



# IMPACT ASSESSMENT REPORT

of ABB India  
for CSR Projects  
Undertaken in Gujarat,  
Haryana, Maharashtra  
and Karnataka



Submitted To:

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## ACKNOWLEDGEMENT

This is the place where we express our deepest gratitude and thanks to all those who helped in conducting the study within the stipulated timeframe while meeting all the standards and norms of research.

We thank ABB management for their support and are extremely grateful to Ms. Dhenuka Srinivasan and team members for their kind cooperation in outlining the impact assessment exercise. The team has been a great source of strength, from the commencement of the task to the development of this report. They have been instrumental in conceptualizing, envisioning, and providing overall guidance for the project evaluation report.

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Team Innovative Financial Advisors Pvt. Ltd. (Fiinnovation) would like to thank, appreciate and acknowledge all the individuals who have provided support, agreed to be interviewed, assisted or contributed to the entire study in any manner. This report is an analytical representation of the impact assessment study carried out in the states of Karnataka, Maharashtra, Gujarat and Haryana.

This study has been a truly amazing experience for the entire Fiinnovation team. We are really pleased to present this work and believe that this will provide a strong foundation for well-analysed project information so that ABB India is able to review the positive aspects as well as the challenges hindering the successful implementation of the project. Based on, they may take necessary course corrections to steer the project on the road to success. Further, this report will help in understanding the sustainability quotient to see if the project is truly leaving a lasting impact on the lives of the beneficiaries.



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## LIST OF ABBREVIATIONS

ASER	Annual Status of Education Report
BBMP	Bruhat Bengaluru Mahanagara Palike
BPL	Below Poverty Line
CAB	COVID Appropriate Behavior
CAPI	Computer Assisted Personal Interview
CWD	Children with Disability
CWSN	Children with Special Needs
FGD	Focused Group Discussion
GDD	Global Development Delay
IDI	In-Depth Interviews
IEC	Information Education Communication
IRP	Individual Rehabilitation Plans
MHU	Mobile Healthcare Unit
MS	Microsoft
NABH	National Accreditation Board for Hospitals & Healthcare Providers
NGO	Non-Government Organization
OBC	Other Backward Class
OECD	Organization for Economic Co-operation and Development
PHC	Public Health Centres
PWD	People with Disability
SC	Scheduled Caste
SIS	Shradhanjali Integrated School
ToT	Training of Trainers
UDID	Unique Disability ID



## INTRODUCTION

### 1.1 About ABB

ABB is a technology leader in electrification and automation, enabling a more sustainable and resource-efficient future. The company's solutions connect engineering know-how and software to optimize how things are manufactured, moved, powered, and operated. Building on more than 130 years of excellence, ABB's ~105,000 employees are committed to driving innovations that accelerate industrial transformation. [www.abb.com](http://www.abb.com)

ABB has been present in India for more than a century and has been manufacturing for more than 70 years. ABB India has more than 8000 employees across manufacturing, R&D, design, and business services, with a pan-Indian presence. ABB India is working closely with partners and customers to electrify, automate, and digitalize energy-efficient solutions to partner India's net zero journeys.

ABB is a pioneering technology leader that works closely with utilities, industry, transportation, and infrastructure customers to write the future of industrial digitalization and realize value.

ABB India is committed to the sustainable and inclusive development of the community's social capital through active engagement. The company's CSR projects are aimed at contributing to the social development, predominantly in the areas where it operates.

ABB, under its CSR undertakes community projects through identified implementation partners and also some projects like infrastructure up-gradation directly. It provides financial support to NGOs to facilitate the implementation of social development projects and reach out to communities to provide services and programs. For ABB India, corporate social responsibility is a channel to build a sustainable future together in partnership through its diverse and innovative projects in the areas of:



## **Education (ABB Value 'Curiosity')**

- To kindle lifelong learning in children and youth; and
- To impart education and vocational skilling for children and youth to empower them to create generational impact for themselves, their families, and communities.

## **Diversity and Inclusion in fabric of Society (ABB Value 'Courage')**

- To promote gender diversity, and inclusion in terms of equal opportunity with empowerment through education, skill training for women, differently abled, and disadvantaged backgrounds
- To focus on overall skill development, education program for women empowerment, entrepreneurship, and increasing employability;
- To impart education and skill training to the differently abled; and
- To enable and provide opportunities for talent in disadvantaged groups of the society

## **Communities and environment (ABB Value 'Care')**

- To focus on the environment and social issues of the communities; and
- To undertake environmental and social local safeguard projects focused on natural resource conservation, cleanliness, hygiene, health care, safety, and access to basic resources like water; community development; and disaster relief activities.



## 1.2 About the projects

Fiinnovation was given the assignment to conduct an impact assessment study to evaluate eight interventions supported by ABB India Limited through its foundation namely ABB India Foundation and implemented by partner NGOs.

### Healthcare

- Operation of mobile health care units for Karnataka, Gujarat, Haryana, and Maharashtra.
- Infrastructure up-gradation and medical item supply to Taluk Govt. Hospital, Nelamangala.
- Supporting the procurement of critical medical equipment for diagnosis and cancer treatment.

### Education

- Special education and mentoring to Govt. school children across 98 Govt. schools in Nelamangala.
- Women engineering scholarship program for meritorious and deserving 50 selected women at the Bangalore location for a 4 year program (2021-2025).

### Disability

- Special school to mainstream around 200 children with disability.
- Supporting differently abled women.

### Environment

- Improving road safety, security, cleanliness, and hygiene aspects for a selected road stretch in the Peenya industrial area.

**Figure 1: Interventions supported by ABB India**



## METHODOLOGY

### 2.1 Objective of the study

The aim of the study was to evaluate the impact of the projects supported by ABB India and implemented by NGO partners.

- To understand the aspects covered under all the above-mentioned interventions, funded by ABB India through its foundation, ABB India Foundation.
- To understand the perception of the beneficiaries on the quality of the interventions.
- To understand post-intervention changes in behavior and practice among beneficiaries.
- To understand the perceptions of other stakeholders about the interventions.
- To provide insights to help design or improve future interventions.


### 2.2 Methodology of study

#### 2.2.1 Study design

A non-experimental study design using a mixed method approach was used to conduct independent third-party impact evaluation of the projects. The mixed method research design aims at combining the strengths of both quantitative and qualitative evaluations. This design also provides the researcher with a wide range of tools and techniques to conduct an impact evaluation.

The study used both quantitative and qualitative research methods for the purpose of data collection. Both primary and secondary data were collected for the study. Triangulation was ensured, the findings of the quantitative research have been verified with the insights from the qualitative research, and the report has also been structured to reflect this point.

- **Primary sources of data:** During the course of the study, information was gathered from target beneficiaries and other stakeholders and is regarded as primary data.
- **Secondary sources of data:** ABB India provided program-related documents, reports, and other information that was used as



secondary data. These were used in addition to published research papers, publications, along with available government data sources.

### **2.2.2 Study area and sample size**

The study was conducted in four states where ABB India has its manufacturing locations and where the CSR projects of ABB India have been implemented, namely, Karnataka, Gujarat, Haryana and Maharashtra.

### **2.2.3 Study tools**

The study used both quantitative and qualitative methods and tools to collect data.

Surveys and observation checklists were developed to capture quantitative data, while interview schedules and focused group discussions (FGD) guidelines were developed to collect qualitative data.

The quantitative tool was translated into the local language and converted into an electronic version for computer assisted personal interviews (CAPI) based data collection. Separate schedules were developed for conducting in-depth interviews with key stakeholders for each project.

Quantitative data was collected through computer-assisted personal interviews and analyzed using MS Excel. Qualitative data was analyzed against key parameters.

### **2.2.4 Sample size**

The study used a probability sampling design and a simple random sampling technique.

Below is the table depicting projects their study area, sample size and methodology:

Intervention	State	Location	Beneficiaries	Sample	Methodology
Operation of mobile health care units.	<ul style="list-style-type: none"> <li>▪ Karnataka</li> <li>▪ Maharashtra</li> <li>▪ Haryana</li> <li>▪ Gujarat</li> </ul>	<ul style="list-style-type: none"> <li>▪ Peenya,</li> <li>▪ Nelamangala</li> <li>▪ Nashik</li> <li>▪ Faridabad</li> <li>▪ Vadodara</li> </ul>	Medical consultant (MBBS)	4	Qualitative
			Pharmacist	4	Qualitative
			Social protection officer	4	Qualitative
			Beneficiaries	253	Quantitative
			Village sarpanch	5	Qualitative
			Village health worker	4	Qualitative
			FGD with community	5	Qualitative
Infrastructure up-gradation and medical items supply to Taluk Govt. hospital, Nelamangala.	Karnataka	Nelamangala, Bangalore	Facility manager	1	Qualitative
			Hospital staff	1	Qualitative
			Checklist of equipment and infrastructure work	1	Quantitative
Supporting with procurement of critical medical equipment for diagnosis and cancer treatment.	Karnataka	Bangalore	Facility manager	1	Qualitative
			Hospital staff	1	Qualitative
			Checklist of equipment supplied by ABB India	1	Quantitative
Special education and mentoring to Govt. school children across 98 Govt. schools in Nelamangala.	Karnataka	Nelamangala, Bangalore	Students	255	Quantitative
			Teachers	9	Qualitative
			Principal	5	Qualitative
			Implementation partner	1	Qualitative
Women engineering scholarship program for meritorious and deserving 50 selected women at Bangalore location for a 4-year program (2021-2025).	Karnataka	Bangalore	FGD with students	1	Quantitative
			Implementation agency	1	Qualitative
Special school to mainstream 200 children with disability.	Karnataka	Bangalore	Children	40	Quantitative
			Parents	22	Quantitative

			School staff	2	Qualitative
			Implementation partner	1	Qualitative
Supporting differently abled women.	Maharashtra	Nashik	Family members of women beneficiaries	10	Quantitative
			Facility staff	3	Qualitative
			Implementation partner	1	Qualitative
Improving road safety, security cleanliness, hygiene aspects – for selected road stretch in Peenya industrial area.	Karnataka	Peenya, Bangalore	Workers working in Peenya industrial area	58	Quantitative
			Random public commuters	10	Quantitative
			Implementation partner	1	Qualitative

**Table 1 Study areas**

## 2.3 Training

A two days training of trainers (ToT) program was organized for the master trainers. One master trainer from each state participated in the ToT training. The Fiinnovation Team led the training. The intervention, study objectives, research methodology, sampling method, respondent categories, and so on were all thoroughly discussed, followed by a discussion on tools.

Master trainers then instructed their respective states' field enumerators and supervisors. A two days training program was organized for field investigators. All study tools were discussed in detail. Mock interviews were conducted to ensure that the investigators had a clear understanding of the study tools. The training was given in their native language. All tools were thoroughly discussed. 2-3 additional enumerators were trained in each state and kept in reserve to collect data in the event of dropouts due to illness or poor performance.

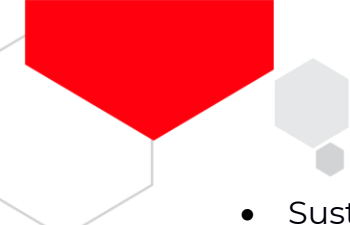
### OECD evaluation framework

The projects will be evaluated on six criteria as proposed by Organization for Economic Co-operation and Development (OECD) Development Assistance Committee (DAC) Network on Development Evaluation<sup>1</sup>



- Relevance: The pillar will capture if the intervention is doing the right things as was planned before the implementation.
- Coherence: The pillar will understand how well does the intervention meets the needs of community people and targeted beneficiary
- Efficiency: The pillar will help in detailing how well the resources are being utilized

<sup>1</sup> OECD (2019). *Better criteria for better evaluation: Revised evaluation criteria definitions and principles for use*. Retrieved from <https://www.oecd.org/dac/evaluation/revised-evaluation-criteria-dec-2019.pdf>

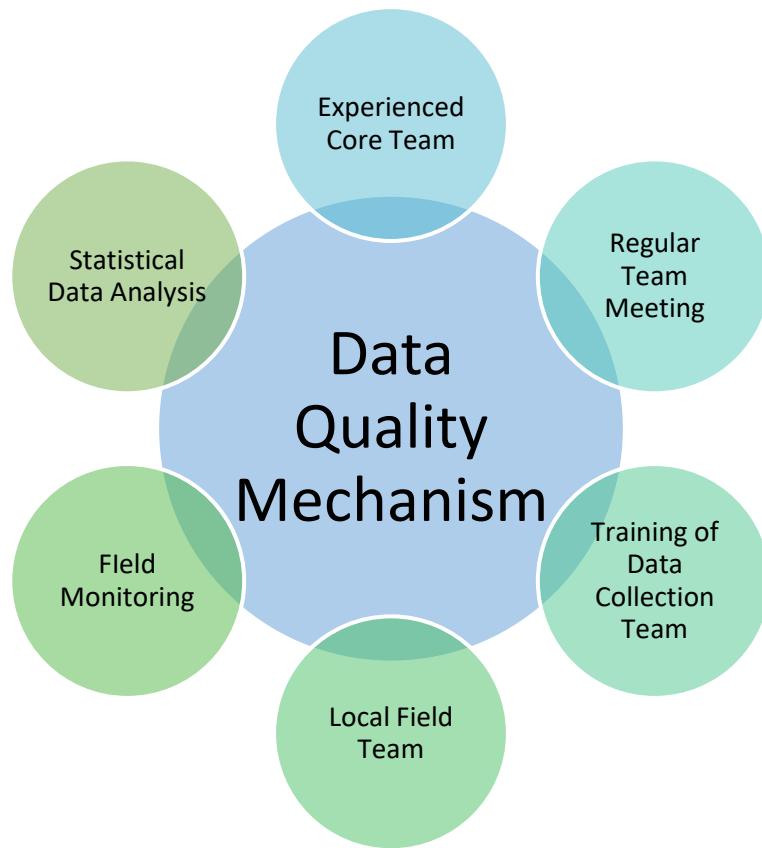
- 
- **Sustainability:** The pillar will capture the benefits from the intervention and if they are likely to continue
  - **Impact:** The extent to which the intervention has generated or is expected to generate significant positive or negative, intended or unintended, higher-level effects.
  - **Effectiveness:** This will help to evaluate the extent to which the intervention achieved, or is expected to achieve, its objectives, and its results, including any differential results across groups.

## 2.4 Data management

MS Excel was used to manage and analyze data. Scientific analyses of each variable were performed, and descriptive summary tables and charts based on database frequencies were created. In-depth interviews were also transcribed and translated into English. Thematic content analysis was used to guide the qualitative data analysis. In terms of data management, all information that could be used to identify specific places or people was removed from the data set to protect respondents' privacy.

## 2.5 Data quality mechanism

- **Experienced core team:** Experienced people were engaged in the study with expertise in conducting impact assessment studies;
- **Regular team meetings:** Core team members met at least twice a week to discuss the study's progress, problems, and potential solutions;
- **Training of the data collection team:** The state trainers received two days of training before orienting their respective state teams. State enumerators got intensive training on research tools;
- **Local field team:** Local field teams were hired for the study who were proficient in the local language and had a basic knowledge of the study locations;
- **Field monitoring:** Supervisors were also hired for the study to supervise and keep an eye on the work of the enumerators. The accuracy of the data was ensured through spot checks and back checks.
- **Statistical data analysis:** Excel was used for data cleaning, validation, and analysis.



**Figure 2 Aspects of data quality mechanism**



## Project 1: Operation of Mobile Healthcare Units for communities

### 1. About the project

ABB India, in partnership with HelpAge India, initiated Mobile Health Care Units (MHU) in 4 states: Karnataka, Gujarat, Nashik, and Haryana, to provide primary health care services to the elderly or other citizens belonging to vulnerable or marginalized communities. This program is an effective way of reaching the unreached community members, especially the elders suffering from chronic conditions such as diabetes, hypertension, cardiovascular diseases, respiratory ailments, and other underlying health concerns that require regular medication and consistent health check-ups.


The units provide door-door healthcare services to destitute elders for at least 2 Saturdays and 5 weekdays in a month to ensure timely and regular access to quality healthcare, thus improving quality of life. Each MHU covers a set of 10-12 villages in each of the locations.

Under this program, the following medical equipment's has been provided by ABB India for the MHUs:

Sl. No.	Items	Qty.
1	Blood Pressure (BP) monitor diamond mercury free-dial type	2
2	Stethoscope (AVM professional)	2
3	Digital thermometer (Hicks/ Omron)	2
4	Torch led (Nippo/ Eveready)	1
5	Weighing machine (Krupps)	2
6	Spirit 1 litre	2
7	Cotton 500 gram	2
8	Glucometer (Accu-check Performa)	2
9	Glucostrips (Accu-check Performa)	100
10	Lancets	100
11	Nebulizer (Omron)	2
13	Oxygen cylinder and trolley	1
15	Kidney tray	2
16	Scissors	2

**Table 2 List of items**

The focus of the program is to promote healthcare, including preventive healthcare. It provides the elders with hassle-free treatment by avoiding long lines at hospitals and saving cost of medicine and transportation by



providing free treatment and medicine. To monitor the progress, each patient is given a patient record stating the issue diagnosed, details of the treatment, etc. It supports improving the quality of life of our marginalized beneficiaries through primary health care services.

This is one of the many initiatives ABB India has undertaken towards community outreach for better health.

**Project duration:** August 2021 – August 2024

**Project location:** Peenya, Nelamangala in Karnataka, Vadodara in Gujarat, Nashik in Maharashtra, and Faridabad in Haryana.

**Project stakeholders surveyed:** 253

**SDGs linked directly to the project:**



## 2. Background

The elderly population from marginalized communities works to fulfil their day-to-day expenses, and affording medical treatments is nearly impossible for them. People are living longer; the oldest old, those 80 and over, are estimated to reach 53 million by 2050. 88% of the oldest (80+) suffer from chronic ailments such as hypertension, asthma, arthritis, heart problems, etc.<sup>2</sup> There is an enormous need to enhance elder healthcare in India, where they often face accessibility and affordability challenges. These concerns increased after the outbreak of the pandemic, as many of them lost their livelihoods and had no access to quality health care services.

Most elders belonging to such communities cannot afford or have access to basic healthcare facilities. For many, especially those in remote villages, the closest PHC is, at times, situated far away. The program aims to bridge this gap by bringing much-needed healthcare support to the doorsteps of the elderly.

It supports providing a good, healthy life, and affordable door-door healthcare services to these vulnerable community members. Each MHU has a doctor, pharmacist, and social worker to diagnose, suggest sustainable treatment, take care of the patients and provide free medications to them on a monthly basis. The MHU also apprises the

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<sup>2</sup> HelpAge. *Mobile Healthcare*. Retrieved from <https://www.helpageindia.org/our-work/welfare-development/mobile-healthcare/>

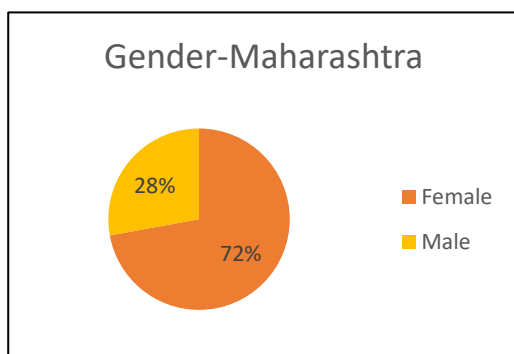


community members by conducting awareness sessions, health camps and check-ups, preventive measures to be undertaken, etc.

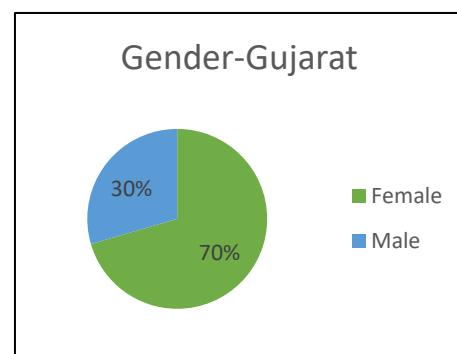
### 3. Methodology and data analysis under the project

A total of 253 beneficiaries were surveyed for the study along with conducting In-depth interviews (IDIs) with 4 medical doctor, 4 pharmacist, 4 social worker, 4 village health worker, 4 village sarpanch and 4 focused group discussions with community members at Faridabad, Vadodara, Nashik, Peenya and Nelamangala.

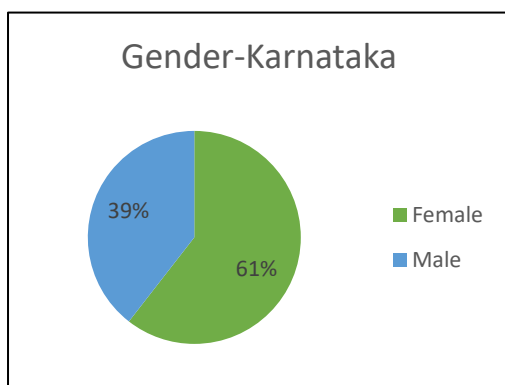
#### a. Gender



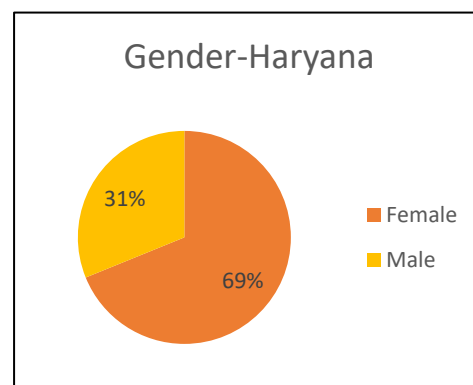
Out of the total respondents, 72 percent are female and 28 percent are male.



Out of the total respondents, 70 percent are female and 30 percent are male.



Out of the total respondents, 61 percent are female and 39 percent are male.

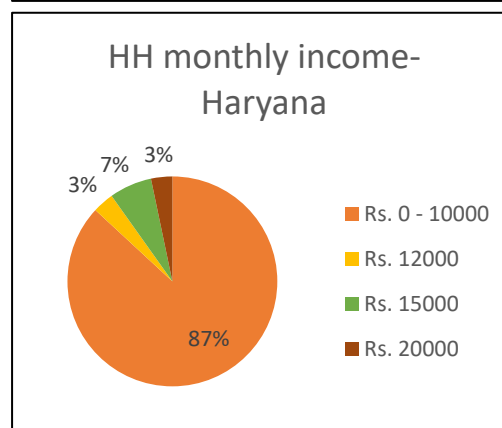
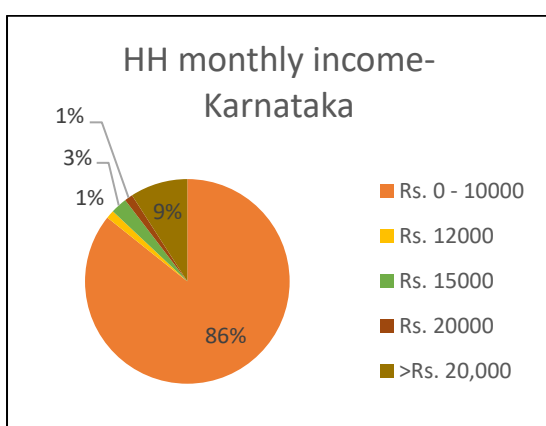
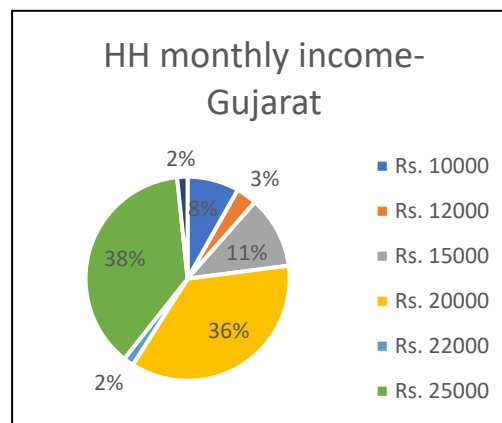
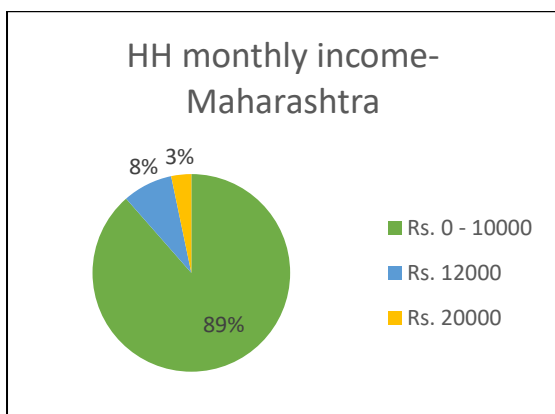


Out of the total respondents, 69 percent are female and 31 percent are male.

Overall, 68 percent (175) females and 32 percent (84) male beneficiaries were surveyed from all the locations.



## b. Financial status



The monthly household income of 86 to 89 percent of Maharashtra, Karnataka, and Haryana respondents is between Rs.0-10000, while only 8 percent of Gujarat respondents fall into this category.

**Old age patients are coming from poor economic backgrounds with health illnesses.**

-MHU Doctor Faridabad

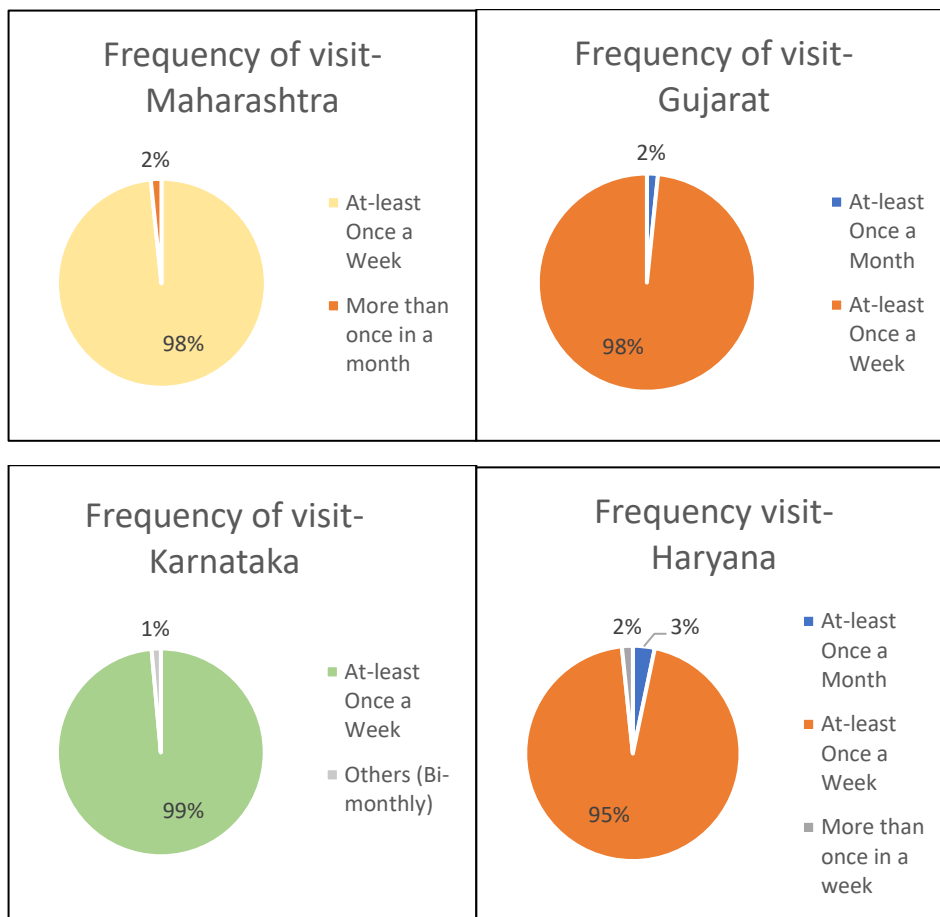
**Mostly patients come from Kunpad village, which is around 1 kilometer away. They are very poor and socio-economically backward.**

-MHU Doctor, Vadodara

**Economically poor people who are mainly farm laborers. But the majority of patients are women. We seldom have men visiting the MHU.**

-MHU Doctor, Karnataka

### c. Frequency of MHU visit



95 to 98 percent of the total respondents surveyed across 4 states acknowledged that the MHU visits their locations at least once a week.

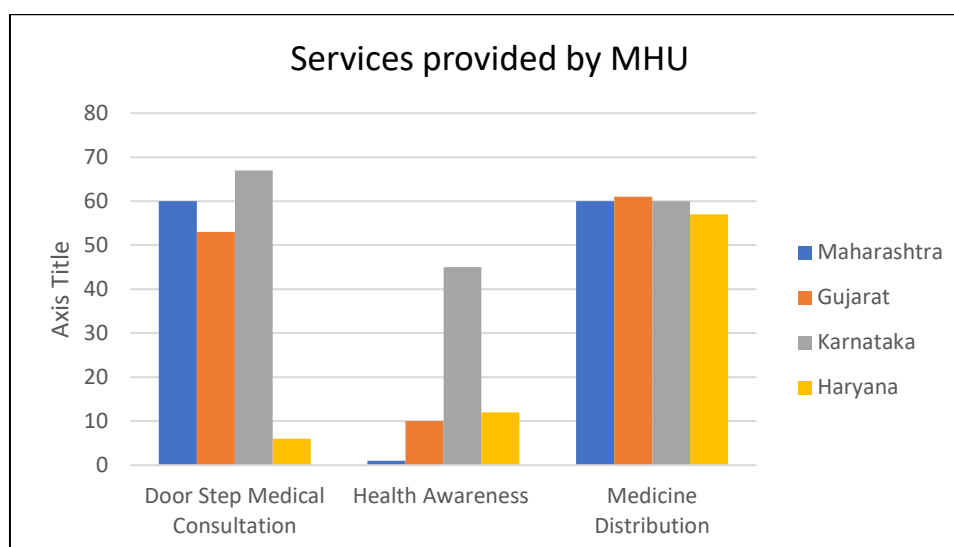
**The MHU visits our village every Tuesday morning from 9:30 a.m. to 12:30 or 1:00 p.m. They give us many services, like free medicines, free doctor consultations, free BP/blood sugar check-up, and awareness sessions on sessional and regular diseases. They provide services to all people over the age of 50 and people who are disabled. And we see many benefits from their services in our village. Proper medicines are the most sought-after service for MHU.**

-FGD Haryana

**As per my knowledge, MHU is visits these villages weekly. Yes, there is a fixed day and time to visit every village: morning one village time is 10 a.m. to 12.30 p.m., and evening next village time is 2.00 p.m. to 5.00 p.m. The routine of MHU is very helpful to community members who like to save time and money.**

-Village Health Worker, Maharashtra

#### d. Services provided by MHU



The above graphs show that most of the respondents have received door-to-door medical consultation, diagnosis, and free treatment for their respective medical illnesses. This is followed by medicine distribution across all the surveyed location based on doctor's recommendation.

It is important to create health awareness among local communities to apprise them of various health issues, the importance of preventive care, and facilities offered by MHU.

**They provide almost door-to-door delivery of health services on a fixed calendar. They provide them with health cards. Free consultation, free medicines, and the polite and courteous behavior of our staff are much appreciated by the people.**

- Social Worker, Karnataka

#### e. Reasons for visiting MHU

Reasons for visiting MHU	Maharashtra	Gujarat	Karnataka	Haryana
Fever	46	11	35	25
Cough/chest infection	51	14	35	25
Back/leg/joint pain	41	46	33	40
Headache	35	13	50	7
Diarrhea	1	0	1	0
Skin rash/infection	4	8	1	10
Malaria	0	0	1	1
Jaundice	0	0	1	1
Diagnostic service	0	0	2	0
Tuberculosis	0	0	0	0

**Table 3 Reasons for visiting MHU**

The above table states the following illnesses for which people are visiting the MHU across all 4 states, as the facilities offered by the MHU are affordable and accessible as compared to the facilities and services provided by other medical facilities.

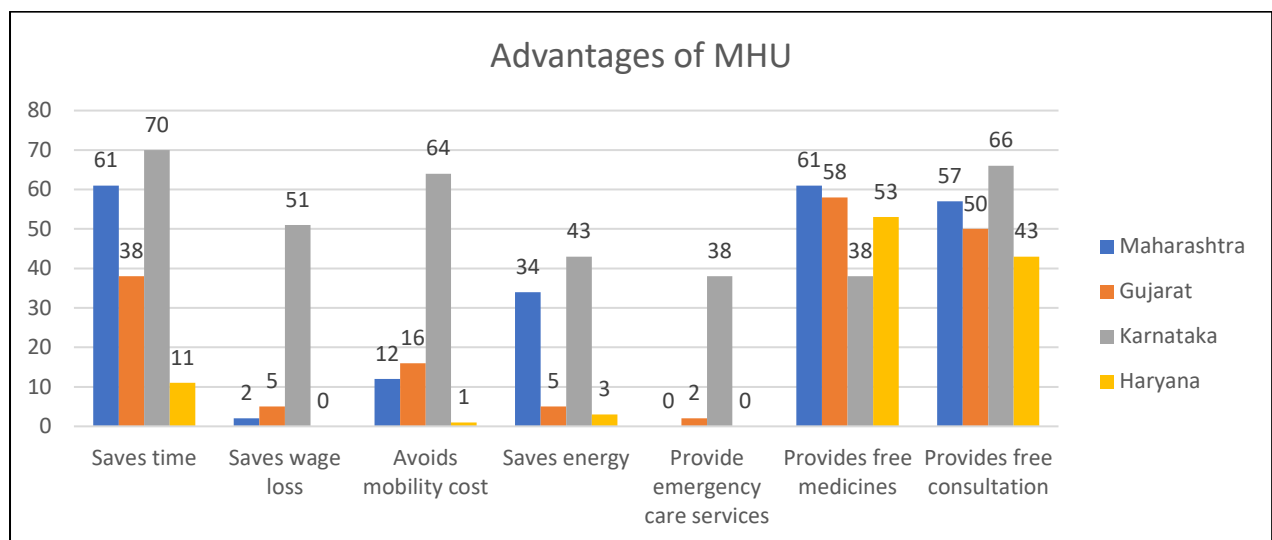
**MHU is providing medicines for chronic ailments for 7 days, mostly arthritis and skin disease.**

- Pharmacist, Gujarat

**We provide medicines for seasonal diseases such as fever, cough, chest-infection, and diarrhea, and regular medicines for issues like BP, sugar, and arthritis, etc.**

-Pharmacist, Maharashtra

### Advantages of MHU



The MHU caters to marginalised elderly population that has limited or no access to medical facilities, monetary resources, and the stamina to get themselves treated. Hence, the MHU helps in providing timely medical aid, saving their money and time, and even provides emergency care services along with facilitating referral services too.

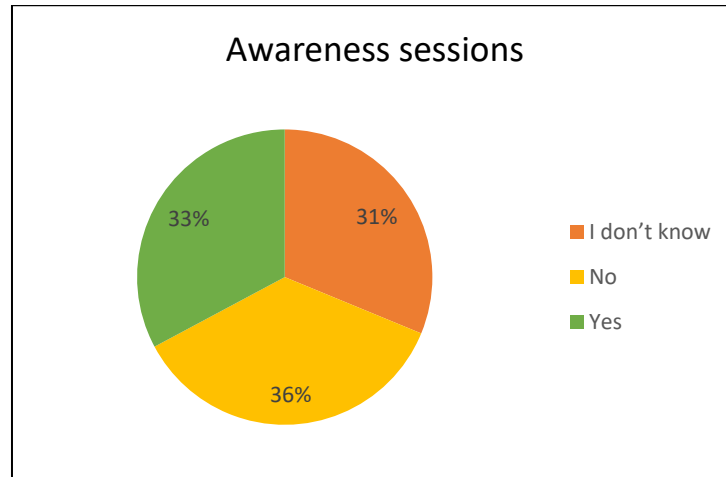
**Community gets the benefits from the MHU visits because of community peoples save their time, money and power to go far for Government hospital from their society.**

-FGD, Haryana

**Mostly people who are 60 plus especially women are taking benefits, the services most sought for in MHU is free with doctor's consultancy and medicine.**

-FGD, Maharashtra

## Awareness sessions



Out of the 253 respondents surveyed across 4 states, 33 percent said that awareness sessions were conducted covering the following topics:

- Preventive healthcare
- Communicable and non-communicable diseases
- Maternal and child health
- Immunization

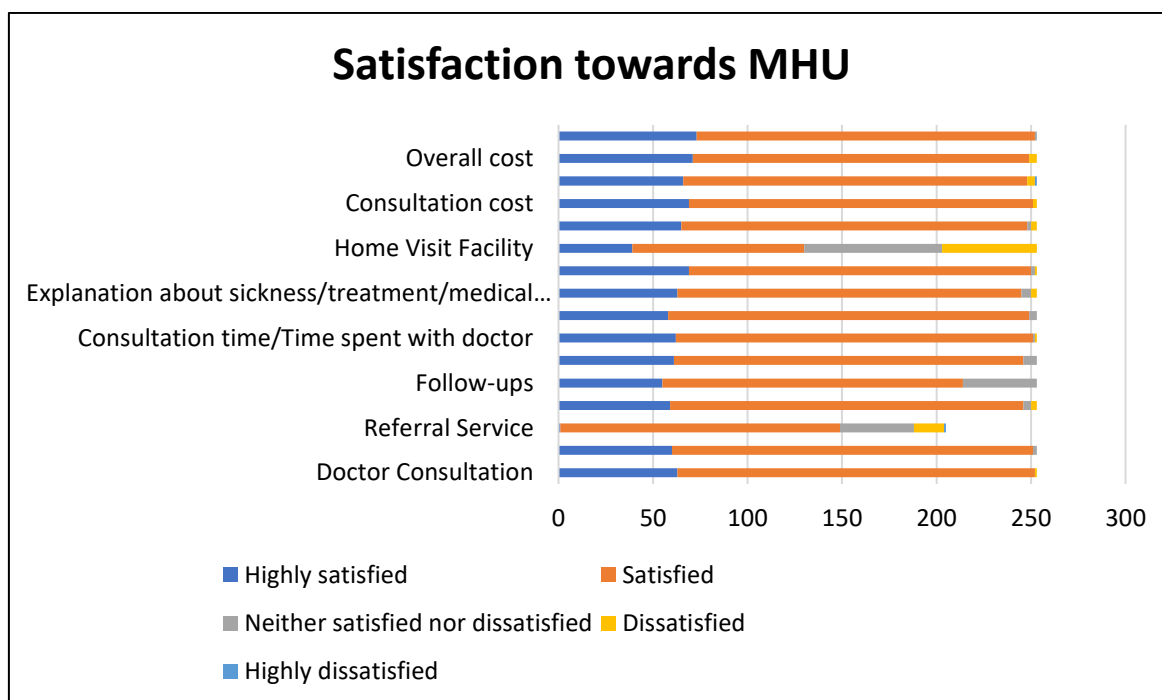
While 36 percent across the states said, that no awareness sessions were conducted and 31 percent were not aware regarding the same. They suggested that awareness sessions/health camps should be conducted on a regular basis.

**They do awareness camps at our sites every 15 days and sometimes twice in a month. They cover many diseases like hypertension, blood sugar, diabetes, tuberculosis, sanitation, etc.**

-Faridabad FGD



## Satisfaction towards amenities provided by MHU



Overall, the respondents across all the states were satisfied with the services provided by the MHU, such as doctor consultation, frequency of visits, behaviour of MHU staff, overall cost, and medicine cost, etc. While some were dissatisfied with the low number of home visits conducted, and the respondents exhibited a need for frequent home visits due to their age and health issues.

**The most important thing that we like about MHU is that they provide free medicines to the people, and the behavior of the staff is very amicable. We suggest that they conduct diabetes and blood pressure (BP) check-ups regularly. We want to add a female worker at MHU, such as a doctor or a pharmacist, who understands female situations and is comfortable talking with them.**

-FGD Haryana

**As per our knowledge, there are not enough awareness sessions and Information Education Communication (IEC) activities conducted in the village. It's required every month, and all the villagers are ready to help MHU staff.**

-FGD Maharashtra




#### 4. Key findings

- All beneficiaries are issued an individual patient card to monitor their progress based on the treatment suggested and medicines recommended.
- There is a need to conduct regular and frequent home visits, as currently they are done on a need-basis.
- The patients are referred by the MHU to other health facilities, such as the district hospital and sub-centres for treatment that is beyond the scope of the MHU.
- Increase in the number of health and awareness camps required in communities.
- According to the respondents, MHU is the first place they visit when unwell, as other medical facilities are not accessible and affordable.
- Mostly, MHU operates only for 3 hours, leading to an increased waiting time of approximately an hour amongst elderly patients.
- If MHU is unavailable, the patient, who is usually elderly, has to travel more than 5 kilometers to get to the nearest health centre.

#### Rating of the project based on OECD framework



Criteria	Rating	Justification
Relevance	★★★★☆	The MHU is providing healthcare services to elderly marginalised communities, who do not have access to free and quality health care services.
Coherence	★★★★☆	SDG 3- Good Health and Well-Being.
Effectiveness	★★★★☆	The project has successfully reached out and is currently reaching the elderly population

		to provide effective medical treatment and medications.
Efficiency		The MHU team at all the locations is providing desired services and is regular with their scheduled visits to the particular location.
Impact		The door-to-door facility provided by MHU supports the medical treatment of the elderly marginalised population, making it affordable, available, and accessible.
Sustainability		The project is providing curative and preventive healthcare to the community and fulfilling its healthcare needs.

## 5. Project sustainability

There will always be a need for MHU until there is a health facility in the vicinity that provides services at affordable rates and is accessible to the majority of the population, especially the elderly population.

## 6. Challenges and suggestions

The respondents were asked about the challenges they faced during the implementation of the program. The team did not come across any such challenges.

The respondents suggested:

- To onboard a lady doctor as the beneficiaries are mostly women, a family counselor, and an ear nose throat (ENT) doctor due to various age-related diseases.
- To conduct regular health camps for the community members.
- The operational hours of MHU can be increased to manage more patients efficiently and timely.
- The MHU can be stationed in a well-shaded area, as it gets difficult for the elderly to wait in adverse weather conditions.



# Glimpse from the Field Project 1



Beneficiaries of MHU project



## Project 2: Infrastructure up-gradation and medical items supply to Taluk Govt. hospital, Nelamangala

### 1. About the project

ABB India under its CSR initiative provided infrastructure upgradation specifically to the labor ward of the Taluk Government hospital in Nelamangala, Bangalore rural area. The initiative was implemented with an aim to promote health care in the hospital by providing them with the following equipments and infrastructure upgradation facilities:

- a. List of medical items supplied at the labor ward of the said Government hospital

S. No	Item	Description	Qty
1	Manual 2 function fowler bed deluxe.	Acrylonitrile butadiene styrene (ABS), panels, collapsible aluminium side railings mattress.	4
2	Electro manual operation theatre (OT) table.	Full electric plus manual functions, SS 304 grade.	1
3	6 channel Electrocardiogram (ECG) machine with display and analysis.	Model: 8108.	1
4	5 para- monitor EGG, oximetry (SPO <sub>2</sub> ), non-invasive blood pressure (NIBP), respiratory frequency and temperature.	12.1-inch display ultima prime D.	1
5	Mobile spot light No of LED - 19	Intensity 47500 lux multicolor adjustable focusing.	1
6	Birthing table.	Full ss 304 grade/labor table.	1

**Table 4 List of medical items**

b. **List of infrastructure that is renovated and/or constructed**

S.No	Activity	Particulars
1.	Painting work	Internal & external wall painting
2.	Roof top and interior water proofing work & injection grouting	Roof top and interior water proofing work & injection grouting
3.	Misc. works	Repairing of plaster, plastering, roof, column, including civil exterior & interior
4	Landscaping work	Exterior cleaning and plantation

**Table 5 Infrastructure renovated**

The Taluk Govt. hospital was established in the 1970s, and being around 50 years old, the condition of the infrastructure was dilapidated. The government did not have enough resources for its repair and maintenance. Thus, the hospital staff reached out to ABB India for the requirement of essential machinery for setting up a proper labor ward with the purpose of providing treatment to marginalized women who are not in a position to access and afford pre- and post-delivery treatment.

One of the socialist doctors mentioned:

**“Almost all kinds of patients visit us. The economic background of the 90% of patients is BPL”.**

**Project duration:** December 2021 to June 2022

**Project location:** Nelamangala, Karnataka

**Project stakeholders surveyed:** 2 Individuals

(Average footfall of 2,000 people living in and around the highway)

**SDGs linked directly to the project:**







## 2. Background

Access to the healthcare system in India is fragmented with respect to specialized medical professionals and facilities for conducting the treatment process. Although India was a pioneer of primary health care, its public health sector lacks the essential facilities to provide effective treatments. The ability to cope with ill health in India varies significantly between socio-economic groups.

The population norms for setting up public health facilities are as follows<sup>3</sup>:

- Sub-centre: 1 per 5000 population in general areas and 1 per 3000 population in difficult/tribal, and hilly areas.
- Primary health centre: 1 per 30000 population in general areas and 1 per 20000 population in difficult/tribal, and hilly areas.
- Community health centre: 1 per 120000 population in general areas and 1 per 80000 population in difficult/tribal, and hilly areas.

To address the concern of insufficient facilities, the Taluk Government hospital in Nelamangala reached out to ABB India for support in strengthening the infrastructure and improving medical facilities in the hospital. Earlier the hospital staff used to refer the patients-especially pregnant women to other hospitals, for their pre- and post-delivery care, but now the hospital is fully equipped to get them treated. The hospital serves an average of 500 to 600 patients daily from within and around 240 villages in Nelamangala.

As stated by the socialist doctor:

**“All the facilities are available here., doctors’ availability is 24 hours., and consulting fees are as low as Rs. 10; these are some of the reasons people choose this hospital.”**

Further, the doctor mentioned:

**“The hospital caters to around 240 villages such as Basavanahalli, Billanakote, Bommanahalli, Nida, etc. and receives an average footfall of 500 to 600 patients daily, while the footfall in Out Patient Department (OPD) on Mondays reaches 800 to 900 patients on average”.**

The initiative has made it easier, more accessible, and more affordable for the socio-economically marginalized community to avail the medical facility in the vicinity. Thus, reducing their travel and saving their time, especially for emergency cases such as unexpected and critical deliveries.

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<sup>3</sup><https://nhm.gov.in/index1.php?lang=1&level=2&sublinkid=1220&lid=190#:~:text=Primary%20Health%20Centre%3A%201%20per,difficult%2Ftribal%20and%20hilly%20areas.>

### 3. Methodology under the project

The project carried out an analysis by conducting In-depth interviews (IDIs) through face-to-face interaction with 1 facility manager and 1 hospital staff (including doctor or nursing staff) and verified the operational status of the equipment's provided by ABB through a check list.

#### Filled check-list from the field:

Year	List of Medical Equipment	Quantity	Functional Status		
			Not Available	Partially functional	Fully Functional
2020	.				
2021	.				
2022	ABB • OT Table (Electric) ABB • ICU table X-ray (500, 300, 100) ABB • Baby cot Cardiac Monitor ECG Machine	2 20 34 3			✓ ✓ ✓ ✓

S. No	Equipment	Description	Availability	Qty	If functional
1	Manual 2 function fowler bed deluxe.	ABS, panels, collapsible aluminium side railings mattress.	Yes	4	Yes
2	Electro manual OT table.	Full electric plus manual functions, SS 304 grade.	Yes	1	Yes
3	6 channel ECG machine with display and analysis.	Model: 8108.	Yes	1	Yes
4	5 para- monitor ECG, SPO <sub>2</sub> , NIBP, respiratory frequency and temperature.	12.1-inch display ultima prime D.	Yes	1	Yes
5	Mobile spot light No of LED - 19	Intensity 47500 lux multicolor adjustable focusing.	Yes	1	Yes
6	Birthing table.	Full ss 304 grade/labor table.	Yes	1	Yes





**Table 6 List of equipment verified through the above checklist**

As stated by the socialist doctor:

**“All the necessary medical items are being provided to the hospital, to name a few: hydraulic OT tables, labor costs, cardiac monitors, ECG machines, etc., are some of the very important items being provided. All the machines are in place and are very functional.”**

#### **4. Key findings**

- The general public was happy with the improved infrastructure and the advanced facilities provided at the hospital.
- All kinds of services are provided at the hospital, such as general medications, ophthalmology, dentistry, radiology, treatment related to orthopedics, and ENT, ambulance services, etc. The standout part is that a pregnant lady, after the delivery, is dropped off at their respective house, irrespective of the location of their house.
- Improved infrastructure and enhanced facilities have increased the daily footfall of patients. (Stated by the facility staff member)

A staff member stated:

**“The hospital now looks much better than before. This has helped so much that this particular hospital is now competing with the other private hospitals. The footfall has definitely increased since 2022. On average, there are about 500 patients who visit the hospital. This is our biggest achievement.”**

- There is no discrimination in providing facilities to women on the basis of their socio-demographic profile. (Inputs from field team)
- All medical equipment is operational and in good condition.
- The staff is trained to operate the provided equipment, but the hospital is in dire need of onboarding new staff members to ensure smooth distribution of work-loads.
- As the hospital is located near the highway, it also reports more accidents.
- The hospital is charging a nominal fee from the patients based on their economic and financial status.
- The doctor mentioned the common feedback they receive from patients are: affordable, very hygienic, professional service, etc.

A staff member said:

**“Yes, I am very much aware of the fact that ABB is doing all the renovation work. This was very much required, and the ABB company**

even completed the work in just 7 months. I would like to thank ABB Company for that.”

### Rating of the project based on OECD framework



Criteria	Rating	Justification
Relevance	★★★★☆	Being the only hospital in the vicinity, it caters to emergency cases of accidents on the highway and pregnancy cases of the community living in and around the areas.
Coherence	★★★★☆	SDG 3- Good Health and Well Being.
Effectiveness	★★★☆☆	The hospital lacks adequate manpower to accommodate the footfall of patients that has increased post-intervention.
Efficiency	★★★☆☆	The equipment and infrastructure provided are able to meet the requirements of patients.
Impact	★★★★☆	The hospital is providing medical treatment to the marginalised population, making it affordable, available, and accessible with the required equipment.
Sustainability	★★★☆☆	In-lieu of the paucity of resources with the government in maintenance of hospital, the project is not only supporting the infrastructure but also is

		providing curative and preventive healthcare to the community and fulfilling the healthcare need. Still, there is scope for the hospital to improve its services by hiring more trained manpower.
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## 5. Project sustainability

The hospital is running low on human resources, which will create problems in the proper maintenance of the equipment provided. Besides, there are lot of patients due to its strategic location, so more manpower is required for efficient management of the equipment as well as patients.

## 6. Challenges and suggestions

The respondents stated that though the project has been very beneficial for both the patients, especially pregnant women, and the hospital, which can now provide an effective treatment to their patients at an affordable charge, they are still facing certain challenges, as mentioned below:

- Medicines should be readily available.
- Lack of availability of trained human resources.
- No proper system of data management and reporting.
- Low staff retention due to work load and non-payment of remuneration on time.

The respondents had certain suggestions to be incorporated and supported through the program:

- Support in the procurement of desktops for streamlining the record maintenance system.
- Require more infrastructural development and the supply of advanced equipment to avoid referrals to other hospitals for treatment.

## Glimpse from the Field Project 2



**Infrastructure work supported and equipment provided to the hospital**

## Project 3: Supporting with Procurement of Critical Medical Equipment's for Diagnosis and Cancer Treatment

### 1. About the project

ABB India, supported the Sri Shankara Cancer Foundation, Bangalore, Karnataka, by installing much needed medical equipment and facilities at the said charitable hospital for improved treatment and care of cancer patients. The project commenced in November 2021 and was completed by October 2022. The equipment has been serving around 20,000 patients visiting the facility for their treatment.

The said cancer foundation was provided with the following list of medical equipment:

S. No	Name of equipment	Details
1	Patient chairs	Custom-made patient chairs with an upright back seat will be furnished in the inpatient wards.
2	Handheld colposcopy machine	The equipment helps to visualize and examine the uterine cervix as part of the pre-cancer screening and diagnosis; thereafter, treatment is initiated immediately.
3	Dry X-ray developer for rural mobile X-ray unit	The equipment will be used in a mobile cancer unit set up in rural areas to develop mammography and other x-ray films, where earlier they had limited or no access to such facilities. As part of the community oncology initiative, this equipment would support conducting screening for cancer and other non-communicative diseases (NCD).
4	Ophthalmic ultrasound machine	This instrument is used to diagnose and plan the treatment using ocular brachytherapy, a technique for curing eye cancer, and follow-up for tumors located behind the vitreous layer of the eye.
5	Automatic component extractor	An automatic blood component extractor is designated to prepare blood components from centrifuged blood in single-use plastic bags. Processing protocols allow a wide range of separation procedures for the first and second separation of blood components like red blood cells (RBC), platelet-rich plasma (PRP), buffy coat (BC), and platelet concentrate (PC). The equipment majorly supports the blood bank and bone marrow transplantation (BMT) unit.
6	Multi-parameter monitors for OTs	A multi-parameter monitor is a medical device for monitoring a patient's vital signs, mainly used in intensive care, operation theaters, inpatient wards, or emergency rooms. In general, basic models are used to monitor ECG, NIBP, respiration frequency, SpO <sub>2</sub> and

		temperature whereas the advanced models will additionally measure venous oxygen saturation (SVO <sub>2</sub> ), central venous oxygen saturation (SCVO <sub>2</sub> ), automatic gas detection (AGM) facility, and end-tidal carbon dioxide (ETCO <sub>2</sub> ). The monitor displays the value of each parameter while presenting the evolution curves over time and alerts the medical professional through audible and visual alarms in case it comes across any risk related to the patient's condition.
<b>7</b>	CO <sub>2</sub> pump	Gastroenterology department uses a CO <sub>2</sub> pump. carbon dioxide (CO <sub>2</sub> ) for insufflation in endoscopy.
<b>8</b>	Bone and soft tissue cutter	This machine is used in the department of pathology.
<b>9</b>	Inverted microscope	The equipment is extensively used in the research laboratory to visualize live cells that we culture in the tissue culture laboratory and the experiments conducted on the live cancer cells. In upright microscopy, we visualize the cells after they are fixed; here, in an inverted microscope, we visualize them live.
<b>10</b>	Hemodialysis machine	The dialysis equipment will be installed in the BMT unit.
<b>11</b>	Bone marrow transplantation room pendant	This facility unit is fixed in each of the eight BMT rooms of the patient.
<b>12</b>	Plasma sterilizer	Hydrogen peroxide sterilization, also known as hydrogen peroxide gas sterilization, is a low temperature sterilization process commonly used to sterilize heat-sensitive devices. Once the sterilization cycle has completed, the vapor is vacuumed from the chamber and converted to water and oxygen. Common applications for hydrogen peroxide plasma sterilizers include non-hollow loads such as electrocautery instruments, dopplers, laser probes, defibrillator paddles, thermometers, ophthalmic lenses, harmonic cables, etc.,

**Table 7 Equipment details**

**Project duration:** November 2021-October 2022

**Project location:** Bengaluru, Karnataka

**Project stakeholders surveyed-** 3 Individuals including doctor, staff and IP (project beneficiaries are cancer patients)

**SDG linked directly to the project**







## 2. Background

The health infrastructure of India is fragmented, with limited access to specialized medical professionals and essential facilities for undertaking the treatment process. Advanced technological medical equipment plays a vital role in diagnosing and treating some of the most life-threatening diseases, such as cancer. It is crucial to get an early detection and diagnosis for the symptomatic patients before initiating an accurate treatment. The issues get compounded in rural areas with a fragile healthcare system and a lack of appropriate medical equipment.

To create a visible impact on the lives of individuals, the project aims to provide access to various machines or laboratory equipment such as those that analyze blood samples, biopsy samples, and other bodily fluids required by hospitals and medical centres to detect cancer cells and monitor the effectiveness of treatment. This initiative has made it easier and more affordable for the socio-economically marginalized section to avail cancer care services.



### 3. About the hospital

Sri Shankara Cancer Foundation was formed in 2008 by a group of like-minded individuals who came together with the objective of reducing the physical, emotional, and financial suffering of people suffering from cancer. With this objective, Sri Shankara Cancer Hospital and Research Centre was instituted and made open to the public in 2012.

Sri Shankara Cancer Hospital and Research Centre is a state-of-art hospital, equipped with 520 beds, and accredited by the National Accreditation Board for Hospitals and Healthcare Providers (NABH) in Bengaluru, Karnataka, India. The facility serves the needs of patients belonging to lower socio-economic backgrounds by providing cancer patients with the best and free cancer treatment. As of the year 2020, the hospital has registered 50,000 cancer patients and boasts of having top-line infrastructure with a team of highly skilled oncologists, treating approximately 200 patients every day. The hospital provides the facility for the diagnosis of various types of cancer, followed by treatment.

### 4. Methods and tools of data collection

The study used both quantitative and qualitative tools for data collection. An observation checklist was used for conducting observation. Interview schedules were used to conduct in-depth interviews with stakeholders such as hospital staff and the facility manager.

#### a. Profile of patients and accessibility to the hospital

The interview with the key informants helped in understanding the profile of the patients. Patients with economically marginalized backgrounds from all over the country visit the hospital to seek cancer treatment.

The facility manager stated,

**“Being a charitable hospital, people from all walks of life visit the hospital either for their diagnosis or for their treatment and hospitalization”.**

She further added that people from West Bengal, Southern, and Northern states frequently visit the hospital for their treatment.

The doctor from the hospital highlighted,

**“Most of the patients come from economically poorer sections, and given the quality of service provided by the hospital and the professional approach of the doctors, the patients prefer to come to the hospital”.**



As the hospital is centrally located, it is easily accessible for the patients coming from different states via the various modes of transportation available.

The hospital doctor added:

**“The hospital is located in the city centre and is easily accessible by all modes of transport. Generally, patients come by public transport, or if in a critical condition, they use the ambulance services of either the hospital or other service providers”.**

The accessible location, affordable treatment, professional medical staff, advanced equipment and healthcare services provided by Sri Shankara Hospital are the eminent factors that lead the patients to believe in the treatment suggested by the hospital.

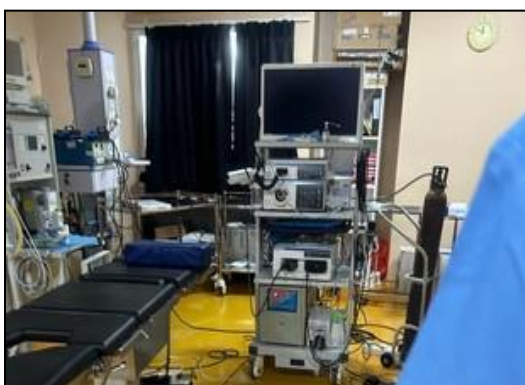
### **b. Awareness regarding ABB India’s support and benefit of the medical equipment**

An in-depth interview was conducted with the facility manager and the hospital doctor, a specialist and anesthesiologist working at the hospital. Both of them were asked if they were aware of the support provided by ABB India. to the hospital, to which the doctor said,

**“I am aware of the medical equipment received, and each of the items has a label that reads “supported by ABB”, as an acknowledgment of ABB’s support. They have been in regular use and most importantly, with some of the equipment, the turnaround time is much quicker, thereby enabling patients to receive prompt medical attention.”**

The administration staff said they had themselves tabulated the sheet that consisted of the list of equipment and devices provided by the ABB Group.

The field team also interacted with other staff members of the hospital, such as nurse, the head of the histopathology department and a doctor stationed at the blood bank, all of them were thankful to ABB for their generous support and emphasized that devices were extremely helpful. The team also found the ABB label placed on each piece of the equipment supported by the company.

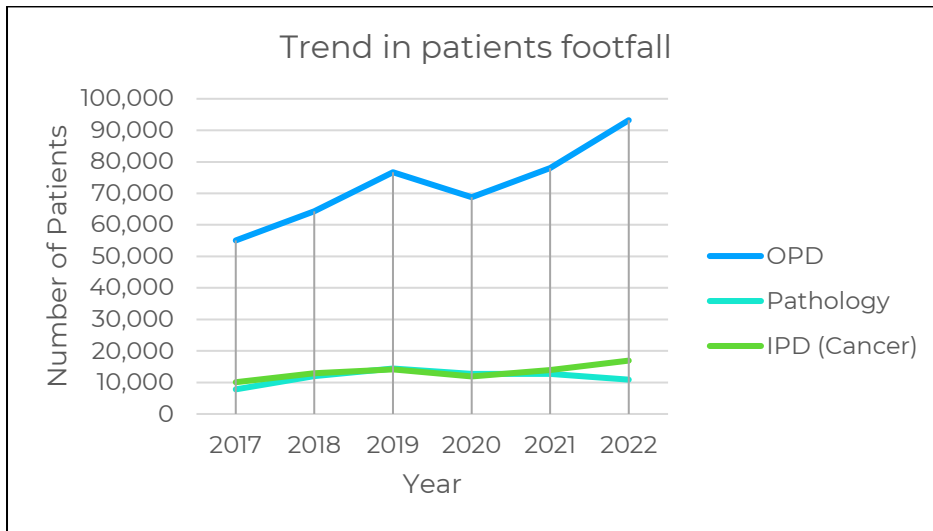


The doctors acknowledged and appreciated the prompt delivery of the equipment, which is now being used regularly by the hospital. This has helped with timely diagnoses and starting treatment at a much earlier stage. This invariably reduced the time taken to provide medical attention. This highlights that equipment was carefully

selected as per the requirements of the hospital.

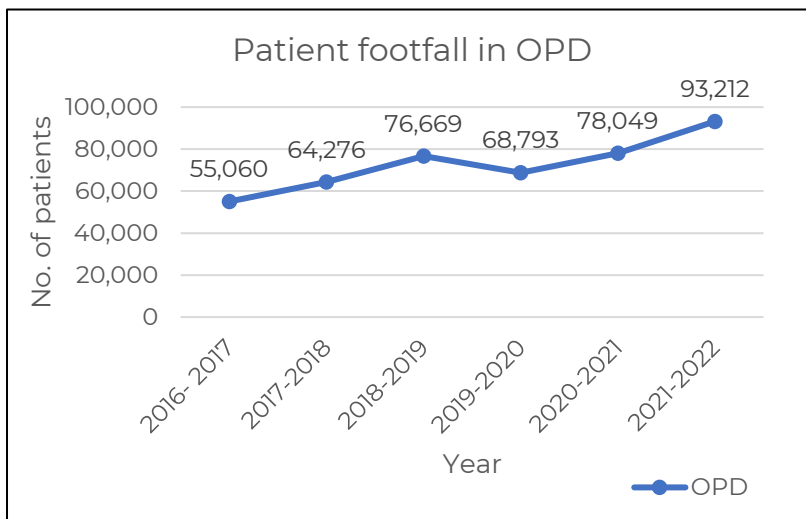
It gives a sense of satisfaction to the people coming from rural areas that they can now afford to get themselves treated in a medically safe and professionally sound hospital, which was earlier not possible due to financial constraints and a lack of medical facilities.

### c. Change in footfall of patient post receiving medical equipment



**“There is definitely an increase in patient’s footfall, but it is very difficult to correlate this to equipment. On average we perform anything between 15-20 surgeries a day, which works out to about 300 to 400 surgeries a month”.**

-Doctor

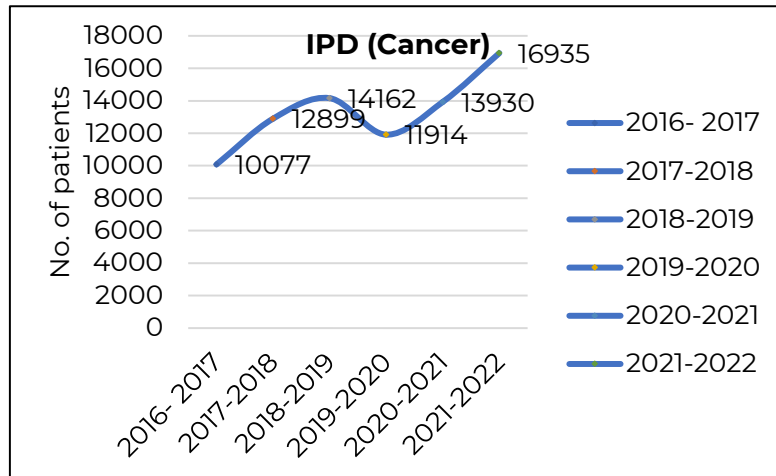


Percentage change in OPD footfall, FY wise		
Year	OPD	% Change
2016-2017	55,060	0
2017-2018	64,276	17
2018-2019	76,669	19
2019-2020	68,793	-10
2020-2021	78,049	13
2021-2022	93,212	19

According to the above graph of patient footfall in the outpatient department (OPD), the hospital has seen a sharp increase in the number of people availing OPD services since 2020. While there has been a 2 percent rise in the footfall of patients availing OPD services, i.e., from 17 percent to 19 percent between 2017-2018 and 2018-2019 as the patients are well aware of the hospitals and the facilities offered by them. The year 2020-21 and 2021-22 have seen a further increase of 6 percent in footfall

due to the provision of various advanced medical equipment by ABB India to the charitable hospital.

The equipment helped in providing an effective and efficient cancer diagnosis, treatment, and care, as the more time it takes to diagnose the problem, the more adverse consequences there are for the patient's health.



Year	% Change
2016-2017	0
2017-2018	28
2018-2019	10
2019-2020	-16
2020-2021	17
2021-2022	22



Similarly, it has been analyzed that the number of patients admitted to the inpatient department (IPD), especially between 2021-2022 has also been indicatively increased after the installation of the medical equipment. This ensured timely and effective diagnosis and treatment for the patients.

One of the hospital staff members said machines such as the dry X-ray developer were also used for the communities at the time of conducting the health camps through mobile cancer units. Mobile cancer units were set up in the rural areas to apprise them of the importance of early detection and affordable treatment of cancer provided by the hospital<sup>4</sup>.

<sup>4</sup> Bhatt, S., Isaac, R., Finkel, M., Evans, J., Grant, L., Paul, B., Weller, D. (December, 2018). *Mobile technology and cancer screening: Lessons from rural India*. J Glob Health. 8(2):020421. Retrieved from <https://jogh.org/documents/issue201802/jogh-08-020421.pdf>

**d. Number of patients served by medical equipment provided:**

<b>Equipment</b>	<b>Type of cancer</b>	<b>Major function</b>	<b>Year</b>	<b>No. of patients served by equipment (monthly)</b>	<b>Total No. of patients served (yearly)</b>
Dry X-ray developer	Breast cancer	Screening and diagnosis	2022	30	360
Ophthalmic ultrasound machine	Eye melanoma, cell carcinoma, lymphoma	Measurement and diagnosis	2022	17*	17
Automatic component extractor	All blood related cancer	Separating component in a sterile manner	2021 & 2022	500	6000
Multi-parameter monitors for OTs	All type of cancer	Monitoring and diagnosis	2022	80	960
CO <sub>2</sub> Pump	Upper GI and lower GI related cancers	Diagnosis	2022	120	1440
Bone and soft tissue cutter	Any cancer related to bones	Diagnosis	2022	36	432
Inverted microscope	Colon and ovarian cancer	Diagnosis	2022	30	360
Hemodialysis machine	Renal failure patients	Dialysis	2022	10	120
Bone marrow transplantation room pendant	All blood related cancer	Administering medical gases and providing electrical supply to all the devices	2022	73*	73
Plasma sterilizer	Gynecologic cancer and all the instrument and robotic instrument	Sterilizing instruments	2022	120	1440
Platelet agitator	All cancer related to blood transfusion	Storage of platelets	2022	300	3600

*\*Patients served yearly*

**Table 8 Number of patients accessing equipment**

The above table shows that more than 14000 patients have been served by the critical medical equipment provided to the hospital by ABB India in 2021 and 2022. The equipment is being used to diagnose and monitor patients suffering from different types of cancer.



### e. Availability of medical equipment at the hospital

S. No	Equipment	Availability	Qty	If functional	Observation
1	Patient chairs	Yes	100	Yes	
2	Dry X-ray developers	No	1		The machine was taken for camp on the day of the visit and it couldn't be seen physically
3	Ophthalmic ultrasound machine	Yes	1	Yes	
4	Automatic component extractor	Yes	1	Yes	
5	Multiparameter for OT	Yes	1	Yes	
6	CO <sub>2</sub> pump	Yes	1	Yes	
7	Bone & soft tissue cutter	Yes	1	Yes	
8	Inverted microscope	Yes	1	Yes	
9	Hemodialysis machine	Yes	1	Yes	Fluoroscan would be better than the machine already provided
10	Bone marrow transplantation room pendant	Yes	8	Yes	
11	Plasma sterilizer	Yes	1	Yes	
12	Platelet agitator	Yes	1	Yes	

**Table 9 Functionality of equipment**

The field team visited the hospital to verify the availability and operational status of the equipment. After carefully analyzing, it was mentioned that all the machinery was present at the hospital and was fully functional, except for the dry X-ray machine, which had been taken by the community members for conducting a health camp.

### f. Access to better diagnosis & treatment:

The interviews with the doctor and facility manager confirmed that the critical medical equipment provided to the hospital has been fruitful for the patients, both in terms of getting an early diagnosis, affordable and accessible treatment.



The doctor added,

**“The patients come here not only because it is affordable but also due to the fact that diagnosis and treatment are all provided under one roof. In addition, the availability of critical equipment and devices not only helps the doctors but also ensures the timely availability of treatment”.**

**“The plasma sterilizer is indeed very helpful; without it, we were unable to perform robotic surgeries.”**

## 5. Key findings

- There is an increase of 6 percent in the number of patients entering the OPD after receiving critical medical equipment.
- There is an increase of 5 percent in the number of patients in the IPD after receiving the critical medical equipment.
- The dry X-ray equipment is being used for diagnosis through mobile cancer screening camps in rural areas.
- More than 14000 patients have been served by the equipment supported by ABB India.
- All critical medical equipment is operational and is in good condition.

## Rating of the project based on OECD framework



Criteria	Rating	Justification
Relevance	★★★★☆	The equipment provided helps in the early detection of cancer in the marginalised communities, thereby initiating timely treatment.
Coherence	★★★★☆	SDG 3 - Good health and well-being.
Effectiveness	★★★★☆	The hospital has adequate manpower to facilitate the influx of patients that has increased post intervention.
Efficiency	★★★★☆	The equipment provided is able to meet the requirements of cancer patients.
Impact	★★★★☆	The hospital is screening patients for early cancer detection and timely treatment with the required equipment.
Sustainability	★★★★☆	The project is providing curative and preventive healthcare to the community and fulfilling the healthcare needs of cancer patients.



## 6. Project sustainability

The equipment provided to Sri Shankara Cancer Foundation is very useful both from the perspective of the hospital and the patients.

- The hospital has enough resources to maintain the equipment and a team of well-trained staff uses the equipment.
- The hospital provides a day's training to the staff on the know-hows of handling the equipment, the utility of the machine, and its operation.
- The equipment is kept under the supervision of a biomedical engineer, who hands it over to the concerned doctor, end user, or vendor in case of any technical issues with the equipment.

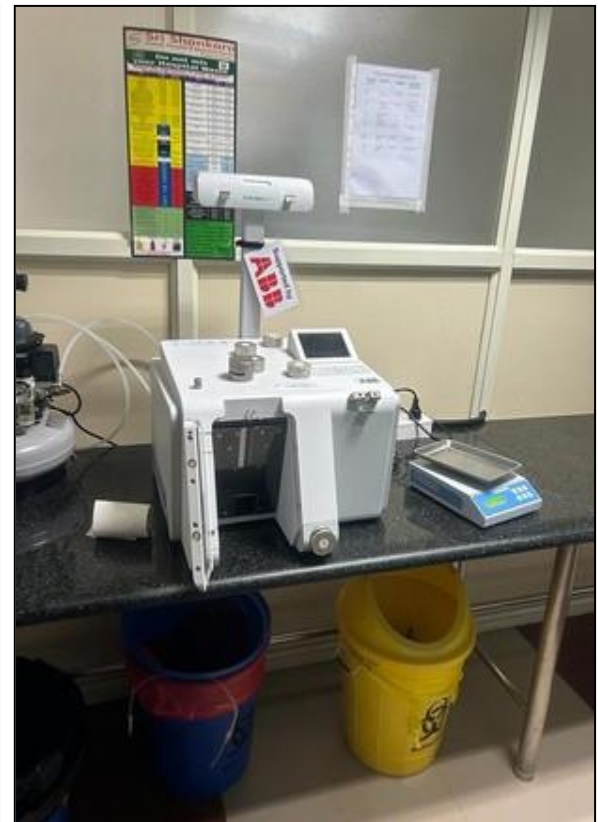
## 7. Challenges and suggestions

The respondents were asked about the challenges faced in the program. None of the respondents reported facing any challenges. Instead, they stated that the project has been very beneficial for both patients and the hospital, as they can now provide a range of treatments to the patients suffering from cancer at an affordable rate.

- The doctor from the hospital felt that having a fluorescent microscope would have been better, but they were still quite happy with the inverted microscope.



## Glimpse from the field Project: 3





**Medical equipment provided by ABB India to the hospital**



## Project 4: Special education and mentoring to Govt school children across 98 schools in Nelamangala

### 1. About the project

ABB India is financially supporting the school programs of the Sikshana Foundation, Prerana 2.0, in 98 government schools in Nelamangala with the vision to provide quality education to every child. The program aims to develop 21<sup>st</sup> century skills with a focus on the “4 Cs” namely-critical thinking, communication skills, collaboration, and creativity, through technical projects and information communication and technology (ICT) skills among school children. Under the program the students will be:

- Motivated to regularly attend the school.
- Maintain personal hygiene.
- Guided on improving their skills and developing the confidence to participate in activities without harboring any fear of failure.
- Develop a habit of structured practices.

The program emphasizes on creating a socially interactive environment where the students learn from each other through strong peer groups formed at the school level through Prerana clubs. The clubs supplement the classroom teaching by providing necessary support in terms of building and nurturing leadership skills.

The program uses self-motivation and rewarding techniques in the form of stars and badges for the students who participate in any sport or cultural activity, maintain good hygiene, have consistent attendance, and have good academic records. These positive reinforcements in turn have enabled the students to create their own learning journey, which is also motivating the entire ecosystem of school education, including teachers, principals, and parents.

**Project duration:** June 2021-March 2022

**Project location:** Bengaluru, Karnataka

**Project stakeholders surveyed-** Government school students, principal, teachers and implementation partner

**SDG linked directly to the project**







## 2. Background

The Right to Education Act 2009 ensures that every child in the age group of six to fourteen years has the right to free and compulsory education, including those belonging to marginalized communities and economically weaker sections. Despite the efforts, the students belonging to these communities and residing in remote areas do not have access to a quality education due to the following reasons:

- Distance between the school and their houses.
- Mostly, the schools are plagued by the infrastructural inadequacies such as insufficient teachers, a lack of books and stationery for children and proper classroom.

The Annual Status of Education Report (ASER)<sup>5</sup> of 2022 mentions that there has been an improvement in the enrollment of students in government schools, from 65.6 percent in 2018 to 72 percent in 2023. This increase came in the wake of the pandemic, when the schools were shut for a long period. But prior to 2018, the enrollment of students did not see an increase; rather, there was a latency period. This indicates that, largely, parents are more likely to send their children to work at an early age and earn income to support their families. The problem has been compounded by the pandemic, which resulted in the loss of livelihood activities for many people. Berry (2015)<sup>6</sup> attributes the absence of children from school and their poor performance to a lack of effort on the part of the parents and children and not to financial considerations such as the cost of school.

To overcome such situations, the special education and mentoring program supported by ABB India and implemented by the Sikshana Foundation was initiated with the aim of motivating students to attend school regularly to improve their attendance, which would further enhance their learning capabilities and performance in the schools.

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<sup>5</sup> ASER (2022). Retrieved from [http://img.asercentre.org/docs/ASER%202022%20report%20pdfs/allindiaaser202217\\_01\\_2023final.pdf](http://img.asercentre.org/docs/ASER%202022%20report%20pdfs/allindiaaser202217_01_2023final.pdf)

<sup>6</sup> Berry, J. (2015). Child control in education decisions: An evaluation of targeted incentives to learn in India. *The Journal of Human Resources* Vol 50 (4). University of Wisconsin Press. Retrieved from <https://www.jstor.org/stable/24735402>

### 3. Research methodology

#### 3.1 Study area

The study was conducted in Nelamangala, a town located in the Bangalore rural district of Karnataka.

#### 3.2 Universe and sample frame

Students studying in 98 government schools supported by the project formed the universe of the study. A total of five schools were randomly selected and formed the sample frame.

#### 3.3 Sampling methodology

A sample was selected using probability sampling methodology and random sampling technique. A total of 50 students were randomly selected from the list provided by the implementing agency for each of the 5 schools, i.e., a total of 250 students were to be surveyed.

Category of respondent	Sample size targeted	Sample size achieved
Students	250	255
Teachers	10	9*
Principal	5	5
Implementation partner	1	1

*\*Due to the non-availability of teacher at GHPS, Basavanahalli, we could only interview one teacher instead of two teachers.*

**Table 10 Category of respondents**

#### 3.4 List of schools selected for the study:

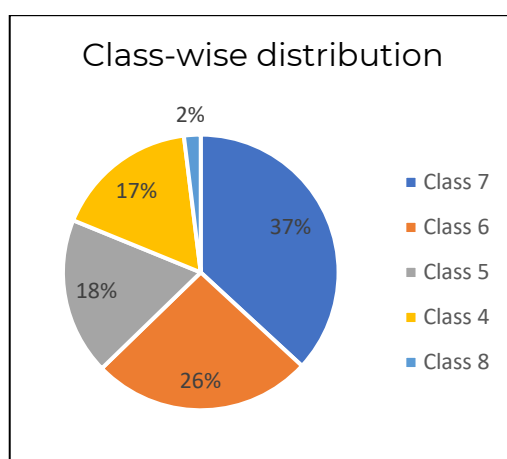
S. No	School name
1	Govt higher primary school, Gruhalakshmi layout, Arashinakunte
2	Govt higher primary school, Gruhalakshmi layout, Basavanahalli
3	Govt higher primary school, Gruhalakshmi, Kuluvanahalli
4	Govt higher primary school, Gruhalakshmi layout, T Begur
5	Govt higher primary school, Gruhalakshmi layout, VR Palya

**Table 11 Name of schools**

## 4. Methods and tools of data collection

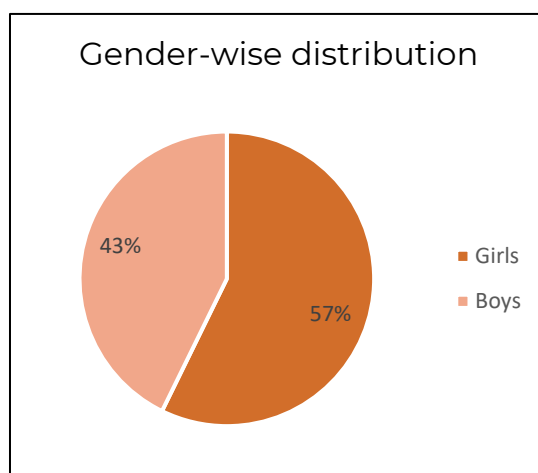
The study used both quantitative and qualitative tools for data collection. Questionnaire surveys were used to collect data from the school students, while interview schedules were used to conduct in-depth interviews with stakeholders such as teachers, the principal, and one implementation partner.

### a. Socio-Demographic profile



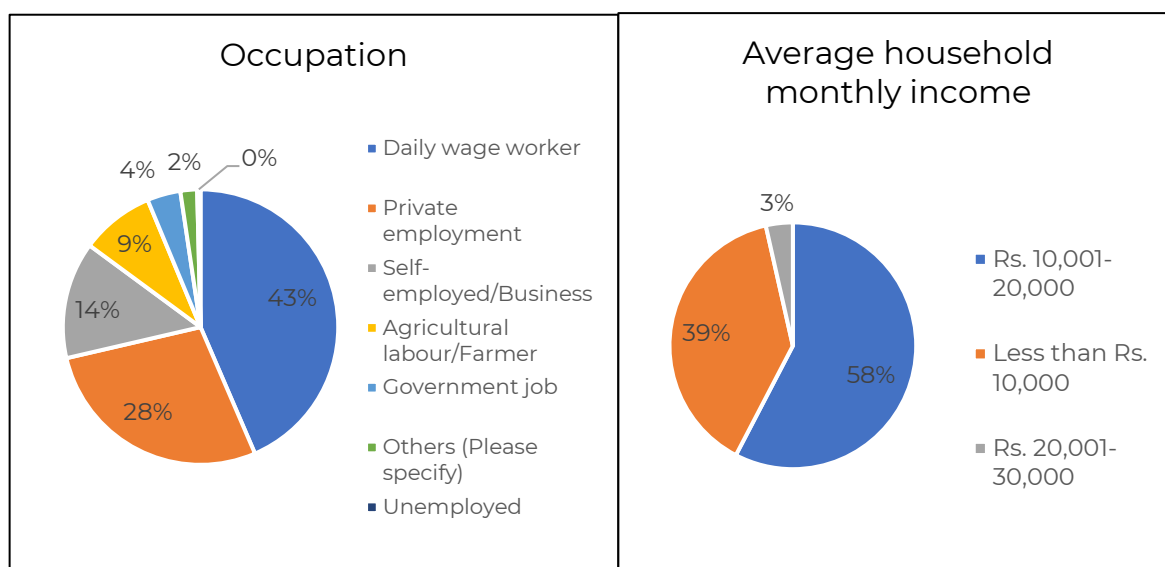
The study surveyed a total of 255 students studying in classes from fourth to eighth. Out of the total students surveyed, 37 percent were from class seventh, followed by 26 percent of students from class sixth, 18 percent of students from class five, 17 percent of students from class four, and finally 2 percent of students from class eight, respectively.

### b. Gender



In terms of gender composition 43 percent of the 255 surveyed students were boys and 57 percent were girls.

### c. Occupation of parents and average household income (monthly)



Most of the parents, who belong to socio- economically marginalized sections, send their children to a nearby government school. The study confirmed that 43 percent are daily wage workers, followed by only 28 percent working in the private sector, and 14 percent of students' parents have their own business.

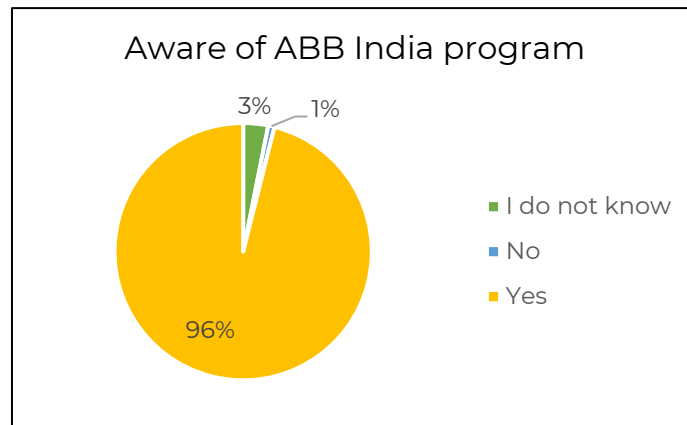
9 percent of the parents are farmers or agricultural laborer's, 4 percent have government jobs; and less than 1 percent are not currently employed anywhere. 4 percent of the respondents said their parent(s) work at ABB India, own a Joseph Cyril Bamford (JCB) machine, or are priests.

In terms of monthly income, 58 percent of respondents said their monthly income is between Rs. 10000 and Rs. 20000, followed by 39 percent whose monthly income is less than Rs. 10000, and lastly 3 percent of the respondents have a household monthly income between Rs. 20001- Rs. 30000. The teachers interviewed also responded that most of the children come from socially and economically marginalized sections. This highlights the fact that mostly children of daily wage workers with a monthly income of Rs. 10000-Rs. 20000 have been enrolled in government schools to get affordable and quality education.

**"Most of the children are from BPL families, and the father is the sole breadwinner and works either in factories or fields. Mothers are usually homemakers, while some of them do work as maids."**

-Teacher 1

#### d. Awareness regarding the program conducted by ABB India



96 percent of the total 255 students were aware of the program supported by ABB India and had a clear understanding of the project due to the high-level engagement of the ABB India staff.

On asking the principal of Govt higher primary school (GHPS) Arashinakunte about the support provided by ABB, she mentioned,

**"ABB India supported the school and students by providing books and kits". She further added that the syllabus was much more interesting than the state syllabus.**

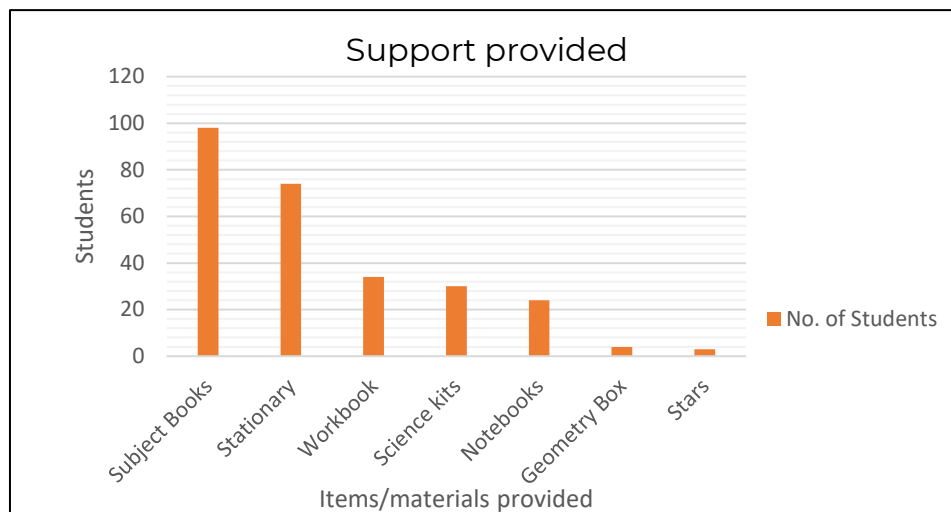
While teacher from GHPS, Gruhalakshmi layout, T Begur said,

**"ABB India, through the Sikshana Foundation, has provided activity books, and science kits to students and appointed a trainer who is visiting the school once every 15 days to check the progress".**

This highlights the popularity and acceptance of the program both by students and the administration, respectively.



### e. Support provided to students as part of the project



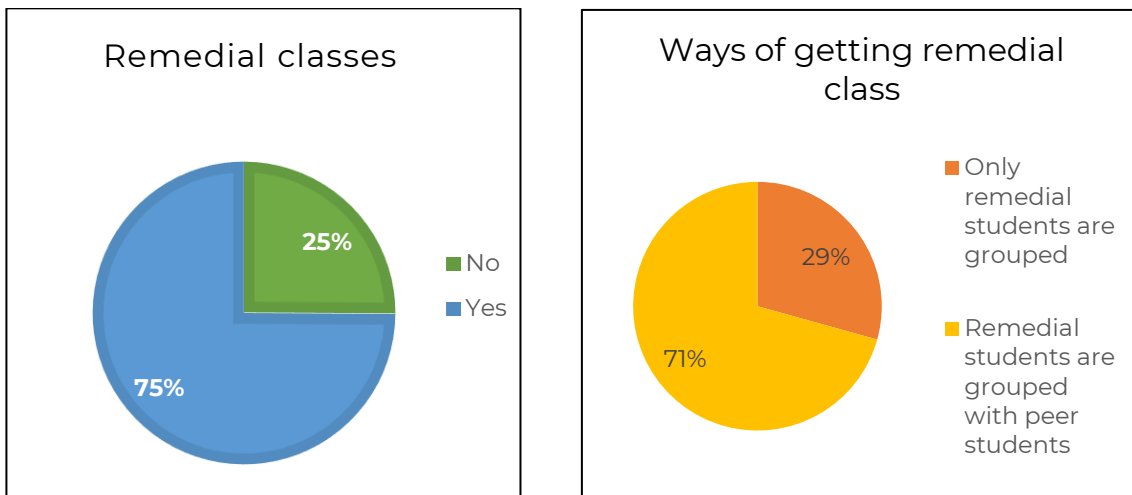
On asking students about the types of support they were provided with under the project, subject books ranked the highest, followed by stationery materials such as pencils, colors, sketch pens, etc.; workbook ranked third; notebooks ranked fourth from the bottom; a geometry box ranked second from the bottom; and stars ranked last.

The teachers were also asked about their views on the activities being conducted as part of the program to which they responded that the program not only supports the students by providing them with books, science kits, and subject books on Kannada, English, and Math but also encourages them to participate in various extra-curricular activities.

**"The key factor of the project is involvement. Students are involved from the initial stage and get an opportunity to learn new concepts and things. Students are very satisfied and eager to learn."**

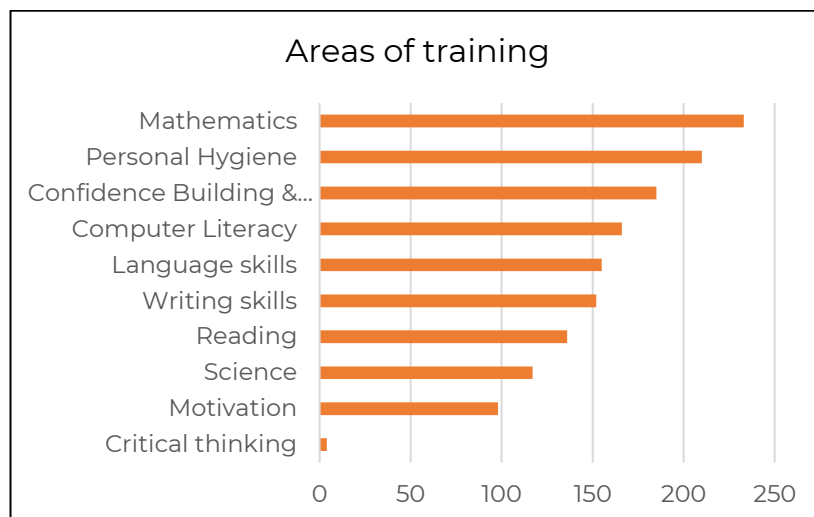
-Principal

## f. Remedial classes



191 students out of 255 (75 percent) received remedial classes under the project. 71 percent of 191 students mentioned that they were grouped with peer students while receiving the classes, and 29 percent said only remedial class students were grouped together. While the peer network has been one of the tenets of the program in creating motivation and improving performance of students, the same is highlighted in the study, with a higher percentage of students receiving support from other students, which helps build their confidence and improve their team-building skills.

## g. Areas of training given to students

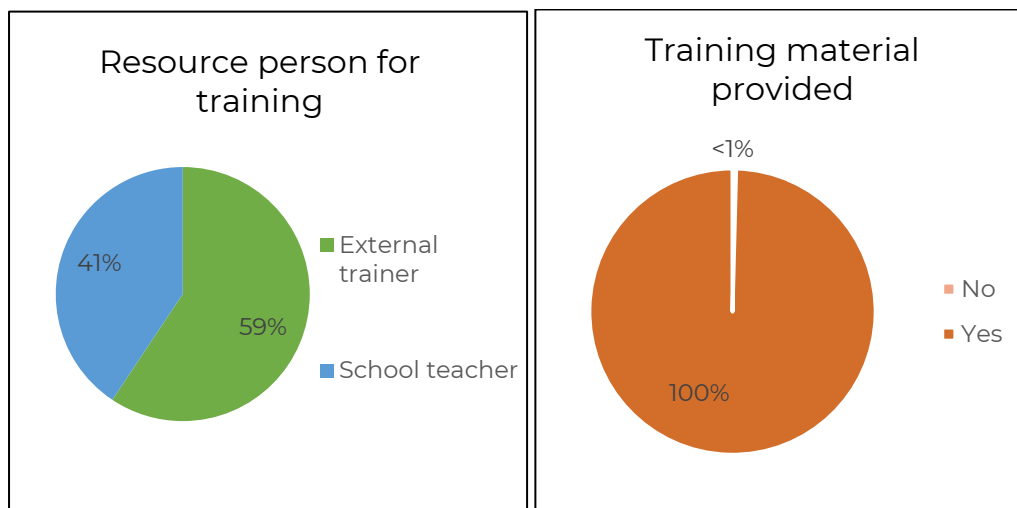


The program aims to build the motivation of the students by providing them with regular support for better academic results and skill development. Under this study, students mentioned getting adequate guidance and support by ranking the various aspects on the basis of priorities such as understanding the concepts of mathematics, the

importance of practicing personal hygiene on a regular basis, building confidence, and increasing the zeal to participate in various activities. Other areas such as computer literacy and language skills are also part of the program. The program also focuses on building the capacity of reading amongst the students, training students in science and its related subjects, motivation, and critical thinking, which rank fifth, fourth, third, second last, and last from the bottom, respectively.

It is suggested that the program make an effort to increase their training in the area of critical thinking and motivate students to use techniques and modules directly.

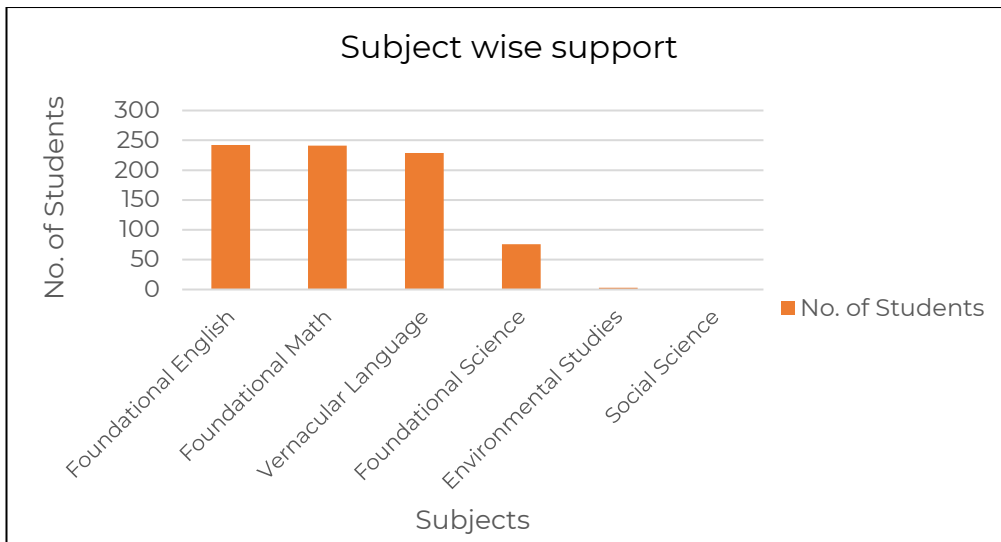
### h. Training, resource person and course material for training



The students were probed further to get a detailed understanding of the types and quality of training and support provided to them. On asking students who provides them the training, 59 percent of the total students said that the training was provided by an external trainer, and 41 percent said the training was given by their own school teacher. Almost all the students (100 percent) receive training/study materials, such as workbooks and textbooks, for practice.

**"The program supports students by providing books, science kits, Kannada, English, and Math books, and encourages them to participate in activities." A weekly one-day visit for about 4 to 5 hours by external trainers from the Sikshana Foundation.**

-Head Master



In terms of the subject in which the students are provided support within the program, foundational English ranks the highest, followed by foundational math; support in vernacular language ranks third, foundational science ranks third from bottom; environmental science ranks second from last; and social science ranks last. Structure practice is one of the key facets of the motivational model followed by the Prerana program. The above graphs highlight that students are given modular practice workbooks in subjects such as foundational English, Math, vernacular language, etc., which helps strengthen their understanding of the particular subject.

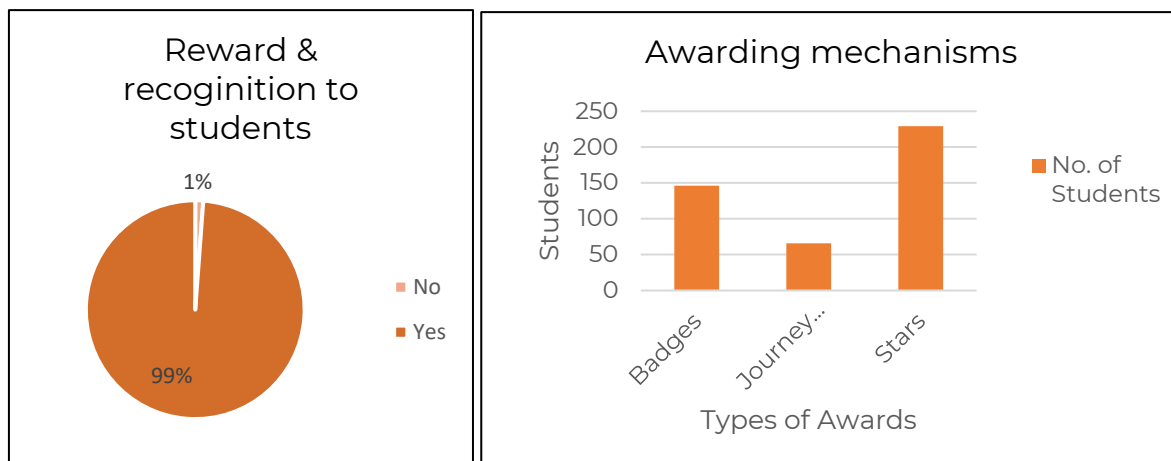
**"The program is very useful, especially the idea of giving stars to students, which motivates them."**

-Teacher 2

**"Workbooks are helping them strengthen their basic skills."**

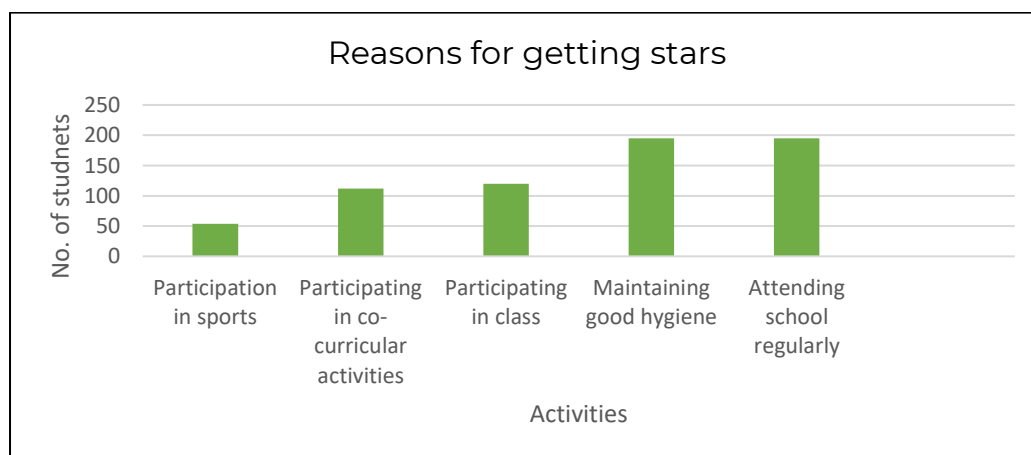
-Teacher 1

## i. Rewards and rewarding methods



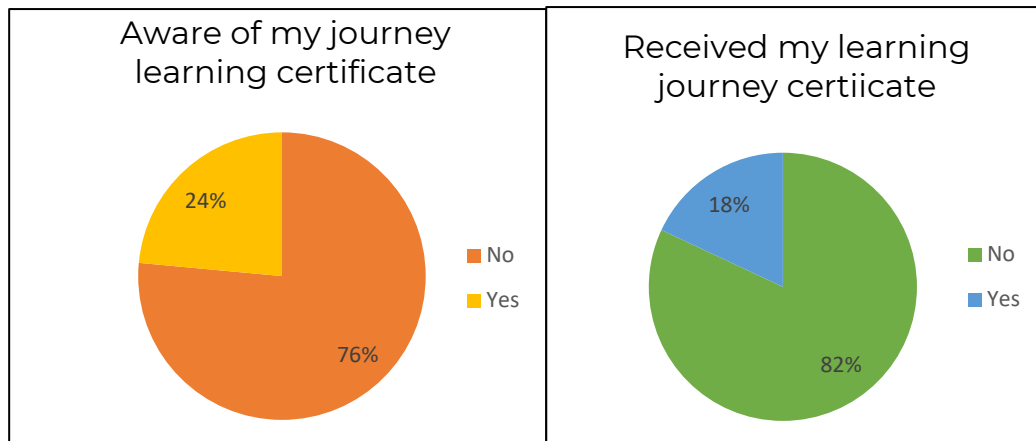
The Prerana 2.0 program aims to build motivation in the students by awarding them not just for their academic results but also for attending school, participating in activities such as sports, or classroom interactions without the fear of failure, etc. On asking students if there was any provision of getting a reward in the school and within the program, 99 percent of the students were affirmative while only 1 percent of them denied. This shows that students are well aware of how the program functions and the rewards given to them for actively participating in school activities.

When students were asked about the types of rewards given to them, most of the students said stars, which rank first, followed by badges and journey certificates. The rewards act as a motivational incentive to achieve the objectives of the program.

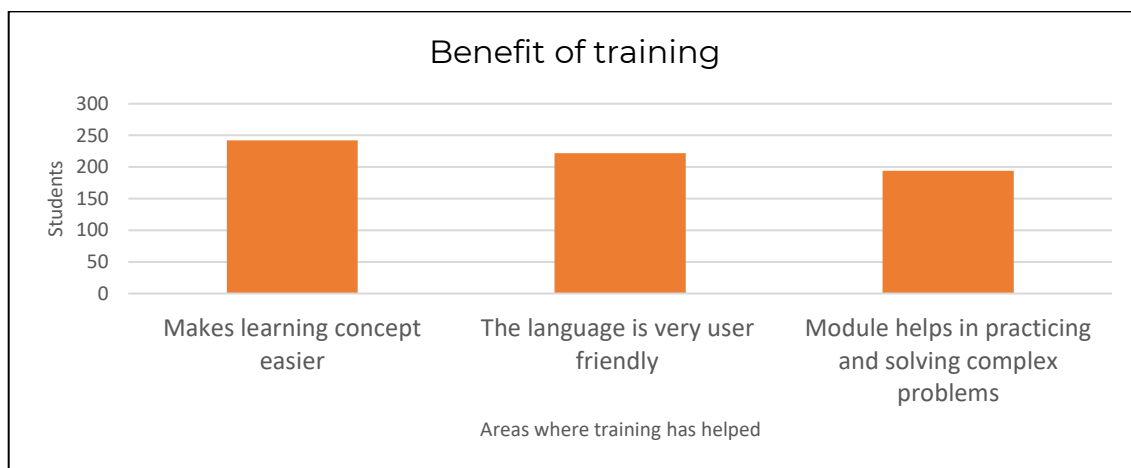


In terms of motivating students through rewards such as stars and 'My journey certificates', 87 percent of the total students have received awards in the form of stars. On asking them the reason(s) behind receiving the star, both maintaining good hygiene and attending school regularly rank the highest, followed by participating in class, which ranks second;

participating in co-curricular activities, which ranks fourth; and then participation in sports and activities, including leadership, that rank second and last from the bottom, respectively.



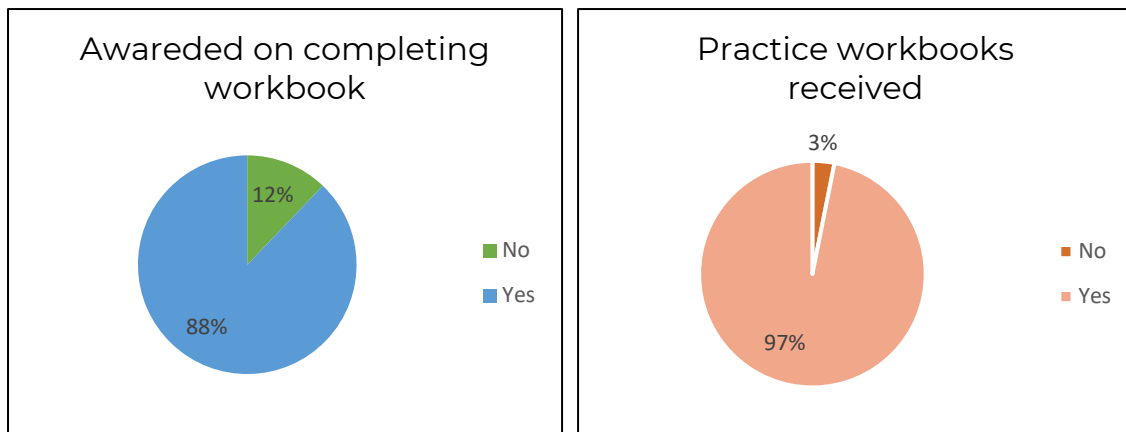
My journey certificates are one of the ways to reward students under the program. On asking students if they were aware of 'My journey learning certificate', 76 percent answered yes, while 24 percent answered no. In terms of receiving the certificate, 82 percent of the total students said they have received 'My learning journey certificate' while 18 percent had not received it yet. The program can make an effort to apprise the left-out students of the reward system and its importance.



In terms of how helpful the modules are, 100 percent of students said the modules shared with them by the program team are very helpful; most of them said the modules have made learning concepts easier, followed by the students who said the language of the module is very user-friendly, which helps in clearly understanding the concepts and further building on them; and lastly, the module, according to the students, helps them in practicing and solving complex problems.

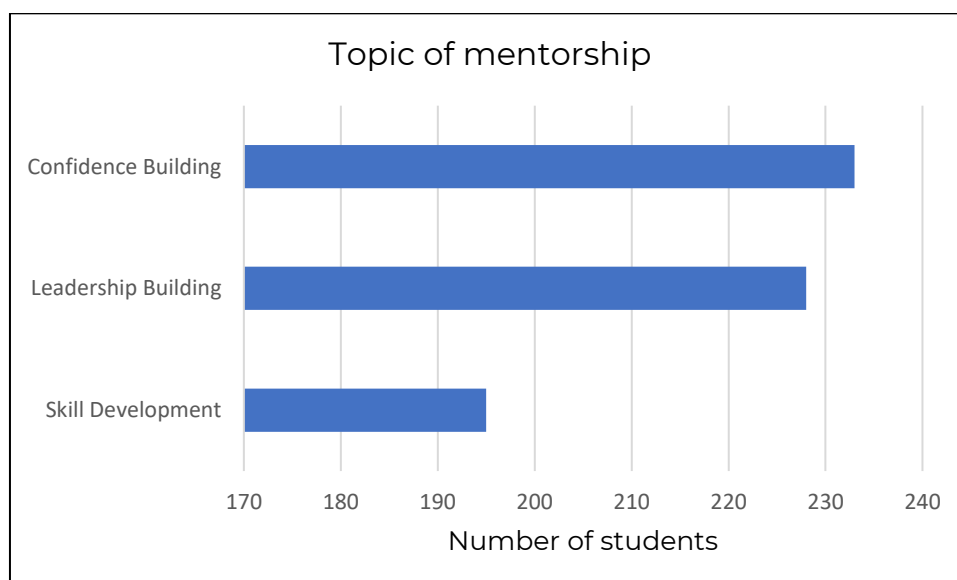
**“Mentorship and trainings are the highlights of the program.”**

-Teacher 4



A total of 247 (97 percent) students out of 255 received practice workbooks, and 88 percent of the 255 students said they were awarded for completing their workbooks. The mechanism of rewarding students helps in not only motivating them to complete the workbooks, but also enhancing their skill in the subject through structured practice.

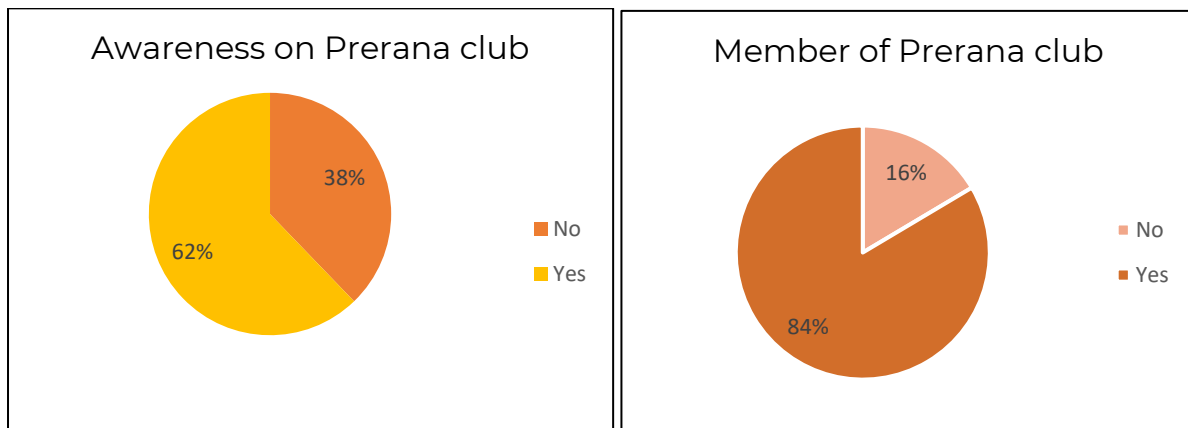
A total of 252 students (99 percent) out of 255 were aware of the mentorship program, and out of those 252, 237 (94 percent) had received mentorship.



The areas under which the students received mentorship are skill development, leadership building, and confidence building. The finding complements the objective of the project, which is to develop confidence in the students and remove their fear of failure.

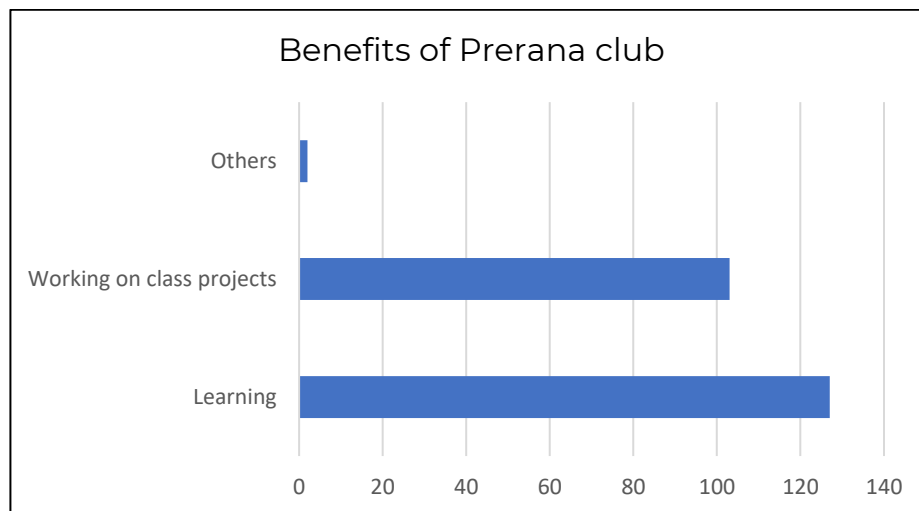


## j. Prerana club: awareness and benefits



Prerana clubs, one of the prominent activities of the program, are aimed at creating a social classroom. On asking students if they were aware of Prerana clubs, 62 percent (158) of 255 students were affirmative, while 38 percent were not aware. Out of the 158 students who were aware of the club, 84 percent (132) were a part of it. A total of 84 students (64 percent) had received Prerana badges, while 48 students had not.

The data shows the support network is functional at the school level, and most of the students are aware of the club.



On asking students how the Prerana Club is helping them, most of the students said the club is helping them learn, followed by working on class projects, and lastly, other things, which include maintaining the cleanliness of the classroom and upkeep of the library along with organizing events.

Students were also asked if they receive project planners, to which 75 percent (192) of the total students said yes and 25 percent said no. Out of the 192 students who have received project planners, 88 percent (188) have used them and found them beneficial in terms of self-planning their academic syllabus and monitoring their progress.

### k. Impact of program

To understand the impact, we gauged the perception and satisfaction of students towards various activities conducted as part of the program. The students were asked several questions to determine their satisfaction with training, its content, duration, and so on.

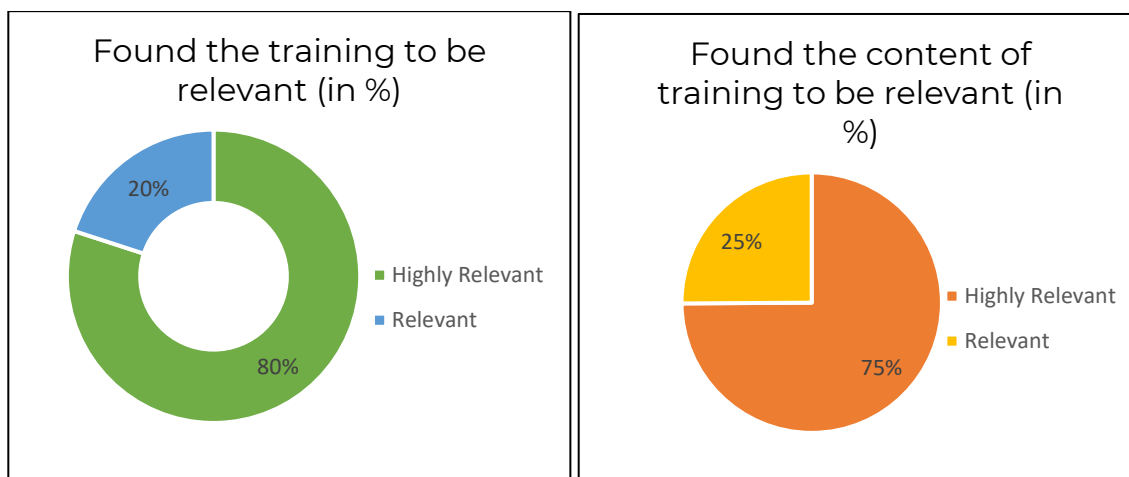
**"Increased admissions are a pointer to the success of the program."**

-Principal 1

**"The very fact that student admissions are increasing is in itself evidence about how the students are motivated and how the word spreads among the parents and the neighborhood. In fact, we had to deny admission to 50 students, which is evidence about the motivation level and the success of the program"**

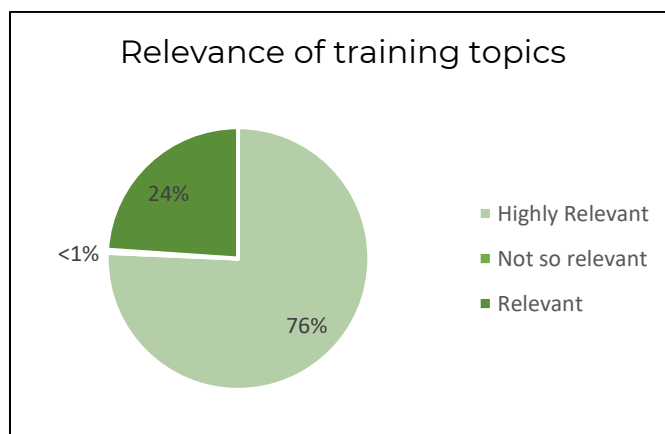
- Principal 3

The findings are depicted below:



**"Students are motivated and think twice before absenting themselves"**

-Teacher 5



Most of the students found the training, along with its content and topics, to be relevant and purposeful, which was further reflected in their active participation and involvement in the classrooms and co-curricular activities.

**"The program has a very positive impact on parents. They are very eager to send their children. The notion of a negative impression on a government school is slowly fading, and parents are more eager to send their children."**

-Principal

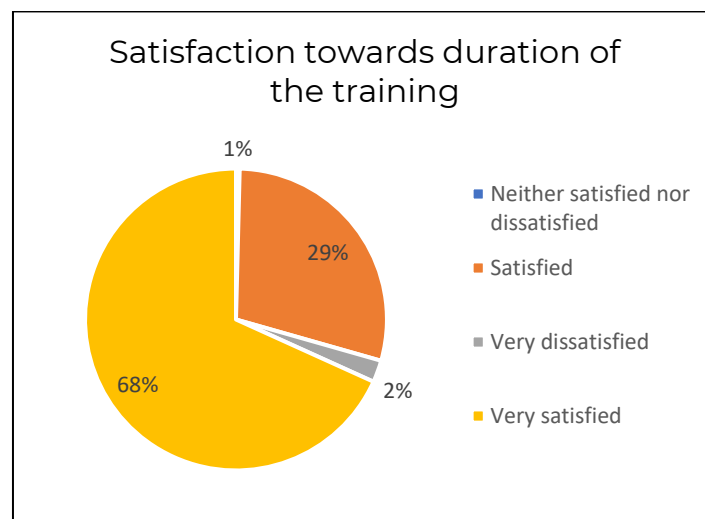
**"Since the programs are good, the children and their families feel encouraged to participate and attend the classes regularly."**

-Teacher 3

**"Parents are inclined to send their children to school, and the workbooks are so helpful that the children were able to score 100% in their math examinations."**

-Principal

Govt Higher Primary School, T Begur



In terms of the satisfaction of students towards the duration of the training, 68 percent of the students seem to be very satisfied with the training, while 29 percent are satisfied, followed by 2 percent of students who are very dissatisfied and lastly 1 percent who are neither satisfied nor dissatisfied.

Some of the teachers in their interaction said,

**"Need to increase the schedule of the training program. 4 to 5 hours a week is too little time. We need to focus more on the overall development of the child. Though it is being done, time is the constraint."**

-Teacher 2

**"More of such training is required, and the frequency of external trainer visits should be increased."**

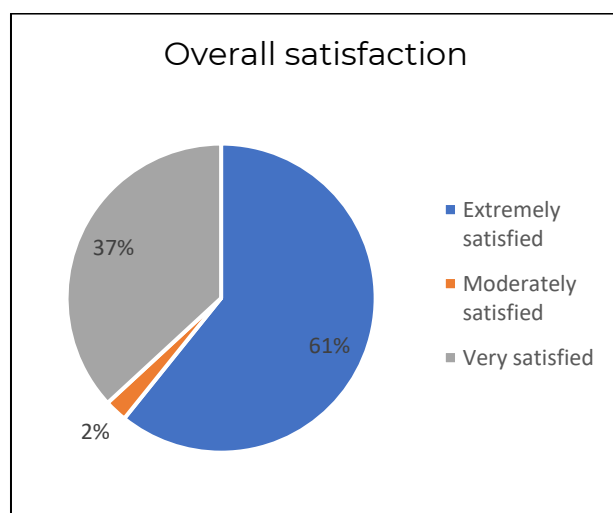
-Teacher 1

These interactions with teachers suggested that the frequency and duration of trainings need to be increased, as the current duration of 4-5 hours does not meet the needs of the students.

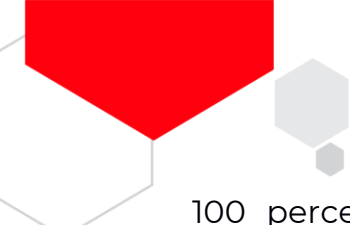
Further, students were asked if they find the mentorship program useful, to which 100 percent of the students agreed. Out of the 255 students, 87 percent said the program had a major impact on them both at a personal and academic level.

**"Students appreciated the program. There was no interruption, even during COVID times. There are local mentors who visit the schools regularly, followed by block mentors who ensure the objectives are met. More students like the activity-based approach and are able to put things into practice. Communication has increased, and, importantly, attendance in schools has also increased".**

-Naveen Chikkanna, Director Partnerships, Sikshana Foundation



In terms of overall satisfaction with the program, 61 percent of students are extremely satisfied, 37 percent are very satisfied, and lastly, only 2 percent are moderately satisfied with the program.



100 percent of the students feel motivated to go to school, thereby achieving the goal of the program. On asking students why they feel motivated to attend school, they responded by saying the teachers are good and the school has a science lab; some said the study materials are helpful, while some sessions on life skills and soft skills have been of great help. Practice workbooks are also one of the reasons behind the increased motivation of students to come to school.

According to Mr. Naveen Chikkana,

**"The program has brought children together, and activity-based workshops involved group activities, thus fostering and improving teamwork and communication".**

**"Students are very inspired and self-motivated. Participating in these activities and mentorship programs their leadership qualities have also improved".**

-Teacher, GHPS Basavanahalli

**Statement for students with respect to different activities of the program (in percentages).**

<b>Statements for students</b>	<b>Strongly agree</b>	<b>Agree</b>	<b>Neither</b>	<b>Disagree</b>	<b>Strongly disagree</b>
<b>My learning levels have improved substantially</b>	67	33	<1	0	0
<b>I do not feel like going to school most of the times</b>	7	0	0	32	61
<b>My teachers encourage me to keep good hygiene</b>	62	38	0	0	0
<b>I am rewarded for my participation in class and co-curricular activities</b>	54	43	2	1	<1
<b>I feel motivated to come to school</b>	63	37	0	0	0
<b>The teacher never makes us sit in group and do class work</b>	4	9	13	53	21
<b>I have confidence to participate in activities at school without the fear of failure</b>	53	47	0	0	<1
<b>The modular material and practice workbook, provided is not useful</b>	11	8	1	52	28
<b>My ICT/digital skills have improved with the help from school</b>	39	50	4	2	5
<b>I do not find peer learning through Prerana club useful</b>	1	<1	20	48	31

**Table 12 Views of students on the activities conducted**

The above table reflects the positive impacts of the program on the students in terms of recognizing them for their participation, encouraging peer learning, providing them with practice workbooks, etc. 63 percent of students agreed with the statement that they feel motivated to come to school. While 62 percent of students responded positively that their teachers are encouraging them to maintain good hygiene, more than 67 percent of students agree that their learning levels have improved substantially. Further, 54 percent of students agreed that they were rewarded and recognized for their participation in activities.







## 5. Key findings

- The program team stated that the intervention motivated the students to actively participate in team-based activities such as workshops, thus enhancing their communication skills, confidence, and critical thinking.
- The program has successfully created a structure for a social classroom that leverages the benefits of peer learning and group work.
- Practice workbooks are one of the key factors behind increased student motivation to attend school.
- The principal mentioned that the project has helped change the negative perspective of the families towards the government schools and their education system (parents are now more eager to send their children to school).
- The intervention has helped ease the challenges faced by students during the pandemic.
- The innovative reward system initiated under the project has supported:
  - Increased classroom attendance leads to better academic results.
  - Active peer group participation.
  - Ensuring better hygiene practices.
  - Increased participation in co-curricular activities.

## Rating of the project based on OECD framework





Criteria	Rating	Justification
Relevance		The project supported providing quality education to the students for developing 21st century skills, along with a focus on the "4 Cs" namely, critical thinking, communication skills, collaboration, and creativity.
Coherence		SDG 4- Quality Education SDG 5- Gender Equality.
Effectiveness		The project has helped maintain the regularity of attendance among students.
Efficiency		The project has motivated the students to actively participate in team-based activities such as workshops, thus enhancing their communication skills, confidence, and critical thinking.
Impact		The project has been able to fill the learning gap created among students due to COVID-19 and create confidence among students to participate in activities inside and outside the classroom.
Sustainability		The ownership of the program should be taken up by the school.

## 6. Project sustainability

The sustainability of the project can be ensured when the teacher becomes part of the program by taking over the role of implementing partner and devising their own systems and practices to ensure the students remain motivated to come to school.

Currently the program is relying on the staff recruited by the implementing partner for developing models to engage students; the process should be created and sustained by teachers and students for the sustainability of the model.



## 7. Challenges and suggestions

The on-ground program team is supported by a local mentor and further supervised by a block-level mentor for identifying and eliminating the challenges faced on the ground for smooth functioning of the program.

The respondents were asked about the challenges they face in accessing the services of the program. None of the respondents reported facing any challenges. Instead, they mentioned that the project has been able to fill the learning gap created among students due to COVID-19.

However, from the program implementation perspective, it came out during the interaction that it sometimes gets difficult to continuously involve students in various co-curricular activities, especially during local events or festivities.

There were some suggestions by teachers and principals towards the project, mentioned below:

- Regularly informing students about the rewards they are capable of achieving will help fill the lack of information among children joining midterm or being absent for a long time.
- For continued interaction with students, more training programs and weekly sessions need to be conducted.
- The frequency of visits by external trainers needs to be increased.
- The duration of the training by external trainers should be increased, as 4-5 hours a week seems insufficient.
- More trainers are required.
- More activities should be carried out along with increasing pictorial-based depictions in the activity book.
- Promoting peer learning amongst students, especially those who might not be doing well academically or participating fully in the class activities.
- One teacher suggested including the correct answers for the multiple-choice question (MCQ) in the workbooks provided to the children so that they could check their answers right away.

## Glimpse from the Field Project 4



## Interaction with the stakeholders

## Project 5: Special SIS School to mainstream around 200 Children with Disabilities (CwDs)

### 1. About the project

ABB India, in partnership with The Association of People with Disability (APD), is supporting a special initiative to mainstream the school for children with disabilities through Shradhanjali Integrated School (SIS), a recognized primary school up to Class VII. The school has a capacity to educate around 200 children in an 80:20 ratio of CwDs and non-disabled children to promote inclusive education with special attention and assistance to cope with their disability while rendering basic primary education.

The school focuses on activity-oriented and interactive classroom learning to ensure the all-round development of the students. To ensure CwDs coming from economically marginalized communities move to regular or special school, the following facilities are provided:

- Mid-day meal
- Books
- Rehabilitation
- Adapted learning techniques
- Uniform
- Healthcare
- Transportation

The list of supports provided to students under the program is appended below, catering to areas such as providing comprehensive education, promoting an inclusive educational system, etc.:

S. No	Support provided	Aspects covered
1	School admission	Conduct community outreach
		Identify CwDs
		Assessment of individual child by counselor
		Enrolment in school (total 28 new admissions done from April 2020 to Dec 2020 of which 26 children with special needs (CWSNs) and 2 abled bodies)
		Procure and provide uniforms, text books, learning material to children and also organize transportation facilities to and from school.
2	Curriculum development	Prepare inclusive education

		<p>program (IEP) for each child based on the child's needs and abilities</p> <p>Develop structured lesson plans with built in best practices of teaching</p> <p>Usage of technology for easy learning</p> <p>Monitor child's progress periodically (children with communication difficulties will be taught total communication and sign language).</p>
<b>3</b>	Co-curricular activities	<p>Conduct three residential camps / co-curricular activities/sports meets</p> <p>Conduct exposure visit – one-day trip to an industry/ factory/ park/ museum during the year</p>
<b>4</b>	Rehabilitation	<p>Develop and roll out inclusive education program (IEPs) for each child with special needs (CWSNs)</p> <p>Provide occupational therapy (OT)/physical therapy (PT)/ Speech and language therapy (SLT) services to children</p> <p>Conduct general medical, ear nose throat (ENT) and dental health check-ups through a panel of doctors on a period basis.</p> <p>Provide mid-day meals and supplementary nutrition to ensure a balanced diet to each child</p> <p>Build a network of medical specialists for specific needs such as Spinal Bifida and Cerebral Palsy and other for complications so that children with these will receive regular inputs.</p> <p>Ensure home accessibility</p>
<b>5</b>	Parents training	<p>Conduct training and motivational sessions for parents and alumni to involve them in the education of the children on a period basis</p>

		Parents are oriented on therapy and education continually during the entire academic year.
6	Policy advocacy	Ensure all CwSNs receive applicable Government schemes and scholarships.
		Follow and ensure that class 7 children are admitted to mainstream schools

**Table 13 Support provided to students under this project**

The program was initiated with an aim of:

- Promoting education including special education for the differentially abled.
- Supports in overall development of the children and making them confident and Independent.
- Transforming the lives of underprivileged children with disability.

**Project duration:** April 2020 – September 2021

**Project location:** Bangalore

**Project stakeholders surveyed:** CwDs and their parents, implementing partner (IP) and facility staff

**SDGs linked directly to the project:**







## 2. Background

Even though every child has the Right to Education (RTE), CwDs are unable to pursue their dream of getting a proper education due to the following reasons:

- Difficult for disabled children from marginalized families to get enrolled in mainstream schools.
- Cost of education
- Access to regular aid, appliances, and therapy
- Limited capacity of the parents to handle their children with disabilities
- Safety of the children while commuting from home to school and vice versa.

Despite the policies set for ensuring proper education for all, implementation models are not adequate, especially for underprivileged children with special needs.

Under this program, ABB India onboarded APD's initiative, Shradhanjali Integrated School (SIS) to focus on addressing these concerns and help provide integrated solutions. APD supports in providing a culture-oriented eco-system and approach to reach out to all the children in the class through activity based interactive learning and building the capacity of various stakeholders such as teachers, parents, family members, etc. to have a better understanding and smooth implementation of the program. The school ensured the adoption of diverse teaching methodologies with detailed and careful planning and coordination among teachers, therapists, and volunteers based on the type of disability of the child.

**“Total of 280 children are currently enrolled in our school. The most common disabilities of our children here are related to cerebral palsy (CP), mental retardation (MR), global development delay (GDD), and locomotor disability (LD). 80% of the people come from a very poor background.”**

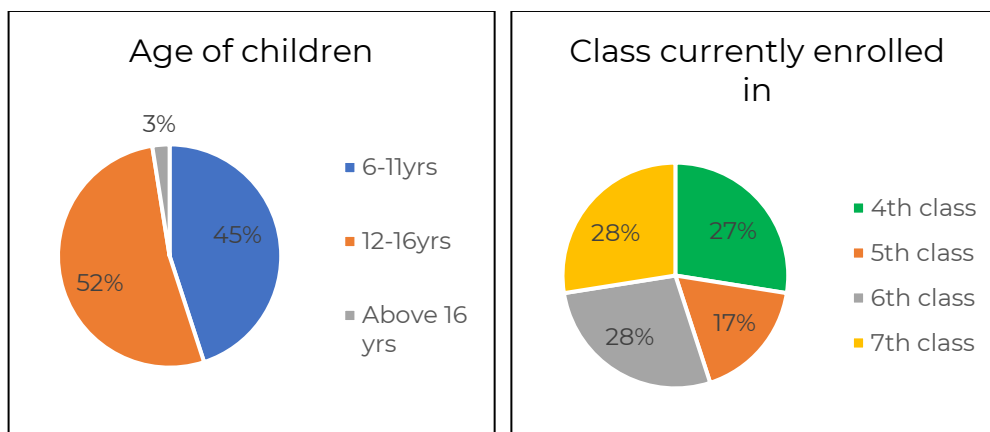
-Teacher, Shradhanjali Integrated School (SIS)

### 3. Methodology and Data Analysis under the Project

The project conducted the analysis based on the data collected from the field through in-depth interviews conducted through face-to-face interaction with the staff members and implementing partner. A survey questionnaire was deployed using computer-assisted personal interviews (CAPI) through KOBO Collect software that helps in gathering and collating real-time data from the students enrolled in the school and their family members.

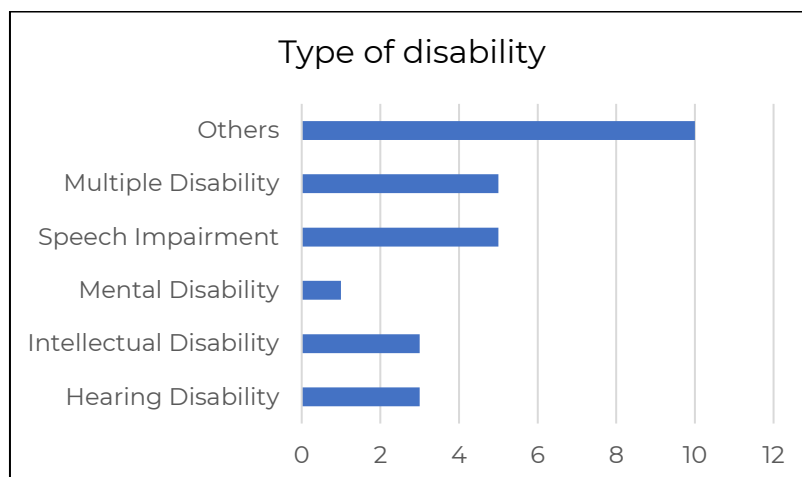
Some of the observations are:

#### a. Socio- Demographic profile of the beneficiaries:



It was found that 52 percent of the students belong to the age bracket of 12–16 years, 45 percent belong to 6–11 years, and 3 percent are older than 16 years of age. With respect to the classes, 27 percent of the students are enrolled in the 4th class, 17 percent are studying in the 5th class, and 28 percent each are enrolled in the 6th and 7th class, respectively.

#### b. Type of disability





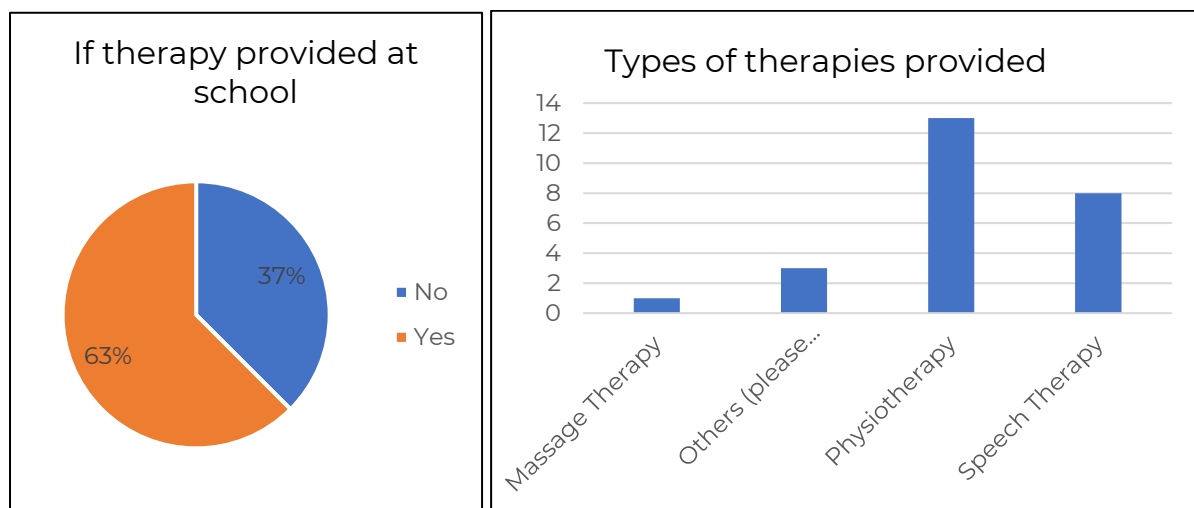
Students with multiple disabilities-mental disability, speech disability, intellectual disability, and hearing disability-study at the school. Other disabilities mentioned by the parents were muscular dystrophy and autism.

The school provides a non-discriminatory and equal opportunity platform for both abled and disabled students to interact and learn from each other.

A teacher said:

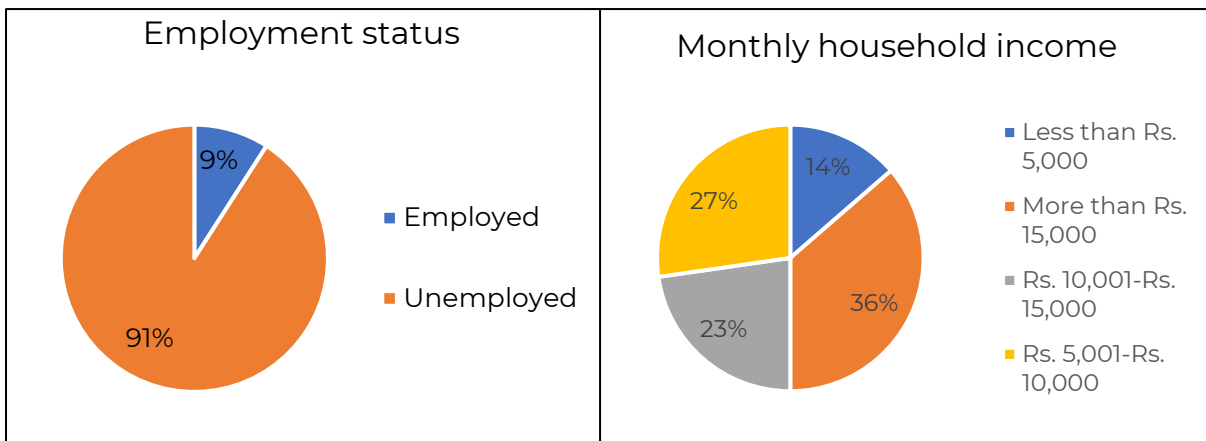
**"The main benefits are that schooling and rehab take place at the same location. Currently, the SIS teaches children up to class 7, and the management has taken the decision to introduce class 8 from the next academic year. Both physically challenged and able-bodied children study together in each class with no discrimination."**

### c. Therapies provided to children



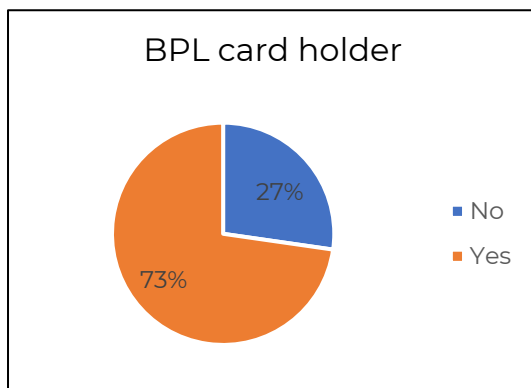
63 percent of the students were provided with the following therapies at the school: massage therapy, physiotherapy, speech therapy, etc., and 14 students have received assistive aids depending on the type and severity of their disability.

#### d. Economic and financial status of the families of beneficiaries:



From the survey, it was found that only 9 percent of the respondents are employed, while the other 91 percent are unemployed.

Considering their household income, out of the 22 parents surveyed, 36 percent mentioned that they earn more than Rs. 15000, 23 percent earn between Rs. 10001-Rs. 15000, 27 percent earn between Rs. 5001- Rs. 10000, and 14 percent earn less than Rs. 5000.



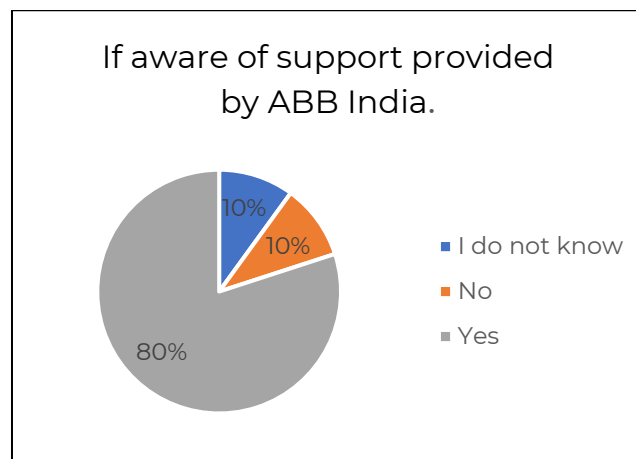
Thus, depending on their economic and financial status, most parents will not be able to send their children to private school. Moreover, the facilities provided at the school are the same for everyone, regardless of their backgrounds or disabilities.

One of the staff members during her interview stated:

**“Total of 280 children are currently enrolled in our school. The most common disability among our children here is related to locomotor disability. People here are from BPL.”**

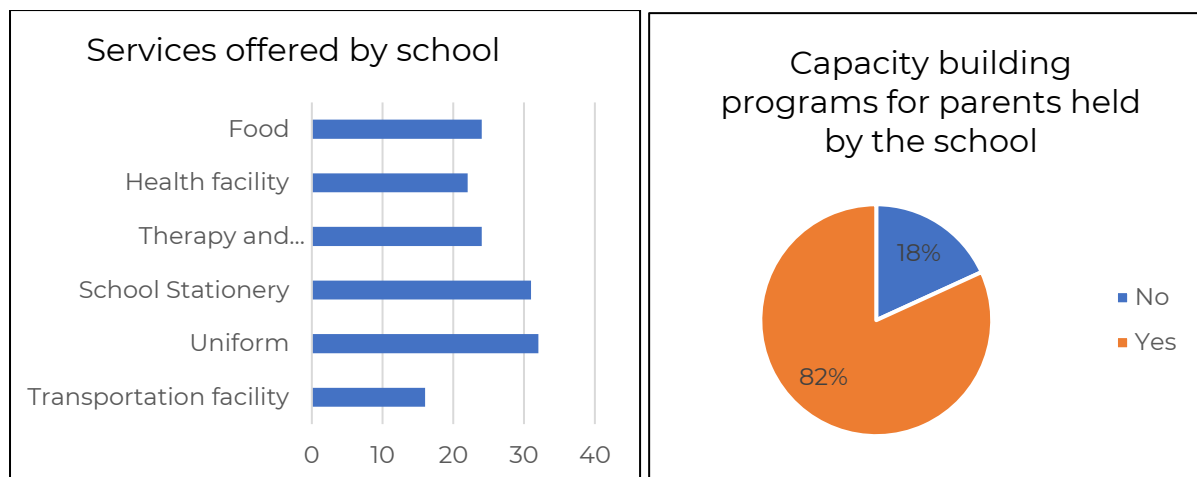
Additionally, it was mentioned by one of the teachers that the low fee is a prime reason for parents coming from financially weaker sections to enroll their children in this school.

### e. Awareness regarding ABB India



80 percent of the students surveyed were aware of the support provided by ABB India through SIS.

### f. Services offered by SIS



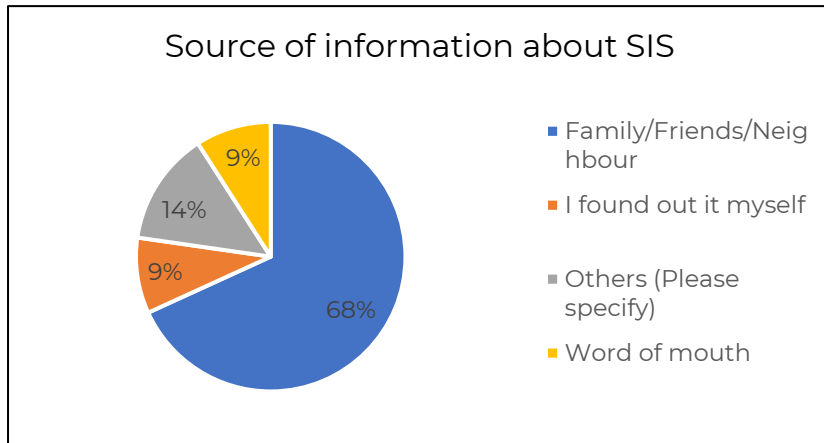
It was confirmed during CAPI that the following services were offered by the school to both students as well as the parents:

- Capacity building program for the parents to better understand the needs and behavior of their children
- Food
- Healthcare
- Uniform
- Transportation facility
- School stationery
- Therapy and counseling

**"Some of the reasons that people choose us are: therapy, everything under one roof, free uniforms, quality books, mobility aids, low fees, and free transportation."**

-Teacher

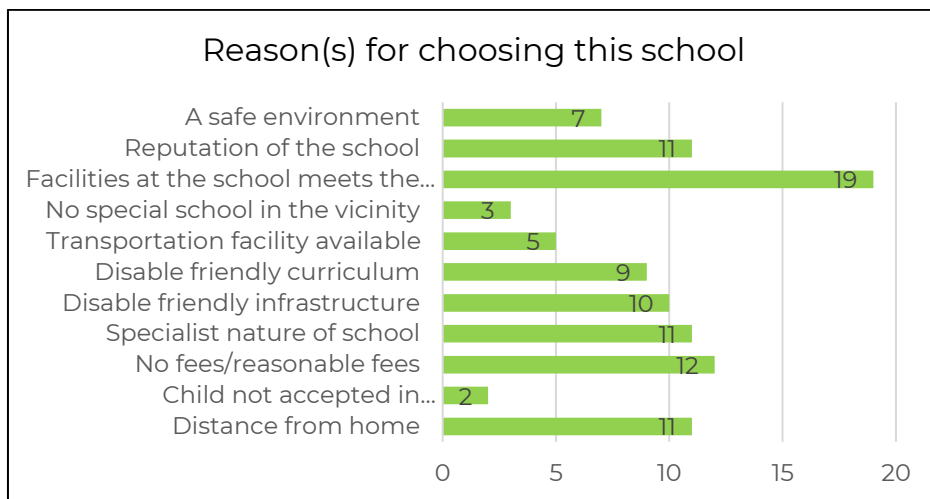
**g. Reasons for sending their children to the school:**



68 percent said that they got to know about the school from their family, friend, or neighbor, 9 percent of the respondents each got to know through word of mouth and self-exploration, respectively.

**"Schools and Anganwadi centres are definitely helping us pool the children. We also provide art and craft classes to keep the children engaged. Some of our students here are able-bodied, and they help the other kids along with the staff. If a child is not in the school for two days, we see to it that we call the kid and ask if they are okay, and we also help them financially."**

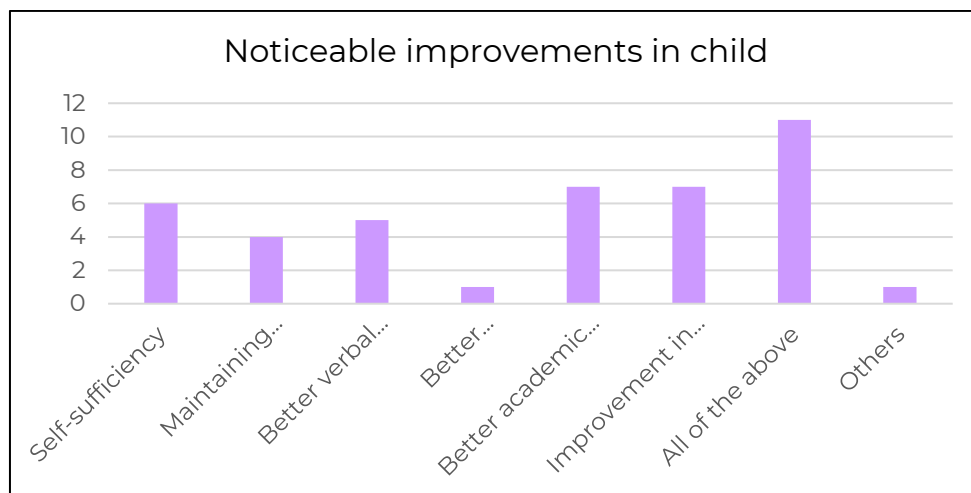
-Teacher



When asked, the parents stated the following reasons for choosing SIS for their children's education

- Safe environment
- Facilities at the school
- Reduced fee and/or no fee charged
- Reputation of the school
- Disabled friendly curriculum
- The school is nearby most of the respondent's houses

#### h. Noticeable improvement in children



The parents have observed the following improvements in their children

- Improvement in attention span
- Better academic results
- Better hand-writing
- Better verbal communication
- Maintaining hygiene
- Self-sufficiency in day-to-day tasks

The facilities and services offered by the school helped in achieving the following improvements:

**"Smart boards, tablets, phones (sometimes), computers, labs, etc. are all used to teach the children. Since the programmes are good, the children and their families feel encouraged to join. The number of students has increased. Based on the understanding level of the kids, we divide them into groups and provide training that will help them understand in a better way."**

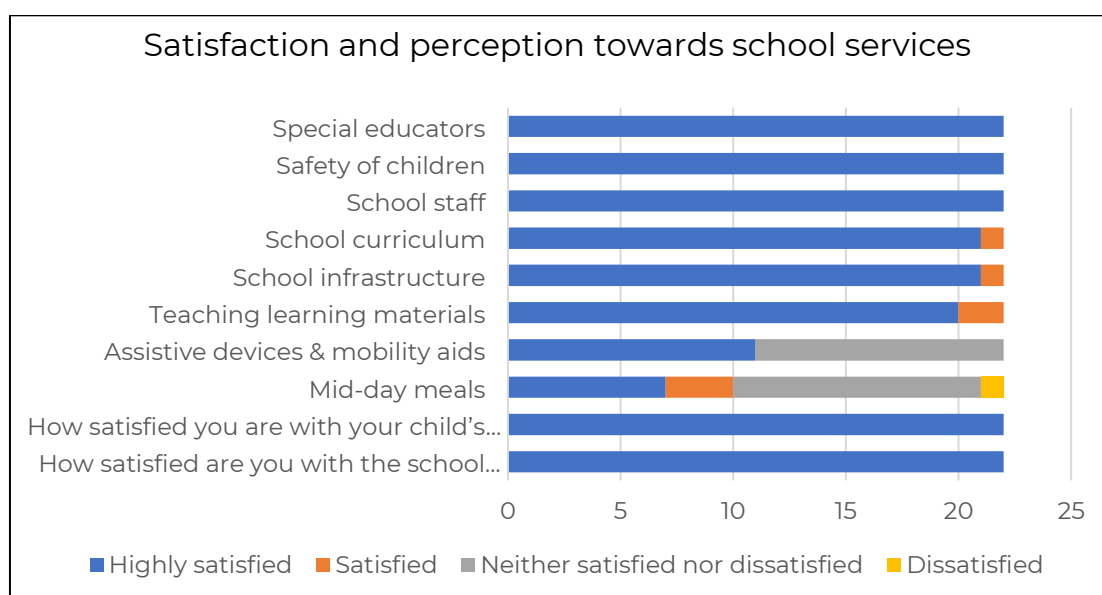
-Teacher

"We have observed positive behavioral changes, more socializing in children. Parents are happy that they can see improvements over a period of time."

"Major achievements are physically challenged children participating in dance programs, Bharat Scouts and Guides, and the MIME group (for speech and hearing-impaired children)."

-Implementing partner

### i. Satisfaction and perception towards school services



It was found through CAPI that the parents were highly satisfied with the services offered by the school. While some parents suggested better infrastructure, higher quality assistive devices, developing student-centered curriculum, and providing nutritious mid-day meals.



#### 4. Key findings

- All the students stated that they did not face any difficulty or discrimination based on their socio-economic status or disability in the school.
- The students mentioned that the teachers were available throughout the day, and they felt safe during school hours.
- Assistive devices were given to 14 students, who were satisfied with them.
- The parents mentioned that parent-teacher meetings (PTM) are held once a month for discussing the child's progress.

**"Being a science teacher, any special days related to science are being celebrated here; science quizzes, camps to create general awareness, industrial visits, etc. are some of her major activities of her. Class teacher and also teaches Hindi to all the classes. Making sure that the parents are getting regular information about the kids during and after the exams. Not only this, we also conduct regular parent-teacher meetings and keep the parents informed about the children's status."**

-Teacher

- All the parents felt that their children had benefited from the school.
- All parents remarked that they would continue to enroll their children in the school because of the facilities provided and services offered by the school.
- Some of the benefits of the program for the children are:
  - The child with a disability feels included in the classroom with peers,
  - Their sense of self-worth has improved,
  - Enhanced confidence level,
  - Improved participation levels in the classroom and at home
- The program has given an equal opportunity for children with disabilities to pursue their dream of undertaking a quality education.

## Rating of the project based on OECD framework



Criteria	Rating	Justification
Relevance	★★★★☆	The project provides services such as therapy, counseling sessions, etc. to CwD along with providing inclusive quality education to them.
Coherence	★★★★☆	SDG 3- Good Health and Well Being. SDG 4- Quality Education
Effectiveness	★★★★☆	The outcome of the project depends not only on the activities but also on other factors such as providing assistive aids and therapies, counselling students, etc.
Efficiency	★★★★☆	The social benefits of the project seem to far outweigh the investments made.
Impact	★★★★☆	The project has improved the self-worth of children while also providing them with quality education in a non-discriminatory environment.
Sustainability	★★★★☆	The project facilitates enrolment of students in state government schools.





## 5. Project sustainability

- A project can be sustainable by providing training and building the capacity of parents to manage children with disabilities.
- To reduce the chances of drop-outs, the school must ensure mainstreaming of students to continue their education.

## 6. Challenges and suggestions

None of the respondents mentioned that they faced any challenges during the implementation of the program.

The family members of the beneficiaries had certain suggestions to be incorporated and supported through the program:

### Teachers:

- Need for a digital library at school.
- More classrooms are required, along with improved infrastructure.


### Family members:

- More training is required to improve the concentration and speech of the children.
- Minimum of two teachers are required in each classroom for managing the children.
- The teachers being recruited should be well trained/training should be provided by the school for handling these children.

## Glimpse from the Field Project 5



Interaction with stakeholders in the field



## **Project 6: Women Engineering Scholarship Program for Meritorious and Deserving 50 Selected Women at Bangalore (4-year program: 2021-2025)**

### **1. About the project**

ABB India, in partnership with the Lila Poonawalla Foundation (LPF), initiated a women's engineering scholarship program in the year 2021. The program aims to identify, select, and support 50 meritorious women belonging to economically weaker sections (EWS) through financial assistance. This holistic program provides an opportunity for them to pursue their ambition of higher education, i.e., a full-time engineering degree from recognized institutions. The program was initiated with an aim of:

- Providing education and skill development.
- Promoting gender equality and empowering women

(An effort towards enabling young women to become future technology leaders).

In addition, the selected women will undergo skill development training, get exposure through industrial visits to make these potential leaders' industry-ready. The various sessions conducted for enhancing soft and technical skill development are mentioned below:

#### **1. CEP (corporate employability program)**

- o Introduction to the telecoms industry
- o Develops methodology
- o Internet of things
- o Big data
- o Cloud computing
- o Innovation methodology
- o Leadership lesson: Bee - the lead (TEDx talk)
- o Corporate/organization structure & floor visit
- o Design thinking
- o Toastmasters meeting
- o Leadership lesson: working in a team
- o Mock test
- o Resume writing
- o Interview skills and mock interview

## 2. Success keys for cracking interviews

- English communication skills
- Resume writing
- Mock interviews
- Tips for cracking interviewing
- Group discussion
- Interaction with leaders

## 3. Mentoring by leaders

- One to one mentoring on career guidance and academics for project
- Mentoring on work skills

## 4. Industry exposure

- Exposure to the organization and various functions
- Plant visit/ shop floor visit

## 5. Technical skills training

- Cloud computing
- Home by ME App (creating 3D view of home using tools)

## 6. Financial literacy

## 7. Cyber security

## 8. Lean six sigma

## 9. Computer graphics

## 10. UI framework

## 11. Simulation in product development

## 12. Career guidance for 10th grade and undergraduate students from different courses.

## 13. Academic coaching for 8th to 10th grade

## 14. Leadership sessions (interaction with senior leaders)

## 15. Microsoft Excel

## 16. Digital marketing

## 17. Industry 4.0

## 18. Data analytics

Apart from the trainings, the program also focuses on providing mentorship and career-oriented counselling through a team of experienced professionals and exploring internship and industry-based opportunities for the candidates.

**Project duration:** September 2021 – September 2025

**Project location:** Bangalore

**Project stakeholders surveyed:** 50 women

**SDGs linked directly to the project:**





## 2. Background

Women are an integral part of society who influence and shape the development of our future generations. The beneficiaries under the project belong to an economically weaker section of the society; mothers are homemakers and fathers, being the sole bread earners, are working as an electrician, farmer, tailor, laborer in the field, rendering home tuitions, and working in an auto industry, respectively. Coming from such a background, it gets difficult for the parents to afford the higher education of their children, especially women. Thus, due to financial limitations, many students are not able to pursue their dreams of higher education, which limits their learning opportunities and career growth.

Understanding the importance of fulfilling the educational dream of many, the scholarship program was initiated to create a visible impact and transform the lives of women from marginalized communities. The merit-cum-need-based scholarship and skill building program aims to support academically talented women from such backgrounds to promote higher education and their empowerment.

The selected students are provided with financial support to pursue an engineering degree and enhance their technical and soft skills through a training program to develop their core skills and competencies to make them industry-ready.





### 3. Methodology

The study used qualitative tools for collecting data from the beneficiaries. A focused group discussion (FGD) was conducted with the women students, and an in-depth interview was conducted with the representative of the Lila Poonawalla Foundation (LPF).

The study initially aimed to conduct surveys with 25 women beneficiaries, but due to their ongoing examinations and the unavailability of students for the survey, a FGD with 8 students was conducted virtually by the field team. The study team could not interview the parents, as the program does not involve any interaction with the parents of the beneficiaries.

Some of the observations are:

#### a. Profile of the students:

The students availing themselves of meritorious scholarships come from economically marginalized sections.

**"The students engaged under the program belong to economically weaker strata of the society who cannot afford higher education due to financial limitations."**

-CEO, LPF

The observation during FGD shows that all the participants come from economically weaker backgrounds. For most of the students, their parents were working as homemakers, auto rickshaw drivers, farmers, and electricians. This indicates that parents are working in the informal labor economy, which in itself is rife with job insecurity and low wages.


The students who participated in the discussion were studying in different colleges such as Vemana Institute of Technology, AMC Engineering College, Sai Vidya Institute of Technology, Amrita School of Technology etc.

#### b. Awareness about ABB's scholarship program and its criteria:

The students were asked how they knew about the scholarship program. Most of them learned about the scholarship program at the orientation camps organized by their colleges. Most of them said:

**"They came to know about it through various orientation camps, town hall meetings, advertisements, posters affixed to their college notice boards, word-of-mouth, etc."**

The field observation also highlights that the scholarship program was widely circulated amongst the colleges; the LP Foundation had talks with the principals of colleges, and hence the students were aware of the



program. Some learned about the program from their friends and were also happy that the eligibility criteria were not that stringent.

Further, the respondents were also aware of the criteria for applying for scholarships.

**"The applications were invited from the students, considering their family income should be below 3.5 LPA, their age, course of study, and willingness to pursue further studies. For the final selection, the students had to undergo an interview process with 6-7 panel members".**

Ms. Khare, the CEO, was asked about the activities conducted as part of the program, to which she said,

**"Major activities conducted are conducting orientation camps at colleges, advertising, affixing posters on college notice boards, creating awareness, and thereby encouraging students to avail themselves of the benefits of the scholarship program".**



### **c. Benefits and achievements of the program:**

- Provide financial support to the female students so they can pursue their educational dreams.
- Reduce the financial burden on the students and their families.
- Apart from academic studies, skill development, time management, stress management, etc. sessions were undertaken.
- Exposure through industrial visits gives an insight into the professional aspect.
- Career-oriented sessions or guidance to prepare them for the job opportunities.

**"I found the entire engagement very interesting and a learning experience. The entire exercise has been very transparent and conducted very diligently, and I attribute the success of this program to my team."**

**"Expressed her deep sense of appreciation for the success of the program and thanked ABB for their support and looks forward to the same in the coming years."**

-CEO, LPF

She further talked about the change that the program has brought about in the lives of the students. She added:

**"The students have been immensely benefited by this program which has also had a positive impact on their families. Through scholarships, many students have pursued their studies, and post-study, about 65-70 percent of them are placed with salaries ranging from Rs 3.50 lakhs per annum (P.A.) to Rs 25 lakhs P.A. About 15 – 20 percent of them pursue post-graduation courses of their choice."**

**"The unanimous opinion was that there were only pros and no cons!"**

Moreover, none of the students had any issues receiving timely scholarships. They had to produce the fee receipts and claim the scholarships, which would be distributed once a year.



## 4. Key findings

- The project successfully reached out to 50 women.
- The CEO of LPF, when interviewed, stated that through the scholarship program 65–70 percent of students, upon completion of their studies, have been placed with a package between Rs. 3.5 to 25 LPA.
- 15-20 percent of students got themselves enrolled for pursuing post-Graduation in the course of their choice.
- The program created a lasting impact on the lives of the participants and uplifted the economic and social status of not only the students but their families as well.
- Through virtual interaction, the students stated that the financial support provided under the scholarship program helped them pursue their dream of higher education.
- The students mentioned that the scholarship program has helped reduce the financial implication on the families and motivated them to pursue higher education.
- The program and team members were found to be proactive, transparent, honest, and promoted teamwork.

### Rating of the project based on OECD framework



Criteria	Rating	Justification
Relevance		The project is giving an opportunity for women coming from socio-economically marginalised sections to pursue higher education and fulfil their dreams.
Coherence		SDG 4 - Quality Education SDG 5 – Gender Equality
Effectiveness		The project is providing hands-on training to develop their skills and make them industry-ready.
Efficiency		The project is providing training to students along with the scholarship to help them complete their education and be ready for upcoming job opportunities.
Impact		The project is still in its implementation stage, thus capturing the impacts would only be possible after the completion of their course, keeping in mind the number of students availing themselves of the job opportunities.
Sustainability		The project in itself is developing a cohort of future women leaders who will be economically independent and decision-makers.

## 5. Project sustainability

The continued support given to students throughout their four years of academic study is sustainable. The frequency of workshops conducted with students on mentorship and skilling can be increased; this will nurture the students further and make them market-ready for jobs in and beyond their sector. The project in itself is about developing a cohort of future women leaders who will be economically independent and decision-makers. They will further ignite the zeal in fellow female students to apply for scholarships and continue their journey of education forward without any resistance.



## 6. Challenges and suggestions

The respondents were asked about the challenges they faced during the implementation of the program. None of the students faced any issue while receiving the scholarship; they were only asked to produce their fee receipts to avail the same.

While the CEO mentioned that the only challenge that they faced was COVID-19, as it changed their academic cycle completely. But now, gradually, they are coming on track.

From the point of view of data collection, the suggested sample size of 25 students could not be met due to the scheduled examinations.

The respondents had certain suggestions to be incorporated in the program:

- The CEO said that she is quite elated with the success of the program and would suggest that a minimum of 3 batches should be planned every year to benefit about 220 students and their families.
- One of the students suggested to further include trainings in the field of semiconductor testing and courses related to electrical engineering under this program.

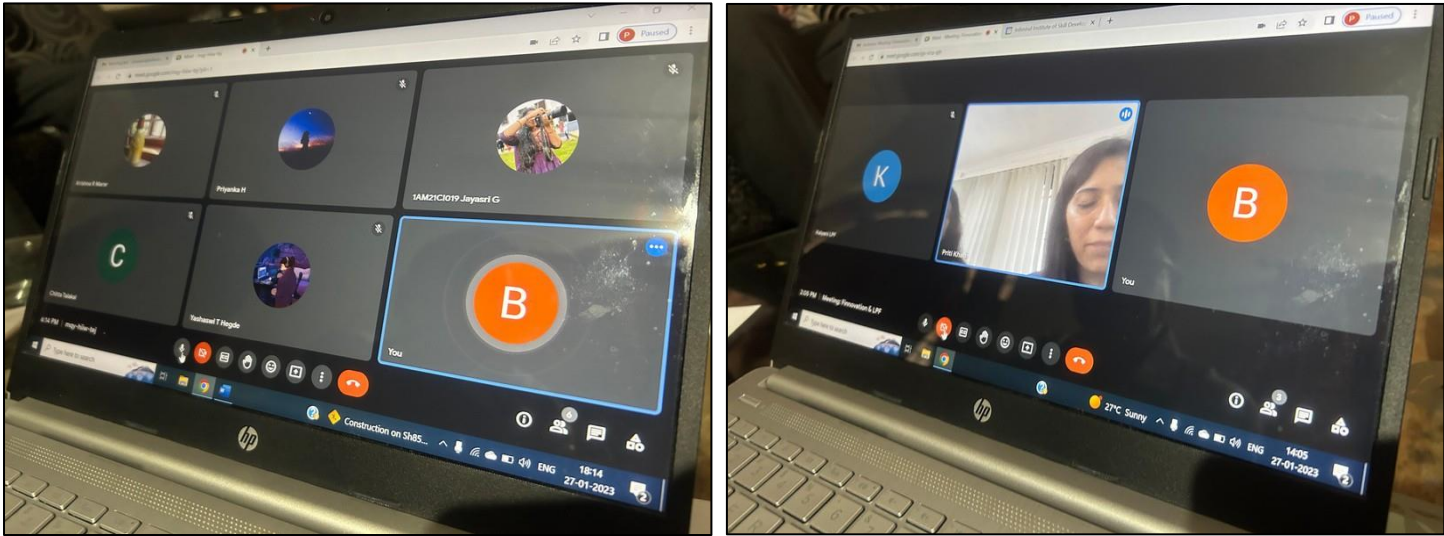
### Key observations from the FGD:

- Almost all the students were quite conversant and fluent in English, during their group discussion.
- Students were of the opinion that additional training/mentoring sessions might help them in face challenges after their studies.

**"They appreciate and acknowledge that the scholarships play a great role in relieving the financial stress of their parents; their desire to pursue education is much greater, and they don't seem to think twice about pursuing education, even if, in the worst case, they would be deprived of the scholarship. The amount of Rs 60,000 however, is quite a big relief, which they had not anticipated, and also because the interviews were conducted professionally and the deserving students got the benefit."**

- Students

## Glimpse from the Field Project 6



**Virtual interaction with the students and with Ms. Khare, CEO LPF**



## Project 7: Supporting Differentially abled Women

### 1. About the project

ABB India is supporting Gharkul Parivar Sanstha to build a residential facility for mentally disabled and differently abled women to give them a better life in terms of accommodation, food, medical care, etc. Under this program, 25 such women belonging to the economically weaker section of society are adopted and taken care of as family members. Most of the families, due to financial limitations, are not able to give them the proper care, support, and medical treatment that they demand and deserve.

#### Project goals & objectives:

- To secure the overall development and rehabilitation of mentally challenged girls and women.
- To share responsibility with parents and guardians of mentally challenged girls, especially those parents who are incapable of taking care of such girls.
- To make them a valuable part of mainstream society.
- To create social awareness about mental retardation.
- To provide vocational and skill training to these girls.

The facilities provided here the same for everyone and not discrete based on their socio-demographic profiles.

The program was initiated with an aim of:

- Providing affordable "home away from home" facilities to these women
- Promoting education, including special education for the differently abled.
- Promoting gender equality and empowering women.

For their rehabilitation, the women are motivated to participate in various activities such as yoga (pranayam), meditation, prayer, exercises, Zumba dance, laughter yoga, art and handy crafts, etc. and follow a set timetable mentioned below to keep them engaged throughout the day:

S. No	Time	Daily scheduled activities
1	6:30 – 7:00 a.m.	Freshen up & bath
2	7:00 – 8:30 a.m.	Prayer & meditation
3	9:00 – 9:20 a.m.	Exercises
4	9:20 – 9:45 a.m.	Breakfast
5	12:30 – 1:45 p.m.	Lunch time
6	1:45 – 4:30 p.m.	Involve in different types of work
7	4:30 – 5:30 p.m.	Tea time
8	5:30 – 6:30 p.m.	Involve in different types of work
9	6:30 – 7:30 p.m.	Yoga and exercises
10	7:30 – 8:00 p.m.	Prayer and meditation
11	8:00 – 9:00 p.m.	Dinner
12	9:00 – 10:00 p.m.	Watch TV programs
13	10:00 p.m.– 6:30 a.m.	Sleep time

**Table 14 Time table**

To remind them of the special day's events like birthdays and anniversaries, various Indian festivals are also celebrated with them.

**Project duration:** December 2021 – November 2022

**Project location:** Nashik, Maharashtra

**Project stakeholders surveyed:** Family members of 25 women, facility staff and implementation partner.

**SDGs linked directly to the project:**





## 2. Background

Differentially abled women or girls from economically weaker and socially backward societies are often neglected, discriminated against, or abandoned by their own family members as they are considered weak and are not taken care of due to financial constraints.

To overcome such hardships and provide a secure and nurturing environment to these women whose parents are unable to provide them facilities such as proper care, nutritious food, and medical treatment, the program was initiated.

These differentially abled women were adopted by ABB India to help transform their lives and become productive members of society." In addition, they are trained on skills like sewing, handicraft, painting, pen assembly, etc.

**"The services offered to women and girls staying in the facility range from providing health facilities, nutritious food, entertainment services such as TV, trips and picnics arranged by the management, cultural activities provided by the management, and other cultural program with other family members like birthday celebrations, etc."**

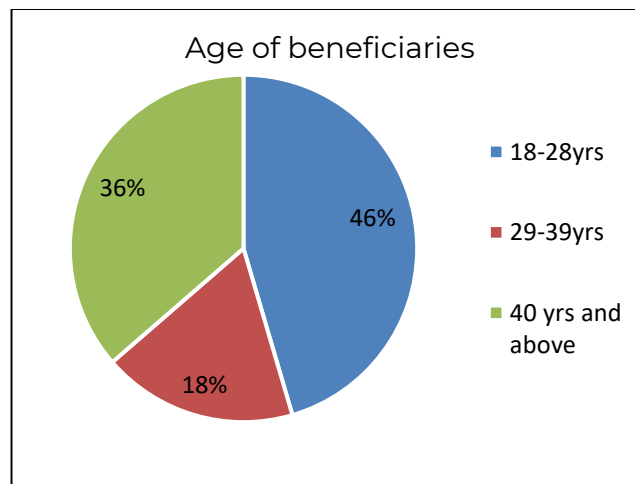
-Staff member

### 3. Methodology and data analysis under the project

The project conducted the analysis based on the data collected from the field through in-depth interviews conducted through face-to-face interaction with the facility members and implementing partner. A survey questionnaire was deployed using CAPI to gather information from the family members of the differently abled women enrolled at the centre.

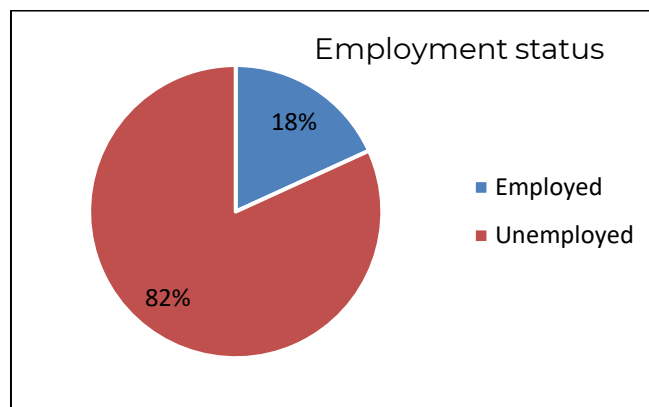
Some of the observations are:

#### a. Socio- Demographic profile of the beneficiaries:



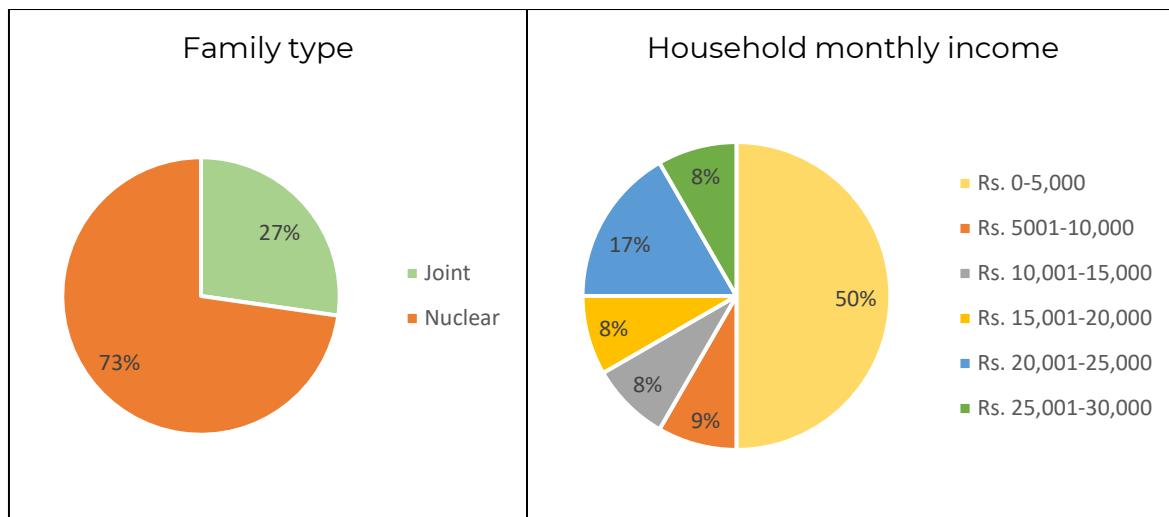
The respondents stated that 45 percent of the women at the centre belong to the age bracket of 18-28 years, 18 percent belong to 29-39 years, and 36 percent belong to 40 years and above. The findings align with the eligibility criteria for the intake of women at the centre.

#### b. Economic and financial status of the families of beneficiaries:



From the survey, it was found that only 18 percent of the respondents are employed, and the other 82 percent are unemployed.





Out of the respondents surveyed, 73 percent stay in a nuclear family, while only 27 percent stay in joint families.

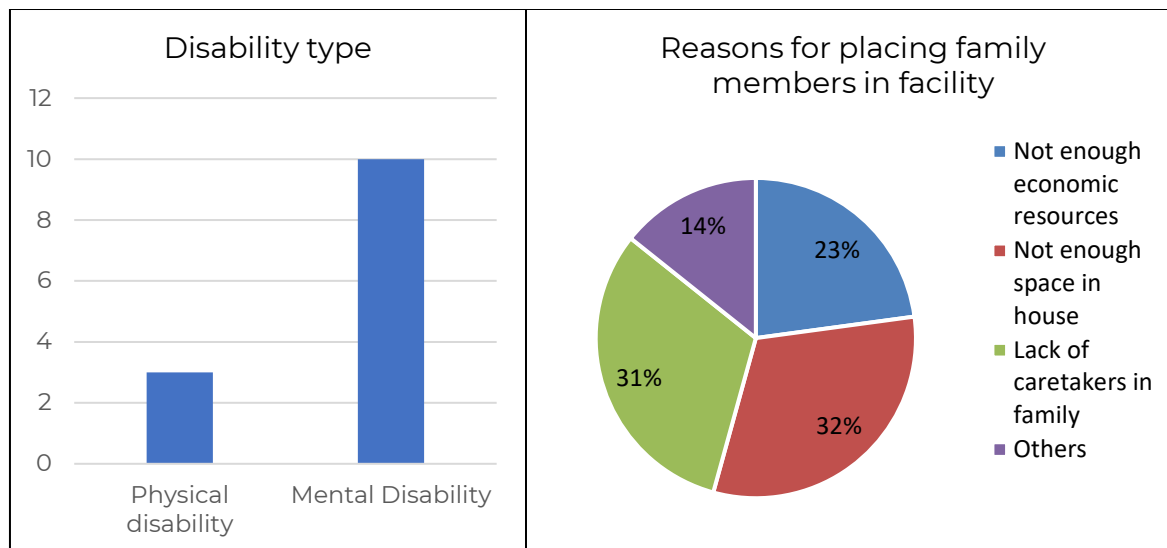
Considering their household income 50 percent mentioned that they earn between Rs. 0- 5000 on monthly basis, 8 percent each comes into the bracket of Rs. 5001- 10000, Rs. 10001- 15000, Rs. 15001- 20000 and Rs. 25001-30000 respectively. While 17 percent earns between an income set of Rs. 20001- 25000 monthly.

The above graphs highlight that most of the family members are unemployed, and the household income graph also sheds light on their marginalized economic and financial status. Further, with more than 50 percent of respondents living in nuclear families, they aren't able to take care of their family members. This is further compounded by their vulnerable economic condition, lack of funds, resources, and other facilities required. However, the facility provided at the center is the same for everyone, not discrete based on their backgrounds.

**"As per my knowledge, the age group of our girls is above 18 years and up to 58 years old." All girls are coming from different categories of economic and social status of their parents, but most are from poor family backgrounds and cannot afford basic facilities; few families are good and help lots. But here, the facilities are the same for everyone."**

- Staff members

### c. Reasons for sending the family members to the centre:

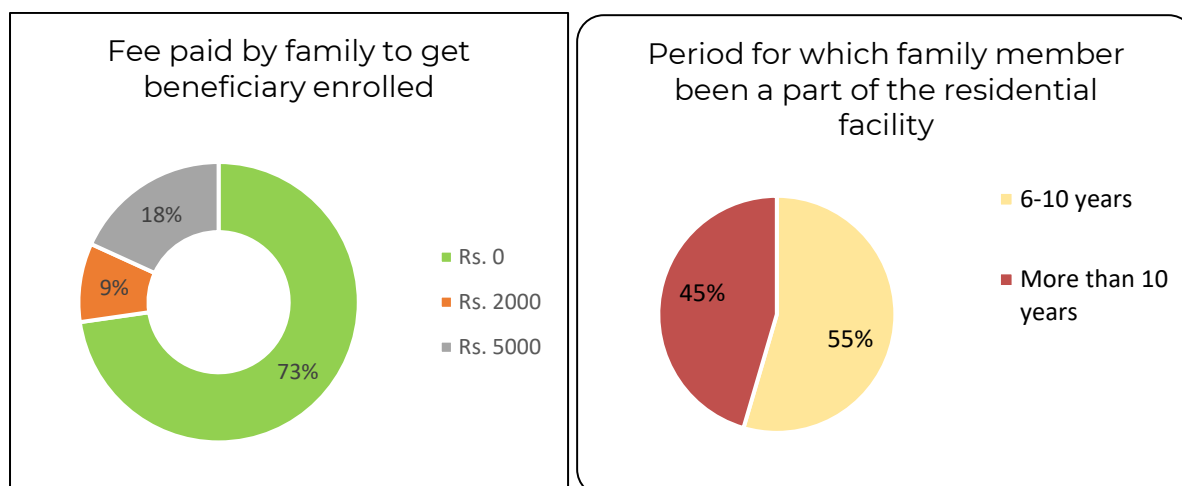


It was confirmed that most of the women at the centre are struggling with mental disabilities, while only some are physically disabled.

When asked regarding the reasons for sending their family members to the centre the respondents stated that due to the lack of the following resources, they were bound to send them away from their homes:

- 23 percent mentioned: not enough economic resources.
- 31 percent mentioned: not enough space in the house.
- 31 percent stated: lack of care takers in family.
- 14 percent mentioned there were other reasons such as: no income, expensive medical facilities, unable to provide required nutritious food, etc.

#### d. Enrollment charges and reasons for choosing this facility:

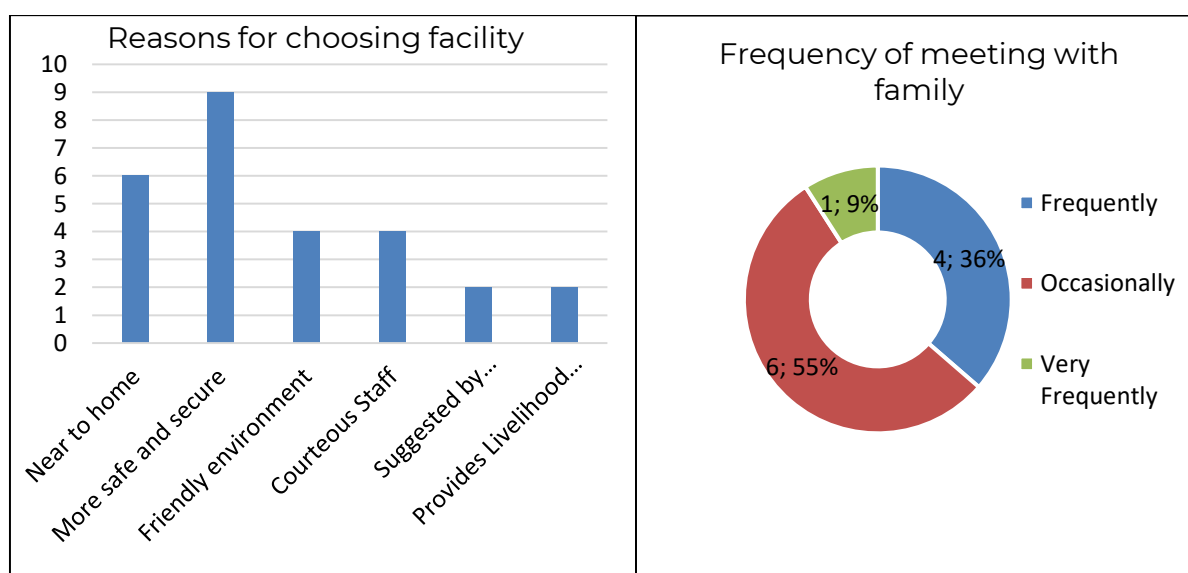


73 percent of the respondents stated that no enrollment fee has been charged to them, whereas 9 percent said that Rs. 2000 and 18 percent said that Rs. 5000 have been charged to them at the time of getting their family member registered at the centre.

**"Our institution is charging fees as per the economic status of the students' parents. Those who cannot afford the fees we are charging very little from them."**

- Staff members

The respondents were further asked since when the women have been part of the centre, to which 55 percent mentioned that it has been 6-10 years and 45 percent stated that it has been more than 10 years.

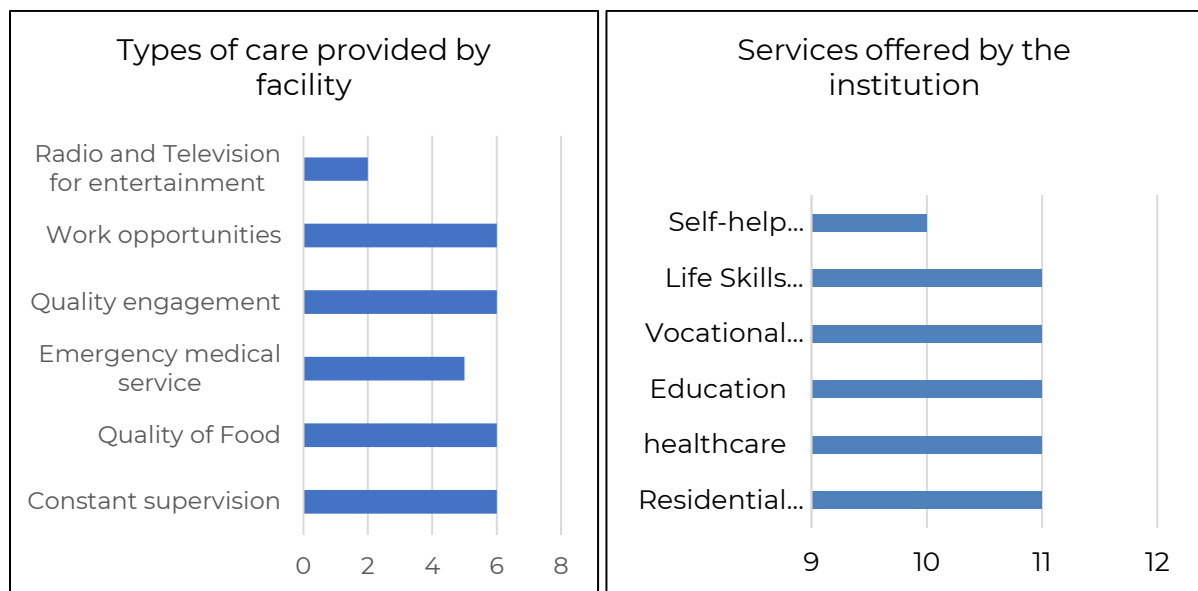


The respondents stated the various reasons for choosing this facility:

- Near to home.
- More safe and secure.
- Friendly environment.
- Courteous staff.
- Suggested by family/ friends.
- Provides livelihood opportunity.

Even if they have sent the members of their families to the centre to provide them with better care and facilities, 36 percent said that they frequently visit the centre and meet her, while 55 percent visit there occasionally, and 9 percent visit and meet her very frequently. As the centre is near their homes, frequent visits are feasible for the family members, and furthermore, none of them reported facing any difficulty while visiting them.

**e. Types of facilities provided and services offered:**



The respondents, when asked regarding the facilities offered at the centre, mentioned that the women are always under constant supervision and are provided with emergency and medical facilities, nutritious food, full-day engagement as per the timetable, work opportunities, and radio and television for entertainment.

Apart from the ones mentioned above the women undergoes various trainings such as self-help skills, life skills training, vocational training, education, health care, etc. These activities help in developing their understanding, skills, and increase the opportunity to socialize with other members.

"The services offered to women/girls staying in the facility are health facilities, nutritious food, seminars for vocational training program, and interment services such as picnics, singing, dancing, and a TV program watching facility."

-Facility member

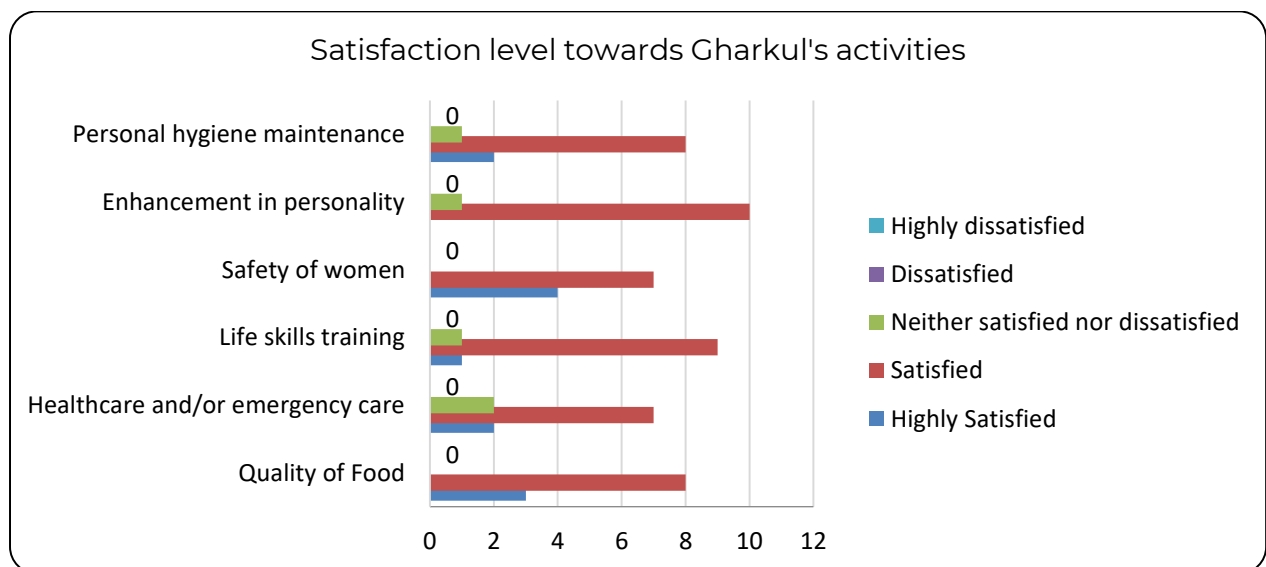
**f. Awareness about ABB India supporting this program:**


None of the respondents was aware that their family members were adopted by ABB India under this initiative, and all the facilities provided to them are sponsored and supported by the company.

**g. Benefits of the program:**

- The program reached out to 25 women.
- Provide a safe and secure, homely atmosphere.
- Opportunity to keep themselves engaged and learn through participating in various activities.
- Made them realize their self-worth and self-respect.
- Reduce the financial burden on families by giving them the satisfaction that a member of their family is safe and properly taken care of.
- Get access to various therapies and vocational training such as music, dance, games, the preparation of food products, job work in ball pen assembly, memorizing poems, etc.
- Improve socialization through interaction and group activities.

**h. Satisfaction towards Gharkul**





Most of the respondents were highly satisfied with the services rendered by Gharkul, such as the quality of food, health care, life skills training, safety of women, personality development, maintaining personal hygiene, creating a good atmosphere, etc.

None of the respondents were dissatisfied. This highlights the fact that the family members are satisfied with the services and care provided by the facility for the well-being of the beneficiaries.


#### **4. Key findings**

- The medical expenses are borne by the families of these women and are not covered under the support provided by ABB India.
- There is no discrimination in providing facilities to women on the basis of their socio-demographic profile.
- The accountant mentioned that the institution is charging a registration fee to the families depending on their economic and financial status.
- All the respondents during their survey mentioned that the rooms provided are spacious, the centre is disabled friendly, and adequate sanitation facilities are given to the beneficiaries.
- The women must be continuously engaged in various skill-learning activities in order to address their behavioral issues to some extent.
- No on-the-job training was conducted for the staff to look after these women, and there is a shortage in the required number of staff members.
- Stalls showcasing the products, decorative items such as lamps, lanterns, etc., made by these women are displayed at events conducted during festivals like Diwali or through various exhibitions.
- Due to the syndrome, the women are slow learners and are taught on a gradual, step-by-step basis; thus, the teachers appointed must be full of love, compassion, and patience.

## Rating of the project based on OECD framework



Criteria	Rating	Justification
Relevance	★★★★☆	The project supports in providing a home-like facility to the marginalized disabled women without discriminating in providing facilities on the basis of their socio-demographic profile.
Coherence	★★★★☆	SDG 3- Good Health and Well Being SDG 4- Quality Education SDG 5- Gender Equality
Effectiveness	★★★☆☆	The facility lacks adequate trained manpower to manage and take care of the disabled women residing there.
Efficiency	★★★★☆	The project does not provide any on-the-job training for the staff to care for these women.
Impact	★★★☆☆	The project engages women and tries to instill regularity in how they conduct day-to-day activities, yet the lack of support for medical expenses makes it difficult for families to take care of their members living in the facility despite having access to other resources and activities.

Sustainability		<p>The project is not sustainable due to:</p> <ul style="list-style-type: none"> <li>-Lack of skilled and trained staff members.</li> <li>-Inadequate funds are available.</li> <li>-Retention of skilled and trained staff.</li> </ul>
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## 5. Project sustainability

The project should include the medical expenses of women residing in the home. Regular audits are required to understand how effectively the amount given is being utilized for providing services to the beneficiaries.

## 6. Challenges and suggestions

The respondents were asked about the challenges they faced during the implementation of the program. There were certain challenges that were highlighted both by the facility members and the implementing agency.

Challenges faced by Implementing partner:

- Lack of skilled and trained staff members.
- Inadequate funds available.
- Retention of skilled and trained staff.
- Sale of the products as the marketing channels are not streamlined.


Challenges faced by Facility members:

- Overburden with work due to shortage of staff members.

### Key observations from the field:

- Out of the 25 women being charged, one woman has already passed away during COVID.
- Only information on 18 of the 25 women adopted through the programme was provided.
- The staff is not paid enough as per the work they do.
- It was suggested to undertake an audit of the on-ground implementation and the funds utilized under this program.
- It was observed that the respondents were already intimately familiar with the points that needed to be quoted during the survey.



- 
- It was found that two women staying at the centre were sent back home to get their treatments done.

**"Good, but they sent her home for 9 months during COVID-19."**

-Family member

The respondents, including the implementing partner and family members of the beneficiaries, had certain suggestions to be incorporated and supported through the program:

**Implementing partner/ agency:**

- The women should get an opportunity to get an education, work, and live a dignified life.
- Exposure visits should be organized for the women to promote socialization with the outer world.
- An opportunity to showcase their talent should be given to these women.

**Family members:**

- A home-doctor facility must be provided.
- If required, the centre should allow more than one beneficiary per home if they are also suffering from such disabilities.



## Glimpse from the Field Project 7



Interaction with beneficiaries at the facility

## Project 8: Improving Road Safety, Security Cleanliness, Hygiene Aspects for the selected road stretch in Peenya Industrial Area

### 1. About the project

ABB India undertook a direct implementation of the project with a selected vendor, namely Ground Reality Enterprises Pvt Ltd., and initiated the road upgradation program with an aim to ensure road safety, pedestrian safety, cleanliness, effective management of waste, traffic management, improving public road amenities, and regular maintenance of selected road stretches in terms of sustaining greenery. Keeping in mind the safety and security of the commuters, the road stretch is under 24/7 closed-circuit television (CCTV) surveillance; the road is disabled friendly, with footpaths at the same level, i.e., having no highs, lows, or breaks.

Under this program the following bill of quantities (BOQ) and interventions have been undertaken for the selected road segment:

1	Sign boards (e.g., no parking, speed breaker, turning etc.)	2	White/yellow paint: - Zebra crossing - Road ends marking- white and yellow
3	Speed breakers - Humps- As per Indian road congress (IRC) standard speed breakers	4	Road ornaments - Cat eyes – As per IRC standard- 3 M
5	Lights & camera - Traffic light signal - CCTV camera - LED street light- 9 Mt - LED street light- 11 Mt	6	Road resurfacing
7	Mirrors at turns	8	Footpath & drain - Storm water drain Construction - Footpath construction - Landscaping - Kerb stones
9	Painting (walls at select places - limited posters) - Cleaning the pedestrian walkaway	10	Dustbin installations
11	Cover for street light bolts (concrete based)	12	Stainless steel bollards
13	Tree branches cutting around lights (30 & 80 feet) road	14	Bangalore water supply and sewerage board (BWSSB) valve fixing
15	Traffic yellow blinker	16	Pan-tilt-zoom (PTZ) camera, Inc. supply and installation of pole, wiring, storage, monitoring etc.

17	Light-emitting diode (LED) street light-extra arm near temple, supply, installation and rewiring.	18	Large format (hawker board) incl. supply and installation  Substitute Item to ABB logo board(8'x3') - large format
19	Multi company logo boards	20	Sign board with double display 2 sign boards in 1 MS post
21	Electric meter	22	Orange color Polyvinyl chloride (PVC) flexible spring post
<b>Additional Activities for closure</b>			
1	Utility trench	2	Guardrail installations
3	30ft road extension	4	Installation of road crossing using 300mm dia hume pipe
5	Plain cement concrete (PCC) for drain & trench	6	Painting - art work - story telling on walls
7	Dismantling Reinforced cement concrete (RCC) flooring and relaying	8	Drain/footpath - honeycomb rectification Level rectification
9	Landscaping – planting big and small shrubs	10	M25 concrete - gate crossing covering
11	RCC median barricade	12	Armored cable 4 core with laying
13	High mast installation at a circle	14	Concrete flooring near gates
15	Circle creation	16	Providing removable precast slabs with mild steel angle sections. The rates include manufacturing, supplying and fixing
17	Sprouts	18	Tree marker reflector
19	Laying of saucer drain	20	RCC median barricade- removal & backfilling
21	Railings and signages	22	Plastering the wall for painting
23	Crack filling on the wall	24	Constructing and removing solid block wall around tree areas in 30 ft road
25	CCTV – network video recorder	26	Removal of saucer drain
27	CCTV- network switch	28	Chambers
29	CCTV- hard disk	30	Logo on traffic signal
31	Solar cat eyes - at HRPC	32	Prohibition signages: stick no bills, pedestrian crossing etc. (2ftx1ft aluminium composite panel sheet screwed to compound wall)
33	Repair & installation of traffic police blinkers	34	Disha gate storm water drain connection
35	Removal of existing sign board at TVS cross	36	Road resurfacing

**Table 15 Project activities undertaken**

The focus of the program is ensuring environmental sustainability and the safety of commuters through high-rise pedestrian medians, wider footpaths, steel barricades to prevent vehicles from getting onto the footpaths, a good drainage system, utility trenches for cross-wiring, road markings, reflectors, LED lights, and traffic signals, etc.

**Project duration:** October 2021 – March 2022

**Project location:** Peenya, Bangalore, Karnataka

**Project stakeholders surveyed:** 68 beneficiaries, implementation partner

**SDGs linked directly to the project:**



## 2. Background

The structure of the road plays an important role in easing various issues, such as improved transportation with safety, reducing the cost of maintenance, reducing potholes and waterlogging, etc., faced by the public in their normal day-to-day routine. Thus, a well-designed and well-prepared road structure can cope with the social and economic requirements of a society.

Peenya is one of the biggest industrial areas in Asia and the oldest industrial area in Bangalore. This location comprises 5000 small-scale enterprises along with 30 medium- and large-scale industries, employing over 5 lakh people. Thus, the road stretch of the Peenya industrial area becomes essential for the transportation of raw materials as well as the movement of stakeholders residing in and commuting in the area<sup>7</sup>.

To provide such amenities and resolve the issues faced by the daily travellers, ABB, under its CSR initiative, along with the implementing agency, undertook the upgrade of the selected road stretch in the Peenya industrial area.

The roads have been developed in such a way that any kind of civic work will not affect the daily routine. The roads are disabled-friendly, safe and secure, with a well-managed drainage system, a well-constructed footpath with an appropriate place to walk, a proper cross-ventilation system, and a focus on environment protection and conservation.

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<sup>7</sup> Peenya Industries Association. <https://www.peenyaindustries.org/about-us/>

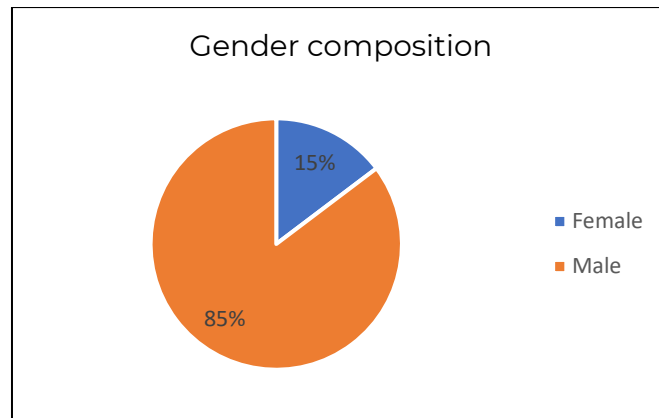




### 3. Methodology and data analysis under the project

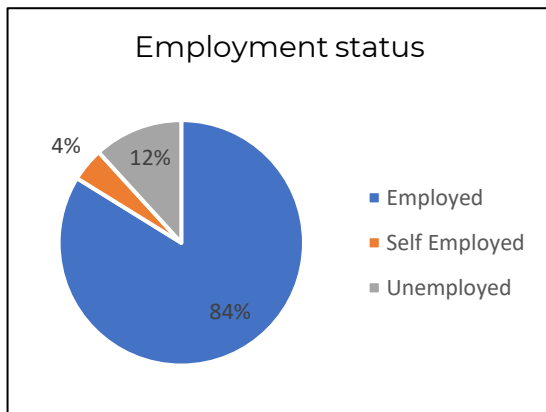
A total of 10 random public commuters were surveyed for the study, along with 1 individual from 82 households (HHs) located near the project site. Out of the 82 households surveyed, only 58 households fulfilled the criteria of having their house near a road constructed or working in the Peenya industrial area. The survey of random public and household respondents was conducted through a prepared questionnaire using a CAPI-based interview, and an IDI face-to-face interview was scheduled for the IP partner.

#### a. Gender



Overall, 85 percent of the surveyed respondents were male and 15 percent were female. Of the 10 random commuters surveyed, 8 were male and 2 were female, while in the household survey, out of 58 respondents surveyed, 8 were female and 50 were male.

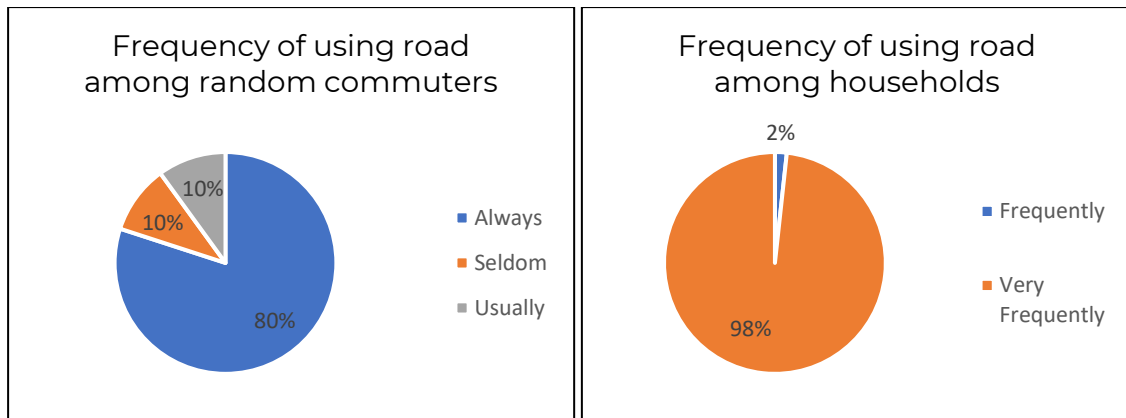
#### b. Employment status



Employment status of random commuters		Employment status of respondents in HH survey	
Unemployed	4	Employed	52
Employed	5	Self Employed	2
Self Employed	1	Unemployed	4

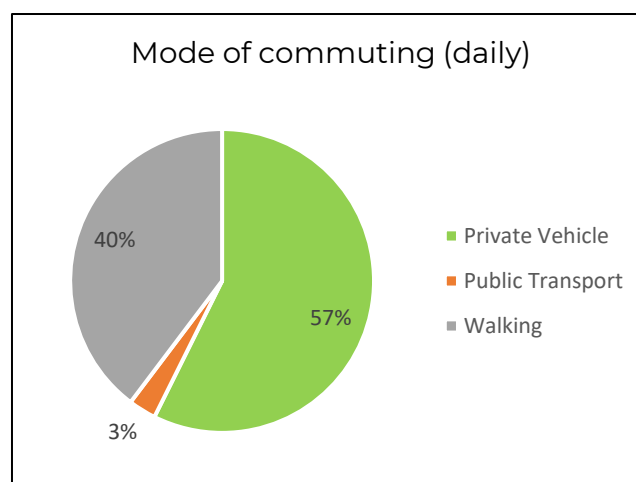
Out of the total respondents surveyed, 84 percent were employed, 4 percent were self-employed, and 12 percent were unemployed. The employed respondents were working in various sectors, such as private and government, while some worked as daily wage workers and homemakers, respectively.

### c. Frequency of using road and mode of commuting



The random commuters, when asked about the frequency of using the road, said 80 percent of them use the road always, whereas 10 percent of respondents said they use the road rarely and usually, respectively. While 98 percent of the individuals in the household when surveyed stated that they use the road very frequently and 2 percent use the road frequently.

The above graphs highlight the frequency with which the road is being used by both the random commuters and the individuals from HHs either living in that area and its surrounding vicinity or using it as a daily route while commuting to or from their respective work.

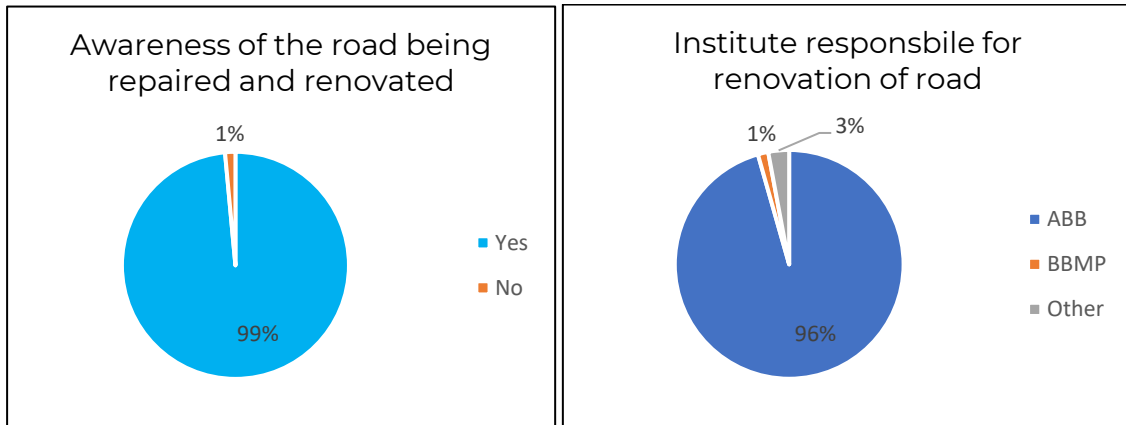


Out of the total 68 respondents surveyed, 57 percent use a private vehicle for commuting, while 40 percent walk, and the remaining 3 percent use public transport. The respondents using private vehicles are mostly

working professionals who are using this route for their daily commutes to work. Moreover, the road serves an estimated 1 lakh commuters daily<sup>8</sup>.

The regular commuters mentioned that the upgraded road helped them reduce travel time and ensure a safe and secure journey.

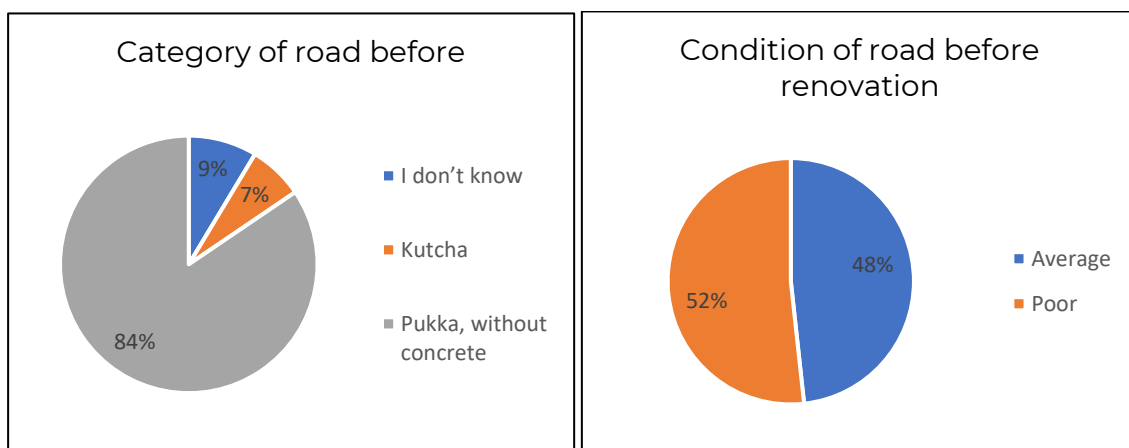
#### d. Awareness regarding renovation of road



99 percent of the total respondents surveyed were aware of the road improvement and repair work. Whereas out of them, 93 percent knew that the road is being repaired and renovated with the support of ABB India, 1 percent stated that it is done by the BBMP, and the rest 3 percent assumed that it is done by some other agency.

Both the graphs, confirms that the commuters were apprised on the on-going road repair process and the company supporting this initiative.

#### e. Condition of road before renovation



Out of 58 respondents in the household survey, 84 percent said the road before was pukka without concrete), 7 percent said it was kutcha, and the

<sup>8</sup> The Hindu, Information retrieved from <https://www.thehindu.com/news/national/karnataka/first-bbmp-road-remade-under-csr-initiative-has-citizen-friendly-amenities/article65636153.ece>

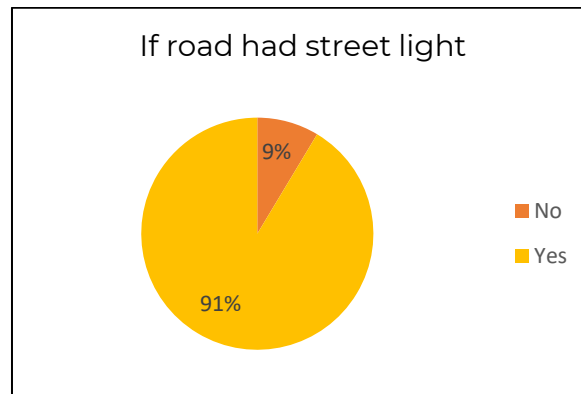


rest, 9 percent, were not aware of the category of the road. 52 percent said the condition of the road before repair work was inferior, while 48 percent said it was average.

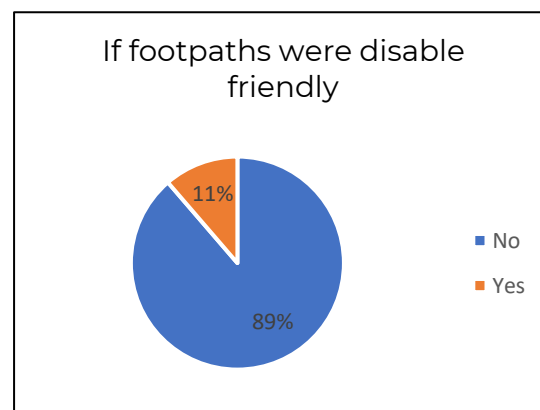
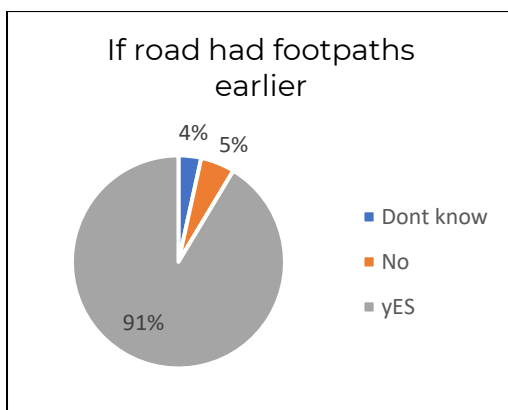
Thus, considering the quality of the roads as mentioned by the residents of the area, it was important to repair and renovate the roads.

### Facilities available on the road before renovation

- Availability of street light:



- Availability of disable-friendly footpaths:



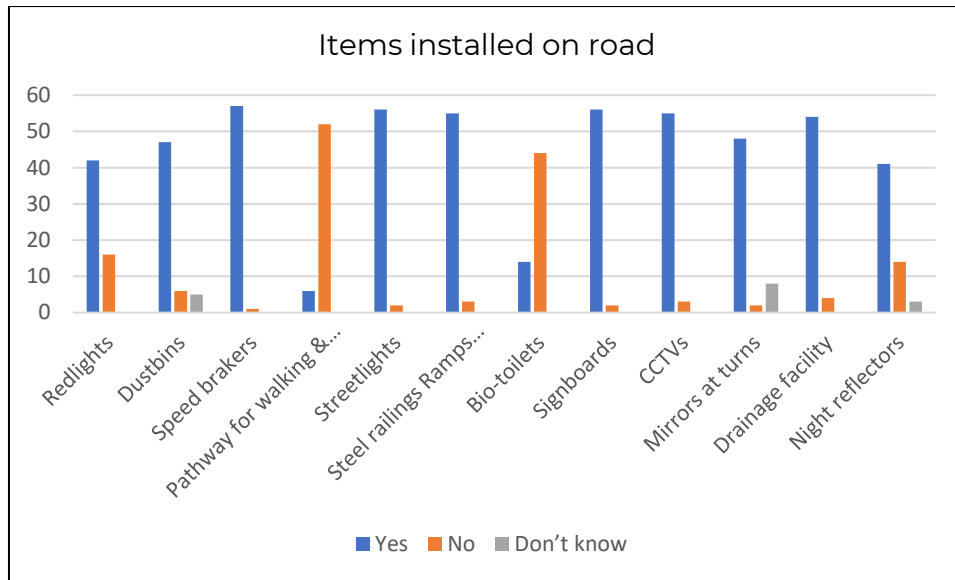
The following points were analyzed based on the household survey, focusing on the conditions of the roads and facilities available:

- 91 percent mentioned that the street lights were available.
- 91 percent stated that the roads had pathways, and out of them, only 11 percent mentioned that the footpaths were diable friendly.
- All the respondents said that the roads had potholes.
- Low cleanliness.

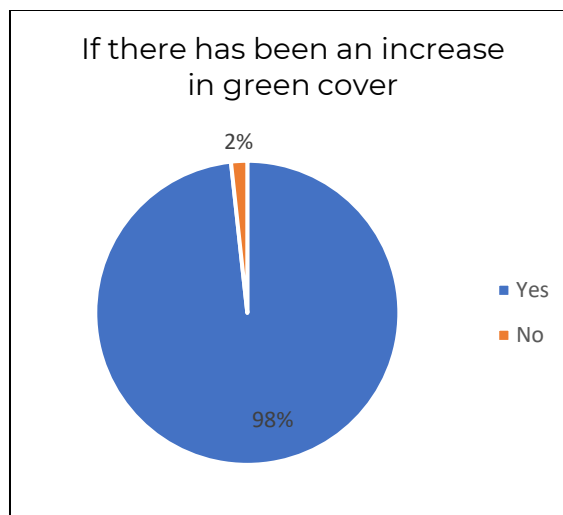
## f. Status of the roads after renovation:

Post the renovation there were a lot of positive impacts that were seen:

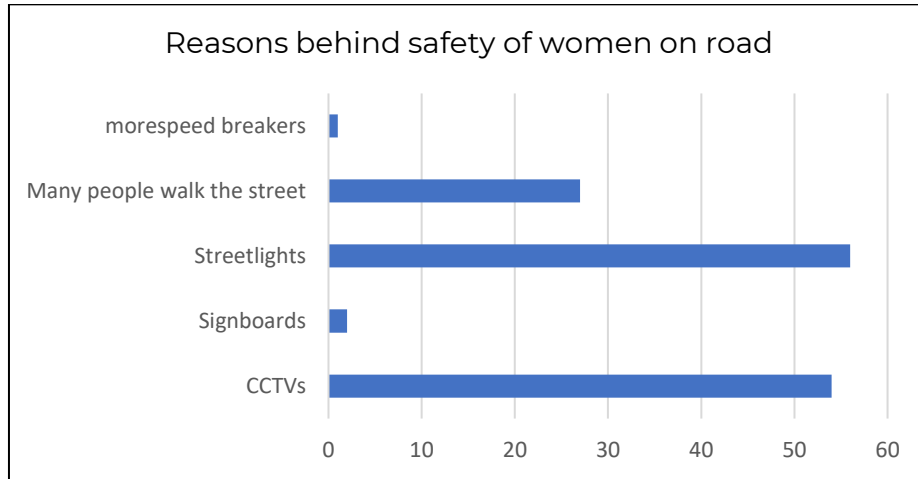
- The following facilities, such as red lights, bio-toilets, CCTVs, mirrors at turns, an improved drainage facility, night reflectors, dustbins, streetlights, steel railing ramps, disabled-friendly pathways, etc., were installed and improved to ensure road safety and security.



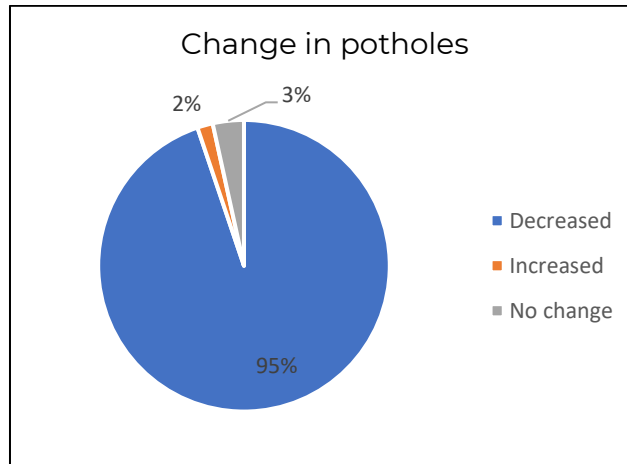
- 98 percent of the respondents mentioned that there has been a significant increase in the green cover, making the selected road stretch more beautiful.



- Ensuring road safety and security to avoid any chance of misshaping.



- Status of potholes:



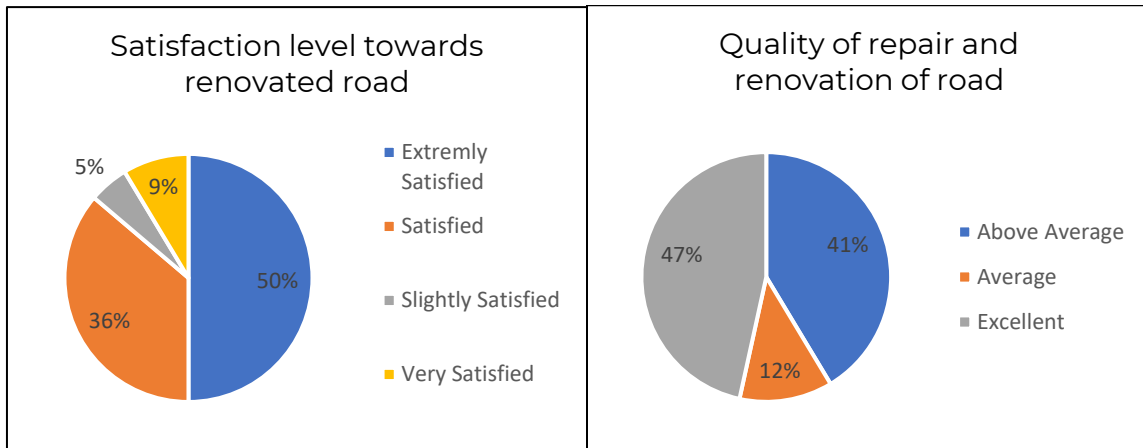
95 percent of the respondents now feel that the potholes have decreased post-renovation while 2 percent each said that either no change has been noticed or the potholes have increased.

- All the respondents said they had seen a positive change in the cleanliness of the road.

This has promoted smooth journey by reducing the travel time, less traffic, safety of the commuters at night, reduced the issue of water logging, reducing the number of accidents, creating road safety awareness through wall paintings & sinage, etc.



### g. Satisfaction towards the work undertaken in the project



Out of the respondents surveyed, 50 percent were extremely satisfied, 36 percent were satisfied, 5 percent were slightly satisfied, and 9 percent were very satisfied with the initiative of renovating or upgrading the quality of the road.

The quality of the road was found excellent by 47 percent of the respondents, while 41 percent found it to be above average and 12 percent said it was average respectively.

Most of the respondents were satisfied with the quality of the renovated road and the comforts accessible to commuters on a daily basis, such as reaching the office on time, feeling safe to travel during late hours, having increased awareness of road safety and following traffic rules, etc.

#### 4. Key findings

- The positive impacts stated by the implementing partner during the IDI:
  - Road conditions have substantially improved.
  - Roads have become more safer to travel due to the installation of CCTV cameras, improved lighting, etc.
  - Complete elimination of footpaths encroachments.
  - Installed traffic signals.
  - Reduction in accidents.
- Promoted cleanliness and effective management of waste.
- Reduced waterlogging during the monsoon.
- The most benefitted population from the renovation of the road are: daily commuters, hawkers, women workers, elderly, children, etc.
- Increase in footfall at shops located on the roadside.
- One of the BBMP officials stated, that it is a one-of-its-kind project.
- Provided a spacious disable friendly pathway for the pedestrians.
- Improved the overall quality of life.
- Installing the CCTV cameras, well-lit streets, regulated traffic has reduced the chances of theft, accidents, mishap with women, etc.

**“That road has been redone in such a nice way that I began wondering why we were not designing such roads.”**

- Bruhat Bengaluru Mahanagara Palike (BBMP) Official  
(The Hindu)

**The "model road" has many pedestrian-friendly infrastructure features like high-rise pedestrian medians, wider footpaths, and steel barricades to prevent vehicles from getting onto the footpaths. Along with this, a good drainage system, utility trenches for cross wiring, road markings, reflectors, LED lights, and traffic signals have also been provided. "They have developed this road in such a way that any further civic works will not cause inconvenience to the commuters."**

- Commuters  
(The Hindu)

## Rating of the project based on OECD framework



Criteria	Rating	Justification
Relevance	★★★★★	Under the project, the quality of the stretch of road has improved, and the safety aspect for commuters, especially women and children, has been enhanced by installing CCTV cameras, etc.
Coherence	★★★★★	SDG 3- Good Health and Well Being. SDG 9- Industry Innovation and Infrastructure
Effectiveness	★★★★★	The road is accessible for everyone, especially people with disabilities, with a spacious, pedestrian-friendly pathway for the disabled.
Efficiency	★★★★★	The project has been completed in the given time frame and is benefiting the daily commuters by reducing travel time.
Impact	★★★★★	The project has helped in improving safety, promoting cleanliness, reducing the number of potholes, chances of theft, the number of accidents, etc.

Sustainability		The project is sustainable, but in the long run, a partnership with Government will be required to maintain and upkeep the road.
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## 5. Project sustainability

The quality of the road should be monitored at regular intervals by the municipality and relevant stakeholders for its maintenance and upkeep.

## 6. Challenges and suggestions

The respondents were asked about the challenges they faced during the implementation of the program. There were certain challenges that were highlighted:

- Managing public during the tenure of construction.
- Non availability of drawings about utilities leading to intensely coordinate and work with the local civic officials.
- Lack of awareness on the utilities

The respondents from IP suggested:

- To create awareness among the commuters to take care of the neighborhood, and act responsibly.



# Glimpse from the Field Project 8



Interaction with stakeholders





## REFERENCES

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## TOOLS USED IN THE IMPACT ASSESSMENT

### ANNEXURE 1: Project 1: Operation of Mobile Healthcare Units for communities

#### Questionnaire for MHU Beneficiaries

##### Consent form

Greetings from Fiinnovation. My name is..... On behalf of Fiinnovation, a Delhi based research organization, we are conducting a survey on people who have received/have been receiving services from Mobile Healthcare Unit. I request you to kindly participate in the survey. Your participation is voluntary, and let me assure you that all your information will be kept confidential and will not be shared with anyone. Any question may be left unanswered if you wish. The survey will take around 15-20 minutes.

Do you agree to participate in the interview?

Yes.....1 (continue survey)

No.....2 (say thank you and move to next patient)

Date of Interview: DD/MM/YYYY

Name of the field researcher.....

Name of the supervisor.....

S. No	Questions	Coding Categories	Codes	Go To
<b>Section 1: Key Information</b>				
1.1	State	Karnataka	1	
		Gujarat	2	
		Haryana	3	
		Maharashtra	4	
1.2	District	Bengaluru	1	
		Bengaluru Rural	2	
		Nashik	3	
		Vadodara	4	
		Faridabad	5	
		Others (Please Specify)		
1.3	Location	Rural	1	
		Urban	2	
		Peri-Urban	3	
<b>Section 2: Respondent's Profile</b>				
2.1	Name of the Beneficiary			
2.2	Gender	Male	1	
		Female	2	
		Others	3	
		Prefer not to say	4	
2.3	Age (in completed years)	.....in years		
2.4	Caste	General (GEN)	1	
		Other Backward Class (OBC)	2	
		Scheduled Caste (SC)	3	
		Scheduled Tribe (ST)	4	
		Prefer not to say	5	
2.5	Religion	Hindu	1	
		Muslim	2	

		Christian	3	
		Sikh	4	
		Others (Please specify)	5	
		Prefer not to say	6	
2.6	Do you or your family have BPL card?	Yes	1	
		No	2	
2.7	Monthly Household Income (in Rs.)	..... in Rs.		
2.8	Educational Qualification	Without basic primary education	1	
		Basic literacy	2	
		Primary (I-V)	3	
		Secondary (VI-VIII)	4	
		Higher Secondary (IX-XII)	5	
		Graduate	6	
		Post-Graduate	7	
		Diploma/Certificate	8	
		Others (Please Specify)	9	
<b>Section 3: Availability of MHU Services</b>				
3.1	Does HelpAge MHU visit where you live?	Yes	1	
		No	2	End Interview
3.2	How frequently does MHU visit your village?	At-least Once a Week	1	
		At-least Once a Month	2	
		More than once in a week	3	
		More than once in a month	4	
		Others (Please Specify)	5	
3.3	What services does the HelpAge MHU provide?	Door Step Medical Consultation	1	
		Health Awareness	2	
		Medicine Distribution	3	
3.4	How many hours does the MHU stay in your village/locality?	Less than 1 Hours	1	
		1-2 Hours	2	
		More than 2 Hours	3	
3.5	Who all are there in the MHU team? (Multiple Choice)	Doctor	1	
		Pharmacists	2	
		Social Worker	3	
		All of the above	4	
		Others (Please specify)	5	
3.6	Have you or your family availed HelpAge MHU services in the past 6 months?	Yes	1	<b>3.7</b>
		No	2	<b>3.9</b>
3.7	If yes, how many members from your family have availed MHU services?	1 Member	1	
		2 Members	2	
		3 Members	3	
		4 Members	4	
		5 Members	5	
		More than 5 Members	6	
3.8	Reason behind visiting MHU?	Fever	1	
		Cough/chest infection	2	
		Back/Leg/joint Pain	3	
		Headache	4	



		Diarrhea	5	
		Skin rash/infection	6	
		Malaria	7	
		Jaundice	8	
		Diagnostic service	9	
		Tuberculosis	10	
		Others (Please specify)	11	
3.9	If no, reasons behind not visiting MHU despite being ill?	Lack of knowledge about MHU	1	
		Engagement in other activities on the day of MHU visit	2	
		Irregular and infrequent visit by MHU	3	
		Non-availability of MHU during illness	4	
3.10	Have you been issued an Individual Patient Card by the MHU?	Yes	1	
		No	2	
3.11	Number of times you availed MHU services, in the past one year?	.....in number		
3.12	Number of visits made by the MHU in last one year?	.....No.		
3.13	What service(s) have you availed from MHU? (Multiple choice)	Medical Consultation/Emergency	1	<b>3.14</b>
		Medicines	2	
		Health camps	3	
		Awareness Camps	4	
		Diagnostic services	5	
		Others (Please specify)	6	
<b>3.14</b>	If medical consultation, how much fee did you pay?	None	1	
		Any other amount, please specify..... In Rs.	2	
3.15	Does the MHU conduct home visits?	Yes	1	<b>3.16</b>
		No	2	<b>3.19</b>
3.16	If yes, what is the frequency of home visit?	Weekly	1	
		Monthly	2	
		Others (Please specify)	3	
3.17	Have you received home visit from the MHU?	Yes	1	<b>3.18</b>
		No	2	<b>3.19</b>
3.18	If yes, what was the purpose of home visit?	Follow-Up	1	
		Medicine Distribution	2	
		Family Counseling	3	
		All of the above	4	
		Others (Please specify)	5	
3.19	Are medicines available with MHU?	Yes	1	
		No	2	
3.20	Have you ever availed medicine from MHU?	Yes	1	<b>3.21</b>
		No	2	<b>3.22</b>
3.21	If yes, how much money did you pay for the medicine?	None	1	
		Any other amount, please specify.....In Rs.	2	
3.22	Does the MHU facilitate referral services?	Yes	1	
		No	2	
		I don't Know	3	

3.23	Have you ever been referred by MHU?	Yes	1	<b>3.24</b>
		No	2	<b>3.25</b>
3.24	If yes, where were you referred? (Multiple choice)	Sub Centre	1	
		Primary Healthcare Centre	2	
		Community Healthcare Centre	3	
		District Hospital	4	
		Others (Pls Specify)	5	
3.25	Does MHU conduct awareness sessions?	Yes	1	<b>3.26</b>
		No	2	<b>3.30</b>
		I don't know	3	<b>3.30</b>
3.26	If yes, have you been part of any session(s)?	Yes	1	<b>3.27</b>
		No	2	
3.27	If yes, how many sessions have been conducted in the past one year?	..... No		
3.28	How many sessions did you attend in the past one year?	.... No		
3.29	What were the topics of the sessions? (Multiple Choice)	Preventive Healthcare	1	
		Communicable and Non-Communicable Diseases	2	
		Maternal and Child Health	3	
		Immunization	4	
		Others (Please Specify)	5	
3.30	Has there been any health camp organized by the HelpAge MHU?	Yes	1	<b>3.31</b>
		No	2	<b>3.32</b>
3.31	If yes, what all services were offered as part of health camp?	General doctor consultation	1	
		Reproductive/Maternal/Neo-natal care service	2	
		Medicine Distribution	3	
		Diagnostic service	4	
		All of the above	5	
		Others (Please Specify)	6	
3.32	Does MHU undertake Family Counseling?	Yes	1	
		No	2	
		Maybe	3	
		I do not know	4	
3.33	Have you received any family counseling?	Yes	1	
		No	2	
3.34	If unwell, where would you go first to get yourself checked?	MHU	1	
		Sub-Centre	2	
		AWC	3	
		PHC	4	
		CHC	5	
		District Hospital	6	
		Private Hospital/Clinic	7	
		Traditional healer/quack	8	
		Others (please specify)	9	
<b>Section 4: Cost Analysis</b>				
4.1	Where would you go if HelpAge Mobile Health Unit did not come near	Sub-Centre	1	
		AWC	2	

	you?	PHC	3	
		CHC	4	
		District Hospital	5	
		Private Hospital/Clinic	6	
		Traditional healer/quack	7	
		Others (Please Specify)	8	
4.2	What is the distance between your house and nearest healthcare facility?	0-2 Kms	1	
		Between 2-5 Kms	2	
		More than 5 Kms	3	
4.3	What is the cost of medical consultation at your nearest hospital?	Less than 100 Rs	1	
		Between 101-200 Rs	2	
		More than 200 Rs	3	
4.4	How do you think MHU helps? (Multiple Choice)	Saves time	1	
		Saves wage loss	2	
		Avoids mobility cost	3	
		Saves energy	4	
		Provide emergency care services	5	
		Provides free medicines	6	
		Provides free consultation	7	
		Others (Please specify)	8	

4.5 Please provide a rough estimate of the cost of treatment for your current health problem for MHU and the other hospitals you mentioned above.

S.No	Categories	At MHU	Any other Health Centre/Hospital (Take name of the hospital which respondent mentioned in Q 4.1)
A	Registration Fee		
B	Consultation Fee		
C	Laboratory Tests		
D	Travel Expense (to reach the facility)		
E	Medicine Expense		
F	Investigative Fee		
G	Referral Fee		
H	Follow-up Fee		
I	Food Expenses		
J	Any other cost (please specify)		
K	Total Cost		

#### Section 5: Satisfaction and Perception towards Health Services

5.1	Rate your satisfaction on the following (in reference to the services received from the MHU)	Highly satisfied	Satisfied	Neither satisfied nor dissatisfied	Dissatisfied	Highly dissatisfied
A	Doctor Consultation					
B	Frequency of Visits					
C	Referral Service					
D	Availability of Medicines in MHU					
E	Follow-ups					
F	Regularity of MHU					

G	Consultation time/Time spent with doctor					
H	Privacy					
I	Explanation about sickness/treatment/medical test					
J	Behavior of MHU Staff					
K	Home Visit Facility					
L	Explanation about the dosage and timing of medicine					
M	Consultation cost					
N	Medicine cost					
O	Overall cost					
P	Overall satisfaction with MHU service					
<b>5.2</b>	<b>With your situation in mind, please read the statements carefully and rate them on a 5-point scale.</b>	<b>Strongly Agree</b>	<b>Agree</b>	<b>Neither agree or disagree</b>	<b>Disagree</b>	<b>Strongly disagree</b>
<b>GENERAL SATISFACTION</b>						
A	The medical care I am being provided is perfect					
B	I am dissatisfied with the MHU service being provided					
C	I get easy access to quality healthcare service at my doorstep					
<b>TECHNICAL QUALITY</b>						
D	I have some doubts about the quality of the doctors who treat me.					
E	When I go for medical care, they are careful to check everything when treating and examining me					
F	The pharmacist has fair knowledge of medicines					
<b>INTERPERSONAL MANNER</b>						
G	The MHU doctor treats me in a friendly and courteous manner					
H	Doctor does not pay attention and treats it like a business					
I	The social worker actively listens to my problem					
<b>COMMUNICATION</b>						
J	Doctor don't seem to listen to anything I tell them during my consultation					
K	Doctors explained my health problem and gave					

	clear explanation of treatment/medical tests suggested to me					
L	The social worker takes awareness sessions on prevalent disease in the community					
M	The social worker does not conduct family counseling					
<b>FINANCIAL ASPECTS</b>						
N	I feel confident that I can get the medical care I need without facing financial setback					
O	I have to pay more for my medical care than I can afford					
<b>TIME SPENT BY MHU</b>						
P	The MHU spends enough time in the community					
Q	The doctor is able to pay ample time to me					
R	I was encouraged to ask questions about my disease					
<b>ACCESSIBILITY AND CONVENIENCE</b>						
S	I have to wait too long for getting the treatment/consultation					
T	No matter how long you have to wait for MHU, it's worth it.					
U	A lot of time and money is saved because of MHU					
V	MHU has made healthcare more accessible, with easy access to doctors at my doorstep					
W	MHU is able to provide emergency care services at the door step					
<b>Section 6: RECOMMENDATION AND SUGGESTIONS</b>						
A	Do you feel number MHU visits should be increased?	Yes	1			
		No	2			
B	Do you think more medicines should be provided for the entire duration of the course?	Yes	1			
		No	2			
C	Should there be any improvement in the quality of medicines?	Yes	1			
		No	2			
D	Is a female attendant/support staff required?	Yes	1			
		No	2			
E	Any ailment that you feel should be treated by the MHU?					
F	Any other recommendation to enhance the MHU and its service delivery?					







## FGD Guidelines

**State:**

**District:**

**Block:**

**Village/City:**

### Profile of Participants

S. No	Name of Participants	Gender	Age (In completed years)	No. of years of education <i>(In case graduation completed then write 15)</i>
1				
2				
3				
4				
5				
6				
7				
8				
9				
10				
11				
12				





## Points for discussions

- Does HelpAge MHU visit your village? How frequently does it visit and what services does it offer? (Probe: which age group and category of people benefit the most and which services are most sought for in MHU)
- Are health camps/special health camps/awareness sessions conducted in the community by the MHU? If yes, for how many days and on what topics (Probe: By HelpAge MHU)
- How frequently are these sessions and camps organized? Do you think the duration of the health camp should be increased/decreased? (Probe: By HelpAge MHU)
- How are people informed about the MHU? For how long does the MHU stay stationed in the community? (Probe: Does the Panchayat/Village health worker announce about the schedule of MHU or arrival)
- What are the major illnesses screened by MHU and how are they treated (By HelpAge MHU)?
- Are medicines provided by MHU? If yes, what is the quantity of medicine and how effective are the medicines (Probe: by HelpAge MHU)
- Do you think the community benefits from the MHU visits? If yes, how? Who do you think benefits the most and why? Please elaborate
- What do you or people, like about the MHU? Which services you think should be improved further and which services should be added?
- Do you think enough awareness drives and IEC activities are conducted in the village? (Probe By: HelpAge MHU)
- Is the MHU staff courteous? Are home visits and family counseling conducted by MHU team (Probe: By HelpAge MHU) and how often?
- Any suggestions to the MHU team (of HelpAge) to increase their coverage to reach more people and services?

## Schedule for Medical Consultant

### Consent form

Greetings from Fiinovation. My name is..... On behalf of Fiinovation, a research organization based in Delhi. We are conducting a survey with medical officer who assists in running the Mobile Healthcare Units. I request you to kindly participate in the survey. Your participation is voluntary, and let me assure you that all your information will be kept confidential and will not be shared with anyone. Any question may be left unanswered if you wish. The survey will take around 15-20 minutes

Do you agree to participate in the interview?

Yes.....1 (continue survey)

No.....2 (say thank you end interview)

Date of Interview: DD/MM/YYYY

Name of the field researcher

Name of the supervisor

1	Name	
2	Designation	
3	Qualification	.....
4	Gender	.....
5	Age (In completed years)	.....in years
6	Total years of experience in this field	.....in years
7	How long have you been working with this MHU?	.....in years
8	What kind of patients often come at the MHU? (Probe: socio-economic background, health illness etc.) and what kind of services are offered by the MHU?	
9	Can you give me an idea from what distance the patients come? From which village/community you see most patients?	
10	How often does the MHU come to a designated village/community? Do you have an outreach plan and how is the plan communicated with the community members? (Probe: ask if community members are involved in developing the schedule, does the MHU come when people are in the community?)	
11	What major ailments have you found in people (probe: age wise diseases; identify seasonal diseases)? Do people come for routine follow-up?	
12	Does MHU conduct take home visits? What is the idea behind home visits and how often are they conducted? (Probe: home visit schedule, agenda for home visits, major population catered through these visits)	
13	Have you ever received any feedback from the patients or their families? If yes, what are they? In case of any complaint/negative feedback, what actions were taken for improvement?	
14	Do you refer patients to healthcare facility? If yes, which facility do you refer to and why?	
15	Why do you think community members avail MHU services? (Probe: Doctor consultation, staff behavior, lesser cost, free services, quality of services, pharmacy availability etc.)	
16	Can you tell me how effective the services of MHU have been in making healthcare available and accessible? Have you experienced any challenges? What are your recommendations towards the project?	

## Schedule for Pharmacist

### Consent form

Greetings from Fiinovation. My name is..... On behalf of Fiinovation, a research organization based in Delhi. We are conducting a survey with Pharmacist who assists in running the Mobile Healthcare Units I request you to kindly participate in the survey. Your participation is voluntary, and let me assure you that all your information will be kept confidential and will not be shared with anyone. Any question may be left unanswered if you wish. The survey will take around 15-20 minutes

Do you agree to participate in the interview?

Yes.....1 (continue survey)

No.....2 (say thank you and end interview)

Date of Interview: DD/MM/YYYY

Name of the field researcher

Name of the supervisor

1	Name	
2	Designation	
3	Qualification	.....
4	Gender	.....
5	Age (In completed years)	.....in years
6	Total years of experience in this field	..... in years
7	How long have you been working with this MHU?	.....in years
8	What types of medicines does the MHU have along with their quantities (Probe ask Generic Medicines/Emergency Medicines and monthly stock) Does MHU also have a drug/medicine inventory? How often are the medicines restocked	
9	What are the most prescribed medicines? Which disease is prevalent in the community?	
10	Does MHU provide medicines for chronic ailments? If yes, how many days is the medicine prescribed for? Which major chronic ailments are treated at the MHU?	
11	Is an issue register maintained for all the medicines? If yes, who monitors it?	
12	Is there any training conducted for you (such as induction training/on job training)? If yes, have you been part of them? Can you talk about the nature of training, its objective and if they have helped you the how?	
13	Do you think the MHU has adequate resources in terms of equipment and manpower to carry out activities on the field (probe: diagnostic tools/instruments; medicines; staff etc.)? If yes, explain how and if no, what operational difficulties are faced?	
14	Are health camps organized by MHU? If yes, how often they are organized (weekly/monthly/bi-weekly/bi-monthly/quarterly) and what topics. Which villages are selected and how? Are there any special health camps also organized, if yes, can you give some details (probe: which villages are selected and why, how many people come, what is the duration and frequency of these special camps)?	
15	Do you think MHU is beneficial to the community members especially the vulnerable (probe: disabled, pregnant, elderly and children). If yes how?	
16	What recommendations/suggestion do you have towards the project?	

## Schedule for Social Worker

### Consent form

Greetings from Fiinnovation. My name is..... On behalf of Fiinnovation, we are conducting a survey with Social Worker who assists in running the Mobile Healthcare Units I request you to kindly participate in the survey. Your participation is voluntary, and let me assure you that all your information will be kept confidential and will not be shared with anyone. Any question may be left unanswered if you wish. The survey will take around 15-20 minutes

Do you agree to participate in the interview?

Yes.....1 (continue survey)

No.....2 (say thank you and end interview)

Date of Interview: DD/MM/YYYY

Name of the field researcher		Name of the supervisor	
1	Name		
2	Designation		
3	Qualification		
4	Gender		
5	Age (In completed years)		.....in years
6	Total year of experience in this field		.....in years
7	How long have you been associated with the MHU?		.....in years
8	Can you talk about your role? What are the major activities performed by you?		
9	Do you conduct IEC Activities for awareness generation in the community? If yes, please give us details (Probe: how many sessions conducted in a month, topic of sessions, number of people who attend on average: gender, socio-economic status, participation by vulnerable groups)		
10	Do you undertake counseling sessions with families? If yes, what are the major issues that you have identified? And how do you address them?		
11	Do you liaison with community/village health workers? if yes, which workers do you liaison with, what topics do you work together and how (probe: community mobilization, creating health awareness, disseminating health related information in community, preventive measures)		
12	Do you think there has been an impact of MHU on the community? If yes, how? Please explain in detail.		
13	What do you think people like and dislike about the MHU? Please provide the details? (Probe: do they wait for MHU visit, satisfaction level among community members towards doctor and quality of medicines) Do you feel the community members are happy with the services? Are there any issues/complaints raised by them towards the operation of MHU?		
14	According to you what could be reasons behind availing MHU services? (Probe: doctor consultation, staff behavior, lesser cost, free services, door step service, quality of services, pharmacy availability etc.)		
15	Do patients' complaints or provide feedback to you about the MHU? If yes, do you share these feedbacks with the MHU administrator or doctor? If yes, has any action taken for the improvement?		
16	Any recommendations or suggestions towards the project and its efficacy?		



## Schedule for Village Health Worker

### Consent form

Greetings from Fiinnovation. My name is..... On behalf of Fiinnovation, a Delhi based research organization, we are conducting a survey with Village Health Worker who facilitate in running the Mobile Healthcare Units I request you to kindly participate in the survey. Your participation is voluntary, and let me assure you that all your information will be kept confidential and will not be shared with anyone. Any question may be left unanswered if you wish. The survey will take around 15-20 minutes

Do you agree to participate in the interview?

Yes.....1 (continue survey)

No.....2 (say thank you and end interview)

Date of Interview: DD/MM/YYYY

1	Name	
2	Designation	ASHA AWW ANM
3	Qualification	
4	Gender	
5	Age (In completed years)	.....in years
6	How long have you been working as a community health worker?	.....in years
7	Are you aware of MHU run by HelpAge India?	Yes
8		No
9	How frequently does the MHU visit the village/community? Is there a fixed date/day of MHU visit? How does routine visit help the community?	
10	Do you think people are getting benefitted through MHU? Explain how? (Probe: early detection of diseases, timely health service available, increased awareness about diseases, expansive coverage, free check-up and medicines)	
11	Does the HelpAge MHU work with existing health infrastructure in delivering services? If yes, how? (Probe: ask if MHU visits during VHNDs, what are their major roles?)	
12	How do you participate in the activities of MHU? (Probe: Creating awareness regarding MHU, creating space for the MHU, their role in community mobilization, informing people about arrival of MHU, managing people in need of health services, maintain records of patient etc.)	
13	What role do you play in making healthcare accessible for women in need of family planning services, children in need of medical care and those with grave medical conditions?	
14	How effective is MHU in identifying patients who could benefit from it and in providing community level and outreach care services?	
15	Do you work alongside MHU staff in disseminating IEC activities, if yes then	

	how? (Probe: what are the topics of IEC activity e.g., providing awareness on non-communicable diseases, vector-borne diseases, malnutrition etc)
16	Do you refer patients to MHU? If yes, how? Do you undertake follow-ups? If yes how often are these follow-ups, for which patients you take follow-up (Probe: how do they identify patients, what is the screening mechanism, is follow up done for the patients suffering from chronic ailments, are follow-ups done by both MHU team and health worker)
17	What are the challenges you face in making services available to community through MHU?
18	What are your suggestions to make MHU more successful?



## Schedule for Social Worker

### Consent form

Greetings from Fiinovation. My name is..... On behalf of Fiinovation, a Delhi based organization, we are conducting a survey with Village Sarpanch, for villages where HelpAge India Mobile Healthcare Units are operational. I request you to kindly participate in the survey. Your participation is voluntary, and let me assure you that all your information will be kept confidential and will not be shared with anyone. Any question may be left unanswered if you wish. The survey will take around 15-20 minutes.

Do you agree to participate in the interview?

Yes.....1 (continue survey)

No.....2 (say thank you and end interview)

Date of Interview: DD/MM/YYYY

Name of the field researcher		Name of the supervisor
1	Name	
2	Village	
3	Gram Panchayat	
4	Block	
5	District	
6	State	
7	Designation	
8	Qualification	
9	Gender	
10	Age (In completed years)	.....in years
11	Have you heard about the MHU run by HelpAge?	Yes
		No
12	Do you know it is funded by ABB?	Yes
		No
13	What are the major services offered by the MHU? (Probe: Diagnostic, Curative, Preventive, Emergency services etc.)	
14	Do you think these MHUs have been beneficial to the community members? If yes, what are the benefits? (Probe: time saved, no loss of wage, energy saved, free medicine, quality doctors, timely service)	
15	Is the MHU visiting the village regularly? Do you feel there is a need for more frequent visit? If yes why and if no, why?	
16	Who do you think benefits the most from the MHU? (Probe: elderly, pregnant women, children etc.) and how?	
17	Is the MHU doing enough to create health awareness in the village? Explain how. Which diseases do you think are referred the most and have been controlled as a result of MHU? (Probe: ask about diseases such as Malaria, TB, Influenza, Diabetes, Blood Pressure, Eye disease, etc.)	
18	What type of changes do you see in the community with respect to health, sanitation and awareness as a result of MHU? (Probe: cleanliness, awareness on seasonal diseases, preventive care of diseases)	
19	What are your suggestions for the improvement of MHU service in the village/community?	
20	Does the MHU collaborate with community health workers? If yes, how often and on what topics? (Probe: DO they conduct IEC activities and/or celebrate days of importance such as Global Handwashing Day, National Deworming Day, World Breastfeeding Week, World Population Day etc. along with ASHAs and ANMs.)	
21	How do you think the community perceives the MHU? Are they satisfied with the services? (Probe: Do community people wait for MHU, are they happy with the consultation provided etc.)	
22	Any recommendations and/or challenges with respect to the project?	



**Annexure 2: Infrastructure up-gradation and medical items supply to Taluk Govt. Hospital, Nelamangala**

**A. Medical Equipment in the Labor Ward of the hospital at the time of survey**

List of Medical Equipment	Are the item present in hospital (tick on either Yes or No)		Qty.	Functional Status			Observation Notes
	Yes	No		Not Available	Partially functional	Fully Functional	
Manual function fowler bed DELUXE with ABS Panels, Collapsible alu side railings + Mattress							
Electro manual OT table (Full Electric Plus Manual Functions, SS 304 grade)							
channel ECG machine with display and analysis (Model: 8108)							
para monitor EGG, SPo2, NIBP, RESP and temp 12.1 inch display Ultima Prime D							
Mobile spot light No of LED - 19 Intensity 47500 lux multicolor adjustable focusing							
Birthing Table full ss 304 grade/Labor table)							



**C. List and Status of Infrastructural Work Taken at the Hospital (Please take pictures) \***

Year	List of Infrastructural Work	Functional Status			Detailed Observation
		Not Started	Partially Complete	Fully Complete	
	Painting Work				
	Roof top and interior water proofing work & Injection grouting				
	Misc. Work (Repairing of plaster, Plastering, roof, column, including civil exterior & interior)				
	Landscaping work (Exterior cleaning and plantation)				

**\*Please add any other work that has been added and not mentioned here**



## Schedule for Facility Manager

### Consent form

Greetings from Fiinnovation. My name is..... On behalf of Fiinnovation, we are conducting a survey with Facility Manager of Taluk Govt Hospital, Nelamangala with respect to the infrastructure upgradation and medical items supplied to the hospital. I request you to kindly participate in the survey. Your participation is voluntary, and let me assure you that all your information will be kept confidential and will not be shared with anyone. Any question may be left unanswered if you wish. The survey will take around 15-20 minutes.

Do you agree to participate in the interview?

Yes.....1 (continue survey)

No.....2 (say thank you and end the interview)

Date of Interview: DD/MM/YYYY

Name of the field researcher.....

Name of the supervisor.....

1	Name	
2	Designation	
3	Qualification	
4	Gender	
5	Age (In completed years)	....in years
6	Total years of experience in this field	....in years
7	How long have you been associated with this hospital?	....in years
8	Can you tell me about your role and responsibilities in this hospital? What are the major activities performed by you?	
9	What all services are provided by the hospital? (Probe: specialist available, investigative services, laboratory, ambulance, medical store etc.)	
10	Are you aware of any improvements in infrastructure undertaken at the hospital by ABB? If yes, can you list the up-gradation work undertaken? (Probe: Ask if there was a need for the upgradation?) How necessary do you think it was to improve the infrastructure?	
11	What is the current status of the new infrastructure upgraded (Probe: ask if the infrastructure is still anew, needs repair work, has become dysfunctional, etc.)	
12	Do you know if medical items were supplied by ABB Ltd. to the labor department of the hospital? If yes, which items were supplied?	
14	Have there been any changes in the service delivery of the hospital after receiving the medical items (Probe: increased the number of doctors, increased number of patients, purchased equipment, increased hospital beds, medicine facility, lab or investigative services, increasing footfall, and so on.) Please provide month wise changes from February 2022 to September 2022	
13	Has there been any training or support provided on operating the new machines? How efficient are these items? Does the technical staff/operator face any difficulty in operating them?	
15	How are the medical items being used and who are the primary beneficiaries of the supplied medical items? (Probe: Do patients belong to poor economic backgrounds, what is the social category of the patients?)	
16	What is the average footfall of people in a month to the hospital? Has there been any increase/decrease in the footfall due to the infrastructure upgradation and the supply of medical items? If yes, then by how much has the footfall increased/decreased?	
17	Any challenges or suggestions you have with respect to the items supplied and newly developed infrastructure at the hospital?	

## Schedule for Hospital Staff

### Consent form

Greetings from Fiinovation. My name is..... On behalf of Fiinovation, we are conducting a survey with the staff of Taluk Govt Hospital, Nelamangala with respect to the infrastructure upgradation and medical items supplied to the hospital I request you to kindly participate in the survey. Your participation is voluntary, and let me assure you that all your information will be kept confidential and will not be shared with anyone. Any question may be left unanswered if you wish. The survey will take around 15-20 minutes.

Do you agree to participate in the interview?

Yes.....1 (continue survey)

No.....2 (say thank you and end the interview)

Date of Interview: DD/MM/YYYY

Name of the field researcher.....

Name of the supervisor.....

1	Name	
2	Designation	General Medical Doctor.....1 Specialist Doctor.....2
3	Category of doctor	Full time.....1 Part time.....2 Visiting doctor.....3
4	In case of specialist doctor, please specify	
5	Gender	
6	Age (In completed years)	.....in years
7	Total years of experience in this field	.....in years
8	How long have you been working with this hospital?	.....in years
9	What types of patients typically visit the hospital? (Probe: socio-economic background, distance from hospital, Health illness etc.)	
10	How far do patients have to travel to reach this facility? And mostly people come from which locations? What mode of transportation people typically use to reach the facility i.e., bus, auto, walk etc.?	
11	Which healthcare facility do people in the radius of 3km prefer going to? What are the reasons?	
12	Has the infrastructure of the hospital improved? How, what are the major changes/renovations that have been undertaken? How has it helped the hospital?	

13	Has the hospital received any medical items? Can you tell me who has provided the equipment, which department/ward has received the items and the how the equipment is used (Probe: What is the function of the machine)
14	What improvement(s) have you noticed as a result of the supply of medical items? How have the medical items helped in the Cancer treatment and patient management?
15	Do you receive any feedback from the patients or their families? If yes, what are they? In case of any critical feedback/complaint with whom do you share it with? What actions were taken on providing the feedback to the competent authority?
16	Do you refer patients to other healthcare facilities? If so, to which facilities are patients referred, and why? Is there any facility for which the patients were earlier referred to but the facility is presently available in the Taluk Hospital?
17	What are the reasons behind people choosing this hospital? (Probe: Doctor consultation, distance, staff behavior, lesser cost, free services, quality of services, pharmacy availability etc.)
18	What is your motivation behind working at this hospital? (Probe: salary, work hours, work culture, hospital staff, etc.)
19	What are your suggestions for improving the service delivery of the hospital? (Probe: Ask about infrastructural changes, pharmacy, pathology services, etc.)

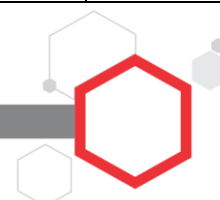


**Annexure 3: Supporting with Procurement of Critical Medical Equipment's for Diagnosis and Cancer Treatment**

**INFORMATION REQUIRED FROM HOSPITAL**

**A. List of Medical Equipment Received and their operational status (from ABB)**

Name of Equipment	Availability (Yes/No)	Qty	Manufacturer	Functional Status of Equipment			Observation
				(Pls tick)			
				Functional	Partially Functional	Dysfunctional	
Patient Chairs							
Hand held Colposcopy machine							
Dry X-Ray developer for rural mobile X-Ray Unit							
Ophthalmic Ultrasound Machine							
Automatic Component Extractor							
Multi-parameter Monitor for OTs							
CO2 Pump							
Bone and Soft Tissue Cutter							
Inverted Microscope							
Hemodialysi							



s Machine							
Bone Marrow Transplantation Room Pendant							
Plasma Sterilizer I number							
Platelet Agitator							

### B. Number of patients served by the machines

Name of the Equipment	Type of Cancer	Major Function (Chemo Therapy, Diagnosis)	Number of Patients Who Availed Service of the Device	Year

### C. Footfall of patients (before & after receiving critical medical equipment)

Year	OPD	Pathology	IPD		
			Cancer	Others	Total
2017					
2018					
2019					
2020					
2021					
2022					



## Schedule for Facility Manager

**Consent form**

Greetings from Fiinovation. My name is..... On behalf of Fiinovation, we are conducting a survey with Facility Manager with respect to the support provided with procurement of critical medical equipment for diagnosis and cancer treatment. I request you to kindly participate in the survey. Your participation is voluntary, and let me assure you that all your information will be kept confidential and will not be shared with anyone. Any question may be left unanswered if you wish. The survey will take around 15-20 minutes.

Do you agree to participate in the interview?

Yes.....1 (continue survey)

No.....2 (say thank you and end the interview)

Date of Interview: DD/MM/YYYY

Name of the field researcher.....

Name of the supervisor.....

1	Name	
2	Designation	
3	Qualification	
4	Gender	
5	Age (In completed years)	.....in years
6	Total years of experience in this field	.....in years
7	How long have you been associated with this hospital?	.....in years
8	Can you tell me about your role and responsibilities in this hospital? What are the major activities performed by you?	
9	What all services are provided by the hospital? (Probe: specialist available, investigative services, laboratory, ambulance, medical store etc.)	
10	Are you aware of equipment and devices provided to the hospital?	Yes                      1
		No                              2
		I do not know              3
11	If yes, do you know if it was provided by ABB Group?	Yes                              1
		No                                2
12	Who operates the machines? Was any kind of workshop or training provided to understand the operations and functions? Please explain (Probe: When was the machine provided, when was the training conducted, duration of training, who conducted it, etc.)	





13	What categories of patients visit the hospital and what is the average distance that patient come from for treatment? (Probe: Ask about the social and economic category of patients, whether BPL or APL). Which is the treatment most the patients seek at the hospital?
14	What is the average cost that a patient has to pay to access hospital services? (Probe: Ask what is the consultation fee, what is the specialist fee, what is the validity of consultation once taken)
15	What is the average waiting time of patients to consult a doctor? Has there been any change in waiting time as a result of bringing new devices?
16	What is the working status of the devices? Probe: (How many devices are working and how many are not working? If not working, for how long are they not working and who is responsible for its maintenance)
17	What do you think are the benefits of the medical devices provided for diagnosis and treatment? Please explain?
18	Any suggestions and recommendations towards the project?



## Schedule for Hospital Staff/Nurse

### Consent form

Greetings from Fiinnovation. My name is..... On behalf of Fiinnovation, we are conducting a survey with the hospital staff/Nurse with respect to the medical equipment supplied to the hospital I request you to kindly participate in the survey. Your participation is voluntary, and let me assure you that all your information will be kept confidential and will not be shared with anyone. Any question may be left unanswered if you wish. The survey will take around 15-20 minutes.

Do you agree to participate in the interview?

Yes.....1 (continue survey)

No.....2 (say thank you and end the interview)

Date of Interview: DD/MM/YYYY

1	Name	
2	Designation	General Medical Doctor.....1 Specialist Doctor.....2
3	Category of doctor	Full time.....1 Part time.....2 Visiting doctor.....3
4	In case of specialist doctor, please specify	
5	Gender	
6	Age (In completed years)	.....in years
7	Total years of experience in this field	.....in years
8	How long have you been working with this hospital?	.....in years
9	What types of patients typically visit the hospital? (Probe: socio-economic background, distance from hospital, health illness etc.)	
10	How far do patients have to travel to reach this facility? And mostly people come from which locations? What mode of transportation people typically use to reach the facility i.e., bus, auto, walk etc.?	
11	Which healthcare facility do people in the radius of 3km prefer going to? What are the reasons?	
12	Has the hospital received any medical equipment have been provided to the hospital Can you tell us how these items are being used? Has there been any improvement as a result of the supply of medical items?	
13	Do you receive feedback any from the patients or their families? If yes, what are they? In case of any critical feedback/complaint with whom do you share it with? What actions were taken on providing the feedback to the competent authority?	
14	Do see any change in the patient care as a result of getting medical equipment (Probe: if there is any reduction in patient's expenditure, number of visits, waiting time, treatment efficiency, cost of treatment etc.)	
15	How many patients do you see in a day, has there been any change in the footfall of patient as a result of medical equipment? (Probe: Ask how many patients on an average the doctor used to see in a day before the hospital received devices, has there been any significant increase/decrease, has there been an increase/decrease in types of cases being treated)	
16	Do believe the patients have access to better diagnosis, treatment and overall healthcare due to the availability of critical medical devices? Please explain	
15	Any suggestions and/or recommendations towards the project? Please elaborate	

## Annexure 4: Special education and mentoring to Govt school children across 98 schools in Nelamangala

### Questionnaire for Children/Beneficiaries

<b>Consent form</b>				
Greetings from Fiinnovation. My name is..... On behalf of Fiinnovation, a research organization based in Delhi, we are conducting a survey with, children with disability, who have been enrolled in special schools in an effort to mainstream them. I request you to kindly participate in the survey. Your participation is voluntary, and let me assure you that all your information will be kept confidential and will not be shared with anyone. Any question may be left unanswered if you wish. The survey will take around 15-20 minutes				
Do you agree to participate in the interview?				
Yes.....1 (continue survey)				
No.....2 (say thank you and move to next child)				
Date of Interview: DD/MM/YYYY				
Name of the field researcher.....			Name of the supervisor.....	
S. No	Questions	Coding Categories	Codes	Go To
Section 1: Key Information				
1.1	State			
1.2	District			
1.3	Name of the School			
Section 2: Respondent's Profile				
2.1	Name of the student			
2.2	Gender	Male	1	
		Female	2	
		Others (Please specify)	3	
		Prefer not to say	4	
2.3	Age (in completed years)	.....in years		
2.4	Type of disability (Multiple Choice)	Hearing Disability	1	
		Intellectual Disability	2	
		Visual Impairment	3	
		Locomotor Disability	4	
		Mental Disability	5	
		Speech Impairment	6	
		Multiple Disability	7	
		Others (Please specify)	8	
2.5	Caste	General (GEN)	1	
		Scheduled Caste (SC)	2	
		Scheduled Tribe (ST)	3	
		Other Backward Class (OBC)	4	
		Prefer not to say	5	
2.6	Class currently enrolled in?	1 <sup>st</sup>	1	
		2 <sup>nd</sup>	2	
		3 <sup>rd</sup>	3	
		4 <sup>th</sup>	4	
		5 <sup>th</sup>	5	
		6 <sup>th</sup>	6	
		7 <sup>th</sup>	7	



<b>Section 3: Availability of School Services</b>				
3.1	In which year did you get enrolled in this school?	YYYY		
3.2	Have you received any kinds of benefit from ABB?	Yes	1	<b>3.3</b>
		No	2	
		I do not know	3	
3.3	If yes, what kind of benefit have you received from ABB at your school? (Multiple Choice)	Transportation facility	1	
		Uniform	2	
		School Stationery	3	
		Therapy and counseling	4	
		Health facility	5	
		Food	6	
		Others (please specify)	7	
3.4	What are your school timings?			
3.5	What all subjects are taught in school?			
3.6	Is the school infrastructure disable friendly	Yes	1	
		No	2	
3.7	Does the school have special educators?	Yes	1	
		No	2	
3.8	How many educators are there in the school presently?	.....in numbers		
3.9	Does your school have able-bodied children?	Yes	1	<b>3.1</b>
		No	2	<b>3.11</b>
3.10	If yes, how many able-bodied children are there in your class?	....in number		
3.11	What is the distance between your school and your house?	0-5Kms	1	
		5-10 kms	2	
		More than 10 Kms	3	
3.12	Is transportation facility available from school?	Yes	1	<b>3.14</b>
		No	2	<b>3.13</b>
3.13	If no, how do you reach school?	Privately hired vehicle	1	
		Public Transport	2	
		Parents/relatives drop me at school	3	
		Others (please specify)	4	
3.14	Is medical service available at school?	Yes	1	
		No	2	
3.15	Does the teacher provide individual attention?	Yes	1	
		No	2	
3.16	Do you receive teaching learning materials from school?	Yes	1	
		No	2	
3.17	Does your school provide you with textbooks and stationery?	Yes, only books	1	
		Yes, only stationary	2	
		Yes, both	3	
		No	4	
3.18	Do you get uniform from school?	Yes	1	<b>3.19</b>
		No	2	<b>3.20</b>
3.19	If yes, how many sets of uniform do you get?	....in number		
3.20	Have you received any instrument/aid to overcome your disability?	Yes	1	
		No	2	
3.21	Are residential camps organized in school?	Yes	1	<b>3.22</b>
		No	2	<b>3.24</b>

3.22	If yes, in which month was the last camp organized			
3.23	Did you participate?	Yes	1	
		No	2	
3.24	Do co-curricular activities take place in school? (e.g., sports, dance, singing etc.)	Yes	1	<b>3.25</b>
		No	2	<b>3.26</b>
3.25	If yes, what co-curricular activities take place?	Dance	1	
		Singing	2	
		Poem Recitation	3	
		Creative writing	4	
		Theatre/Plays	5	
		Sports	6	
		Others (Please specify)	7	
3.26	Is mid-day meal provided in school?	Yes	1	
		No	2	
3.27	Are you given any kind of therapy at school?	Yes	1	<b>3.28</b>
		No	2	<b>3.29</b>
3.28	If yes, which therapies are provided?	Speech Therapy	1	
		Language Therapy	2	
		Hydrotherapy	3	
		Physiotherapy	4	
		Massage Therapy	5	
		Visual Therapy	6	
		All of the above	7	
		Others (please specify)	8	
3.29	Do you feel like coming to school daily?	Yes	1	<b>3.30</b>
		No	2	<b>3.31</b>
3.30	If yes, why			
3.31	If no, why			
3.32	Which subject(s) do you enjoy the most?	1. 2. 3.		
3.33	Do you face any difficulty in school?	Yes	1	
		No	2	
3.34	What kind of difficulty do you face?	Understanding classroom teaching	1	
		Communicating with classmates	2	
		Interacting with teachers	3	
		Accessing school resources	4	
		Others (Please specify)	5	
3.35	Is the teaching learning material easy to understand?	Yes	1	
		No	2	
3.36	Do you feel safe in the school?	Yes	1	
		No	2	
3.37	Does your teachers discriminate between disabled and able-bodied children?	Yes	1	
		No	2	
3.38	How satisfied you are with assistive aids given to you?	Highly Satisfied	1	
		Satisfied	2	
		Neutral	3	
		Dissatisfied	4	
		Highly Dissatisfied	5	

3.39	Are teachers available all the time?	Yes	1	
		No	2	
3.4	Do find any difficulty in accessing school services	Yes	1	<b>3.41</b>
		No	2	<b>3.42</b>
3.41	If yes, which difficulties do you face?	Teachers are rude	1	
		The infrastructure is dilapidated	2	
		Transportation facility is irregular	3	
		Quality of food is poor	4	
		Learning materials are not provided timely	5	
		Support staff is not friendly	6	
		Equipment/aids provided are of poor quality	7	
		Others (please specify)	8	
3.42	Any suggestions and/or recommendation with respect to the project?			



## Questionnaire for Parents

### Consent form

Greetings from Fiinnovation. My name is..... On behalf of Fiinnovation, which is a Delhi based research organization we are conducting a survey with, Parents of children with disability, who have been enrolled in special schools in an effort to mainstream them. I request you to kindly participate in the survey. Your participation is voluntary, and let me assure you that all your information will be kept confidential and will not be shared with anyone. Any question may be left unanswered if you wish. The survey will take around 15-20 minutes

Do you agree to participate in the interview?

Yes.....1 (continue survey)

No.....2 (say thank you and move to next parent)

Date (DD/MM/YYYY)

Name of the field researcher.....

Name of the supervisor.....

S. No	Questions	Coding Categories	Codes	Go To
<b>Section 1: Key Information</b>				
1.1	State			
1.2	District			
1.3	Block			
1.4	Area	Rural	1	
		Peri-urban	2	
		Urban	3	
1.5	Relationship to the student	Mother	1	
		Father	2	
		Others (Please specify)	3	
1.6	Name of the ward/child			
1.7	Name of the school, the child is enrolled in			
1.8	In which year did you enroll your child?	YYYY		
1.9	Age of child on the day of enrollment	.....in numbers		
1.10	Class the child was enrolled on admission			
<b>Section 2: Issues related to disability</b>				
2.1	Type of disability (Multiple Choice)	Hearing Disability	1	
		Intellectual Disability	2	
		Visual Impairment	3	
		Locomotor Disability	4	
		Mental Disability	5	
		Speech Impairment	6	
		Multiple Disability	7	
		Others (Please specify)	8	
2.2	Because of your child's disability what kind of support do you think s/he requires?	Learning Support	1	
		Reading, Writing, Literacy Support	2	
		Communication, Speech and Language skills	3	
		Social Skills	4	
		Listening Support	5	
		Indian Sign Language Support	6	
		One-on-one teaching support	7	

		Magnifiers/Braille	8	
		Art, drawing, music	9	
		Fine, gross motor and co-ordination skills	10	
		Self-help skills, toileting, washing, dressing	11	
		Others (Please specify)	12	
<b>Section 3: Socio-Demographic Profile of Respondent</b>				
3.1	Name			
3.2	Gender	Male	1	
		Female	2	
		Others (Please specify)	3	
		Prefer not to say	4	
3.3	Age (in complete years)	.....in numbers		
3.4	Caste	General (GEN)	1	
		Other Backward Classes (OBC)	2	
		Scheduled Tribe (ST)	3	
		Scheduled Caste (SC)	4	
		Prefer not to say	5	
3.5	Religion	Hindu	1	
		Muslim	2	
		Christian	3	
		Sikh	4	
		Others (Please specify)	5	
		Prefer not to say	6	
3.6	Are you a BPL card holder?	Yes	1	
		No	2	
3.7	Monthly Household Income	Less than Rs. 5,000	1	
		Rs. 5,001-Rs. 10,000	2	
		Rs. 10,001-Rs. 15,000	3	
		More than Rs. 15,000	4	
3.8	Employment Status	Unemployed	1	
		Employed	2	
3.9	If employed, what is your occupation?	Daily Wage Labor	1	
		Home-maker	2	
		Government Employee	3	
		Private Employee	4	
		Business/Self-employed	5	
		Farmer/Agricultural Labor	6	
		Others (Please Specify)	7	
3.10	Highest Educational Qualification/Level	Without basic primary education	1	
		Primary (I-V)	2	
		Upper Primary School (VI-VIII)	3	
		Secondary (IX-X)	4	
		Higher Secondary (XI-XII)	5	
		Undergraduate (UG)	6	
		Postgraduate (PG)	7	
		Vocational Course	8	
		Diploma/Certificate	9	
		Others (Please Specify)	10	
3.11	Number of members in house/family	Up-to 4 members	1	
		5-7 members	2	
		More than 7 members	3	



Section 4: Availability of Services in School				
4.1	How far is the school from your house?	0-5 Kms	1	
		5-10 Kms	2	
		More than 10 Kms	3	
4.2	Reason(s) for choosing this school?	Distance from home	1	
		Child not accepted in mainstream school	2	
		No fees/reasonable fees	3	
		Specialist nature of school	4	
		Disable friendly infrastructure	5	
		Disable friendly curriculum	6	
		Transportation facility available	7	
		No special school in the vicinity	8	
		Facilities at the school meets the learning needs of child	9	
		Reputation of the school	10	
		A safe environment	11	
		Others (Please specify)	12	
4.3	Where did you find information about the school	I found out it myself	1	
		Family/Friends/Neighbor	2	
		Word of mouth	3	
		Newspaper/Television	4	
		Social Media	5	
		Others (Please specify)	6	
4.4	What all services are provided by the school	Transportation	1	
		Books	2	
		Teaching Learning Materials	3	
		Stationery	4	
		Uniform	5	
		Others (Please Specify)	6	
4.5	How much monthly fee do you pay?	None	1	
		Others (please specify)	2	
4.6	Do teachers prepare individual action plan for your child?	Yes	1	
		No	2	
		I do not know	3	
4.7	Are Parent Teachers Meetings held?	Yes	1	<b>4.8</b>
		No	2	<b>4.10</b>
		I do not know	3	<b>4.10</b>
4.8	If yes, have you attended them?	Yes	1	<b>4.9</b>
		No	2	
4.9	If yes, how frequently are these meetings held?	Once in a month	1	
		Quarterly	2	
		Once in six months	3	
		Annually	4	
		Others (Please specify)	5	
4.10	Are you informed about the regular progress of your child	Yes	1	
		No	2	
4.11	Is mid-day meal provided to children?	Yes	1	<b>4.12</b>
		No	2	<b>4.13</b>
4.12	If yes, are the meals regular	Yes	1	
		No	2	
4.13	Is there a School Management Committee?	Yes	1	<b>4.14</b>
		No	2	<b>5.1</b>



4.14	If yes, are you a part of it?	Yes	1	
		No	2	
<b>Section 5: Benefits of Special School</b>				
5.1	Do you think there has been any improvement in your child?	Yes	1	<b>5.2</b>
		No	2	<b>5.3</b>
5.2	If yes, what are the areas where you have noticed improvement?	Self-sufficiency	1	
		Maintaining hygiene	2	
		Better verbal communication	3	
		Better handwriting	4	
		Better academic result	5	
		Improvement in attention span	6	
		All of the above	7	
		Others (Please specify)	8	
5.3	Does your child feel like going to school daily?	Yes	1	<b>5.5</b>
		No	2	<b>5.4</b>
5.4	If no, what are the reasons?			
5.5	Do you feel your child is given enough attention by the staff and teachers?	Yes	1	
		No	2	
5.6	Are capacity building programs for parents held by the school?	Yes	1	<b>5.7</b>
		No	2	
5.7	If yes, have you attended any such program?	Yes	1	<b>5.9</b>
		No	2	<b>5.8</b>
5.8	If no, why			
5.9	If yes, what were the major topics?			
5.11	Was the program helpful?	Yes	1	
		No	2	
5.12	Are you involved in the education of your child?	Yes	1	<b>5.13</b>
		No	2	<b>5.14</b>
5.13	If yes, how?	I take regular update from my child	1	
		I am regularly updated on my child's performance by the school	2	
		I help my child with homework	3	
		I participate in regular meeting held with teachers	4	
		All of the above	5	
		Others (Please specify)	6	
5.14	If no, why?	I do not get time	1	
		I do not get any update from school	2	
		I am not interested	3	
		I am not literate	4	
		All of the above	5	
		Others (Please specify)	6	



5.15	What benefits do you receive from the school for your children?	Child feels included	1			
		Self-worth has increased	2			
		Education at par with mainstream schools	3			
		Increased confidence	4			
		Increased participation in house and outside	5			
		Others (Please specify)	6			
<b>Section 6: Satisfaction and Perception towards School Services</b>						
6.1	How satisfied are you with the school and the education that school provides?	Highly satisfied	1			
		Satisfied	2			
		Neither satisfied nor dissatisfied	3			
		Dissatisfied	4			
6.2	How satisfied you are with your child's progress at school?	Highly satisfied	1			
		Satisfied	2			
		Neither satisfied nor dissatisfied	3			
		Dissatisfied	4			
6.3	Rate your satisfaction on the following (In reference to the services provided by the school)	<b>Highly satisfied</b>	<b>Satisfied</b>	<b>Neither satisfied nor dissatisfied</b>	<b>Dissatisfied</b>	<b>Highly dissatisfied</b>
A	Mid-day meals					
B	Assistive devices & mobility aids					
C	Teaching learning materials					
D	School infrastructure					
E	School curriculum					
F	School staff					
G	Safety of children					
H	Special educators					
6.4	Thinking about your child's curriculum at school, would you strongly agree, agree, Disagree, or strongly disagree that your child's curriculum focuses on what he/she needs to know in each of the following areas	<b>Strongly Agree</b>	<b>Agree</b>	<b>Neither Agree or Disagree</b>	<b>Disagree</b>	<b>Strongly Disagree</b>
A	Reading					
B	Mathematics					
C	Daily-life skills					
D	Art and craft					
E	Balance					
F	Motor functions					
G	Sports					
H	Sign language (only if applicable)					
I	Functional independence					



6.5	Where would you send your child, if you did not send him/her to this school?	I would not have sent him/her to any school	1	
		I would have found some school in my area	2	
		I would have shifted to some other place to access special school	3	
		Others (Please specify)	4	
6.6	Do you think more such schools are needed for students with disability?	Yes	1	
		No	2	
6.7	Does your child feel included in the activities conducted in the school?	Yes	1	
		No	2	
6.8	Does your child face barrier in accessing education at school?	Yes	1	<b>6.9</b>
		No	2	
6.9	If yes, what kind of barriers do they face?			
6.10	Would you continue to enroll your child in this school?	Yes	1	
		No	2	
<b>Section 7: RECOMMENDATIONS AND SUGGESTIONS</b>				
7.1	Is there anything you would like the school to provide?			
7.2	Are there any suggestion(s) for the improvement of school?			
7.3	Do you feel the school has been able to transform the life of your child	Yes	1	
		No	2	

### Consent form

Greetings from Fiinnovation. My name is..... On behalf of Fiinnovation, a research organization which is based in Delhi. We are conducting a survey with school staff of special school who are working with children with disability, in an effort to mainstream them. I request you to kindly participate in the survey. Your participation is voluntary, and let me assure you that all your information will be kept confidential and will not be shared with anyone. Any question may be left unanswered if you wish. The survey will take around 15-20 minutes

Do you agree to participate in the interview?

Yes.....1 (continue survey)

No.....2 (say thank you and move to next staff)

Date of Interview: DD/MM/YYYY

Name of the field researcher.....

Name of the supervisor.....

1.	Name of the respondent	
2.	Name of the organization	
3.	Designation	
4.	Gender	
5.	Age (In complete years)	..... in years
6.	Highest Education Qualification	
7.	Total years of working experience in this field	..... In years
8.	For how many years have you been working in this school?	..... In years
9.	How many teachers/staff are available in the school for teaching?	
10.	How many children are in the school? Which disabilities are common and what is the socio-economic profile of children (Probe: what do the children parents work as, what is their monthly income)	
11.	Why do you think parents enroll their children at this school? Please list down all the possible reasons you can think of (Probe: distance of school from home, lower fee, disable friendly environment, mainstream school doesn't take their children etc.)	
12.	What all activities/subjects does the school offer? What unique services does the school provide to children with special needs? (Probe: Ask if the school provides mid-day meals, uniforms, books, healthcare services, transportation service etc.)	
13.	How does the school aim to mainstream students with disability? How many children on an average get enrolled in mainstream school in an academic year? Do you liaison with Anganwadi centres and schools? Please explain.	
14.	Can you tell us about the pedagogy/method of teaching children with disability?	

15.	What is your role in the school? What do you teach and how often do you interact with the parents (Probe: How teacher handles children with and without disability tighter, how much time she gives to each student, what support does s/he gives to children with special needs, what is the frequency of meeting with parents, is it monthly, weekly etc., what she communicates with the parents?)
16.	Are there any challenges that you face while working at the school? If yes, what are they and how do you overcome them?
17.	Do you think there is a need for such schools? Please explain. Are you given any training on inclusive education at work, if yes or no, please explain (Probe: what is the training on, where it happens, how often it happens, who gives the training and how it benefits?)
18.	Do have some suggestions and recommendations towards the school? Please elaborate.

## Schedule for Implementation Partner

<p><b>Consent form</b></p> <p>Greetings from Fiinovation. My name is..... on behalf of Fiinovation which is a research organization based in Delhi. We are conducting a survey with representatives of implementation partner of project 'Special school to mainstream 200 children with disability initiative'. I request you to kindly participate in the survey. Your participation is voluntary, and let me assure you that all your information will be kept confidential and will not be shared with anyone. Any question may be left unanswered if you wish. The survey will take around 15-20 minutes</p> <p>Do you agree to participate in the interview?          Yes.....1 (continue survey)          No.....2 (say thank you and end the interview)</p>	
Date of Interview: DD/MM/YYYY	
Name of the field researcher.....	Name of the supervisor.....
1	Name
2	Designation
3	Qualification
4	Gender
5	Age (in completed years)
6	How long have you been associated with this organization? .....in years
7	How does ABB contribute to this school? In which areas of the school are the funds provided by ABB being utilized
8	Please describe the major activities conducted as part of the program.
9	What is your role in this program and its activities? Please describe.
10	Please describe your reporting mechanism? whom do you report to and how often? Who reports to you and how frequently?
11	Is there a monitoring mechanism/framework? How is the monitoring being done (Probe: ask the process of monitoring, frequency of monitoring, indicators for monitoring)
12	Did you face any challenges in the implementation of the program? If yes, how did you overcome those challenges?
13	Who are the main beneficiaries of this program? How many have been benefitted so far?
14	What are the main benefits of this program for the beneficiaries (Probe: benefits in terms of rehabilitation of children, mainstreaming their education, providing them with inclusive education, etc.)
15	What are the changes bought by the program in the lives of children and their parents?
16	What are the major achievements of this program?
17	Are there any objectives of the program that were not achieved? If yes, please explain
18	What are the major learnings from this program?
19	Any suggestion or recommendations towards the implementation of the program.



## Annexure 5: Special SIS School to mainstream around 200 Children with Disabilities (CwDs)

### Questionnaire for Children/Beneficiaries

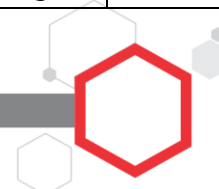
<b>Consent form</b>				
Greetings from Fiinnovation. My name is..... On behalf of Fiinnovation, a research organization based in Delhi, we are conducting a survey with, children with disability, who have been enrolled in special schools in an effort to mainstream them. I request you to kindly participate in the survey. Your participation is voluntary, and let me assure you that all your information will be kept confidential and will not be shared with anyone. Any question may be left unanswered if you wish. The survey will take around 15-20 minutes				
Do you agree to participate in the interview?				
Yes.....1 (continue survey)				
No.....2 (say thank you and move to next child)				
Date of Interview: DD/MM/YYYY				
Name of the field researcher.....			Name of the supervisor.....	
S. No	Questions	Coding Categories	Codes	Go To
Section 1: Key Information				
1.1	State			
1.2	District			
1.3	Name of the School			
Section 2: Respondent's Profile				
2.1	Name of the student			
2.2	Gender	Male	1	
		Female	2	
		Others (Please specify)	3	
		Prefer not to say	4	
2.3	Age (in completed years)	.....in years		
2.4	Type of disability (Multiple Choice)	Hearing Disability	1	
		Intellectual Disability	2	
		Visual Impairment	3	
		Locomotor Disability	4	
		Mental Disability	5	
		Speech Impairment	6	
		Multiple Disability	7	
		Others (Please specify)	8	
2.5	Caste	General (GEN)	1	
		Scheduled Caste (SC)	2	
		Scheduled Tribe (ST)	3	
		Other Backward Class (OBC)	4	
		Prefer not to say	5	
2.6	Class currently enrolled in?	1 <sup>st</sup>	1	
		2 <sup>nd</sup>	2	
		3 <sup>rd</sup>	3	
		4 <sup>th</sup>	4	
		5 <sup>th</sup>	5	
		6 <sup>th</sup>	6	
		7 <sup>th</sup>	7	





<b>Section 3: Availability of School Services</b>				
3.1	In which year did you get enrolled in this school?	YYYY		
3.2	Have you received any kinds of benefit from ABB?	Yes	1	<b>3.3</b>
		No	2	
		I do not know	3	
3.3	If yes, what kind of benefit have you received from ABB at your school? (Multiple Choice)	Transportation facility	1	
		Uniform	2	
		School Stationery	3	
		Therapy and counseling	4	
		Health facility	5	
		Food	6	
		Others (please specify)	7	
3.4	What are your school timings?			
3.5	What all subjects are taught in school?			
3.6	Is the school infrastructure disable friendly	Yes	1	
		No	2	
3.7	Does the school have special educators?	Yes	1	
		No	2	
3.8	How many educators are there in the school presently?	.....in numbers		
3.9	Does your school have able-bodied children?	Yes	1	<b>3.1</b>
		No	2	<b>3.11</b>
3.10	If yes, how many able-bodied children are there in your class?	....in number		
3.11	What is the distance between your school and your house?	0-5Kms	1	
		5-10 kms	2	
		More than 10 Kms	3	
3.12	Is transportation facility available from school?	Yes	1	<b>3.14</b>
		No	2	<b>3.13</b>
3.13	If no, how do you reach school?	Privately hired vehicle	1	
		Public Transport	2	
		Parents/relatives drop me at school	3	
		Others (please specify)	4	
3.14	Is medical service available at school?	Yes	1	
		No	2	
3.15	Does the teacher provide individual attention?	Yes	1	
		No	2	
3.16	Do you receive teaching learning materials from school?	Yes	1	
		No	2	
3.17	Does your school provide you with textbooks and stationery?	Yes, only books	1	
		Yes, only stationary	2	
		Yes, both	3	
		No	4	
3.18	Do you get uniform from school?	Yes	1	<b>3.19</b>
		No	2	<b>3.20</b>
3.19	If yes, how many sets of uniform do you get?	....in number		
3.20	Have you received any instrument/aid to overcome your disability?	Yes	1	
		No	2	
3.21	Are residential camps organized in school?	Yes	1	<b>3.22</b>
		No	2	<b>3.24</b>

3.22	If yes, in which month was the last camp organized			
3.23	Did you participate?	Yes	1	
		No	2	
3.24	Do co-curricular activities take place in school? (e.g., sports, dance, singing etc.)	Yes	1	<b>3.25</b>
		No	2	<b>3.26</b>
3.25	If yes, what co-curricular activities take place?	Dance	1	
		Singing	2	
		Poem Recitation	3	
		Creative writing	4	
		Theatre/Plays	5	
		Sports	6	
		Others (Please specify)	7	
3.26	Is mid-day meal provided in school?	Yes	1	
		No	2	
3.27	Are you given any kind of therapy at school?	Yes	1	<b>3.28</b>
		No	2	<b>3.29</b>
3.28	If yes, which therapies are provided?	Speech Therapy	1	
		Language Therapy	2	
		Hydrotherapy	3	
		Physiotherapy	4	
		Massage Therapy	5	
		Visual Therapy	6	
		All of the above	7	
		Others (please specify)	8	
3.29	Do you feel like coming to school daily?	Yes	1	<b>3.30</b>
		No	2	<b>3.31</b>
3.30	If yes, why			
3.31	If no, why			
3.32	Which subject(s) do you enjoy the most?	1. 2. 3.		
3.33	Do you face any difficulty in school?	Yes	1	
		No	2	
3.34	What kind of difficulty do you face?	Understanding classroom teaching	1	
		Communicating with classmates	2	
		Interacting with teachers	3	
		Accessing school resources	4	
		Others (Please specify)	5	
3.35	Is the teaching learning material easy to understand?	Yes	1	
		No	2	
3.36	Do you feel safe in the school?	Yes	1	
		No	2	
3.37	Does your teachers discriminate between disabled and able-bodied children?	Yes	1	
		No	2	
3.38	How satisfied you are with assistive aids given to you?	Highly Satisfied	1	
		Satisfied	2	
		Neutral	3	
		Dissatisfied	4	
		Highly Dissatisfied	5	



3.39	Are teachers available all the time?	Yes	1	
		No	2	
3.4	Do find any difficulty in accessing school services	Yes	1	<b>3.41</b>
		No	2	<b>3.42</b>
3.41	If yes, which difficulties do you face?	Teachers are rude	1	
		The infrastructure is dilapidated	2	
		Transportation facility is irregular	3	
		Quality of food is poor	4	
		Learning materials are not provided timely	5	
		Support staff is not friendly	6	
		Equipment/aids provided are of poor quality	7	
		Others (please specify)	8	
3.42	Any suggestions and/or recommendation with respect to the project?			



## Schedule for Implementation Partner

<p><b>Consent form</b></p> <p>Greetings from Fiinovation. My name is..... on behalf of Fiinovation which is a research organization based in Delhi. We are conducting a survey with representatives of implementation partner of project 'Special school to mainstream 200 children with disability initiative'. I request you to kindly participate in the survey. Your participation is voluntary, and let me assure you that all your information will be kept confidential and will not be shared with anyone. Any question may be left unanswered if you wish. The survey will take around 15-20 minutes</p> <p>Do you agree to participate in the interview?</p> <p>Yes.....1 (continue survey)</p> <p>No.....2 (say thank you and end the interview)</p>	
<p>Date of Interview: DD/MM/YYYY</p>	
<p>Name of the field researcher.....</p>	<p>Name of the supervisor.....</p>
1	Name
2	Designation
3	Qualification
4	Gender
5	Age (in completed years)
6	How long have you been associated with this organization? .....in years
7	How does ABB contribute to this school? In which areas of the school are the funds provided by ABB being utilized
8	Please describe the major activities conducted as part of the program.
9	What is your role in this program and its activities? Please describe.
10	Please describe your reporting mechanism? whom do you report to and how often? Who reports to you and how frequently?
11	Is there a monitoring mechanism/framework? How is the monitoring being done (Probe: ask the process of monitoring, frequency of monitoring, indicators for monitoring)
12	Did you face any challenges in the implementation of the program? If yes, how did you overcome those challenges?
13	Who are the main beneficiaries of this program? How many have been benefitted so far?
14	What are the main benefits of this program for the beneficiaries (Probe: benefits in terms of rehabilitation of children, mainstreaming their education, providing them with inclusive education, etc.
15	What are the changes bought by the program in the lives of children and their parents?
16	What are the major achievements of this program?
17	Are there any objectives of the program that were not achieved? If yes, please explain
18	What are the major learnings from this program?
19	Any suggestion or recommendations towards the implementation of the program.



## Questionnaire for Parents

### Consent form

Greetings from Fiinovation. My name is..... On behalf of Fiinovation, which is a Delhi based research organization we are conducting a survey with, Parents of children with disability, who have been enrolled in special schools in an effort to mainstream them. I request you to kindly participate in the survey. Your participation is voluntary, and let me assure you that all your information will be kept confidential and will not be shared with anyone. Any question may be left unanswered if you wish. The survey will take around 15-20 minutes

Do you agree to participate in the interview?

Yes.....1 (continue survey)

No.....2 (say thank you and move to next parent)

Date (DD/MM/YYYY)

Name of the field researcher.....

Name of the supervisor.....

S. No	Questions	Coding Categories	Codes	Go To
<b>Section 1: Key Information</b>				
1.1	State			
1.2	District			
1.3	Block			
1.4	Area	Rural	1	
		Peri-urban	2	
		Urban	3	
1.5	Relationship to the student	Mother	1	
		Father	2	
		Others (Please specify)	3	
1.6	Name of the ward/child			
1.7	Name of the school, the child is enrolled in			
1.8	In which year did you enroll your child?	YYYY		
1.9	Age of child on the day of enrollment	.....in numbers		
1.10	Class the child was enrolled on admission			
<b>Section 2: Issues related to disability</b>				
2.1	Type of disability (Multiple Choice)	Hearing Disability	1	
		Intellectual Disability	2	
		Visual Impairment	3	
		Locomotor Disability	4	
		Mental Disability	5	
		Speech Impairment	6	
		Multiple Disability	7	
		Others (Please specify)	8	
2.2	Because of your child's disability what kind of support do you think s/he requires?	Learning Support	1	
		Reading, Writing, Literacy Support	2	
		Communication, Speech and Language skills	3	
		Social Skills	4	
		Listening Support	5	
		Indian Sign Language Support	6	

		One-on-one teaching support	7	
		Magnifiers/Braille	8	
		Art, drawing, music	9	
		Fine, gross motor and co-ordination skills	10	
		Self-help skills, toileting, washing, dressing	11	
		Others (Please specify)	12	
<b>Section 3: Socio-Demographic Profile of Respondent</b>				
3.1	Name			
3.2	Gender	Male	1	
		Female	2	
		Others (Please specify)	3	
		Prefer not to say	4	
3.3	Age (in complete years)	.....in numbers		
3.4	Caste	General (GEN)	1	
		Other Backward Classes (OBC)	2	
		Scheduled Tribe (ST)	3	
		Scheduled Caste (SC)	4	
		Prefer not to say	5	
3.5	Religion	Hindu	1	
		Muslim	2	
		Christian	3	
		Sikh	4	
		Others (Please specify)	5	
		Prefer not to say	6	
3.6	Are you a BPL card holder?	Yes	1	
		No	2	
3.7	Monthly Household Income	Less than Rs. 5,000	1	
		Rs. 5,001-Rs. 10,000	2	
		Rs. 10,001-Rs. 15,000	3	
		More than Rs. 15,000	4	
3.8	Employment Status	Unemployed	1	
		Employed	2	
3.9	If employed, what is your occupation?	Daily Wage Labor	1	
		Home-maker	2	
		Government Employee	3	
		Private Employee	4	
		Business/Self-employed	5	
		Farmer/Agricultural Labor	6	
		Others (Please Specify)	7	
3.10	Highest Educational Qualification/Level	Without basic primary education	1	
		Primary (I-V)	2	
		Upper Primary School (VI-VIII)	3	
		Secondary (IX-X)	4	
		Higher Secondary (XI-XII)	5	
		Undergraduate (UG)	6	
		Postgraduate (PG)	7	
		Vocational Course	8	
		Diploma/Certificate	9	
		Others (Please Specify)	10	

3.11	Number of members in house/family	Up-to 4 members	1	
		5-7 members	2	
		More than 7 members	3	
<b>Section 4: Availability of Services in School</b>				
4.1	How far is the school from your house?	0-5 Kms	1	
		5-10 Kms	2	
		More than 10 Kms	3	
4.2	Reason(s) for choosing this school?	Distance from home	1	
		Child not accepted in mainstream school	2	
		No fees/reasonable fees	3	
		Specialist nature of school	4	
		Disable friendly infrastructure	5	
		Disable friendly curriculum	6	
		Transportation facility available	7	
		No special school in the vicinity	8	
		Facilities at the school meets the learning needs of child	9	
		Reputation of the school	10	
		A safe environment	11	
		Others (Please specify)	12	
4.3	Where did you find information about the school	I found out it myself	1	
		Family/Friends/Neighbor	2	
		Word of mouth	3	
		Newspaper/Television	4	
		Social Media	5	
		Others (Please specify)	6	
4.4	What all services are provided by the school	Transportation	1	
		Books	2	
		Teaching Learning Materials	3	
		Stationery	4	
		Uniform	5	
		Others (Please Specify)	6	
4.5	How much monthly fee do you pay?	None	1	
		Others (please specify)	2	
4.6	Do teachers prepare individual action plan for your child?	Yes	1	
		No	2	
		I do not know	3	
4.7	Are Parent Teachers Meetings held?	Yes	1	<b>4.8</b>
		No	2	<b>4.10</b>
		I do not know	3	<b>4.10</b>
4.8	If yes, have you attended them?	Yes	1	<b>4.9</b>
		No	2	
4.9	If yes, how frequently are these meetings held?	Once in a month	1	
		Quarterly	2	
		Once in six months	3	
		Annually	4	
		Others (Please specify)	5	
4.10	Are you informed about the regular progress of your child	Yes	1	
		No	2	
4.11	Is mid-day meal provided to children?	Yes	1	<b>4.12</b>
		No	2	<b>4.13</b>



4.12	If yes, are the meals regular	Yes	1	
		No	2	
4.13	Is there a School Management Committee?	Yes	1	<b>4.14</b>
		No	2	<b>5.1</b>
4.14	If yes, are you a part of it?	Yes	1	
		No	2	
<b>Section 5: Benefits of Special School</b>				
5.1	Do you think there has been any improvement in your child?	Yes	1	<b>5.2</b>
		No	2	<b>5.3</b>
5.2	If yes, what are the areas where you have noticed improvement?	Self-sufficiency	1	
		Maintaining hygiene	2	
		Better verbal communication	3	
		Better handwriting	4	
		Better academic result	5	
		Improvement in attention span	6	
		All of the above	7	
		Others (Please specify)	8	
5.3	Does your child feel like going to school daily?	Yes	1	<b>5.5</b>
		No	2	<b>5.4</b>
5.4	If no, what are the reasons?			
5.5	Do you feel your child is given enough attention by the staff and teachers?	Yes	1	
		No	2	
5.6	Are capacity building programs for parents held by the school?	Yes	1	<b>5.7</b>
		No	2	
5.7	If yes, have you attended any such program?	Yes	1	<b>5.9</b>
		No	2	<b>5.8</b>
5.8	If no, why			
5.9	If yes, what were the major topics?			
5.11	Was the program helpful?	Yes	1	
		No	2	
5.12	Are you involved in the education of your child?	Yes	1	<b>5.13</b>
		No	2	<b>5.14</b>
5.13	If yes, how?	I take regular update from my child	1	
		I am regularly updated on my child's performance by the school	2	
		I help my child with homework	3	
		I participate in regular meeting held with teachers	4	
		All of the above	5	
		Others (Please specify)	6	
5.14	If no, why?	I do not get time	1	
		I do not get any update from school	2	
		I am not interested	3	
		I am not literate	4	
		All of the above	5	
		Others (Please specify)	6	





5.15	What benefits do you receive from the school for your children?	Child feels included	1			
		Self-worth has increased	2			
		Education at par with mainstream schools	3			
		Increased confidence	4			
		Increased participation in house and outside	5			
		Others (Please specify)	6			
<b>Section 6: Satisfaction and Perception towards School Services</b>						
6.1	How satisfied are you with the school and the education that school provides?	Highly satisfied	1			
		Satisfied	2			
		Neither satisfied nor dissatisfied	3			
		Dissatisfied	4			
6.2	How satisfied you are with your child's progress at school?	Highly satisfied	1			
		Satisfied	2			
		Neither satisfied nor dissatisfied	3			
		Dissatisfied	4			
6.3	Rate your satisfaction on the following (In reference to the services provided by the school)	<b>Highly satisfied</b>	<b>Satisfied</b>	<b>Neither satisfied nor dissatisfied</b>	<b>Dissatisfied</b>	<b>Highly dissatisfied</b>
A	Mid-day meals					
B	Assistive devices & mobility aids					
C	Teaching learning materials					
D	School infrastructure					
E	School curriculum					
F	School staff					
G	Safety of children					
H	Special educators					
6.4	Thinking about your child's curriculum at school, would you strongly agree, agree, Disagree, or strongly disagree that your child's curriculum focuses on what he/she needs to know in each of the following areas	<b>Strongly Agree</b>	<b>Agree</b>	<b>Neither Agree or Disagree</b>	<b>Disagree</b>	<b>Strongly Disagree</b>
A	Reading					
B	Mathematics					
C	Daily-life skills					
D	Art and craft					
E	Balance					
F	Motor functions					
G	Sports					
H	Sign language (only if applicable)					
I	Functional independence					



6.5	Where would you send your child, if you did not send him/her to this school?	I would not have sent him/her to any school	1	
		I would have found some school in my area	2	
		I would have shifted to some other place to access special school	3	
		Others (Please specify)	4	
6.6	Do you think more such schools are needed for students with disability?	Yes	1	
		No	2	
6.7	Does your child feel included in the activities conducted in the school?	Yes	1	
		No	2	
6.8	Does your child face barrier in accessing education at school?	Yes	1	<b>6.9</b>
		No	2	
6.9	If yes, what kind of barriers do they face?			
6.10	Would you continue to enroll your child in this school?	Yes	1	
		No	2	
<b>Section 7: RECOMMENDATIONS AND SUGGESTIONS</b>				
7.1	Is there anything you would like the school to provide?			
7.2	Are there any suggestion(s) for the improvement of school?			
7.3	Do you feel the school has been able to transform the life of your child	Yes	1	
		No	2	



## Schedule for School Staff

### Consent form

Greetings from Fiinnovation. My name is..... On behalf of Fiinnovation, a research organization which is based in Delhi. We are conducting a survey with school staff of special school who are working with children with disability, in an effort to mainstream them. I request you to kindly participate in the survey. Your participation is voluntary, and let me assure you that all your information will be kept confidential and will not be shared with anyone. Any question may be left unanswered if you wish. The survey will take around 15-20 minutes

Do you agree to participate in the interview?

Yes.....1 (continue survey)

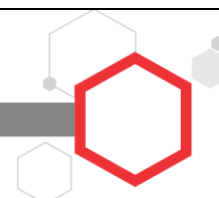
No.....2 (say thank you and move to next staff)

Date of Interview: DD/MM/YYYY

Name of the field researcher.....

Name of the supervisor.....

1.	Name of the respondent	
2.	Name of the organization	
3.	Designation	
4.	Gender	
5.	Age (In complete years)	..... in years
6.	Highest Education Qualification	
7.	Total years of working experience in this field	..... In years
8.	For how many years have you been working in this school?	..... In years
9.	How many teachers/staff are available in the school for teaching?	
10.	How many children are in the school? Which disabilities are common and what is the socio-economic profile of children (Probe: what do the children parents work as, what is their monthly income)	
11.	Why do you think parents enroll their children at this school? Please list down all the possible reasons you can think of (Probe: distance of school from home, lower fee, disable friendly environment, mainstream school doesn't take their children etc.)	
12.	What all activities/subjects does the school offer? What unique services does the school provide to children with special needs? (Probe: Ask if the school provides mid-day meals, uniforms, books, healthcare services, transportation service etc.)	
13.	How does the school aim to mainstream students with disability? How many children on an average get enrolled in mainstream school in an academic year? Do you liaison with Anganwadi centres and schools? Please explain.	
14.	Can you tell us about the pedagogy/method of teaching children with disability?	



15.	What is your role in the school? What do you teach and how often do you interact with the parents (Probe: How teacher handles children with and without disability tighter, how much time she gives to each student, what support does s/he gives to children with special needs, what is the frequency of meeting with parents, is it monthly, weekly etc., what she communicates with the parents?)
16.	Are there any challenges that you face while working at the school? If yes, what are they and how do you overcome them?
17.	Do you think there is a need for such schools? Please explain. Are you given any training on inclusive education at work, if yes or no, please explain (Probe: what is the training on, where it happens, how often it happens, who gives the training and how it benefits?)
18.	Do have some suggestions and recommendations towards the school? Please elaborate.



## Annexure 6: Women Engineering Scholarship Program for Meritorious and Deserving 50 Selected Women at Bangalore (4-year program: 2021-2025)

### Schedule for Implementing Partner(s)

<b>Consent form</b>	
Greetings from Fiinnovation. My name is..... on behalf of Fiinnovation which is a research organization based in Delhi. We are conducting a survey with representatives of implementation partner of project 'Women Engineering Scholarship Program for Meritorious and Deserving 50 Selected Women at Bangalore Location For 4 Year Program (2021-2025)'. I request you to kindly participate in the survey. Your participation is voluntary, and let me assure you that all your information will be kept confidential and will not be shared with anyone. Any question may be left unanswered if you wish. The survey will take around 15-20 minutes. Do you agree to participate in the interview? Yes.....1 (continue survey) No.....2 (say thank you and move to the next person)	
Date of Interview: DD/MM/YYYY	
Name of the field researcher.....	
Name of the supervisor.....	
1	Name
2	Designation
3	Qualification
4	Gender
5	Age (in completed years)
6	How long have you been associated with this organization? .....in years
7	How does ABB contribute in this program? (Probe: Does ABB provide financial assistance; does ABB select meritorious students, provide skills trainings, employee volunteering by taking sessions with students.)
8	Please describe the major activities conducted as part of the program.
9	What is your role in this program and its activities? Please describe.
10	Please describe your reporting mechanism? whom do you report to and how often? Who reports to you and how frequently?
11	Is there a monitoring mechanism/framework? How is the monitoring being done (Probe: ask the process of monitoring, frequency of monitoring, indicators for monitoring).
12	Did you face any challenge(s) in the implementation of the program? If yes, how did you overcome those challenge(s)?
13	Who are the main beneficiaries of this program? How many have been benefitted so far?
14	What are the main benefits of this program for the beneficiaries (Probe: benefits in terms of securing job, completing education, skills building.)
15	What are the changes bought by the program in the lives of students coming from economically marginalized backgrounds and their families?
16	What are the major achievements of this program?
17	Are there any objectives of the program that were not achieved? If yes, please explain
18	What are the major learnings from this program?
19	Any suggestion or recommendations towards the implementation of the program.





## FGD Guidelines

**State:**

**District:**

**Block:**

**Village/City:**

### Profile of Participants

S. No	Name of Participants	Field of Study	Age (In completed years)	No. of years of education <i>(In case graduation completed then write 15)</i>
1				
2				
3				
4				
5				
6				
7				
8				
9				
10				
11				
12				





## Points for discussions

- Socio/cultural/economic condition of students awarded scholarship
- What is the eligibility/process of getting scholarship? And how did you get to know about it (please tell in detail)
- How is the scholarship helping in education and financially (Probe: what if scholarship was not given, how it would affect their studies., would they have continued studies yes/no. if yes how would they have managed fees from)
- What benefits are you getting from Leelapoonawala Foundation, apart from scholarship? (Ask about mentorship training in detail)
- Please discuss the mentorship training and skills training provided in detail
- What is the perception of students on the relevance of scholarship
- Do they feel motivated to attend class and continue studies? Please elaborate
- Please discuss if they receive scholarship on time, how often they receive and in how many tranches?
- What is the impact of scholarship on their current study situation, future education plan and mission and vision in life
- Do they know about ABB's "Women engineering scholarship program for meritorious and deserving 50 selected women at Bangalore location for a 4-year program (2021-2025), Karnataka" if yes, ask them to elaborate
- Discuss whether parents/families are motivating them and sending them to college and continue their education
- Tell students to discuss the success of the program, what they feel is best about the program and what they like the most and what they think should be included

## Annexure 7: Supporting Differentially abled Women

### Questionnaire for family members of women beneficiaries

#### Consent form

Greetings from Fiinnovation. My name is..... On behalf of Fiinnovation, we are conducting a with family members of women who are getting support from Gharkul Parivar Sanstha. I request you to kindly participate in the survey. Your participation is voluntary, and let me assure you that all your information will be kept confidential and will not be shared with anyone. Any question may be left unanswered if you wish. The survey will take around 15-20 minutes.

Do you agree to participate in the interview?

Yes.....1 (continue survey)

No.....2 (say thank you and move to next beneficiary's family member)

Date of Interview: DD/MM/YYYY

Name of the field researcher.....

Name of the supervisor.....

S. No	Questions	Coding Categories	Codes	Go To
<b>Section 1: Key Information</b>				
1.1	Is your family member a beneficiary of this program?	Yes	1	Go to 1.2
		No	2	End Interview
1.2	Name of the family member			
1.3	Age of the family member (in completed years)	.... In Numbers		
1.4	Relation with the family member			
1.5	Type of disability of the family member	Physical disability (locomotor/visual/hearing/speech impairment)	1	
		Intellectual disability (Autism/specific learning disability)	2	
		Mental Behaviour (Mental Illness)	3	
		Others (please specify)	4	
<b>Section 2: Respondent's Profile</b>				
2.1	Name of the respondent			
2.2	Gender	Male	1	
		Female	2	
		Others	3	
		Prefer not to say	4	
2.3	State			
2.4	District			
2.5	Age (In completed years)	..... In numbers		
2.6	Caste	General (GEN)	1	
		Other Backward Class (OBC)	2	
		Scheduled Caste (SC)	3	
		Scheduled Tribe (ST)	4	
		Prefer not to say	5	



2.7	Religion	Hindu	1	
		Muslim	2	
		Christian	3	
		Others (Please Specify)	4	
		Prefer not to say	5	
2.8	Occupation Status	Unemployed	1	<b>Skip to 2.9 2.8</b>
		Employed	2	
2.9	If employed, what is your source of income?	Government Job	1	
		Family Business	2	
		Private Job	3	
		Agricultural Laborer/Farmer	4	
		Daily Wage Laborer	5	
2.10	Household Monthly Income (in Rs.)	..... in Rs.		
2.11	Educational Qualification	Without basic primary education	1	
		Primary (I-V)	2	
		Secondary (VI-VIII)	3	
		Higher Secondary (IX-XII)	4	
		Graduate	5	
		Post-Graduate	6	
		Diploma/Certificate	7	
		Others (Please Specify)	8	
2.12	Family Type	Joint	1	
		Nuclear	2	
2.13	Economic Status	Above Poverty Line (APL)	1	
		Below Poverty Line (BPL)	2	
<b>Section 3: Access to Services</b>				
3.1	For how long has your family member been a part of this residential facility?	Less than 5 Years	1	
		6-10 years	2	
		More than 10 years	3	
		I don't know	4	
		Others (Please specify)	5	
3.2	Are you aware if ABB is supporting this program?	Yes	1	
		No	2	
3.3	What are the reasons for placing your family member in this facility? (Multiple choice)	Not enough economic resources	1	
		Not enough space in house	2	
		Lack of caretakers in family	3	
		Others (Please Specify)	4	
3.4	How much fee did you pay for enrolling your family member?	..... In Rs.		
3.5	What all services are offered by the institution? (Multiple Choice)	Residential facility	1	
		Healthcare	2	
		Education	3	
		Vocational Training	4	
		Life Skills Training	5	
		Self-help skills	6	
		Others (Please Specify)	7	
3.6	Is the institute disable friendly?	Yes	1	
		No	2	
3.7	Are adequate sanitation facilities available for women?	Yes	1	
		No	2	

3.8	Are the rooms spacious?	Yes	1	
		No	2	
3.9	Has the program been able to mainstream the residents in the society?	Yes	1	<b>3.10</b>
		No	2	<b>3.11</b>
3.10	If yes, explain how?			
3.11	If no, explain how?			
3.12	How often do you get to meet your family member(s)?	Very Frequently	1	
		Frequently	2	
		Occasionally	3	
		Rarely	4	
		Very Rarely	5	
		Never	6	
3.13	Do you think the institute is able to provide better care?	Yes	1	<b>3.14</b>
		No	2	
3.14	If yes, how? (Multiple choice)	Constant supervision	1	
		Quality food	2	
		Emergency medical service	3	
		Quality engagement	4	
		Safety and security	5	
		Work opportunities	6	
		Radio and Television for entertainment	7	
		Others (Please Specify)	8	
3.15	Why did you choose this facility? (Multiple Choice)	Near to home	1	
		More safe and secure	2	
		Friendly environment	3	
		Courteous Staff	4	
		Suggested by family/friends	5	
		Provides Livelihood opportunity	6	
		Knows someone who works at the organization	7	
		Peer group support	8	
		Others (Please Specify)	9	
		3.16	How often do the staff from the institute get in touch with you?	Very Frequently
		Frequently	2	
		Occasionally	3	
		Rarely	4	
		Very Rarely	5	
		Never	6	
3.17	Did your family member have any behavior problems before admitting them in the facility?	Yes	1	<b>3.18</b>
		No	2	<b>3.19</b>
3.18	If yes, has the problem reduced after getting enrolled in the institution?	Yes	1	
		No	2	
3.19	Are counseling services provided in the facility?	Yes	1	
		No	2	
3.20	What all activities are conducted at Gharkul? (Multiple Choice)	Music and Dance Therapy	1	
		Yoga and meditation therapy	2	
		Monthly picnics	3	
		Birthday Celebration	4	

		Festival Celebration	5	
		Exhibition and Sale of Gharkul products	6	
		Sports Event	7	
		Dance Event	8	
		Singing Activities	9	
		Art and Craft	10	
		Others (Please specify)		
3.21	Do you think enough attention is given to the beneficiary	Yes	1	
		No	2	

#### Section 4: Services and Satisfaction Level Towards Services

##### Satisfaction with regular activities

4.1	Rate your satisfaction on the following (In reference to the services offered at Gharkul Parivar Sansthan)	Highly satisfied	Satisfied	Neither satisfied nor dissatisfied	Dissatisfied	Highly dissatisfied
A	Quality of food					
B	Healthcare and/or emergency care					
C	Life skills training					
D	Safety of women					
E	Enhancement in personality					
F	Personal hygiene maintenance					
4.2	Do you think your family member is happy staying at the residential facility	Yes			1	4.3
		No			2	
4.3	If yes, can you explain how?					

#### Section 5: Recommendations and Challenges

5.1	Do you face any challenge from the institution?	Yes	1	5.2
		No	2	
5.2	If yes, what kind of challenges do you face? (Multiple Choice)	Administrative	1	
		Behavioral complaints	2	
		Monetary	3	
		Others (Please Specify)	4	
5.3	Do you think there has been any benefit from this program?	Yes	1	5.4
		No	2	5.5
5.4	If yes, can you explain?			
5.5	If no, can you explain?			
5.6	Is there anything that institution should do differently for the women residents?	Yes	1	5.7
		No	2	5.8
5.7	If yes, can you elaborate?			
5.8	Do you think there is a need of improvement in residential facility?	Yes	1	5.9
		No	2	
5.9	If yes, what are those improvements? Please explain			
5.10	Any recommendations you have with respect to this program?			

## Schedule for Facility Staff

### Consent form

Greetings from Fiinnovation. My name is..... On behalf of Fiinnovation, we are conducting a survey with residents staying in facility as well as with the facility staff working with Gharkul Parivar Sansthan. I request you to kindly participate in the survey. Your participation is voluntary, and let me assure you that all your information will be kept confidential and will not be shared with anyone. Any question may be left unanswered if you wish. The survey will take around 15-20 minutes

Do you agree to participate in the interview?

Yes.....1 (continue survey)

No.....2 (say thank you and move to the next person)

Date of Interview: DD/MM/YYYY

Name of the field researcher.....

Name of the supervisor.....

1	Name of Respondent	
2	Designation	
3	Gender	
4	Age (in completed years)	..... in years
5	Education Qualification	
6	Total years of experience in this field?	..... in years
7	How long you have been working with this institution?	..... in years
8	When was the institution established?	
9	How many women/girls can the building accommodate?	..... in number
10	How many women/girls are presently staying in the residential facility?	..... in number
11	According to you what could be reasons behind choosing this residential facility? (Probe: Educational facility, Doctor availability, staff behavior, lesser cost, free services, clean environment, dignity and respect, quality of services, safety, quality care, vocational training etc.)	
12	Please describe the services offered to women/girls staying in the facility (Probe: therapy, individual counseling health facility, nutritious food, types of vocational training, entertainment services)	
14	Can you tell us about the socio-economic profile of women/girl who stay at the facility (Probe: age group, economic status of families, their occupation, social marginalization etc.)	
15	Please tell us about the registration/admission fee charged by the institute? Is it same for all the patients or different according to the socio-economic category of women/girls? Please elaborate	

16	What are your working hours? How many staff are there in the residence and what is your primary role at the institutional facility and how do you engage with the residents?
17	Please tell us what activities are undertaken for the rehabilitation of women/girls and if it has been helpful to them? Please elaborate how? (Probe: ask about daily schedule, list of activities conducted regularly and special days celebrated)
18	According to you what could be the reasons behind choosing this organization for rehabilitation of women/girls with mental disability?
19	Are you given any on the job training? When was the last training conducted? How often are these training given and on what topics are covered in the training?
20	What are the major challenges you face as a staff and what recommendations do you have to improve the facility and its services?



## Schedule for Program Implementation Partner

### Consent form

Greetings from Fiinnovation. My name is..... On behalf of Fiinnovation, we are conducting a survey with Implementing partner of the project with Gharkul Parivar Sansthan. I request you to kindly participate in the survey. Your participation is voluntary, and let me assure you that all your information will be kept confidential and will not be shared with anyone. Any question may be left unanswered if you wish. The survey will take around 15-20 minutes

Do you agree to participate in the interview?

Yes.....1 (continue survey)

No.....2 (say thank you and end the interview)

Date of Interview: DD/MM/YYYY

Name of the field researcher.....		Name of the supervisor.....
1	Name of the respondent	
2	Name of the organization	
3	Designation	
4	Gender	
5	Age (In complete years)	..... in years
6	Highest Education Qualification	
7	Total years of working experience in this field	..... In years
8	How long have you been working with this institution	..... In years
9	Please describe the project goal and objectives along with major activities and deliverables	
10	What is your role in the project and its activities?	
11	Please describe about reporting mechanism? Whom do you report to and how often? Who reports to you and how frequently?	
12	Please discuss in detail the monitoring plan for the project (Probe what are the monitoring indicators, which activities do you monitor, what is the frequency of monitoring, are updates taken on call, or through WhatsApp, records observed) and how it helped in monitoring the project effectively	
13	Have you faced any challenges in planning and implementation of the project? (Probe: challenges such as coordinating with NGO partner, monitoring the daily activities, taking feedback from beneficiaries etc.) How did you overcome those challenges?	
14	What are the main benefits that beneficiaries are receiving from this project (Probe: benefits in terms of care, health status, sanitation facilities, psycho-social counseling, security and safe environment, self-worth and dignity)	
15	What are the major achievements of the project?	
16	What are the major learnings from this project?	
17	Were there any objectives of the project that were not achieved? Please explain, what were the reasons for not achieving	
18	Do you have any suggestions or recommendation for the improvement of the project?	

## Annexure 8: Improving Road Safety, Security Cleanliness, Hygiene aspects selected road stretch in Peenya Industrial Area

### Questionnaire for Random Public Commuter(s)

<b>Consent form</b>				
Greetings from Fiinnovation. My name is..... on behalf of Fiinnovation which is a research organization based in Delhi. We are conducting a survey with random public commuters in the Peenya Industrial Area and who use the road for reaching their workplace or home under the project 'Improving Road Safety, Security Cleanliness, Hygiene Aspects- Peenya Industrial Area' I request you to kindly participate in the survey. Your participation is voluntary, and let me assure you that all your information will be kept confidential and will not be shared with anyone. Any question may be left unanswered if you wish. The survey will take around 15-20 minutes				
Do you agree to participate in the interview?				
Yes.....1 (continue survey)				
No.....2 (say thank you and move to the next person)				
Date of Interview: DD/MM/YYYY				
Name of the field researcher.....			Name of the supervisor.....	
<b>Section 1: Key Information</b>				
S. No	Questions	Coding Categories	Codes	Go To
1.1	State			
1.2	District			
1.3	Block			
1.4	Location	Rural	1	
		Urban	2	
		Peri-Urban	3	
<b>Section 2: Socio-Demographic Profile of Respondent</b>				
2.1	Name of the respondent			
2.2	Age (in completed years)	.....in years		
2.3	Gender	Male	1	
		Female	2	
		Others	3	
		Prefer not to say	4	
2.4	Caste	General (GEN)	1	
		Other Backward Classes (OBC)	2	
		Scheduled Caste (SC)	3	
		Scheduled Tribe (ST)	4	
		Prefer not to say	5	
2.5	Religion	Hindu	1	
		Muslim	2	
		Christian	3	
		Sikh	4	
		Others (Please specify)	5	
		Prefer not to say	6	
2.6	Highest educational qualification	Without basic primary education	1	
		Primary education (I-V)	2	
		Upper Primary education (VI-VIII)	3	
		Secondary education (IX-X)	4	

		Higher Secondary education (XI-XII)	5		
		Undergraduate (UG)	6		
		Postgraduate (PG)	7		
		Certificate/Diploma Course	8		
		Vocational Training	9		
		Others (Please specify)	10		
2.7	What is your employment status?	Employed	1	<b>Go to 2.8</b>	
		Unemployed	2	<b>Skip to 2.9</b>	
2.8	If employed, what do you work as?	Self-employed/business	1		
		Daily wage worker	2		
		Agricultural worker/Framer	3		
		Home-maker	4		
		Government job	5		
		Private job	6		
2.9	Do you consider yourself a Person with Disability (PWD)?	Yes	1		
		No	2		
<b>Section 3: Road Usage, Quality &amp; Safety</b>					
3.1	How often do you use this road?	Always	1		
		Usually,	2		
		About half the time	3		
		Seldom	4		
		Never	5		
3.2	How do you commute on this road most of the time?	Personal vehicle	1		
		Public vehicle	2		
		Walking	3		
		Bicycle	4		
		Others (Please specify)	5		
3.3	How easy it is for you to travel on this road using the following mode of transportation?	<b>Easy</b>	<b>Moderate</b>	<b>Difficulty</b>	<b>Do not know</b>
A	Personal vehicle				
B	Public transport				
C	Bicycle				
D	Walking				
3.4	Are you aware of the road being repaired and renovated?	Yes		1	
		No		2	
3.5	Who do you think renovated the road?	Bruhat Bengaluru Mahanagar Palike (BBMP)		1	
		ABB Ltd		2	
		Others (Please specify)		3	

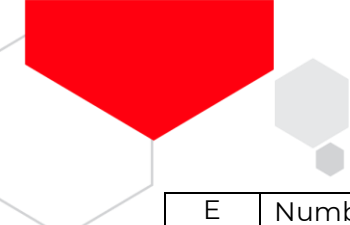




### Section 4: Satisfaction Level Among Commuters

4.1	<b>How satisfied are you with the following</b>	<b>Highly Satisfied</b>	<b>Satisfied</b>	<b>Neither satisfied nor dissatisfied</b>	<b>Dissatisfied</b>	<b>Very dissatisfied</b>
A	Condition of road					
B	Plantation/ Landscaping					
C	Ramps developed for PwD					
D	Cleanliness of road					
E	Street lighting					
F	Traffic management					
G	Safety					
H	Sidewalks developed on the road					
I	The visual appeal of the roadside					
J	Eliminating weeds from the roadside					
K	Safety of walking					
L	Safety of cycling					
M	Safety for women walking to work/home					
N	Safety for children walking to school/home					
4.2	<b>Please indicate your agreement towards the following statements</b>	<b>Strongly agree</b>	<b>Agree</b>	<b>Neither agree nor disagree</b>	<b>Disagree</b>	<b>Strongly disagree</b>
A	I can let a 10-year-old girl walk alone at night on this road					
B	There are many accidents that keep happening on this road					
C	The road is safe for a woman to walk at any time of the day					
D	The roads flood during heavy rains					
E	The drainage system of the road is very well maintained					
F	The pathways are wide enough for a person to walk comfortably					
G	The roadside or pathway is disable friendly					
4.3	<b>Have you noticed any changes with respect to the following:</b>	<b>More</b>		<b>No change</b>	<b>Fewer</b>	<b>Don't know</b>
A	Potholes					
B	Damaged roads					
C	Water logging/stagnation					
D	Street lights					





E	Number of road accidents				
F	Wall paintings				
G	Signages				
H	CCTV				
I	Road encroachment				
J	Traffic				
K	Speed brakers				



## Questionnaire Survey for Workers/Household Survey

### Consent form

Greetings from Fiinnovation. My name is..... on behalf of Fiinnovation which is a research organization based in Delhi. We are conducting a survey with workers who are working in the Peenya Industrial Area and who use the road for reaching their workplace or home project 'Improving Road Safety, Security Cleanliness, Hygiene Aspects- Peenya Industrial Area' I request you to kindly participate in the survey. Your participation is voluntary, and let me assure you that all your information will be kept confidential and will not be shared with anyone. Any question may be left unanswered if you wish. The survey will take around 15-20 minutes.

Do you agree to participate in the interview?

Yes.....1 (continue survey)

No.....2 (say thank you and move to the next person)

Date of Interview: DD/MM/YYYY

Name of the field researcher.....

Name of the supervisor.....

### Section 1: Key Information

S. No	Questions	Coding Categories	Codes	Go To
1.1	State			
1.2	District			
1.3	Block			
1.4	Location	Rural	1	
		Urban	2	
		Peri-Urban	3	
1.5	Is your house near the road?	Yes	1	
		No	2	
1.6	Do you work in Peenya industrial area?	Yes	1	
		No	2	End interview

### Section 2: Socio-Demographic Profile

2.1	Name of the respondent			
2.2	Age (in completed years)	.....in years		
2.3	Gender	Male	1	
		Female	2	
		Others	3	
		Prefer not to say	4	
2.4	Caste	General (GEN)	1	
		Other Backward Classes (OBC)	2	
		Scheduled Caste (SC)	3	
		Scheduled Tribe (ST)	4	
		Prefer not to say	6	
2.5	Religion	Hindu	1	
		Muslim	2	
		Christian	3	
		Sikh	4	
		Others	5	
		Prefer not to say	6	

2.6	Educational Qualification	Without basic primary education	1	
		Primary education (I-V)	2	
		Upper Primary (VI-VIII)	3	
		Secondary education (IX-X)	4	
		Senior secondary education (XI-XII)	5	
		Undergraduate (UG)	6	
		Postgraduate (PG)	7	
		Diploma/Certificate Course	8	
		Vocational Training	9	
		Others (Please specify)	10	
2.7	Number of members in family	1-4	1	
		5-7	2	
		More than 7	3	
2.8	Employment Status?	Employed	1	<b>2.9</b>
		Unemployed	2	<b>2.10</b>
2.9	If employed, occupation?	Self-employed/Business	1	
		Agricultural labor/Farmer	2	
		Daily wage worker	3	
		Government job	4	
		Private job	5	
		Others (please specify)	6	
2.10	Type of family	Joint	1	
		Nuclear	2	
		Others (Please specify)	4	

### Section 3: Household Demographic Information

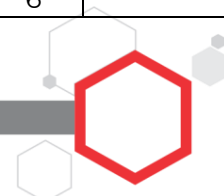
S. No	Name/Relationship	Age (In complete years)	Gender	Education	Marital Status	Monthly Income (In rupees)
3.A						
3.B						
3.C						
3.D						

### Section 4: Safety, Quality and Condition of Road

4.1	How often do you use this road?	Very frequently	1	
		Frequently	2	
		Occasionally	3	
		Rarely	4	
		Very rarely	5	
		Never	6	
4.2	How do you travel on the road?	By vehicle	1	
		By walking	2	
4.3	Are you aware if this road being renovated?	Yes	1	
		No	2	
4.4	Do you know if ABB renovated it?	Yes	1	
		No	2	



4.5	What was the condition of road before it was renovated	Excellent	1	
		Good	2	
		Average	3	
		Poor	4	
4.6	What type of road was it before renovation?	Kutcha	1	
		Pukka, without concrete	2	
		Pukka with concrete	3	
		I do not know	4	
4.7	Did the road have street light before?	Yes	1	
		No	2	
		I do not know	3	
4.8	Did the road have a footpath earlier?	Yes	1	<b>4.9</b>
		No	2	<b>4.10</b>
		I do not know	3	<b>4.10</b>
4.9	If yes, was the footpath disable friendly?	Yes	1	
		No	2	
4.10	Are there dustbins on the road?	Yes	1	<b>4.11</b>
		No	2	<b>4.12</b>
4.11	If yes, how many dustbins have been installed?	.....in number		
4.12	Did the road have potholes earlier?	Yes	1	
		No	2	
4.13	What is the condition of potholes currently?	Increased	1	
		Decreased	2	
		No change	3	
4.14	Has there been any change in the cleanliness of the road?	Yes	1	<b>4.15</b>
		No	2	<b>4.16</b>
4.15	If yes, do you feel the cleanliness of the road has increased?	Yes	1	
		No	2	
4.16	Do you feel the road is safe for women and children?	Yes	1	<b>4.17</b>
		No	2	<b>4.18</b>
4.17	If yes, how? (Multiple Choice)	Road has enough street lights	1	
		Road has CCTVs installed for safety	2	
		There are many people walking the street	3	
		Others (Please specify)	4	
4.18	If no, why?			
4.19	How is the quality of road after repair and renovation?	Excellent	1	
		Above average	2	
		Average	3	
		Below average	4	
		Poor	5	
<b>Section 5: BENEFITS OF RENOVATED ROAD</b>				
5.1	What are the benefits of the renovated road? (Multiple choice)	More cleanliness	1	
		Road safety	2	
		Easy mobility	3	
		Reduced accidents	4	
		Reduced congestion	5	
		Greener landscape	6	



		Reduced potholes	7	
		Safety signages	8	
		Reduced traffic	9	
		Proper water drainage facility	10	
		Zebra Crossing	11	
		All of the above	12	
		Others (please specify)	13	
5.2	Who are the beneficiaries of the renovation? (Multiple choice)	Daily wage workers	1	
		Commuters	2	
		Hawkers	3	
		Women workers	4	
		Elderly	5	
		Children	6	
		Others (Please specify)	7	
5.3	Has the green cover of the road increased?	Yes	1	
		No	2	
5.4	What all items have been installed on the roadway? (Multiple Choice)	Redlights	1	
		Dustbins	2	
		Speed brakers	3	
		Pathway for walkers and cyclist	4	
		Streetlights	5	
		Steel railings	6	
		Ramps	7	
		Plants	8	
		Bio-toilets	9	
		Signboards	10	
		CCTVs	11	
		Mirrors at turns	12	
		Drainage facility	13	
		Night reflectors	14	
	Others (Please specify)	15		
<b>Section 6: SATISFACTION</b>				
6.1	How satisfied are you with the renovation of the road?	Not at all satisfied	1	
		Slightly satisfied	2	
		Moderately satisfied	3	
		Very satisfied	4	
		Extremely satisfied	5	



6.2	Read the statements and tick which is most appropriate	Strongly disagree	Disagree	Neither agree or disagree	Agree	Strongly agree
A	I am able to reach my workplace on time					
B	The vehicles still get stuck in the traffic					
C	I feel very safe while travelling alone at night on this road					
D	The road has wide pathway for pedestrians					
E	The road gets flooded during heavy rainfall					
F	The road is never clean, it is always littered					
G	There is an increase in footfall at shops located on the roadside					
H	The number of road accidents have increased in the last 10 months					
I	The wall paintings and signages help in creating awareness					



## Schedule for Implementation Partner

<p><b>Consent form</b></p> <p>Greetings from Fiinovation. My name is..... on behalf of Fiinovation which is a research organization based in Delhi. We are conducting a survey with representatives of implementation partner of project 'Improving Road Safety, Security Cleanliness, Hygiene Aspects- Peenya Industrial Area' I request you to kindly participate in the survey. Your participation is voluntary, and let me assure you that all your information will be kept confidential and will not be shared with anyone. Any question may be left unanswered if you wish. The survey will take around 15-20 minutes</p> <p>Do you agree to participate in the interview?</p> <p>Yes.....1 (continue survey)</p> <p>No.....2 (say thank you and end the interview)</p>	
<p>Date of Interview: DD/MM/YYYY</p>	
<p>Name of the field researcher.....</p>	<p>Name of the supervisor.....</p>
1	Name
2	Designation
3	Qualification
4	Gender
5	Age (in completed years)
6	How long have you been associated with this organization? .....in years
7	How does ABB contribute in this program? (Probe: Does ABB provide financial assistance; helped with operational cost, was any capital investment made by ABB.)
8	Please describe the major activities conducted as part of the program.
9	What is your role in this program and its activities? Please describe.
10	Please describe your reporting mechanism? whom do you report to and how often? Who reports to you and how frequently?
11	Is there a monitoring mechanism/framework? How is the monitoring being done (Probe: ask the process of monitoring, frequency of monitoring, indicators for monitoring)
12	Did you face any challenge(s) in the implementation of the program? If yes, how did you overcome those challenge(s)?
13	Who are the main beneficiaries of this program? How many have been benefitted so far?
14	What are the main benefits of this program for the beneficiaries (Probe: benefits in terms of ensuring safety and security, beautification of landscape, hygiene maintenance etc.)
15	What are the changes bought by the program in the lives of people residing or working in the area?
16	What are the major achievements of this program?
17	Are there any objectives of the program that were not achieved? If yes, please explain
18	What are the major learnings from this program?
19	Any suggestion or recommendations towards the implementation of the program.







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