



# SOCIAL IMPACT AND BASELINE STUDY REPORT

**Prepared For :**  
GMM Pfaudler

**J. V. Patel GIA ITI  
Institute, Karamsad  
Social Impact  
Assessment**

**SPARSH programme,  
Anand District  
Social Impact  
Assessment**

**Sardar Patel  
Memorial, Karamsad  
Baseline Study**



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# EXECUTIVE SUMMARY

GMM Pfaudler recognises the impact on the communities connected to its activities and, through its CSR department, has been working on their socio-economic development and environmental sustainability. The company has been supporting several projects in several localities, from Gujarat to Andaman and Nicobar. In this report, 3 projects will be analysed.

This report presents the results of the social impact assessment of two projects and a baseline study of one project supported by GMM Pfaudler CSR. It reflects on the budgeting, project outcomes, outputs and data from different sources. Above all, it brings the experience of several visits to the projects, and the time spent with staff, beneficiaries, and community leaders. It will be the voices of the people to bring reality and substance to data, building an analysis that should be realistic, and recommendations that should align with the best interest of the community that the project aims to serve.

## Impact assessment of J. V. Patel GIA ITI Institute

First, this study will present the **impact assessment of J. V. Patel GIA ITI Institute**. This technical institute, located in Karamsad, Gujarat, was established in 1979 to enhance the livelihood of local communities by promoting education through vocational skill development.

The study's objectives were to understand the impact of the technical training program on the lives and livelihoods of its participants and their families; assess the program against available benchmarks and make recommendations for course corrections, if needed.

The **methodology** used was **mixed methods** with convergent parallel design. After the desk review, the first phase used a qualitative tool to collect data from **127 students** that had passed out from the ITI course in the last 5 years. The data from this group were compared with a control group of 50 students presently studying at the institution. The second phase was a qualitative study that engaged **81 stakeholders** using Focused Group Discussions and in-depth interviews.

Among the **key findings**, comparing the salaries of the treatment group with their expectations previous to the intervention, there was an **8.5% increase** in the median, showing that they are earning more than their expectations. **66%** have started saving money after starting jobs. **46%** of the families of the alumni got their **first earning member** and **34%** of the families added a second earning member. **16%** of the alumni supported their sibling's wedding within 1 year of their job. There is a shift in the asset purchases, with fewer members buying bicycles and more motorbikes, fridges and higher use of the internet.

# EXECUTIVE SUMMARY

Analysing the human capital, there was a clear improvement in the perception of their skills, participation in family decision making, general knowledge and self-confidence.

Following the findings and the data analysis, the study makes recommendations in 5 key areas:

- **Mobilisation and admission:** increase the use of social media and raise awareness of the ITI trade and possibilities. The formation of an Alumni community could help in this process as well as improve the placement process. The use of MIS to track candidate journeys is also a suggested improvement in monitoring the project.
- **Pedagogy:** Skill training for teachers - using the latest pedagogy technique- can help to tackle the dropout rate. The systems updated with CREO software and regular parent-teacher meetings will support reducing the same.
- **Providing counselling support** for students facing difficulty in coping with change in academics/career/routine.
- **Placement process:** study the possibility of providing location-centric placement counselling; establish more partnerships with diverse recruiters, address the needs for soft skills like communication, critical thinking, problem-solving etc.
- **Post-placement:** New opportunities and vacancies to be shared with the alumni and home delivery of documents, post-graduation.

## Impact assessment of SPARSH PROGRAMME

The second programme assessed was SPARSH - Shree Krishna Hospital Programme for Advancement of Rural and Social Health. Being implemented in Anand, Kheda and Panchmahal districts. SPARSH operates through a three-tier health care delivery model - Primary, Secondary and Tertiary levels - to provide preventive and curative health services specifically focusing on Non-Communicable Diseases.

This study was **qualitative**, and the data from the field was co-related with the analysis of the impact numbers taken from the programme reports. The **research objectives** were to understand the impact of healthcare interventions on its beneficiaries; assess the program on the benchmarks and make recommendations for course corrections, if needed. Using the data emerging from the field interviews and the secondary quantitative data, the data analysis used the methodology of **Social Return on Investment**, to estimate a monetary equivalent to the social impact generated by SPARSH.

The **key findings** were divided into 5 areas. In terms of **coverage**, the programme suffered great difficulties with the COVID pandemic and lockdown, and the number of camps organised **decreased** drastically, from 554 in FY 2019 to 274 in 2020, with a slight recovery in 2021, when 317 camps were conducted. Despite the difficulties, the average monthly costs have neither increased nor decreased for a single ailment.

# EXECUTIVE SUMMARY

Second, evaluating the **accessibility** of the programme, the beneficiaries related being satisfied with the curative services provided. 90% of the respondents (45/50) said they had **no access to health care before** the SPARSH program started. Patients related that they are closely monitored and that the Village Health Workers **know them personally**.

Third, regarding the **affordability** of the programme, 56% felt that the medicines provided by SPARSH were appropriately priced and were affordable, while 40% wanted to opt for cheaper or free medicines. Respondents also said to prefer enrolling in the SPARSH program to the government NCD program because of the **technical capacity** of the staff and the association with the S. K. hospital.

Fourth, on the level of **project planning**, village level workers referred that further training of the staff can improve healthcare delivery for the beneficiary. There is also a need for partnering and collaborating with Government-run health care centres.

Finally, the calculation of the **Social Return on Investment** was done. It has drawn from their interviews the perception that the preventive care of the programme had avoided further health complications related to Diabetes Mellitus and Hypertension. Then, the monetary cost that SPARSH has saved - from the beneficiaries' pocket and/or from the health care system - was estimated. This was done using the **average market price** of the treatment of the most common health complications derived from these two NCDs. It was found that SPARSH generated an equivalent of Rs 5.03 Cr in the 3 years. If compared with GMM Pfaudler investment of Rs 1,42,31,120 for these years, the SROI is estimated into **Rs 3.54 generated for each Rs 1 invested**. This ratio has decreased because of the lockdown when the expenditure with staff and structure was maintained but the number of patients decreased. For FY 2019, the SROI would be Rs 10.18 for Rs 1 invested.

The **recommendations** are: First, the SROI should be repeated in the coming years to see how the programme recovered from the pandemic. Furthermore, there is a need for **quality and performance improvement** :

- The roles and responsibilities of program stakeholders may be defined and communicated explicitly.
- Further training of Village health Workers and supervisors.
- VHW may be empowered to record and publish/upload data continually to maintain data quality and monitor patient history at the VHW level.

Finally, there should be a collaboration and convergence with govt programs and schemes, specifically Govt NCD program

## Baseline Study for setting up an exhibit at Sardar Patel Memorial

The third research was a baseline study for setting up a walk-through exhibit at Sardar Patel Memorial, Karamsad, Gujarat. The **study's objective** was to understand the current level of knowledge in citizens, especially school children, about the Indian Freedom Movement, the role of Sardar Patel in the same, and the philosophy and ideology of Sardar Patel. The study faced difficulties due to the schools' closure during the data collection period. Yet, focused group discussions were conducted with children from 2 schools (sample size of 20) and in-depth interviews with community members and project staff.

The **key findings** are that **50% of students** have good knowledge of milestones in the freedom struggle. Yet, only **30%** declared having an adequate understanding of the role of Sardar Patel in this movement. The people from the community declared to have basic knowledge of Sardar Vallabhbhai Patel because he was from that locality. reported being interested in visiting the exhibition. However there is no awareness of his ideology and philosophy regarding the Indian Freedom Movement in the community.

The findings show that there is scope for the project to increase awareness of Sardar V Patel. In the **recommendation** part, the study suggests a detailed list of indicators that will allow proper monitoring and evaluation of the project and enable an impact assessment in the future. They are divided into Output, Outcome and Impact indicators. Among the first, it should be monitored: the Footfall, the Distribution of literature content, the No. of engagement generating activities at the venue, the No. of Engagement activities conducted at schools/institutions, the No. of Audiovisual sessions run, the No. of visits by schools or colleges, the number of events celebrated on Sardar Vallabhai Patel. For each indicator, the monitoring document and the frequency is suggested.

**Note on Recommendations:** The purpose of the impact assessments and baseline study is to understand and to the possible extent, measure, the impact that the project has had on the community. The recommendations across all three projects have been made solely on the basis of the findings of the assessments and study that has been conducted. These must be evaluated and acted upon in consideration with business priorities, communities being impacted by business, resources, existing information and emerging information or trends on ground of the project, and the collective belief of the GMM Pfaudler leadership.





# J. V. PATEL GIA ITI INSTITUTE

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MODEL OF THE INSTITUTE BUILDING

# INTRODUCTION

GMM Pfaudler's CSR policy is rooted in its commitment to improving the lives of the marginalised through a positive contribution to the local community and environment. Focusing on healthcare, education and environmental sustainability, the company has undertaken initiatives to increase the economic and social capabilities of the underprivileged. Through strategically designed and diligently executed projects, it has been working to achieve the UN Sustainable Development Goals and bring about sustainable development and inclusive growth.

## BACKGROUND OF THE STUDY

Shri Jethabhai V. Patel was a visionary. As an industrialist and technocrat, he envisioned the vocational needs of the community back in 1979 and to this end he established Gujarat Audyogik Vikas and Vyavshay Talim Trust, Karamsad. The trust was registered on 11-5-1979 under Bombay public trust act no. F /177 / Anand and societies registration act Guj / 149 / Anand. Through these initiatives, he ensured that the educational hub, Vallabh Vidyanagar, and the industrial zone, Vitthal Udyognagar, were well-equipped so that the students from nearby villages would have the opportunity to learn and avail of technical training.

To improve the quality of education imparted to the students and thus enhance their employment prospects, GMM Pfaudler has partnered with J V Patel ITI to modernise its facilities in a phased manner. The upgraded infrastructure and the latest technology will help students gain better knowledge and experience and enhance employment capability.

Objectives of J. V. P. ITI:

The overall objective is to benefit the local population by giving them access to jobs in GIDC Units, as well as provide these units with well a trained & skilled workforce as per their needs.



- To ensure a steady flow of skilled labour in different trades of the industry.



- To raise the quality and quantity of industrial production by systematic training of the participants.



- To reduce unemployment among the educated youth by equipping them with suitable industrial equipment.



# INTRODUCTION

The institution has been conducting technical training courses in 7 trades to fulfil these objectives, according to the industry demands. The number of students and businesses has been steadily increasing over time: the total number of students has increased by approximately 50% in the last five years. Despite some vacancies attributed to COVID and post-COVID constraints, there is good demand for the courses. The following table summarises the trades and number of students.

Name of Trade	Course Duration	Sanctioned seats	On roll
Draughtsman Mechanical	Two Years	24	23 (2021)
Fitter	Two Years	20	15 (2020) 19 (2021)
Electrician	Two Years	20	17 (2020) 19 (2021)
Wireman	Two Years	20	17 (2020) 17(2021)
Electronics Mechanic	Two Years	24	19 (2020) 22 (2021)
Welder-A	One year	20	19 (2021)
Welder-B	One year	20	19 (2021)
Sheet Metal Worker-A	One year	20	20 (2020)
Sheet Metal Worker-B	One year	20	20 (2020)
<b>TOTAL</b>		<b>272</b>	<b>246</b>



# RATIONALE

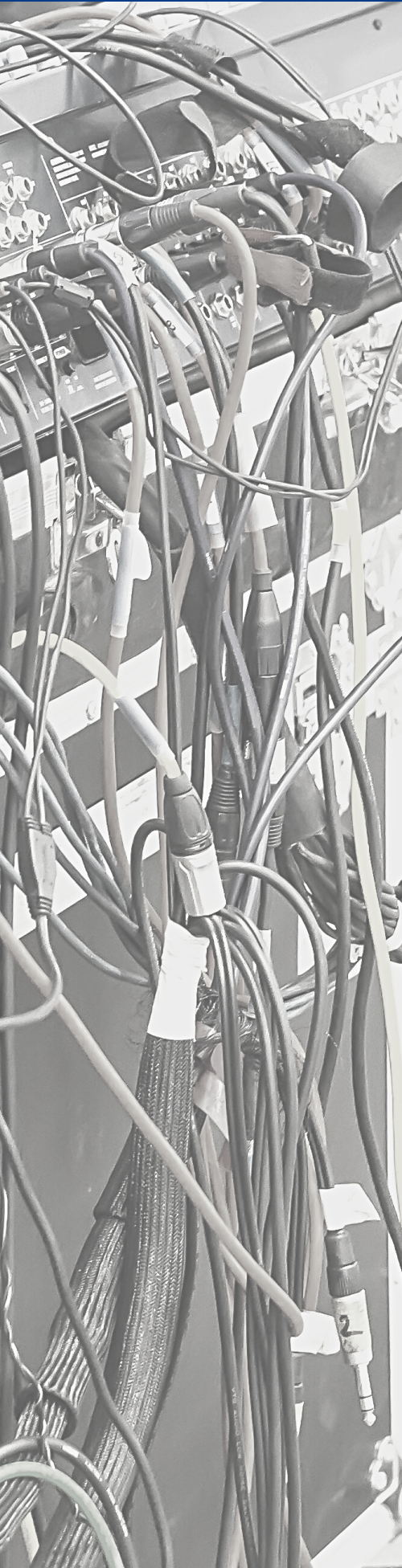
Technical education, particularly for the economically marginalised, is the stepping stone toward **securing steady employment** and rising above the minimum wage levels. In the sectors not occupied by graduates, these technically trained students are offered vacancies that improve their overall living standard. Especially in India, applied sciences are a niche field which opens up better opportunities for these marginalised communities.

Most of the students enrolled in ITIs come from rural backgrounds and face a considerable lack of funds, making education – especially secondary level – a luxury only few can afford. With the ITI program, those who had to **drop out of school** due to family pressure, fund crunch, and other challenges, are allowed to fast forward through a technical course which teaches them skill-based applied sciences in various fields such as – electrical, mechanical, civil, chemical and several others. This way, the students can bypass the theoretical literature and concentrate on only that skill which will enable them to secure a job. The new employment, as the field data confirms, is directly proportional to **better livelihoods** in the coming years, and a **general improvement** in the quality of life.

**An impact assessment** was needed to quantify the change that has taken place to the beneficiaries of the project in question. It is a ground-level study of the tangible benefits achieved by a programme, subject to the number of changes induced in the process and the outcome.







## OVERALL OBJECTIVES

The overall objectives of this study were to understand the impact of the training provided by the institute, i.e.:

- To understand the impact of the technical training program on the lives and livelihoods of its participants.
- To assess the program against available benchmarks and make recommendations for the course corrections, if needed.

## SPECIFIC OBJECTIVES

The specific objectives which help in addressing the main objectives are as follows:

- To understand the change in the financial, physical and human capital of the participants, in terms of improved well being and reduced vulnerability.
- To determine the lifecycle of the training program and determine gaps, positive and less effective practices being followed.
- To provide recommendations for improving the effectiveness of the existing programme.

## RESEARCH DESIGN

The research design helps to answer the research questions of the study, using empirical data, which enhances validity and reliability of the findings of the study. This study used a mixed-methods approach. The findings have been reached based on interactions with key stakeholders, supplemented by primary and secondary research, and complemented by domain knowledge and field expertise.

## MIXED METHODS APPROACH

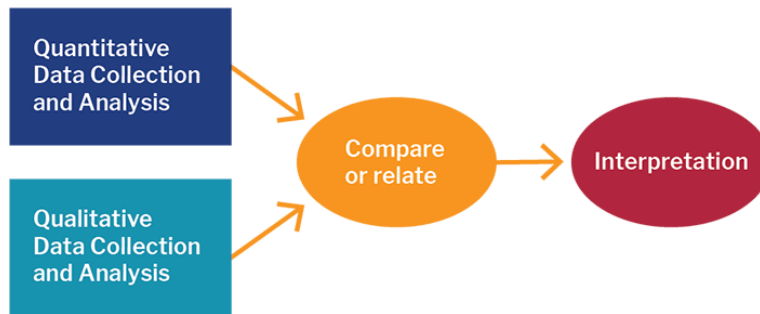
The **choice of the approach** depends on the objectives of the research, ultimately, on the type of knowledge that the study should produce. The qualitative data is flexible and can go deep into the subjectivity and complexity of people's perspectives, but its possibilities for generalisation are limited. Alternatively, quantitative data can systematically describe large collections, generating inferences that can be generalised, but it lacks subjectivity and might struggle to deal with complexity.

For the present study, the approach chosen was **mixed methods**, to avail the advantages of both methods. A survey was used to generate quantitative primary data on the situation of the ITI students and alumni. This will allow a broader view and scalable conclusions. Nevertheless, the survey could become detached from reality or ineffective if it was not supported by a previous engagement with the students via in-depth interviews, to obtain insights into their drivers and challenges. Thus, the questionnaire used in the survey was elaborated and refined to reach subtleties of the social impact.

The qualitative approach has been also helpful for generating an **actor's perspective** (current batch, passed out batch, family members of the research participants, trainers and management of the institute).

The mixed-methods avails a **convergent parallel design** to draw overall conclusions. In this procedure, the study weighs the methods equally, analyzing the two components independently, and interpreting the results together (Creswell & Pablo-Clark, 2011).

## Convergent Parallel Design

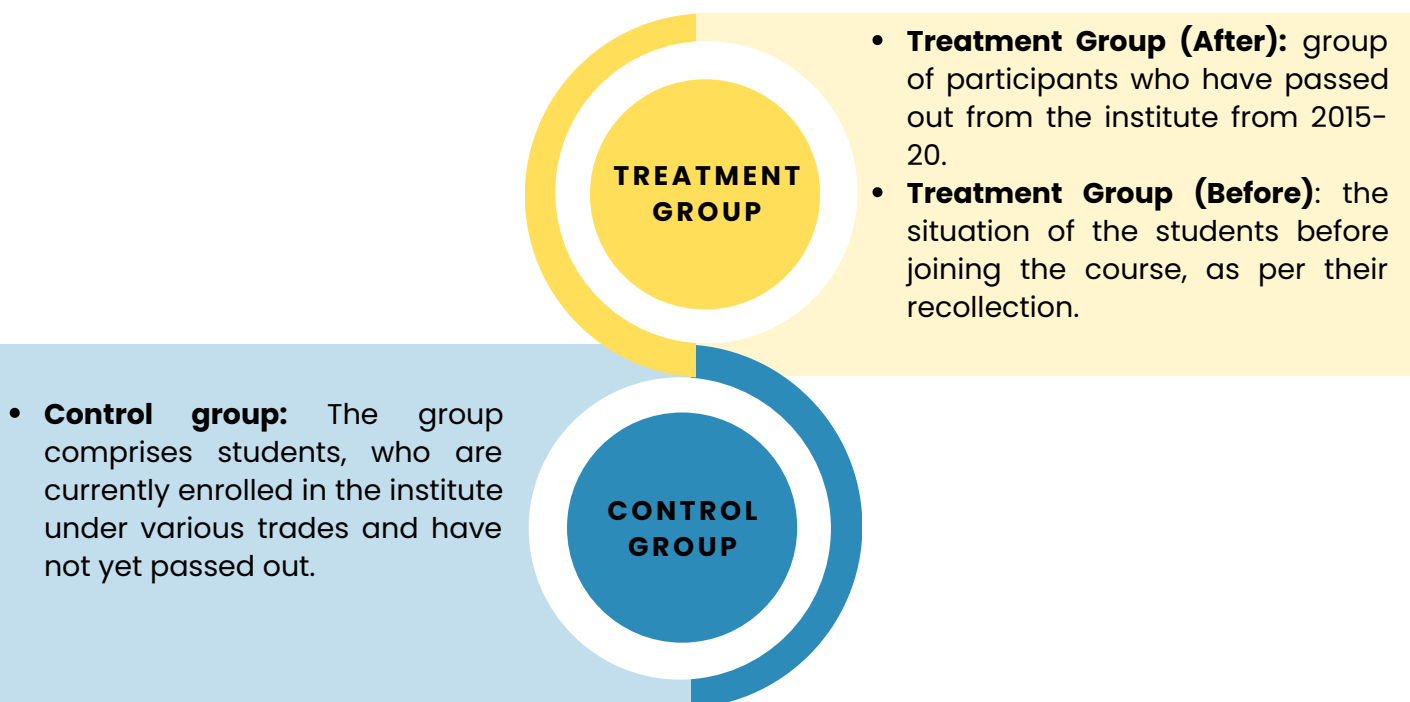


*cf. Harvard Univ, Catalysis*

The interaction happened with a diverse group of stakeholders representing the CSR management of the company and management of the institute to collect information on the key indicators to assess the impact of the project. The data received from both qualitative and quantitative approaches was **triangulated** to address to enhance the credibility of our findings (Carvalho & White, 1997)

## CROSS SECTIONAL STUDY

The study measured the outcome and the exposures of the study participants between treatment and control groups. The primary participants of this study have been the youth across two groups. First is the treatment group, a cohort of participants trained under the technical program. Second is the Control Group, i.e., a cohort of participants from the current batch that has just started the technical training.



## STAKEHOLDERS ANALYSIS

Stakeholders analysis is a crucial part of the process to social impact. Corporate sustainability is said to depend upon the sustainability of its stakeholder relationships (Perrini et al. 2007), and this is specially true for social projects.

In the field visits, the interaction with the stakeholders is summarised in the following table:

S. No.	STAKEHOLDER	KEY POINTS COVERED	TOOLS
1	Control Group	<ul style="list-style-type: none"> <li>Existing status compared to one before joining the program</li> <li>Aspirations of the participants</li> <li>Program's perception</li> </ul>	KII, FGD, Observation
2	Treatment Group	<ul style="list-style-type: none"> <li>Pre and Post Intervention Status</li> <li>Comparison with the control group</li> <li>Change in expenditure patterns</li> <li>Perceived social impact (savings, assets, liabilities, housing, education, decision-making)</li> <li>Feedback on the project</li> </ul>	KII, FGD
3	ITI Management & Trainers	<ul style="list-style-type: none"> <li>Program management and Implementation</li> <li>Program's effectiveness (processes, pedagogy, support services)</li> <li>Changes Observed</li> <li>Future plan</li> </ul>	KII, FGD, Observation
4	Community Members	<ul style="list-style-type: none"> <li>Feedback on the project</li> <li>Perception of impact</li> </ul>	FGD, Interviews, Observation
5	CSR Team	<ul style="list-style-type: none"> <li>Objectives of the partnership</li> <li>Perception of impact</li> </ul>	KII



## SAMPLING STRATEGY

The research was developed in 3 phases:

### Phase 0: Desk Review

The first phase was a desk review to meet the following objectives:

- To understand the intended outputs, outcomes, and impact of the programme
- To gain clarity on the rationale and scope of the project;
- To develop the indicators to measure the impact and the tools of data collection;

### Phase I: Quantitative study (Refer to Annexure I for Quantitative Tool)

The following table shows the type of sampling used and sample size used in this phase. The sample size for quantitative data collection was calculated using **Cochran's formula**, with a 95% confidence level and 5% margin error, giving adequate representation to each subgroup, stratifying them based on industries and their locations.

A digital questionnaire was sent to the treatment group (alumni of the past 5 years). For the control group, the questionnaire was filled in the presence of the researcher, who also cross-checked and conducted qualitative interviews with some of the students

Stakeholders	Sampling type	Total Population	Sample size
Treatment Group	Random Sampling	380	127
Control Group	Snowball Sampling	120	50



SURVEY DURING DATA COLLECTION



## Phase 2: Qualitative study (Refer to Annexure II for Qualitative Tool)

The following table summarizes the sampling strategy and sample size for the qualitative data collection. The criteria for the sample size was saturation of information and triangulation with quantitative data.

Stakeholders	Sampling type	Total Population	Sample size	Method
Control Group	Snowball Sampling	120	50	FDGs
ITI Management & Trainers	Purposive Sampling	21	20	FDGs in-depth interview
Community Members	Purposive Sampling	760	10	in-depth interview
CSR Team	Purposive Sampling	2	1	in-depth interview

## Thematic Analysis

Recorded data supplemented with field notes were transcribed without sparing any details. The transcriptions were then interpreted to find out essential codes or keywords. The codes were combined to bring out more prominent themes that described the commonalities found in the data sets and unique factors. The themes were merged to bring out the key insights of the study. The raw data was decoded and finally categorised under the key findings of this study.



FOCUSED GROUP DISCUSSION WITH CONTROL GROUP

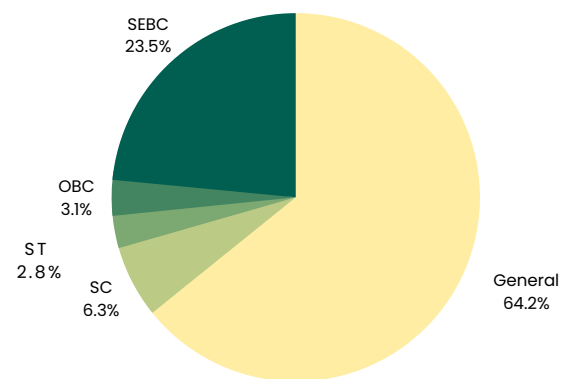
## DEMOGRAPHIC ANALYSIS

The demographic analysis provide insight into the programs: whether it is reaching the targeted population, taking into consideration caste, class and gender. If these factors are not brought to light, the hidden marginalities and intersectionality can prevent the program of reaching the most needy strata of the population.

### CATEGORY WISE DISTRIBUTION OF PARTICIPANTS FROM LAST 5 BATCHES

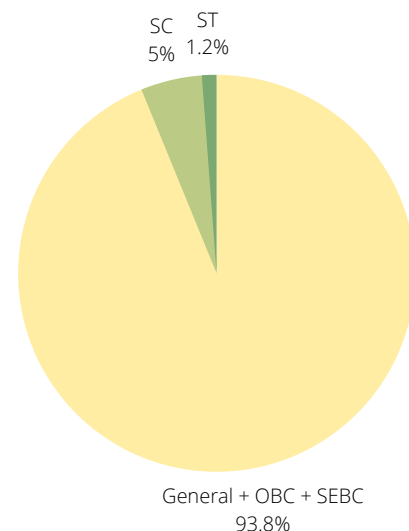
First Year	General	SC	ST	OBC	SEBC
Batch 71 (Total - 78)	57	2	1	18	-
Batch 72 (Total - 100)	72	5	6	-	17
Batch 73 (Total - 135)	106	5	4	-	20
Batch 74 (Total - 110)	80	6	2	-	22
Batch 75 (Total - 84)	51	7	0	-	26

CATEGORY WISE PERCENTAGE DISTRIBUTION OF STUDENTS CURRENTLY ENROLLED



Second Year	General	SC	ST	OBC	SEBC
Batch 71 (Total - 62)	42	5	0	15	-
Batch 72 (Total - 84)	47	4	3	-	30
Batch 73 (Total - 202)	130	15	5	-	52
Batch 74 (Total - 112)	58	10	4	-	40
Batch 75 (Total - 89)	35	8	5	-	41

CATEGORY WISE PERCENTAGE DISTRIBUTION AS PER 2011 CENSUS (ANAND DISTRICT)



The first pie chart shows the representation of each category among the students. At a first glance, the percentage of ST and SC might seem low, but when compared to the percentage in the Anand District, it becomes clear that the lower castes are more represented than the average.

# KEY FINDINGS

## DEMOGRAPHIC ANALYSIS

### GENDER WISE DISTRIBUTION



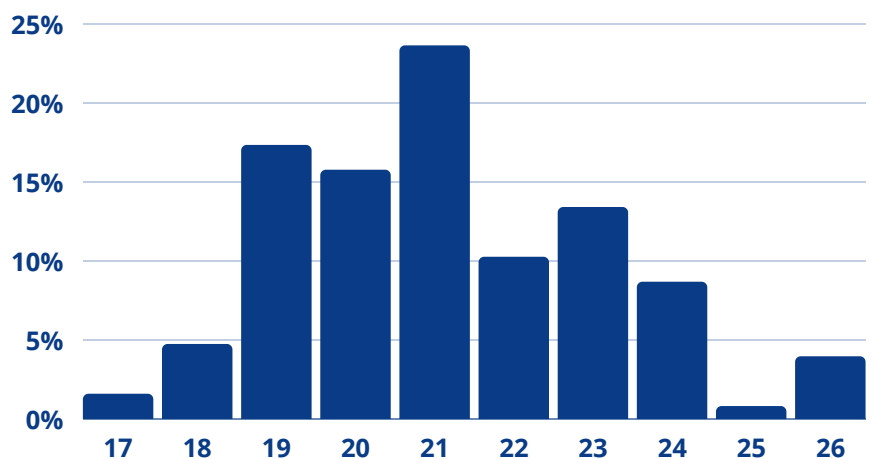
During the years taken into consideration, a total of 1056 students have completed the course in the institution in the last 5 years. Of these, 3 were women. Other genders were not represented.

Men	99.72%
Women	0.28%
Others	0%

The survey covered 100% of the students presently undergoing training in the institution. The total sample size is 127.

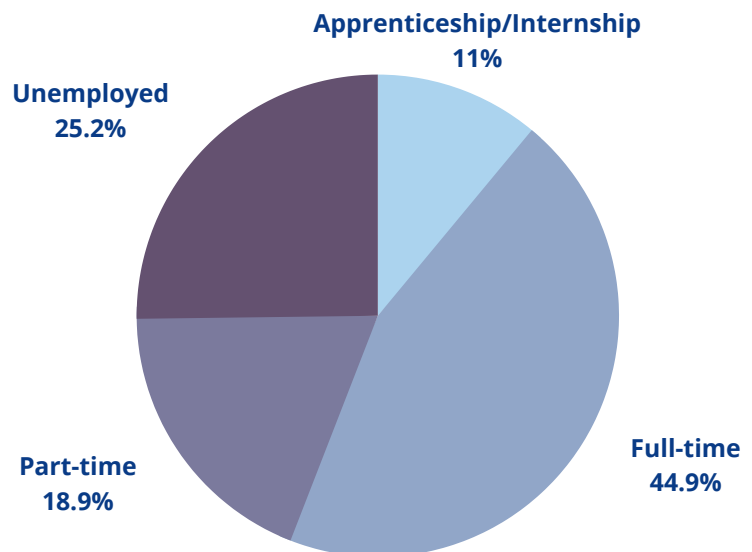
Almost 57% of the respondents are in the age group of 19-21 years old.

### PERCENTAGE DISTRIBUTION PER AGE



The pie chart shows the current employment status of the participants, who have passed out from the institute between 2015-2020. Still, the percentage of unemployed youth comprises a significant chunk of the pie chart, which can be bridged by providing soft skill training and counselling to help them cope with uncertainties such as lockdown, seasonal industry shocks and so on.

### EMPLOYMENT STATUS



## DIMENSIONS OF CAPITAL

The improvement in people's life is not measured only by the change in income. Many other dimensions need to be considered as people move out of poverty, like health, social status, and personal skills. To capture this multidimensionality, this study assesses the change in three of the dimensions of capital or assets, drawn from the Sustainable Livelihoods Framework developed by Department for International Development (DFID), UK. Here we have considered Financial capital, Physical capital and Human capital.

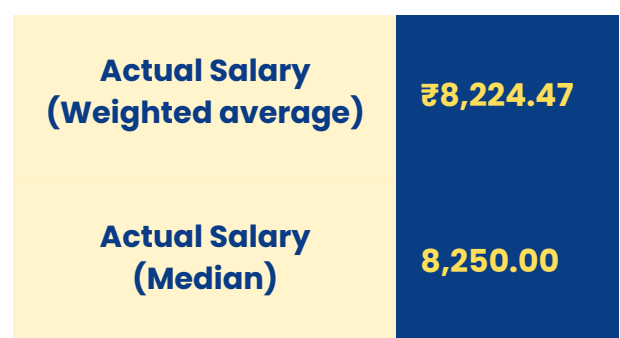
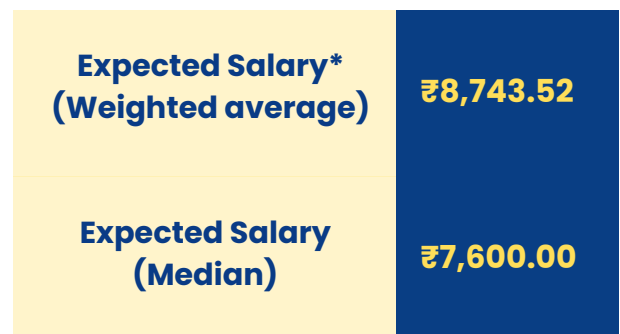
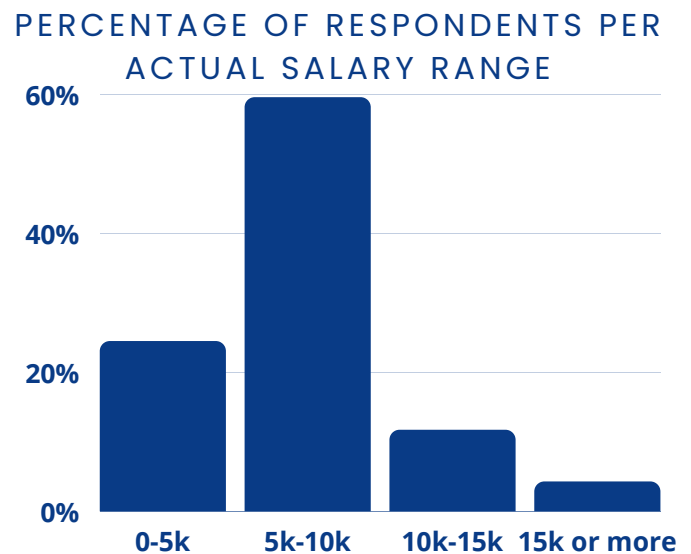
### 1 FINANCIAL CAPITAL

The financial capital includes the income of the participants, expenditure, loans, debts and household economic situation.

It was found that the treatment group mainly lies in the income bracket of INR 5000 to 10000. These are according to the industry salary standards for their skills. Nevertheless, some are getting more than INR 15000 because of the hard skills they acquired during their training and have better communication skills.

The low expectation of salaries of the participants was because of poor soft skills and lack of confidence.

There were few participants from the control group who were expecting salaries in the range of INR 20,000 to 30,000 as well, which is positive as now they are aware of their skills and would want to work harder for getting a higher pay in the industry.



# KEY FINDINGS

The following table shows the change in the physical assets of the treatment group before and after the intervention:

Treatment Group (before)	Treatment Group (after)
Rent Payments: 33%	Rent Payments: 89% ↑ 56%
Loan repayment: 28%	Loan repayment: 67% ↑ 39%
LPG: 65.4% Firewood: 31.5%	LPG: 76.4% (clean fuel) Firewood: 21.3% ↑ 11%

The key financial indicators which help in determining the significant change in the financial capital of the participants are shown in the above table. It has been found that 89% of the students whose families had to pay rent, were able to pay that in time, which was 56% of the increase. Similarly, there has been improvement of about 39% in repaying of bank loans and clearing of debts from informal sources.

Due to improvement in the household income, it was found that participants families' have discarded usage of firewood and switched to use of LPG, a clean fuel, which has indirect health benefits as well.

## 2 PHYSICAL CAPITAL

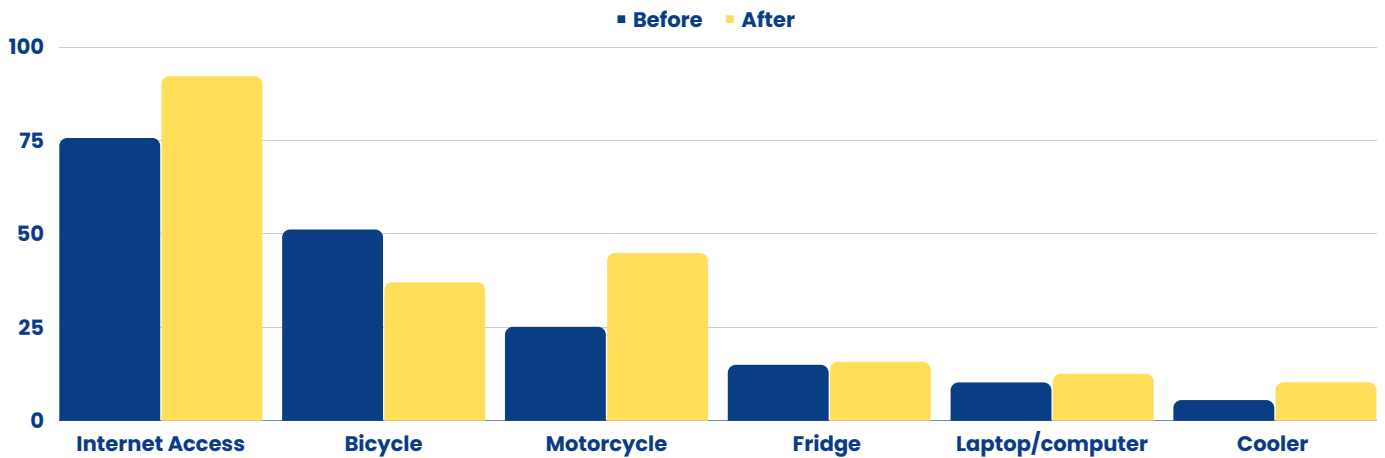
The increase in the personal disposable income helps the participants to acquire physical assets. The physical assets can help in mitigating risks within livelihood activities and liquidating assets to cope with shocks. Productive assets can help increase income of the poor people by amplifying or diversifying their income sources.





# KEY FINDINGS

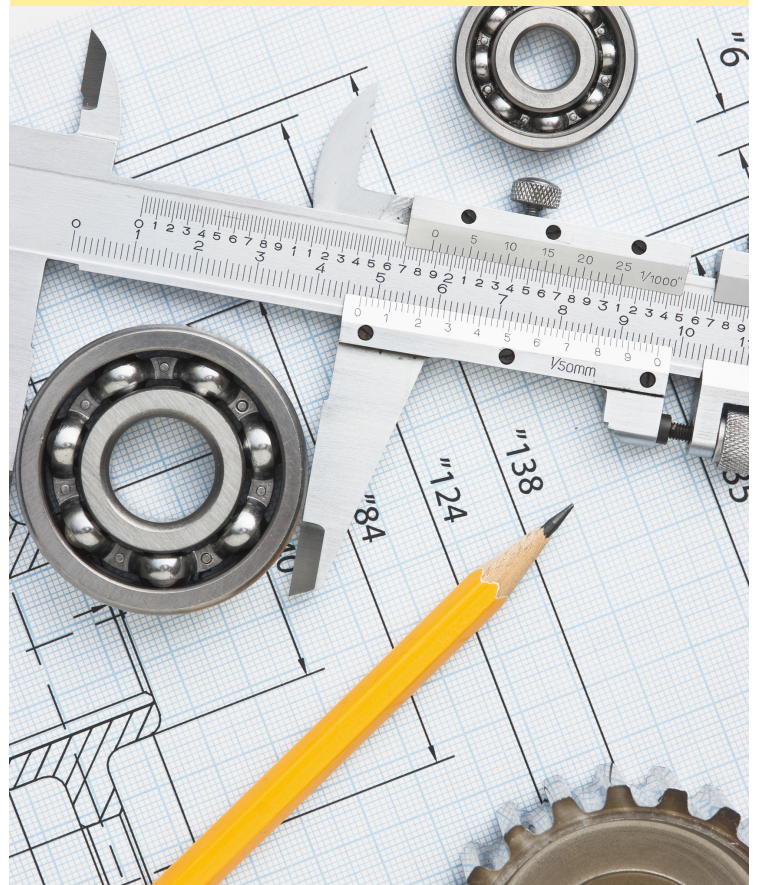
## TANGIBLE ASSETS OF THE TREATMENT GROUP BEFORE AND AFTER THE PROGRAM



- The increase in use of internet services indicates the need to consume more information and gain knowledge. Participants related that it has helped them and their families to be connected to their social networks.
- The decrease in the ownership of bicycles with a subsequent increase in the motorcycles is to be noted. This has increased mobility and subsequently given access to other basic services.
- The increase in number of fridges has helped diversify source of income for a few of the families. Some of them started selling cold drinks and other refrigerated items in the community, as well as having a better stock management with perishable products of their shops.

### INSIGHTS

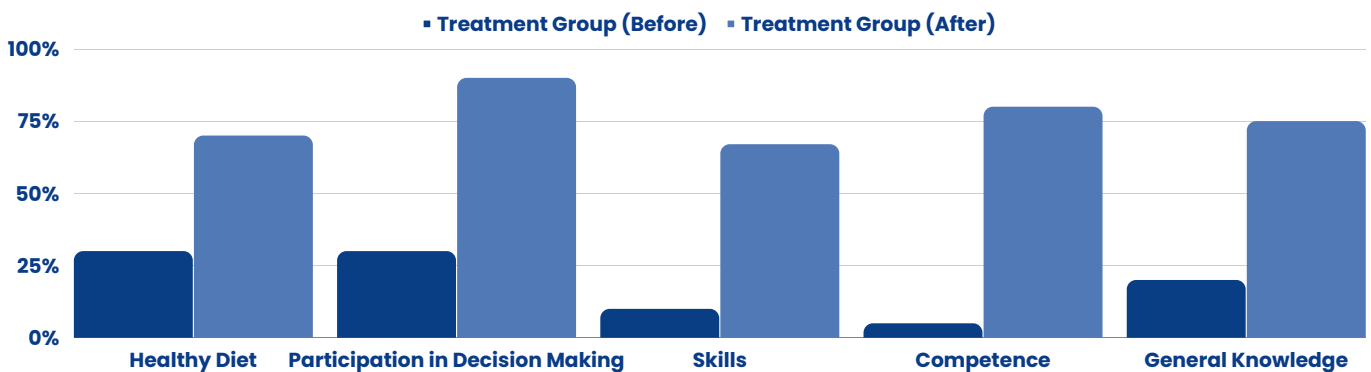
1. An average 5 % of general increase in these assets .
- 2.2 Wheelers (20%),
3. Internet Services (16.5%),
4. Coolers (5%),
5. Laptop/Computer (2.3%).
6. Internet (16.5)



## 3 HUMAN CAPITAL

Human Capital refers to the economic value of a worker's experience and skills, including assets like education, training, skills, health and others, which even help productivity. The workers are associated with these assets and this is called as human capital.

ASPECTS OF HUMAN CAPITAL BEFORE AND AFTER THE INTERVENTION



### Major Highlights

1. Intake of fruits and leafy vegetables has increased to 70%.
2. 39/127 participants have either joined gyms or started exercising at home, choosing a healthy lifestyle.
3. Apart from gaining technical skills, students became more aware of current affairs.
4. The opinions of the students after their training (90% of them) have become important for family and friends.

The improvement in the diet has shown better health outcomes, leading to an increase in the productivity of the participants. After their placements, they were considered more responsible, and their participation in decisions in domestic matters was necessary. After the intervention, the treatment group found a stark difference in their hard and soft skills before and after the program.





## STUDENTS DROUPOUTS

The average drop-out rate is **14%** across all trades from 2015-20. Two reasons were found for that.

First of all, the increase in drop-outs, especially **during Covid**, was due to family issues related to lockdown and loss of livelihood. They related being unable to manage their time both at the institute and attending domestic chores. Moreover, most of the participants had to work and provide additional income to support their family's survival.

The other reasons for the dropping out, were that participants were not able to get their **desired trade**. The variation in the rates of drop-outs across trades is due to their preference and their perception of the demand of such trade in the industry.

These insights are illustrated by some quotes from them

Trade	Dropout (%)
Welder	9%
Sheet Metal Work	16.6%
Draughtsman Mechanical	14 %
Electronic Mechanic	17 %
Fitter	8.1 %
Electrician	13 %
Wireman	23 %

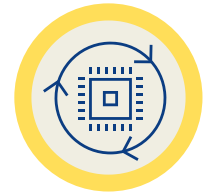
“  
*After my mom died, my dad has no money. My uncle paid my fees for ITI, for which he did some part-time jobs also to support my other expenses. Now, I have settled, in Ahmedabad with the help of the institute - Alumni, 2016*  
 ”

“  
*"Maine pitaji ki zameen chudwakar inka karza door kia aur poultry se unhone paise diye the wo wapas kiye" - Alumni, 2017*  
 ”

“  
*All my children are settled, thanks to the training given in the ITI and now I can peacefully retire and do temple painting.- Parent of Alumni 2018*  
 ”

## PEDAGOGY

The pedagogy of the institute has received a positive evaluation from the students. Among the **strengths**, it has been noted that the teaching material has been **digitised** during the COVID pandemic, allowing students to keep learning despite the lockdown. Also, the **safety guidelines** for technical institutions are very important and have been incorporated as part of theoretical and practical teaching.



Some **weaknesses** have been noticed. It has emerged from the interviews with the students that their experience would be better if the course had more time dedicated to **hands-on, practical projects**. This would improve their capacity to integrate theory and practice. Also, the time to utilise the machines and learning instruments is very limited. A better planning with shifts could be done to improve this point.



One important theme that emerged was that there is the need for a support system for the students. They relate feeling lost in the process of finding a job and suggest that **Career and personal counselling** sessions should be available. Also, the connection with the Alumni community could be improved. Pre-Covid Alumni Connect took place, but was not conducted timely from then. It helps the current students to have realistic expectations about salaries, roles, work culture and about other opportunities.



Finally, the students suggest improvement in the **placement** process, with more attention to their locations and with more options. GMM could provide more engagement for the Fitter, Electrician and Sheet Metal trade.



## COMPARISON WITH STATE LEVEL INSTITUTIONS

The comparison with other technical training institutions at the state level wages a favorable result to J. V. Patel ITI. Some of the indicators are displayed in the following table:

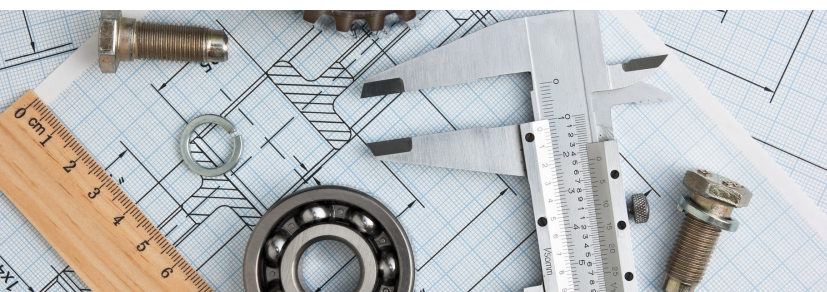
State level (NCVT data)	JVP ITI (post)
State level <b>trainer vacancy</b> - 35 %	JVP ITI <b>trainer vacancy</b> - 0%
State level <b>pass percentage</b> - 75.5 %	JVP ITI <b>pass percentage</b> - 81.5 %

The **vacancy** in trainers is a constant problem and shows both the lack of specialized personnel available and mainly the difficulty that the other ITIs have to make their position attractive enough. This is not the case with J. V. Patel, that has managed to fill all the positions needed for trainers.

The percentage of students that pass the final exams is also an important indicator because it is frequent that in this kind of setup, students lose interest, concluding the course without **proper preparation and study**. Others will **drop out**, a serious problem in ITIs. J.V. Patel has managed to keep a pass percentage that is higher than the state's level. Indeed, the institute ranked the 6th in the district regarding pass percentage, and in 2020 it was the 3rd.



**In terms of Pass percentage, JV Patel ITI secured Ranked 6 in Anand District in 2018, Ranked 3rd in 2020**



# RECOMMENDATIONS

The key findings have shown that the programme has a significant positive impact on the lives of the students and their families. The resources invested by GMM Pfaudler were well utilized to generate impact. In this section, we will make recommendations for the improvement of the social impact.

## 1 RECOMMENDATION FOR PROCESSES

MOBILISATION AND ADMISSION	PEDAGOGY	COUNSELLING & RETENTION	PLACEMENTS	POST PLACEMENTS
<ul style="list-style-type: none"> <li>• <b>Social media</b> - to increase awareness</li> <li>• <b>Orientation session in schools</b></li> <li>• <b>MIS</b> to track candidate journey.</li> <li>• Create a <b>job referral system with alumni</b> who are placed in industry</li> <li>• <b>Continued support for alumni placement</b> for those who have graduated in the past year</li> </ul>	<ul style="list-style-type: none"> <li>• <b>Skill training for teachers</b> - latest pedagogy techniques</li> <li>• <b>Update systems</b> with CREO software</li> <li>• <b>Regular parent-teacher meetings</b></li> <li>• Quarterly Internal assessment and <b>timely review</b> to be conducted</li> <li>• <b>Adoption of advanced training methods</b> in workshop</li> </ul>	<ul style="list-style-type: none"> <li>• <b>Providing counselling support</b> for students facing difficulty in coping with change/ academics/ career etc.</li> <li>• <b>Understand and address root causes for high drop out rate</b> on handle on <b>case to case basis.</b></li> </ul>	<ul style="list-style-type: none"> <li>• <b>Alumni institute connect for jobs</b></li> <li>• <b>Location-centric placement counselling</b></li> <li>• <b>Addressing the needs for soft skills</b> like communication, critical thinking, problem solving etc.</li> <li>• Home delivery of documents, post graduation</li> <li>• Post placement</li> </ul>	<ul style="list-style-type: none"> <li>• New opportunities and <b>vacancies to be shared with the alumni</b></li> <li>• <b>Home delivery of documents</b>, post graduation</li> </ul>

### MOBILISATION AND ADMISSION

There is a felt need for mobilisation of aspirants and **creating awareness** about the institute and various career opportunities for the youth who want to pursue a career in technical skills. This will enable rationalising the expectations of the incoming batches and finding the right match for their needs. This can be done through the following measures:

- **Social media:** Having an active social media presence will lead to an overall increase in awareness of various trades and will educate the prospective trainees in choosing the right path. This will also help the institute to reach out to prospective students and industry partners. Visibility is especially important on professional platforms like LinkedIn and others where prospective candidates get information on career path.

# RECOMMENDATIONS

## MOBILISATION AND ADMISSION

- **Orientation session in schools:** To reach out to more potential candidates, and support career consultation, sessions about the ITI trade may be done in schools. This could also increase the diversity and inclusiveness of the trainee pool of the ITI. A diverse student pool will bring in new thoughts and the institute will be able to further reach out to those students who are marginalized and are first-generation learners. These students lack role models at home or in the neighbourhoods and have more difficulty choosing a career path.
- **MIS to track candidate journey:** Having an information system which can track the journey and performance of each student from aspirant to alumnus stage. This would help the institute to support students and slowly with the presence of sufficient data, the institute can study the patterns and work towards reducing the dropout rates in a predictive manner.
- **Creating a job referral system:** With alumni who are placed in the industry, this network could be built, providing continued support for student placements. This would help create stronger connections between the Institute and the alumni network.

## PEDAGOGY

Pedagogy plays an important role in transferring knowledge and skills to trainees. It should be guided by the curriculum framework presented by **National Skills Qualifications Framework (NSQF)** and other Vocational Skill Training based national and state-level agencies. In current times, there have been advancements in teaching methods and increasing use of technology to complement synchronous learning in classrooms.

- To keep the trainers abreast with pedagogical innovations, **training** is required on lesson planning, lesson executions, effective assessments and data-based decision making for differentiation in classrooms or remediation and reteaching.
- Update systems or **software platforms** being used may be upgraded as per the industry requirements. As some participants mentioned making CREO software available in labs for draughting.
- **Parent-teacher meetings:** Regular meetings would empower the parents to support their children, in addition to informing them of students' progress. The teachers can share strategies which parents can use at home to support the students. This can also help to reduce the pressure on students, improve their performance, and reduce the dropout rate.
- Quarterly **internal assessment** and timely review to be conducted. This will help the trainers to make informed pedagogical decisions and the trainees gauge their progress in terms of knowledge and skill gained over a regular period of intervals. And is necessary for both the trainer and trainee to make informed decisions.

# RECOMMENDATIONS

## COUNSELLING & RETENTION

The students coming from difficult backgrounds need constant support from the teachers, parents and peers. Its part of their natural coping strategy and are informal support structures that we form around us. But being guided through **trained designated personnel** can be empowering. A formal support structure will inherently become a part of understanding and addressing root causes for high drop out rate on handle on case to case basis.

## PLACEMENTS

The prospect of better jobs and secure livelihoods for the family is one of the main drivers of the course. Thus, it becomes extremely important for the ITI to provide good professional education and support students to access the best possible job opportunities in line with the skills and aspirations of the trainee students. The following steps are suggested:

- Continuing **Institute - Alumni connect** for jobs and mentorship of the current students by alumni matched as per the needs of the students.
- Student expressed the need for **location-centric placement**. This might be helpful for them to support their families and have a family support system while working. It would also reduce living costs for them.
- There is a need for developing **more partnerships** and diversifying the set of recruiters to provide equal opportunities for all trades
- Addressing the needs for **soft skills** like communication, critical thinking, problem-solving etc.

## POST PLACEMENTS

In order to create a strong Institute and alumni community, an empowered **alumni cell** would be very beneficial. The alumni cell would have additional responsibility of supporting JVP ITI alumni in sharing new opportunities and vacancies. It would also supporting them with facilitation for obtaining documents from the ITI admin team. This model is successfully applied in other institutions.

## 2 FUNDING RECOMMENDATIONS

The funder should consider bringing in 2-3 **other funders** from the same locality. This would allow to:

- Ensure the longevity of the institution and **reduce dependency** on GMM Pfaudler.
- **Upgrade** programme infrastructure, and add seats if required.
- Create more **placement options** for increased number and greater variety of jobs.



# CONCLUSION

Education of a technical nature ensures quick and proper placements in the industries surrounding Anand, where the ITI programme intends to impact the students' lives. Once relieved of the theoretical burden and the cost of pursuing secondary education, which is replaced by a course with more hands-on practice, they can maximise the utility of their time and resources.

Sustainable Development Goal 4 is to "Ensure inclusive and equitable quality education and promote lifelong learning opportunities for all". This programme has been sustained on the principle of SDG4 with its inclusive model where the participants are looking for secure jobs in the technical domain, either in the government or private sectors.

Regularisation of quarterly internal assessments and a more guided training approach to be taught to account for the soft skills such as communication, creative thinking and problem-solving abilities. Bridging the gap between the corporations and ITI trainees vis-à-vis the ITI alumnus, thus providing hand-holding through the recruitment process and an informed understanding of the employment procedures and requirements.







# SPARSH PROGRAMME

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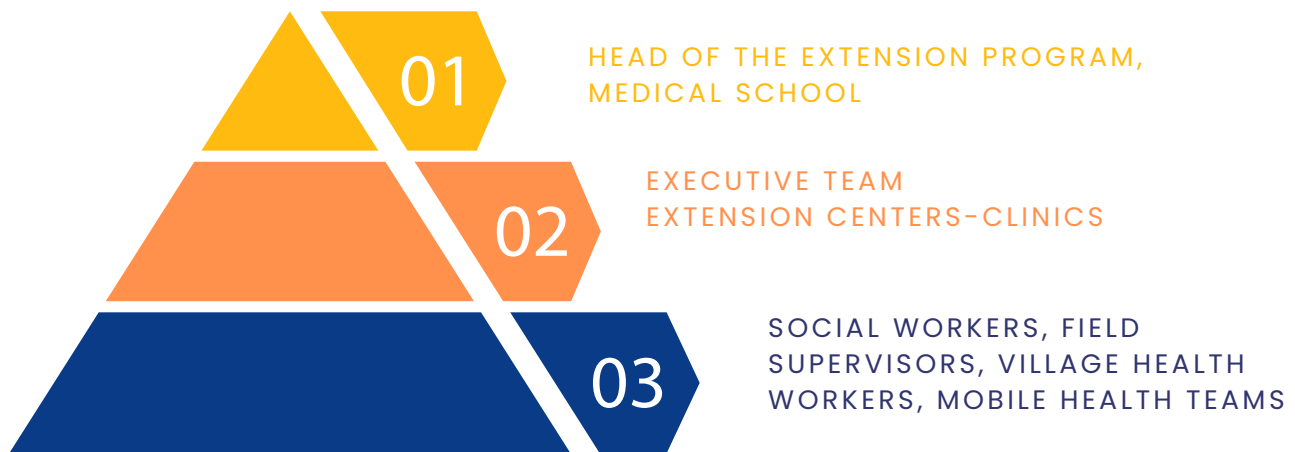
SRI KRISHNA HOSPITAL

## BACKGROUND OF THE STUDY

SPARSH is the Shree Krishna Hospital Programme for Advancement of Rural and Social Health. It is an initiative of the trust - Charutar Arogya Mandal (CAM) that extends health care services to the rural community of the Charotar region.

Operational across three districts of Anand, Kheda and Panchmahal of the Charotar region in Gujarat, it is supported by GMM Pfaudler based in Karamsad as a part of its CSR activity and is currently being implemented in 100 villages of Anand district. This study is focused on the Anand district supported by GMM Pfaudler.

The SPARSH program has a pyramidal hierarchy consisting of three levels-Primary, Secondary and tertiary.



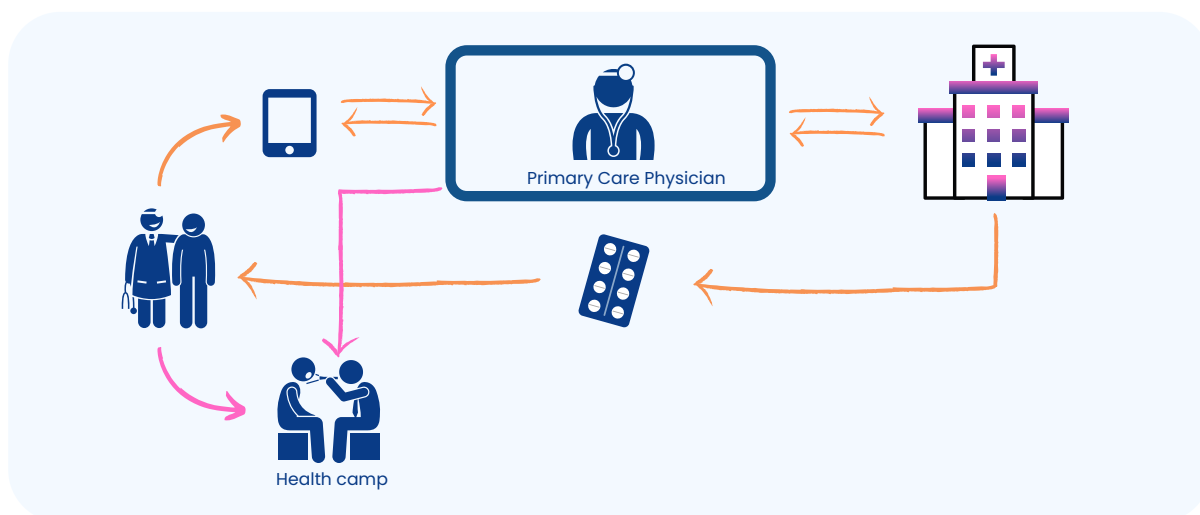
The Head of the Extension Program is at the topmost level, below him is the Executive Team, which looks after the planning and budget of the programme. Finally, in the third tier, the Social Workers of the respective clusters into which the 100 villages are divided, the Field Supervisors, who assist in the primary level care, and the VHWs, who create a structural liaison between the ground level activities and the hospital, to provide the beneficiaries treatment and medicines. Each of these levels of care are connected to each other for bi-directional referral of patients and support.



# INTRODUCTION

## Program Implementation Description

The VHWs monitor patients enrolled in the programme through monthly home visits for assessment of the patient's condition. They conduct basic tests such as Blood Pressure and Capillary Blood Glucose measurement. The data collected is entered into a tablet device and made accessible to a Medical Officer (MO- Primary Care Physician) at the Extension Center. The MO reviews the condition and if found under control suggests continuing the same treatment. A packet of drugs is then prepared for the patient by the pharmacist and dispatched to the patient's house by the VHWs. If the MO feels that the patient needs a physical assessment based on the interpretation of the VHW data, the MO then advises the patient to visit a medical camp through the VHW and ensure that patients keep visiting the camp on a monthly basis or at times call for a visit at the health center for further treatment. The camps also provide screening and enrolling new patients for the programme.



## Objectives of SPARSH programme

SPARSH focuses on prevention, treatment and care of chronic diseases such as Diabetes, Hypertension, Cancer and chronic respiratory diseases. This objective is incident on NCDs and some other diseases such as cholesterol, a few kinds of cancer that develop strictly as a result of lifestyle choices and food habits.

## Activities

SPARSH achieves its objectives by engaging in the following activities:

- Medical Camps by Mobile Health Teams for early diagnosis, consultations and follow up for hypertension and Diabetes,
- Enrolling beneficiaries for distributing medicines periodically,
- Periodic home visits for patients who cannot visit camps due to health or aging,
- Generating awareness through periodic meetings by Village Health Workers.

## RESEARCH OBJECTIVES

This social impact assessment has the following objectives:

- To understand the impact of healthcare interventions on its beneficiaries.
- To assess the programme against benchmarks and make recommendations for course corrections, if needed.

These objective will guide the design of the study, the methodology and the elaboration of the tools of data collection.

## RATIONALE OF THE STUDY

GMM Pfaudler supported the implementation of SPARSH in 60 villages in the Anand district of Gujarat during the period 2016-19. From 2019 to 2022, the scope of the support given increased to 100 villages. Through this funding, a community-based program for providing treatment and care to rural patients suffering from chronic diseases such as Hypertension, Diabetes Mellitus and COPD was conceptualised and implemented.

After 3 years of increased support, it is important for the GMM Pfaudler to understand how the programme has been implemented, assess its efficiency and the impact generated. This assessment should be done through an external partner, that is able to use its expertise to evaluate with neutrality the impact, see new points of view that the staff immersed in the day-to-day might not be able to see, and thus make suggestions for improvement. Some of the questions considered are:

- How have the community beneficiaries benefitted in terms of awareness, accessibility, and affordability of healthcare from the interventions of the SPARSH program?
- How have the stakeholders involved in the service of the community beneficiaries ensured promotive, preventive and curative healthcare services?
- How is SPARSH contributing to the Sustainable Development Goals?





This section explains the study design that validates and guides the social impact assessment process. It discusses the Qualitative Methods approach to research and the tools employed for this study. The following section discusses the research design techniques including the number of research participants involved. Detailed Interviews and Focus Group Discussion Guides were used to collect data from the community beneficiaries and the program stakeholders to understand the proposed research objectives.

## Phase 0: Desk Review

Collected information on the project activities,  
Read the content of awareness sessions,  
Figured out the key indicators,  
Prepared schedules to monitor data and any other documentation maintenance.

## Phase 1: Focus Group Discussions

**Community Beneficiaries (Refer to Annexure III for Qualitative Tool).**

The FGD guide was used to understand how the community beneficiaries benefitted in terms of awareness, accessibility, and affordability of healthcare from the interventions of the SPARSH program.

The sample size was decided in base of saturation principle, as it is advised for qualitative in-depth interviews and FGDs.

### Mobile Health Team

The Mobile Health Team (MHT) consists of 2 Assistant Medical Officers (AMO) and 4 Paramedics. An FGD guide was used, focusing on their relationships in their workplaces, their reporting procedures, their knowledge of the villages they work, meetings and feedback sessions from the team members.



FOCUSED GROUP DISCUSSION DURING WITH BENEFICIARIES

## Phase 2: In-depth Interviews

### Head of the SPARSH Program

An Interview guide was used to conduct an in-depth interview with the Head of SPARSH to understand his intention, goals, and vision for the SPARSH programme. The questions primarily extracted answers that helped us understand the daily activities, the outcome of the actions, the ideas to fulfil the goals and the plans to lead and sustain the programme.

### The Executive Team

Interview Guides were used to conduct in-depth interviews with the Executive team, helping us understand their roles, including drafting plans, distributing responsibilities, and overlooking the whole program, especially the field implementation part.

### Social Workers

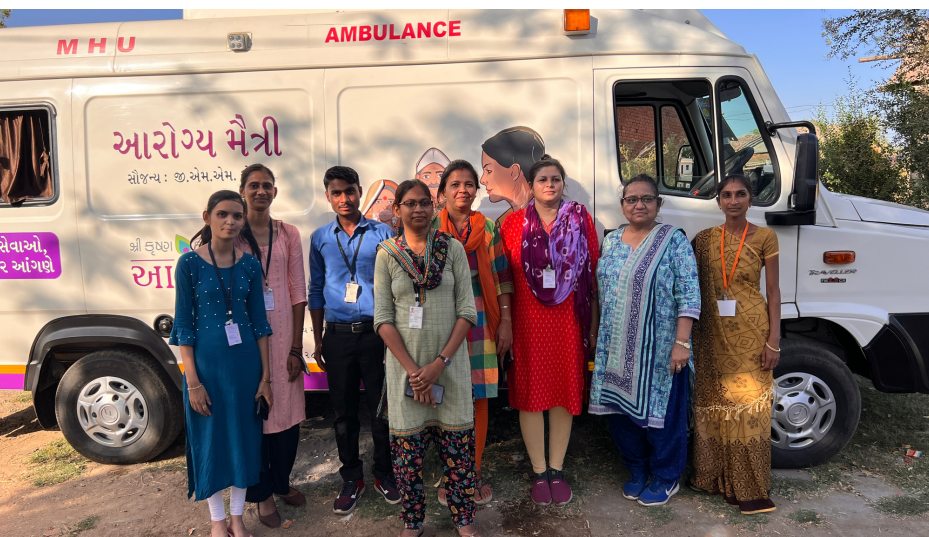
The interview guides were used for the Social Workers (SWs) to understand the training received and their activities. Questions also focused on their relationships in their workplaces, their reporting procedures, and their knowledge of the cluster their monitor.

### Field Supervisors

The interview guides were used for the Field Supervisors (FSs) to understand their training to carry out their work. Questions also focused on their relationships in their workplaces, their reporting procedures, training and relationship with VHW.

### Village Health Workers

The interview guides were used for the Village Health Workers (VHWs) to understand their training to carry out their work. Questions also focused on their relationships with the management and patients, challenges from the field, reporting system and the way their deal with technology, networking with the government health institutions, etc.



FGD WITH MOBILE HEALTH UNIT



# METHODOLOGY

The following table summarises the research methods of data collections, tools and sampling strategy for the main stakeholders involved.

Methods	Tools	Stakeholders	Sampling type	Population size	Sample size
Desk Review	SROI				
Focused Group Discussion	FGD Guide	Mobile Health Teams(MHTs)	Purposive Sampling	2	2
		Community Beneficiaries	Snowball Sampling	25,948	50
In-depth interviews	Interview Guide	Head of SPARSH	Purposive Sampling	1	1
		Executive Team	Purposive Sampling	3	3
		Social Workers(SWs)	Purposive Sampling	2	2
		Field Supervisors (FSs)	Purposive Sampling	6	4
		Village Health Workers (VHWs)	Purposive Sampling	100	10



FGDS WITH VILLAGE HEALTH WORKERS

## Data Analysis

### Social Return on Investment Analysis (SROI)

The SROI methodology was used to interpret the data and draw conclusions. SROI is a methodology that incorporates the intangible dimensions of the investment, giving organizations, institutions, and communities an important tool to assess the outcomes of their efforts, and support evidence-based decision making and optimal use of resources (NEF, 2008). The SROI method should be a **participatory, beneficiary-led approach** that uses financial values defined by programme beneficiaries to represent social, environmental, and economic outcomes. The primary data emerging from their experience should guide the shaping of the data.

Following this principle, this study has drawn from their interviews the perception that the preventive care of the programme had **avoided further health complications** related to Diabetes Mellitus and Hypertension. Then, the monetary cost that SPARSH has saved (from the beneficiaries' pocket and/or from the health care system) was estimated. This was done using the average market price of the treatment of the most common health complications derived from these two NCDs. The number of complications avoided was calculated on the basis of the percentage of patients SPARSH declares with controlled NCD, subtracted from the expected number that would have happened with SPARSH's intervention was not done (this number was calculated using estimation from scientific medical papers).

### Thematic Analysis

The process of Thematic Analysis was conducted by analysing Qualitative Data. The recorded data supplemented with field notes were transcribed. The transcriptions were then interpreted to find out essential codes (keywords). The codes were combined to reveal prominent themes that describe the commonalities found in the data sets and unique factors. The themes were merged to bring out the key insights of the study.



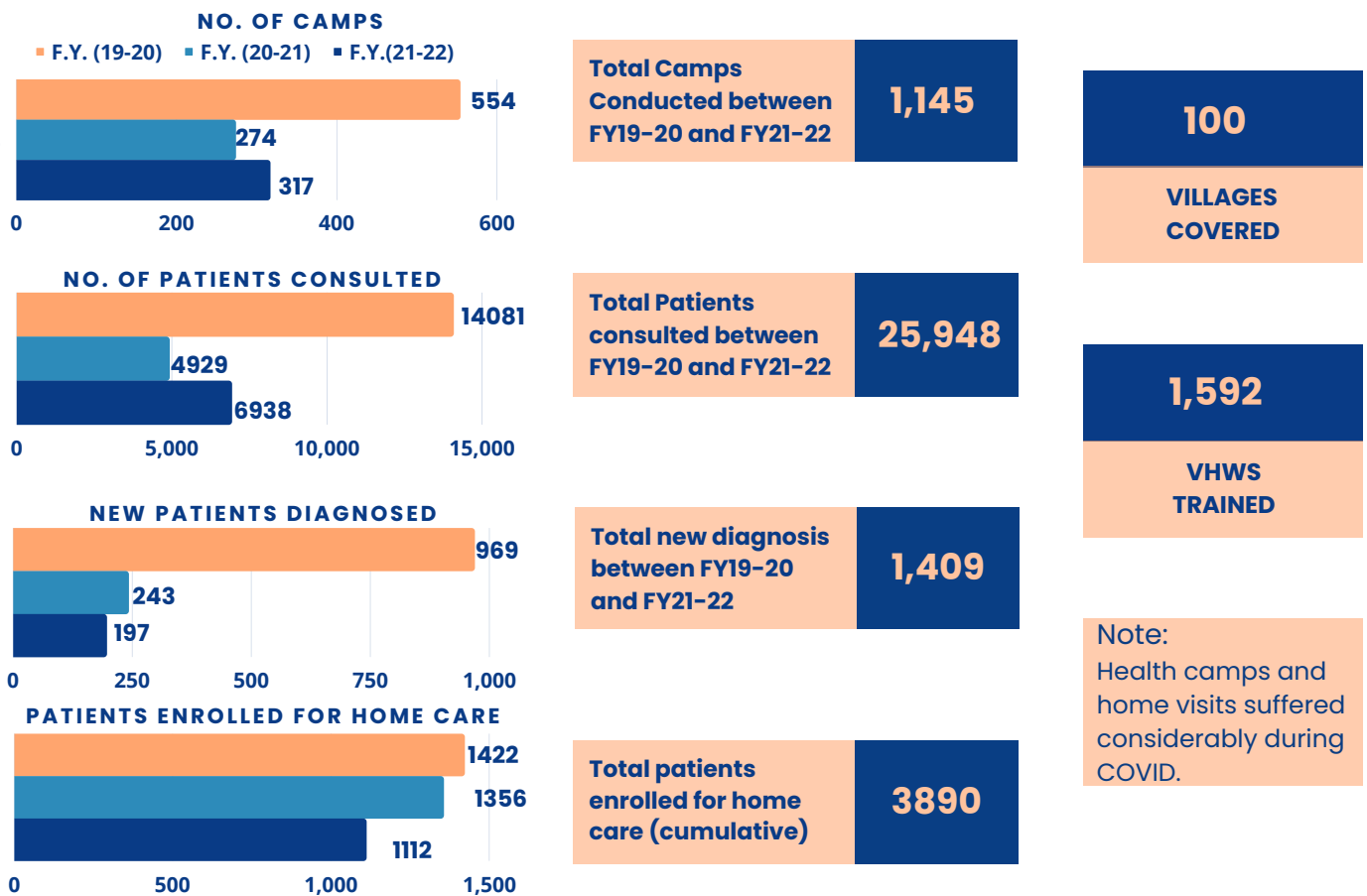
DATA COLLECTION DURING MEDICAL CAMP



## FINDINGS FROM THEMATIC ANALYSIS

We have assessed the effectiveness of the program under **Coverage, Accessibility, and Affordability**.

### 1 COVERAGE



It can be seen from the graph that the **number of camps** drastically reduced in FY 2021 when compared with FY 2019. This was mostly due to COVID pandemic and lockdown imposition, even though the programme also faced budget constraints. Consequently, the **number of patients** also decreased. The number of patients enrolled for home care is cumulative and thus, the decrease in FY21 was relatively smaller.

In FY 21, some of these indicators began to rise again, with more camps being organised and more patients consulted.

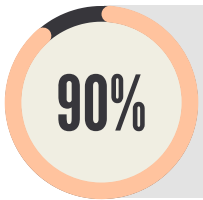
## 2 ACCESSIBILITY

This point is important because SPARSH prides itself on being the first programme that has taken health care to the doorstep of even the last person in the village.

It has emerged from the interviews that:



Beneficiaries **are satisfied** with the curative services provided. However, they comment that their knowledge about the disease and general awareness about causes and process could improve.



90% of the respondents (45/50) said they had **no access** to health care before the SPARSH program started.



Patients related that they are closely monitored and that the Village Health Workers know them **personally**.

The aspect of the personal knowledge of the patients emerged clearly from the interviews. A village worker for example, narrates her satisfaction to be able to help a patient that was all alone (side quote).

“I remember very well this lady, she was an old woman who was all alone, there was no one to help her. I took her to emergency as she was in need of immediate medical attention due to diabetes. I was happy that I could help her.” - Village Health Worker

“There was an uncle, who was suffering from an illness for which he couldn't walk. We hosted a camp near his neighborhood and he started the treatment with us. He recovered fast from his illness, and suddenly, he is able to walk again. It feels so good to see that. Whenever he meets me now, he stops to greet me properly” - Village Health Worker

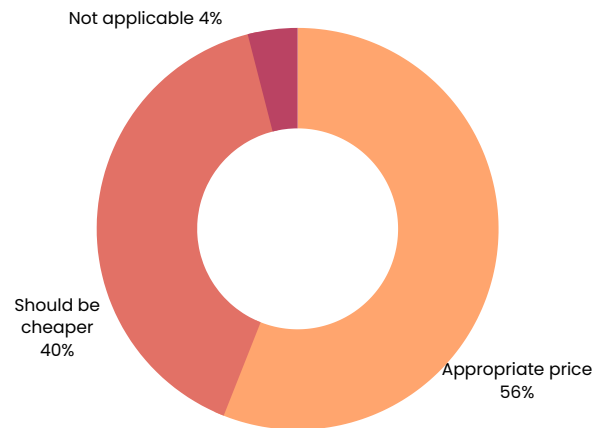
The narrations from the field show the programme has been impactful in reaching those people who did not go to other health services, due to distance, lack of resources or awareness. The change in the life of these people was significant.

# KEY FINDINGS

## 3 AFFORDABILITY

Out of the 50 respondents interviewed in groups of 5, 56% (28/50) felt that the medicines provided by SPARSH were appropriately priced and were affordable. 40% (20/50) wanted to opt for cheaper medicines or free medicines. And 4% (2/50) had no comment on the pricing because their requirements of complex medicines could not be fulfilled by SPARSH even at higher rates.

PERCEPTION OF THE PRICE OF THE MEDICINE PROVIDED BY SPARSH

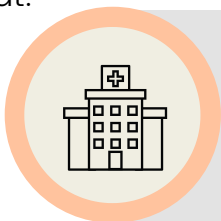


Parameters	FY 19-20	FY 20 21	FY 21 22
New enrollments in the programme	1052	268	310
Average monthly cost of treatment per patient* - HYT	38	38	38
Average monthly cost of treatment per patient* - DM	83	87	86
Average monthly cost for coexisting HYT and DM*	126	131	151

\*Medicines excluded

Average monthly costs have neither increased nor decreased for single ailment. Focus can be on scaling back up while recovering from the impact of COVID on the program.

For some medical conditions, the government system provide medicines free of cost. We asked the patients why they still enrol in SPARSH. From the **interviews** it emerged that:

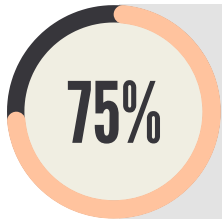


People prefer enrolling in the SPARSH program rather than the government NCD program because of the technical capacity of the staff and the association with the S. K. hospital.

The **affordability** aspect comes as the definite advantage with money only being charged for the primary level medicines being provided and not at all for consultation and prescription. Our estimation is that the patients are spending **less than 5%** of their available income on the medicines.

# KEY FINDINGS

Many interviewees therefore affirmed that they would be inclined to get diagnosed further, if needed, and spend more on medicines to lead a healthier life.



75% of the patients interviewed affirmed they were ready to spend more money on medical treatment if needed.

This fact aligns with the the separate finding, where the patients reported that they prefer to enrol in SPARSH mainly because of the connection with the hospital higher level of health care.

The flipside of delivering this cost-effective healthcare is that there is a budget constraint.



SPARSH field staff reported **low salaries** and highlighted insufficient funding for the program.

The workload is light, according to the village workers themselves: an average of 2 hours a week. For this work, they used to receive a fixed amount of Rs 1000/month, but the model was changed to a fixed amount of Rs 500 plus a reward based on the activities done, that typically can be around Rs 700–800. Nevertheless, the salaries are perceived as low and this generates problems to the programme. One member of the management commented:

“Earlier we had 72 employees for 150 villages but now it’s only 51. The rest have left because it wasn’t a financially rewarding option. But we’re still trying to keep the work going in spite of everything but the costs and the salaries stay constant, no? We cannot help that. So that’s the main challenge.”

Despite these constraints, during **the COVID pandemic** patients enrolled in the programme relate that their care continued in a proper manner. The staff was also thankful that the organisation was able to pay salaries despite the suspended work.



## 4 PROJECT PLANNING

Different stakeholders have affirmed that there is some scope for improvement on project planning and development of activities. Some of their statements are summarized in the box below:

Beneficiaries	VHW/MHT	Doctors
<ul style="list-style-type: none"> <li>- Patients often request <b>other services</b> that SPARSH does not provide</li> <li>- Improved health due to <b>regular medications</b> and check ups.</li> <li>- <b>Cases of diabetes induced paralysis have been reversed</b> through diagnosis and physiotherapy.</li> </ul>	<ul style="list-style-type: none"> <li>- <b>Training of the staff can improve</b> healthcare delivery for the beneficiary.</li> <li>- MHT should <b>continue with routine check ups to ensure continued benefits</b></li> <li>- MHT report positive feedback from patients who receive regular medication.</li> </ul>	<ul style="list-style-type: none"> <li>- Need to create and promote <b>lifestyle changes among community.</b> (Preventive care)</li> <li>- Need for <b>partnering and collaborating</b> with Government run health care centres.</li> </ul>

Often, patients request services that SPARSH does not provide, like eye and dental check-ups. The frequent request becomes a problem for the VHW, who must continuously explain that those are not among the objectives of the programme. Staff also affirmed that further training is needed to deal with a variety of issues, like mental health for example.

The planning for partnering and collaborating with the government can also improve the efficacy project, since the National Programme for Prevention & Control of Cancer, Diabetes, Cardiovascular Diseases & Stroke (NPCDCS) has resources and personnel available.

## 5 SOCIAL RETURN ON INVESTMENT

The calculation of the **Social Return on Investment (SROI)** was done according to the procedure explained in the research design section. It draws from the field learnings to produce an estimation of a monetary equivalent to the impact.



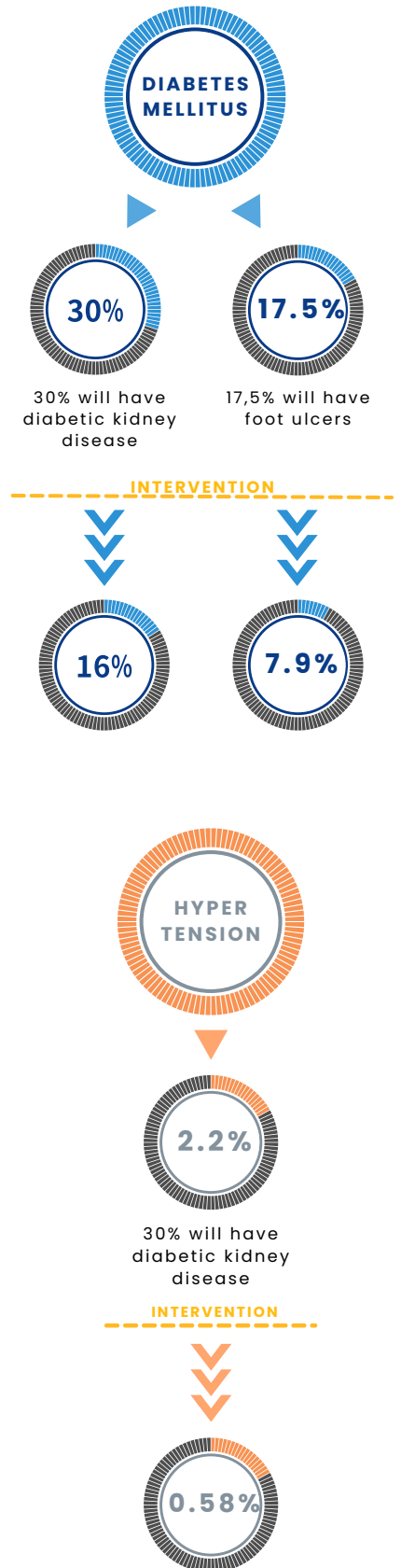
# KEY FINDINGS

The SROI starts with the research questions: **What was the value generated through the SPARSH activities?** and **What is the price equivalent of their social impact?** This study considers the medical complications that SPARSH has prevented by the **early diagnosis** and treatment of NCDs.

The two main NCDs that SPARSH treats are **Diabetes Mellitus (DM)** and **Hypertension (HYP)**. For the first one, the programme accounted **731** new patients enrolled in the 3 years taken into consideration (FY 19-20, 20-21, 21-22). For hypertension, **678** new cases were found and enrolled in the programme. SPARSH medical report affirms that **47%** of the patients with DM and **76%** of those with HYP have their clinical condition under control once enrolled.

From medical literature and **scientific papers**, it is possible to estimate the average number of people who would have complications if not treated. The most common complications for DM are foot ulcers and kidney failure, leading to the need for constant dressing, amputations and dialysis. Armstrong & Lavery (1998), for example, affirm that “Approximately **15 to 20%** of the persons with diabetes mellitus will be hospitalized with a foot complication at some time during the course of their disease” and that “Early detection and appropriate treatment of these ulcers may **prevent up to 85%** of feet ulcers”.

Using these numbers, the number of cases that would lead to complications in SPARSH's area have been estimated, and consequently the number of cases that the intervention reduced. Calculating then the **market price** of the treatment of these complications, we can estimate the amount saved from the pocket of the beneficiaries or from the public health care system. A similar procedure can be followed for Hypertension. The cost of death (and losing one earning member) was not included in this calculation, though some SROIs do.



# KEY FINDINGS

The discussion can be summarized in the following table:

<b>SROI Research Questions</b>		What was the value generated through the SPARSH activities? What is the price equivalent of their social impact?
<b>NCD monitored by SPARSH</b>		1. Diabetes Mellitus (731 patients with Diabetes were enrolled.) a. Foot Ulcers b. Kidney Diseases and Dialysis 2. Hypertension (678 HT patients were enrolled)
<b>Literature used for SROI Calculations</b>	<b>Foot Ulcer</b>	The <b>scientific research</b> states that: " Approximately <b>15 to 20 percent</b> of the persons with diabetes mellitus will be hospitalised with a foot complication at some time during the course of their disease" and " <b>Early detection</b> and appropriate treatment of these ulcers may prevent up to <b>85 percent</b> of feet ulcers" (Armstrong & Lavery, 1998)
	<b>Diabetic Kidney Disease</b>	Diabetic Kidney Disease (...) is a serious complication that occurs in <b>20% to 40% of all diabetics</b> .(Gheith, et al. 2016). In developed countries usually hemodialysis is done thrice a week. However in India most patients are given HD <b>twice a week</b> . (Chauhan & Mendonca, 2015)
	<b>Hypertension</b>	A similar calculation can be done for the consequences of uncontrolled Hypertension. (Gupta et al. 2008) <b>2.2% of the middle-aged and elderly patients have symptomatic heart failure</b> as defined by the Framingham criteria (Redfield et al., 2003)

The calculations for all the factor are as follows:

NCD	Number of patients in the programme	Before SPARSH intervention	After SPARSH intervention	Difference	Market Value (or SROI proxy)**	Value generated
Prevention of complications from DM (foot ulcers)	731	128 (Average of 17.5% of patients have complications)	58 (85% of reduction or risk for the patients under control, 47%)*	70	₹65,000	₹45,50,000.00
Prevention of complications from DM (Diabetic Kidney Disease)	731	220 (Average of 30% of patients have complications)	117 (47% of patients with DM controlled)*	103	₹2,34,000.00 (2 sessions in a week for the period of analysis, 3 years, at INR750 per session)	₹2,41,02,000.00
Prevention of complications from HYN (open heart surgery)	678	15 (Average of 2.2% of patients have complications)	4 (76% of patients with HYN under control)*	11	₹2,90,086.00	₹31,90,946.00
Medical visits done	25,948***	-	-	-	₹712.00	₹1,84,74,976.00
<b>TOTAL</b>						<b>₹5,03,17,922.00</b>

\*Data from SPARSH progress report - average for the 3 years analyzed

\*\* Source for Market Value (or SROI proxy) : [www.medifee.com/treatment](http://www.medifee.com/treatment)

\*\*\*Data from SPARSH progress report



# KEY FINDINGS



MEASUREMENT OF SUGAR LEVELS DURING HEALTH CAMP

The total social value generated by the program over a period of 3 years is nearly **Rs 5.03 Cr**. The total amount received from GMM Pfaudler was **Rs 1,42,31,120**. This means the the SROI was:

for ₹1  
of investment

₹ 3.54  
of social return

The program struggled during COVID and lockdown period, when fewer patients would come to the camps. If the same SROI was calculated for the **FY 2019**, the result would be:

for ₹1  
of investment

₹10.18  
of social return

These values are in line with expected returns from healthcare initiatives (ref: cf. Jones, Carys et al., 2020), where health care interventions typically deliver social return in the range of 3-7 multiple. In the case of SPARSH, since it is preventive care, the consequences that could unfold years later are avoided with a relatively cheap intervention, generating the high proportion seen in the second box, for 2019.

The SROI evidences the importance of preventive healthcare, a fact well known from public health literature but often obliterated in public policy. More than the medicine provided, it is the fact that the programme reaches out to the community, finds new cases and accompanies them, that generates an impact that the government programme is normally unable to achieve.



## SUMMARY

From the key findings, it emerges that the objectives of the programme are very relevant, aiming at the prevention of NCDs by reaching those in remote areas who previously did not have access to healthcare. Nevertheless, the operations were severely disturbed by the lockdown impositions, adversely affecting the impact measurements. Thus, we suggest the continuation of the operations with the following recommendations and the reevaluation of the situation in a future impact assessment.

## KEY POINTS

### RECOVERY

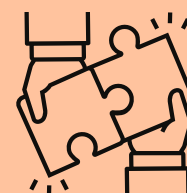


As we have seen using the SROI, the programme has been impacted drastically during COVID years 2020-21 and 2021-22. But there are indications of other difficulties, like staff management and budgeting constraints. The performance should be monitored in the coming financial year, preferably using the SROI methodology, **to ensure the recovery of the programme** from COVID as compared to pre-COVID levels. The small upward movement that we have seen in 2021-22 should be corroborated as a trend by analysis of data of the current year, 2022-23.

There could be **collaboration with government** public health systems. The Government Health and Wellness Centers also offer consulting services and provide free medicines to patients. This will help SPARSH in empowering existing systems and infrastructure. For this, SPARSH can work in synergy with the District NCD programme in the following ways:

- SPARSH may **promote and train** government Health & Wellness doctors, and other health workers. As some beneficiaries stated that they had more confidence in the skills of SPARSH medical staff and also saw an added benefit of them connected with Sri Krishna Hospital.
- SPARSH can ensure **increased preventive measures** through awareness drives, periodic meetings with beneficiaries by VHW, screening of beneficiaries for target ailments and subsequent referral of the identified beneficiary to govt health centre for further treatment. Early diagnosis and proper management of NCDs have shown a reduction in untimely deaths attributed to NCDs and better quality of life.

### COLLABORATION



## KEY POINTS

### VISIBILITY



GMM Pfaudler **branding and visibility** may be improved in the intervention activities. If possible, a volunteering programme may be established where employees can support the administrative activities done during camps. This will improve visibility and would increase the engagement of employees and beneficiaries.

**Quality and Performance** improvement of the SPARSH may be improved with the following steps:

- The **roles and responsibilities** of programme stakeholders may be defined and communicated explicitly. This will help the beneficiary to utilise the right service at the right time and avoid overloading of SPARSH Mobile Health Team.
- **Training** of Village health Workers and supervisors to better support the beneficiary related to NCD management. For supervisors training may be done so that they can better support the VHWs and avoid overlap of activities by the SPARSH team members.
- To avoid duplication of work, VHW may be empowered to record and publish/**upload data** continually to maintain data quality and monitor patient history at the VHW level.

### PERFORMANCE



SPARSH is an established programme in Anand District, receiving the appreciation and trust of the population. It has been conducting a significant healthcare work with the diagnosis and treatment of NCDs.

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**WHY DO YOU LIKE TO WORK  
IN SPARSH, DESPITE THE  
SEVERAL DIFFICULTIES?**

**"BECAUSE HERE I FEEL THAT I  
AM REALLY DOING GOOD  
FOR PEOPLE"**

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The impact assessment has shown the satisfaction of the beneficiaries with the skill of the staff and the personal care. The SROI has illustrated the effectiveness of prevention and early diagnosis when compared to the treatment after complications occur, generally much more costly in terms of psychological and economical resources.

Nevertheless, there are issues to be addressed. The programme scope is not always very clear and the job roles could be better defined to improve staff performance. The beneficiaries notice the higher cost of the medicine, comparing it with those provided by the government (free of cost). Thus, it is suggested that the programme work in synergy with the government healthcare system. The quality and performance of services should also be closely monitored in the future.



# **BASELINE STUDY: SARDAR PATEL MEMORIAL**

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SVP MEMORIAL ENTRANCE



## BACKGROUND OF THE STUDY

A baseline study is the proper manner to start a project and constitutes an essential instrument for future impact assessment. It sets metrics to understand how the said project will meet its objectives. It can be thought of as the first step in the project's life cycle. Such a study would establish the situation on the ground before the project has begun and would be crucial in designing the project's different components considering the local context. Many organisations conduct studies with the primary aim of a needs assessment. This helps them develop need-oriented projects for their community, which get a better engagement from the community. Baseline studies can also chart the beginnings of how a project can be monitored and evaluated.

### Sardar Patel Trust

To mark the 125th birth anniversary of Sardar Vallabhbhai Patel, Shri Atal Bihari Vajpayee, the then Prime Minister of India, dedicated the memorial to the nation on April 11, 2000. Sardar Vallabhbhai Patel Memorial Fund, Karamsad was established in 1964 by eminent personalities like Shri Morarji Desai, Balvantray Mehta, Ku Maniben Patel, Tribhuvandas Patel & Dayabhai Vallabhbhai Patel, among others. Later, under the presidentship of veteran industrialist Shri J.V. Patel and the able guidance of Dr H.M Patel, ICS (Rect.), a new Sardar Patel Trust was formed.

The trust is formed on 7 acres of land, with a lush green landscape and an octagonal yard leading to the monument comprising Sardar Vallabhai Patel's bust at the entrance itself. The corridor around the amphitheatre consists of paintings, banners and photos of Sardar Vallabhbhai Patel, his brothers and other family members, and contemporary political leaders. It also has the belongings of Sardar Vallabhbhai Patel, which also includes Bharat Ratna, posthumously awarded to him by the government of India.



## OBJECTIVES OF THE STUDY

- To conduct a baseline study for the walk-through exhibit at Sardar Patel Memorial, Karamsad, Gujarat.
- To understand the current level of knowledge in citizens, especially school children, about
  - Indian Freedom Movement
  - Role of Sardar Patel in the Indian Freedom Movement
  - Philosophy and Ideology of Sardar Patel

## RESEARCH DESIGN

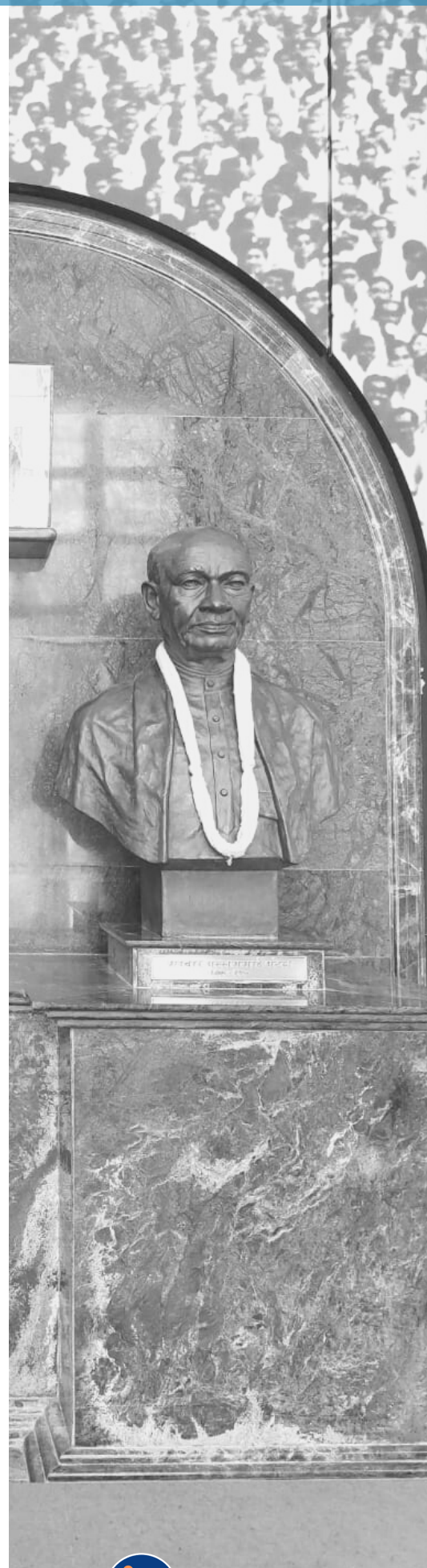
This section explains the study design that validates and guides the baseline evaluation process. It discusses the Qualitative Methods approach to research and the tools employed for this study. The following section discusses the research design techniques, including the number of research participants. Detailed Interviews and Focus Group Discussion Guides were used to collect data from the community beneficiaries and the program stakeholders to understand the proposed research objectives.

### Phase 0: Desk Review

Collected information on the Sardar Vallabh Bhai Patel Trust,  
Read the content on Sardar Patel's life,  
Understand the key indicators,  
Prepare schedules to collect data and other documentation.

### Phase 1: Focus Group Discussions

The FGD guide was used to understand how much the community members are presently aware of the subject without the presence of the walkthrough gallery, especially those who live nearby or have visited the trust. This is the primary objective of the baseline.



In addition to this, information regarding the plans for the walkthrough and the activities carried out was taken from the project implementer and CSR Team member. This information is key to preparing a monitoring and evaluation plan. The sample size was decided based on the saturation principle, as it is advised for qualitative in-depth interviews and FGDs.

## Phase 2: Key Informant Interviews

An Interview guide was used to conduct a Key Informant Interview with community members to understand what they know about Sardar Patel and how they access the memorial, ideologies and philosophies of Sardar Vallabh Bhai Patel. The questions extracted answers that helped us understand people's present knowledge of Sardar Patel.

Similarly, Key informant interviews of the CSR team were planned to understand the objective or purpose of the Memorial them.

Stakeholders	Tool	Sampling type	Sample size
Project implementer	Group Discussion Guide	Snowball Sampling	2
School children	Group Discussion Guide	Random Stratified Sampling	2 schools (10 students each from class 6 to 10)
Community member	KII, Group Discussion Guide	Purposive Sampling	6
CSR team members	KII	Purposive Sampling	1





# KEY FINDINGS

Keeping the main objective of building the walkthrough we asked the key stakeholders to understand their current knowledge of Indian freedom movement, Sardar Patel's life, his contribution to the Indian Freedom movement, and his ideology and philosophy. And questions were also asked regarding the aspirations of these stakeholders. Summary of major observations are provided in the below table.

Stakeholders	Indian Freedom movement	About Sardar Vallabh bhai Patel	Sardar Vallabh bhai Patel's Ideology & Philosophy	Aspirations of the stakeholders
School Children (2 schools, 10 children each)	10/20 of students have good knowledge of milestones in freedom struggle which included swadeshi movement, Lucknow pact, Champaran, Ahmedabad Mill Strike, Kheda Satyagraha, Non-Cooperation Movement, Bardoli Satyagraha, Civil Disobedience Movement, Quit India Movement and others.	6/20 have knowledge on the role in the fight for swaraj, consolidation of princely states/ riyasats.	No one was aware of his ideology and philosophy.  17/20 knew about his leadership style, as read in their textbooks.	100% wanted their schools to take them to the walk-through later and increase visits in the trust's garden.
Community (6 Charotar Patel)	No knowledge about the Indian Freedom Movement and its processes except the role of Gandhi Ji.	Everyone knew about Sardar Vallabhbhai Patel, because SVP lived in Karamsad and Sardar House itself.	Not much aware of his ideology and philosophy.	Free Visits or programs for their children.



AUDITORIUM OF THE INSTITUTION

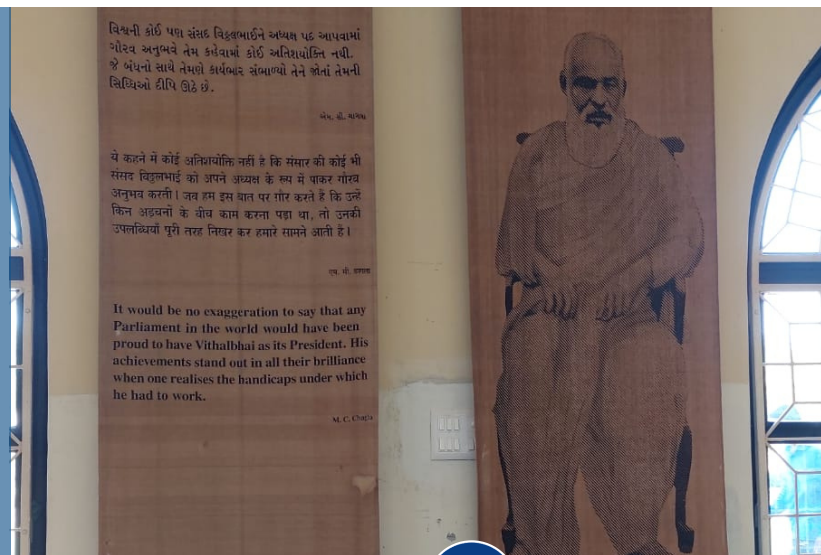


# RECOMMENDATIONS

In the present scenario, we found minimal information or documentation available in terms of some basic indicators like tickets sold, group visitors, visiting on a weekly/monthly or annual basis etc. We suggest preparing a theory of change for the project with clear and measurable goals and periodic monitoring of specific input and output indicators as part of a monthly monitoring plan, as presented below, to understand how well the people can access the SVP Trust Memorial.

## INDICATORS FOR IMPACT MONITORING AND ASSESSMENT

Outputs	Outcomes	Impact
<ol style="list-style-type: none"> <li>1. Increased Footfall</li> <li>2. Literature Distribution</li> <li>3. No. of engagement generating activities at the venue</li> <li>4. No. of Engagement activities conducted at schools/institutions</li> <li>5. No. of Audiovisual sessions run</li> <li>6. No. of visits by schools/colleges</li> <li>7. Events celebrated on Sardar Vallabhai Patel</li> </ol>	<ol style="list-style-type: none"> <li>1. Increased Knowledge about the Indian Freedom struggle, SVP's Life and philosophy</li> <li>2. Increased visitor engagement</li> <li>3. Attitudinal Changes towards the contribution in nation-building (what they say)</li> <li>4. Behavioural Changes towards the contribution in nation-building (how they act)</li> </ol>	<p>Empowerment through knowledge:</p> <ol style="list-style-type: none"> <li>a. Leadership,</li> <li>b. National pride and</li> <li>c. Connection with history</li> </ol>



# RECOMMENDATIONS

Similarly, the outcome and impact indicators may be measured through the midline and end-line surveys of the visitors. And thus, the performance of the programme may be monitored and evaluated basis of broad indicators presented as above measured at suitable frequencies depending on the nature of the indicators. An overview of the monitoring and evaluation plan is shown below, which may be modified depending upon the final Theory of change and the SVP Trust Memorial walk-through goals.

Type of Indicator	Outputs	Source	Frequency
Output Level	Increased Footfall	Ticket sales register / accounts	Monthly
Output Level	Literature Distribution	Literature sales register	Monthly
Output Level	Engagement Activities at the venue	Activity reports	Quarterly
Output Level	Engagement activities with schools/institutions	School Engagement Reports	Quarterly
Output Level	No. of Audiovisual sessions done	Projection room log	Monthly
Output Level	No. of visits by schools/colleges	Group Pass/permissions file/register	Quarterly



# RECOMMENDATIONS

Type of Indicator	Outputs	Source	Frequency
Output Level	Events celebrated on Sardar Vallabhai Patel Birth and Death Anniversary, Independence day etc.	Activity reports of the events.	Quarterly
Outcome Level	Increased Knowledge	Midline/Endline survey	Bi-annually/yearly
Outcome Level	Increased visitors engagement	Midline/Endline survey	Bi-annually/yearly
Outcome Level	Attitudinal Changes (what they say)	Midline/Endline survey	Bi-annually/yearly
Outcome Level	Behavioural Changes (how they act)	Midline/Endline survey	Bi-annually/yearly
Impact Level	Empowerment through knowledge - Leadership, National pride and connection with history	Midline/Endline survey	Bi-annually/yearly

Regular monitoring and evaluation would help to gauge the performance of the newly constructed walk through and will also provide a focused approach in building cultural centres around the key historical figures like Sardar Patel who have shaped our nation as we know it in present times.

A plan for supporting working capital from alternate sources for the memorial may be explored to ensure financial and operational sustainability.





## **THE SARDAR PATEL MEMORIAL**

A Baseline study helps to carry out diagnostics of a context before a project or intervention is executed as it helps to create the reference for scheduled cost and scope. In this study, the local community was interviewed to assess the level of knowledge of the subject before the Memorial started its full-fledged activities. This will allow a proper impact assessment in the future, comparing the awareness generated with this baseline study.

This study also prepared recommendations for monitoring and evaluation activities and indicators. It is essential to create and improve the engagement, such as visits by schools, conducting youth camps, study camps, organising seminars of eminent leaders and writers, community awareness programs and competitions.

This project is the beginning of an enterprise to form leadership traits in the community and help them to increase their knowledge about our history. It highlights the freedom movement and, significantly, the role of Sardar Patel in unifying and shaping the nation as it is in the present day.





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## ANNEXURE I

Program name – ITI impact assessment

Research: – Qualitative

Tool: – Interview guide of current batch students

Respondents: – Current batch students of the ITI

### Questions

1. Were you working before ITI?
2. Can you describe your daily life before joining ITI?
3. Why did you want to join ITI?
4. What alternative carrier option do you have while applying at ITI?
5. What alternative ITI option do you have while applying?
6. What carrier path have your friends choose?
7. What was their response after you joined ITI? (In terms of responsibility and socio-economic aspect)
  - Friends
  - Relative
  - Family
8. How much were your expenses before joining ITI and Its breakdown
9. What are the expenses during ITI and breakdown?
10. What was your expectation before joining ITI?
  - Certifications
  - Salary
  - Roles
  - No. of working hours
  - Any specific industries or organization
11. How did you learn about this ITI?
12. What is your day look like while training?
13. How many hours do you spend?
  - Theory
  - Practical
  - Other
14. What is the procedure of performance evaluation?
  - Frequency of assessment
  - Review time
  - Your strategy to improve for the same
15. How do you see yourself in 2 years?
  - Income
  - Assets
  - Investments
  - Role
  - Location
16. What changes have you observed from your seniors after completion
  - Assets
  - Income
  - Family Conditions
  - Social status
17. How regularly do you attend college what are the reasons for the absence?
18. What demands do you have for your institute
  - Software/Hardware
  - Placements
  - Pedagogy
  - Any other
19. What have you learned from the institute?
  - Knowledge
  - Attitude
  - Skill
20. Any suggestions

## ANNEXURE II

### Program name – ITI impact assessment

Research: – Qualitative

Tool: – Interview guide

Respondents: – Principal and Admin\* of the ITI

Total no. of responded: – 02

### Focused Interview Questions

1. How have you got associated with JV Patel ITI?
2. Can you describe a working day in your life?
3. Will you recommend this institute to others? (On a scale of 1 to 10, 1 being the lowest and 10 being the highest)
4. Are you satisfied with the teaching staff and their teaching methods?
5. Are they provided with any field training program, if any? If not what were the reasons for doing so
6. What was the process of faculties evaluation?
7. What facilities are provided by the institute
8. What challenges have you faced in the administration of the institute?
9. How have you dealt with those challenges?
10. What initiatives have been taken by you?
11. What changes have you observed in the students during the program?
12. What are the demands and how have you addressed them?
  - o Students
  - o Teachers
  - o community?
13. What is the process of institute-industries connection?
14. What is the process of Student-alumni connection?
15. What are your goals
  - o 3 year
  - o 1 year
  - o 6 months
  - o 1 month
16. How is the expenses breakout?
  - o Fixed cost
  - o Variable cost
17. What is the procedure for placements?
  - o Timeline
  - o Industry-relevant skills
  - o Types of industries
  - o Time is taken to find a job
  - o On-campus and campus placements scenario
18. Status and frequency of RTI
19. How regularly do you update institute norms in compliance with government orders?
20. How frequently do you accommodate newer and advanced teaching technology?
  - Software/Hardware
  - Infrastructures
  - Teaching methodologies
  - Any other process
21. Major pain points?
22. Feedback/Suggestion to Improve the impact of the program

## ANNEXURE III

### Programme name – SPARSH

Research-Qualitative Study

Tool- Focus Group Discussion Guide (FGD)

Respondents- Community Beneficiaries

Total No. - 50

Basic Information-

- Names
- Ages
- Contact Numbers
- Highest Level of Education
- Family Members
- Marital Statuses
- No. of Children

These Focus Group Questions will be addressed to 5 beneficiaries of the program at a time from each of the 6 villages (5x6=30)

1. How did you learn about SPARSH?
2. Since when are you registered under the SPARSH program?
3. Can you tell us from what health issues you are currently suffering?
4. How did such health conditions arise in the first place?
5. Since when have you been suffering from such health conditions?
  - Did you consult other doctors before enrolling on the SPARSH program?
  - Were they useful?
  - If yes, why didn't you continue consulting that doctor?
  - If not, how is SPARSH a good alternative?
6. How would you rate the services offered under SPARSH on a scale of 1 to 5? (5 being the highest and 1 being the lowest)
7. How did the SPARSH team reach out to you for the first time?
8. Were they consistent in their visits?
9. How often does the Village Health Worker (VHW) reach out to you in a week or month?
  - How do you know when she is coming?
  - Does she call you, or is there a fixed time for her to visit you?
  - How long does she spend her time when she visits you?
  - Can you describe to us what activities she engages in when she visits you for a check-up?
  - Does she make you aware of your condition?
  - Does she instruct you about what preventive measures you need to take to maintain your health?
  - Does she conduct counselling sessions for you?
  - If yes, what are these sessions usually about?
  - How does she conduct these sessions? (through videos, audio or word of mouth)
  - Does the VHW only speak with you or address your family members?
  - If yes, what does she usually talk to them about?
  - If not, do you think it's vital that the VHW also make your family members aware of health ailments?
    - Does she deliver medicines to you?
    - Is she usually on time with her delivery?
    - Do you pay for those medicines?
    - How much do you usually pay for your medicines?
    - Do you think medicines are expensive?
    - If yes, are you always able to afford them?
    - If not, does the SPARSH team arrange an alternative for you?
  - Does the VHW conduct awareness sessions or community meetings?
  - If yes, do you attend them?
  - What did you learn from those meetings?
  - What happens in those meetings?
  - How many people attend those meetings?
  - If not, do you want the VHW to conduct community meetings – awareness sessions?
  - How do you think the community meetings- awareness sessions can help you or the community members?



## ANNEXURE III

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Did you ever go through an emergency concerning your health?

- Did you contact the VHW?
- Did she attend to you?
- How would you rate your bonding with the Village Health Worker (VHW) on a scale of 1 to 5? (5 being the highest and 1 being lowest)
- Does the VHW ask for feedback on the delivery of her services?
- In what ways do you think the VHW can serve you better?
- During the pandemic, was the VHW helping you?

10. How would you describe the change in the services offered by SPARSH pre and post the pandemic?

11. Were medical camps organized in your village by the Mobile Health Team (MHT) of SPARSH?

- If yes, did you attend them?
- If not, why?
- What services were offered in the medical camp?
- Who treated you in the camp?
- Were you prescribed medicines in the camp?
- How would you rate the services offered by the camp on a scale of 1 to 5? (1 being the lowest and 5 being the highest)
- What more do you think the Medical Camp could have done?
- Do they ask you for your feedback on their services?
- Were you able to follow all the recommendations of the VHW or the guidance you received from the camps?
- If yes, what were they?
- If not, why?
- What does the VHW do when she notices you not working on the guidance?

12. Were you referred to the Shree Krishna Hospital for acquiring treatment?

- If yes, why?
- Did you admit yourself to the hospital?
- How would you rate the services of the hospital on a scale of 1 to 5? (1 being the lowest and 5 being the highest)
- Who looked after you in the hospital?
- How much were you charged at the hospital?
- Did you receive help and services from the SPARSH team after being discharged from the hospital?
- If yes, what were they?
- If not, do you feel the need for help from the SPARSH team?

13. Would you recommend the SPARSH program to anyone?

- If yes, why?
- If not, why?

14. What is the best element of the SPARSH project?

15. Where do you notice the scope of improvement in the SPARSH program?

**The other tools were omitted for concision. In case they are required, please contact us at [hello@impactdash.com](mailto:hello@impactdash.com)**