an inclusive approach, meeting the diverse needs of various stakeholders, especially those most in need.
Relevance	▪ This programme carried out the needs assessment to understand the relevance and needs of the community members. The programme was implemented during the initial wave of COVID-19 lockdown led to widespread job losses, especially impacting those reliant on casual employment such as daily wage laborers, auto drivers, and rickshaw pullers. Further, shortages of PPE kits in the healthcare system, posing increased risks for frontline workers and hampering delivery of health services. ▪ It is relevant as the community awareness initiatives in slum areas played a pivotal role in providing essential information about COVID-19 transmission, symptoms, and precautionary measures to community members. The provision of food and hygiene kits to individuals in need during these challenging times was crucial for their sustenance. ▪ Timely supply of PPE kits to hospitals in critical need alleviated stress for frontline workers, ensuring their safety and ability to deliver quality healthcare services

Parameter	Assessment from study
Effectiveness	▪ The intervention demonstrated its effectiveness by raising awareness among community members regarding COVID-19 appropriate behavior, resulting in the containment of COVID-19 spread in slum areas to a certain extent. ▪ Distribution of food and hygiene kits proved invaluable to slum dwellers, migrant laborers, and other vulnerable groups, enabling them to sustain themselves during the most challenging times of the COVID-19 pandemic. This support, according to community members, provided much-needed relief during critical periods, preventing them from accumulating debt from other sources. ▪ Provision of PPE kits was important in preventing frontline workers from contracting COVID-19, allowing them to care for a larger number of patients with confidence.
Convergence	▪ The programme was implemented in close coordination with government departments, line agencies, and civil society organizations (CSOs). PPE kits were supplied to hospitals based on government recommendations and requirements. Utilizing government IEC materials, the programme effectively raised awareness among the target population. ▪ To distribute food and hygiene kits and conduct awareness campaigns, the programme leveraged support from local CSOs, facilitating the identification of targeted slum areas. This convergence of efforts enabled the programme to effectively reach out to the needy population.
Sustainability	▪ The programme primarily focused on addressing the immediate needs of slum dwellers through the distribution of food kits, hygiene kits, and PPE kits during the challenging times of the pandemic. However, the awareness drives and promotion of hygiene practices empowered people to adopt COVID-19-appropriate behaviors for a long time, fostering a culture of health consciousness and resilience within the community.

4.7   Alignment to HCL Tech's CSR Policy and UN SDGs

The programme is **aligned with HCL Tech's CSR policy,** which includes **healthcare and disaster reduction** as one of its **CSR focus areas**. The programme activities are also aligned with United Nations (UN) Sustainable Development Goals. While **SDG 2 "Zero Hunger"** emphasizes **end hunger, achieve food security, improved nutrition and promote sustainable agriculture, SDG 3 "Good Health and Well-being"** emphasizes **ensuring healthy lives and promoting well-being for all at all ages,** with a specific focus on **safeguarding marginalized people and frontline workers form COVID-19** whereas, **SDG 11 "Sustainable Cities and Communities"** emphasizes making **cities inclusive, safe, resilient, and sustainable**. By addressing the pressing issues posed by COVID-19 pandemic through collaborative partnership, this programme has contributed to the overarching goals of **Zero hunger** and **good health and well-being**.

4.8   Recommendations

- **Robust documentation:** Considering the urgent need for various measures to provide immediate relief to people during COVID-19, the actions taken by the HCL Foundation were aligned with this direction. However, during such critical times, there is a possibility of losing focus on documentation, which is essential for conveying project information.

  The programme began during the COVID-19 pandemic with an initial MoU signed for a six-month duration. Considering the exceptional situation which emerged due to COVID 19, the programme duration was extended in a speedy manner, instead of following the normal procedure which could have resulted in more time spent on administrative procedures.

  It is suggested that the focus in such situations should be on to strike a balance between compliance and documentation aspect and providing immediate relief in projects of similar nature. This will ensure that the efforts undertaken are recognized, the project achieves its preset objectives and outcomes, and facilitates future reference, learning, and improvement in initiatives.

- **Tailoring kit contents to household size for equitable support**: During the distribution of hygiene and food kits to vulnerable populations in slum areas, each household was assumed to consist of five members. However, household sizes may vary. For instance, in smaller households with only two members, the kit contents might be more than necessary, whereas in larger households with eight members, the provided support might be insufficient. To ensure equitable distribution and that each household receives appropriate support, it is recommended that when such initiatives are undertaken by HCLFoundation in future, the contents of each kit be proportionate to the household size. This approach will ensure that all households, regardless of size, benefit equitably from the aid provided.

4.9   Study Limitations

Challenges in mobilizing stakeholders: As the programme was implemented around three years ago, mobilizing the stakeholders was challenging due to the nature of intervention as well as issues such as transfer/retirement of government officials etc. Apart from this, the **stakeholders** could not properly recall details of the programme activities conducted as three years have passed since the intervention was conducted. Due to sensitive situation in Manipur, interactions could not be conducted with representatives of COVID-19 vaccination centres supported with PPE kits and other consumables.

4.10 Case Studies

With limited financial resources and no means of income due to the lockdown, Sarita and her husband struggled to afford basic necessities, particularly food and sanitation essentials. Their situation was compounded by her husband's disability, which added to their vulnerability during these challenging times. Fortunately, Sarita learned about the food and hygiene kit distribution initiative by the HCLFoundation through a community leader. Recognizing the urgent need, she reached out and received both kits, which were of excellent quality and met their immediate needs for food and sanitation. The timely support from the HCLFoundation significantly alleviated the financial burden and ensured they had access to nutritious meals and helped maintain proper sanitation practices, crucial for their well-being, especially during the pandemic.

-Sarita (name changed), Community member, Agni, Nagpur, Maharashtra

During the COVID-19 lockdown, a single mothers Rajni faced heightened challenges due to economic strains and limited support networks. Rajni, a single mother of two young children, struggled to make ends meet as her source of income as house-help was disrupted by the lockdown. Upon learning about the food kit distribution by the HCLFoundation, Ms. Y requested for assistance. She received a food kit tailored to meet the nutritional needs of her family, including essentials like grains, pulses, and hygiene items. The food kit provided essential sustenance for Ms. Y and her children, ensuring they had access to balanced meals despite financial constraints.

- Rajni (name changed), Community member, Kelewadi, Pune, Maharashtra

5. Project 4: Strengthening breastfeeding and Infant and Young Child Feeding (IYCF) counselling services and practices to prevent malnutrition in Gautam Buddha Nagar and Lucknow

5.1 Background

IYCF is a set of well-known, common and scientific recommendations for appropriate feeding of new-born babies and children under two years of age. The first two years of life provide a critical window of opportunity for ensuring child's optimal growth and development through adoption of appropriate IYCF practices. Undernutrition occurs early in children and peaks at 24 months of age in India. This high burden clearly shows the need for accentuating efforts towards attainment of improved rates of optimal IYCF practices (Optimal feeding includes early and exclusive breastfeeding from birth to 6 months of age; continued breastfeeding for 2 years or beyond and adequate, safe and appropriate complementary foods and liquids after 6 months of age to meet nutritional needs)[16] in the country. Providing necessary support to mothers in their home and health facilities is important for achieving higher breastfeeding rates. Skill building of health workers on IYCF practices is essential to equip them to promote breastfeeding, counsel on issues such as low breastmilk production, correct positioning, complementary feeding and growth monitoring.[17]

The National Family Health Survey (NHFS) 5 data in the table given below suggests that optimal IYCF practices including early initiation of breastfeeding, exclusive breastfeeding, continuation of breastfeeding up to 2 years of age and CF in UP is below the Indian average and hence requires attention.

Table 5 : Comparative NFHS 5 breastfeeding data of India and Uttar Pradesh (UP)

NFHS 5 Indicator	India[18]	UP [19]
Children under 3 years were breastfed within one hour of birth	41.8%	23.9%
Children under age 6 moths were exclusively breastfed	63.7%	59.7%
Children aged 6-8 months received solid or semi-solid food and breastmilk	45.9%	31%
Total children aged 6-23 months received adequate diet	11.3%	6.1%

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[16] Source: https://upnrhm.gov.in/assets/site-files/gogl/fy2018-19/Training%20Module_English_Lowres.pdf (page 18, as retrieved on 15th May 2024)
[17] Source: Ibid (page 5, as retrieved on 15th May 2024)
[18] Source: https://main.mohfw.gov.in/sites/default/files/NFHS-5_Phase-II_0.pdf (page 25, as retrieved on 15th May 2024)
[19] Source: https://main.mohfw.gov.in/sites/default/files/NFHS-5_Phase-II_0.pdf (page 85, as retrieved on 15th May 2024)

5.2   About the project

This **project was envisaged** between HCLF and Breastfeeding Promotion Network of India (BPNI) (implementing agency) with an **aim to encourage breastfeeding** by imparting **optimal IYCF practices training to Angan Wadi Workers (AWWs), HCLF and partner organisations' staff** with an overarching objective to contribute towards health & nutrition status of infants and children in urban areas. **Four** partner organisations (Cohesion Foundation Trust, Centre for Learning Resources, Safe Society, Community Breastfeeding Promotion) were selected by HCLF to create a cadre of master trainers with an objective to sustain the dissemination of optimal IYCF practices in the community following project completion and provide supervision & guidance to AWWs working in the field. With onset of COVID-19 during project period, following activities were also undertaken via subsequent addendums to the MoU:

- Provided **620 self-care kits** and **345 sets of posters** (8 posters in each set) on World Health Organisation (WHO)'s ten steps to successful breastfeeding, Information Education Communication (IEC) posters (Hindi) in **Gautam Buddha Nagar** for AWWs and partner organisations' staff for future dissemination. The self-care kit included flipchart, booklet on breastfeeding and CF, umbrella, mask, gloves, sanitiser, steel bottle, Oral Rehydration Solution (ORS) packet.
- **Distributed 15 secca kits** for AWWs in **Lucknow** with support from HCLF's partner organisations. The kit included: Mid-upper arm circumference (MUAC) tape, infantometer, digital weighing scale, and measuring table.

The project was based on following premise:

Figure 20 : About the project[20]

Programme Reach	Lucknow & Gautam Buddha Nagar	Project Period
383 AWWs (249 in Lucknow and 134 in Gautam Buddha, Nagar), **13 HCLF staff & partner organisation staff** **620 self-care kits** and **345 poster set** in **Gautam Buddha Nagar** & **15 secca kits** in **Lucknow**	**Geographical Coverage**	October 2019 to March 2022

5.3   About the implementing agency[21]

BPNI is a registered non-profit organisation working towards encouraging and supporting breastfeeding and appropriate complementary feeding techniques for infants and children. BPNI's core areas of work include training of health workers and grassroot personnel in health and nutrition sector, counselling private hospitals for a sustainable support to mother-baby needs. BPNI is notified in the Gazette of India to initiate action under Section 21(1) of the IMS Act, 1992 i.e. Infant Milk Substitutes, Feeding Bottles, and

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[20] Source: MoU and project closure report shared by HCLF team
[21] Source: https://www.bpni.org/about-bpni/ as retrieved on 10th May 2024

Infant Foods (Regulation of Production, Supply and Distribution) for effective monitoring and implementation.

5.4 Method of impact assessment

PW team initiated the impact assessment study by conducting an **inception meeting with HCLF team** followed by a requirement of initial list of documents**. Desk review of these documents such as MoU, addendums, closure report etc. received was conducted to develop a detailed understanding about the project**. PW team worked on development of a **structured qualitative methodology** for evaluating the project. Stakeholder opinions and feedbacks were captured through **In-Depth Interviews (IDIs) and Key Informant Interviews (KIIs**). A total of **17 interactions** were conducted for assessing impact of the project. The infographic below illustrates the interactions carried out with the various stakeholders:

Figure 21 : Type and number of stakeholder interactions

1 KII with officials from HCLF team

4 IDIs with Master trainers from HCLF staff, partner organisations and BPNI team (virtually)

12 IDIs with AWWs and women beneficiaries (telephonically)

5.5 Key findings

5.5.1 Challenges faced before the project:

During the interactions with stakeholders including HCLF team, BPNI team, AWWs and beneficiaries, we were informed that project locations were facing following challenges with respect to IYCF practices:

- **AWWs lacked soft skills and confidence** to counsel the parents, family members and community, though they had knowledge on these topics.
- **Predominant traditional practices in the community** like wasting colostrum, non-exclusive breastfeeding (by providing water, baby food supplement, cow milk, etc.), delayed initiation and poor-quality CF.
- Most of the **AWWs received training from various sources**, however, these trainings were **theoretical in nature** and did not engage AWWs well enough to improve their learning outcomes.

5.5.2 Summary of the impact created:

The study captures findings and observations of stakeholders with a view to capture impact created by the project.

1. Creating a pool of skilled front-line workers:

Training of frontline workers on IYCF counselling **was designed** with an aim to equip frontline workers with knowledge on **optimal IYCF practices, encourage and support breastfeeding & CF**. The duration of these training was 4 days including counselling skills practices on mother and baby during these sessions. As the training was conducted during COVID-19, due precautions like social distancing, mandatory use of face masks & sanitisers, etc. were undertaken for ensuring the safety of both trainers and trainees.

The **training topics** included importance of IYCF practices, production & intake techniques of breastmilk, assessing positioning & attachment of baby to the breast, expressing breastmilk, low birth weight of baby, nutrition for lactating mothers, complementary feeding, growth monitoring, breastfeeding concerns of working mothers, breastfeeding in special circumstances, etc.

During our interactions with AWWs from Lucknow and Gautam Buddha Nagar, it was noted that they were **working** in the Integrated Child Development Services (**ICDS**) department **from more than 15 years** and were **associated with HCLF** (through other projects) **since 4-5 years**. Most of the AWWs informed that they got to know about the training support from HCLF by either ICDS officials or HCLF's partner organisations. The below figure illustrates the reasons/ motivation reported by AWWs to join this project.

2. Increase in motivation, knowledge, and awareness levels of AWWs:

All AWWs agreed that **trainers on the project were highly qualified, professional, and delivered sessions in an easy-to-understand manner**. AWWs further informed that latter were **amiable** and **approachable,** and they felt comfortable in asking doubts/ queries. The trainers always responded to their queries patiently.

Further, AWWs informed that they received regular trainings from various sources, but these trainings were **theoretical in nature** and **failed to engage and improve their learning outcomes**. In contrast, the training support provided in this project was **interactive and engaging** as the **methodology included demonstrations**, pre and post-test assessment, **role plays**, **group activities**, audio-visual

> **"**
>
> I found the training useful not only in knowledge enhancement on optimal IYCF practices but also in overcoming my misconceptions and boosting my morale. Before the project support, I was not aware on how to provide breastmilk to children born through cesarian delivery, how to correctly measure the height of the baby using infantometer and their weight using weighing scale. With the training provided, I am confident and equipped enough to counsel the mother having cesarian delivery on how to express, store and feed the breastmilk properly. I was also able to measure the height and weight of the baby using correct techniques which have led to improvement in growth monitoring mechanism in my area, thereby leading to improved maternal and child health outcomes in community."
>
> - AWW, Gautam Buddha Nagar

aids, **usage of models of breast & baby** and complementary feeding tools like cup, spoon, bowl, feeding bottle, etc.

3. Provision of self-care kits enabling safety during COVID-19 and secca kits for enhanced growth monitoring:

AWWs reported that they still use the equipment support received as part of self-care and secca kits in the field. **AWWs in Gautam Buddha Nagar** confirmed use of **mask, gloves, sanitiser, and ORS during COVID-19** period which proved to be helpful in **conducting uninterrupted field work keeping themselves and the community safe from further spread of COVID-19**.

The **AWWs in Lucknow** mentioned that **before the project** either they did **not have the equipment, or it was damaged** which **hampered the growth monitoring** in the community. The AWWs reported that the **equipment support provided by HCLF is of good quality, functional and still in use**.

The AWWs **highlighted that the number of malnourished children in their area have reduced from around 10 (before the project) to 4 (after the project) on a monthly basis**. They further mentioned that **had this support not been extended** to them **there would be repercussions** like **higher prevalence of malnutrition in children under 6 years** categorized as Severe Acute Malnutrition (**SAM**) and Moderate Acute Malnutrition (**MAM**)[22] (MAM is identified for children 6-59 months, MUAC <125 mm and > 115 mm) and SAM is identified for children 6-59 months, MUAC <115 mm) or the presence of bilateral pitting edema), **inefficient growth monitoring and continuation of traditional practices** in community.

However, AWWs **shared the need for regular and frequent refresher trainings to be conducted** for keeping them abreast of the optimal IYCF practices and resolve associated challenges faced by them on field for sustainable health outcomes in community. They further suggested that the **same training may also be provided to ASHA workers** who will augment the efforts and further benefit their community.

4. Capacity building of HCLF & partner organisations' staff for improved supervision:

Capacity building sessions were also provided to **HCLF & partner organisations' staff working** in this **thematic area** of Early Childhood Care and Development (**ECCD**) to develop a cadre of master trainers to train others. There has been an **increase in knowledge and information levels** of 13 participants after the training as seen by Pre and Post-test scores wherein average score improved from **37% (pre-test) to 76% (post-test)[23].** The training ensured that all the participants learned basics, important concepts of IYCF practices and obtained competency for counselling mothers of infants and children in their community.

The HCLF & partner organisations' staff informed that they **were aware about the concepts of optimal IYCF practices (exclusive breastfeeding, complementary feeding, etc.) however, it was the first time an in-depth training had been undertaken on breastfeeding and optimal IYCF practices**. The HCLF & partner organisations' staff informed that they **took part** in the training with an **aim** to understand the technical aspects and know-how of optimal IYCF practices and thereby **provide support, supervision, and guidance to AWWs** working in the field. The HCLF & partner organisations' staff also **highlighted that their traditional mindset of considering females as primary caregivers underwent a change**. They understood the significance of **bringing the entire family and community to**

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[22] Source: (https://www.globalhealthlearning.org/sites/default/files/page-files/MAM%2C%20SAM%2C%20and%20GAM.pdf) as retrieved on 10th May 2024
[23] Source: As per the information and training report shared by HCLF team

understand the importance of optimal IYCF practices. Engagement from male members of the family helped to break the myth that male members cannot undertake this type of training.

The HCLF & partner organisations' staff mentioned that **AWWs shared a positive training feedback and experience with them**. However, they suggested that there can be a 1-day component of field work as well. The trainers will be able to observe & assess trainees during their interactions in the community with AWWs, pregnant & lactating women and provide course correction, as necessary. Hence, direct orientation during field work can be done which will provide a platform for trainees to ask questions directly to the trainers further enhancing their confidence.

> "
>
> I found the training support provided by HCLF and BPNI very useful as it boosted my morale which motivated me to work proactively in the field. Post the training, a very malnourished baby (very low weight as per the age group) was identified using the correct growth monitoring techniques and equipment provided as part of the secca kit. Upon further probing, it was found that the baby weighed too low that routine immunisation was also not possible due to very tiny and weak hands and legs. I counselled the mother about exclusive breastfeeding for 6 months and subsequently initiate good quality complementary feeding (using available household items) post that along with continuing breastfeeding. I was in constant touch with the mother & family and brought the equipment with me since the baby was too weak to come to the Anganwadi center. With months of slow yet gradual improvement in the condition of the baby, ultimately the child got out of malnourishment and is currently leading a healthy, happy, and normal life."
>
> - AWW, Lucknow

5. Sustained community participation and improvement in breastfeeding outcomes:

The beneficiaries informed that there has been a noticeable reduction in the number of malnourished children in the community. Some of the beneficiaries further mentioned that in the last 2-3 years they

> I got pregnant second time and was very anxious as both me and my first child felt sick post the delivery. I contacted my Anganwadi didi and informed her all about the first delivery and the things I followed. Post hearing my story patiently and carefully, the didi informed me that there were few things I did wrong which resulted in the poor health of me and my baby. I waited for my husband's sister before starting the breastfeeding which led to insufficient milk production forcing me to feed powdered milk to the baby, along with throwing away the first thick yellow milk. She further informed that Anganwadi didi informed her to start breastfeeding within one hour of birth, continue exclusive breastfeeding for six months and not to throw away the first thick yellow milk giving rationale behind all of them. I was very skeptical along with my mother-in-law as some of the suggestions being different from the traditional practices, but I trusted the advice of didi with hope of keeping both myself and the baby healthy. I was pleasantly surprised that post following all the advice suggested by Anganwadi didi, I was producing sufficient milk with proper positioning & attachment of the baby. The didi visited me regularly and guided me along the way. I am very happy and relieved that both me and my baby are healthy."
>
> - Beneficiary, Gautam Buddha Nagar

have felt that knowledge, frequency, and passion of the AWWs have increased. The beneficiaries stated an improvement in the interpersonal and professional relationship with their AWWs. Currently, they feel comfortable in asking and following advice related to breastfeeding and IYCF practices from AWWs.

5.6   IRECS Analysis

Basis interactions with stakeholders and desk review of the documents, impact of the project was evaluated based on the "IRECS framework."

The IRECS analysis summary has been presented in below table:

Table 6 : IRECS Analysis of Project

Parameter	Assessment from study
Inclusiveness	❖ The project support has not only provided training support to AWWs, but also access to correct, good quality breastfeeding & optimal IYCF practices to mother and child. The facilities are utilised by the beneficiaries in Gautam Budha Nagar and Lucknow irrespective of any discrimination benefitting the community.
Relevance	❖ AWWs lacked soft skills and confidence to counsel the community even though they had basic knowledge; predominant traditional practices in the community like wasting colostrum, non-exclusive breastfeeding (by providing water, baby food supplement, cow milk, etc.), delayed initiation and poor-quality CF in children. The project supported in overcoming these challenges. ❖ The NHFS 5 indicator data suggests that optimal IYCF practices including early initiation of breastfeeding, exclusive breastfeeding, continuation of breastfeeding up to 2 years of age and CF in UP is below the Indian average and hence needed attention.
Effectiveness	❖ The AWWs reported that they received regular training from various sources, but the training was theoretical in nature which did not engage and improve their learning outcomes. In contrast, the training support provided by HCLF was **interactive & engaging** with an effective training methodology and techniques. ❖ There was an increase noted in the knowledge and information levels of participants after the training as seen from the **pre and post-test scores** wherein average score improved from **37%** (pre-test) **to 76%** (post-test)**.** ❖ The AWWs highlighted that the number of malnourished children in their area have reduced from ~**10 (before the project) to 4 (after the project)** on a **monthly basis.**
Convergence	❖ The project involved the support from ICDS department and HCLF's partner organisations working in the ECCD thematic area.
Sustainability	❖ The project intervention had an inherent component of sustainability, as the activities ultimately led to reduction in malnutrition in the community along with adoption of optimal IYCF practices in the project geography. ❖ The AWWs who were also recipients of self-care and secca kits reported that equipment provided as part of this project is of good quality, functional and still in use.

Parameter	Assessment from study
	❖ The project has helped in creating a skilled workforce of AWWs and a pool of master trainers to address the gap in optimal IYCF practices in the project geography.

5.7   Alignment to HCL Tech's CSR policy and UN SDGs

The project is **aligned with HCL Tech's CSR policy** which includes "**Eradicating** hunger, poverty and **malnutrition**, **promoting health care including preventive health care** and sanitation including contribution to the Swach Bharat Kosh set-up by the Central Government for the promotion of sanitation and making available safe drinking water" as **one** of the **key CSR focus areas**. The project is well aligned with Sustainable Development Goal[24]: **SDG 3 "Good health and well-being"** and has contributed towards mother and child health.

5.8   Recommendations

- Project team may consider conducting **refresher trainings** with the AWWs for keeping them abreast with optimal IYCF practices and resolve challenges (related to breastfeeding) faced by them on field to improve health outcomes in community.
- The HCLF and partner organisations suggested that similar training should be conducted in future, with an added component of **1-day field work** as well when the trainers may observe and assess trainees during their interactions with community and AWWs to provide course correction, as necessary.
- Possibility of conducting **similar training for ASHA workers** may also be explored to upskill the front-line workers which will involve & create synergy with the National Health Mission (NHM) department and create a cadre of breastfeeding champions at the community level.

5.9   Study Limitations

- **Interactions with** the **ICDS officials** (District Programme Officer, Child Development Project Officer) **and BPNI master trainers could not be conducted**, due to their unavailability. Hence, **limiting the study findings** in evaluating the comprehensive impact of the project intervention.

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[24] Source: https://sdgs.un.org/goals as retrieved on 10th May 2024

6. Project 5: COVID-19 Management and Vaccine Promotion Programme
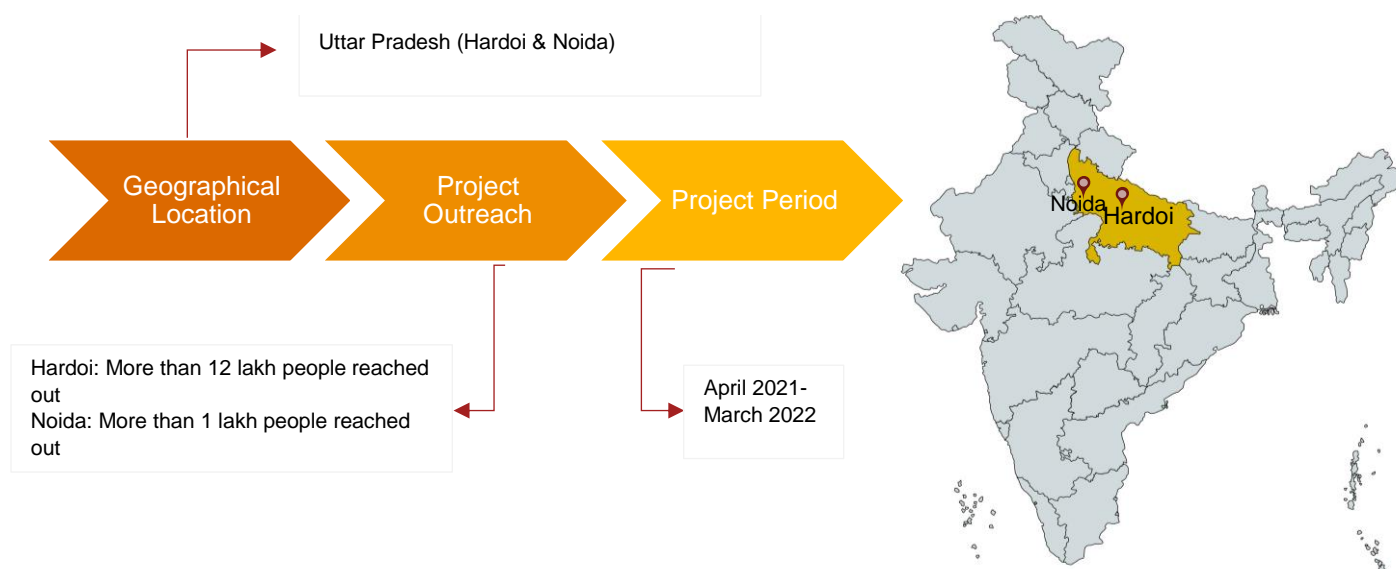
6.1 Background

The COVID-19 pandemic profoundly affected India and put a significant strain on the country's social as well as economic resources. It affected businesses and led to job losses and reduced incomes, particularly among the marginalised section. During the second wave of the COVID-19 pandemic, the healthcare system of the country faced unprecedented challenges as cases surged, overwhelming the healthcare system and the situation was no different in the rural parts of the country. The government reached out to the rural population through PRI representatives, ANMs, ASHA workers, etc. to create awareness regarding COVID-19 appropriate behaviour and provided necessary healthcare facilities. During such unprecedented times, the efforts of the Govt. were supplemented by various corporate entities, civil society organizations and other agencies to fight effectively against COVID-19 pandemic.

6.2 About the project

The project, implemented during **FY 2021-22 in Hardoi district of Uttar Pradesh**, aimed to bolster hospitals and facility centres in managing the surge of COVID-19 cases during the second wave. It encompassed both infrastructural enhancements and a strategic outreach programme devised by the HCLFoundation team. This program extended the COVID-19 response efforts to the grassroots level, leveraging the collaboration of key stakeholders such as PRI members, SHG representatives, and frontline healthcare workers including ASHA and ANM personnel.

The project provided COVID-19 support to health facilities, frontline workers, and the district administration in Hardoi. Whereas, community awareness campaigns were held in Hardoi and Noida, with a focus on empowering the local community. The project's dual focus included strengthening health systems at district hospitals and Community Health Centres (CHCs), alongside empowering village-level stakeholders to conduct targeted community awareness campaigns.

Figure 22: Details of the project

Uttar Pradesh (Hardoi & Noida)

Geographical Location

Project Outreach

Project Period

Hardoi: More than 12 lakh people reached out
Noida: More than 1 lakh people reached out

April 2021- March 2022

Noida Hardoi

Hardoi

As health is one of the thematic focus areas of the Foundation in the district, it came forward during the time of COVID-19 pandemic to provide COVID-19 support and carry out awareness activities in 284 Gram Panchayats of 11 blocks. HCLFoundation first started its interventions in the three base blocks of Kacchauna, Kothawan and Behander and then further expanded to eight other blocks in the district namely Ahirori, Bilgram, Bharawan, Madhoganj, Sursa, Sandila, and Tadiyawan. The activities carried out under the project are as follows:

Support in Setting up of Oxygen Plants

Two oxygen plants were set up, one each in District Women's Hospital, Hardoi and CHC, Sandila. Each plant has the capacity to generate 375 litres of oxygen per minute.

Provision of Covid Kits to ASHAs

One ASHA worker was selected in each of the 284 GPs and was provided with a COVID-19 kit consisting of thermal scanner, digital pulse oximeter, N-95 masks, head cover, face shield, disposable latex gloves, sanitisers, etc. to facilitate COVID-19 screening in their GPs.

Distribution of PPE Kits

More than 5,000 PPE kits distributed to healthcare staff in district hospital, CHCs and facility centres for ensuring safety of healthcare staff.

Distribution of protective gear to hospitals and facility centres

Essentials such as masks, surgical gloves, latex gloves, nebulisers, oxygen masks, oxygen concentrators, etc. were donated to hospitals and facility centres under COVID-19 support.

Support to Integrated Covid Command Centre (ICCC)

ICCC was set up by the state government in Hardoi as single point centre for COVID-19 management in the district. The centre was further capacitated by HCLFoundation through development of a software to improve monitoring of cases and capacity building of the staff. The centre was also provided with 10 laptops and headphones for facilitating the staff engaged in running of the ICCC.

Community Awareness Campaign

Awareness generation in rural areas through installation of flex boards, loudspeaker campaigns through E-rickshaws, etc. to promote COVID-19 appropriate behaviour and vaccination promotion. A total of 131 flex board were installed and 35 E-rickshaws were rented to conduct loudspeaker campaign in 284 GPs.

Noida

HCLFoundation also carried out community awareness campaign in collaboration with Lending Hands Foundation for a period of four months at various locations in Noida. As a part of the awareness campaign, the following activities were carried out:

Community Awareness through Mobile LED Van

A mobile LED van displaying messages on COVID-19 appropriate behaviour and vaccine promotion was run in different parts of Noida for 30 days. More than one lakh people were reached during the campaign. A mascot was also created to increase the curiosity of the audiences on COVID-19 vaccination.

Distribution of pamphlets and badges

Pamphlets and badges were distributed among residents of Noida to raise awareness on COVID-19 appropriate behaviour and countering vaccine hesitancy. A total of 10,000 badges and 1,00,000 pamphlets were distributed.

6.3 About the implementing agency

As mentioned above the project in Hardoi was implemented by HCLFoundation itself. Whereas HCLFoundation collaborated with Lending Hands Foundation to conduct awareness drive in Noida.

Lending Hands Foundation

Founded in 2017, Lending Hands Foundation is an organization working in social sector to promote of informed decision making amongst communities. LHF engages in interventions related to facilitating dialogue on socio-political issues, coordination, advocacy and so on. It facilitates its clients in implementation of behavioural change campaigns, implementation of communication strategies, designing of targeted programmes, etc. to enhance the scale, quality, and impact of their interventions. They primarily focus on the thematic verticals of health, education, waste management, and climate change[25].

6.4 Method of impact assessment

The impact assessment study was carried out by PW to assess the impact created by this project. Prior to initiating the study, PW conducted an **inception meeting with HCLFoundation team** to understand the project and discuss further requirements. Post the meeting, a list of required documents was shared with the HCLFoundation's CSR team. Basis the documents received[26]; PW team started the **desk review of the same to develop detailed understanding about the project**.

PW team worked on the development of a **structured qualitative methodology** for evaluating the project, which included desk review of the project documents and qualitative methods for **capturing stakeholder opinion and feedback through In-Depth Interviews (IDIs) and Focus Group**

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[25] Source: Interaction with the implementing partner
[26] Project documents such as MoU, closure report, etc. shared by HCLFoundation

Discussions. Qualitative interactions were conducted basis the **nature of the project (emergency COVID-19 response)**.
The qualitative study was carried out with the following stakeholders:

Figure 23 : Type of stakeholders interacted with

	2 IDIs with Programme Team Members of HCLFoundation
	2 IDIs with members of implementing agency (Lending Hands Foundation)
	7 IDIs with government representatives such as doctors, District programme managers; ASHA worker, Village Pradhan in Hardoi
	5 FGDs with SHG members and community members in Hardoi 2 IDIs with Community members in Noida

A plan was developed for **virtual as well as physical interactions** with key stakeholders mapped for the project **in consultation with HCLFoundation team**. The survey tools included separate **IDI and FGD questionnaires** for HCLFoundation's team, implementing agency, government stakeholders, frontline workers, SHG members and community members. A **total of 13 IDIs and 5 FGDs** were conducted to understand the impact created by the project.

6.5   Key findings

Based on our interactions with project stakeholders along with desk review of the project report provided by HCLFoundation, research team has summarised the below findings from study:

6.5.1 Challenges faced before the project:

During the COVID-19 second wave, the healthcare system of the country experienced unprecedented pressure, necessitating urgent collaboration and cooperation among various stakeholders. The rural areas faced significant challenges, including the need to contain the virus within the village, provide adequate healthcare services locally, and ensure hospitals at the district and block levels received sufficient medical support. Through interactions with community members, government personnel, and other stakeholders, several key challenges emerged, which are as follows:

❖ **Shortage of Oxygen and PPE kits impacting critical healthcare**: The second wave witnessed a substantial influx of COVID-19 patients, leading to oxygen shortages, PPE kits and other daily consumables in hospitals, notably impacting the District Women's Hospital in Hardoi and the Community Health Centre in Sandila. This situation necessitated focused attention on treating COVID-19 positive pregnant women while safeguarding new-borns from infections. Further, shortage of necessary consumables such as gloves, face shields etc. increased the risk for medical staff and adversely affected their ability to work in a confident manner.

❖ **Real-time COVID-19 resource management challenges at the district level**: The high surge posed challenges in front of district authorities to efficiently manage resources to combat COVID-19 spread. This included real-time updates on positive cases across Hardoi district, especially in rural

areas, assessing the capacity of the health facilities, and ensuring equitable distribution of food, medicines and equipment while addressing shortages.

❖ **Restrict virus transmission and addressing vaccine hesitancy:** Limited health supplies and the surge in cases necessitated efforts to contain virus transmission at the village level through awareness campaigns and promoting COVID-19 appropriate behaviour among villagers. Providing seamless medical facilities and information about available healthcare services to villagers became crucial. Additionally, vaccine hesitancy was prevalent in the community, driven by stigma and misinformation regarding vaccine side effects and negative impacts. This led to a significant number of people being hesitant to receive vaccination shots.

6.5.2 Summary of Impact created:

The impact created can broadly be covered under the below mentioned project activities:

Establishing Oxygen Plants and providing consumables supplies at Health facilities in Hardoi District:

The **District Women's Hospital in Hardoi** faced oxygen and medical consumables shortages, posing challenges in ensuring the safety and care of women, especially the pregnant women who were tested positive for COVID-19. As informed by the Chief Medical Superintendent (CMS) of the hospital, there was an urgent need for a consistent oxygen supply, crucial for treating COVID-19 positive pregnant women and even those admitted to the hospital for pregnancy-related care, ensuring the well-being of both mothers and new-borns. Similarly, the **Community Health Centre in Sandila**, designated as COVID-19 treatment facility during the second wave of COVID-19, was also facing shortage of oxygen resulting from delay in refilling of the oxygen cylinders. As most patients came from poor socio-economic background, they were entirely reliant on the hospital for treatment. Both the institutions were also facing shortage of necessary consumables required for the healthcare staff to continue providing services in a safe manner.

The project provided necessary support for installation of oxygen plants in both the institutions with a view to address the requirement for oxygen as well as ensured supply of consumables for the healthcare staff. These activities resulted in:

❖ **Immediate relief from shortage of oxygen and consumables:**

A dedicated oxygen plant with the capacity to produce 375 litres of oxygen per minute (LPM) was installed at the District Women Hospital, Hardoi as well as CHC, Sandila. As informed by the CMS of the Dist. Women Hospital, Hardoi, **the oxygen plant boosted hospital's ability to provide life-saving care to vulnerable pregnant patients.** The plant ensured a consistent oxygen supply to the newly established 100-bed ward created for women's healthcare during COVID-19 second wave.

Figure 24: Oxygen plants set up in District Women's Hospital, Hardoi and CHC, Sandila

Similarly, the intervention at CHC, Sandila could provide oxygen equivalent to 75 cylinders in a day. As informed by Medical Officer In charge (MOIC), CHC Sandila, the plant met the hospital's oxygen requirements, ensuring prompt and lifesaving treatment for patients.

During discussions with the District Women Hospital medical staff, it became evident that shortages of essential consumables such as face shields, gloves, and masks were hindering their ability to provide timely care to patients in a confident manner. The support provided under the project helped in addressing this issue by ensuring a consistent supply of consumables to both hospitals and supported smooth functioning during the challenging times of the COVID-19 pandemic.

❖ **Enhanced capacity to treat critical patients and reduced dependency on external sources:**

According to hospital administrators, with a stable and dependable oxygen supply in place, these hospitals **improved their capacity to manage critical cases**, including those involving pregnant women. This enhancement directly translated to better quality treatment for both mothers and new-borns and enabled augmenting the chances of recovery for critically ill patients.

As conveyed by Medical Officer In charge (MOIC), CHC Sandila, the installation of oxygen plants has reduced hospitals' reliance on external oxygen suppliers, mitigating logistical challenges and ensuring uninterrupted healthcare services. This independence from external sources enhances the hospitals' resilience during times of high demand or disruptions in the supply chain, safeguarding the continuity of critical medical care for patients.

> **"**
>
> Amidst the Covid-19second wave, the CHC in Sandila stood as one of our primary Covid-19treatment facility in the district. Regrettably, we faced oxygen shortages due to delayed refills of oxygen cylinders. Timely oxygen supply was critical, as any delay could have endangered patients' lives. Fortunately, with the assistance of HCLFoundation, which installed an oxygen plant and provided consumables support, we managed to deliver prompt and effective treatment to patients."
>
> -Medical Officer In charge, CHC, Sandila

❖ **Improved preparedness for future surges and contributing to the healthcare infrastructure post project closure:**

Presence of oxygen plants not only strengthened the hospitals' preparedness for subsequent waves of COVID-19 but also strengthened the capacity of these hospitals for meeting any future requirements ensuring that they can meet the demand for oxygen without delays or disruptions. This has led to creation of a more robust and resilient healthcare infrastructure contributing towards ensuring quality healthcare services particularly for the rural communities.

Figure 25: Impact of oxygen plant installation

Increased capacity of the hospitals to treat critical patients

Reduced dependency on external sources for oxygen supply

Long-term contribution as augmented healthcare infrastructure

Transformative impact of oxygen plant installation

Timely care as waiting time reduced for critical patients

Enhanced preapredness of the hospitals for future surges

Better healthcare to vulnerable socio-economic patients

COVID-19 awareness creation amongst the community in the rural areas of Hardoi:

The surge in COVID-19 cases during the second wave posed significant challenges, particularly in rural areas where controlling the spread was more challenging, thus leading to increased pressure on the existing healthcare resources. With a view to reduce the spread of COVID-19 in rural areas, HCLFoundation engaged with communities in Hardoi through extensive awareness campaigns, covering 284-gram panchayats across 11 blocks. Following activities were performed:

- Conducting extensive **awareness campaigns** using various mediums such as flex boards, loudspeaker campaigns through E-rickshaws, targeting a **population of around 12 lakhs**.
- Orienting **Nigrani Samiti** and existing **Self-Help Group members** and utilizing latest mobile applications like WhatsApp to disseminate information on COVID-19 appropriate practices and encouraging responsible behaviour within the community.
- Empowering **ASHA workers** by selecting one ASHA worker in each of the 284 GPs and providing them with a COVID-19 kit, consisting of thermal scanner, digital pulse oximeter, N-95 masks, head cover, face shield, disposable latex gloves, sanitisers, etc. to facilitate COVID-19 screening within their GP.

The messaging aimed at motivating people in adopting appropriate practices necessary for prevention of COVID-19 through regular use of masks, increased hand sanitization, practicing social distancing, and promptly informing ASHA workers if experiencing symptoms. The activities taken above resulted in creation of the following impact within the targeted community.

Figure 26: Community awareness outreach in Hardoi

11 Blocks 284 GPs

~ 2,000 SHG Members

~ 12 lakhs community members

❖ **Increased awareness and adoption of COVID-19 appropriate behaviour:**

During the interactions, community members emphasized the positive impact of COVID-19 awareness campaigns resulted in increased knowledge on COVID-19 appropriate behavior, precautions, and response measures. The information was disseminated regularly through multiple channels. The campaign was able to reach successfully to the women and elder population of the villages.

The SHG members as well as the ASHA workers echoed a similar view, wherein they observed a noticeable shift in behavior is observed in the community members, with individuals demonstrating increased adherence to COVID-19 appropriate practices. This included consistent mask-wearing, regular hand sanitization, maintaining social distancing, and self-quarantining when experiencing symptoms. This behavioral change contributed to a certain extent in containing the spread of the virus in their villages. The feedback from various stakeholders indicates that the awareness campaigns were effective in enhancing understanding and awareness around COVID-19 among the target population.

❖ **Empowerment of community leaders and members:**

The Nigrani samitis as well as the SHG members were actively involved in the project, orientation sessions for 284 Nigrani Samiti members and around 2,000 SHG members across 284 Gram Panchayats were conducted on COVID-19 appropriate behavior. Similarly, they were also apprised about their roles and responsibilities during the crisis, thereby instilling a sense of ownership and empowerment among them. The Nigrani Samitis were equipped with COVID-19 kits for early detection and management of cases, along with the task of maintaining patient database and sharing the same with the district authorities. Thus, positioning them as crucial stakeholders in the pandemic response system. This empowered approach facilitated swift and efficient case management at the grassroots level, fostering a sense of community responsibility and resilience. As a result, community members actively engaged in awareness campaigns and took charge of their health outcomes.

> "
>
> During the second wave of COVID-19, our village implemented strict preventive measures, including prohibiting entry for outsiders. Family members returning to the village were required to undergo a 7-day isolation period at designated centers before reuniting with their families. These measures were a result of the awareness created by HCLFoundation in our Gram Panchayat and significantly contributed to curbing the spread of COVID-19, resulting in notably low case numbers in our village"
>
> -Community members, Village: Akbarpur Talluh,

❖ **Enhanced Healthcare access and better utilization of healthcare facilities:**

According to ASHA workers, the kits provided under the project support empowered them to conduct efficient screening and early detection of COVID-19 cases in rural areas. These kits allowed them to confidently go door-to-door in villages, conducting screenings, raising awareness, and reporting symptomatic cases to district authorities without fear of contracting COVID-19. The initiative significantly improved chances for timely detection of COVID-19 positive cases and ensuring access to required medical treatment. As reported by ASHA workers, constant communication and awareness also resulted in increased cases of people coming out seeking treatment for COVID-19.

Figure 27: Impact of Covid-19 awareness drives

Increased Covid-19
awareness

Community leaders and
members empowerment

Awareness
Drive

Covid-19 appropriate
behavioral change

Reach to the remotest
areas

Restricted Covid-19 spread

Better healthcare access

Support provided to Integrated Covid Command Centre for COVID-19 management in the entire Hardoi district:

The state Government had established an Integrated Covid Command Center (ICCC) in Hardoi with a view to create a central hub for COVID-19 management at the district level. The project aligned with the said initiative and provided support in form of developing a dedicated software for enhanced case monitoring and resource utilization in terms of supply of consumables and logistics viz. medicines, kits, ambulance, food, and availability of healthcare staff across the district. The project support also helped in establishing a robust telecommunication service system for seamless inbound and outbound communications in the district. The support extended to capacity building of the ICCC staff, and the provision of essential technical tools like laptops and headphones, for efficiently managing the ICCC's operational framework.

Figure 28: Support provided by HCLFoundation to the ICCC

Software development
for enhanced case
monitoring and resource
utilization by ICCC

Provided
telecommunication
services for inbound and
outbound
communications

Capacity building of the
staff deployed at the
ICCC

Supported by providing
essential technological
tools like laptops and
headphones
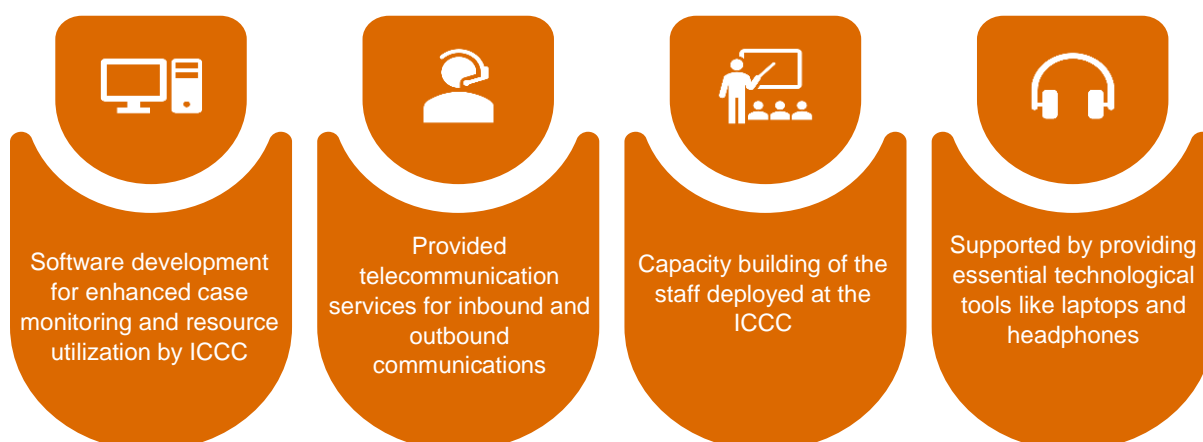
The impact created by the interventions undertaken in strengthening the ICCC are captured below:

❖ **Capacity enhancement of ICCC:**

The software provided under the project support ensured smooth functioning of the ICCC and significantly augmented its capacity to effectively address the multifaceted challenges posed by the COVID-19 pandemic. Through a network of inbound and outbound calls facilities, spanning 19 blocks, 1,306 Gram Panchayats, and catering to a population exceeding 40 lakhs, the ICCC emerged as a vital tool for coordinating critical healthcare services in the district. The inbound call facilities directly connected distressed patients with healthcare staff and emergency services, ensuring swift access to life-saving treatment. Whereas outbound calls from the ICCC gathered crucial feedback on the health status of hospitalized patients and those in home isolation, while also updating on the COVID-19 related activities undertaken by Gram Panchayats. Thus, significantly enhancing the outreach and services of the ICCC which became possible due to the support of HCLFoundation.

❖ **Improved access to healthcare facilities and enhanced resource utilization:**

The intervention resulted in ensuring access to required healthcare services for COVID-19 patients experiencing serious symptoms, thus leading to timely access to healthcare staff, ambulance services, and hospital admissions. This ultimately led to reduction in delays w.r.t. access to critical care. By reporting shortages of food, medicines, and sanitation requirements, the ICCC facilitated efficient allocation of resources, ensuring that essential supplies reached those in need across the district. This streamlined approach notably reduced response times and contributed to more efficient critical care provision and access to food and medicines, benefiting a significant number of people across Hardoi District.

❖ **Increased awareness and community engagement:**

Through outbound communication initiatives, the ICCC engaged in continuous monitoring of COVID-19 patients, both those isolating at home and those receiving hospital care. Regular feedback loops provided valuable insights into patient health status post- COVID-19, facilitated vaccination reminders, and enabled timely updates from local leaders regarding status of COVID-19 activities performed in their areas, fostering a culture of heightened awareness and active participation in pandemic control efforts within the community.

The collaborative involvement of Gram Pradhans, community members, and healthcare representatives in reporting and addressing COVID-19 related challenges not only strengthened information dissemination but also fostered a sense of collective responsibility, laying a solid foundation for sustained community-driven response to pandemic situation.

❖ **Data driven decision making:**
The data collection facilitated by inbound and outbound calls from the ICCC provided actionable insights into the evolving COVID-19 landscape at the local level. The data collected was shared in form of live dashboard which was successfully utilized by the Govt. Authorities for planning future course of action w.r.t COVID-19 response system. The data-driven approach led to decision-makers making informed, evidence-based choices, optimizing resource utilization, and enabling targeted interventions tailored to the specific needs of different communities, thereby enhancing the overall effectiveness of pandemic response efforts and optimum resource utilisation in the district.

Figure 29: Impact of support provided to the ICCC by HCLFoundation
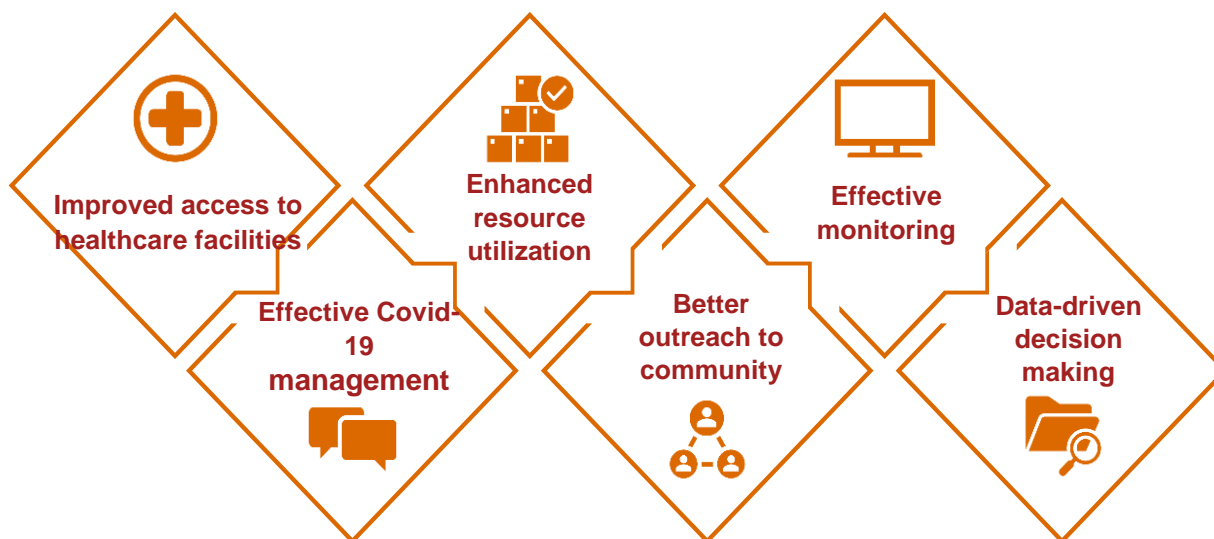
Awareness drive to address vaccination hesitancy and promote COVID-19 appropriate behaviour in Noida:

HCLFoundation, in collaboration with Lending Hands Foundation, conducted a community awareness campaign spanning four months during the financial year 2021-22 across various locations in Noida. The campaign employed multiple strategies to promote COVID-19 appropriate behaviour and alleviate vaccine hesitancy. This included deployment of a mobile LED van showcasing messages on COVID-19 safety measures and vaccine promotion, reaching a wide audience of more than 1 lakh individuals over 30 days. Additionally, the creation of a mascot aimed to enhance curiosity and engagement regarding COVID-19 vaccination. Distribution of 10,000 badges and 48,000 pamphlets among Noida residents served to raise awareness and educate the community on adopting safe practices amidst the pandemic and addressing concerns related to vaccine hesitancy.

Figure 30: Outreach of community awareness drive in Noida

❖ **Increased awareness and reduced vaccine hesitancy:**

As informed by community members, during our interaction the prevalence of stigma and misinformation surrounding COVID-19 vaccines was making them hesitant to get vaccinated, the campaign raised awareness about the benefits of vaccination and dispelled concerns about potential side effects. By addressing these concerns and providing accurate information, more individuals were encouraged to get vaccinated against COVID-19. The intervention was particularly able to reach out to the vulnerable sections of society prone to misinformation and rumours around vaccination. By reaching out to this

segment of the society, the project has contributed to the fight against COVID-19 by supporting the vaccination programme.

As informed by the implementing partner, the mascot which was used to create the awareness regarding vaccine hesitancy caught attention of the people in the marketplaces and local areas. A lot of people approached it to collect the pamphlets and watched the information displayed through the LED van. Further, to reach out to the residential areas in Noida, awareness pamphlets were distributed with the daily newspapers in the residential societies. Through all these efforts undertaken the project was able to reach large and diverse section of the society and the campaign was effective in catching the attention of all age groups.

6.6   IRECS Analysis

Basis the interactions with the key stakeholders and desk review of the documents, the impact of the project was evaluated on the "IRECS framework."

The IRECS analysis summary has been presented in below table:

Table 7: IRECS Analysis

Parameter	Assessment from study
Inclusiveness	The project activities catered to ensuring the well-being of people in both rural and urban areas during the times of COVID-19. This included reaching out to marginalised and vulnerable sections of the society. **Through awareness campaigns, the project promoted inclusivity by improving access to COVID-19 related information, resources, and treatment to varied sections of the society who were in need of the same.** The support provided to healthcare institutions resulted in providing access to quality health treatment, irrespective of the socio-economic background of the patients. The interventions also aimed at taking care of the requirements of the healthcare workers through provision of consumables required for rendering services in an efficient and safe manner. Hence, **the project had an inclusive approach and catered to the requirement of a variety of stakeholders.**
Relevance	The intervention was relevant in the sense that amidst the rising cases of COVID-19 during the second wave, **there was a need to provide support to health facilities to counter shortage of various essential equipment and consumables.** Apart from the support in terms of consumables, the two oxygen plants installed resulted in saving lives of critical COVID-19 patients. The **community awareness initiatives provided relevant information to the community members and also contributed to countering vaccine hesitancy.** Such campaigns were necessary at the time when the government was rolling out a large-scale vaccination drive to safeguard the citizens from the negative effects of corona virus. The campaign resulted in dispelling any misinformation or rumours along with bringing required behavior change for stopping the spread of COVID-19.

Effectiveness	The intervention proved to be effective as **it enhanced the ambit of screening in rural areas during the second wave of COVID-19.** Initiatives to involve and strengthen the Nigrani Samiti and SHGs to provide support to the COVID-19 patients in the community proved to be effective. **Efforts undertaken to create awareness and promote COVID-19 appropriate behaviour amongst the community member contributed in reaching out to a large section of the community and adoption of COVID-19 appropriate practices.** As a result, community members actively engaged in awareness campaigns and took charge of their health outcomes. The **community awareness campaign carried out in Noida facilitated vaccine promotion and attempted to counter vaccine hesitancy** among people through innovative methods such as mascot creation, mobile LED van, etc.
Convergence	HCLFoundation worked closely **with the district administration in enhancing the functioning of the Integrated Covid Command Centre in Hardoi.** The Foundation supported in development of a software to monitor COVID-19 cases and effective utilisation of the resources. **The technical support provided proved to be useful in scaling up the activities of the existing Covid Command Centre and enhanced its functioning.** Apart from this **the project also aided COVID-19 response in the district hospital, CHCs and facility centres in the district through supply of essentials such as masks, gloves, oxygen concentrators, etc.** and provision of COVID-19 kits to ASHA workers which improved the COVID-19 response being carried out by the district administration.
Sustainability	The **infrastructural support such as oxygen plants, various equipment provided to ICCC were handed over to the local authorities** for strengthening of the healthcare setup in the district. Some of them are still in use to support the health and administration related activities at district level. Thus, ensuring access to quality healthcare facilities even after the pandemic is over. The awareness campaigns taken up under the project were also focused on bringing a behavioural change in the society pertaining to personal hygiene, cleanliness for prevention of COVID-19. Thus, the initiatives did not only focus on addressing the existing situation but contributed to bringing a long-term change.

6.7   Alignment to HCL Tech's CSR policy and UN SDGs

The project is **aligned with HCL Tech's CSR policy** which includes **healthcare as one of the key CSR focus areas**. The project is also aligned with Sustainable Development Goal[27]: **SDG 3 "Good health and Well-being"** which emphasises on **ensuring health life and promoting well-being for all at all the ages,** with a **specific focus on strengthening healthcare systems**. By addressing the pressing **healthcare challenges posed by COVID-19 pandemic through a collaborative partnership with a charitable medical institution**, this project has contributed to the overarching goal of good health and well-being.

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[27] Source: https://sdgs.un.org/goals

6.8   Recommendations

- **Maintaining the functionality of oxygen plants set-up under the project:** Ensuring the operational efficiency of the oxygen plant installations is crucial for patient care post-installation. While the oxygen plant set up in District Women's Hospital in Hardoi is non-operational due to maintenance issue, the plant installed at CHC Sandila is not operating at its full capacity. To address this, the HCLFoundation team could proactively engage in discussions with hospital authorities for regular upkeep and maintenance of the plants installed, ensuring continuous functionality of the oxygen plants for the benefit of the people of Hardoi district.

- **Prioritizing knowledge management for special initiatives:** HCLFoundation's support to the ICCC has supported the district administration manage COVID-19 response system in the district effectively. During the development of software and its roll out, despite many challenges, this initiative has provided valuable learning experiences. It is important to document this entire initiative including software development and capacity building of the staff members to maximise the impact from knowledge management perspective. As documentation will not only preserve lessons learned but also serve as a resource for managing emergency situations anywhere in the country in future.

6.9   Study Limitations

As the project was **implemented around three years ago, mobilizing the stakeholders was challenging due to the nature of intervention as well as issues such as transfer/retirement of government officials etc**. Apart from this, the **stakeholders could not properly recall details** of the project activities conducted as three years have passed since the intervention was conducted.

6.10 Case Studies

> "
>
> My son got infected with Covid-19 during the second wave and was shifted to a makeshift isolation centre created within the village. We were regularly visited by ASHA didi to check on the status of my son's condition. Through the support of HCLFoundation, ASHA didi was able to provide us with adequate medications, masks, sanitisers, etc. for my family members. She also had a thermal scanner and pulse oximeter available with her to regularly screen us to make sure none of the remaining family members were showing symptoms."
>
> -Sadhna (name changed), Community member, Kursi village, Kachhauna block, District Hardoi

> "
>
> I have been involved as an SHG members since 2016. During the Covid-19pandemic, with the help of HCLFoundation's initiative, I was involved in the community awareness campaign. I along with the other SHG women in my village came forward to get us vaccinated first and motivate other community members in my village to get vaccinated. I was also involved with HCL Tailoring unit in my village to stitch masks. I got an incentive of INR 2.5 on each mask stitched which helped me financially during the challenging times of Covid-19. The masks prepared were distributed among the community members. The intervention helped us a lot."
>
> -Shanti (name changed), SHG member, Village Muthiya, Kachhauna block, District Hardoi

7.   Project 6: Service and Infrastructure Strengthening under Integrated Child Development Services to Address the Health, Nutrition, and Development Needs of Young Girls & Boys
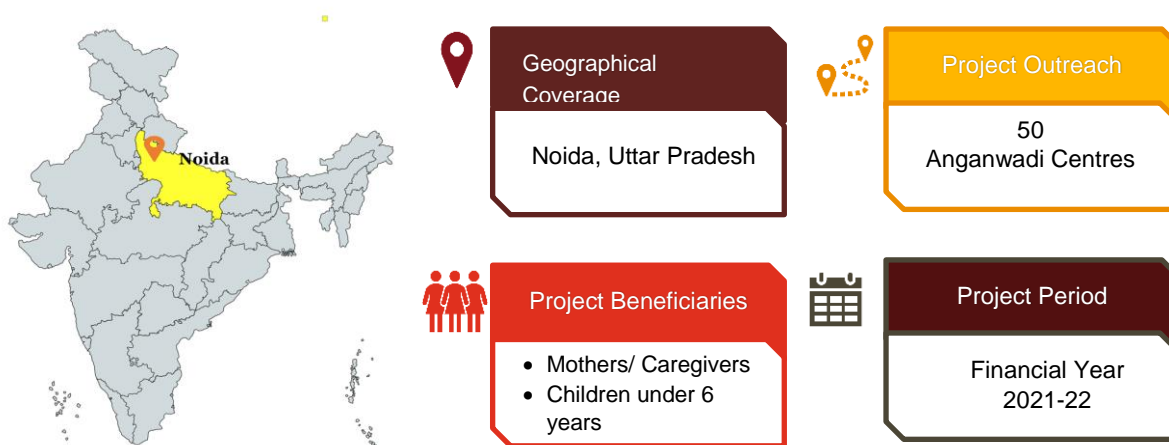
7.1   Background

During the COVID-19 pandemic, the Integrated Child Development Services (ICDS) programme faced significant challenges in delivering essential services to children under six years of age and their mothers in India. Nationwide lockdowns and mobility restrictions severely limited the functioning of Anganwadi centres, which are crucial for ICDS service delivery. This disruption compromised the nutritional and developmental needs of children and mothers, especially those from marginalized communities. Moreover, the closure of schools and Anganwadi centres deprived children of important early childhood education opportunities, widening inequalities in access to learning. In response to these challenges, various corporates, civil society organizations, and other agencies stepped in to support ICDS programmes, ensuring continuity of care and support for children and mothers during emergencies.

7.2   About the project

To complement the government's efforts in ensuring the smooth functioning of Anganwadi Centres, the HCLFoundation supported the project **"Service and Infrastructure Strengthening under Integrated Child Development Services to Address the Health, Nutrition, and Development Needs of Young Girls & Boys"** during FY 2021-22. The project focused on improving the quality of ICDS in AWCs and enhancing access to ICDS for children and parents. Below Figure highlights the geographical spread of the project:

Figure 31**: Schematic representation of the Project**

Geographical Coverage	Project Outreach
Noida, Uttar Pradesh	50 Anganwadi Centres
Project Beneficiaries	Project Period
• Mothers/ Caregivers • Children under 6 years	Financial Year 2021-22

Collaborating with Save the Children, the HCLFoundation assisted mothers and young children through a range of activities at AWCs:

- Capacity building sessions were conducted for Anganwadi Workers, and caregivers, focusing on crucial areas such as Maternal Health and Child Nutrition (MHCN), quality growth monitoring, promotion of iron rich complementary foods for young children and providing age-appropriate micronutrient supplements.

- Efforts were made to streamline and regularize Anganwadi services through virtual calls and interactions to inform beneficiaries about the availability of 'Take-Home Ration'(THR) and other services at AWCs.

- Virtual activities and events were organized to raise awareness in the community regarding nutrition components, including establishment of 'Poshan Vatikas'in 12 AWCs. These 'Poshan Vatikas' provided fresh vegetables to beneficiaries.

- Sessions on breastfeeding and complementary feeding were held to create awareness about health and nutrition among caregivers and parents.

- The project also introduced the 'Nayi Disha' module, consisting of educational videos for providing uninterrupted educational content for children at-home.

- Further, well-being calls were conducted to maintain regular communication and monitor overall health status, with a particular emphasis on ensuring adherence to regular routines for childcare and learning.

Figure 32**: Bird's Eye-View of the Project Activities**

Regularization of Services at AWCs including 'Take Home Ration'

Well-Being calls to beneficiaries to track their health status and update on following of childcare routine

Celebration of Breastfeeding Week to create awareness on breastfeeding and complementary feeding

Capacity Building of AWWs, and caregivers

'Nayi Disha' Module circulated to caregivers through WhatsApp for ECCD

Established 'Poshan Vatika' in 12 AWCs and awareness generation on nutrition and health

7.3   About the implementing agency

Save the Children (STC), India is a non-government organization dedicated to improving the lives of children across the country with a commitment to child rights and welfare. It operates in 16 states of India through a wide range of programmes and initiatives focused on education, access to healthcare and nutrition, child protection from exploitation and abuse and resilience building. Save the Children collaborates with institutions, government, communities, and other stakeholders to implement sustainable solutions that addresses the diverse needs and challenges faced by children especially those from marginalized backgrounds through their grassroot efforts and advocacy campaigns.[28]

7.4   Method of impact assessment

The impact assessment study was carried out by PW to assess the impact created by this project. Prior to initiating the study, PW conducted an **inception meeting with HCLFoundation team** to understand the project and discuss further requirements. Post the meeting, a list of required documents was shared with the HCLFoundation's CSR team. Basis the documents received[29]; PW team started the **desk review of the same to develop detailed understanding about the project**.

A **structured qualitative methodology** for evaluating the project, **capturing stakeholder opinion and feedback through In-Depth Interviews (IDIs) and Focus Group Discussions** was developed**. Qualitative interactions** were conducted basis the **nature of the project.**

The qualitative study was carried out with the following stakeholders:

Figure 33 : **Type of stakeholders interacted**

	1 IDI with Programme Team Member of HCLFoundation
	2 IDIs with members of implementing agency
	9 IDIs with Anganwadi workers*
	3 FGDs with Mother's group in Anganwadis

*Interactions with ICDS supervisors and officers could not be arranged as STC was not active in the area after project completion.

A plan was developed for **virtual as well as physical interactions** with key stakeholders mapped for the project **in consultation with HCLFoundation team**. The survey tools included separate **IDI and FGD questionnaires** for HCLFoundation's team, implementing agency, Anganwadi workers and caregivers. A **total of 12 IDIs and 3 FGDs** were conducted to understand the impact created by the project.

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[28] Source: https://balrakshabharat.org/
[29] Project documents such as MoU, closure report, etc. shared by HCLFoundation

7.5   Key findings

Based on our interactions with project stakeholders along with desk review of the project report provided by HCLFoundation, research team has summarised the below findings from study:
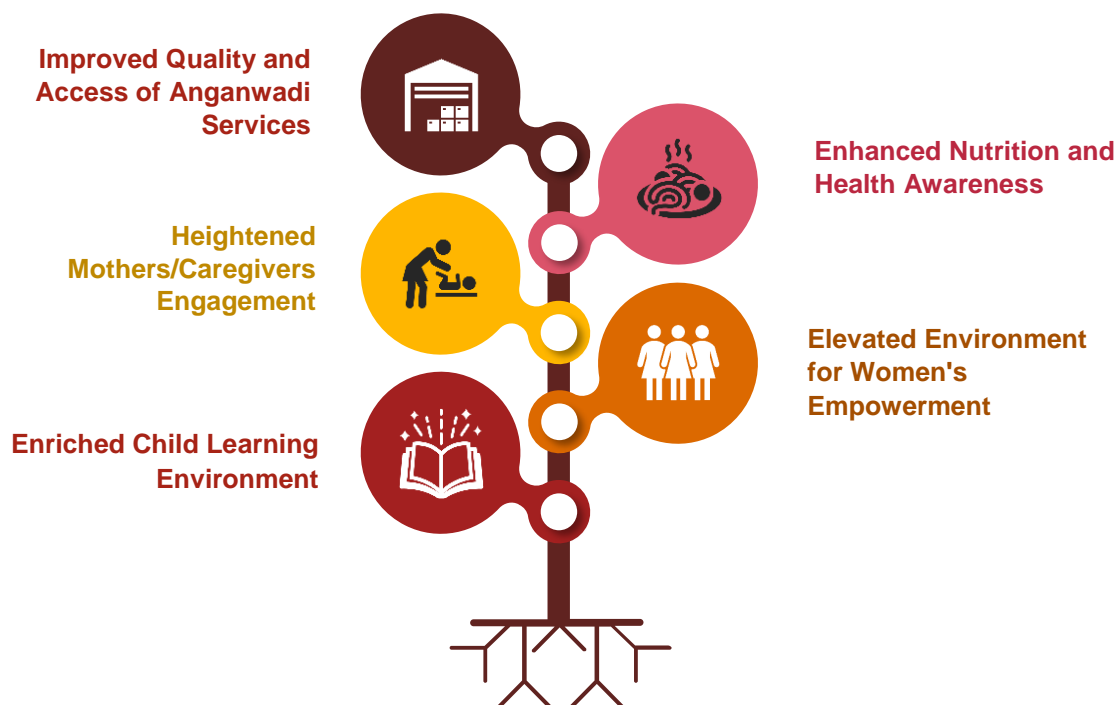
7.5.1   Challenges faced before the project:

Anganwadi Centres faced several challenges that hindered their effectiveness in delivering ICDS to children and mothers. Some of the key challenges included:

- ❖ **Limited Awareness and Participation:** Many beneficiaries, especially from marginalized communities, had limited awareness about the services offered by AWCs. This lack of awareness often resulted in low participation rates, particularly regarding crucial aspects such as immunization, maternal care, and early childhood education.
- ❖ **Staff Training and Capacity:** Anganwadi Workers (AWWs) and caregivers often lacked adequate training and capacity in key areas such as maternal and child health, nutrition, and early childhood education. This affected their ability to deliver quality services and provide necessary support to beneficiaries.

7.5.2   Summary of Impact created:

The project activities such as Capacity building of AWWs, tracking well- being of caregivers, support in regularization of AW services, celebration of breastfeeding week, dissemination of learning videos ('Nayi Disha' Modules) to parents through WhatsApp etc. created the following impact:

Figure 34**: Impact created by the project**

- Improved Quality and Access of Anganwadi Services
- Enhanced Nutrition and Health Awareness
- Heightened Mothers/Caregivers Engagement
- Elevated Environment for Women's Empowerment
- Enriched Child Learning Environment

Improved Quality and Access of Anganwadi Services:

During the project, the project team facilitated the capacity building of AWWs through regular virtual sessions, phone calls and disseminating crucial information through messaging media such as WhatsApp. As informed by the AWWs, these sessions and interactions enhanced their knowledge about ECCD, maternal care, effective learning methodologies, and fun ways of teaching children at home during COVID-19. Further, AWWs working in collaboration with Save the Children team helped them to boost their motivation during those adverse times and enabling continuity in service delivery.

Additionally, the project staff supported AWWs in disseminating information about the availability of THR at Anganwadi centres to beneficiaries promptly. A swift dissemination of information expedited delivery of THR leading to an improvement in quality and access of service delivery by the AWWs during COVID-19 pandemic.

> **"**
>
> During the COVID tough time, we lacked information on how to engage mothers in child development and help children learn at home. The capacity building online sessions helped me to gain valuable insights into ECCD, maternal care, and creative teaching techniques. Their support empowered me to effectively engage mothers/caregivers and facilitate children's learning at home."
>
> -Anganwadi Worker, Milak Lachchhi Village, Noida

Heightened Mother/Caregiver Engagement in Child Care and Self-care:

As a part of project, well-being of mothers and adherence to childcare routines were monitored through regular phone calls to beneficiaries across 50 identified Anganwadis. According to feedback from the mothers' group in the AWCs, these calls played a crucial role in helping and motivating them to look after themselves and their children effectively. They received guidance on practicing COVID-19 safety measures, engaging children in activities at home, meal planning, and personal well-being. Moreover, these calls provided a platform for mothers/caregivers to address stress, discuss any medical issues, and seek advice. This support system not only facilitated consistent childcare engagement but also contributed to the overall well-being of mothers and their families.

Enriched Child Learning Environment:

During COVID-19 pandemic, ensuring continued learning for preschool children posed a significant challenge. To address this, parents and caregivers were provided with educational videos as part of 'Nayi Disha' module to effectively engage and teach children at home. As indicated during interaction with the mother's groups, these resources were effective in facilitating their children's learning at home. The videos were found to be easy to follow, as these videos incorporated techniques that utilized readily available materials at home to teach. As informed by the mothers these videos had content on enhancing numeracy and building cognitive skills in their children.

> "
>
> I received Early Learning Materials videos through a WhatsApp group for my son from the Anganwadi Centre. The videos included activities such as using vegetables at home to teach my son about vegetables' names, colours, and counting numbers, which made teaching at home much easier for me. There were many videos to teach at home in playful manner and through games. He stayed interested and involved in these games and learning activities throughout the challenging times of COVID."
>
> -Radha (Name changed), Beneficiary, Naya Bans, AWC, Noida

Enhanced Nutrition and Health Awareness:

To enhance nutrition and health awareness, 'Poshan Vatikas' were established in 12 AWCs. These spaces cultivated nutrition-rich vegetables like spinach (palak), bottle gourd (loki), which were distributed to beneficiaries in pots. According to feedback from the mothers' group, they were also educated about the nutritional benefits of these foods. It was noted that they cooked the spinach multiple times from the pot, which not only provided them with nutritious food but also reinforced their awareness of the importance of nutritious food.

In addition, events such as Breastfeeding Week were celebrated in the AWCs, under the project. These initiatives helped mothers understand the health benefits of breastfeeding and proper feeding practices, including timings. The combined efforts of 'Poshan Vatikas' and awareness events contributed to improving nutrition and health awareness among the community members.

Elevated Environment for Women's Empowerment:

The collaborative support provided to AWWs, mothers' groups, and caregivers, under the project, created a network of women supporting each other in nurturing fellow females and their children. This support system, enriched with knowledge, information, and resources, had empowered women by highlighting the importance of ECCD, maternal health, and hygiene practices. As informed by mother's group, the support under the project provided them with the crucial information of self-care and childcare. Further, this initiative had a ripple effect in spreading the knowledge to their neighbours, friends, and community, at large. This project supported women to shift their focus from day-to-day chores to take charge of their health and their children. Further, equipping them to foster an environment of education and learning.

7.6   IRECS Analysis

Basis the interactions with the key stakeholders and desk review of the documents, the impact of the project was evaluated on the "IRECS framework."

The IRECS analysis summary has been presented in below table:

Table 8**: IRECS Analysis**

Parameter	Assessment from study
Inclusiveness	• The project showcased inclusiveness by reaching out to the target beneficiaries i.e., children and mothers from marginalized communities and had ensured their participation in the project activities. By focusing on the **holistic development of children and mothers, regardless of their socio-economic background, the project promoted inclusivity and equal opportunities for all.**
Relevance	• The project was relevant to the needs of the target communities as it addressed the issues such as vulnerabilities during the pandemic including food insecurity, limited information on healthcare, and breastfeeding practices, the project aligned with the specific needs and challenges faced by children and mothers in the areas where it operates. • 'Nayi Disha' modules rolled out under the project had proven to be relevant for the caregivers in providing them with the necessary instructions to keep their children engaged in the learning process in the day-to-day process. • Early learning materials provided to the children were designed to address the specific learning needs of the children under 6 years during the COVID-19 period when the Anganwadi's were closed.
Effectiveness	• The project had demonstrated effectiveness in achieving its objectives through collaboration with local stakeholders. It was able to enhance of capacities of the Anganwadi workers, through virtual sessions and interactions. These training sessions has **improved their knowledge about ECCD, maternal care, effective learning methodologies, and fun ways of teaching children at home during COVID-19.** • A pivotal aspect of the project's effectiveness included promoting the importance and safety methods required in breastfeeding practices at the time of COVID-19. The project has **effectively provided, guidance and support in empowering mothers and caregivers with the knowledge needed to uphold breastfeeding practices, safeguarding the health of both mother and infant especially during the challenging period**. • Well-being calls carried out under the project to keep checks on the health of the mother and children had proven to be helpful in keeping track of the health of the child, mothers, and other family members. Through the 'Nayi Disha' module the project had effectively empowered mothers and caregivers with crucial learning at home videos to enrich the learning environment. This support had not only engaged the children in stimulating

	their cognitive activities but had also nurtured their overall growth and development, laying a strong foundation for their future.
Convergence	• HCLFoundation collaborated with Save the Children to implement the project with the aim to strengthen the Anganwadi services under ICDS programme. The project team leverages the support of Department of Women and Child Development, Uttar Pradesh to extend the services to 50 AWCs to ensure ECCD and maternal healthcare during challenging COVID-19 times. This collaborative effort not only supported in addressing the holistic needs of women and children, but also aligned with broader national objective of ensuring health, nutrition and overall well-being of women and children.
Sustainability	• The support from HCLFoundation, particularly through training of Anganwadi workers had enhanced their knowledge levels, thereby enhancing the quality of Anganwadi services. This improvement in service delivery had persisted beyond the COVID-19 period, ensuring continued provision of quality services to pregnant and lactating mothers, as well as early childhood education for children aged under 6 years. • Moreover, 'Nayi Disha' module (learning videos), distributed to parents through WhatsApp to teach children at home in playful manner during the pandemic period, were used even after the project duration to teach children at home. The learning remained with the children in terms of cognitive growth even after the project period. Thus, the project had demonstrated sustainability by continuing to benefit children even after the crisis subsided.

7.7 Alignment to HCL Tech's CSR policy and UN SDGs

The project is **aligned with HCL Tech's CSR policy** which includes **Early Childhood Care & Development (ECCD) and healthcare as one of the key CSR focus areas**.

The project is also aligned with Sustainable Development Goal[30]: **SDG 2 "Zero Hunger" and SDG 3 "Good health and Well-being"** which emphasises on **end of all forms of malnutrition** and **ensuring health life and promoting well-being for all at all the ages,** with a **specific focus on strengthening healthcare systems**. By addressing the pressing **healthcare challenges posed by COVID-19 pandemic through a collaborative partnership with a charitable medical institution**, this project has contributed to the overarching goal of good health and well-being.

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[30] Source: https://sdgs.un.org/goals

7.8   Recommendations

Despite the challenges posed by COVID-19, including the closure of AWCs for much of the project duration and limited physical access to beneficiaries, the following recommendations can enhance the project's effectiveness in the future:

- **Strengthening Infrastructure in AWCs:** Given that strengthening infrastructure in AWCs is one of the components of the project, it was observed during our visits that strengthening of physical infrastructure including water, sanitation facilities, and electricity along with provision of necessary ECCD facilities may be explored. For this purpose, additional resources may be mobilized through exploring collaboration with Govt. departments which can be instrumental in fulfilling these high-priority infrastructure needs effectively.

- **Inclusive Parental Engagement for ECCD**: Engagement at AWCs primarily involves mothers, with minimal presence of fathers or male caregivers, same was observed during our visits under the project. However, ECCD are important for the family as a whole. Considering the above, it is crucial to raise awareness among males about childcare and child growth. Therefore, it is recommended to involve father alongside mothers in awareness drives and meetings organised by AWCs from time to time.

7.9   Study Limitations

As the project was **implemented around two years ago, mobilizing the stakeholders including ICDS supervisors was challenging due to the nature of intervention as well as issues such as transfer/retirement of government officials etc**. Apart from this, the **stakeholders could not properly recall details** of the project activities conducted as two years have passed since the intervention was conducted. Further, **key project team members from both HCLFoundation and Save the Children had departed from their respective organizations** leading to difficulties in getting precise information regarding the ground-level implementation of project activities.

7.10 Case Studies

Rukmini, a 32-year-old woman from a marginalized community is a single mother of two young children (2 years and 5 years old) and struggled to make ends meet. Lack of education and awareness about health and childcare compounded her difficulties. She got connected with the Anganwadi Centre by an AW Didi, Rukmini received invaluable support from AWWs and Save the Children project staff through capacity building sessions focused on maternal health, early childhood care, nutrition, and hygiene practices. She also received THR from the Anganwadi. As a result of the support received from the Anganwadi, Rukmini's and her kids' overall well-being improved. Her children showed progress in their development and education, benefiting from a nurturing and supportive environment at home.

-Rukhmini (name changed), Beneficiary, Roza village, Noida

Sadhana, 28 years old mother of two, lives in Naya Bas, Sector 15, Noida. Her husband is a daily wage labourer who lost his job during the COVID-19 pandemic, leaving the family in a precarious financial situation. Sadhana was pregnant with her third child and faced struggle to access basic necessities, including food and healthcare. She was enrolled in the ICDS programme with the support of the project field team at her local Anganwadi centre.

The programme provided her supplementary nutrition to ensure her nutritional intake. Sadhna received the food supplement through AWW also, ensuring that she and her child had access to essential nutrients during the pandemic. AWWs and the project staff facilitated regular health checkups, immunization, and medical care for Sadhna and her children. She also shared that; she received well-being calls from the STC team members to keep track of her health during pregnancy period. Getting connected to Aanganwadi centre and their Whatsapp groups, helped Sadhna to stay connected with other mothers and share experiences and receive emotional support during the challenging time. Sadhna stated that "the project was a lifeline during the pandemic, it not only provided me with food and healthcare but also gave me the confidence to take care of my children and navigate challenging times I am grateful for the support and guidance provided under the project.

-Sadhna (name changed), Community member, Naya Bas, Sector 15, Noida

8. Project 7: Promoting inclusion of persons/ children with disabilities and LGBTIAQ+

8.1   Background

Fifteen percent of the world's population, i.e., at least one billion people have some form of disability. Nearly 240 million of these are children. The Convention on the Rights of Persons with Disabilities defines living with a disability as having a long-term physical, mental, intellectual, or sensory impairment that in interaction with the environment hinders one's participation in society on an equal basis with others. Children and adolescents with disabilities are a highly diverse group. The extent to which children with disabilities can function, participate in society, and lead fulfilling lives depends on the extent to which they are accommodated. Children with disabilities are among the most marginalized section in every society. Range of barriers limit their ability to function in daily life, access social services and affect the ability to engage in their communities. These include physical barriers, communication and information barriers and attitudinal barriers. Children with severe or multiple disabilities also tend to have a particularly hard time getting their needs met.[31]

8.2   About the project

This **project was envisaged** between HCLFoundation and School for Potential Advancement and Restoration of Confidence (SPARC) India (implementing partner) with an **aim to** impart care, support and inclusive & quality education to **Children with Disability (CwD) or differently abled children (6-14 years)** through the **Jyoti Kiran school (JKS)**; and **providing skill based residential training to Youth with Disability (YwD) or differently abled youth (18-35 years)** along with support in placement through the **Skill Development Programme (SDP)**. The Memorandum of Understanding (MoU) for the project was signed in April 2021. As shared by HCLFoundation, the opportunities for CwD and YwD regarding formal education, mainstreaming and income generation were limited and not inclusive. Hence, in order to address the situation, SPARC India reached out to HCLFoundation.
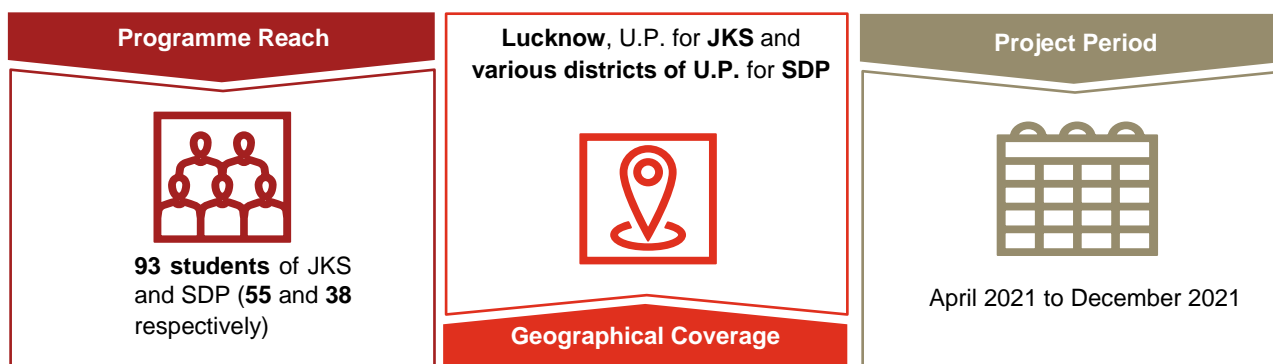
As per the information shared by HCLFoundation, JKS component was being supported by HCLFoundation since 2018 while SDP was a new initiative which was started in 2021. For the purpose of this Impact Assessment study, period from April 2021 to December 2021 has been considered for both (i.e., JKS and SDP). Further, as informed by the HCLFoundation team, the project support was discontinued post December 2021.

Table 9 : Project components

Component	About the support provided by HCLFoundation
JKS	JKS was initiated with a holistic approach for development of the CwDs. The support not only catered to the educational and vocational needs, but also the physical and therapeutic needs of the students through various teaching, learning methods and activity-based learning to promote multisensory learning through the

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[31] Source: https://www.unicef.org/disabilities (As retrieved on 17th April 2024)

Component	About the support provided by HCLFoundation
	programme design. The initiative also aimed to change the perspective of the society towards disability and raise awareness about CwD and their rights.
SDP	SDP mainly focused on imparting job-oriented training to YwD and enable them earn livelihood and live life with dignity. The trades covered were BPO, Retail and Data entry operator. The focus was on assisting YwDs to fill the skill gap as per the industry and market demand. The program envisioned to train YwDs from different districts of U.P. in two batches.

Figure 35 : About the project[32]

Programme Reach	Lucknow, U.P. for JKS and various districts of U.P. for SDP	Project Period
93 students of JKS and SDP (55 and 38 respectively)	Geographical Coverage	April 2021 to December 2021

8.3   About the implementing agency[33]

SPARC India was established in 1996 inspired by self-disability, to provide rehabilitation services to persons with disabilities (PwDs) and their families. SPARC India is a registered society and is also registered with the Department of Empowerment for Persons with Disabilities, Govt. of Uttar Pradesh. The organization has initiated several programs at the community level for empowering Persons with Disabilities (PwDs) and uplifting the marginalized section of the community.

8.4   Method of impact assessment

The impact assessment study was carried out by PW to assess the impact created by this project. Prior to initiating the study, PW conducted an **inception meeting with HCLFoundation team** to understand the project and discuss further requirements. Post the meeting, a list of required documents was shared with the HCLFoundation's CSR team. Basis the documents received[34]; PW team started the **desk review of the same to develop detailed understanding about the project**.

PW team worked on the development of a **structured mixed methodology** for evaluating the project, which included desk review of the project documents and determining the sample for the quantitative data collection. To **calculate the sample size for this study**, the team used **95% confidence interval and 10% margin of error on the universe of 93 students** (55 in JKS and 38 students in SDP) and accordingly, the total sample size came to **48 students**. Proportionate random sampling was used to further finalize the sample size for **JKS (28 students**) and **SDP (20 students).** Additionally, qualitative
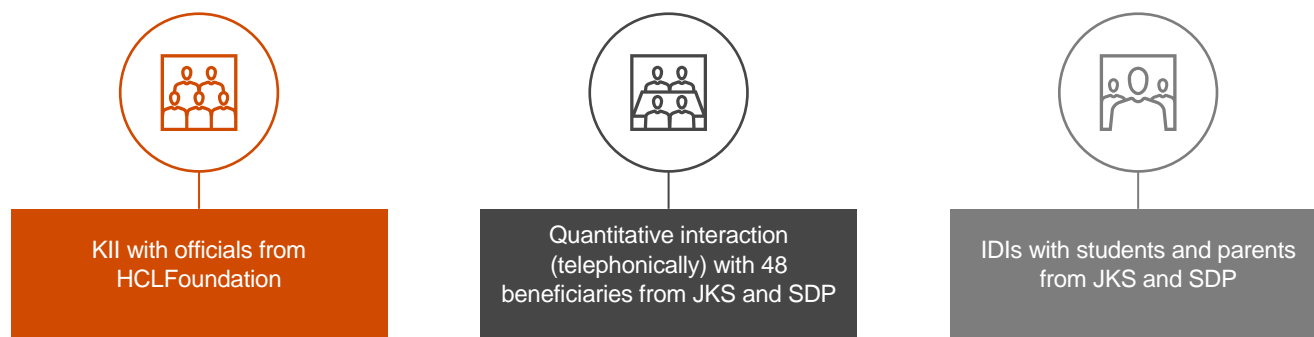
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[32] Source: MoU and project closure report shared by HCLF team
[33] Source: https://sparcindia.in/about-sparc-india/ as retrieved on 15th April 2024
[34] Project documents such as MoU, closure report, etc. shared by HCLF team.

methods were used for **capturing the stakeholder opinion and feedback through In-Depth Interview (IDI), and Key Informant Interview (KII**). The infographic below illustrates the type of interactions carried out with the following stakeholders:

Figure 36 : Type of stakeholders interacted with

KII with officials from HCLFoundation

Quantitative interaction (telephonically) with 48 beneficiaries from JKS and SDP

IDIs with students and parents from JKS and SDP

A plan was developed for **virtual interactions** with key stakeholders mapped for the project **in consultation with HCLFoundation team**. Data collection included separate **in-depth interview** with students, parents & trainers from both, JKS and SDP. **Key informant interview** was also conducted with the HCLFoundation CSR team along with **quantitative interactions (telephonically)** with the students/ parents of JKS and students of SDP.

*Quantitative interactions with the primary beneficiaries (students) of the JKS project were not conducted as they are children having severe cerebral palsy related disabilities (like impaired hearing, intellectually challenged, speech impairment, etc.). Hence, in consultation with the HCLFoundation team, the PW team conducted interactions with their parents/guardians.

8.5   Key findings

8.5.1 Challenges faced before the project:

During the interactions with stakeholders including HCLFoundation, YwDs, and the parents, it was informed that the students in the project geography were facing the following challenges:

SDP

- YwD students were not involved in any income generation activities before enrolling into the SDP programme, due to lack of opportunities, inclusive and enabling environment.

- As informed by the YwDs (especially belonging to the rural areas of districts other than Lucknow), there were no special skill development programme catering to special needs like disabled friendly infrastructure and other facilities in their geography.

JKS

- As informed by the HCLFoundation team, the JKS programme catered to CwD having high degree of cerebral palsy related disabilities like autism, hearing impairment, mental retardation, etc. and all the students of the JKS are intellectually challenged and have lower learning levels compared to children their age.

- The parents of the CwDs informed that there were few other centres/ schools run by NGOs which catered to CwD but they were catering to only limited disabilities and with less severity of disabilities. Therefore, the respondents did not find those centres/ schools suitable for their children as they were highly dependent on them and had high degree of disability.

8.5.2 Summary of the impact created:

SDP

The study captures the findings and observations of the stakeholders with a view to capture the impact created by the SDP project initiative. Further, the key findings are categorised into 3 sub-sections namely (a) Information, awareness about the programme and admission, (b) Consideration for YwD Requirements and focus on soft skills, and (c) Placement, post-placement support and tracking.

❖ **Profile of the respondents:**

The sample universe of the impact assessment study were the batch 15 and 16 students of the SDP programme. In order to understand the impact of the project interventions, 20 respondents (amongst 38 total students of the SDP programme) were surveyed, and socio-demographic profile of these respondents highlight the following:

- Majority 55% of the respondents (n=20) were female. The age group of the beneficiaries was in the range of 18 to 35 years. The mean age of the respondents was reported to be around 25 years.
- 50% of the respondents completed intermediate (12th class) while 35% completed graduation.

Figure 37: Socio-demographic profile of respondents (n=20)

Social category wise distribution of respondents (n=20)
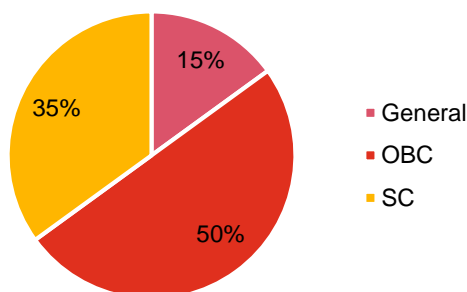
Highest level of education (n=20)
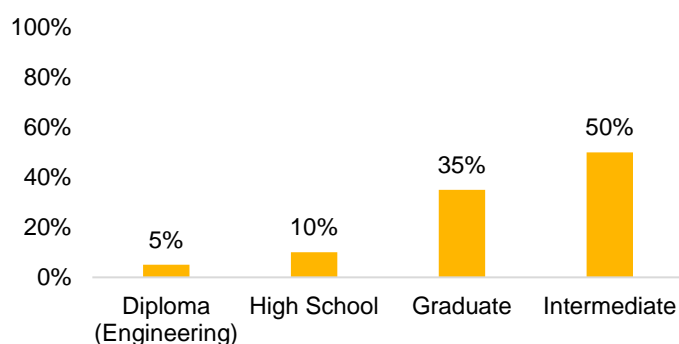

BPL status (n=20)
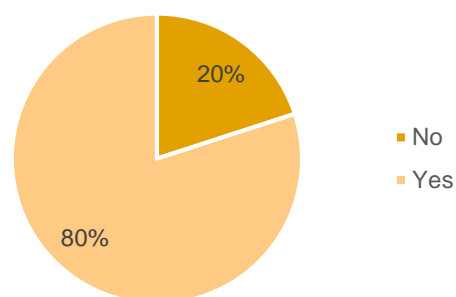
- **Key findings:**

The key impact findings of the project initiative (SDP) are presented below:

1. **Information, awareness about the programme and admission:**

Mobilisation activities were conducted by SPARC India team (in Lucknow) to promote the project and applications were invited from the potential YwD trainees. As informed by the HCLFoundation team, UPSRLM too helped in mobilisation and sharing information about potential candidates from their network. As a result, the SDP programme was able to reach out to rural areas in other districts of U.P.

Figure 38: Source of information about the course (n=20)[35]
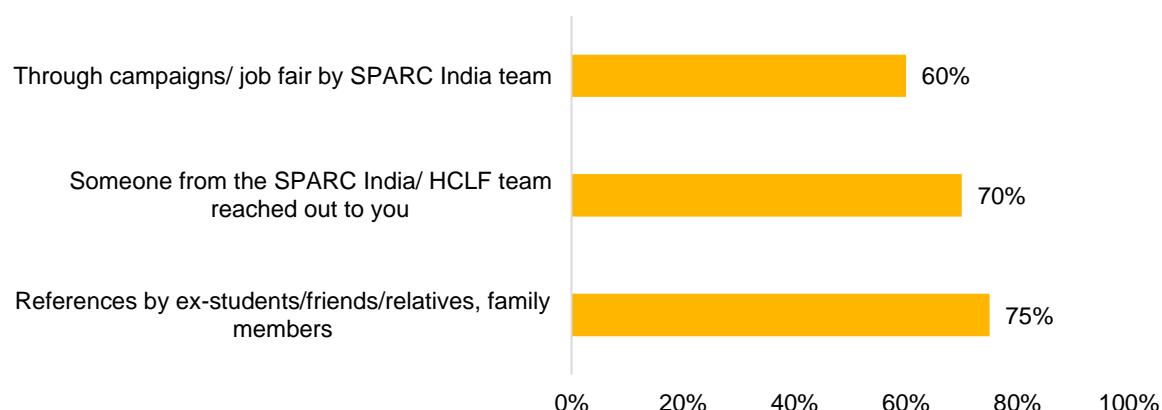
The trainees indicated multiple sources of information about the course as indicated above in figure 4. However, only 20% of the respondents were aware that the support had been provided by HCLFoundation, while all of them were able to recall SPARC India.

Figure 39: Course enrollment by the respondents (n=20)
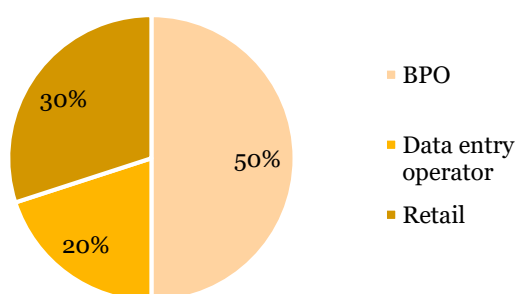
The respondents informed that the SDP programme had three major course options:

- BPO
- Retail
- Data entry operator

It was informed by the HCLFoundation team that the course options and duration was decided basis the market study conducted in the geography of the centre as well as the residence of the students along with special considerations for inclusion and sensitivity for the YwDs. The course duration was of three months. Out of the three months, 2 months were online classes due to COVID 19 restrictions and the last month consisted of offline classes in the premises of SPARC India in Lucknow. As informed by the students and HCLFoundation team, the first month was common for all the students in which they were taught about basic market ready skills like English language, communication, digital literacy, personality development, etc. Post which, on the basis

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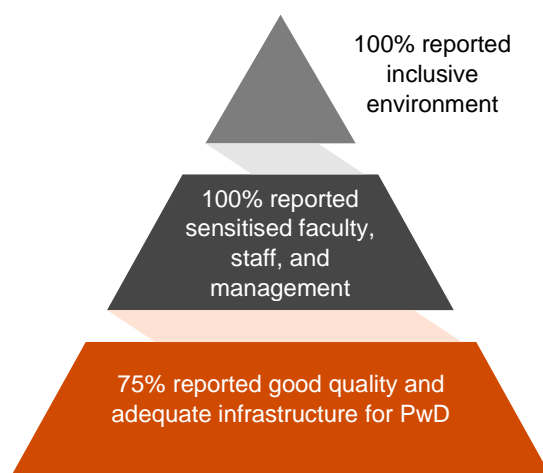[35] Multiple Coding Questions, Responses may add up to more than 100%

of the student's skill, interest, and aptitude, specialisation major was selected, and they were trained on the same.

100% of the respondents (n=20) stated that they were not engaged in any income generation activities prior to the course enrolment. The respondents informed that the course was free of cost and wanted to get a job (100%) followed by interested in learning about the skill (45%) as reasons for enrolling in the course. It was informed by all the respondents that they did undergo pre-joining counselling by SPARC India along with aptitude test and health check-up before course enrollment. The respondents reiterated that they were not charged any fee for application, counselling, enrolment, admission, etc.

2. **Consideration for YwD Requirements and focus on soft skills:**

It was highlighted by all the students that this project had special considerations/ facilities for YwD which encouraged them to do their best in the course. Upon further probing, the respondents provided details on the special considerations/ facilities which they had received during the course duration.

Figure 40: Special considerations/ facilities in place informed by the respondents (n=20)

- 100% reported inclusive environment
- 100% reported sensitised faculty, staff, and management
- 75% reported good quality and adequate infrastructure for PwD

100% of the respondents (n=20) informed that the faculty, staff, and management were sensitised and treated them like normal students irrespective of any prejudice, which the respondents reported facing elsewhere before taking admission in the SDP course. Consequentially, the respondents also agreed that the skill development centre provided them an inclusive and enabling environment which was conducive for their studies. It was informed by the HCLFoundation team that the skill development centre was operating in a government owned, building specially designed for PwD and was leased to SPARC India team at a very nominal cost.

Figure 41: Rating on various aspects of the programme (n=20)

| Infrastructure | Faculty | Training facilities/ equipment | Ease of understanding | Hands-on/ practical trainings | Hostel facility | Life/ soft skills training |

100% of the respondents were satisfied with all the facilities and provided the maximum rating of 5
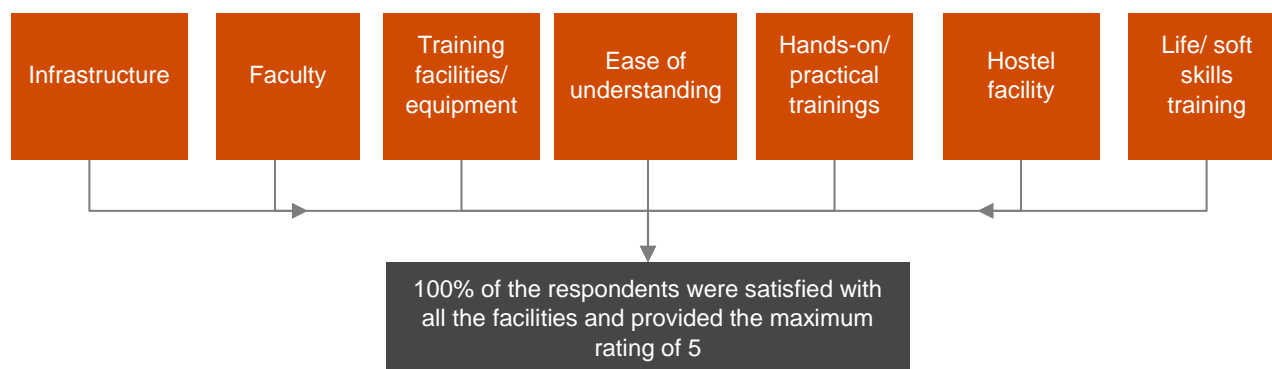
To gauge the effectiveness of programme implementation, the respondents (key beneficiaries) were asked to rate the different aspects of the training programme which included aspects such as physical infrastructure, faculty, etc. on a scale of 1 (minimum) to 5 (maximum). As depicted in the figure above, all the respondents interviewed were satisfied with the standard and quality of the various services provided.

The respondents also reported that the faculty were highly professional, sensitised and delivered the sessions in a very easy to understand manner. The respondents informed that the faculty members were very amiable and easy to approach. It was further stated that the respondents were comfortable in asking their doubts to the trainers and the trainers were happy to explain the concepts, till the students understood the concept.

Some of the respondents also highlighted, that since it was their first time away from their family at times, they felt homesick, discouraged and overwhelmed by the new scenario. However, the trainers went above and beyond their role, understood them, listened to them patiently and supported them like a family member.

Figure 42: Benefits of the life/ soft skill sessions (n=20)[36]
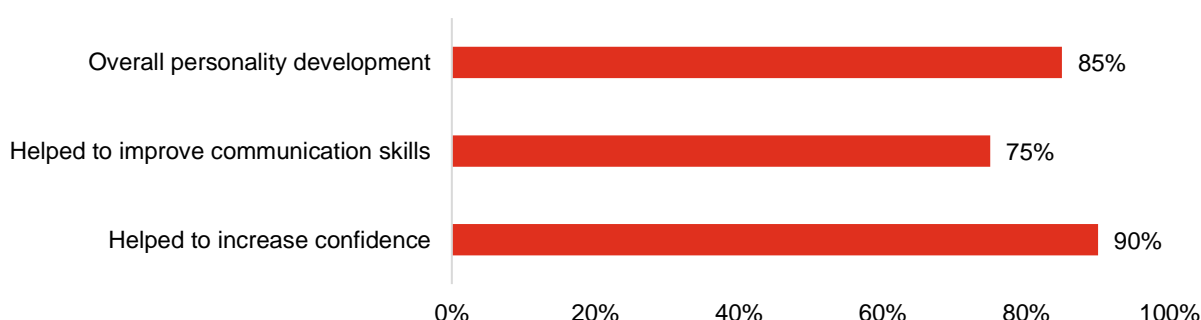
It was reported by **all the respondents (n=20) that life/ soft skill sessions were beneficial for them** whether it be in form of increase in confidence, overall personality development or improvement in communication skills as evident from figure 8. The respondents informed that these sessions were conducted on topics like English Language, communication skills, computer literacy, personality development, etc. The HCLFoundation team informed that since many of the students were from rural background, they were not comfortable with English and used to speak in their local languages. However, the efforts put in by the trainers during the sessions as well as extra-time for students who were lagging behind benefitted the students to a great extent. Similarly, the students reported that the trainers on computer and digital literacy were very patient, friendly and supportive.

The students (n=20) further informed that the course comprised of regular assessments conducted by the trainers. These assessments consisted of written exams, practical as well as viva for assessing overall learning, growth, and development. It was reported by all the students (n=20) that they passed the assessments. However, the students informed that they had not received any certificate of completion from SPARC India post the course duration. Some of the students recalled, that they were informed that they would be provided certificates later upon which could not materialise, while some of the students

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[36] Multiple Coding Questions, Responses may add up to more than 100%

reported that they were asked to come to the centre to get their certificates which was not feasible for them (due to time and mobility constraints). Hence, they do not have any certificate of completion as a proof of undertaking and passing the course from SPARC India.

3. Placement, post-placement support and tracking:

As mentioned above, none of the respondents (n=20) were involved in any income generation activities before enrolling into this programme. The respondents stated that the training and placement support provided under the project helped them in getting job. As per the project closure report shared by HCLFoundation, 16 students out of total 38 students had completed the entire three months course duration. Further, out of the 16 students who had completed the course, 10 were placed while others could not be placed due to reasons such as candidates dropping-out, revoking of offer letter by the organisations due to COVID 19 pandemic. **Average salary of the placed YwDs was INR 8,523** as per project the closure report.

It was reported by all the respondents (n=20) that the institute provided them with support in all stages of placement process (pre-placement, during the placement as well as post-placement). Upon further probing it was informed that the pre-placement support included resume drafting, mock interviews, group discussions, etc. The placement support included placement drive virtually at the organisations' office and job fairs at Composite Regional Centre, Lucknow and Employment Exchange office, Lucknow. The post placement support included getting offer letter, conflict resolution, if any with employers, calls to identify job retention status, etc.

It was reported by 60% of the respondents (n=20) that since they graduated, SPARC India has never reached out to them to enquire about their employment status (within six months post completion), followed by 25% who reported being reached out twice and 10% who reported being reached out once.

Interactions with trainees also brought out that the centre shared details about job opportunities, connected them with potential employers, and conducted placement drives. On an average, the respondents had given interviews in around 4 to 5 companies.

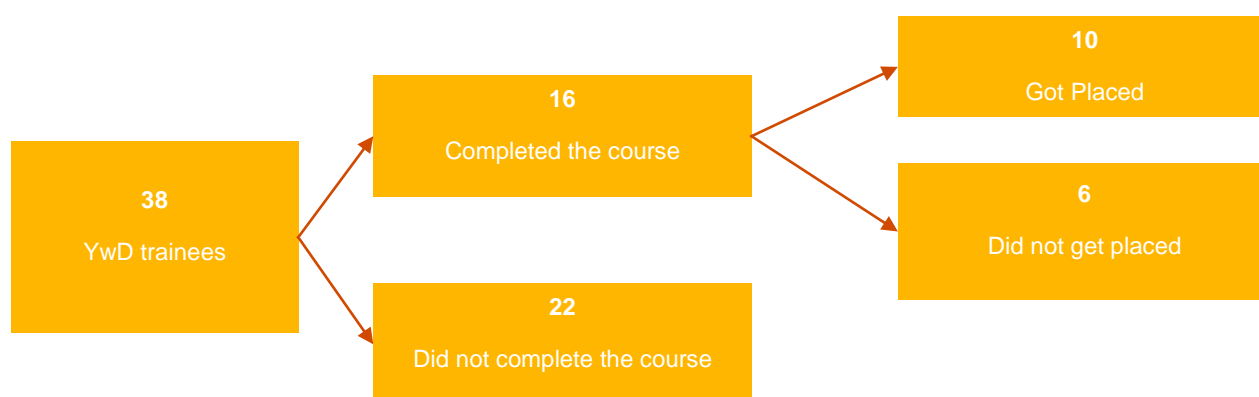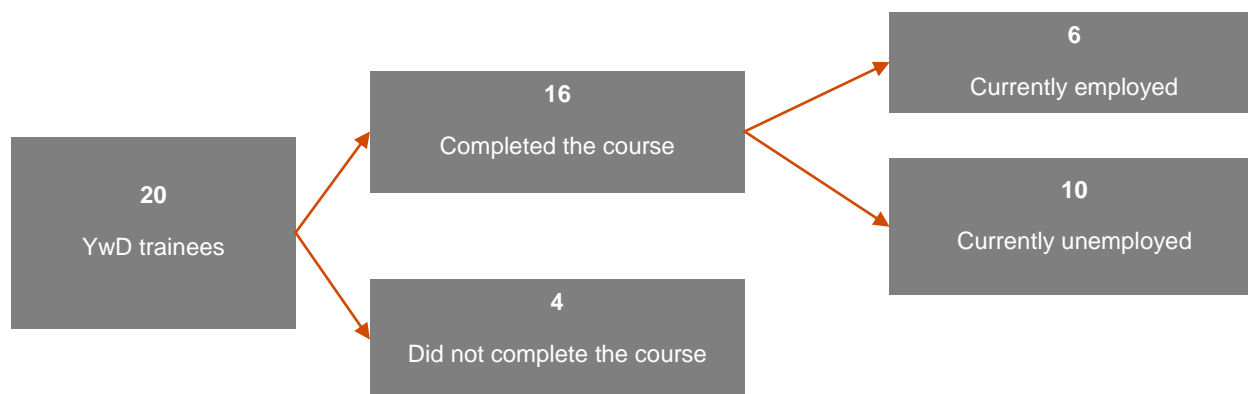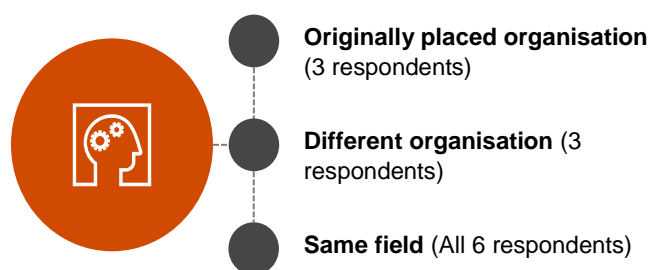**Figure 43: Trainees covered under the project (n=38)**

Figure 44: Trainee Respondents profile (n=20)

		6 Currently employed
20 YwD trainees	**16** Completed the course	
		10 Currently unemployed
	4 Did not complete the course	

As per the interactions conducted by the PW team, out of the 20 students 16 had completed the course, while the rest could not complete the course. Upon further probing with the students who dropped-out from the course for the reason behind the same, it was reported by them that it was due to reasons such as financial constraints, health issues, distance from hometown, dependency on parents/ guardians due to disability in completing the third month of the course offline in Lucknow.

Out of the 16 students who had completed the course, 10 of them got placements from the institute. As per our interactions with the students, 6 of them had got placements from the institute while the rest 10 were unplaced. Upon further probing with the unplaced students (10), it was reported by them that they had been placed by the project, however according to them the opportunities were not up to the mark and the renumeration was quite low (in the range of INR 6,000 to 8,000) being not enough to meet their basic expenses like rent, food, etc. Hence, they quit the job and came back home. It was also revealed by the students and HCLFoundation team that for batch 16, the offline training for the third month was done at a private residential rental building as the *government had taken its building back and the new place was not disabled friendly*. Hence, the batch 15 students who were utilising the rental free government building for accommodation for their On-Job Training (OJT) along with batch 16 students dropped-out of the job, leading to a high number of students getting unemployed. At the time of survey, only 6 students were working.

Figure 45: Employment status of the respondents (n=6)

Originally placed organisation (3 respondents)

Different organisation (3 respondents)

Same field (All 6 respondents)

Out of the 6 respondents who are currently working as salaried employees. When enquired about salary it was reported that the **current average monthly salary is around INR 12,000**. Out of the 30% respondents (n=20) who are currently engaged in any income generation activities, **3 of the respondents have continued working in their originally placed organisation**. 3 of the candidates have changed their firms as they were **offered better salary and promotion in a different organisation**. These opportunities have helped the candidates to build career and helped in earning higher income. To gauge the perception of the placement aspects of the programme, the respondents (key beneficiaries) were asked to rate the different aspects of the placement such as pre-placement training (Before placement), placement drive at the institute (During placement) and tracking and post placement connect

(After placement) on a scale of 1 (minimum) to 5 (maximum). The average rating of respondents was reported to be 4.75, 3.5 and 2.3 respectively for before, during and after placement aspects.

JKS

The study captures the findings and observations of the stakeholders with a view to capture the impact created by the SDP project initiative. Further, the key findings are categorised into 3 sub-sections namely (a) Information, awareness about the programme and admission, (b) Comprehensive support to CwD including therapy and education, and (c) Counselling and sensitisation activities for the parents.

❖ **Profile of the respondents:**

In order to understand the impact of the project interventions, 28 respondents which were parents/ guardians of the students (amongst 55 total beneficiaries/ students of the JKS programme) were surveyed, and socio-demographic profile of these students highlight the following:

- Majority 82% of the students (n=28) were male. The age group of the students was in the range of 8 to 19 years. The mean age of the students was reported to be around 14 years.
- 50% of the respondents completed intermediate (12th class) while 35% completed graduation.
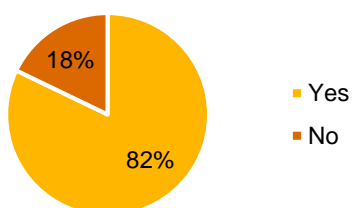
Figure 46: Socio-demographic profile of students (n=28)
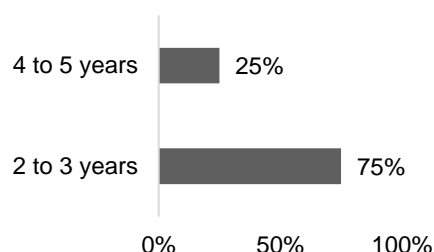
Gender wise split up of the students (n=28)
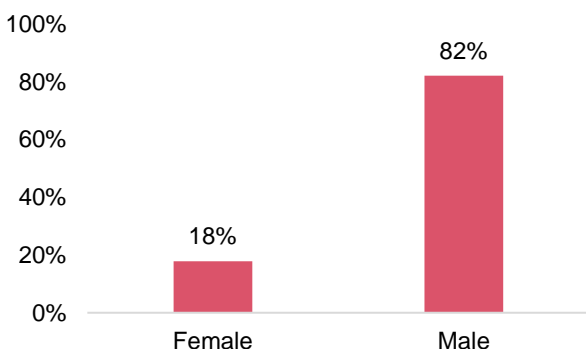
Social category wise distribution of students (n=28)
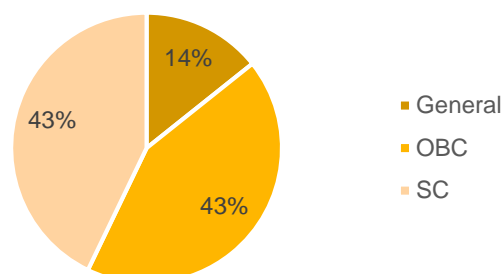
Ownership of BPL card (n=28)

Time since the student is attending the school (n=28)

- **Key findings:**

The key impact findings of the project initiative (JKS) are presented below:

1. **Information, awareness about the programme and admission:**

Mobilisation activities were conducted by the SPARC India team (in Lucknow) to promote the project and invite applications from the potential CwD trainees. As informed by the HCLFoundation team, the JKS programme catered to CwD having high degree of cerebral palsy related disabilities like autism, hearing impairment, mental retardation, etc. As per the information shared by HCLFoundation team, all the students of the JKS are having lower learning levels compared to children their age. Hence, the JKS programme reached out to the most marginalised and dependent children. It was further highlighted by the HCLFoundation team, that to cater to all the needs of the CwD in a comprehensive manner, the project initiative had a 30+ staff (computer teacher, special teacher, vocational instructor, physiotherapist, speech therapist, occupational therapist, community organiser, support staff, etc.) all under same building to provide one stop solution to all the needs of the students and parents.

Figure 47: Source of information about the JKS (n=28)[37]
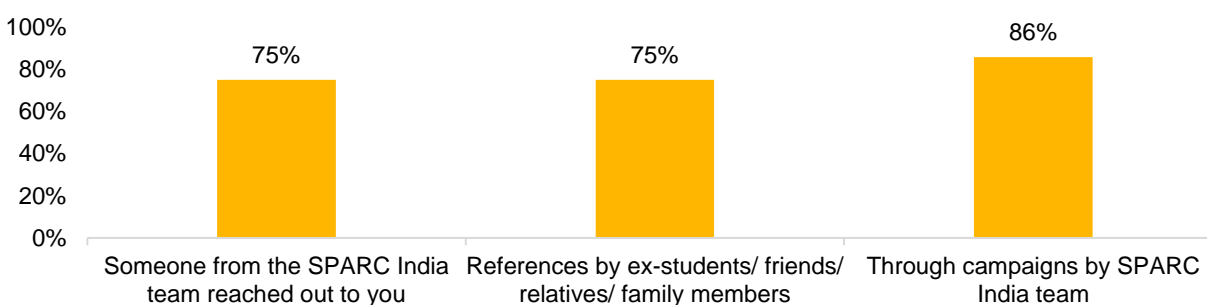
The respondents got to know about the JKS initiative though multiple sources as reflecting above in figure 12. Very few respondents were aware that the support had been provided by HCLFoundation, while all of them could recall about SPARC India.

**Figure 48: Reasons for enrolment in the JKS (n=28)[38]**

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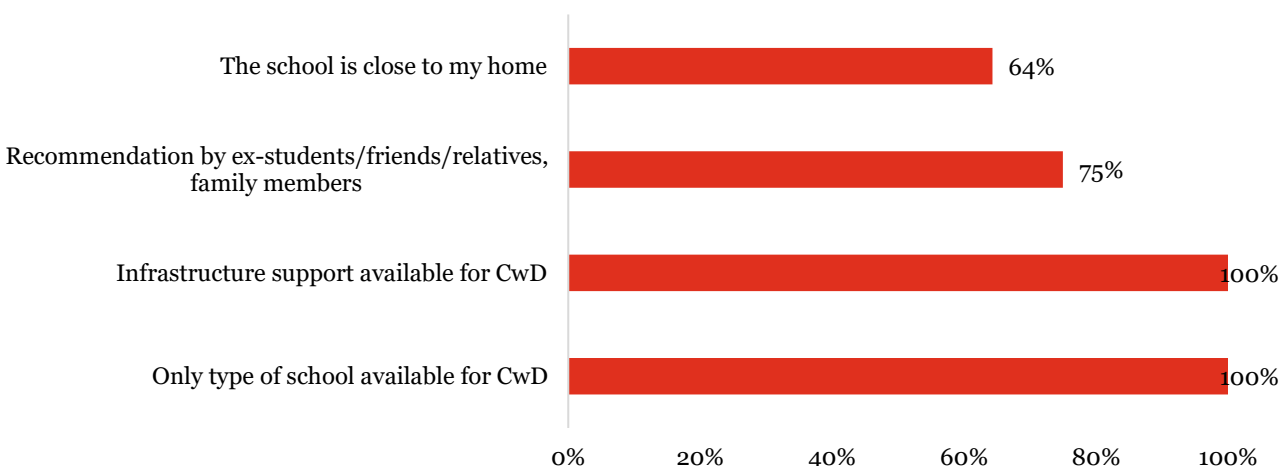
[37] Multiple Coding Questions, Responses may add up to more than 100%
[38] Multiple Coding Questions, Responses may add up to more than 100%

The respondents (parents) were asked about their deciding factors/ reasons to get their children enrolled in the JKS. Different reasons were cited by the parents as evident from figure 13. However, the infrastructure support available in school and lack of any other options were cited by all (n=28) as reason for enrollment. The parents further informed that there were few other centres/ schools run by NGOs which catered to CwD, but they were catering to only limited disabilities and with less severity of disabilities. Therefore, the respondents did not find those centres/ schools suitable for their children as they were highly dependent on them and had high degree of disability. 64% of the respondents reported that the school was closer to their home which gave them comfort and peace of mind that they can easily pick/ drop the student, visit the school (in case of emergency), etc. Hence, considering all the factors, mentioned above, the parents decided to enrol their children in JKS.

2. Comprehensive support to CwD including therapy and education:

Figure 49: Type of support provided in the JKS (n=28)
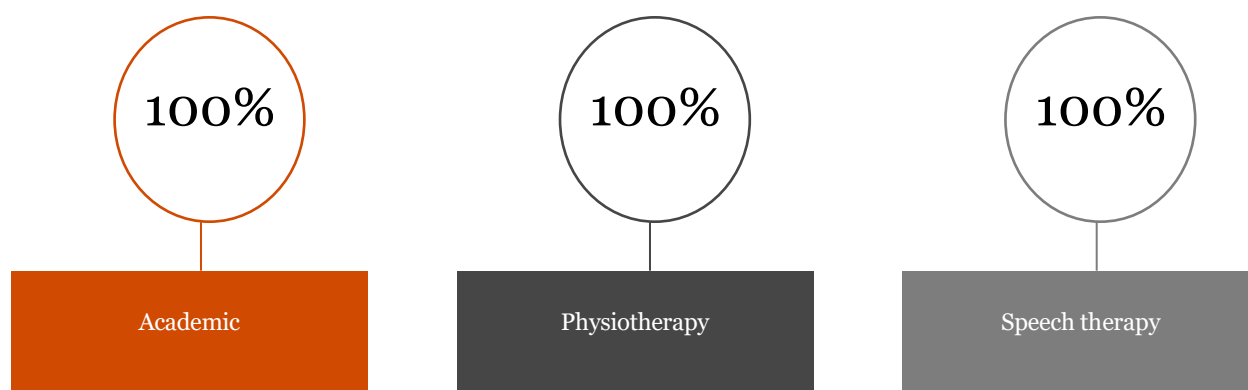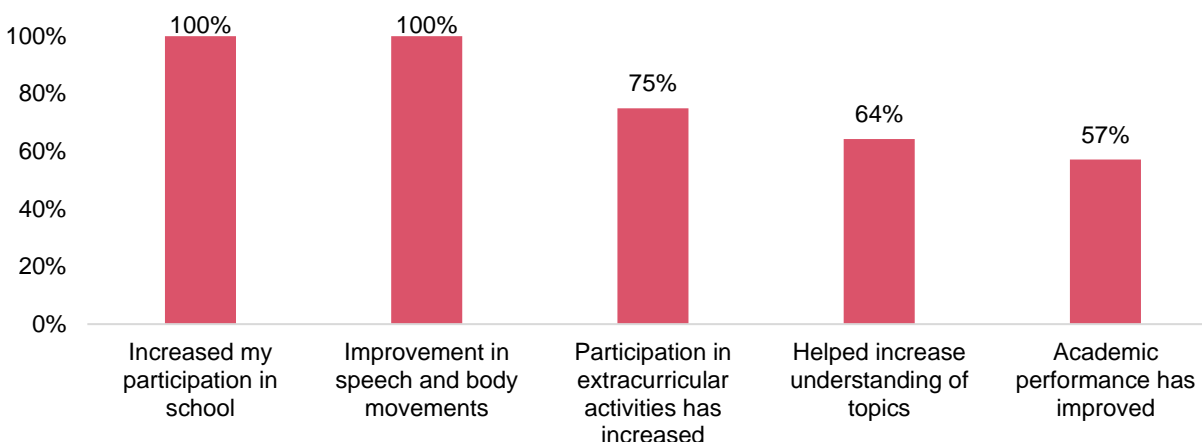

100% of the respondents (n=28) informed that the support provided to their children in the JKS included academic, physiotherapy and speech therapy for the comprehensive care of the CwD. The parents informed that most of the students were school dropouts, never participated in formal education and were being taught at their home by their parents. As per the information shared by HCLFoundation, SPARC India conducted survey in Lucknow about the socio-economic status, degree of disability, etc. Hence, the students with low socio-economic status and high degree of disability were reached out by SPARC India and provided admission in the school.

The HCLFoundation team informed that although the parents were trying to teach the students at home, but it was not effective as they were not aware about the teaching methods for CwD. Hence, academic support was provided in the school through specially trained and qualified teachers wherein they used informative, interactive, and visual-aid methods, designed, and curated specially as per the needs of the individual children.

As per the information shared by the parents and HCLFoundation team the children have severe cerebral palsy related disabilities. Hence, their body is not in unison with the mind which causes problems with their speech and body movements, causing pain and frustration in the CwD leading to difficulties in Activities of Daily Life (ADL), Fine Motor Dysfunction (FMD) and Gross Motor Dysfunction (GMD). It was further informed by the HCL team that most of the CwD had ADL, FMD and GMD. During our interactions with the parents, the same was also corroborated by the parents. It was highlighted by all the respondents (n=28) that there were activities conducted in the school for helping overcome difficulties related to ADL, FMD and GMD. The parents further reported that the frequency was mostly every day or

a need-to-need basis as determined by the professionals. All the respondents have reported that the ADL, FMD and GMD of the children have improved post joining JKS.

Figure 50: Impact of the support provided in JKS (n=28)[39]

It was reported by all the respondents (n=28) that the academic, physiotherapy and speech therapy support has been highly beneficial to their children. The respondents further informed that the good quality and free of cost physiotherapy and speech therapy provided in JKS not only helped in pain relief and better body movements of their children, but also helped in financial savings for the households ranging from INR 2,000 to 3,000 monthly associated with travel, consultation, and therapy charges.

Additionally, it was informed by all the respondents (n=28) that speech therapy and physiotherapy were provided by highly trained and qualified in-house doctors and nurses using good quality equipment on a daily or need to need basis to alleviate the pain and improve the speech of the children. As a result, it was agreed by 100% of the respondents that the children had increased participation in school and improvement in speech and body movements. The parents informed that the equipment provided at the JKS supported their children with speech therapy and pain relief. However, it was reported by them that other institutions have better equipment which is more effective in speech therapy and pain relief than the equipment present at JKS. Hence, HCLFoundation may consider procuring the upgraded equipment with advanced and latest technology (in case they fund a similar natured project in the future) in order to increase the effectiveness, usage and sustainability of the project.

Mrs. Rashmi (name anonymised) is a 37-year-old single parent from Lucknow, Uttar Pradesh and works as a domestic help for her livelihood and has a family of four people including her parents and one daughter. She has a daughter ailing with Cerebral palsy (Mental retardation, 60% as per the disability certificate). She informed that before the JKS support was provided, she was sending her children to a private school under the EWS category but there was no interest in study by her daughter and she used to face behavioral issues like anger, anxiety, confusion, despair, etc. She decided to send her daughter in JKS due to word of mouth from a relative. She informed that her daughter received academic, physiotherapy and speech therapy support by the school. She highlighted that the programme had a good impact on her daughter as she is now more receptive, curious about learning, improvement in communication and reduction in pain.

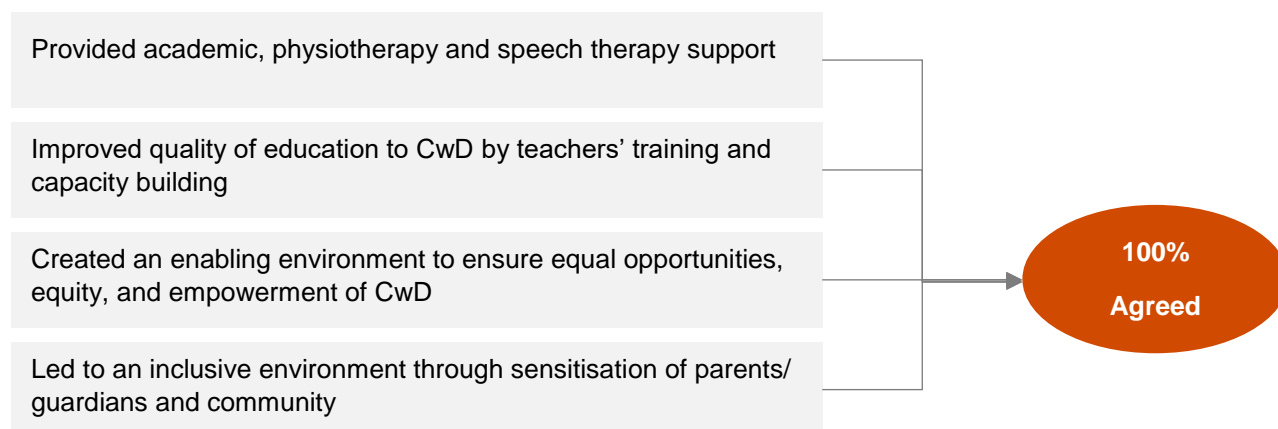[39] Multiple Coding Questions, Responses may add up to more than 100%

The respondents informed that there were various ECA conducted in the school keeping in mind the interest, diversity and disability of the student which included singing, painting, plantation, poem recitation, storytelling, arts & crafts, playing indoor games like carrom & ludo, outdoor games like throwing ball, etc. This is also evident from the fact that 75% respondents mentioned improved participation by their children in ECA.

Some of the parents mentioned that before joining JKS, their children were barely able to walk. However, post the physiotherapy support provided, they were ecstatic to see their children walk and run (to short distances). The parents also revealed that during COVID 19 pandemic, the classes were being conducted online by the teachers along with home visit by the JKS staff for physiotherapy, speech therapy for the children and counselling & sensitisation sessions to the parents. Hence, through the home visits it was ensured that there is no gap or lapse in the activities, services and support provided by the JKS and in the education of the children.

The parents informed that along with the children, they received adequate support from the teachers. The teachers were compassionate, skilled, and qualified for catering to the comprehensive needs of CwD. It was further informed that the teachers understood the children's physical, emotional and mental requirements and were very amiable which helped them have a good interpersonal bonding with the children, which reassured the parents and made them worry free sending their children to the JKS. The parents further reported that the children found it easy to ask queries & doubts to the teachers in front of the class while they were teaching. They further informed that the support provided by the teachers has been impactful for their children as they regularly inform parents about updates from the school and requested them to complete their schoolwork.

Consequentially, 100% of the respondents agreed that the overall support provided in the school has been beneficial for them, their children and the various activities undertaken as part of the project (academic, physiotherapy, speech therapy, etc.) have supported in continuing education leading to holistic growth and development of the children due to which they would be happy and proud to refer this initiative to anyone requiring this kind of support.

Figure 51: Impact of the support provided in JKS for continuing education of their children (n=28)

Provided academic, physiotherapy and speech therapy support

Improved quality of education to CwD by teachers' training and capacity building

Created an enabling environment to ensure equal opportunities, equity, and empowerment of CwD

Led to an inclusive environment through sensitisation of parents/ guardians and community

100% Agreed

### 3.   Counselling and sensitsation activities for the parents:

It was reported by 100% of the respondents that counselling, and sensitization sessions were conducted for them with an aim to increase awareness towards how to deal with the physiological and psychological needs of the CwDs. It was informed by the HCLFoundation team that counselling and sensitisation sessions were delivered to the parents by qualified and reputable counsellor in the JKS. 61% of the respondents (n=28) reported that there were 2 to 4 counselling and sensitisation sessions conducted for parents in the past year. 100% of the respondents (n=28) have reported that the counselling and sensitsation sessions by the counsellors in JKS has been helpful for them and their children.

Figure 52: Frequency of counselling and sensitization sessions conducted for parents in the JKS (n=28)
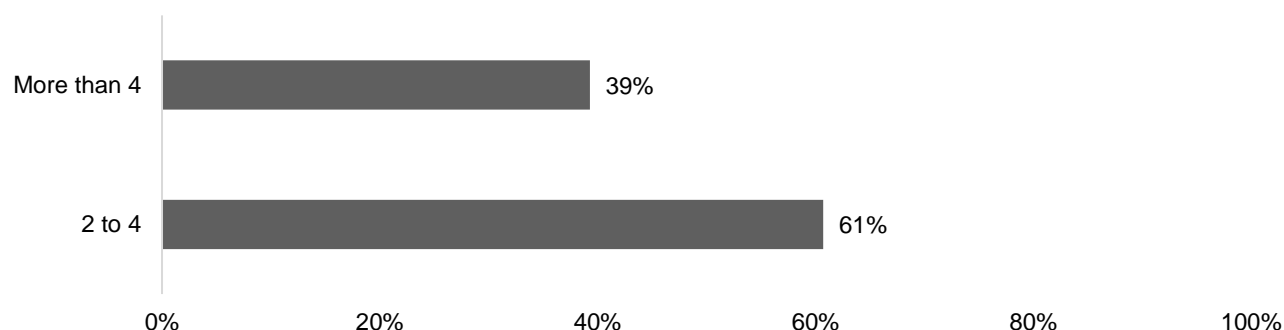
The HCLFoundation team informed that due to the low socio-economic status of the parents, high dependency of the children on their parents, staying together continuously, financial requirements, etc. took a toll on the mental, physical, and emotional well-being of the parents resulting in negative emotions grief, frustration, hopelessness, etc. along with lack of support, pain, and confusion for the children. Hence, it was envisaged by HCLFoundation team to tackle this issue by organizing counselling and sensitization sessions for the parents delivered by the counsellor in JKS.

Figure 53: Difference in support received from parents post the counselling and sensitization sessions (n=28)
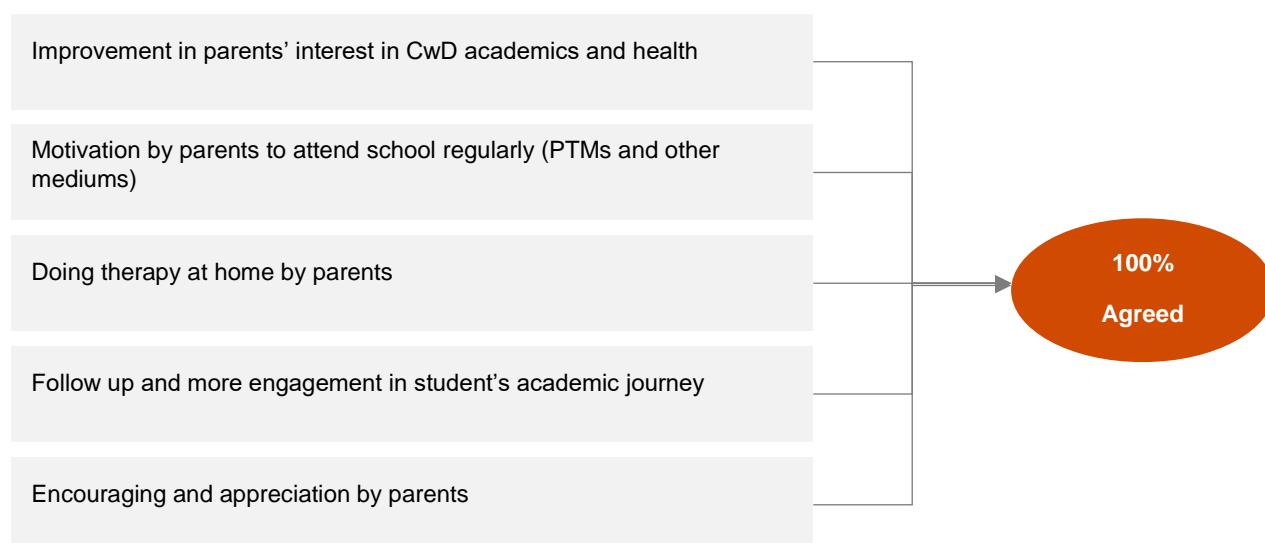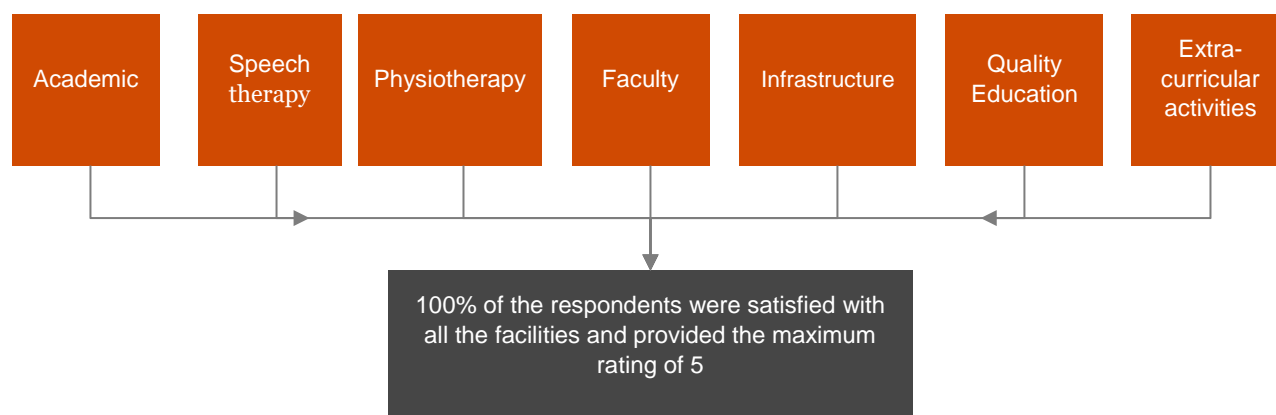

It was reported by all the respondents (n=28) that these counselling and sensitisation sessions were impactful and proved vital for parents in supporting their children. The respondents informed that these

sessions helped them understand the complex problem, challenges, and the needs of their children, as well as guided and provided them with the means to address the same. As a result, 100% of the respondents (n=28) reported improvement in their positive interest in the CwD; motivation among the respondents to attend the school regularly, follow-up and be more engaged in the student's academic journey; conducting therapy at home for the children and more engagement and appreciation, empathy, and solidarity towards their children in a holistic approach and manner.

The parents further informed that the teachers are easily approachable, amiable, interactive, and engaging hence, they find it easy to share and discuss their problems with the teachers through various available platforms in the JKS like Parent Teacher Meetings (PTMs), Parent Support Groups (PSGs), etc.

Figure 54: Overall satisfaction of the respondents on the various aspects of the JKS (n=28)

Academic	Speech therapy	Physiotherapy	Faculty	Infrastructure	Quality Education	Extra-curricular activities

100% of the respondents were satisfied with all the facilities and provided the maximum rating of 5

To gauge the effectiveness and perception of the respondents about the project initiative, they were asked to rate all the aspects/ activities conducted as part of the project in the JKS. It was reported by 100% of the respondents that they were satisfied on all the aspects like academic, speech therapy, physiotherapy, faculty, infrastructure, quality education and extra-curricular activities which demonstrates the impact created by the project supported by HCLFoundation.

8.6   IRECS Analysis

Basis the interactions with the key stakeholders and desk review of the documents, the impact of the project was evaluated on the "IRECS framework."

The IRECS analysis summary has been presented in below table:

Table 10 : IRECS Analysis of Project

Parameter	Assessment from study
Inclusiveness	❖ CwD and YwD are one of the most vulnerable and neglected social groups. The project has focused on their emancipation by focusing on their educational, skill development and health requirements. The project support has provided access to quality education and skill development opportunities helping them become self-dependent to the maximum extent possible. ❖ As evident, majority of the beneficiaries belong to lower socio-economic strata hailing from BPL families and belonging to regions wherein educational and skill development opportunities for CwD and YwD are

Parameter	Assessment from study
	almost non-existent. Thus, it can be observed that that the project is inclusive and has been able to reach out to one of most ignored sections of the society.
Relevance	❖ The YwD covered under the project support were not involved in any income generation activities before enrolling into the SDP programme, due to lack of opportunities, an inclusive and enabling environment and technical skill set. ❖ It was reported by the HCLFoundation team that there were no skill development programmes catering to the special needs like disabled friendly infrastructure and other facilities in the project geography. ❖ Similarly, the educational interventions taken up under the JKS catered to CwD having high degree of cerebral palsy related disabilities like autism, hearing impairment, mental retardation, etc. wherein all the students of the JKS are intellectually challenged and have lower learning levels compared to children their age. ❖ The parents of the CwDs informed that there were few other centres/ schools run by NGOs which catered to CwD but they were catering to only limited disabilities and with less severity of disabilities. Therefore, the respondents did not find those centres/ schools suitable for their children as they were highly dependent on them and had high degree of disability. ❖ Therefore, the interventions taken up are very much relevant and focus on mainstreaming the CwD and YwD in the society along with taking care of their special requirements
Effectiveness	❖ 100% of the respondents (n=20) informed that the faculty, staff, and management were sensitised and treated them like normal students irrespective of any prejudice for PwD, which the respondents reported facing before taking admission in the SDP course. Consequentially, the respondents highlighted that the skill development centre provided them an inclusive and enabling environment which was conducive for their studies. Similarly, it was reported that the life/soft skills sessions were beneficial in making the candidates job market ready. The additional efforts put in by the trainers as well as extra-time for students who were lagging behind was also acknowledged. ❖ It was reported by 100% of the respondents (n=28) that the academic, physiotherapy and speech therapy support was highly beneficial for their children. The respondents further informed that the good quality and free of cost physiotherapy and speech therapy provided in the JKS not only helped with the pain relief and body movements of their children, but also helped them in financial savings for the household. ❖ It was agreed by 100% of the respondents (n=28) that the counselling and sensitization sessions were effective and facilitated the parents to support the children in a better manner.

Parameter	Assessment from study
	❖ To gauge the effectiveness and perception of the respondents about the project initiative, they were asked to rate all the aspects/ activities conducted as part of the project in the JKS. It was reported by 100% of the respondents that they were satisfied on all the aspects like academic, speech therapy, physiotherapy, faculty, infrastructure, quality education and extra-curricular activities. ❖ The project activities seem to be effective in addressing the identified requirements and have been able to cater to the requirements of the target beneficiaries.
Convergence	❖ The convergence aspect can be gauged from the fact that project implementation involved involvement of an organization (SPARC India) which has experience in working around the issues pertaining to CwD and YwD. Similarly, the project also involved the State Govt. of Uttar Pradesh, the support provided government owned, building specially designed for PwD for the project. It was informed that the building was disabled friendly and was leased by the government to SPARC India team at a very nominal cost. UPSRLM too supported the project by sharing information on prospective candidates for the project. ❖ The initiative is a successful model involving HCLFoundation and SPARC India (registered society, which is also registered with the Department of Empowerment for Persons with Disabilities, Govt. of Uttar Pradesh) with an aim of uplifting people with disabilities.
Sustainability	❖ The project intervention had an inherent component of sustainability, as the activities ultimately led to mainstreaming of one of the most marginalised and often ignored section of the society. ❖ The interventions not only catered to the immediate medical requirement of the target beneficiaries, but also involved making them economically self-reliant. ❖ However, as per the interactions conducted by the PW team, out of the 20 students, only 6 students are currently working. It was reported by the rest of the students that 4 of them could no complete the course (dropouts) due to financial constraints, health issues, high distance from their hometown, dependency on parents/ guardians due to disability in completing the third month of the course offline in Lucknow. ❖ The parents of JKS students stated that the programme had a good impact on their children as the child is now more receptive, curious about learning, there is improvement in communication and reduction in pain.

8.7   Alignment to HCL Tech's CSR policy and UN SDGs

The project is **aligned with HCL Tech's CSR policy** which includes **"promoting education**, including **special education** and **employment enhancing vocation skills** especially among **children**, women, elderly, and the **differently abled and livelihood enhancement projects"** as **one** of the **key CSR focus areas**. The project is also aligned with Sustainable Development Goals[40]: **SDG 3 "Good health and well-being", SDG 4 "Quality education" and SDG 10 "Reduced Inequalities"** project has contributed to the overarching goal of good health and well-being.

8.8   Recommendations

- The programmes could be of longer duration (around 6 months) to help the trainees delve deeper into the concerned subject matter and gain more knowledge. Also, opportunities for organising advanced certification courses for placed candidates can be explored to help them grow professionally. Also, possibility of introducing programmes and courses (based on market research, supply, and demand gap, etc.) in new geographies through which more YwDs can be served can be explored.
- Project team may conduct regular and frequent follow-ups with the trainees who got placed to provide them any post placement support required and refresher trainings (if required).
- If HCLFoundation supports similar natured programme in future, there can be provision of a designated authority looking after placements and post placement support. The said authority can specifically represent students and the institute in front of the employers providing them with higher bargaining power, look after connecting alumni to share employment opportunities among the students.

8.9   Study Limitations

- **Interactions with the SPARC India team and SDP trainers could not be conducted**, due to their unavailability. Hence, **limiting the study findings** in evaluating the comprehensive impact of the project intervention.
- The PW team **interacted with most of the identified stakeholders** but **could not interact with primary beneficiaries of the JKS project** as they are **children having severe cerebral palsy related disabilities** (like impaired hearing, intellectually challenged, speech impairment, etc.). Hence, in consultation with the HCLFoundation team, the PW team **conducted interactions with their parents/guardians**. Consequently, the findings of the JKS project component were based on the viewpoints of the parents/guardians and depends on the inputs of the other stakeholders.

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[40] Source: https://sdgs.un.org/goals

9. Project 8: Conservation and rejuvenation of waterbodies through community engagement

9.1   Background

Bengaluru has historically relied on a network of lakes created in the 16th century to meet its water needs, as the city lacks a natural source of perennial water. These lakes, constructed with dams and overflowing weirs, served as crucial sources for drinking water, irrigation, and fishing. They also replenish nearby wells and borewells, providing water for various household purposes. Until the city began receiving water from the Cauvery River, these lakes remained vital for Bengaluru's water supply. Encroachments for urban development have disrupted this chain of lakes, adversely affecting the remaining water bodies and led to a decline in the water table.[41]

9.2   About the project

HCLFoundation, in partnership with UWB (United Way Bengaluru), initiated the project "Conservation and rejuvenation of water bodies through community engagement" in the fiscal year 2020-21 to 2021-22 under the Harit flagship programme. Under the project, two initiatives were undertaken: "Wake the Lake (Bidru Lake)" and "One Billion Drops – Creating Percolation Well".

The key objectives of "Wake the Lake" included improving the water quality of Bidru Lake by removing waste and pollutants, revitalizing the ecosystem in and around the lake, and creating a favorable environment for aquatic flora and fauna. Moreover, the project aimed to promote community ownership through active volunteerism, encouraging local residents to actively participate in and take pride in preserving these crucial natural resources. The activities undertaken under wake the lake initiative are listed as below:

- ❑ Cleaning and removing of weeds and shrubs around lake
- ❑ Cleaning water body and lakebed by removing plastic and other waste material
- ❑ Enriching biodiversity through plantation of 2,500 saplings of different plant species like Aala, Arali, Kaju Badami, Bidiru, Honge, Nerale, Bihu and Hebbehu
- ❑ Construction of rock embankment at the inlet of Bidru lake to stop plastic and other non-degradable pollutants from entering the lake
- ❑ Mulching and de-weeding for better plant growth
- ❑ Wetland development through plantation of 250 saplings of Canna, Water Bamboo, Lotus, Lake Jando and Allakkasia
- ❑ Creation of Miyawaki Forest with plantation of 2,500 saplings as a climate change mitigation measure
- ❑ Volunteering activities by HCL Volunteers through cleaning, picking plastic, de-weeding, mulching, watering, and plantation drive etc.

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[41] Source: MOU between HCLFoundation and UWB

Under **One Billion Drops - Creating Percolation Well**, **20 percolation wells were created in the 10 Anganwadi centers and in 2 Government schools by HCLFoundation** with the objective towards groundwater recharge (a hydrologic process where water directly moves downward from surface water to groundwater/water table). Broader goal of this intervention was to ensure water security and support in optimal conservation using nature given rainwater.[42]

Table 11: List of Anganwadi centers and schools around Anekal taluk where the Percolation wells installed*

S No	Location	Anganwadi/School	No of Percolation Wells
1	Thigalarabeedi	Anganwadi	1
2	DK Bagilu	Anganwadi	1
3	A Medahalli	Anganwadi	1
4	Sudhamanagara	Anganwadi	1
5	Kempavaderahalli	Anganwadi	1
6	Bommandahalli	Anganwadi	1
7	Hullahalli	Anganwadi	1
8	Bilawaradahalli	Anganwadi	1
9	Shanubhoganahalli	Anganwadi	1
10	Pillaganahalli	Anganwadi	1
11	Hennagara Bommasandra	School	5
12	Sabamangala	School	5
	Total Percolation wells		20

*Source: - The details of percolation wells initiative under the project have been shared by the HCLFoundation and UWB team

9.3   About the Implementing Agency

United Way Bengaluru is a registered not-for-profit organization that works with communities to tackle local action for global impact.[43] Since 2008, it has been working towards its vision to make lasting and effective change within Bengaluru and the rural areas around it.[44] Their key focus areas revolve around Education and Livelihood, Environment, Rural Rising and Engaging Corporate Volunteers. They have

[42] Source: Document shared by HCLFoundation such as annual report of both projects
[43] Source: United Way of Bengaluru (uwbengaluru.org)
[44] Source: https://www.uwbengaluru.org/what-we-do

been implementing four flagship programmes i.e., Wake the Lake, One Billion Drops, Born Learning Campaign and Rural Rising.

9.4   Method of impact Assessment

PW conducted impact assessment of **Conservation and rejuvenation of waterbodies through community engagement** to assess the impact created under the project. The study began with an inception meeting with **HCLFoundation** and the **Implementation Agency** to understand the project and to align the expectation and support required for the engagement. Post inception meeting, HCLFoundation shared project documents. After receiving the documents, PW team conducted a desk review to gain a thorough understanding of the project. Based on the desk review and in consultation with the HCLFoundation as well as the Implementation Partner, the team mapped the key stakeholders required to be interacted with and developed a robust evaluation framework with a **structured qualitative methodology** relevant to the nature of project.

> Qualitative research methodology has been employed in accordance with the mutual agreement between PW and HCL Foundation. This approach involved engaging various key stakeholders to assess and explore their subjective experiences and gather in-depth information regarding their individual perspectives on the project.

After the methodology was finalised, **tailored tools were prepared for each stakeholder to guide the interactions with them**. Qualitative study was conducted to involve the key stakeholders of the project, as illustrated in the table below:

Table 12**: Qualitative interactions**

Key stakeholders	Type of interaction	Total number of interactions
Fisherman (Wake the Lake - Bidru Lake)	In-Depth Interview	1
Community residing near (Wake the Lake - Bidru Lake)	Focus Group Discussion	1
Gram Panchayat Member - Mantapa Panchayat official (Wake the Lake - Bidru Lake)	In-Depth Interview	1
United Way Bengaluru project in charge (Wake the Lake-Bidru Lake and One Billion Drops)	In-Depth Interview (Virtual interaction)	1
HCLFoundation project in charge (Wake the Lake-Bidru Lake and One Billion Drops)	In-Depth Interview (Virtual interaction)	1
Anganwadi Worker (One Billion Drops)	In-Depth Interview	4

Key stakeholders	Type of interaction	Total number of interactions
Total		**9**

After completion of stakeholder's interaction all the responses have been collated and analysed thoroughly and based on the analysis, the detailed findings and impact have been drawn. The draft report was prepared accordingly and shared with the HCLFoundation team for the review and inputs.

9.5   Key findings:

9.5.1   Challenges faced before the project:

Various pre-project issues being faced by communities related to water, livelihood, and inhabitation were identified as follows:

9.5.1.1   Wake the Lake – Bidru Lake

- **Encroachment of Bidru Lake due to absence of lake boundaries:** The HCLFoundation project manager and UWB team reported that nearly 50% of the lake's total area had been encroached upon due to the absence of boundaries. This encroachment had a significant impact on the fishermen, whose livelihoods depended on the lake. They were constrained to fish in a limited area of the lake. Additionally, the presence of approximately 30 marble factories near Bidru Lake, which had been dumping debris for years, further complicated the situation as they began to claim the lake area where they disposed of the debris as their own.

- **Debris and sewage dumping:** The dumping of debris and sewage in the lake posed a major challenge before the project intervention, as reported by the UWB team and the community. This practice, primarily carried out by the marble industry, resulted in water pollution and contamination of the surrounding area. The blockage of the inlet channel due to debris led to a reduction in the water level in the lake. The sewage and debris contained various pollutants such as chemicals and degraded marble parts, further degrading the water quality and the environment. Furthermore, nearby communities had a tendency to dispose of household waste and plastic bottles near the lake, exacerbating the situation.

- **Lack of pathways surrounding the lake:** Community members have highlighted the absence of pathways around the lake, which had hindered people from engaging in recreational activities such as walking, exercising, and cycling. This lack of access has deprived individuals of the opportunity to appreciate the scenic views and enjoy the fresh air. Moreover, the presence of a large number of shrubs surrounding the lake has made it difficult for community members to move from one side to another around the lake area.

9.5.1.2   One Billion Drops – Percolation wells

The challenges highlighted by the stakeholders are mentioned below: -

Figure 55: Image of Anganwadi Center

- **Rainwater Management in Institutional Premises: -** Before intervention, UWB reported of several institutional premises with **ineffective rainwater management practices,** leading to the wastage of a valuable resource. Inadequate management during heavy rainfall caused **flooding in low-lying areas,** disrupting the city, and causing damage. Moreover, **untreated rainwater mixing with sewage lines contaminated the water supply,** making it unsuitable for community reuse. This situation emphasised the immediate need for improved rainwater management strategies in institutional premises. Implementing effective rainwater harvesting systems and infrastructure could reduce water wastage and help mitigate flooding in low-lying areas. Additionally, proper management could prevent sewage line contamination, ensuring clean water for recycling and reuse by the community. Anganwadi teachers reported a flooding issue at their center before the intervention. This caused difficulties for children to reach the Anganwadi center and also affected teaching activities. Moreover, there were concerns about potential health issues for the children due to flooding in the Anganwadi center.

- **Roof Leakage at one of the Anganwadi Center:** During interactions with the Anganwadi teacher, it was reported that before the intervention of the percolation well, they faced issues of **water seepage from the roof of the Anganwadi center** during the rainy seasons. This presented challenges during classes for children aged 3 to 6 years, with a total of 15 students at the center. Despite escalation of issue to management, which was partially addressed, the roof leakage problem persisted**.** The teacher expressed concerns about the children's health due to the seepage, as the center only had one room for teaching. This made it very difficult to maintain a clean and healthy environment for the students during the rainy season, affecting their ability to teach effectively.

9.5.2 Summary of the impact created

9.5.2.1   Wake the lake - Bidru Lake

HCLFoundation in collaboration with Government of Karnataka – Minor Irrigation Department and local communities, aimed to revive and maintain Bidru Lake. The immediate goals included preventing pollution from waste and sewage, enhancing biodiversity, halting further encroachments, and engaging communities. Long-term objectives sought to establish an environmental hub to sustain the ecosystem, conserve flora and fauna, and ensure Bidru Lake's health as part of Bengaluru's Lake series, thereby benefiting the city's environment.

Following interactions with stakeholders and a desk review of project documents provided by HCLFoundation, the research team has summarised the impact below: -

▪ **Halted encroachment in Bidru Lake**: - It was reported by UWB and the project manager from HCLFoundation, that manufacturing industries near the Bidru Lake were responsible for dumping debris into the lake which were under the Jigani Industries Association (JIA). UWB established the Wake the Lake committee to garner community support and to ensure the project's sustainability. Collaborating with JIA and supported by the committee, letters and notices were issued along with meetings which were conducted with marble industries to stop debris dumping and wastewater discharge into the lake. The committee actively participated in reducing debris dumping, planting trees, cleaning the lake, and removing encroachments. They also facilitated communication with

Figure 56**: Image of the Bidru Lake post intervention**

government departments to implement the project effectively. **These efforts successfully halted major encroachment activity and reduced dumping of debris in lake.** Despite the committee's dissolution after a year due to new government policies, UWB remains engaged with Bidru Lake's future. The UWB team maintains contact with the panchayat and continues to monitor the lake, aligning with their interventions in the surrounding areas.

▪ **Improved water availability in Bidru Kere Nagar Colony: -** The Bidru Kere Nagar colony, comprising approximately 30 to 40 households with a population of around 500, is located near Bidru Lake. Before the intervention, residents relied on two community bore wells near the lake for their drinking water and other household needs. The intervention resulted in an increase in the water level of the lake, which the community perceives as crucial for recharging the bore wells. This has ensured that the community bore well has a consistent supply of water for drinking and other household purposes such as washing and bathing, as there were no other alternatives for water supply in their colony. The community believes that this improvement has not only secured their water supply but has also enhanced their overall quality of life.

▪ **Strengthening Fishermen's Livelihood: -** In discussions with the Gram Panchayat and fishermen, it was noted that when the lake was open to all for fishing, it caused overcrowding. Moreover, there was a lack of accountability for the lake's maintenance, resulting in the accumulation of waste in its vicinity. To address this, the local authority Gram Panchayat introduced the tender system, which would provide responsibility to the winning fisherman for maintaining the lake's cleanliness. It was reported that only the individual winning the tender issued by the gram panchayat for maintaining and managing the Lake could also carry out fishing in the lake for five years, with an annual cost of Rs. 40,000 and could additionally strengthen his livelihood.

During project intervention, the current fisherman who was managing the lake contributed to the lake's cleaning by providing his JCB machine for 15 days. Before the intervention, the fisherman faced challenges such as blocked channels, polluted water due to sewage, and pollution from debris and waste in the surroundings. Moreover, the lake's abundance of shrubs and bushes posed challenges for fishing. The fisherman noted that prior to the intervention, he typically caught approximately 100 to 150 kg of fish three times a week (or 12 times a month). However**, following the intervention, his catch increased to 300 to 350 kg of fish per week. This substantial increase in catch has boosted his monthly income from Rs. 40,000 before the**

intervention to approximately Rs. 60,000-70,000 after the intervention, representing an overall increase of approximately 63% in income.

- **Increased recreational activity around the Lake through pathway creation and plantation activity:** The UWB team conducted wetland plantation at the lake's inlet to treat incoming water, ensuring the lake's cleanliness. Wetland development included the plantation of 250 saplings of Canna, Water Bamboo, Lotus, Lake Jando, Allakkasia, among others, and enriching biodiversity through the plantation of 2,500 saplings of different plant species like Aala, Arali, Kaju Badami, Bidiru, Honge, Nerale, Bihu, Hebbehu, etc. The community reported that these trees, along with those planted around pathways, had grown, and were thriving. Nonetheless, the plantation activities have enhanced the greenery around the lake, leading to increased walking, exercising, and cycling activities in the area.
  However, the creation of the Miyawaki Forest in one of the surrounding areas of the lake, with around 2,500 saplings, did not succeed. The community reported that no plants survived due to inadequate maintenance and fencing and destruction by buffaloes while grazing around the area.

- **Increased awareness and community engagement in Lake Conservation: -** During interactions with the HCLFoundation and UWB team, it was reported that a series of meetings has been conducted with the community to sensitize them. The community was also engaged during activities carried out by UWB, such as plantation and lake cleanliness, to educate them about the lake's cleanliness and its importance for water security. This has led to increased awareness among the community regarding the cleanliness and conservation of Bidru Lake. Community members reported that nobody is supporting for the maintenance of the lake post-intervention as there is a requirement of proper fencing around the lake which could further enhance its survival and long-term sustainability. This demonstrates that the community around the lake has become more aware of lake restoration and the importance of preserving this natural resource. They also reported that they were protesting against marble factories to stop entering wastewater into the lake, showing a sense of ownership and responsibility towards its upkeep.

- **Availability of water through switch gate between the lake and agricultural land for irrigation purposes: -** It was reported UWB team, that farming was carried out across 30 acres of land around Bidru Lake earlier. Due to the non-availability of a proper irrigation system to irrigate the agricultural land and due to rising land values most farmers had sold their land to real estate developers. However, during the intervention, a switch gate was constructed to supply adequate water for irrigation purposes.

Figure 57**: Image of Switch Gate**
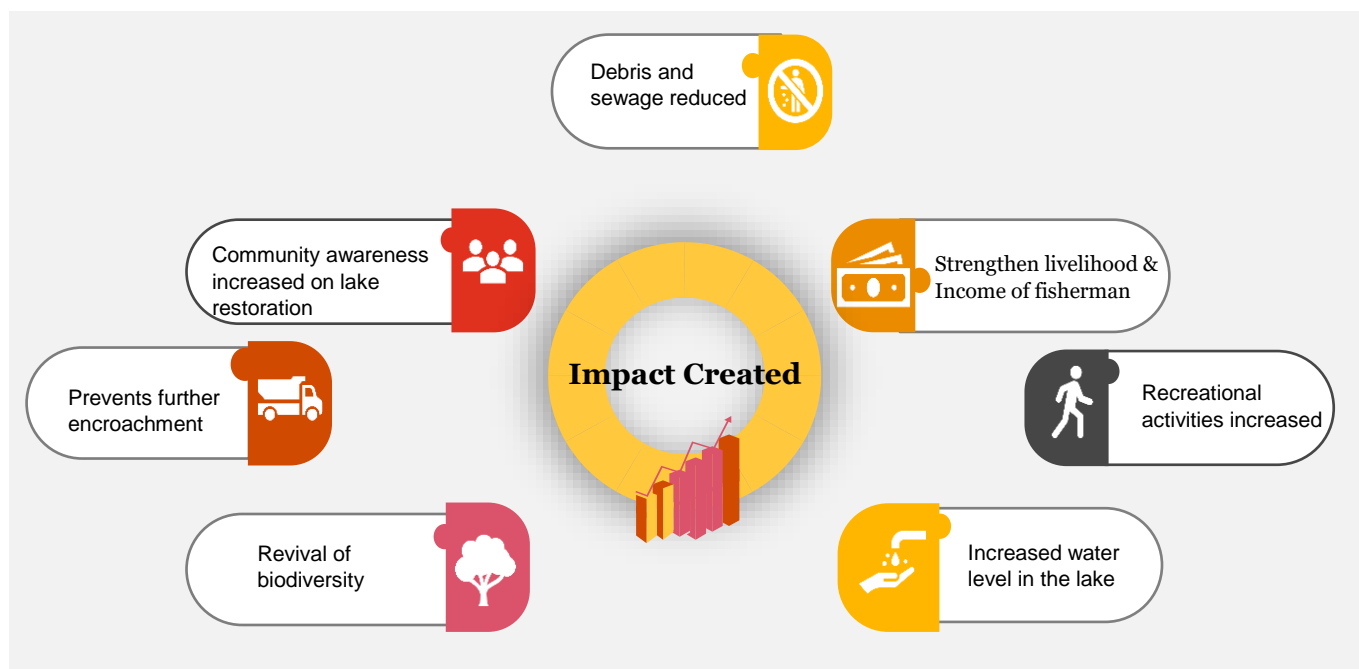
9.5.2.2   One Billion Drops- Creating Percolation Well

UWB aimed to address declining groundwater levels in and around Bengaluru by conserving rainwater. The objective was to capture and percolate 1 billion litres of rainwater by the end of 2023, necessitating the construction of at least 10,000 percolation wells throughout the city. To achieve this, UWB sought support from the HCLFoundation for the construction of 20 percolation wells. Following approval, UWB conducted a survey to assess the feasibility of constructing percolation wells at Anganwadi centres and government schools. Based on the survey findings, UWB identified 10 Anganwadi centres and 2 government schools as suitable locations for percolation well construction. Hence, under the One Billion Drops initiative, 20 percolation wells were constructed in government schools and Anganwadi centres. Following interactions with stakeholders and a desk review of project documents provided by HCF, the research team has summarised impact of this activity below:

Figure 59: Percolation well details (as shared by HCLF)

- Radius – 2 ft
- Height – 12 ft
- Volume – 150.79 cubic foot
- 1 cubic foot – 28.3168 litres

- Volume capacity of a well – 4,270 liters
- Total number of wells - 20
- Total volume a well can hold in a year - 30 times fill in a year - 1,28,100 liters
- Total volume that 20 wells can hold in a year - 25,62,000 liters

During consultations with Anganwadi teachers at four Anganwadi centers, it was highlighted that they possessed limited awareness regarding the direct benefits of percolation wells. However, they mentioned several advantages resulting from the establishment of these wells:

▪ **Resolution of Water Seepage Issues in Sudhmanagara Anganwadi center and Reduced Rainwater wastage in all Anganwadi centers:** Before the intervention, the Anganwadi teacher reported facing challenges during the rainy season due to water seepage at the center, which affected daily teaching activities. Dealing with the situation was difficult as the children at the center were very young, and space was limited. During the construction of the percolation well, **UWB also repaired the roof of the Anganwadi to redirect rainwater to the percolation well, preventing seepage.** Following this, the teachers at the **Anganwadi center noted repair in rooftop seepage, mentioning that classes could now be conducted without disruption.** Additionally, the Anganwadi teachers shared that rainwater, which was previously wasted, now flows into the well, recharging the groundwater**. The teacher also highlighted that UWB had raised awareness about the percolation well among teachers** at the centers but needed further awareness on benefits. Teachers suggested installing direct pipe connection from the roof to the percolation well to improve water flow.

  It was reported by the teachers at one of the Anganwadi center, that the location for the percolation well was not chosen appropriately, as it was placed at the back of the Anganwadi center where children used to play games and engage in other activities. This resulted in children having to play in front of the center where space was limited and inconvenient for them.

▪ **Improved Infrastructure Maintenance:** The teachers assumed responsibility for cleaning the surroundings of the percolation wells, **showing ownership of maintaining the infrastructure.** They spent their own money up to INR 250 to 500 to engage a labor to clean and maintain the surrounding of the percolation well. Though they understand the benefit of the maintenance they seek support for the maintenance amount as currently they have to pay from their own pocket. They also reported that no one from UWB had visited for inspection or maintenance since the well was built.

▪ **Mitigation of Flooding:** During the interaction, the teacher recounted the challenges faced by the Anganwadi center during the rainy seasons. The overflow of water not only caused waterlogging inside the premises but also made it difficult to drain out, resulting in stagnant water. This situation posed a significant hindrance to the daily activities at the center, particularly the conduct of classes and hygiene issues. However, with the construction of the percolation well, a transformation was observed. The well efficiently captured all the water from the Anganwadi center during and after rains, preventing any waterlogging issues. This change not only resolved the immediate problem of water stagnation but also ensured a smoother functioning of the center, allowing classes to be conducted without interruptions.

9.6 IRECS Analysis

Based on the interaction with key stakeholders and desk review of the project documents, impact of the project has been assessed on the IRECS (Inclusiveness, Relevance, Effectiveness, Convergence and Sustainability) framework parameters. The IRECS analysis has been mentioned in the table below:
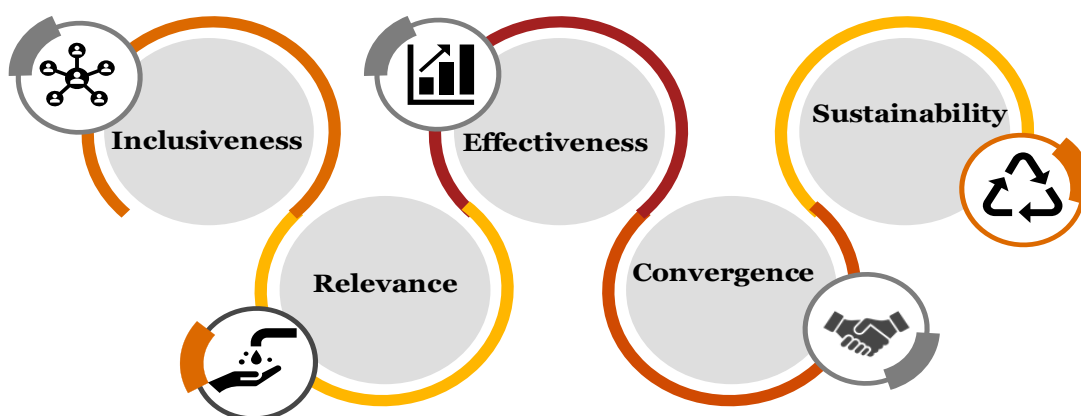
Table 13**: IRECS Analysis**

Parameter	Assessment from study
Inclusiveness	The project meant for the community, as the intention was to recharge the ground water level and to ensure lake rejuvenation by providing long term benefits to the entire community making the project inclusive in nature.
Relevance	Before the intervention, community members and the UWB project team reported that over 50% of the lake area was encroached upon by nearby marble manufacturing industries. Community members reported that industries were using the lake to dispose of industrial waste, contributing to pollution. The intervention has addressed these challenges, curbed encroachment and limiting industrial discharge into the lake to some extent. Therefore, the project remains relevant in mitigating environmental degradation and safeguarding the lake's ecosystem.

The relevance of the percolation well initiative was highlighted by the challenges faced by Anganwadi teachers. They reported facing issues of waterlogging in the centers, which was resolved through the project intervention. This demonstrates the project's relevance in addressing local water management challenges and improving the conditions of the Anganwadi centers. |
| **Effectiveness** | Cleaning of the lake's inlet and channel, coupled with de-siltation efforts, has notably increased the water holding capacity of the lake. Furthermore, the removal of bushes and shrubs, along with the cessation of debris dumping, has improved the water quality, and helped in fishing and improved income of fisherman. The plantation of saplings has also contributed to enhancing the greenery in the lake area and the recreational activity around the lake. However, the Miyawaki forest plantation was not completely effective as none of the plants survived. |

Parameter	Assessment from study
	The construction of percolation wells has led to a reduction in rainwater wastage, with rooftop rainwater being captured and infiltrating into the ground. These initiatives have been reported as effective and beneficial by the Anganwadi teachers.
Convergence	The project demonstrated convergence through collaborative efforts with government officials and local representatives. Approval was sought from the Minor Irrigation Department and the Gram Panchayat before commencing the lake development initiative. Both the HCLFoundation and UWB worked closely with these authorities to remove encroachments, assess the lake's size, identify encroachment areas, create lake pathways, and ensure cleanliness. Community sensitisation was crucial in preventing further encroachment, particularly as industries had laid claim to the area. The UWB-formed lake committee actively participated in activities such as removing encroachments, planting trees, cleaning the lake, and supporting the project with the Panchayat and the Minor Irrigation Department, showcasing a convergence of efforts towards the lake's rejuvenation. In the One Billion Drops- Creating Percolation Well initiative, Anganwadi teachers were actively involved in various activities, starting from finalising the well locations to construction. The wells were constructed on land provided by Anganwadi centers to facilitate water recharge through rainwater. Anganwadi teachers played an active role during the intervention, ensuring its success and impact in the community.
Sustainability	The project has generated awareness about the importance of the lake and percolation wells for groundwater recharge. While HCLFoundation implemented the project, they actively involved government officials, Gram Panchayat members. The fisherman who has won the tender for fishing activity in the lake taking responsibility for cleaning and maintenance of the lake to ensure the sustainability of the initiative for the next five years. In One Billion Drops initiative Anganwadi teachers oversee the maintenance of the Percolation wells ensuring the sustainability of the intervention. However, they need further financial support to maintain the percolation well in the long run as currently they were paying from their own pocket for maintenance.

9.7   Alignment to HCL Tech's CSR policy and UN SDGs

The project is in alignment with HCL Tech's CSR policy, focusing on the conservation and rejuvenation of water bodies through community engagement as a key CSR area under the Harit intervention. It also aligns with Sustainable Development Goal 6 (SDG 6) "Clean Water and Sanitation," which aims to ensure the availability and sustainable management of water and sanitation for all.

9.8   Project-Level Recommendations

It is recommended to ensure a thorough project handover to ensure the project's sustainability, a step that was not sufficiently taken after the intervention. The HCLFoundation could develop an exit strategy outlining the roles and responsibilities for maintaining the provided infrastructure, ensuring the project's long-term sustainability.

9.9   Study Limitations

Non availability of some stakeholders: - The evaluation faced a challenge due to the non-availability of some stakeholders. Due to summer vacations, interaction with school teachers and students regarding the Percolation wells installed in school premises could not be done. Additionally, key officials from the Gram Panchayat, who had supported the wake the lake initiative, were transferred to other locations. As a result, we could not engage with them in person and could interact virtually.

Thank you