



Social Impact Report

Sita Devi Malhotra Charitable Trust



Mission Statement

"The SDMC Trust endeavours to work towards creating a just, equitable, and prosperous society by empowering people with incremental changes in health, education, livelihoods, and safe drinking water."

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Foreword

*Since its inception in the year 2009, **Sita Devi Malhotra Charitable Trust** supported by our family corpus is inspired by a vision for a thriving and equitable society.*

As a Trust that values collaboration towards shared goals, we recognize the importance of partnership and a collective approach to address social and economic challenges. Our sectoral approach has positively impacted thousands of lives and achieved remarkable social impact across a range of programs, with outreach in different states and regions in India.

The SDMC Trust has demonstrated the effectiveness of its grant-making strategies by convening stakeholders and collaborating on solutions to strengthen the causes it supports. Our strategic investments, made in partnership with others, have helped to close opportunity gaps and build more vibrant, resilient communities.

We remain committed to directing our grant-making efforts towards our four main focus areas: primary education, primary healthcare services, access to safe drinking water, and livelihood development. By supporting these communities, we aim to achieve transformative impacts that enhance their quality of life. Through this publication, we are pleased to share the positive impact that our programs, executed in collaboration with our non-profit partners, have had on the lives of these communities.

We deeply value and acknowledge the contributions made by all stakeholders and reaffirm our commitment to further enhance our efforts.

Rakesh Malhotra
Co-Founder

About This Publication

This publication showcases capstone projects funded by **Sita Devi Malhotra Charitable Trust (SDMCT)** over a decade and a half since its inception. Despite 75 years of Indian independence and a thriving economy, persistent socio-economic inequalities continue to exist. The SDMC Trust remains committed to its mission of breaking the cycle of intergenerational socio-economic challenges, and continues to provide support and funding to identified communities across India.

Since its inception, the SDMC Trust has been dedicated to empowering marginalized and socio-economically disadvantaged individuals and groups. The trust strives to improve access to education, quality healthcare, social support for sustainable livelihoods, and safe drinking water, which are essential requirements according to the Human Development Index.

In the following pages, we have presented a few key projects funded by the SDMC Trust and implemented by our non-profit partners over the past few years. These projects have yielded positive and measurable outcomes, meaningfully impacting communities and transforming their quality of life.

About SDMC Trust

Background and History of SDMC Trust

Sita Devi Malhotra Charitable Trust (SDMC Trust) is a family foundation of SAR Group of Companies registered under The Indian Trust Act, 1882. The Group owns renowned brands such as *Livpure*, *Livguard* and *Livfast*. Since its registration in the year 2009, the SDMC Trust has been involved in social welfare and community development initiatives. The SDMC Trust has been working on the issues of Education, Health, Livelihoods and Safe Drinking Water. The SDMC Trust takes an agnostics approach towards geographies and at present, it is working in 10 states in India.

SDMC Trust's comprehensive approach includes grant making across sectors through partnerships and collaborations with selected NGO partners. The SDMC Trust has been channelling support to multiple and diverse programs that are primarily aligned to the needs of the community and address the unmet needs of the beneficiaries to bring a transformation in the quality of life. Additionally, the SDMC Trust also funds capacity building and organisational development efforts to augment the delivery capacities of implementing partners.

SDMC Trust believes that impact is highest when there is a deep understanding of the need, context and challenges faced by the communities in which it operates through its partners and the positive changes driven by the program are scalable and sustainable.

Goal

Sustainability, Scalability and Impact

The primary goals of the Trust constitute Impact, Sustainability and Scalability as the three pillars which form the base for achieving the intended outcomes.

Impact

To ensure a positive net effect of the program interventions on the community and the well-being of individuals and their families.

Scalability

To effectively and efficiently increase the social impact of SDMC Trust's program interventions, by reaching greater numbers of people and geographies. To drive scalability of its programs, the SDMC Trust undertakes long-term deep investment in impact-driven projects through due-dillgence of partners, results-driven program monitoring and evaluation and risk management.

Sustainability

To enhance the ability of SDMC Trust to continue its program interventions well into the future, as well as build capacities of communities for transference of the program to ensure project continuity and ownership.



Major Thematic Areas



Primary Education
SDG 4: Quality Education



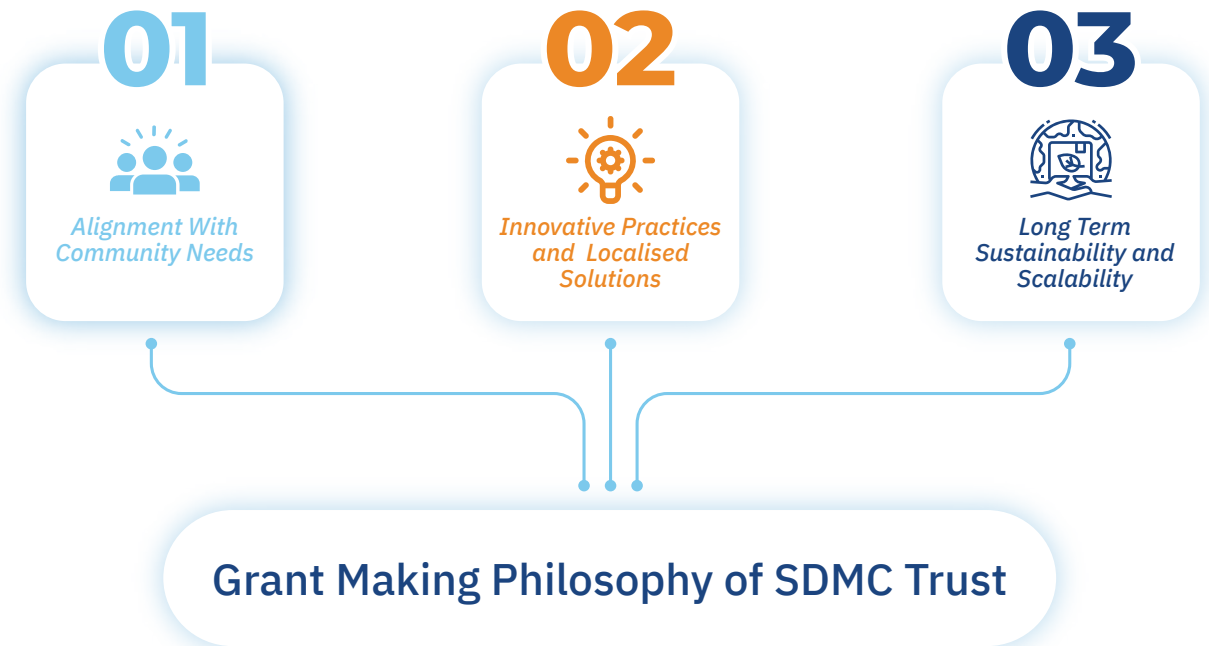
Safe Drinking Water
SDG 6: Clean Water and Sanitation



Sustainable Livelihoods
SDG 5: Gender Equality
SDG 8: Decent Work & Economic Growth



Primary Health
SDG 3: Good Health and Well-being



- Trusted partner model with non profits to collectively deliver impact through innovative & effective solutions
- Investment strategies derived from the ongoing learnings and insights from on ground programs
- Results based approach to identify and measure social outcomes and return on social investment
- Outcomes in line with SDGs
- Structured and comprehensive grant management system
- Effective institutional and oversight mechanisms for grant performance management

Journey of SDMC Trust



2009 • Establishment of SDMC Trust



2014 • Thematic Areas: Health, Education, Drinking Water
 ▶ Number of People Impacted: 53,000+
 ▶ No. of Partners: 03



2020 • Thematic Areas: Health, Education, Drinking Water, Livelihoods, COVID-19 support
 ▶ Number of People Impacted: 6,34,000+
 ▶ Partners: 11

2010 • Inception of SDMC Dispensary in Himachal Pradesh (First program of SDMC Trust)



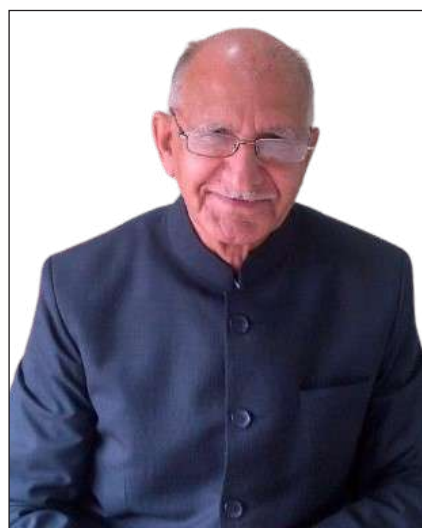
2017 • Thematic Areas: Health, Education, Drinking Water, Livelihoods
 ▶ Number of People Impacted: 1,22,000+
 ▶ No. of Partners: 09



2022 • Thematic Areas: Health, Education, Drinking Water, Livelihoods
 ▶ Number of People Impacted: 2,20,000+
 ▶ No. of Partners: 08



Founders



*Late Mr. Madan Lal Malhotra
Founder*



*Rakesh Malhotra
Co-Founder and Trustee*

Board of Trustees



*Navneet Kapoor
Trustee*



*Nirupama Malhotra
Trustee*



*Paresh Pradhan
Managing Trustee*



*Rashmi Nair
Trustee*



Primary Education

Access To Quality Education

Sector	Primary Education	
Objective	Improving learning outcomes in primary education	
Sub-theme	Foundational Literacy and Numeracy	Quality Primary Education to Vulnerable Children
SDGs	<p>SDG 4: Quality Education</p> <p>SDG 4.1: Ensure that all girls and boys complete free, equitable and quality primary and secondary education leading to relevant and effective learning outcomes</p> <p>SDG 4.2: Ensure that all girls and boys have access to quality early childhood development, care and pre-primary education so that they are ready for primary education.</p>	
Key Projects	<p>Hamara Goan</p> <p>Improving Foundational Literacy and Numeracy for children in primary school in 25 villages</p>	<p>Siksha Bharati School</p> <p>Supporting the School to provide free education for 325 children from vulnerable communities</p>
Project Partners	Pratham Education Foundation (PEF)	Aniket Ashray Society
Project Location	Harbhanga Block, Boudh District, Odisha	Gurugram, Haryana
Duration	2018 - 2021	2018 - ongoing



Sectoral Overview

Education, at the global and national levels has been focusing on multidimensional aspects of child development with a specific agenda for education. Emphasis is placed on Early Childhood and Inclusive Education to achieve the development potential of every child. Furthering the global agenda, the National Education Policy 2020 prioritises foundational literacy and numeracy, holistic learning, equitable, and inclusive education and efficient resourcing and management for the country.

India has made great strides in achieving its goals towards universalization of pre-primary and primary education with many government and private initiatives, which have led to the highest enrolment levels in schools and inclusive and equitable education for children.

Schools focus on grade and age-appropriate learning and track students' progress into the next grade irrespective of the learning level achieved by the student. Furthermore, the assessment systems in schools are not designed to provide learning support to students who lag. Additionally, many children are first-generation learners, not exposed to preschool learning, and belonging to families where parents have not had schooling resulting in a weak support system for education.

Despite the high enrolment rates, an estimated 60.41 lakhs (2.97%) children in the age group 6-14 remain out of school or do not attend schools for extended periods for varied reasons. While the RTE Act 2009 confers entitlement of rights to education and prescribes norms for free and compulsory education for children in the age group of 6-14 years, many issues remain largely unresolved, highlighting the need for collaborative action to address the needs of the education sector.

There has been an urgent need to develop pedagogies and innovative interventions to achieve the impact and scale to move towards sustainable progress in the indicators of learning outcomes and the achievement of the Sustainable Development Goals.

SDMC Trust believes in creating sustainable and equitable solutions using innovation in education as a tool to catalyse a larger societal impact. To ensure an equitable and inclusive education, especially for the children belonging to 'socio-economically' disadvantaged groups (SEDGs), the Trust has collaborated with partners in line with its grant-making philosophy of supporting quality education and furthering the achievement of SDG Goal 4 and the policies of NEP 2020. Through its partnerships with Pratham and Aniket Ashray Society, the Trust envisions creating a conducive ecosystem for the holistic development of children who are the change agents of the future.

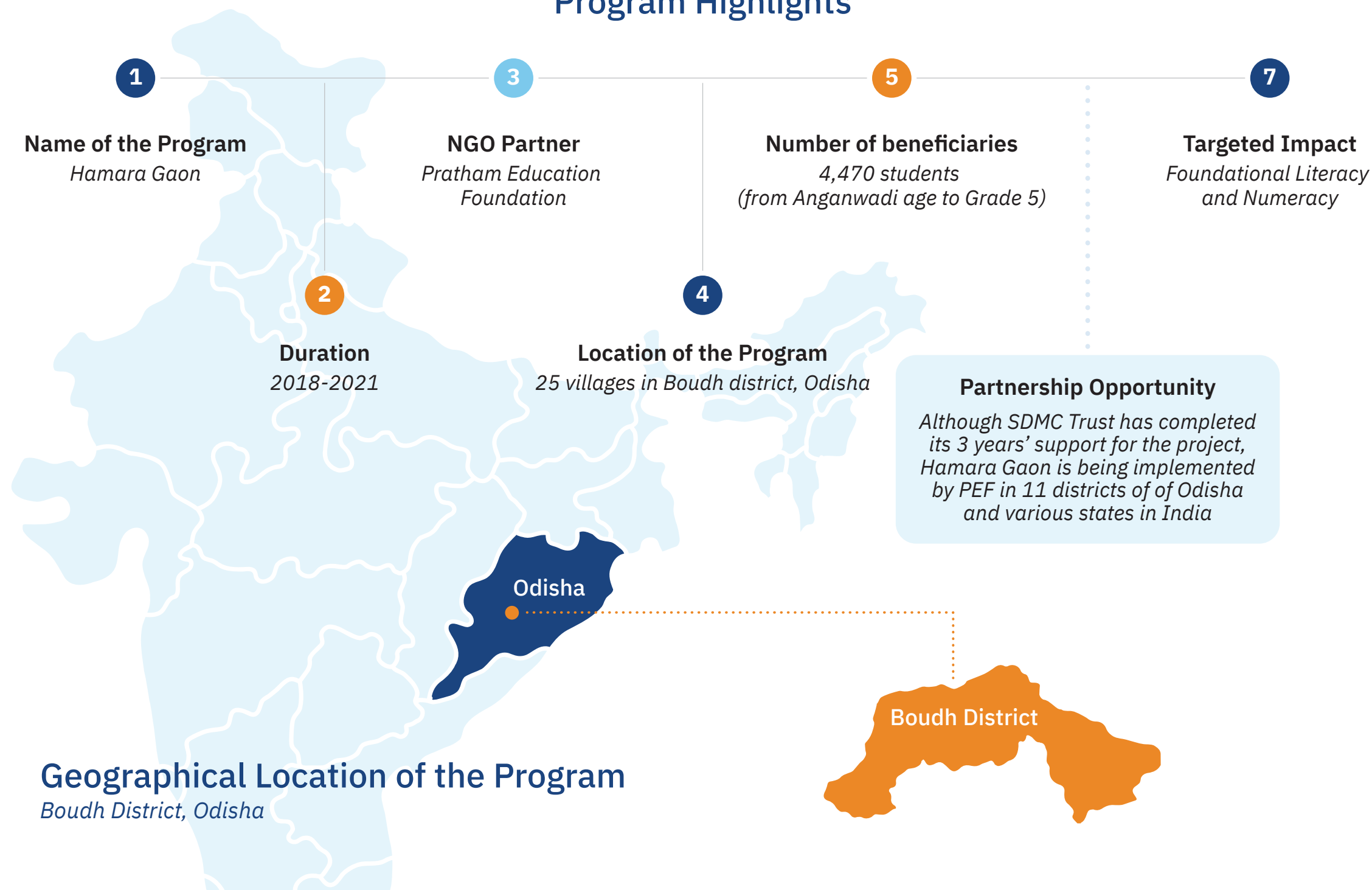


1

Hamara Gaon

Enhancing Learning Outcomes Through Community-based Education

Program Highlights



PROGRAM ACHIEVEMENTS

REACH

1

2805 children

2

3834 children

3

4450** for home based activities
1958 for hamlet-based activities

LANGUAGE COMPETENCIES

1

0% at baseline in grades 3-5
improved to 48% by end line

2

1% in baseline in grades 1-2
improved to 18% by end line
37% at baseline in grades 3-5
improved to 67% by end line

3

3% at baseline of grades 1-2
improved to 32% at endline
36% at baseline of grades 3-5
improved to 50% by endline

MATH COMPETENCIES

1

8% at baseline in grades 3-5
improved to 53% by end line

2

15% at baseline for grades 1-2
improved to 40% by end line
31% at baseline for grades 3-5
improved to 72% by end line

3

2% at baseline in 2 digit for
grades 1-2 improved to 39% by
end line
11% at baseline in grades 3-5
improved to 23% by end line

SCHOOL READINESS

2

Against 70% target
amongst pre-primary
children, following were
achieved:

- Matching 98%
- Self introduction 97%
- Picture identification 97%
- Classification 97%
- Sequencing 59%

1 Year 1

2 Year 2

3 Year 3

* There is overlap between children covered through Learning Camps and Community Based Children's groups as both are implemented in the same villages.

** Includes communities, children (anganwadi, other grades), mothers and volunteers

Program Partner

Pratham Education Foundation

Pratham co-founded by Mr. Madhav Chavan, an entrepreneur and Ms Farida Lambay, a social activist in 1994 with the mission of “Every child in school and learning well”, started out by establishing community pre-schools in Mumbai slums, through in-school and out of school interventions, which span the age spectrum of children. Pratham today has interventions spread across 23 states and union territories of India with its 7,000 full time staffs. The organisation focuses on improving competencies in reading and numeracy of children in primary grades directly and in partnership with the governments.

Pratham pioneered to develop a system of Teaching at the Right Level (TaRL), an approach that aims to build foundational skills in numeracy and reading for all children before exiting primary school.



About the Program

The goal of the education policies in the country has been to ensure universal access to high-quality Early Childhood Care Education (ECCE) by 2030 with special attention and priority given to districts and locations that are particularly socio-economically disadvantaged. Since over 85% of a child's cumulative brain development occurs before age 6, it becomes imperative to ensure care and stimulation of the brain in the early years for the child's healthy development and growth.

Pratham's flagship program 'Hamara Gaon' in 25 villages in the Boudh district of Odisha with the support and guidance of the SDMC Trust has been instrumental in improving the educational outcomes in the children of these villages. The program, introduced in 2018-19 as a three-year intervention, is directed towards supporting quality education through innovative solutions that accelerate impact and achieve scale.

Boudh is home to different tribal groups with a rich and distinctive culture, where education means learning and carrying out traditions and knowledge handed down as part of the intergenerational legacy and earning an income from traditional livelihoods. Odisha houses the third largest tribal population in the country, with over 80% of its total population residing in rural areas with the vulnerability of children pronounced in these marginalised groups.¹

Tribal communities in this area are geographically isolated having largely lived outside the realms of the development and progress seen in the rest of the country. The majority of the tribals continue to be below the poverty line, are illiterate, and lag in all human development indicators in comparison with the other sections of the population. The universal dimension of education that leads to literacy through learning to read and write has been an unknown concept for them. Given Odisha's diversity and the large presence of a tribal population, there exist disparities across districts with some districts being more marginalised than others. The Boudh district in Odisha is categorised as one of the most backward districts in the country with a dismal ranking in the field of education.²

The '**Hamara Gaon**' program pivots the education system towards focusing on learning outcomes through understanding the learning level of the child using assessment tools and an applied set of pedagogies that are uniquely tailored to individual learning levels to promote learning.

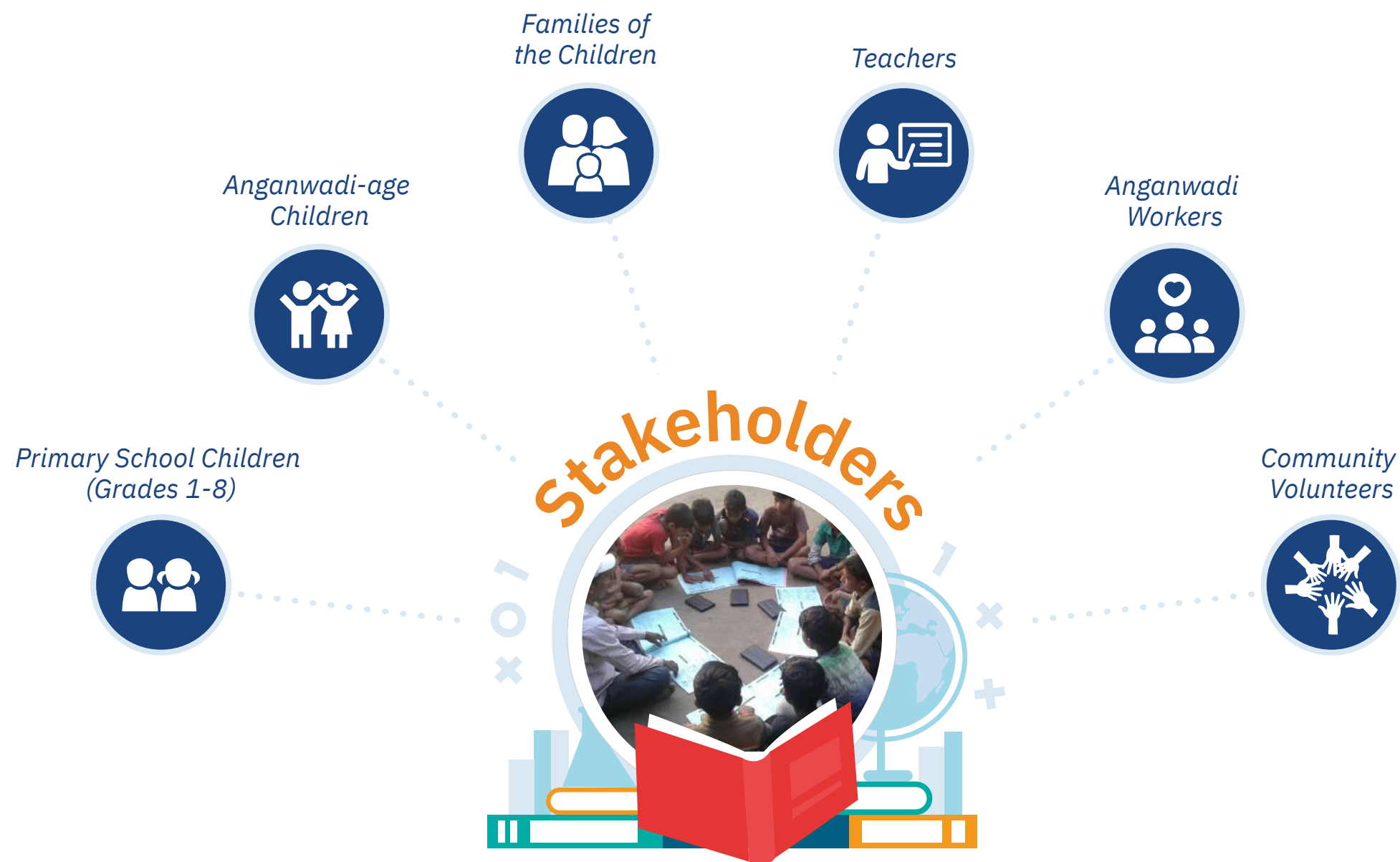
The program worked with the children of grades 3-5 in government schools to build competencies in language and arithmetic by teaching them at the right level. Learning camps targeted children of grades 1-2 to improve their learning competencies and were conducted by Pratham staff with the support of the community members. The Anganwadi support intervention worked on preschool readiness of children aged 3-6, focusing on language and numeracy skills.

The Program in addition to delivering a positive impact on the children of different age groups through improved learning outcomes and enrolment, has created a community driven sustainable learning environment and changed the attitudes and beliefs of the whole community and the key stakeholders, particularly the parents in the learning orientation and education of their children.



¹ *Children in Odisha (n.d), UNICEF*

² *District Development and Diversity Index (2015). US-India Policy Institute & Centre for Research and Debates in Development Policy*



The Pathways to Change



Innovations within the Program



Leveraging Communities' Experiential Knowledge

The **“Black Board Activity”** was designed to help children learn solutions to real life problems through the questions posed to them on a community black board by the villagers. The villagers from their experience guided the students to break down the problem and seek solutions.



Kindling The Curiosity Of The Children

All villages organized English, Mathematics, Science and Sports "Melas"



Leveraging Social Structures Within Communities To Improve Learning Outcomes

During the course of the program, Pratham had developed a practice of assessing the learning levels of children between the ages of 3-15 in all the targeted villages under the program. Community members were equipped by the Pratham team to use the tools for assessment of learning levels of children.

A **“Village Report Card”** with the findings was disseminated and discussed with the participation of the community members at the village meeting with the objective to establish data understanding between Pratham and community members and strengthen the conversation around learning levels at village level.



Deepening Parental Engagement

Lack of education, low literacy levels and lack of resources largely act as barriers in the involvement of parents in their child's education. Frequent meetings were held involving **discussions with mothers** to emphasise the importance of education and create awareness and understanding on the practices of early childhood learning, sharing the progress of the children and encouraging mothers to be active participants in their child's learning.



Overcoming Societal Challenges

Learning progress was observed to be significantly affected due to the vernacular medium of instruction being followed in most schools in the region. Tribal children faced difficulties in understanding the medium of instruction at school owing to multiple variations of languages spoken by different communities as their mother tongue. The Pratham team ironed out this barrier to learning by integrating the local languages into the learning activities to make the children more comfortable and gain familiarity with the learning process.

Reimagined Delivery of Teaching and Learning During the Pandemic

The first two years of the program demonstrated a steady and significant gradient in the learning outcomes in the reading and arithmetic competencies. Further, the program also contributed to lateral learning through programmatic components like the science and math Melas and children's groups. Pratham's experience with working with communities allowed it to harness the strong community networks to pivot the efforts in response to the pandemic and mitigate learning losses in the children by disseminating digital content and enabling remote learning. Establishing the right partnerships with multi-key stakeholders through their involvement and participation has contributed to building and integrating sustainability into the program. SDMC Trust has been committed and invested in the program, displaying a keenness to understand the outcomes through on-site and offsite monitoring and review.



Road to Sustainable Impact

Improved Learning Outcomes Of Students

The outcome in the initial year of the program was to reach every child in the village who deserved the right to be educated for which the program undertook massive efforts through targeted community mobilisation, reaching an estimated 500 students belonging to grades 1-2 and 625 students through learning camps. The school readiness mela was one such which led to volunteers being involved in a door-to-door campaign to identify children entering the schooling system with the help of Anganwadi workers. Over the three years (2018-21), consistent growth has been achieved in the program coverage through the efforts of mobilization and direct community engagements that the program directed its efforts towards.

Adoption of Innovative Teaching and Learning Approach

Pratham deployed its Teaching at the Right Level (TARL) which used a student-centric curriculum to ensure targeted student learning outcomes enabling children to acquire foundational skills of reading and arithmetic at his/ her learning level, regardless of age or grade. Teaching methodologies were augmented and a multi-pronged learning approach was administered which included learning camps, Anganwadi support, and community-based activities.

Community-Based Learning

Learning Camps were conducted by the Pratham staff with the assistance of members of the community and were tuned to enhance the learning outcomes of students of grades 1 to 2 and 3 to 5, reaching about 1500+ students. Anganwadi support was extended to preschool children to strengthen their cognitive and socio-emotional development in addition to their pre-language and pre-math competencies and this support helped 70% of the students achieve a 'school readiness' level in Year 2.

Intensified Community Engagement

The intensified efforts to engage the local community in advancing the learning efforts of the children through community-based activities led to increased ownership by the community resulting in success of the envisioned outcomes and sustainability through the transference of ownership to the community. Positive behaviours were demonstrated by the communities which was visible during the pandemic, when the continued implementation of the program was possible due to community engagement and ownership, with teachers, volunteers, parents and village leaders supporting and encouraging their children to learn even at home.

SDMC Trust's continuous inputs and valuable feedback helped shape the program interventions, enhance community participation, strengthen local involvement and ownership and over time several stakeholders were able to come together to collectively provide feasible solutions. The program was able to achieve the larger goal of community engagement, empowerment and prioritisation of education within the community.

The SDMC Trust believes that investing in programs with reliable metrics that support effective pedagogical approaches which go beyond foundational skills to include a wide range of abilities, attitudes and socio-emotional competencies, ultimately impacts the child's ability to realise their full potential.



Our Change Champion

Subarna is a grade 4 student from Badabandhu village in Boudh. Her father Arun is the sole earner for the family and works as a labourer. Extreme financial hardship has directed the family's attention to survival as opposed to Subarna's education which has led to Subarna lagging significantly in her grade-appropriate learning level requirement.

Home visits by the Pratham team and regular encouragement led to Subarna's mother becoming a learning partner in her daughter's academic journey.

An eager learner, Subarna was part of the Learning Camp and in a record time of 30 days developed the learning skills to read. Subarna continues to be an active learner and her determination to complete her education is resolute and is supported by her parents .

Rukmini Banerji, CEO at Pratham says "SDMC Trust's valuable inputs on our program strategy, method, and practical solutions for the implementation allowed us to intervene at the right time and in the right space to create a lasting impact and helped us in improving the learning levels of children while creating an ecosystem that continues to recognize the importance of education and support their learning process. The flexibility extended to us by SDMC Trust allowed us to bring in crucial changes to our program strategy at the onset of the pandemic and by the end of the program in 2021, we reached 4,470 children along with 1,687 mothers and 201 volunteers, up from 2805 children in 2018."



2

Shiksha Bharti School

Providing Access to Quality Education

Livelihoods in many parts of the country have been collapsing, resulting in innumerable families being forced to leave their homes and villages and crossing state borders in search of work every year. Seasonal labour migration from rural to urban areas or from backward to developed regions has been a livelihood strategy to cope with poverty and many of these migrants are forced to take their families along with them to their place of work. Their movements are not long-lasting as they keep drifting from one place to the other, once the opportunities at a place dry up. Seasonal migrants usually come from deprived backgrounds, and are more likely to take up low-paying menial jobs in construction, domestic work, and hotels and live in temporary settlements close to their place of work. Major cities have noticed an increase of around 75% in population due to migration. Moreover, the number of people staying temporarily is also larger in India compared to the world's average.³

The education of their children is one of the most important issues related to migration. The nature of migration is such that these children miss out on their fundamental right to education whether they accompany their parents or are left behind in the villages. The migrant population keeps moving from one work site to another denying the children continued access to schools and other educational opportunities. Among the accompanying children, many remain out of school or are forced to drop out and become vulnerable to work on construction sites or take up other jobs, thus, facing the risk of injury, illness, and exploitation. These problems are further compounded by the risks of living in temporary homes at work sites and other uncertainties faced by their parents. Older children, especially girls often have additional responsibilities of managing household chores as well as caring for their younger siblings.



³ Zacharias, S & Vinil, K. (2018). *The Human Rights Issues Related to Right to Education of the Children of Migrant Labourers in Kerala*. National Human Rights Commission Report.

⁴ K, Navya. (2019). "For Almost 15 Million Migrant Children, Education Remains a Luxury." *Citizen Matters*. "

A study found 40% of the children work in hazardous occupations like construction and stone crushing. Among them, 90% were excluded from benefits available under the government's Integrated Child Development Services scheme (ICDS).

Education is both a human right and a means of realising other human rights. Education has been recognised as the primary instrument by which economically and socially marginalised populations can lift themselves out of poverty and obtain the means to active citizenship. The right to education is also not an end in itself, but an important tool in improving the quality of life. Thus, it becomes imperative for each child to have an equitable opportunity to be trained and educated for maintaining their human dignity and contribute towards the social, economic and cultural growth of the nation.



India has had multiple programmes to improve access to schools. The first major attempt made by India to bring the vast numbers of out of school children under the purview of the formal education system was the enactment of the Right of Children to Free and Compulsory Education (RTE) Act 2009. The RTE Act, 2009 reads that every child in the age group 6 to 14 years shall have a right to free and compulsory education in a neighbourhood school till completion of elementary education.⁵ RTE national guidelines recommend flexible admission, seasonal hostels, mobile education volunteers, and better coordination between sending and receiving states to promote migrant children's schooling. Sarva Shiksha Abhiyan (SSA) and National Commission for Protection of Child Rights (NCPCR) have guidelines to make education accessible to migrant children at their destination. Additionally, ICDS is mandated to cover migrant children in urban areas.

Though the RTE Act, 2009 provides for the rights of the child, certain categories of children remain outside the purview of the Act, especially children of construction workers who stay at the sites of work for limited periods of time before moving to another site. Also, migration needs and frequency arise seasonally, not necessarily coinciding with the academic calendars of school education. Intra or inter-state migration contributes to the myriad challenges faced by the children, making the mid-term admissions difficult. Further, interstate migration poses lingual challenges, with the medium of instruction in most government schools being vernacular. Lack of parental involvement in the children's education due to their work constraints leads to higher dropouts among these children. Thus, mainstreaming these children in the development process for universalisation of primary education and inclusive growth in India has been challenging in the country. The scale of the problem combined with the local dynamics of each area further exacerbates the problem making it difficult for agencies and non-profits to arrive at appropriate solutions.

The challenge of providing uninterrupted education for children of migrant labourers has been identified at the national level and various attempts

have been made by the government under the Samagra Shiksha scheme to provide support to children affected by the migration of their families.⁶ However, with over 95.92 million migrant children and with their literacy rates being lower than that of non-migrant children, there is a pressing need to address this challenge.

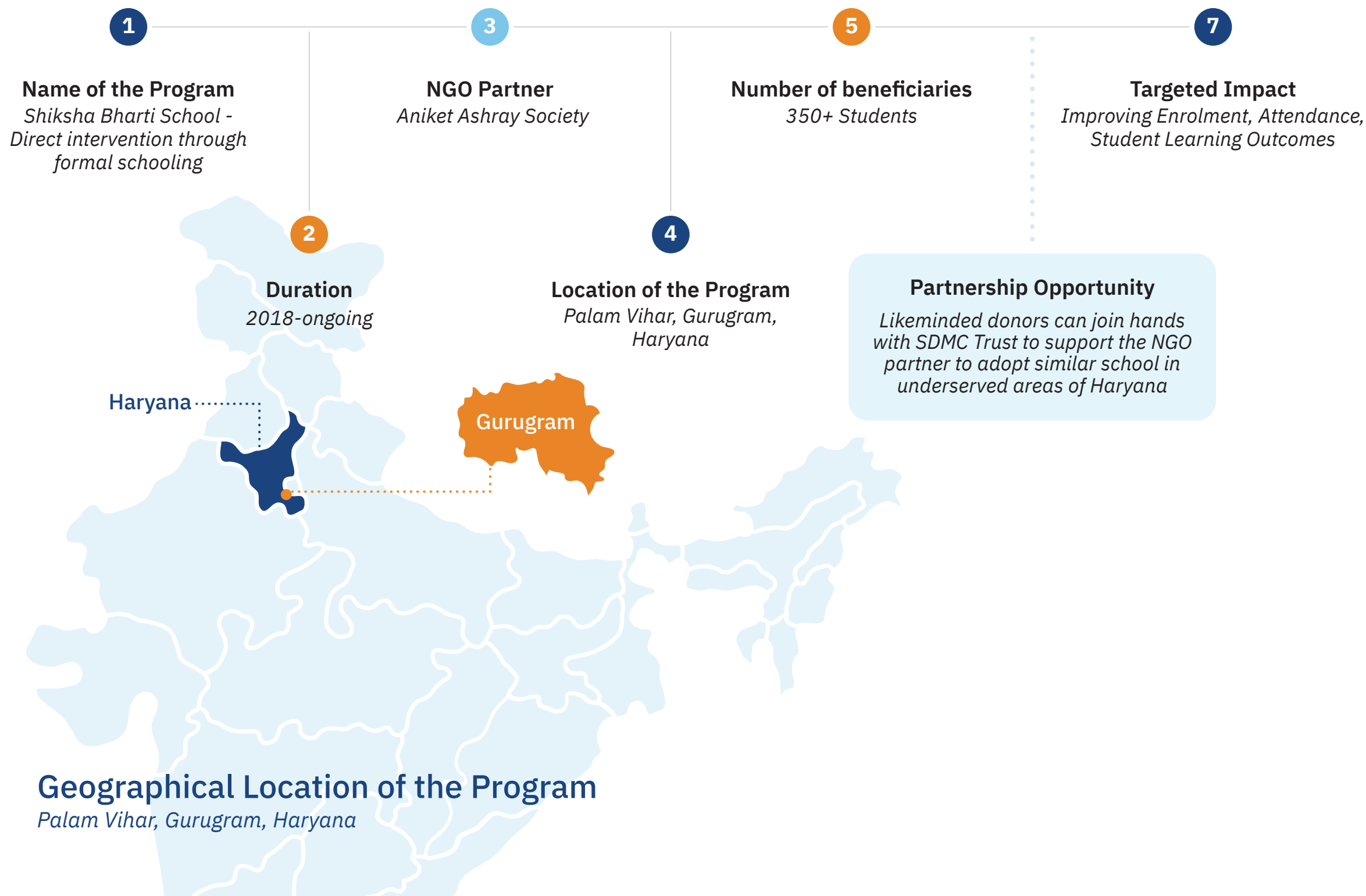
SDMC Trust believes in creating sustainable, equitable solutions using innovation in education as a tool to catalyse a larger societal impact. In an effort to further the achievement of the SDG's and the NEP 2020 to ensure equitable and inclusive education, especially to the children belonging to SEDGs, the SDMC Trust has collaborated with partners in line with its grant-making philosophy of supporting quality education and SDG Goal 4 and the policies of NEP 2020. The Trust envisions that through its support, a conducive ecosystem is created for the holistic development of children who are the change agents of the future.



⁵ Dutta P, Satarupa. (2014). "Anakuran: A Proposed Path to Education for Children of Migrant Construction Workers in India." *International Journal of Education and Development Using Information and Communication Technology (IJEDICT)*, vol. 10, pp. 96–106

⁶ Right to education of children of migrant workers. (n.d). Press Information Bureau, Government of India.

Program Highlights



EDUCATIONAL ACHIEVEMENTS

Improved Enrolment

In 2020-21, 340 students were enrolled across the grades of LKG and grade 5

First Generation Learners

In 2020-21, 78 % of students enrolled in LKG were first generation learners

E-learning

An E-learning approach was adopted to impart unhindered and continuous education during the pandemic through various electronic media in the form of worksheets, voice notes and video lessons.

OTHER THEMATIC AREAS OF INTERVENTION

- Educational Support through provision of school uniforms, shoes and bags
- Distribution of Books and stationery to limit the out-of-pocket expenditure on education incurred by their families
- Nutritional Support through provision of mid-day meal schemes in collaboration with Ekta Shakti Foundation (SDMC Trust NPO partner)
- Ration distribution drives conducted during the pandemic to provide assistance to students and their families
- Infrastructure support in the form of room upgradation, provision of furniture such as desks and chairs and installation of RO water purifier and cooler
- Health initiatives such as regular health checkups, deworming and immunisation programs

IMPACT	YEAR 1 (2018-19)	YEAR 2 (2019-20)	YEAR 3 (2020-21)	YEAR 4 (2021-22)
No. of students enrolled	180*	325	345	382 (New enrolment: 93, Existing students: 289)
Distribution of number of boys and girls	Girls: 90 Boys: 90	Girls: 156 Boys: 169	Girls: 159 Boys: 186	Girls: 155 Boys: 227
No. of students who graduated	20	23	26	38

Program Partner

Aniket Ashray Society

Aniket Ashray Society, a registered NGO, was established in 2004 by Lt Gen Mitlesh R Kochhar with the vision of rendering services to the underserved. Since the 'Right to Education' Act was passed in 2009, the Society realised the pressing need to augment the Government's programme and further the efforts in ensuring universal access to quality education, especially for marginalised students.

The organisation's interventions in education are directed towards ensuring quality education for the students in vulnerable settings in the society. In its endeavour to achieve this vision, Aniket Ashray Society along with its partners on the ground has committed to providing a structured learning environment, enabling quality foundational learning and life skills to students belonging to underserved communities. The organisation believes that these interventions would empower the students to become the agents of change for their families and the community at large.



About the Program

Aniket Ashray society has designed and developed a program for the children of migratory workers, where the children are part of a holistic educational program formulated for their well-being and a happy childhood. The program has been implemented through their partner, Shiksha Bharti School, located in Palam Vihar area, Gurgaon.

A journey that started 10 years ago of working with 10 children in vulnerable settings is thriving with more than 300 children whose right to education and a happy childhood has been reinstated by Shiksha Bharati School.

The school is amidst several low-income urban dwellings (slums) with poor human development indicators and largely inhabited by migrant daily wage earners and their families who moved to cities in search of better economic opportunities. Children of these migrant daily wage earners are exposed directly to the inequities that exist and are constantly excluded from accessing fundamental public welfare services that include education, nutrition and healthcare. Uncertainty of income and the need to earn sustainable incomes have pushed these children out of the education system, driving them into the labour force. This has led to the exploitation of these children and continues to be one of the primary causes of the continuing intergenerational poverty in these communities.⁷

The Shiksha Bharti School program follows a logical model of education, which believes that all children can succeed when provided with the right resources and inputs at the right time and that their success spurs them on to further achievements. For the school, success means and is measured through the accomplishments and attitudes of the children in the school.

Their long-standing ability to bring meaningful impact in the lives of marginalised children stems from the development and establishment of systemic support and capacity building of teachers and other support staff.

School support systems have been strengthened through the budgets specifically allocated by the SDMC Trust. A cadre of well trained, committed teachers were hired to support the school to foster a nurturing environment, aligned to the needs of migrant children.



⁷ Right to education of children of migrant workers. (n.d). Press Information Bureau, Government of India.



The teachers go through intensive training on teaching pedagogies through capacity-building sessions. Standard Operating Processes (SOP) has been designed for the teachers to monitor their own teaching as well as the learning progress of the children. Students who are lagging behind in academics are identified and given special attention to bring them on par with the average level of the students in the class. The school bridges the education gaps and the linguistic differences by imparting formal language skills to help the integration of the migrant child into mainstream education irrespective of the age of the child.

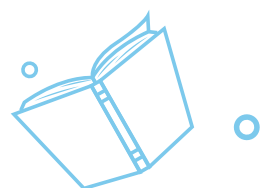
Increased importance has been given to social and cognitive development of these children as reflected in the daily activities at the school. A child-centered approach adopted by Shiksha Bharti allows trained teachers and facilitators to engage the children in traditional value and educational lessons, art and craft projects, creative writing, storytelling and cultural celebrations. The variety of activities supplement the educational activities, providing opportunities to move beyond academics to bring an all-around development in the children. These are conducted across all ages, and in particular, prepare older children to transition into formal schooling. The extensive benefits of non-formal learning have been leveraged by adopting a holistic approach to early childhood development with a focus on educational activities that included learning languages, mathematics and environmental education.

In addition to quality education, the school provides a conducive environment in the form of better infrastructure and improved health outcomes through nutrition, safe water and health initiatives. Nutrition is provided through the midday meals supplemented with fruits and other healthy foods. SDMC Trust has facilitated the installation of RO water purifiers to

ensure safe drinking water in the school. Health initiatives like regular health check-ups, immunisation and deworming programs empower the children to adopt healthy behaviours and accelerate better health outcomes. Extracurricular and sports activities conducted aim to build the child's self-worth, learn teamwork and understand fair play. To keep the children abreast with the latest computer knowledge and skills, a full-fledged computer lab has been established with the support of SDMC Trust which enables access to a wide network of knowledge to obtain educational advantages. The school provides a safe haven for the children who otherwise would be living under dangerous and deprived conditions, excluded from public or private social and health services, and eventually be absorbed into construction or other labour work and lose their right to education and other fundamental rights.



The Pathways to Change



1

Adoption of a holistic approach to education ranging from subjects such as language, mathematics and reading comprehension to environmental education, arts and crafts, sports and other extracurricular activities that contribute to the overall growth and development of students



2

A professional accountability system and regular training of teachers for their skill enhancement to create a professional cadre of trained teachers who will ensure an increased quality of learning in classrooms



3

Frequent engagement of parents and teachers through quarterly meetings to involve them in their children's learning process and to bolster the synergy in children's education outcomes



4

Provision of nutritious mid-day meals and school essentials such as bags, books, uniform and stationery to ensure retention of students and to assist their families in bearing their child's education expenses



5

Provision of adequate infrastructure and tech-enabled classrooms to keep students abreast with current technological developments



6

Integrating eligible students into mainstream education.



Innovations within the Program



Innovative Teaching and Learning

Innovative teaching and learning methods along with flexible approaches are employed as tools to support education of these vulnerable groups of children, helping in their learning enrichment. The school creates a close link between the classes and their environment to allow them to adapt to specific local circumstances. It enables the school to strengthen its cooperation to offer more meaningful learning experiences to the children.



Smart Classes

Students are given exposure through smart classes (use of digital technology in the learning process) from classes 3rd to 5th. Furthermore, they are provided with computer training classes to keep them abreast with current technological developments.



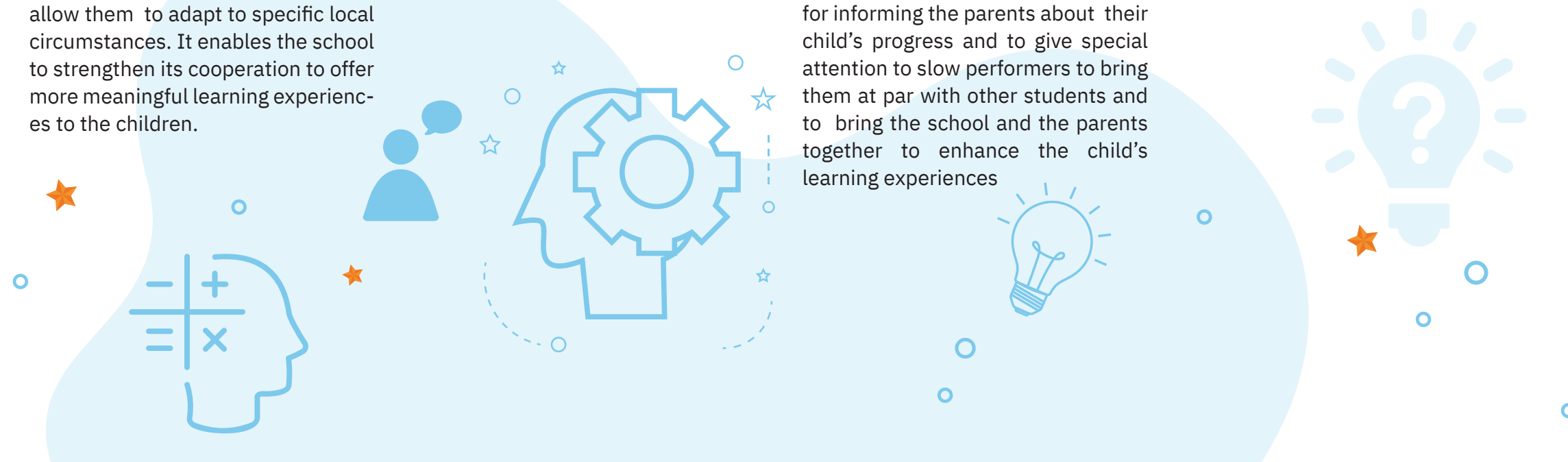
Community Engagement

Community engagement is integral to the program at Shiksha Bharti school, with the teachers working closely with the parents to spread awareness about key issues relevant to child development and education, health, nutrition and parenting. Periodic parent-teacher meetings allow for informing the parents about their child's progress and to give special attention to slow performers to bring them at par with other students and to bring the school and the parents together to enhance the child's learning experiences.



Usage of a Unique Management Information System

The school uses the MIS portal of the Government of Haryana to track attendance, academic progress monitoring and mainstreaming of the children to the local government schools, which allows them to use real-time data on tracking relevant data points relating to the students.



Road to Sustainable Impact

Strengthening Educational Achievements of First Generation Learners

Shiksha Bharti School has been a harbinger of a bright future for the students and parents of the local community in Palam Vihar, Gurugram. The students who pass out of class 5th from the school are qualified to be absorbed in the 8th or 9th class in other government and private schools.

Following a logical model of education which measures success by the accomplishments and attitude of the school children, the program has been successful in strengthening educational achievement and improving school amenities over the years. The educational expectations of the children and their parents have risen manifold through the years. Belonging to the underprivileged section of society, many of the students are first-generation learners. Cognizant of this, the program has been successful in integrating the aspirations as well as the needs of such learners into its pedagogical methodology. The positive learning outcomes of the children go hand in hand with the promise of a better future.



Adaptations and Innovations During the Pandemic to Ensure Continuity of Education and Minimise Learning Losses

The Covid 19 pandemic and its resultant lockdowns disrupted education and schools across the country remained closed for a long period. As a result, the mode of schooling changed drastically with a rise in e-learning, undertaken remotely and digitally. Shiksha Bharti school was quick to adopt online mediums for learning and delivered the classes through a mix of audio and video lessons.

The SDMC Trust worked in tandem with the implementing partner to adapt key components of the program through a rapid response mechanism that allowed children to stay connected to their learning programs.

SDMC Trust envisions empowering students enrolled in Shiksha Bharti school and raising them to a level to match the students enrolled in private schools. The SDMC Trust is committed to improving accessibility, exposure and providing equal opportunities to quality education for a brighter future for the children and to converting them into change agents towards community transformation.



Our Change Champion

When the Principal of Shiksha Bharti School, Ms. Wali, opened the door to accept her home delivery of the medicines she had ordered, she was pleasantly surprised to see a youth standing at her door with the medicines who greeted her. The youngster looked very familiar to her and on inquiry found that he was an alumnus of Shiksha Bharti school, who had gone ahead to complete his higher secondary education and was earning his livelihood.

“I was so happy to see one of my students has really used his education to improve and develop his and his family’s economic growth and socio-economic status” says Ms Sumran Wali.

Lt Gen (Dr) M R Kochhar, PVSM, AVSM, Chairman of the school says “At the outset, I, on behalf of the entire Shiksha Bharti School family would like to express our gratitude to SDMC Trust’s continued support for building the lives of our school children through the quality education being imparted to them.

Our association with SDMC Trust has been a wonderful experience and cannot be described in words. The SDMC Trust management and staff have been like a pillar of support for our school and the children for the past four years and we feel like a part of the same family. We have made all the possible arrangements to ensure that support received from SDMC Trust is utilized for the betterment of our school children in making them self-reliant and respected citizens.”





Safe Drinking Water

Providing Access to Safe Drinking Water

Sector	Safe Drinking Water
Objective	Improving access to safe drinking water and community ownership
SDGs	<p>SDG 3: Good Health and Wellbeing- Ensure healthy lives and promote well-being for all at all ages</p> <p>SDG 6: Clean Water and Sanitation- Ensure availability and sustainable management of water and sanitation for all</p>
Key Project	<p>Iron Free Drinking Water</p> <p>Support installation of low cost water filtration technology (iron removal plant) in 49 villages to ensure access to safe drinking water for over 15,000 people in costal Odisha</p>
Project Partners	Oxfam India
Project Location	Puri, Jajpur and Balasore districts of Odisha
Duration	2018 - ongoing



Sectoral Overview

A clean and safe water supply forms the backbone of a healthy economy, yet in the context of India, we are far from achieving this goal. While Water, Sanitation and Hygiene (WaSH) initiatives have been prioritised at the grassroots as well as macro level in India through a multitude of government and non-government initiatives, 1 in every 10 people in India does not have access to safe drinking water.¹ Lack of access to safe, adequate and affordable water, sanitation and hygiene facilities has a devastating effect on the health and the socio-economic well-being of people and has significant consequences for the realisation of a number of human rights.

The quality of the water supply in India is severely degraded by human contaminants that largely stems from industrial pollutants and untreated sewage waste, while natural contamination of water occurs due to naturally occurring substances such as iron, fluoride and chromium. In the context of developing countries such as India, climate change poses a significant threat to access to clean and safe water. India is ranked as the 5th most climate vulnerable country in the world² and it is estimated that due to climate change nearly 600 million Indians will face acute water shortages.³

Due to climate change, India has already begun to face extreme weather conditions such as flash floods, cyclones and storms which not only threaten lives and destroy infrastructure but also hamper health and well-being. Flooding compromises hygiene, access to clean and safe water and sanitation facilities, leading to a risk of water-borne diseases such as cholera, typhoid and diarrhoea.

SDMC Trust recognises the persistent challenges of water insecurity and lack of safe drinking water prevalent in rural India. The Trust believes that water insecurity and the burden of water-borne diseases only exacerbate the numerous problems rural communities continue to grapple with. Thus, to uplift communities and reduce their vulnerabilities to water-borne diseases, the Trust has undertaken philanthropic giving in the field of water safety and security.

SDMC Trust through its sister concern, Livpure Foundation, focuses on supporting programs on safe drinking water and intends to find sustainable solutions through meaningful collaborations with non-profits.

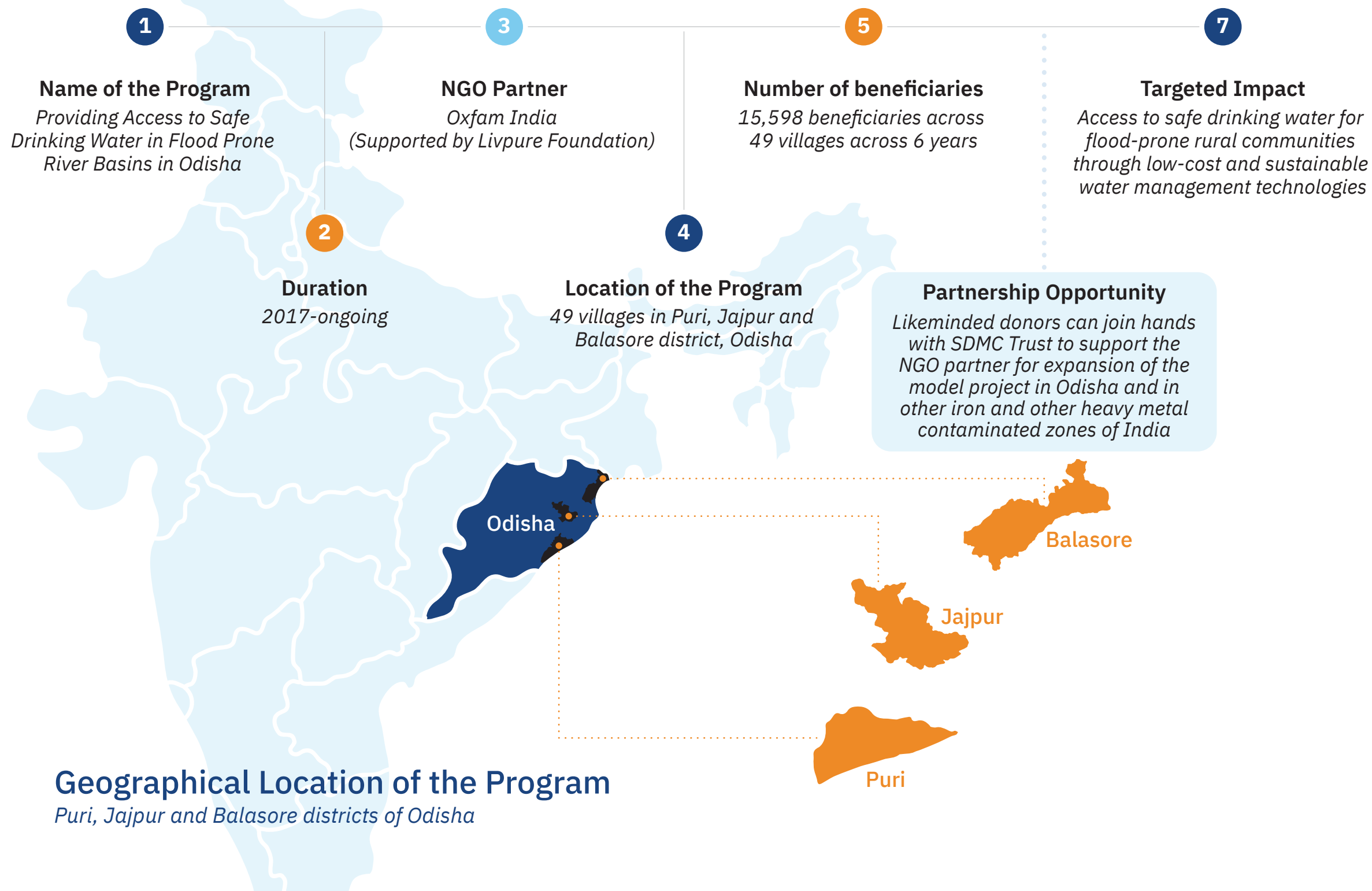


¹ On the Frontline: The State of the World's Water. (2020). WaterAid India.

² Climate Change and Environmental Sustainability. (n.d). UNICEF

³ Composite Water Management Index 2018, NITI Aayog

Program Highlights



PROGRAM ACHIEVEMENTS

Outputs	No. of Iron Removal Plants (IRPs) Installed	No. of Salinity Removal Units Installed	No. of Chlorine Dosing Units Installed	Hygiene Promotion Activities undertaken	Village Corpus Fund	Total Beneficiaries
1 Phase 1 (2017-2018)	10 (Puri-5 & Balasore-5)	-	-	Hygiene promotion activities/ awareness undertaken in 49 villages	10 village corpus funds set up (1 in each village)	Direct user households - 740 + * Total population - 4957 individuals
2 Phase 2 (2018-2020)	13 (Puri-10 & Balasore-3)	1 (Puri)	-	-	14 village corpus funds set up (1 in each village)	Direct user households - 625 Total population - 3137 individuals
3 Phase 3 (2020-2022)	25 (Puri-15 & Balasore-10)	-	10 (Puri-6 & Jajpur-4)	-	25 village corpus funds set up	Direct user households - 1169 Total population - 7504 individuals

1 Phase 1 (2017-2018)

2 Phase 2 (2018-2020)

3 Phase 3 (2020-2022)

* No. of direct user households missing for 1 village

Program Partner

Oxfam India

Oxfam India was established in 2008 under section 25 of the Companies Act, 1956 as a non-profitable organization by a group of philanthropist and social workers, which was its 60th year of Oxfam in India. The organization is working in 3 states with 100 full-time staffs.

Oxfam India works towards empowering the most marginalised communities by strengthening them at the grassroots level. The organisation's initiatives prioritise poverty alleviation through development programs and advocacy and their development programs range across humanitarian relief, disaster risk and response, gender justice, economic justice, social inclusion, CSR engagement, and provision of affordable and accessible essential services pertaining to education and healthcare and other sectors.

Oxfam's water security interventions are pivoted towards developing innovative, long-term and cost-effective solutions that are contextualised and adapted to each community's unique needs and can be used in the most difficult circumstances.⁵

Oxfam believes that water injustices are deeply linked to poverty and tackles the root cause through equitable access to water through sustainable solutions. The program addresses water insecurity through the involvement of the community, especially women in the fore in the management and distribution of water resources and practice of safe hygiene to maximise the benefits for their communities.



⁵ Oxfam India. Available at: <https://www.oxfamindia.org/>

Major Stakeholders



About the Program

Oxfam India has launched the program at the community level in flood and cyclone-prone districts of Puri, Balasore and Jajpur in Odisha, focused on building local capacities to anticipate and prepare for natural disasters and improve the water sanitation and hygiene conditions. The program emphasises addressing drinking water problems arising due to floods as well as contamination of water due to iron.

Odisha has a continued history of enduring water scarcities and excesses due to the flux in the seasonal conditions of droughts and cyclones, resulting in varying kinds of natural and man-made water related issues and conflicts.⁶ Puri, Balasore and Jajpur districts, all falling in the coastal belt of Odisha very often witness the onslaught of floods and cyclones destroying the integrity of the natural water ecosystem resulting in excess salinity in the groundwater. Further, the natural presence of chemicals such as iron and lead remains elevated in drinking water, making it unsafe not only for drinking but for agricultural processes as well.

The development of groundwater as a source of drinking water is done in these places through bore wells or tube wells fitted with hand pumps and the water contains high concentration of iron which lends an unfavourable odour and taste and makes it unfit for drinking and other purposes. Further, Odisha is drained by a large number of rivers contaminated with direct discharge of urban wastes, industrial effluents and untreated sewer, making the surface water unfit for use.

Open defecation is predominantly practised in these districts, particularly around the surface water areas, biologically contaminating the water sources. An assessment by Oxfam India in 30 villages in the three districts of Puri, Jajpur and Balasore to gauge the micro level status of water contamination of the drinking water sources revealed an average of 15% high contamination risks, 75% were categorised as intermediate risks and 2-3% were at low contamination risks in Puri and Jajpur. Balasore fared better with 26% of the sources being at low risk. This has been

largely attributed to the biological and faecal contamination of water due to open defecation. In addition to biological contamination, prolonged waterlogging in the areas leads to acute water and sanitation crisis and spreading of water borne diseases like typhoid, diarrhoea and dysentery in addition to skin ailments and allergies.

Taking forward the UN's Agenda, Livpure Foundation, with an objective of providing access to adequate, affordable and safe drinking water collaborated with Oxfam India to provide sustainable solutions to safe drinking water in some of the worst affected disaster-prone zones of coastal Odisha.

The partnership which commenced in September 2017 piloted a community-centric filtration model in some of the most acutely flooded and cyclone-affected areas. The model was tried in water quality affected villages in two districts of Odisha - Puri and Balasore in the phase 1 and 2, with the addition of villages in Jajpur district in Phase 3.

The villages and communities targeted have three distinct features:

1. They used unsafe and iron-contaminated water
2. The villages are flood and cyclone prone which augment their water insecurity
3. The villages are largely inhabited by socio economically disadvantaged people with little or no means to take remedial measures at individual or community levels

⁶ Senapati, K; & Das, A & Behera, S. (2020). Ground Water Development Problems in Costal Belts of Odisha, India. *International Journal of Current Microbiology and Applied Sciences*, 9. 307-313.

The program focussed on the principle of water security and developing community water systems that hinged on the management of available water and resources in an integrated, inclusive and participatory approach that:

- Provided safe water through resilient systems that could withstand disasters
- Was affordable and low-cost maintenance
- Was based on simple technology and adaptable solutions for communities to self-manage and consume safe water within their habitations
- Fostered community's positive participation and ownership
- The program was executed in three phases



Phase 1

Low-cost Technology Leading to Sustainable Solutions

The first phase of the program centred its locations in the 10 villages of Puri and Balasore districts and piloted a technology of community level water filtration with an iron removal plant. This novel low-cost model was developed by the Indian Mines and Minerals Institute (IMMT)'s innovation of 'Terafil' filter candles and powered through solar energy. The model was adopted for its ability to remove the majority of the turbidity, microorganisms and soluble iron from water, making it the most viable filtration option for areas with serious water quality issues. This made the entire model low cost, adaptable and resilient to the communities.

Capacity Building and Community Engagement

The hallmark of this program was the centrality of community participation in the identified villages. Village Water Committees were formed to play a crucial role in participating in the identification of risk reduction strategies, planning and maintenance of water sources and mobilising resources. The objective was to transfer the skills to communities to be self-dependent in managing their water resources without external help or with minimal external help during emergencies and critical times. Further, provision of technical training for operations and maintenance tasks, tracking community contribution, guidance on community monitoring and evaluation enhanced the community capacities for successful water systems management.

Creation of Awareness Pertaining to Hygiene and WaSH Practices

The program directed its efforts in the strengthening of the WaSH component of the program as poor WaSH practices are associated with inferior health outcomes. The program embedded the WaSH intervention into the integrated water planning management program, promoting hygiene by implementing healthy habits by focusing on inducing behaviour changes by creating increased awareness. Knowledge about the water systems was disseminated through publication of posters, brochures that inform about the design of the filter, processes involved to ensure community ownership, resilience & sustainability features of the community filter model.

The first year of the partnership furthered people's WaSH access and demonstrated the potential of the low-cost and alternative energy powered community filtration solution.

Phase 2

Replication and Upscaling of Existing Solutions

The optimistic outcomes of the first year encouraged Oxfam to bolster up the efforts in the second Phase. 13 more villages in Puri and Balasore districts which faced similar problems as the villages in the earlier phase were selected and equipped with Iron Removal Plants with an addition of a salinity removal plant.

Community Ownership Models

Topographic challenges exacerbated the contamination of the surface and ground water in these villages, which were the worst flood prone villages of the districts, located in low lying areas of the major river systems. The program focused on remedying the existing problems by replication of the same set of solutions. Further the communities were motivated to take up total ownership of the installed systems and the operations and maintenance. This was enabled through building capacities of village communities and committee members and equipping them with toolkits for maintenance of the plants and subsequent follow-ups. The program augmented the capacities of the community members to improve their access to sanitation and hygiene and reduce their vulnerability to disaster risk.

Changing and sustaining behaviours were effectuated through effective communication and the support of mass media which went a long way in spreading awareness and inspiring communities. Livpure Foundation's earmarked budget outlay for conducting community events in two villages of Talamala and Kaushalyapur in Phase 2 aided in spreading the awareness to the neighbouring villages and communities, through local attendance and press coverage in regional newspapers and channels.





Phase 3

Expansion of the Program

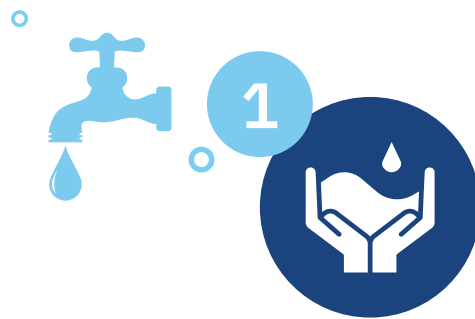
- The phase 1 and 2 substantially established the feasibility and potential of low-cost community water filtration models with 23 community-level Iron Removal Plants (IRPs) and one Desalination unit piloted in Puri and Balasore districts. The third phase, built on the progress and success of the first two phases replicated the solutions of the previous phases and the IRPs installed provided safe and secure water to at least 25 disaster vulnerable and water quality affected villages in highly flood and cyclone-prone areas of Puri and Jajpur districts along with fortifying the capacities to sustain operation and maintenance of the established water security systems through community ownership.
- ★

Oxfam India partnered with grassroots NGOs working in this space, who have enabled the ecosystem for the implementation of the program. The highlight of the program was the handing over of 25 filtration units to the communities.

Driving Financial Sustainability

The approaches took into consideration the available financial resources for effective water management. With an aim to contributing to sustainability of the systems, the program took a deviation from the traditional to a more programmatic approach which involves the engagement and participation of communities in the management of a common pool of financial resources to cover the costs of O&M and to build a village corpus fund that would eventually aid them to build new units independently, after the exit of Oxfam on completion of the program. The establishment of a village corpus fund in every village ensured financial self-sufficiency for the community along with sustainability of the program.

The Pathways to Change



Improved community access to water, sanitation and hygiene conditions with particular focus on women and girls' access and control on WaSH facilities through low-cost flood resilient community-based water filtration and sanitation models



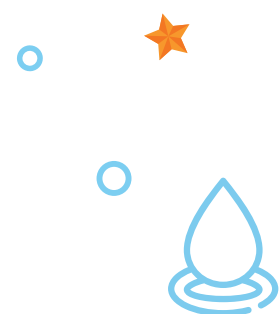
Improved hygiene practices through creating awareness and establishment of village development committees to take action to protect themselves against threats to public health in a dignified and culturally appropriate manner before, during and after disasters



Capacity building for village communities by equipping them with toolkits to help them take up total control of operation and maintenance of the installed systems and prove that community participation enhances sustainability and efficiency of the systems to improve access to safe water



Enhanced engagement with Panchayats and government administration led to actions by Panchayats, district administration and state government for integration of the community IRP and similar models in mainstream programs for water security in disaster vulnerable areas



Innovations Within The Program

Stakeholder Engagement

The program leveraged stakeholder engagement and participatory approaches to help define tangible and realistic initiatives driven by local users and influence policy making and implementation, particularly important in addressing future water challenges and improve water security and sustainability. Furthermore, the engagement process helped in the adaptability decisions and dissemination of such decisions to the wider community.

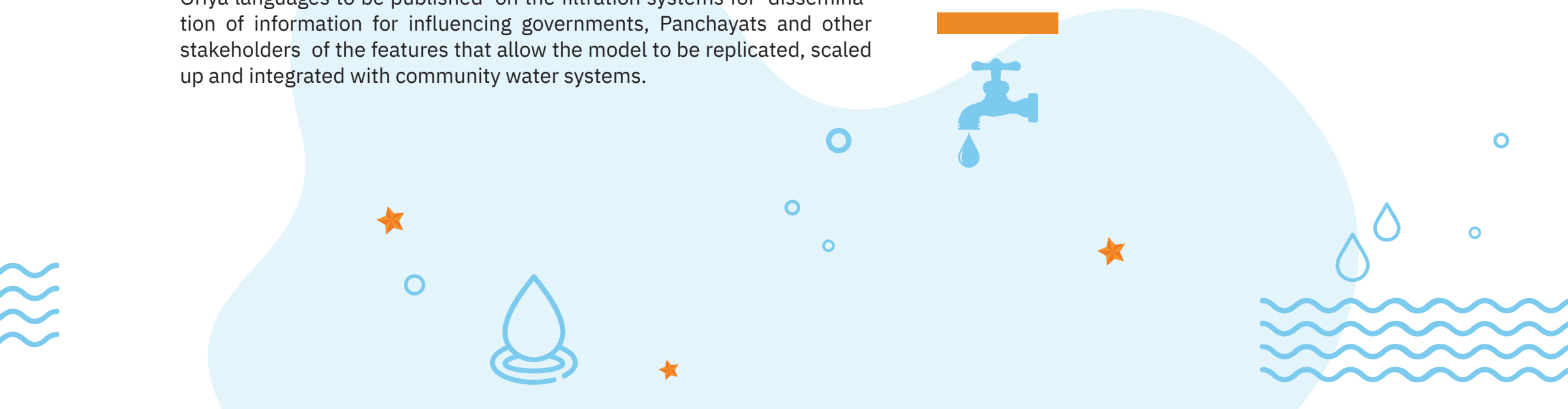
Close association and enhanced engagement with Panchayats and government administration led to actions for integration of the community IRP and similar models in mainstream programs for water security. Positive responses and cooperation encouraged Panchayati Raj representatives to be oriented on integrating considerations of basic necessities for drinking water security in the Gram Panchayat Development Plans (GPDP) and providing technical support for easy replication. The Sarpanches of the intervened villages expressed their desire to contribute from the Panchayat funds to replicate this model of water security. Oxfam engaged with Local Officials from DDMA, RWSS and Block Officials with the strategy to replicate and scale-up the initiatives.

Livpure foundation supported documents and audio visuals in English and Oriya languages to be published on the filtration systems for dissemination of information for influencing governments, Panchayats and other stakeholders of the features that allow the model to be replicated, scaled up and integrated with community water systems.

Community Engagement

Engagement at village level meetings provided the entry point for future interventions. The program teams had exclusive meetings with frontline workers like SHG leaders, ASHA and Anganwadi workers, and members of Gaon Kalyan Samiti members at Panchayat levels to orient them on the objectives and obtain their support at different stages of the program. The notable achievement has been that some of the villages in the neighbourhood which were not part of the existing intervention have now indicated interest to join the same.

Community engagement has been used in this program for developing trust, consensus, communication and ownership. It was crucial for the sustainability of the systems as it required the local people to participate and develop a stake in the program to gain immediate access to the benefits of development. The meeting of direct and indirect stakeholders had provided the platform to discuss the problems and planning for conflict resolution of water use. This participatory approach was used by Oxfam as a tool for achieving predetermined objectives and better policy outcomes.



The Road to Sustainable Impact

Use of Simple Technologies

Learnings indicated that matching the technology to community needs was a crucial factor that led to Oxfam exploring and adopting appropriate and sustainable technologies that were simple and adaptable by the uneducated communities and generated management lessons that inspired other villages and districts to adopt and implement these simple and replicable solutions.

Strengthened Community Engagement and Ownership

Intensive engagement and Community participation resulted in the formation of village development committees with an equitable participation of women; the quick learning and adaptation of the knowledge by the community members being the building blocks of this program. The significance of the role of women in water management has been recognized as an important achievement. An enhanced management role for user communities increased cost effectiveness by placing a larger share of the responsibility on the users.

Financial Sustainability

Sustainable financing with an equity perspective was promoted as a central precondition for the transformation in the program as a means to cost recovery and reduction of the operation and maintenance costs with communities contributing to the extent possible towards the costs of services.

Shared Understanding

Considerable efforts were taken to establish a shared understanding about the concepts of the system before the community could effectively contribute to the sustainable solutions and assume responsibility. The program in subsequent years aims to integrate this contribution spirit by linking it to other potential groups which will pave the way for enhanced sustainability of the program.

Mainstreaming and Integration with the Government

Though the program was successful in drawing interest of the Panchayat members and local government officials, there was a need for an enhanced and informed community, civil society and institutional efforts to positively influence government policies to be achieved through adaptation and integration of the model in the mainstream government schemes and programs. Village-level meetings with various stakeholders were undertaken to highlight the need and the success of the program and to encourage its replicability in neighbouring villages.

Phased and Piloted Approach

The learnings from the program form the keystone for its upscaling to other districts and villages, strengthening the community management aspects along with technological solutions with local governance in the community management of water systems. The phased approach which demonstrated successful outcomes at each phase showed a way for the expansion of the program to larger number of villages and communities.

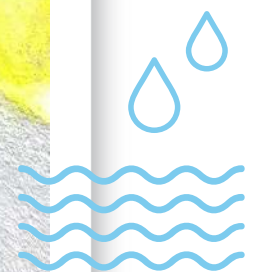
Provision of clean and affordable water is inextricably tied to the efforts not only to erase water injustice but also bring gender justice and alleviate poverty. Livpure Foundation's continuous support has been successful in enhancing access to safe drinking water.



Women Empowerment and Leadership in Action

Sandhyarani Mohapatra, a 36 year old homemaker, is the face of her village - Paikamara in Puri district now. Her leadership helped her villagers find a solution to the acute water quality problem that they were facing. People of this small and highly disaster vulnerable village with its 38 households, were forced to use polluted water of Daya river as the two tube wells in the village had high iron and salinity contamination. When the project team from 'SOLAR' (local NGO partner of Oxfam India) first visited the village, drinking water was identified as one of the most serious issues. The Project Team promised support to the villages with a community water filter, if they took ownership of the issue. This was when Sandhyarani rose to the occasion and took charge of motivating her fellow villagers to unite and contribute to find safe water solutions. Her efforts paid off when women members of the village got themselves and their families organised. This led to the filter construction work by SOLAR and the women members proactively engaged in the process and monitored progress. The villagers have currently taken over its operation and maintenance through pooling of financial and other resources. They also have started a community action for better water, sanitation and hygiene access at individual and community level.

"We are extremely happy that we have access to safe drinking water, because of our women members," says Sandhyarani. The whole village is proud of the filter,' lauds Rankanidhi Swain, the Ward Member of the village.





Sustainable Livelihoods

*Economic Empowerment of Communities
Through Livelihoods Possibilities*

Sector	Livelihoods
Objective	To enhance household income, focusing on economic empowerment of women through farm and non-farm livelihood programs
Sub-theme	Farm and non-farm-based training and livelihood promotion
SDGs	<p>SDG 1: No Poverty- Ending and eradicating poverty in all its forms everywhere ensuring inclusive economic growth, especially to the poor and vulnerable</p> <p>SDG 5: Gender Equality- Eliminate all forms of discrimination and violence against women in the public and private spheres and to undertake reforms to give women equal rights to economic resources and access to ownership of property.</p> <p>SDG 8: Decent Work and Economic Growth- Sustain an economic growth to achieve full and productive employment for all men and women everywhere</p>
Key Project	<p>Economic Empowerment of Tribal Women</p> <p>Supporting scalable interventions on better agricultural practices and collective marketing, especially focusing on women</p> <p>Income enhancement of 2,000 tribal household through women- led farming and market linkages</p>
Project Partner	Oxfam India
Project Location	Similiguda and Potnagi blocks of Koraput district, Odisha
Duration	2021 - 2024

Sectoral Overview

Koraput district of Odisha is part of the Central and State government's Koraput-Bolangir-Kalahandi (KBK) region, situated in the Eastern Ghats with a topography of highland plateaus and hills. According to the Census 2011, more than 80% of Koraput district's population resides in rural areas, with over 53% of the population being classified as tribals.¹ Additionally, Koraput district is identified as one of the 19 most backward districts of Odisha, with a majority of the tribes residing therein resorting to subsistence economy-based livelihood. The traditional farming systems adopted by the people here are strongly linked to indigenous knowledge of agricultural practices of the local traditional communities, with the knowledge being transferred to the next generation. The Food and Agriculture Organisation (FAO) of the United

Nations has accorded the status of Globally Important Agricultural Heritage System (GIAHS) to the traditional agricultural system being practised in Koraput region of Odisha.²

In spite of having the invaluable knowledge and ecological services, the local communities live in poverty.

Koraput holds tremendous potential for farm-based livelihoods and agriculture is the mainstay with over 83% of the population dependent on it.³ Despite this, only 7.1% of the gross cropped area was under vegetable cultivation in the district which is lower than the state average of 8.3%.



¹ Ghosh, R. (n.d). Cultural Life of Tribals in Koraput Region, Odisha Review.

² UN heritage status for Koraput farming system in Odisha: Recognised for promoting food security and conserving biodiversity, India Water Portal.

³ Koraput District, Government of Odisha.

Though the main occupation is agriculture, the landless families depend on wage labour, collection of forest produce and animal rearing for their sustenance, resulting in gross inadequacy of food and nutritional security for all households.

The baseline study conducted for the project in August 2021, found that the average land holding size was 1.84 acres resulting in fragmented and small holdings which impede the scope for farm mechanisation.⁴

SDMC Trust prioritises SDG 8 and strongly believes that people of all ages should have the opportunity to improve their economic status. The Trust believes that underserved communities grapple with challenges such as poverty, food insecurity, unequal access to healthcare and education which tend to have cascading effects on the community and its future generations. Thus, the Trust undertakes philanthropic giving in the field of sustainable livelihoods to equip marginalised individuals with adequate resources and support required to enhance their avenues of livelihood and income generation.



⁴ Odisha Agricultural Census, 2009-10



Program Highlights



PROGRAM ACHIEVEMENTS

Activity

Building women farmer leaders and providing on-field training

Inputs Support Provided

Convergence Support and Linkages

Capacity Building/ Formation of Women Farmer's Groups

Time Period (2021-22)

564 progressive women farmers identified

405 women farmers trained on field, 144 women trained on entrepreneurship

800 farmers cultivated vegetables and ginger in >1.25 acres of land

1,500 women farmers oriented about government agriculture schemes

470 members from 46 WSHGs are linked with banks mobilizing INR 55.44 lakhs

Program Partner

Oxfam India



Oxfam India was established in 2008 under section 25 of the Companies Act, 1956 as a non-profitable organization by a group of philanthropist and social workers, which was its 60th year of Oxfam in India. The organization is working in 3 states with 100 full-time staffs. Oxfam India works towards empowering the most marginalised communities by strengthening them at the grassroots level. The organisation's initiatives prioritise poverty alleviation through development programs and advocacy and their development programs range across humanitarian relief, disaster risk and response, gender justice, economic justice, social inclusion, CSR engagement and provision of affordable and accessible essential services pertaining to education and healthcare and other sectors.

Oxfam's sustainable livelihood interventions are directed towards leveraging the tremendous potential of vegetable cultivation-based livelihoods to empower tribal farmers, particularly women farmers.

Oxfam believes that addressing the livelihood challenges faced by the underserved tribal communities, especially targeting women farmers, will tackle the larger challenges of poverty and food insecurity faced by them.



About the Program

The need for the program was established through a situational analysis to understand the current status of target households in terms of their landowning pattern, the usage of cultivable land, current expenditure pattern and their perception on how an enhanced income can bring changes to their life. The Trust aimed to focus on the poor households which require an increase in their income for a decent living and lift them out of poverty.

★ Data analysis revealed that many of the targeted households were unable to satisfy their dietary needs with the available produce due to low yield from fragmented holdings. The program's intent was to assist the economically underprivileged and tribal households who grew vegetables and ginger in the identified area and were eager to collaborate on their growth as a part of the Farmer Producer Organisations (FPO). This provided ample scope to improve agriculture substantially to bestow them with more opportunities to engage in productive work and improve their income generation. The intent of the program **has been to cover the vegetable and ginger growing tribal and economically backward families** of the identified area who were keen to grow together as a part of the FPO's.

All the target villages located along the Eastern-Ghat hills had a conducive climate and well drained topography for growing a wide array of crops and had the potential to tap existing water sources to increase coverage and intensity of irrigated crops, especially ginger and vegetables.

The blocks of Patangi and Semiliguda borders the neighbouring state and major cities of Andhra Pradesh and its proximity to the national highway gives them access to the largest vegetable markets in the state. Market place infrastructure and relevant interventions in the area by partners played a crucial role in selecting the program site. Pukali in Pottangi and Subai in Semiliguda including other townships were the growing weekly markets and collection centres which provided scope for marketing of agricultural and perishable produce. Research Stations located at Pottangi and Semiliguda enabled better transfer of technology. More importantly,

NABARD in addition to establishing **rural marts** in both places, had initiated enabling programmes like Grassroot Level Training Programme (GRLTP) and Livelihoods Entrepreneur Development Programme (LEDP) which was instrumental in identification of potential women farmers and organising them in FPO.

The household surveys acted as interim baseline surveys covering the socio-economic status and land-holding as well as share of vegetable cultivation. Analysis of the household surveys authenticated the eligibility of the household to become a member of the proposed FPO. Baseline data was collected at household level for all the 2000 households to map the status of various indicators against each objective and to guide project implementation, monitoring and setting project benchmarks to effectively achieve the set targets.



Oxfam India has developed a livelihood prototype in the two blocks out of the 14 blocks of Koraput District which was implemented in 40 villages of two blocks - Patangi and Semiliguda. The program aims to directly target 2000 poverty stricken tribal households holding marginal land resources and pursuing agriculture as their prime occupation. The program aspires to double their income through improved ginger and vegetable cultivation, yielding a higher profit and improved access to other income and infrastructure development scopes in three years commencing from April 2021.

The program seeks to empower the tribal women farmers through a four way intersection of building social capital, organising and federating women through institutional mechanisms, intensive training on agricultural practices through use of local technology and mainstreaming collaboration to avail government schemes. This program will pursue women farmer-led and farm based paths for livelihood development of poor tribal households.

The program falls under the theme of Climate and Gender Justice intervention areas of Oxfam India, and is supported by two local Non profit organisations - Prastutee, working in the space of upliftment of economically and social backward and tribals and Women's Organization for Rural Development (WORD), a women initiated and managed organisation working with the most vulnerable women, children and marginal farmers, towards community empowerment with a focus on gender justice.

Currently, the program has witnessed the participation of a large number of households and urged the tribal women to take ownership and is on the path of providing a significant improvement in the income of the participating households.



Program Approach

Focus On Gender Justice

Women, despite their high participation and contribution to the farming sector, are not equipped with the necessary resources to succeed in farming. Added to this, they do not have rights over assets, further restricting their agency and control over the income. These factors have led to their low participation in social forums, market related activities and decision making. The interventions by Oxfam shifts the focus to a gender specific and gender sensitive approach towards adaptation of best practices in agriculture, addressing structural inequalities and empowerment through enhanced capacities to realise the immense potential of women farmers by securing equal access and opportunity.



Empowerment Of Women Through Capacity Building

The program has focussed on capacity building, imparting managerial skills and decision making capabilities with exposure to market dynamics to enhance the gender equality in farming and in the allied value chains. Women were trained on various agricultural practices and economic activities, mainly related to productivity and profitability enhancement of vegetables and ginger, helping them to get linked with various stakeholders for inputs. Women farmers provided with training and exposure to develop leadership have been able to train, orient and mobilise other members for building, and strengthening women's farmer groups at village level and networking with FPO at the district level. Most of all, through periodic participation in the meetings and its larger collectives it has fostered women's capacities to handle development processes and outcomes for availing their entitlements.

Social Mobilisation To Build Social Capital

Social Mobilisation has helped build up the social capital through extensive meetings with all community members, including PRIs and civil society organisations and most importantly, the women beneficiaries. Strong communication strategies, door to door campaigns prior to community meetings, location specific meetings helped congregating the women and assembling them to work together. Considerable efforts were made to draw in the men of the families in the targeted households for fostering support to the women participating in the program.

Leveraging The Institutional Mechanisms For Improved Access To Resources

Women farmers are generally deprived of land titles and ownership and are often the ignored stakeholders in Agri-based interventions. The program considered various gender gaps at every step of the intervention to devise measures through which they can address them. Mechanisms for roll out were pivoted towards Women's Farmer Producer Organisation (WFPO) and their larger collectives such as Farmer Producer Organisations (FPOs) which have emerged as the most preferred institutional solutions to some of the challenges to ensure women farmers retain their control of decision and income from such enterprises. Moreover, these models require managerial and leadership skills to be developed in the women to empower and equip them to bring efficiency, acquire bargaining power and more significantly underscore the importance of gender equity.



Adoption Of Local And Feasible Technology

Use of technology has been dismally low amongst women farmers.⁵

The program has proposed strategies and designed and piloted low cost solutions which have been developed by competent research agencies with a potential to boost irrigation for vegetable cultivation and storage of harvests.

The two technologies piloted were:

(a) Treadle Pumps (b) Cold Storage Facility

Forward Linkage Planning Through Market Interventions

Oxfam has integrated the creation of market linkages for the beneficiaries through their membership in Women Farmer Producer Organisations at the village level which plays a crucial role in enabling them to enter or improve their position in the market, increase their bargaining power, benefit from higher prices and negotiate better conditions for contracts. The initiative has emphasised the groups to be managed and owned by the women, be actively involved in the management and decision-making processes to derive the maximum benefits especially in the realisation of prices for their produce and in the agricultural value chains. Organising the community to build peoples' institutions, building their capacity and linking them with mainstream programmes and entitlements were crucial in achieving the goal.

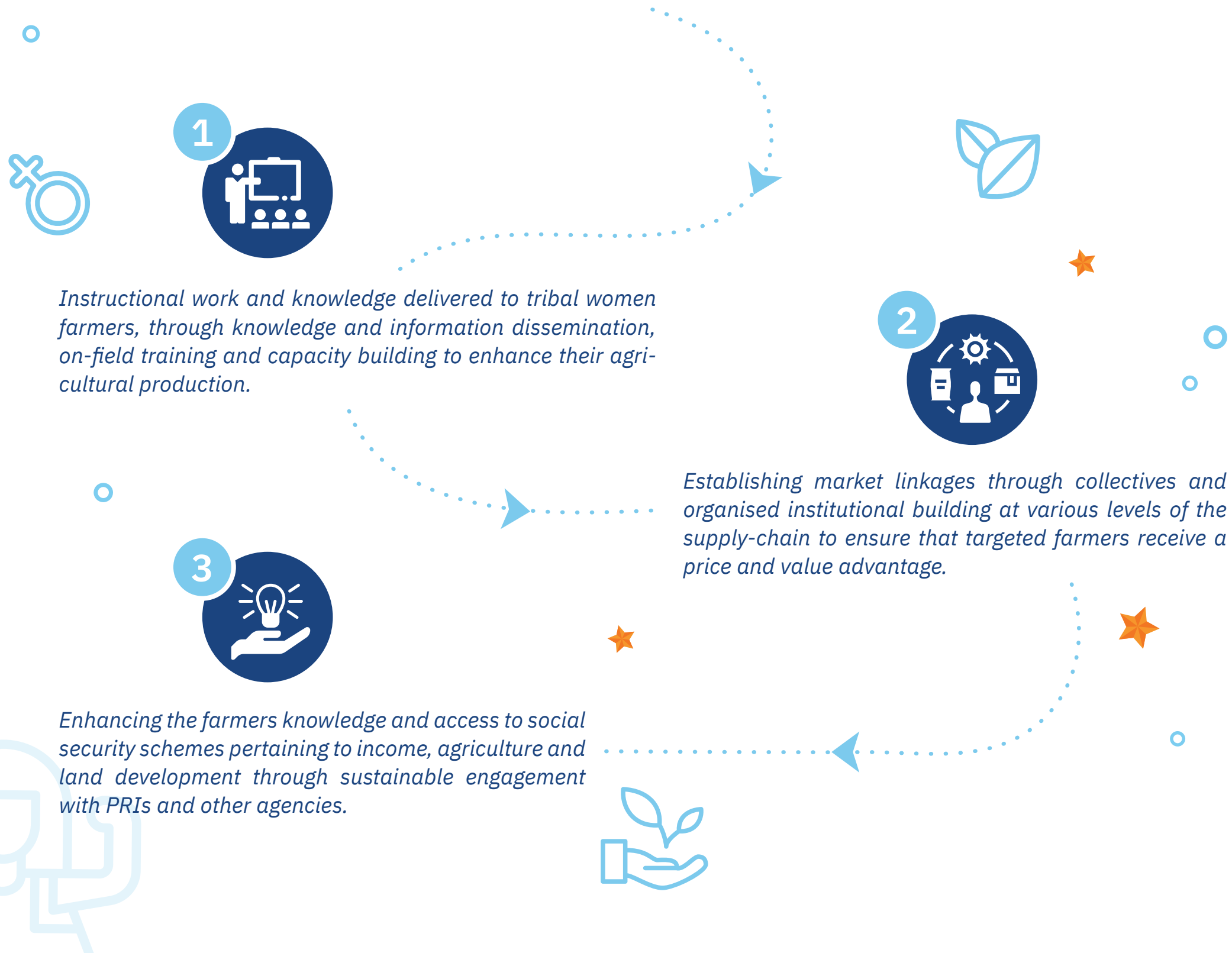
Collaboration

The program facilitated engagement with the government at block, district and higher levels influencing processes for better linkages with mainstream government programmes to leverage access potential.



⁵ India Development Review. (2021). Giving women farmers access to technology.

The Pathways to Change



Innovations Within The Program

Demonstration Units as FFS: An Enabling Model

The program has developed an innovative method of developing a replicable women-led vegetable farming and marketing model through the establishment of Demonstration Units. Farmer Field School (FFS) act as a platform to conduct thematic theoretical training. The main school, named the Mother Farmer Field School was established with program fund support wherein field days observed allowed the identified progressive women farmers and other farmers to attend the trainings to practise and learn and subsequently demonstrate the learnings in their respective villages, thus transferring the skills and knowledge to maximum number of women farmers on the latest and appropriate technology in their villages. The community mobilisers and lead farmers helped other members in the village to practise and adopt appropriate Packages of Practices (PoP).

Use of Local Feasible Technology

The program promoted low cost, zero powered micro irrigation technology through treadle pumps to enable farmers to make the best use of limited water supply and conserve water sources, to supplement or replace the existing alternatives of expensive solutions like electric and diesel pumps that are not only unreliable, but inappropriate for the limited availability of water sources. Two cold storages have been provided to individual farmers through the National Horticulture Board, Department of Horticulture.



The Road to Sustainable Impact

Social Outcomes

The program aims at creating a significant number of skilled, knowledgeable and confident woman farmers who can use household level resources sustainably towards food and nutrition security and household livelihood security.

The greatest advantage of the program lies in its attempt to develop and tap social capital in deepening development outreach and effectiveness. The program seeks to address the anomalies in gender equity and parity by bringing women and women-led initiatives to the central stage in all efforts to bring about a comprehensive social transformation based on equity, justice and inclusion and equal opportunities.

The project advocates the concept of knowledge multiplier by creating lead farmers and community champions who will spread the knowledge to others towards attaining sustainability of livelihoods and taps into the leadership potential of women to encourage competencies of decision-making and communication skills which are superior indicators of development and empowerment.



Economic Outcomes

The program will yield economic benefits that will be generated for the targeted beneficiaries through the interventions. Capacity building of women farmers allows them to adopt appropriate technology and techniques to practise sustainable agriculture with efficient utilisation of resources. Leadership training to manage producer groups at the village and higher levels boosts the confidence of the women farmers to take up collective marketing of agricultural inputs and outputs ensuring market linkage of SHGs for maximum realisation of farm income, increasing their bargaining power and strengthening agricultural value chains. Increased access to income through remunerative work by participation of women can trigger a chain of results towards improving human development indicators.

Financial Outcomes

The program rightly aims at poverty reduction by doubling the farmers' income. Target households receive price and value advantage in supply chain and market linkages through collective and organised institution building and informed actions at different levels. Target households improved their annual income by enhancing their access to existing and potential income and social security schemes and agriculture/land development scopes of government and other sources through informed, organised and positive engagements with Panchayats, government and other agencies.



Our Change Champion

Bati Hantal, aged 65, lives with her husband in Maligunja village. Bati has never received any formal education and the couple, despite being senior-citizens, have enthusiastically continued to earn their livelihood through agriculture. The couple owned a small holding of about 1.5 acres, with the cultivable land being minimal. The intervention, with SDMC Trust's support, helped Bati in joining a WSHG called 'Maa Sibani WSHG' enabling savings in her income and availment of loans. She was encouraged to learn and adopt new technology in agriculture and empowered to discuss the best practices in agriculture. Through the WSHG, Bati received support of INR 1 lakh for land development which she channelled to convert her infertile land to producing vegetables worth over INR 20,000. Alongside the loan support, the program enabled Bati to receive technical support, helping her reap a more profitable produce.

Oxfam's interventions, supported by its on-ground partners have increased Bati's financial inflows from vegetable cultivation through realisation of optimal prices by leveraging the marketing linkages. This has increased Bati's return on investment and reduced her expenditures improving her living standards and enhancing her as well as her family's social stature.





Primary Healthcare

Providing Access to Quality Healthcare for Rural Underserved Communities

Sector	Primary Healthcare	
Objective	Access to quality primary healthcare services for underserved communities	
SDGs	<p>SDG 3: Good health and well-being - Ensure healthy lives and promote well-being for all at all ages</p> <p>SDG 3.8: To Achieve universal health coverage, including financial risk protection, access to quality essential healthcare services and access to safe, effective, quality and affordable essential medicines and vaccines for all</p>	
Key Projects	<p>Rural Health Care Centers</p> <p>Support diagnosis, treatment and follow up services to nearly 175,000 patients annually, from rural communities in 9 centres</p>	<p>Sita Devi Malhotra Charitable Dispensary</p> <p>Providing quality healthcare services with diagnostic facilities to 10,000 patients annually</p>
Project Partners	Rural Health Care Foundation	SDMC Trust
Project Location	Nine rural centers in six districts of West Bengal	Una district, Himachal Pradesh
Duration	2016 - ongoing	2010 - ongoing

1 Rural Health Care Foundation

Despite making significant advances in its population's healthcare for more than a decade, glaring disparities continue to exist between rural and urban areas in India. As such, healthcare services in rural areas remains a huge challenge, with many lacking access to essential medicines, qualified medical professionals. Many people travel long distances to avail healthcare facilities incurring out of pocket expenses and loss of livelihoods.

Many innovative solutions have been implemented to address the problems of access and affordability of healthcare at scale by the governments directly and in collaboration with other NGOs in remote rural areas. However, in most cases, it is observed that the health centres had inadequate facilities forcing the rural population to migrate to urban areas in search of better facilities or forcing them to turn to the unaffordable private health providers as their first choice of care. Additionally, being remotely located, they are faced with challenges of geographical access.

The inequitable healthcare system in India favours the urban population which has access and availability of healthcare at all levels - primary, secondary and tertiary. Majority of health infrastructure and other health resources are concentrated in urban areas. Rural populations have poor access due to inaccessibility and availability of health care systems. Further, they are influenced by their socio-cultural beliefs preventing them from accessing standard healthcare.

SDMC Trust's granting philosophy has been intently focused on improving the access and quality of healthcare to the underserved communities. The Trust, through the collaboration with its NGO partner, Rural Health Care Foundation (RHCF) has strived to drive changes in the access and affordability of quality healthcare through equitable distribution and community participation, thus helping advance toward achieving health-related SDGs.



Program Highlights

1

Name of the Program
Rural Healthcare Centres

3

NGO Partner
Rural Health Care
Foundation (RHCF)

5

Number of Beneficiaries
More than 7.35 Lakh
people in 7 years

7

Targeted Impact
Access to quality
healthcare facilities

2

Duration
2016-ongoing

4

Location of the Program

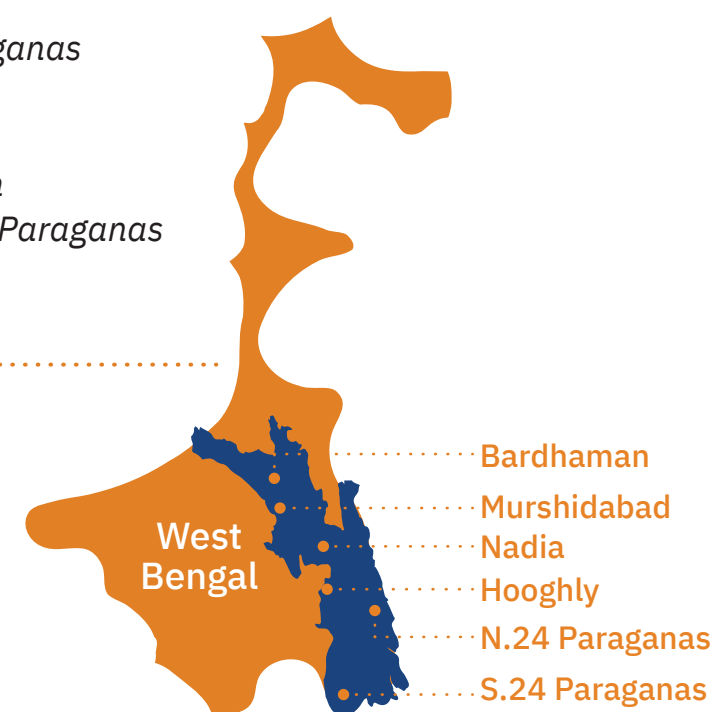
1. Jamtala, South 24 Parganas
2. Patuli, Bardhaman
3. Helan, Hooghly
4. Manigram, North 24 Parganas
5. Jagatballavpur, Hooghly
6. Mayapur, Nadia
7. Kusumgram, Bardhaman
8. Swarup Nagar, North 24 Paraganas
9. Pirtala, Murshidabad

Partnership Opportunity

Likeminded donors can join hands with SDMC Trust to support the NGO partner for existing 9 centres or new centres in underserved areas of West Bengal

Geographical Location of the Program

6 districts of West Bengal





PROGRAM ACHIEVEMENTS

Impact	Total Number of Patients*
Total Patients (not disaggregated by type of healthcare service availed)	7.35 lakhs+
General Patients	5.71 lakhs+
Eye Check ups	81,000+
Dental Check ups	20,000+
Homeopathy	55,000+
Catract referral	1,365+
Spectacles	6,734

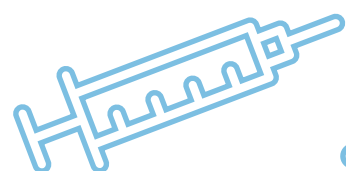


Program Partner

Rural Health Care Foundation (RHCF)

RHCF was co-founded by Late. Mr Arun Nevatia along with Mr Anant Nevatia, businessmen and philanthropists from Kolkata in the year 2009. RHCF started its first primary health care centre at Mayapur in Nadia District of West Bengal. RHCF has been working in the healthcare sphere to provide affordable and quality medical care to the economically underprivileged communities. RHCF is currently a network of 11 clinics, and spread across various districts of West Bengal. RHCF has served over 22 lakh patients through its centers till date.

The idea of tackling the stark urban-rural divide in the access to quality healthcare facilities led to the initiation of a partnership between SDMC Trust and RHCF in 2015, to make the shared vision of making rural India healthier, a reality.



About the Program

The Rural Health Care Foundation was founded on a sustainable model for the provisioning of health care services in the rural and remote areas.

Out of compassion for the deprived, especially in the rural areas, the first Rural Health Care centre was born at Mayapur in 2007 in West Bengal. An overwhelming response from the locals, who kept waiting for their turn in long lines to be able to receive medical care from the centre, outstripped all the set expectations.

With a pledge to improve the rural health care systems, RHCF commenced operating 17 centres out of which some primary medical care facilities were supported by SDMC Trust to facilitate achievement of optimal level of health through quality and affordable medical services in healthcare deprived areas of West Bengal. The strategic partnership with SDMC Trust in 2016, resulted in the commencement of the 9 rural centres providing treatment to 7.35 lac patients till September 2022. Currently, SDMC Trust has been supporting 9 rural centres of Jamtala, Jagatballavpur, Helan, Manigram, Patauli, Mayapur, Kusumgram, Swarup Nagar and Pirtala.

The ability of a health care delivery system to meet the needs of the rural patient population is dependent on size, quality of the facility set up to deliver services. As such, financial support is a crucial factor to develop and maintain the infrastructure, hire scarce human resources, maintain an adequate medicine supply in addition to incurring overheads essential to deliver basic quality health care services in the rural areas. SDMC Trust's consistent financial support has contributed to the successful operations of the centres supplemented by the revenue generated through patient fees, making the model for health service delivery by RHCF sustainable.

RHCF's program has been characterised by the delivery of health care services to the rural population on the tenets of accessibility, equitability, quality and acceptability. The program has been designed to incorporate each of these features to be able to deliver quality services to the rural population.

Accessibility

Assessment and understanding of the community health care needs along with identifying the potential strengths, risks, threats and opportunities is the first step towards creating a rural health care system that is perceptive to the local health care needs. Each of the centres have been set up based on a structured evaluation process for the selection and prioritisation of the locations for setting up the centres.

The sparse availability of healthcare facilities is also burdened with the lack of transportation facilities, leading to poor health care delivery systems. Overcoming this barrier, RHCF centres have been set up in areas that lack medical facilities, be it government PHC's or private clinics, within a 50km radius and located for ease of access to patients in and around the villages. Currently, each centre makes primary care accessible to over 40 villages.

Keeping cost effectiveness in mind, these centres are set up on leased premises and are set up with medical equipment, specialist doctors and an adequately stocked pharmacy, enabling patients to seek health care without a financial strain on their limited income.

Equitability

RHCF works towards eliminating the barriers in the utilisation of health care services and aims to achieve equitable access to health care - which means equal health care for preventive and curative services are made available to any person who is in need, irrespective of their social or economic status. Efforts were made to identify the right target beneficiaries who are largely the farmers, daily wage labourers and other marginalised and underprivileged segments of the population and are vulnerable to poor health. Financially constrained, these low income individuals forgo health care in favour of basic and household needs. Affordable consultations are provided at nominal costs along with providing a weekly supply of free medicines. RHCF believes in creating a continuum of comprehensive health care through provision of services under general medicine, primary eye care, homoeopathic treatment and pharmacy facilities under one roof. Collaborations with other eye care providers and Rotary club has enabled access to primary eye care for treatment of cataract and Pterygium surgeries.

Quality

As opposed to the unavailability of medical professionals who show unwillingness to work in the rural areas due to overall infrastructural inadequacy and lack of incentives, doctors and other health care workers at the RHCF centres are available for most of the week days (Five and half days in a week) for consultation and dispensation of medicines to the patients. The increased footfall and repeated visits to the centres can be attributed to the high degree of reliability and dependability placed by the local population on these healthcare workers at the centres.

The doctors at the centres are available for a higher interaction time with the patients, are sensitive to their issues, allowing them to discuss their health concerns more openly without the fear of compromising privacy.

The doctors counsel them on adopting appropriate lifestyles and guide them on adhering to their treatment schedules. Indiscriminate and injudicious use of pathological tests and medicines are avoided and they are prescribed to follow an essential course of treatment. A system has been set up to receive feedback from the patients on their current health condition after receiving the treatment at the centres. They are persuaded and convinced to return to the clinic and seek further treatments in case of persistent ailments.

Acceptability

The WHO defines health

“As a state of complete physical, mental and social well-being and not merely the absence of disease or infirmity.”¹

Additionally, offering a different perspective, health is a state that allows the individual to adequately cope with all demands of daily life. Largely, this definition of health applies and has been woven into the fabric of the rural societies, as being healthy is often associated with being able to carry out their daily activities, being employable and being able to earn a livelihood. An inability to perform any of them leads to a perception of ill health and medical care is preferred and sought from practitioners offering short-term solutions that provide temporary relief enabling them to rebound quickly back to be able to perform their daily activities, bringing back a sense of health and wellbeing.

Unqualified practitioners thrive in the rural areas practising alternative medicine and therapies fuelled by the archaic beliefs of the natives who are neither qualified nor trained to offer appropriate diagnosis or long-term solutions for chronic illnesses.

¹ Lemoine, P., Ebert, D., Koga, Y. and Bertin, C. (2021). Public interest and awareness regarding general health, sleep quality and mental wellbeing during the early COVID-19 pandemic period: An exploration using Google Trends.

RHCF's biggest success in this program has been overcoming this barrier by convincing the rural population to adopt mainstream medical care from the centres, reinstating their misplaced trust in the health care professionals and regaining the goodwill of the rural population. Endorsements from patients who have been treated and cured earlier have also contributed to the acceptability of the system and a consequent higher footfall in the centres.

A consistent rise in the number of patients accessing healthcare services offered by the centres has been witnessed till the start of the pandemic. The centres have provided affordable, low-cost treatment and quality healthcare facilities at a nominal cost which helps in reducing their out-of-pocket expenses and channelising other familial expenses.

Each of the centres also provides primary eye care and dispenses spectacles at a subsidised rate, along with free Cataract and Pterygium surgeries, in collaboration with Rotary Eye Hospitals (with patients only bearing the travelling expense).



The Pathways to Change



1

Improved access to quality and affordable health-care services in remote areas of West Bengal with a focus on providing preventive and curative health services in an equitable and inclusive manner to the underserved communities



2

Bridging the manpower gap through an improved quality of healthcare services and treatment imparted through trained and qualified medical personnel in a timely manner



4

Capacity building of personnel engaged in administration and other non-clinical medical services to ensure efficiency and improve management of patients and the operations and delivery of healthcare services



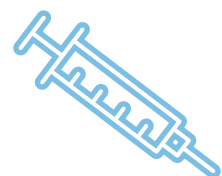
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Provision of comprehensive healthcare services such as consultation, testing, diagnosis, treatment and counselling and coverage of services such as eye check ups, dental check ups, homoeopathy treatment and cataract referrals



5

Adoption of technology for patient management, leading to efficiency in clinical decision-making process



Innovations within the Program

The collaboration with SDMC Trust has helped RHCF to achieve impact through scalability and replicability by improving and streamlining the operations. SDMC Trust-led capacity building efforts through knowledge sharing and establishing connections led to the provision of technical support including introduction of new solutions to long-standing problems and accelerating progress towards achieving health care outcomes and a sustainable and efficient model for meaningful and maximum impact.

The partnership synergies led to consistent innovations by applying the knowledge and insights of RHCF's past experiences and SDMC Trust's expertise and experience in working in the health care sector.

The RHCF Model works on the principle of high quality and cost efficiencies leading to:



Use of an Asset-Light Model

The RHCF centres are operated on leased premises for operational flexibility and efficient utilisation of funds.



Leveraging Technology For Management & Operations of Healthcare Delivery

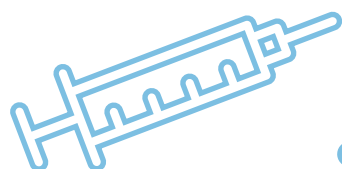
RHCF has adopted the use of technology to manage both clinical and non-clinical outcomes of health care delivery. Patient safety outcomes are improved through creation of error-free electronic patient records which allows for tracking progress in the clinical decision-making process. Use of technology in the operations has enhanced the efficiency, effectiveness and quality in the management and provision of services.



Deploying a Low-Cost Model

Commercial efficiency and effectiveness in procurement of medicines is driven through robust processes for price discovery, negotiation and supply chains. Standardised system controls are established to ensure dispensing of medicines as per established procedures.

The model drives productivity improvement and HR cost optimisation without compromising on quality and enabling implementation with the use of technology to ensure agile and lean operations across clinical and administrative aspects of healthcare delivery.



The Road to Sustainable Impact

The rural health care system takes into account social and economic and operational dimensions to focus on three key considerations for sustainability

Access to quality healthcare and cost of providing the services:

The system ensures maximising local access and catering to the needs of the local population. Quality of care remains important in providing the locals an assurance that their local health service can deliver optimal health outcomes while meeting their needs and expectations.

Sustainability also requires robust systems which are able to monitor and adapt to significant ongoing internal and external changes, which have been established by RHCF in its operating model.

Strategic relationship building which includes diverse funding models to supplement the revenue generation through a fee for service model provides an approach to optimise the use of scarce health workforce, maximising community access and provision of comprehensive range of health care services to the communities, thus leading to sustainability in the model.

Low cost models for asset and infrastructure deployment and leveraging technology for optimising operational efficiency offer opportunities for incorporating on site sustainability and providing the communities a fully integrated continuum of health care.

The Health Ambassador

Abdul, a 59-year-old suffering from arthritis, used to visit an Ayurvedic doctor who had been helping him manage his symptoms. The alternative practitioner used to charge him exorbitantly for consultation and medicines and despite his financial constraints, Abdul would pay him as it was helping him with his pain. A little over three years ago, the ayurvedic practitioner increased his charges further which made the treatment unaffordable for Abdul. That was when he heard about RHCF centres from his relatives. After a few visits to the Helan centre, his condition improved significantly. Initially, Abdul could only walk using support, but with his rapid recovery and sustained management of his symptoms, he has been able to walk to the centre on his own during each visit. He has recommended the centre to his family, who visit for their health issues.

The COVID-19 lockdown was very hard on his health- the restrictions made the centre visits difficult and the severity of his condition confined him to his bed. He resumed his visits as soon as the restrictions were lifted and within two weeks his health was restored. In the past three years his improved health has allowed him to earn a living as a hawker.

Mr. Anant Nevatia, President at the Rural Health Care Foundation says *“The support and guidance from SDMC Trust has allowed us to transform the Rural Health Care Foundation into a structured social entity. Though our focus has always been on impact, having their support truly strengthened our efforts.*

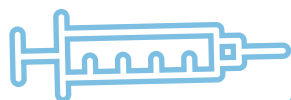
As an organisation working in the development sector, there are far too many challenges in our path but they have always been very encouraging. With a supportive management and helpful team members—SDMC Trust has always determinedly stood with us and we are deeply grateful to have them as our partner”.



2 Sita Devi Malhotra Charitable Trust Dispensary

The key role of healthcare facilities has been to provide regular and comprehensive health care needs guided by the World Health Organization's (WHO) principle of Universal Health Coverage, enabling access to required health services to all people, while also ensuring that the use of these services does not expose the user to financial hardships.¹ Poor housing conditions, unsafe drinking water, lack of sanitation, hygiene and exposure to environmental hazards as a part of the livelihood among the marginalized population, often increase their risks of numerous health problems. A very high prevalence of minor ailments like cough, fever, diarrhoea. (124 per 1,000 individuals) has been observed among Indian population and these minor ailments are seen to be more prevalent among the uneducated and the socio-economically disadvantaged population living in deprivation.² Despite being short term and minor, these ailments have the ability to disrupt the normal activities of the affected, causing absence from work and earning of their daily wages.

Access to health care in rural areas is significantly lower compared to urban areas leaving the rural population disproportionately unhealthy. Studies indicate that people in India increasingly seek health care from various sources even for minor illnesses like cold, fever, and diarrhoea irrespective of their ability to pay. Lack of proper facilities and infrastructure at the public health centres drive them to seek health care from expensive private health care or informal or indigenous health care systems and end up incurring higher costs, which are mostly out-of-pocket (OOP) expenses.³



¹ World Health Organization (2019). Universal health coverage.

² Barik, D. and Thorat, A. (2015). Issues of Unequal Access to Public Health in India. Frontiers in Public Health, 3.

³ Statistical Abstract of Himachal Pradesh (2019), Department of Economics and Statistics, Government of Himachal Pradesh

In many developing countries including India, household OOP payment for health care is a major part of the total family spend. This along with the lack of health financing or insurance schemes often drives families to debt and poverty. More than two-thirds of the total health expenditure in India is met through household OOP. The coverage of health insurance is also very low among Indians and contributes only 1.13% of the total health expenditure.³ The expenditure ratio (health expenditure as a percentage of income) on health care in India is 6% of the monthly average income, which is higher than the common benchmark of affordability (5%) in many developing countries. Poor households spent nearly 15% of their monthly income on healthcare compared to the richest households, who spend <1% of their income. High health care costs dissuade them from accessing and availing health care, especially in the case of major illnesses.³



Location: Gagret, Una District, Himachal Pradesh



While access to quality and affordable healthcare is a challenge across India, this crisis is exacerbated in some states like Himachal Pradesh, where over 90 % of its population resides in rural areas and its hilly and difficult terrain creates a barrier to imparting health services and ensuring its access for all. Some of the most pressing healthcare challenges prevalent in Himachal Pradesh are- low children's nutritional status, lower immunisation rates (vaccine and immunisation coverage has declined from 83% to 74% in Himachal Pradesh), a higher number of anaemic women, etc.⁴

Additionally, according to the National Health Profile of the state, Himachal Pradesh faces a lack of specialist medical practitioners and an inadequate quality of medical infrastructure.⁴



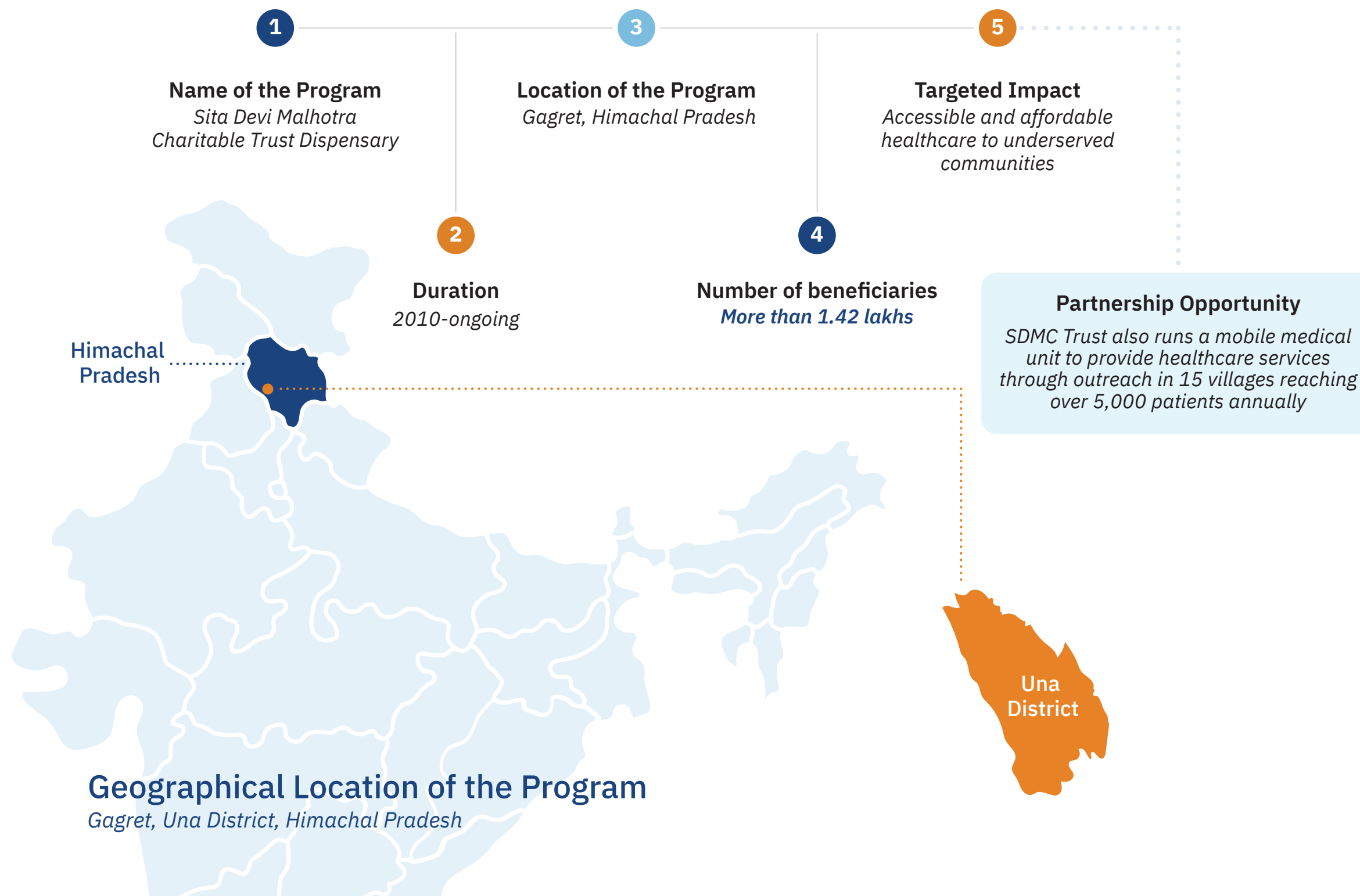
Although the problems with respect to health has been rightly recognised, the formulation of appropriate solutions for these issues have highly undermined the health service systems in rural areas.

SDMC Trust recognises the persistent challenges in access to quality and affordable healthcare faced by marginalised communities in India. The Trust believes that the burden of inaccessible, poor health-care services and infrastructure only exacerbates the numerous challenges faced by underserved communities and that poor health hinders an individual's potential.

In order to achieve the national goal of universal health coverage and the global SDG 3 (Good Health and Well-being), the SDMC Trust established a dispensary in Gagret, Una district of Himachal Pradesh's village in the year 2010 to serve the economically weaker sections of the society and make quality and affordable healthcare accessible to them.

⁴ Punam, S & Sharma, S. (2017). Status of Public Health services in Himachal Pradesh: A case study. International journal of Human resources and Social sciences. 4. 12-27.

Program Highlights



Program Achievements

Health Camps:

Impact	2015	2016	2017	2018	2019
Total no. of health camps conducted	41	49	46	44	46
Patients treated	3,270	3,507	2,978	2,176	2,393

Health Dispensary:

Impact	Number of Patients <small>(across 2010-2021)</small>
Treatment of various ailments (fever, cold, skin ailments, G.I.T, U.T.I, hypertension, body ache, injury etc)	1,28,151
Lab tests conducted for various health issues	5,741

Facilities and Services Provided:



Consultancy and treatment at nominal costs



For TB eradication and maternal health



Health camps and conducting lab tests for various ailments



For emergency health services & transportation of patients





About the Program

The dispensary is situated in Gagret, in Una district, a fast-developing town in Himachal Pradesh, with established manufacturing units of various companies. The dispensary serves the population in the surrounding area which includes workers at brick kilns, tourists, temple pilgrims and workers in the manufacturing units. The communities that use the services at the dispensary are largely from backward communities.

The dispensary, ably led by a chief Medical officer and supported by a team of qualified and experienced doctors, pharmacists, lab technicians and other support staff provides a range of medical services from free curative and OPD services including a diagnostic lab facility at a subsidised rate and an emergency ambulance facility. The dispensary organises health camps to reach out to the people in villages, creating higher awareness among the community. Camps are decided in consultation with the local panchayat, on specific days of the week or month/days of religious importance to facilitate the visits of the tourists and pilgrims to the dispensary. Outreach camps are particularly beneficial for the aged, the poor and for women with infants and young children.

In the last decade, the dispensary has served more than 1.42 lakh patients. Owing to its strategic location, the dispensary covers an area within a radius of 12 Km that includes 10-12 villages catering to a population of about 18000. Through its outreach programs, it has expanded to a radius of up to 20 Km. Presently, the dispensary sees a footfall of an average of 40 people on a daily basis.

In order to fully effectuate the benefits to its recipients, a health-care system needs to function on the principles of availability, accessibility, affordability and quality of health care services. Accessibility to health-care would mean that the population, irrespective of their economic status or location, are able to access affordable and quality healthcare services.

One of the key factors affecting access to healthcare is the distance or location of the service centres. Most often, populations residing in rural and tribal areas are deprived of quality healthcare due to lack of proximal and accessible healthcare facilities. Difficulty in accessing transport to reach the locations and the loss of daily earnings force patients to defer their treatment, and manage with facilities that may be closer to their homes but not cost-effective or even suited to their needs. Data from the need assessment study commissioned by SDMC Trust clearly indicates that accessibility and affordability are crucial factors in availing health care as proximity of the dispensary greatly influenced the health seeking behaviour of the users, significantly reducing their travel costs and saving up on the out of pocket expenses (OOP).

Rural health care services in India are primarily dependent on primary health care. The population who avail services at the dispensary are mainly tribes and people from the marginalised and backward sections of the society comprising small-time farmers, daily wage earners or small-scale self employed workers. They reside in places which have fewer health facilities and many rely on informal health systems.

A reluctance to approach formal health systems either due to their traditional beliefs or due to inaccessibility and unaffordability leaves many long-term major illnesses undiagnosed for this population. The need assessment study commissioned by SDMC Trust to understand the community's unmet needs in their health seeking behaviour revealed that the community members have faced varied health issues which were highly unaffordable, considering the socio-economic status of the service recipients. The health expenditure also differed based on the kind of health issue faced by the patients. Expenses for

minor ailments like cold, cough, fever and stomach ailments were lower compared to major health ailments like diabetes, cardiac issues, gynaecological problems and surgical treatments.

The services at the dispensary are economical in comparison to other healthcare facilities in the area and the medicines and services provided free of cost or at subsidised rates substantiates the affordability of healthcare. The dispensary has been a primary choice for the communities in the vicinity as it serves as an affordable place for easily accessing health care. Most of the patients access the services for common health ailments like viral fevers, gastrointestinal problems and other body or joint related ailments. The majority of the users (95%) spent a nominal amount of INR 5 as registration fees, while the rest (5%) spent in the range of INR 25-250 for the diagnostic facilities which significantly reduced their out-of pocket expenses and allowed them to spend the savings on other familial needs. A comparison of the OOP of the users for a period of 3 years indicated that the younger adults spent in the range of INR 5-40000, while the adults spent in the range of INR 5-50000. While they had to spend around INR 3000 for common ailments, advanced treatment and surgical interventions cost them as high as INR 1-3 lacs

More than 75% of the users expressed satisfaction with the services at the dispensary and majority (92%) of them were ready to refer or recommend the dispensary services to their friends and families. The quality of the cost-effective services and administration of medicines within the clean and hygienic premises of the dispensary fostered trust among the people and encouraged them to revisit and seek services, thus boosting the daily footfall.

The dispensary practises an effective referral system, which ensures patients receive optimal health care at the appropriate level in a cost-effective and timely manner. Around 48% of those who visited the dispensary visited another health facility or were referred to other health facilities for advanced care, after visiting the dispensary.



The Pathways to Change



1

Improved access to quality and affordable healthcare services in remote areas of Una district in Himachal Pradesh with a focus on providing preventive and curative health services in an equitable and inclusive manner to the underserved communities through the establishment of a clinical dispensary with diagnostic and therapeutic facilities



2

Setting up of frequent health camps that address the healthcare needs of local communities and raise awareness surrounding healthy lifestyle practices and preventive care



4

Provision of healthcare services such as lab-based diagnostic services, immunisation of children and referral to advanced health care, leading to greater access to comprehensive and quality healthcare services



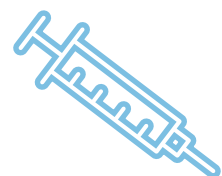
3

Collaboration with Department of Health, Himachal Pradesh to combat pressing state-level issues such as tuberculosis control and antenatal healthcare



5

Ensuring equitable access to healthcare services by ensuring a universal coverage of services provided through minimising OOP expenditure and significantly assisting those belonging to underserved communities



Innovations within the Program

Collaboration With The Government of Himachal Pradesh on The National Tuberculosis Control Program

In the strategic partnership, the dispensary has partnered with the Department of Health, Government of Himachal Pradesh to establish a Microscopic Diagnostic Tuberculosis Centre to diagnose and treat patients under the government initiative of combating tuberculosis.

The dispensary is a government sub-centre for Antenatal healthcare under the National Health Mission and serves as a sub-centre for Antenatal check-ups, distribution of iron and calcium supplements to pregnant women.

Road to Sustainable Impact

A robust health-care system will bear fruitful results in the long run and help build a strong, comprehensive health care system for the communities and the society. The Trust's primary objective has been not to solely focus on short-term solutions but to have a vision to contribute to the national goal of affordable access to basic health care to all sections of the society. As a step in the right direction towards accomplishing this goal, the Trust proposes to expand its activities further in the future with the support of the Government of Himachal Pradesh and other like-minded national and international development organisations.

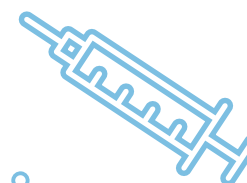
The Trust believes in strengthening and contributing towards the existing primary health care system in Himachal Pradesh and the support from local Government and administration is expected to bring quality health care service and improved infrastructure to take the state of Himachal Pradesh a step ahead in the Rural Health Care Index.

Case Study: Equitable and Affordable health care

Meenakshi, a patient from the village of Bhambotar in Hoshiarpur, Punjab came to the SDMC Trust Dispensary on 31 July 2018 with a complaint of breathlessness, weakness, decreased appetite, and pain in the upper abdomen. She was unable to walk and had insomnia. She was recommended for several diagnostics tests in the in-house pathology lab. After this she was diagnosed with severe anaemia and jaundice for which she received immediate treatment which continued for 3 months. She was very happy that she was cured of all her diseases, and was able to lead a normal life. She expressed her gratitude to SDMC Trust for having provided affordable and quality health care, which gave her a new lease of life that she never expected to have.

Dr S K Verma, Block Medical Officer, Gagret says:

"We truly appreciate Sita Devi Malhotra Charitable Trust for its incessant endeavour to provide quality healthcare to people of Block- Gagret, Himachal Pradesh since the year 2010. The support given by SDMC Trust is very beneficial to people especially elderly, women, children, migrants and factory workers. Many people especially factory workers and migrants cannot afford to pay hefty consultation fees. The facilities of free medicines, pocket-friendly diagnostic facility, ambulance and outdoor camps help them to take timely care while feeling sick. The Trust team is professional and dedicated working for the cause. SDMC Trust's dispensary is also working as microscopic centre for testing of Tuberculosis and vaccination of children below 5 year under the Government Health Program. It is really a feather in the cap of the health services for local people. We wish them a very "All The Best" for their work and extend every possible support for the cause."



Way Forward: Partnership and Collaboration

Why Collaborative Philanthropy

Over the past decade, philanthropic collaboration has entered a new era of popularity and ambition. Driven by funders seeking greater impact by acting collectively and challenging traditional ways of working, the number of collaboratives giving platforms has grown. More recently, research on funder collaboration found that, when executed well, collaboratives can produce significant impact.

Philanthropic collaborative pursues a shared vision and strategy for achieving social impact, committing resources and using governance mechanisms. Collaboration has the potential to positively achieve scale of a proven solution to a specific social problem in a defined geography. Recognizing the catalytic potential of shared resources, knowledge and experience, SDMC Trust invites like minded Co-Funders to join hands to scale the successful model programs focusing on primary education, primary healthcare, safe drinking water and livelihoods.

Value Proposition for Co-Funders

The SDMC Trust has already invested time and resources in pilot programs that has achieved the intended impact and sustainability, which allows the Co-Funders to maximize their investment in scale-ready solutions to well defined chronic social issues.

1

Selection of Scalable Programs:

Proven program models and lessons available from the pilot project

Availability of baseline data derived through scientific methods of need analysis

Clearly defined goals for scale-up of a program and geographies

2

NGO Partner Selection:

Robust due diligence mechanism followed to select credible partners, who have the capacity to achieve scale

Well defined mechanisms to independently engage with the NGO partner, while working together with Co-Funders towards a common goal

3

Robust Monitoring and Evaluation:

Robust M&E mechanism for measurable outcomes and impacts available for independent and joint monitoring

Thematic program and M&E expertise available to leverage for M&E

Network of major stakeholders established for program coordination and any required path correction

4

Sustainability and Risk Management:

Experience and lessons learnt available for minimizing risks related to program funding

Clearly defined milestones and methods to achieve sustainability

Acknowledgement

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List of Abbreviations

ECCE: Early Childhood Care and Education
FAO: Food and Agriculture Organisations
FPOs: Farmer Producer Organisations
GIAHS: Globally Important Agriculture Heritage Systems
GPDP: Gram Panchayat Development Plans
GrLTP: Grassroot Level Training Programme
ICDS: Integrated Child Development Scheme
IMMT: Indian Mines and Minerals Institute
IRP: Iron Removal Plant
KVK: Krishi Vigyan Kendra
LEDP: Livelihoods Entrepreneur Development Programme
NCPCR: National Commission for Protection of Child Rights
NEP: National Education Policy
NPOs: Non-Profit Organisations
NRHC: National Rural Health Commission
OLM: Odisha Livelihood Mission
PHC: Primary Healthcare Centre
PRI: Panchayati Raj Institutions
RTE Act: Right to Education Act
SEDGs: Socio-Economically Disadvantaged Groups
SHG: Self-Help Groups
SSA: Sarva Shiksha Abhiyaan
TaRL: Teaching at Right Level
UN SDGs: United Nation's Sustainable Development Goals
VDMC: Village Disaster Management Committee
WaSH: Water, Sanitation and Hygiene
WFPO: Women Farmer Producer Organisation
WSHG: Women Self-Help Group



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