



Date: May 3, 2026

Subject: Submission of Impact Assessment Report for the Programs of GHCL Foundation Trust (FY 2024-25).

Dear Sir,

VKai Impact Foundation, is an organization committed to research, impact assessment, monitoring, evaluation, and sustainable development initiatives across various states in India.

We are pleased to submit the “**Impact Assessment Report of Programs Implemented by GHCL Foundation Trust in FY 2024-25**” across Gujarat and Tamil Nadu. The study assessed the impact of interventions in livelihoods, natural resource management, healthcare, education, skill development, women empowerment, and other community development initiatives implemented by GHCL Foundation Trust.

The study was undertaken using a mixed method research approach comprising qualitative and quantitative methodology. It included surveys, Focus Group Discussions (FGDs), Key Informant Interviews (KIIs), field observations, and secondary research to ensure comprehensive analysis and evidence based findings.

We sincerely thank GHCL Foundation Trust and all stakeholders for their valuable support and cooperation during the course of the study.

Kindly acknowledge the receipt of the report.

Thank you,

Regards



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**Impact Assessment Report
of
Programs Implemented
by
GHCL Foundation Trust
(FY 2024-25)**



**Submitted by
VKai Impact Foundation
March 2026**



Disclaimer

This report sets forth our views based on the completeness and accuracy of the facts stated to VKai and any assumptions that were included. If any of the facts and assumptions is not complete or accurate, it is imperative that we be informed accordingly, as the inaccuracy or incompleteness thereof could have a material effect on our conclusions.

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Ethical Consideration

Informed consent: The interviews were done after the respondents gave their consent. Even after the interviews were completed, their permission was sought to proceed with their responses.

Confidentiality: The information provided by participants has been kept private. At no point were their data or identities disclosed. The research findings have been quoted in a way that does not expose the respondents' identities.

Comfort: The interviews were performed following the respondents' preferences. In addition, the interview time was chosen in consultation with them. At each level, respondents' convenience and comfort were considered.

Right to reject or withdraw: Respondents were guaranteed safety and allowed to refuse to answer questions or withdraw during the study.

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Executive Summary

The Impact Assessment Study was conducted for the programs implemented by GHCL Foundation Trust during FY 2024-25. It evaluated GHCL's multi-sectoral development initiatives across Gujarat and Tamil Nadu. The Foundation has adopted an integrated and community centric approach, to address dimensions of rural development such as livelihoods, Natural Resource Management (NRM), healthcare, water resource development, education, skill development, and women empowerment. GHCL Foundation has reached ~1,36,304 beneficiaries, demonstrating outreach and program scale.

The interventions were implemented across diverse geographies characterized by ecological variability and socio-economic vulnerabilities. The regions face challenges such as water scarcity, soil salinity, climate variability, livelihood insecurity, limited access to essential services etc.

Program Design and Approach

GHCL Implemented integrated program design, where multiple interventions were delivered. The assessment indicates cross-sectoral convergence, with beneficiaries simultaneously accessing services across agriculture, health, education, and skill development. This addresses multidimensional poverty and ensures holistic development outcomes.

A significant proportion of beneficiaries have remained engaged over multiple years, indicating both the relevance and continued demand for these interventions. The Foundation's emphasis on building social capital and fostering community ownership has contributed to long term engagement and trust.

Agriculture Intervention

The program addressed challenges related to declining soil fertility, high input costs, and limited knowledge of scientific farming practices. Interventions such as Package of Practices (IPM, INM, IDM), organic farming, soil testing, crop diversification, and micro-irrigation have led to:

- Improved soil structure, fertility, and moisture retention
- Reduced dependency on chemical inputs
- Enhanced crop productivity and decision-making capacity
- Adoption of eco-friendly and cost-effective practices

The promotion of organic inputs and sustainable farming methods contributed to long term ecological resilience.

Animal Husbandry Intervention

AH component strengthened livestock-based livelihoods by improving access to veterinary services, nutrition support, and breed improvement. Key outcomes include:

- Improved livestock health and productivity
- Increased awareness of scientific animal management practices

- Enhanced access to affordable veterinary services
- Strengthened income diversification for rural households

The introduction of digital tools such as NITARA has supported better livestock monitoring, although adoption remains limited due to digital literacy constraints.

Fisheries Intervention

The fisheries interventions supported coastal communities by promoting sustainable fishing practices and improving income opportunities. However, modest daily catch levels and reliance on traditional methods indicate the need for further modernization and institutional strengthening.

Healthcare Intervention

The health interventions significantly improved access to primary healthcare services through Mobile Health Units (MHUs), health camps, diagnostic services, and awareness programs, reaching over 84,099 beneficiaries.

Key outcomes include:

- Improved access to affordable and timely healthcare
- Increased awareness of preventive healthcare practices
- Early detection and management of diseases
- Reduced out-of-pocket expenditure for rural households

The program has been particularly effective in reaching vulnerable populations and strengthening last-mile healthcare delivery.

Water Resource Development Interventions

The water interventions, including Rooftop Rainwater Harvesting Systems (RRWHS) and community-level water solutions, have contributed to:

- Improved access to safe drinking water
- Reduced time and drudgery, especially for women
- Enhanced household level water security

However, seasonal water scarcity and infrastructure limitations continue to affect consistent water availability in some of the villages.

Education Intervention

The education interventions have effectively addressed foundational learning gaps through Learning Enrichment Programs (LEP), activity based learning, and Anganwadi strengthening.

These initiatives have:

- Improved foundational literacy and numeracy (FLN) outcomes
- Enhanced student engagement through experiential learning methods
- Strengthened early childhood education and school readiness
- Increased community and parental involvement in education

Skill Development Interventions

The skill development programs enhanced youth employability through market oriented vocational training, benefiting over 2,400 individuals. Key outcomes include:

- Improved technical and soft skills among youth
- Placement linkages and employment opportunities
- Increased income levels and livelihood diversification

However, challenges such as post-placement attrition, and limited local employment opportunities remain areas for improvement.

Women Empowerment Interventions

The women empowerment initiatives played a critical role in enhancing financial inclusion, social participation, and economic independence among women. Key achievements include:

- Strengthening of Self-Help Groups (SHGs) and savings practices
- Improved access to credit and financial services
- Increased participation in income-generating activities
- Enhanced self-confidence, decision-making, and social recognition

Women reported significant improvements in their social status and financial independence.

However, challenges remain in:

- Sustaining income-generating activities
- Accessing formal credit and larger markets
- Overcoming mobility and time constraints

Key Challenges and Bottlenecks

Despite significant achievements, the assessment identifies several challenges:

- Limited participation of women in livelihood programs
- Sustainability issues in income-generating activities
- Weak market linkages and enterprise scalability
- Low adoption of digital tools due to limited awareness
- Attrition in post placement in skill development program
- Limited inclusion of SC/ST communities in some interventions

Strategic Way Forward

To enhance impact and sustainability, the following strategic priorities are recommended:

- Strengthening market linkages and enterprise ecosystems
- Enhancing women's participation and leadership
- Promoting technology adoption and digital inclusion
- Strengthening institutional mechanisms (SHGs, FPOs, federations)
- Improving Alumni support and interaction and local employment opportunities in skill development

Introduction

Background

GHCL Limited is a leading Indian chemical manufacturing company, incorporated in 1983. It has built over four decades of strong presence in the industry. The company primarily produces soda ash (anhydrous sodium carbonate), a key raw material used in detergents, glass, and ceramics. It also produces sodium bicarbonate used across bakery, pharmaceutical, and industrial applications. GHCL operates largest soda ash manufacturing facility at a single location in India, situated in Sutrapada, Gujarat. It continues to strengthen its position through robust and profitable growth. It has an installed capacity of ~12 lakh MTPA for soda ash.

GHCL focuses on strong value systems, sustainable practices, and inclusive growth as core elements of its business strategy. The company adopts energy and water efficiency, waste management, renewable energy, and greener technologies to ensure environmental stewardship. Guided by its core value of respect for people and the environment, GHCL aims to create long term value for stakeholders while promoting sustainable and inclusive development.

GHCL actively contributes to community wellbeing through GHCL Foundation Trust, which is its social arm. It is dedicated to transforming rural communities by addressing critical areas focusing on agriculture, animal husbandry, primary healthcare, education, vocational training, water conservation, and women empowerment.

About GHCL Foundation Trust

GHCL Foundation was incorporated in 2007 under Bombay Public Trust Act. Its initiatives are driven by a vision to promote sustainable development and improve the quality of life for underserved communities. It has consistently focused on strengthening social capital since its inception, recognizing it as a critical pillar for sustainable business growth. It actively engages with stakeholders and communities surrounding GHCL's manufacturing locations, building strong partnerships that enable inclusive and participatory development. GHCL creates opportunities for individuals and groups to become self-reliant and enhancing their socio-economic conditions, through continuous interaction, need based planning, and community led initiatives.

GHCL designs and implements programs that promote livelihood enhancement, education, healthcare, and environmental sustainability, ensuring that development reaches the most marginalized sections of society. It drives long term, sustainable impact by fostering local ownership and encouraging collaboration with institutions and community groups. This approach

improves quality of life and resilience within communities and also strengthens trust and shared value, ultimately contributing to the company’s sustained performance and responsible growth.

Programs of GHCL

GHCL Foundation implemented various activities tailoring to the needs of local region. It has structured its implementation across two states Gujarat and Tamil Nadu through six key intervention regions. These include Soda Ash operations in Sutrapada (Gir Somnath), SMCD in Rajula, Jafrabad, and Khambha (Amreli), Lignite in Bhavnagar, Greenfield in Mandvi (Kutch), and Yarn operations in Mannaparai (Trichy) and Madurai. Foundation has impacted ~1,36,304 beneficiaries in FY 2024-25 through its various programs.

Through Livelihoods and Natural Resource Management programs, GHCL promoted sustainable agriculture, animal husbandry, fisheries, and water resource development, benefiting ~37,442 farmers and fishermen. It strengthened rural healthcare by delivering services through Mobile Medical Units, health camps, awareness programs, and cataract surgeries, reaching ~84,099 beneficiaries. In education and skill development, the Foundation improved children’s learning outcomes, equipping Anganwadi workers, and provided market oriented vocational training to youth, benefiting ~11,565 individuals. GHCL also empowered women by supporting ~3,198 Self Help Group (SHG) members in income generation activities, enabling financial independence and social empowerment.

Key programs implemented by GHCL are given below:

Theme	Program	Objectives	Beneficiaries (FY 2024-25)
Livelihoods and Natural Resource Management (NRM)	Agriculture	It aimed to enhance smallholder farmers’ productivity and reduce input costs by promoting sustainable and climate resilient agricultural practices. It focused on strengthening livelihoods by encouraging organic inputs, and efficient water management practices.	17,071
	Animal Husbandry	It focused on enhancing livelihood opportunities for small and marginal farmers through livestock management and improving livestock health through preventive care.	18,583
	Fisheries	It aimed to improve the livelihoods of fishing communities by enhancing income opportunities, strengthening resilience, and promoting sustainable fishing practices. It focused on skill development and access to resources to ensure long term economic stability for fisherfolk.	1,648
Health	Health & Wellbeing	It aimed to improve access to primary healthcare services for underserved communities by ensuring last-mile delivery. It focused on affordable and	84,099

		quality healthcare by strengthening service delivery systems, enabling timely diagnosis, treatment, and referrals. It also emphasized preventive and specialized healthcare by conducting regular screenings, of non-communicable diseases.	
	Water Resource Development	The program aimed to improve access to safe drinking water facilities. It focused on strengthening community led water management systems and conservation efforts to ensure sustainable water use.	140
Education and Skill Development	Education	The program aimed to bridge learnability gaps to achieve grade level competencies and sustain long term learning progress. It focused on strengthening FLN outcomes by improving access to quality education and ensuring early childhood readiness.	9,113
	Skill Development	It aimed to enhance employability of youth through vocational training initiatives. It focused on strengthening income generation opportunities for sustainable livelihoods.	2,452
Women Empowerment and Miscellaneous activities	Women Empowerment and Support to helpless people	The program aimed to strengthen SHGs by building their capacities in financial literacy, enterprise development, and leadership. It focused on promoting health, hygiene, and enabling women to actively participate in decision making processes. GHCL initiatives also focused to support the helpless people such as elderly individual, TB patients etc.	3,198



Approach and Methodology

Approach

The study aimed at the Impact Assessment of the “Programs Implemented by GHCL Foundation Trust in FY 2024-25” in Gujarat and Tamil Nadu. The Impact Assessment study conducted for the following broad objectives and outputs:

a)	Assess the impact of initiatives implemented by GHCL Foundation Trust across Livelihoods and Natural Resource Management (Agriculture, Animal Husbandry, Fisheries, and Water Resource Management), Health, Education, Skill Development, Women Empowerment, and related activities.
b)	Evaluate the level of awareness among target beneficiaries and measure the impact of the initiatives on them.
c)	Analyze the social and economic outcomes experienced by beneficiaries as a result of these initiatives.
d)	Identify best practices and innovative approaches adopted across programs.
e)	Recommend areas for improvement to enhance program effectiveness.

Methodology

The team adopted a Mixed Method Approach incorporating Qualitative, Quantitative Research methodology and on field observations. The study followed a well-defined methodology, participative and research based strategy, consisting of a five stage process for undertaking this study as explained below:

STAGE 1 Research Design	STAGE 2 Tool Development	STAGE 3 Data Collection	STAGE 4 Analysis	STAGE 5 Documentation
<ul style="list-style-type: none"> Building common understanding of project terminology. Introduction to key stakeholders / implementation partners 	<ul style="list-style-type: none"> Desk review of project documents Primary research tool preparation Sharing of inception report with tools for approval of GHCL Foundation Trust 	<ul style="list-style-type: none"> Training of field research team On field data collection through qualitative and quantitative methods to analyse programmatic elements 	<ul style="list-style-type: none"> Data analysis based on OCED-DAC ‘REECIS’ and KAP Framework Triangulation against qualitative research through KIIs 	<ul style="list-style-type: none"> Detailed report on observations, analysis, inferences, and recommendations Presentation of Findings

Data Collection Tools

Development of assessment framework

The team developed research objectives, key probe areas, and methodology of interaction with stakeholders. This helped in the effective design of research instruments.

Primary data acquiring tools

The team prepared an Interview Guide for collecting qualitative data from the beneficiaries and KIIs (Key Informants Interviews) and an Assessment / Survey Tool for collecting the quantitative data from the beneficiaries based on the assessment framework.

Sampling Techniques

The study followed the Convenience Sampling Technique for selection of respondents. The team selected the 31 villages based on the number of beneficiaries, ensuring inclusion of themes.

a) Team conducted surveys of 1,554 beneficiaries for quantitative research. Details are given below:

#	Theme	Sectors	Activities	Sample	Location	Location wise Sample
1	Livelihoods and Natural Resource Management (NRM)	Agriculture	Organic manure	433	Sutrapada	216
			Package of practices (IPM/INM/IDM promotion)		SMCD	37
			Micro irrigation (Drip)		Lignite	50
			Kitchen garden/seed distribution		Khambha	120
			Organic Farming Initiative (GOPCA)		Greenfield	10
			Horticulture		Total	433
			Vermicompost Anaerobic bags			
		Animal husbandry	Supplementary nutrition support	221	Sutrapada	117
			Animal veterinary care camps		Lignite	5
			Project with the NITARA		Khambha	15
			Animal treatment centre (Greenfield Area)		Greenfield	84
			Green Fodder Distribution (Greenfield Area)		Total	221
		Fisheries	20	SMCD	15	
				Greenfield	5	
Total	20					
Sub Total			674			
2	Health	Health	Mobile Health Care Service	344	Sutrapada	137
			Cancer screening (Ashirvad)		SMCD	102
			Eye camps		Lignite	31

			Health Awareness Programme		Greenfield	50
			General Health camp		Yarn	24
			Pathology lab test		Total	344
		Water Resource Development	Water Resource Development	12	SMCD	12
			Sub Total	356		
3	Education and Skill Development	Education	Learning Enrichment Programme	235	Sutrapada	64
			School Awareness Programme		SMCD	92
			Activity-based Learning & TLM in Anganwadi		Lignite	11
			Parents' Counselling		Greenfield	63
			Mojilu Sixan (Joyful Learning)		Yarn	5
			Career Counselling		Total	235
		Skill Development	Training / Placement	241	Sutrapada	164
					SMCD	77
Total	241					
		Sub Total	476			
4	Women Empowerment		45	Sutrapada	25	
				Yarn	20	
				Total	45	
5	Miscellaneous activities	Support to Helpless people	3	Sutrapada	3	
Total				1,554		

b) Team conducted 26 Focus Group Discussions (FGDs) and interviews of 380 beneficiaries for qualitative research through the FGDs and personal interviews. Details are given below:

Activities	Location wise FGDs					
	Sutrapada	SMCD	Khambha	Lignite	Greenfield	Total
Agriculture	4	1	4	-	1	10
Animal husbandry	2	-	-	2	-	4
Fisheries	-	1	-	-	-	1
Education	1	1	-	2	1	5
Health		2	-	1	-	3
Water Resource Development	-	1	-	-	-	1
Women Empowerment	2		-	-	-	2
Total	9	6	4	5	2	26

Acquiring Information and Data Collection

1554

Surveys

26

FGDs

380

Interviews

15

KIIs

- a) Field level qualitative data was collected through 1554 surveys and qualitative data was collected through 26 FGDs and 370 interviews with beneficiaries.
- b) Team also conducted KIIs of Village Sarpanch, Block Agriculture officer, Block Veterinary officer, Block Medical officer, ASHA Worker, Block Education officer, School Teacher, GHCL thematic leads (Agriculture, AH, Education, Health, Women Empowerment, Skill Development etc.).
- c) Secondary research was conducted by reviewing program design, reports, MIS data etc.

Analysing the Information

After the primary and secondary research, the team compiled and tabulated the acquired data. Tabulated data was analysed and triangulated with the findings of KIIs to get insight as per the requirement of the study. The assessment applied the REECIS (REECIS: Relevance, Effectiveness, Efficiency, Coherence, Impact, Sustainability) and Knowledge, Attitude, Practice (KAP) frameworks developed by Organization for Economic Co-operation and Development (OECD) and Development Assistance Committee (DAC), to measure the behavioural and pedagogical impact of the programs among community members. It included an analysis of results based on the parameters of Awareness → Belief → Action → Impact, which helped map the progression of change throughout the program. This approach ensured that the findings reflected on facts “what, why and how” the change occurred.



Documentation and Report Preparation

The team prepared a detailed report of the Impact Assessment study of “Programs Implemented by GHCL Foundation Trust in FY 2024-25” covering all the necessary aspects in accordance with the findings of the data analysis.



Findings and Analysis



Relevance of the Program

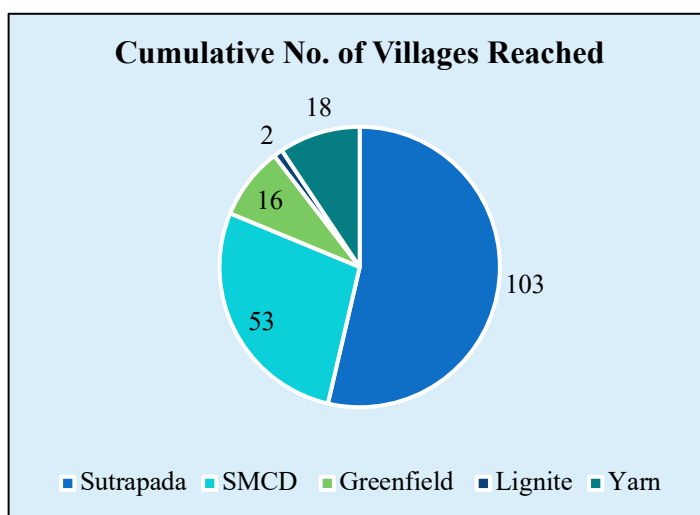
Programs implemented by GHCL responded to real context specific needs of the local communities. The interventions were designed based on the understanding of local socio-economic and environmental conditions. It ensured that activities were grounded in reality. Programs addressed multi-dimensional poverty by addressing interconnected challenges related to livelihoods, health, education, and social equity.

Selected Geography

GHCL Foundation selected its program geographies in close proximity to GHCL’s production locations to ensure community engagement, and sustained local impact. It implemented programs across Gujarat and Tamil Nadu, covering diverse agro climatic zones such as dry semi-arid, coastal saline, hot arid, and humid regions. Foundation addressed varied ecological and livelihood challenges through context specific interventions.

Program Geography		
Region	District	Block
Sutrapada (Soda Ash)	Gir Somnath	Sutrapada
SMCD (Victor)	Amreli	Khambha and Jafrabad
Greenfield (Kutch)	Kachchh	Mandvi
Lignite (Bhavnagar)	Bhavnagar	Mahuva
Yarn (Madurai & Manapparai)	Madurai & Tiruchirappalli	Madurai West, Manapparai

The selected regions face challenges such as resource constraint, soil salinity, water scarcity, climate variability etc. The relevance of initiatives is reflected in GHCL’s alignment with key development lenses derived from the geographical context. The presence of multidimensional poverty, and low female workforce participation, justified the Foundation’s focus on agro-based and



SHG led income generation and skilling initiatives to enhance livelihood security and women’s economic participation. At the same time, literacy gap in peripheral villages highlighted the need to prioritise education, ensuring improved human development outcomes. The diverse agro-

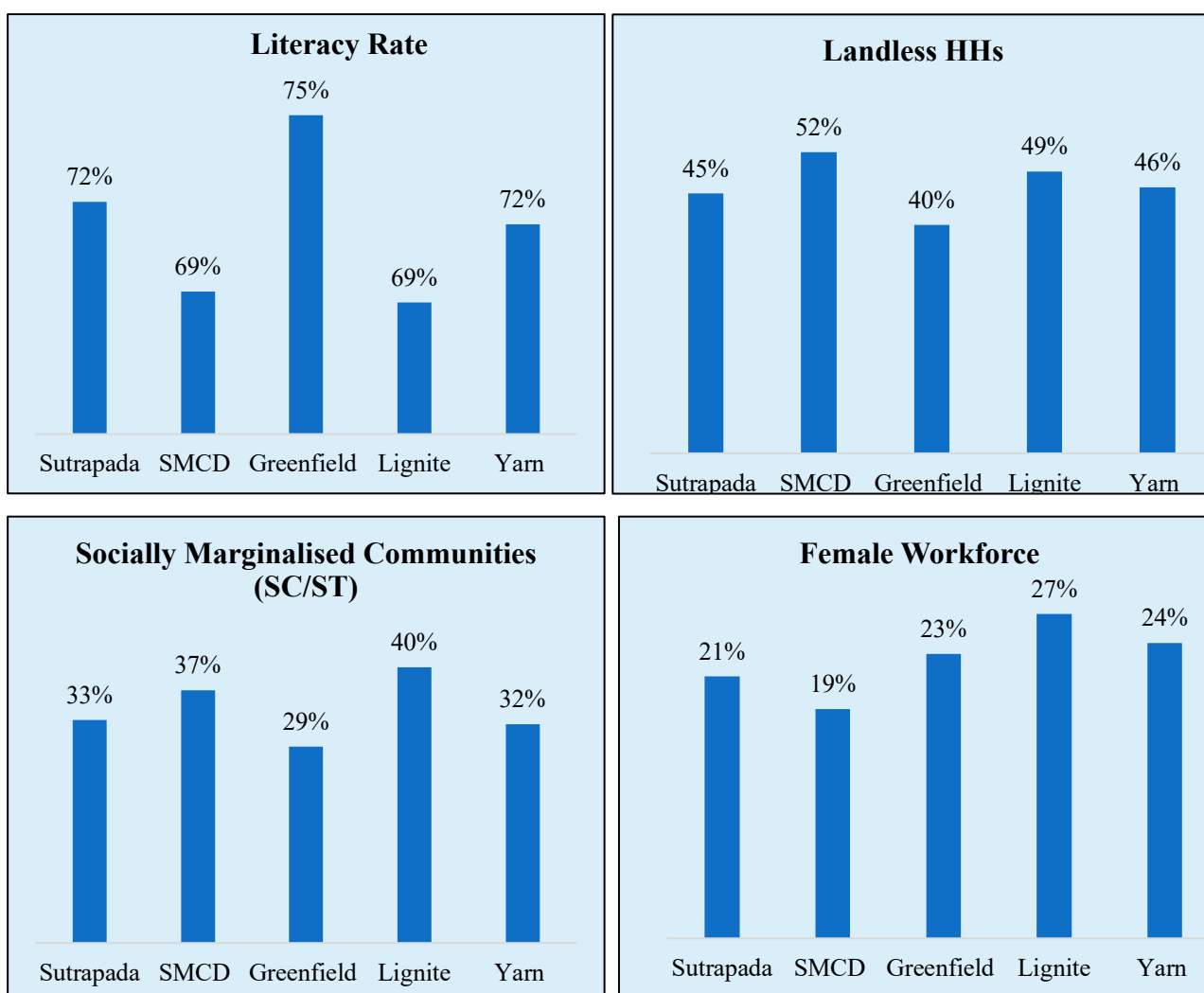
ecological conditions such as varying soil and water stress, required location specific planning. Variations in Panchayat presence and levels of collaboration indicated decentralisation readiness, leading to adopt a differential strategy in building institutional linkages. GHCL has successfully established a footprint in nearly 200 villages of Sutrapada, SMCD, Yarn, Greenfield, and Lignite locations.

Socio-economic Vulnerability

Selected geography faces multi-dimensional challenges. The socio-economic profile of the selected regions highlights the relevance of GHCL Foundation’s interventions. The average literacy level across regions is ~70%. At the same time, it has proportion of landless households (~45%) reflecting livelihood insecurity and dependence on wage based or informal work.

The region has ~35% socially marginalised communities, which often face limited access to resources, services, and opportunities. Female workforce participation (~20%) which highlights gender disparities in economic engagement and decision making.

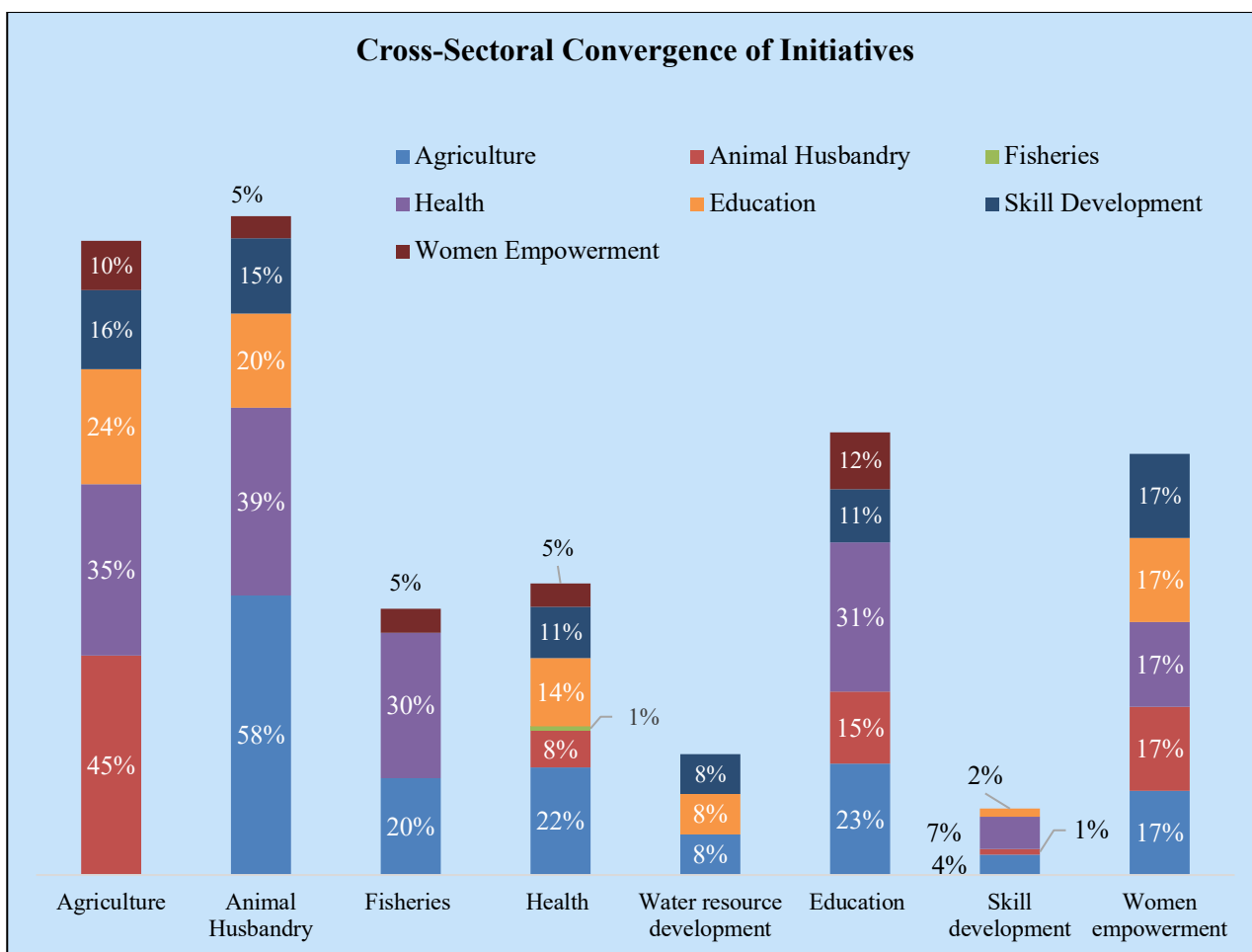
Charts below present regional data regarding literacy, land ownership, marginalized groups, and female labour force involvement¹



¹ Census 2011, NFHS-5 (2019-21), SECC 2011, and District Human Development Reports.

Relevance of Integrated Program Approach

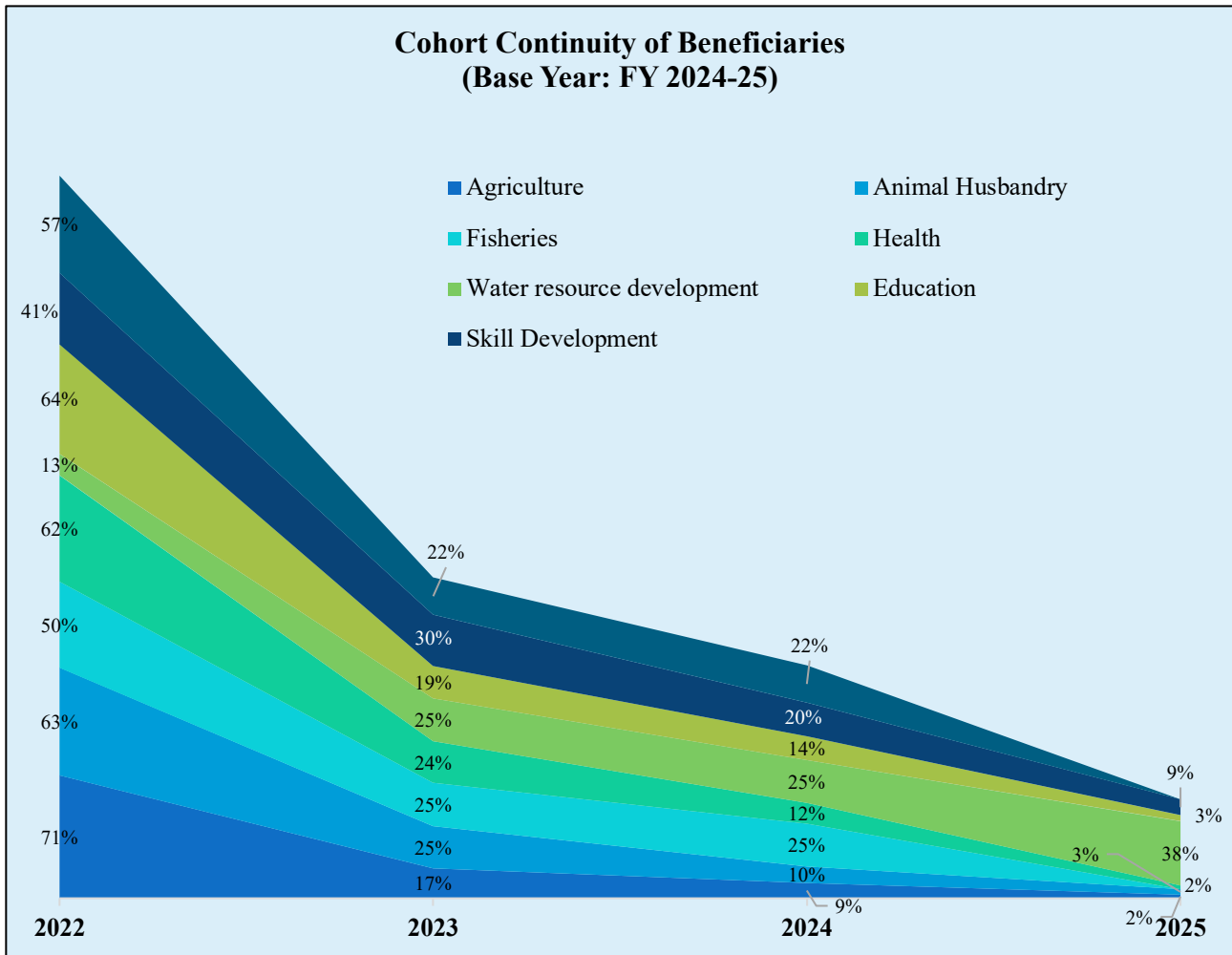
It was found through primary research that GHCL’s interventions were interconnected, with beneficiaries of one program also benefiting from multiple other initiatives. For instance, the beneficiaries of the agriculture program had overlap with other themes, ~45% were also engaged in animal husbandry, ~35% benefited from health interventions, ~24% from education, ~16% from skill development, and ~10% from women empowerment initiatives. Similarly, other initiatives also showed cross linkages, reflecting convergence across programs. It indicates that there was an inherent need of diverse initiatives in the selected geographies, where interventions addressed multiple needs of the same households. The overlapping socio-economic challenges required integrated and multi-dimensional interventions.



Sustained Beneficiary Engagement

It was found through the primary research that a significant proportion of beneficiaries in FY 2024-25 had originally joined in earlier years such as 2022 and 2023 and continued to remain engaged. This sustained participation indicates that the interventions addressed ongoing and critical needs of the communities, prompting beneficiaries to stay connected over multiple years rather than treating them as one-time support. The continued presence of earlier cohorts, along with the addition of new

beneficiaries in 2024-25, reflects both the enduring demand for these initiatives and their expanding outreach. It demonstrates that GHCL's programs were need-based, consistently valuable, and relevant to the evolving socio-economic conditions of the target geographies.





Livelihoods and Natural Resource Management (NRM)



Impact of Livelihoods and NRM Initiatives

GHCL Foundation implemented the Agriculture, Animal Husbandry and Fisheries Programs in the in FY 2024-25 under Livelihoods and NRM Initiatives. The programs aimed to address key challenges such as low groundwater levels, fragmented landholdings, limited access to agricultural resources, and low participation of women in the workforce. GHCL designed and implemented the program with a focus on improving productivity, sustainability, and livelihood security of small and marginal farmers. It also focussed on addressing environmental challenges through ecological resilience by improving soil health, encouraging organic farming practices, and supporting decentralized water management systems, to bring long term sustainability in Agriculture.

The programs focused on reducing input costs and increasing smallholder productivity by promoting context appropriate agronomic practices and water efficient technologies. It encouraged farmers to adopt sustainable practices such as improved crop planning, efficient irrigation methods, and the use of organic inputs to enhance farm output while minimizing costs.

GHCL strengthened livestock based livelihoods by enhancing animal health and productivity. It facilitated access to preventive veterinary services, improved fodder availability, and promoted women led livestock models. It aimed to diversify income sources and increased resilience among rural households. It targeted small and marginal farmers by promoting integrated crop livestock systems.

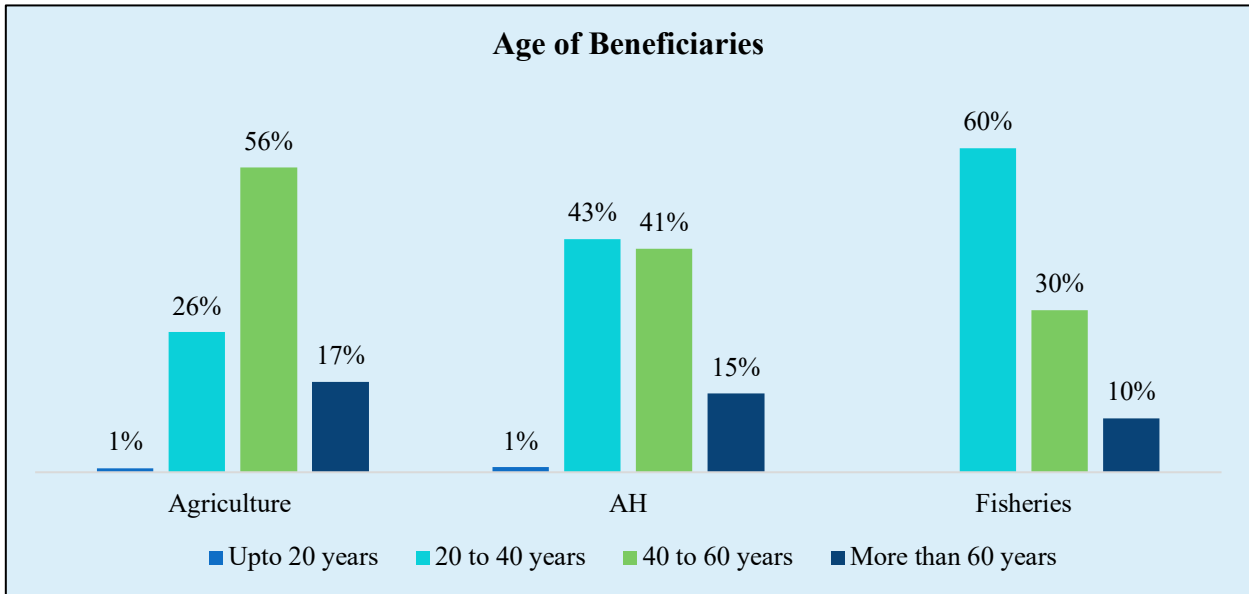
GHCL also implemented interventions in the coastal regions to improve the livelihoods of fishing communities by promoting sustainable fishing practices. It focused on access to resources and ensure long term economic stability for fisherfolk.

Inclusiveness

a) Age-wise Inclusivity

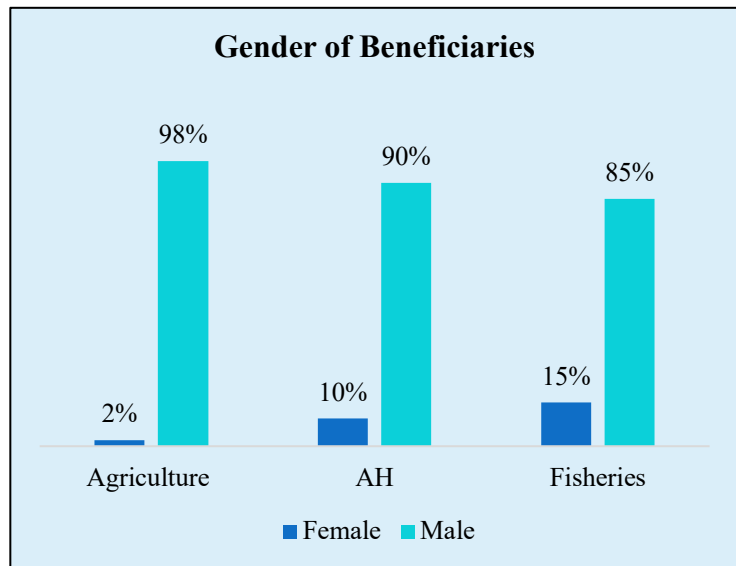
The age wise distribution of beneficiaries in FY 2024-25, across agriculture, AH, and fisheries programs reflects the inclusive nature of GHCL's initiatives. The programs engaged beneficiaries across all age groups, ensuring that no specific segment was excluded from participation.

A significant proportion of beneficiaries belonged to the 20-40 years and 40-60 years age groups, indicating engagement of the active farming population. For instance, in agriculture, ~56% of beneficiaries were in the 40-60 years group, while ~26% were in the 20-40 years category. Similarly, in AH and fisheries, the majority of beneficiaries fell within the 20-40 years age group (~43% and ~60% respectively), demonstrating the program's relevance for economically productive age groups. At the same time, the inclusion of elderly beneficiaries (above 60 years) highlights that the initiatives were not limited to younger populations but also supported experienced farmers and community members. Though relatively small, the presence of beneficiaries below 20 years indicates early engagement of youth in livelihood activities.



b) Gender-wise Inclusivity

It was found that GHCL reached both men and women, however the participation of male beneficiaries was significantly higher across all sectors. In agriculture, ~98% of beneficiaries were male compared to only ~2% female. Similarly, in AH, ~90% were male and ~10% female, while in fisheries, ~85% were male and ~15% female.

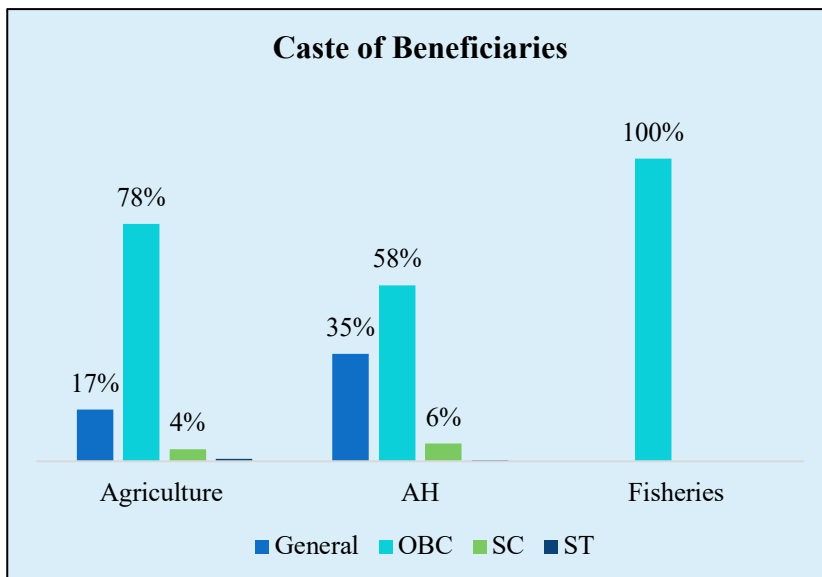


Participation of women remained relatively limited, particularly in agriculture activities, which is traditionally male dominated sectors. It highlights the need to further strengthen gender inclusivity by actively promoting the participation of women in livelihood programs. There is a need to enhance women's involvement as beneficiaries and also in decision making processes related to livelihoods, access to resources, and leadership roles within community institutions.

c) Caste-wise Inclusivity

The primary research indicates that the initiatives demonstrated the social inclusivity across different community groups. The data shows that a significant proportion of beneficiaries belonged to Other Backward Classes (OBC) across all sectors, ~78% in agriculture, ~58% in animal husbandry, and ~100% in fisheries, indicating outreach among socially and economically vulnerable communities. At the same time, participation from the general category was also

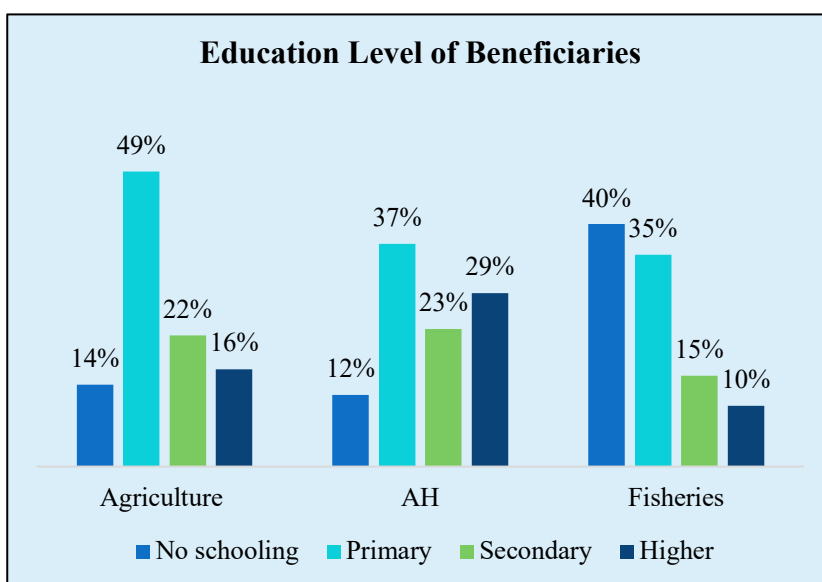
observed, particularly in AH (35%) suggesting that the programs were inclusive and open to all sections of society. The participation of SC and ST beneficiaries remained relatively low, despite these communities constituting ~30% of the population in the intervention regions. This indicates a gap in inclusion and



highlights the need for more targeted efforts to ensure greater representation and participation of these marginalized groups in the programs.

d) Education Level of Beneficiaries

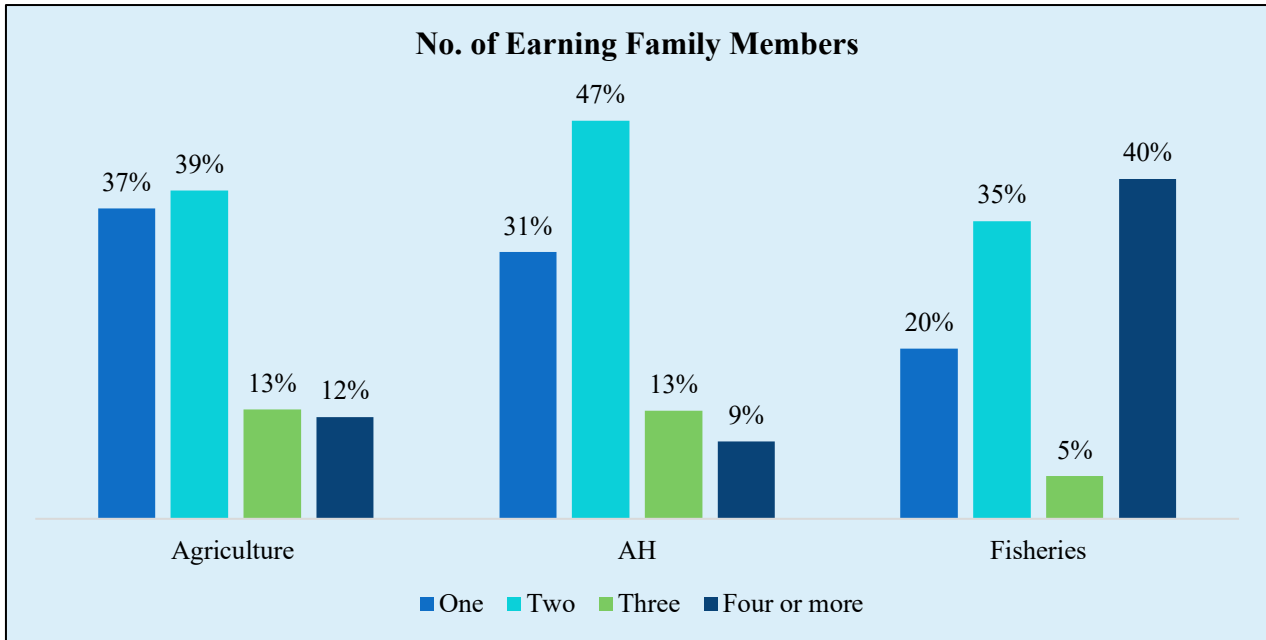
It was found that initiatives reached individuals across different education levels, including those with limited formal schooling. A significant proportion of beneficiaries had primary education, accounting for ~49% in agriculture and ~37% in AH, showing outreach among populations with basic education levels. At the same



time, the presence of beneficiaries with no schooling demonstrates that the programs were inclusive of less educated and vulnerable groups who often face barriers in accessing development initiatives. In fisheries, this proportion was even higher at ~40%, indicating engagement with underserved communities.

e) Number of Earning Family Members

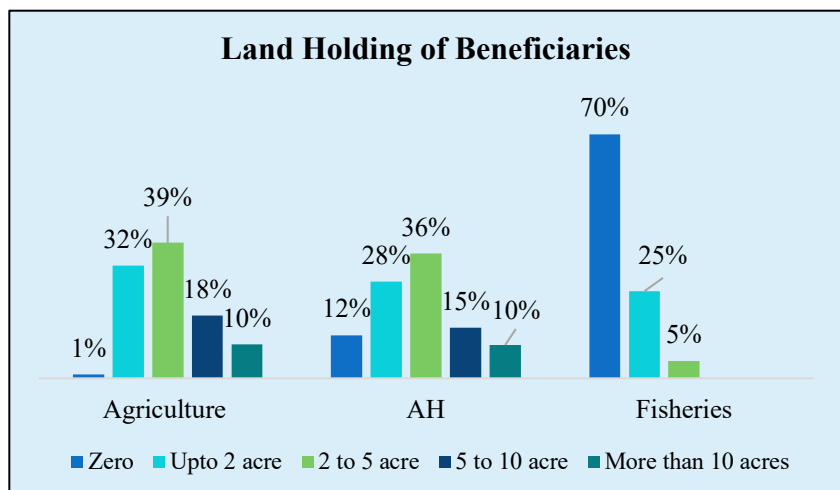
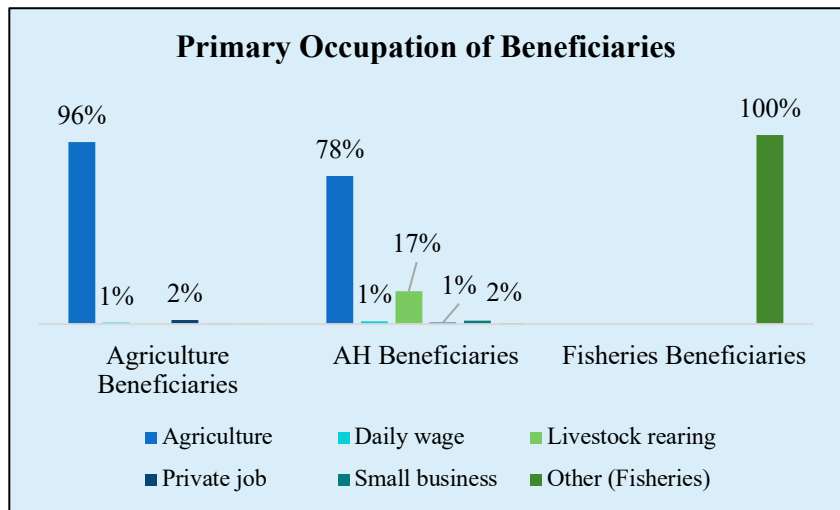
Foundation's initiatives were implemented across households with varying economic capacities. A significant proportion of beneficiaries belonged to households with one or two earning members, indicating that the programs effectively reached economically vulnerable families with limited income sources. For instance, in agriculture and AH, the majority of households had two earning members (~39% and ~47% respectively), followed by those with only one earning member.



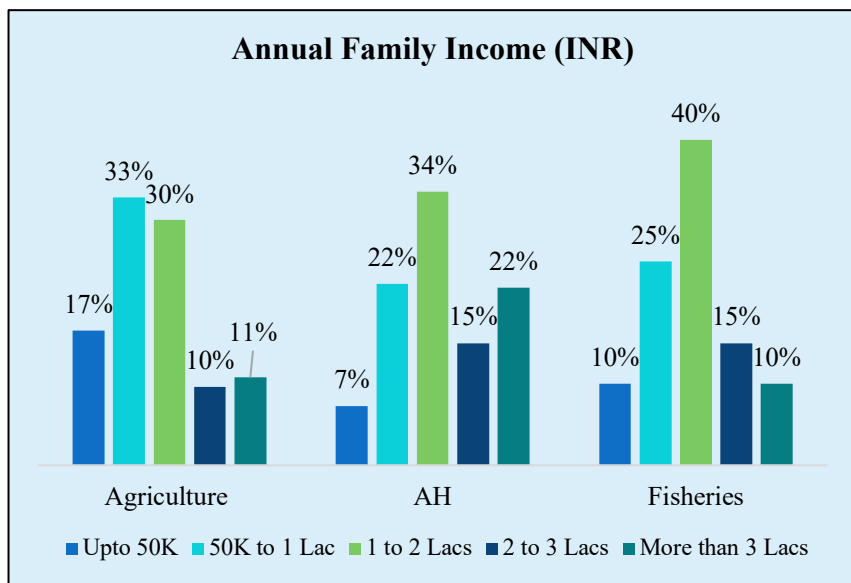
Relevance of the Initiatives

a) Economic Needs and Livelihood Enhancement:

The programs were aligned with the economic realities of targeted households. It was found through the primary research that majority of beneficiaries were primarily engaged in agriculture and allied activities, indicating that the programs were aligned with the core livelihood systems of the communities. It ensured that interventions addressed the main source of income and economic dependence of households. Farmers were facing increasing costs of inputs and limited income opportunities. GHCL initiatives contributed to improving household incomes and reducing expenses.



Large proportion of beneficiaries belonged to small and marginal farmer categories, with limited land resources. Beneficiaries mostly from low to middle income categories, highlighting the presence of economic vulnerability across the intervention areas. Program effectively targeted



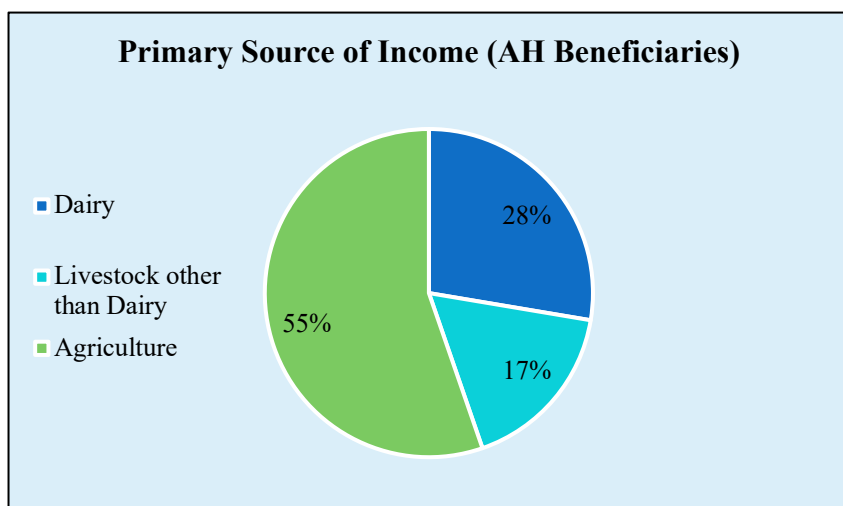
resource constrained households who are more vulnerable to economic and environmental risks. It addressed critical gaps related to productivity, income stability, and resilience. Program reached those who required support the most, particularly in improving livelihoods and enhancing income opportunities.

Farmers shared that earlier farming was mostly traditional and dependent on chemical fertilizers with limited knowledge of soil health. The intervention addressed their need for improved soil fertility, better farming practices, and reduced input costs through soil testing, organic farming promotion, and subsidies on inputs.

Farmers reported that trainings, demonstrations, and soil testing helped them understand organic farming practices, fertilizer use, and integration with animal husbandry. They were able to adopt improved practices such as organic inputs, kitchen gardening, and irrigation systems, leading to better farming decisions and improved quality of produce.

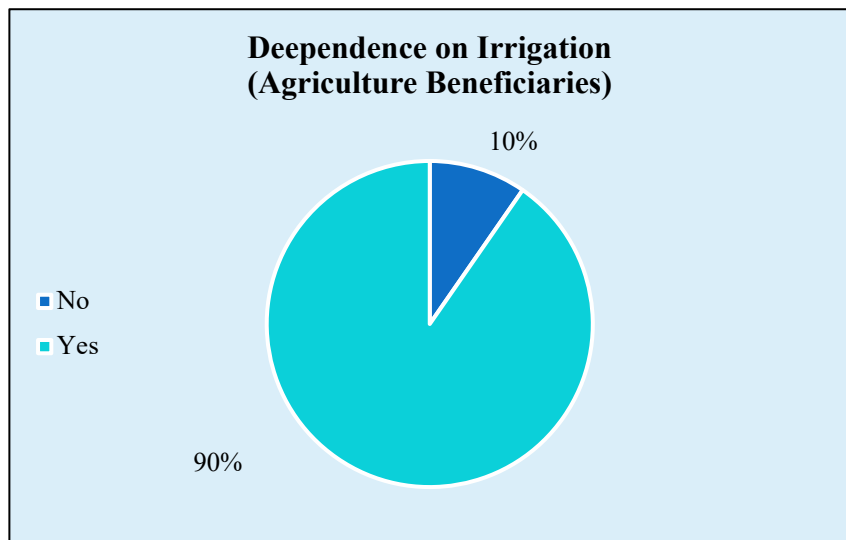
b) Relevance to Livelihood Patterns and Resource Availability

A majority of AH beneficiaries depended on agriculture as their primary source of income, with livestock activities such as dairy and allied practices acting as supplementary sources. It indicated that livelihoods were largely agriculture centric, which



required diversification to enhance income stability. Integrated agriculture and livestock systems was relevant, as it supported households in strengthening and diversifying their income sources.

Dependence of irrigation agriculture beneficiaries



indicates that while a majority had access to irrigation, there remained a need to improve water-use efficiency. This highlights the importance of promoting micro-irrigation initiatives such as drip and sprinkler systems to optimize water utilization and enhance productivity.

c) Agricultural Challenges

The program was relevant in addressing the agricultural challenges faced by farmers across intervention villages. It was found through the primary research that prior to the initiatives, farming was heavily dependent on chemical fertilizers, leading to declining soil fertility and rising input costs. For instance, farmers from Mota Barmal (Khambha) reported that excessive use of chemical fertilizers was degrading soil health and increasing the cost of cultivation, making farming less viable. Similarly, in Lati village, farmers highlighted that they lacked awareness of organic farming and relied entirely on traditional and chemical intensive practices.

d) Knowledge and Capacity Gaps

A significant gap across all intervention areas was the lack of technical knowledge in both agriculture and AH, which the program effectively addressed. Farmers had limited understanding of soil health management, pest control, organic farming, and improved livestock practices. In Sutrapada (Gir Somnath), livestock farmers reported that they were unaware of scientific knowledge of animal care, resulting in low productivity. Similarly, farmers in villages like Kadwar and Lati emphasized that trainings and demonstrations conducted by GHCL Foundation were their first exposure to structured agricultural knowledge..

e) Natural Resource Management and Sustainability

The program was relevant in promoting sustainable natural resource management, particularly in the context of soil degradation and water scarcity. It supported long term soil fertility and environmental sustainability. Farmers reported improvements in soil structure, moisture retention, and reduced chemical dependency.

f) Strengthening Animal Husbandry Systems

The AH components of the program was relevant in addressing gaps related to livestock productivity, healthcare, and service access. Prior to the intervention, farmers faced challenges such as limited veterinary services, lack of awareness about scientific livestock management, and low productivity. In Sutrapada, farmers reported difficulties in accessing timely veterinary care and a lack of knowledge about improving animal health and productivity, prior to the intervention.

g) Technology Adoption and Modernisation

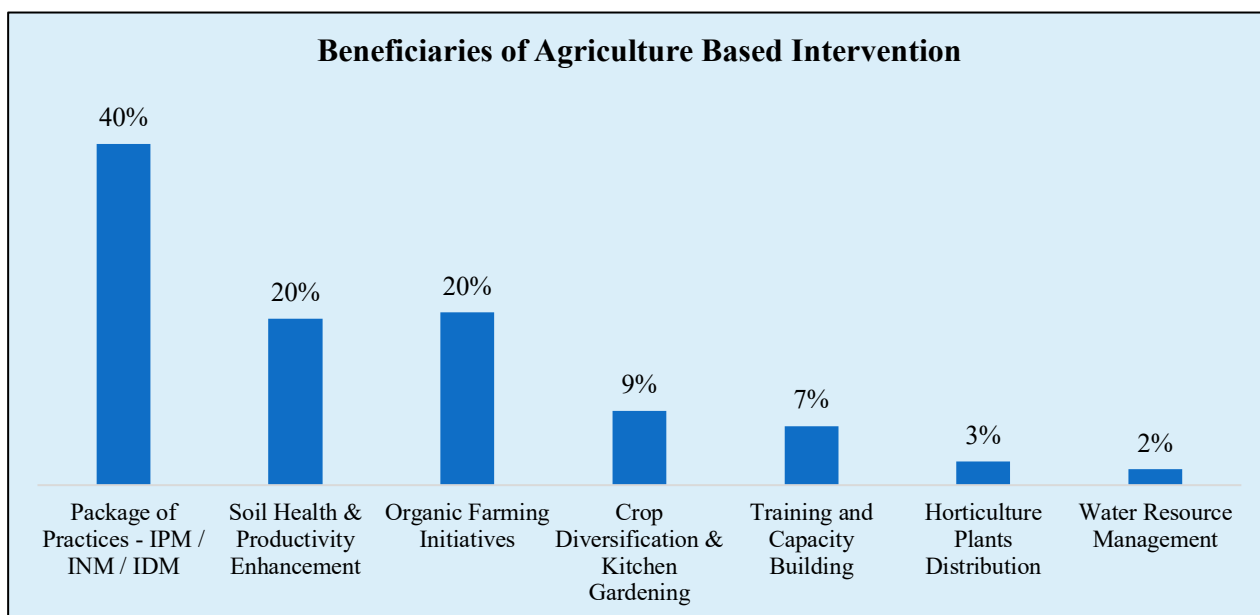
The program was relevant in introducing modern agricultural practices and digital tools to rural communities. Farmers were exposed to technology enabled farming practices, through initiatives such as advisory services, demonstration activities, and applications like NITARA. It supported in better decision making related to weather, pest management, and livestock care.

However, field responses indicated that digital literacy and access remained challenges. For example, in Kokaliya, farmers reported limited use of the NITARA application due to low awareness and limited smartphone usage . This highlights that while technology integration is relevant and beneficial, additional efforts are needed to ensure effective adoption among all farmers.

Effectiveness

a) Agriculture Based Interventions

GHCL implemented various agriculture initiatives to support farmers, with a focus on promoting scientific and sustainable practices. A majority of farmers were covered under the Package of Practices (IPM/INM/IDM), indicating emphasis on improved crop management techniques. It also implemented interventions in soil health and productivity enhancement and organic farming initiatives, which supported better soil quality and reduced dependence on chemical inputs. The Foundation also promoted crop diversification and kitchen gardening, along with training and



capacity building to enhance farmers' knowledge and skills. GHCL targeted horticulture plantation and water resource management as well. All the initiatives aimed to a comprehensive approach for improving productivity, sustainability, and livelihood resilience among farmers.

The program was effective in improving agricultural outcomes such as soil health,

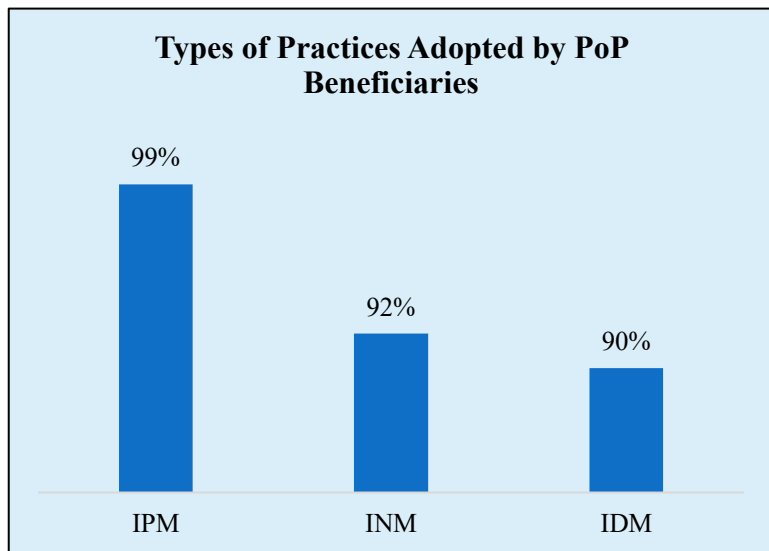


crop productivity, and input management. Farmers across villages reported noticeable improvements in soil fertility, structure, and moisture retention after adopting organic inputs and soil testing practices. In Mota Barmal (Khambha), farmers highlighted improved soil structure and increased biological activity such as earthworms, which directly contributed to better crop growth. Similarly, in Lati village, farmers observed that the application of organic carbon reduced soil salinity and improved overall soil quality. It demonstrated that the program has effectively addressed soil degradation issues and enhanced agricultural productivity in a sustainable manner.

Effectiveness of various components of the program is explained below:

i. Package of Practices (IPM / INM / IDM)

Program promoted IPM, INM, and IDM activities among the beneficiary farmers. Various inputs were provided under IPM, INM, and IDM practices at ~40% discount to promote sustainable and balanced crop management among farmers. These included bio-based and nutrient-rich solutions such as Tricho Life (1 kg), Neem a Life (1 litre and 500 ml), Super Life (1 litre), Blue



Life (1 kg), Potash Life (1 litre), Wonder Life (1 litre), Transform (50 ml and 100 ml), Bioshot (1 kg), Azotolife (1 litre), Phospho Life (1 litre), and Zinc Life (1 litre).

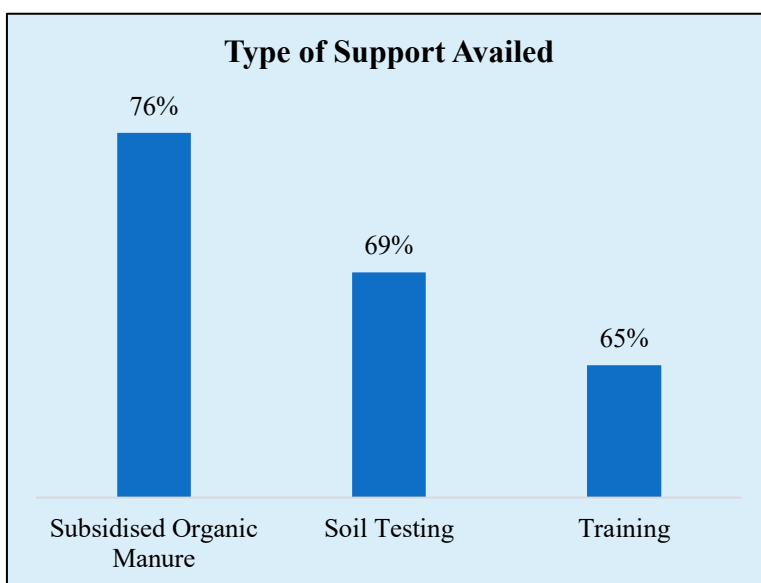
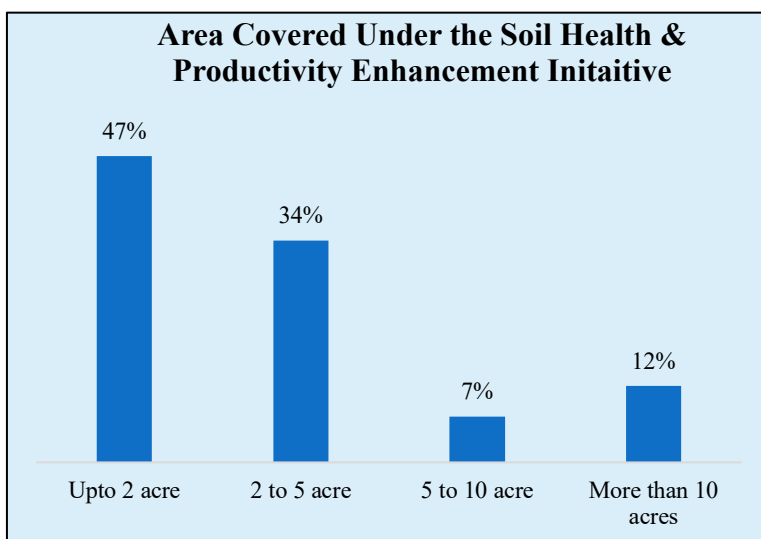
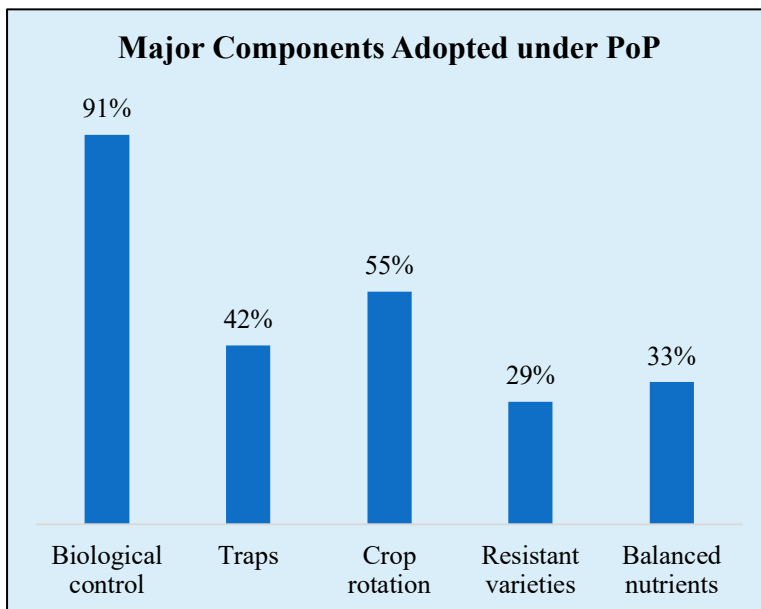
It was effective, as reflected in the adoption among beneficiaries. Out of the total farmers adopting the Package of Practices (PoP), a high proportion (~99%) implemented IPM practices, followed by 92% adopting INM and 90% adopting IDM, indicating coverage and acceptance of these

approaches. GHCL Foundation promoted various components through PoP, of which a majority of farmers (~91%) adopted biological control measures, followed by crop rotation (~55%), use of traps (~42%), balanced nutrient application (~33%), and resistant varieties (~29%). The high adoption of biological control and crop rotation demonstrates a shift towards eco-friendly practices, while the use of balanced nutrients and resistant varieties contributed to improved crop health and productivity. The intervention influenced farmers' practices by reducing dependency on chemical inputs, improving soil fertility, and enhancing resilience.

ii. Soil Health and Productivity Enhancement

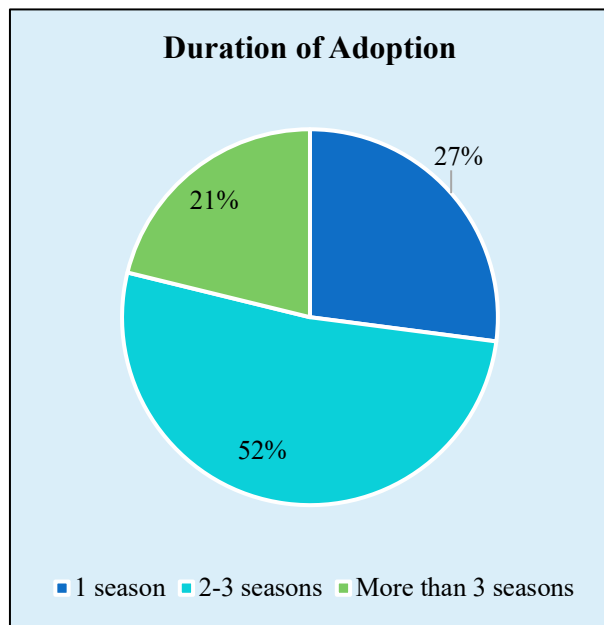
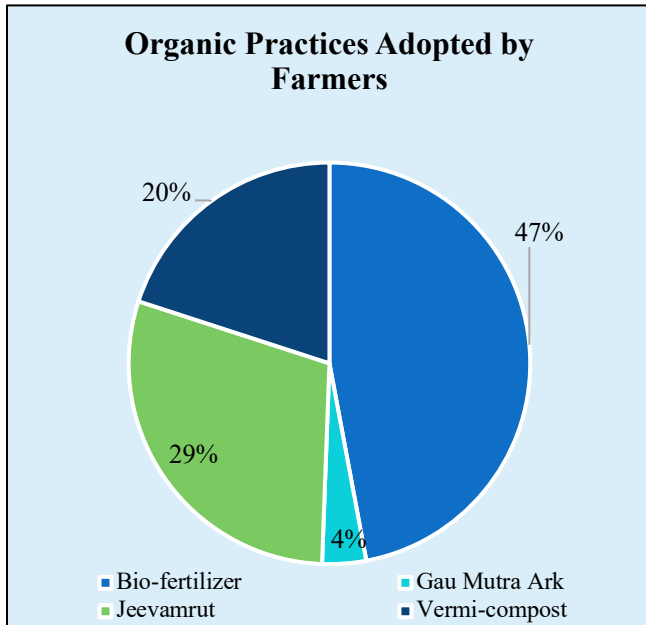
It was found that out of total beneficiaries under Soil Health and Productivity Enhancement ~95% of farmers undertook soil testing, indicating enhanced awareness and adoption of scientific soil management practices. The intervention primarily reached small and marginal farmers, ensuring that resource constrained households benefited from improved soil health practices.

A significant proportion of farmers received support in the form of subsidised organic manure, soil testing, and training, which facilitated the adoption of improved agricultural practices. Farmers



adopted organic inputs such as bio-fertilizers, Jeevamrut, vermicompost, and other natural formulations, reflecting a shift towards sustainable and low-cost farming practices.

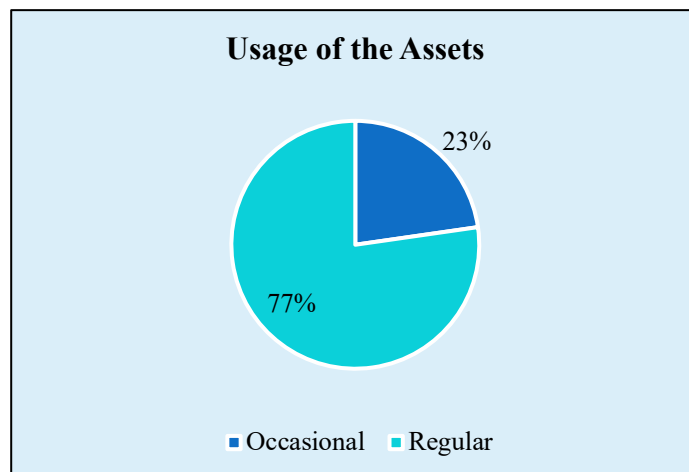
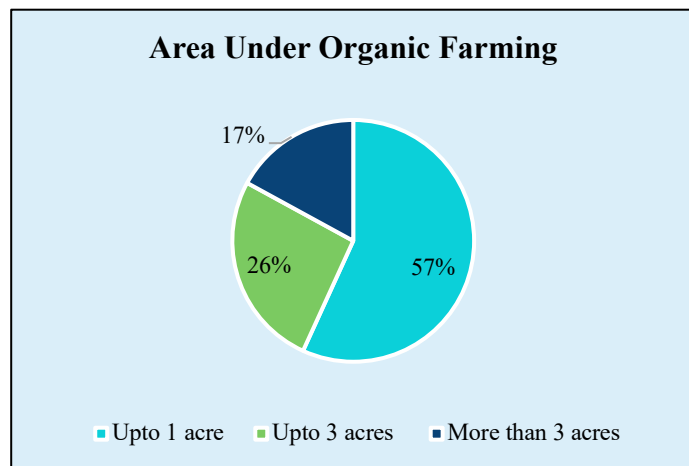
In terms of sustainability, most farmers continued these practices over multiple cropping seasons, with a large share adopting them for 2-3 seasons or more, indicating acceptance and integration into regular farming practices. It highlights the effectiveness of the intervention in bringing behavioural change.



iii. Organic Farming Initiative

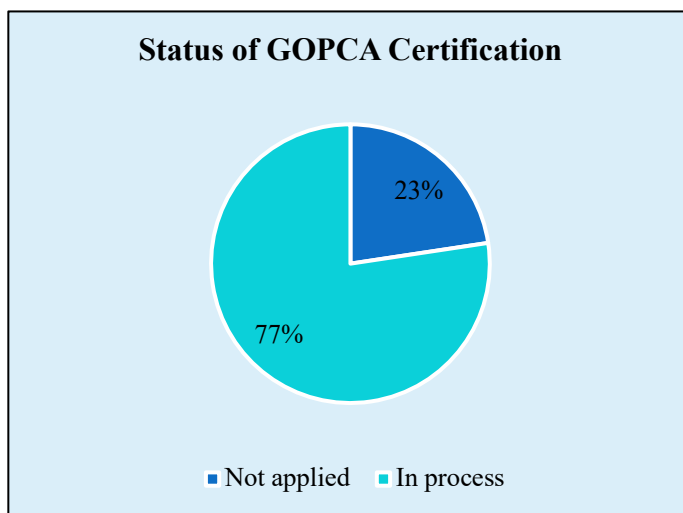
The Organic Farming Initiative implemented was effective in promoting sustainable agricultural practices. Under the organic farming initiative, Wonder Life-G (30 kg) was provided to farmers at a subsidized rate with a 40% discount. It was found that ~70% of farmers adopted partial organic farming methods. The adoption was largely observed on smaller land parcels, indicating that farmers initially experimented with organic practices before scaling up.

Program promoted a range of organic inputs such as vermicompost, Jeevamrut, anaerobic liquid formulations, and other bio-products, reflecting a shift towards low



cost and eco-friendly farming practices. Program provided the assets / materials such as solar light traps, vermicompost bags, anaerobic tubes, and Jivamrut kits, which played a role in facilitating adoption. A majority of farmers reported regular usage of these assets, indicating their practical utility and acceptance.

In terms of institutional support, a large proportion of farmers had either initiated or

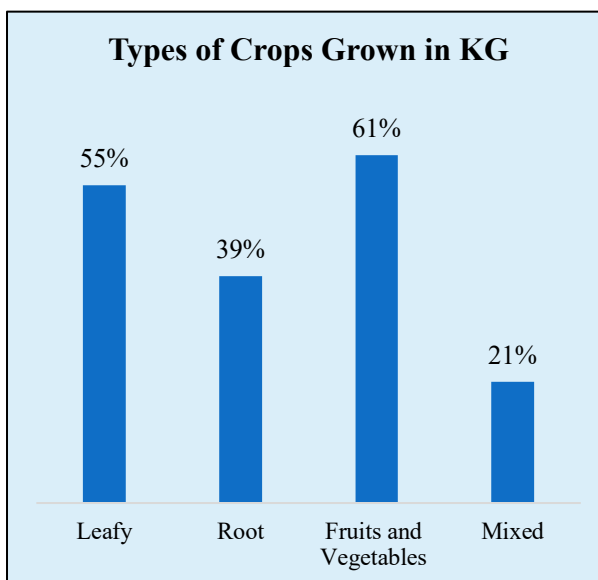
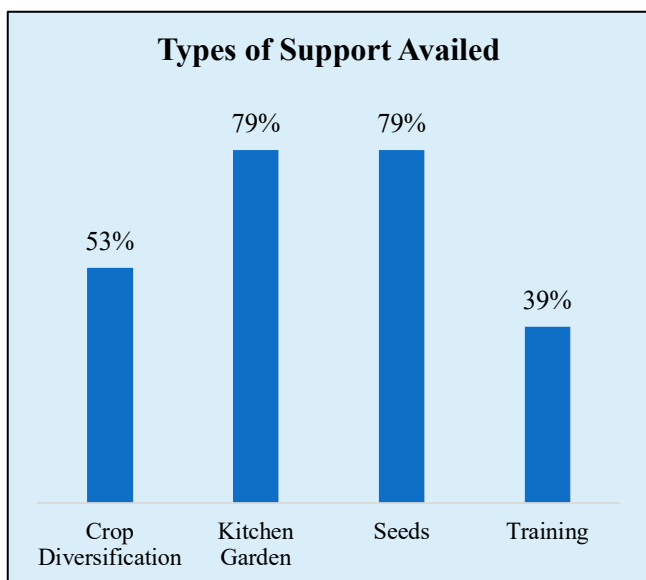


were in the process of obtaining GOPCA certification, suggesting growing awareness and willingness to transition towards formal organic farming systems.

iv. Crop Diversification and Kitchen Garden

It was effective in promoting nutritional security and diversification of livelihoods. Beneficiaries received support in the form of kitchen garden inputs and seeds, along with guidance for crop diversification. Farmers cultivated a variety of crops in kitchen gardens, with a higher preference for vegetables, leafy crops, and root crops. It contributed to improved dietary diversity at the household level.

It was found that in ~50% of the cases, women were involved in decision making related to kitchen gardens, reflecting enhanced gender participation and empowerment at the household level. Most of the crops grown were short duration (less than six months), enabling quicker harvest cycles and continuous availability of food for consumption.



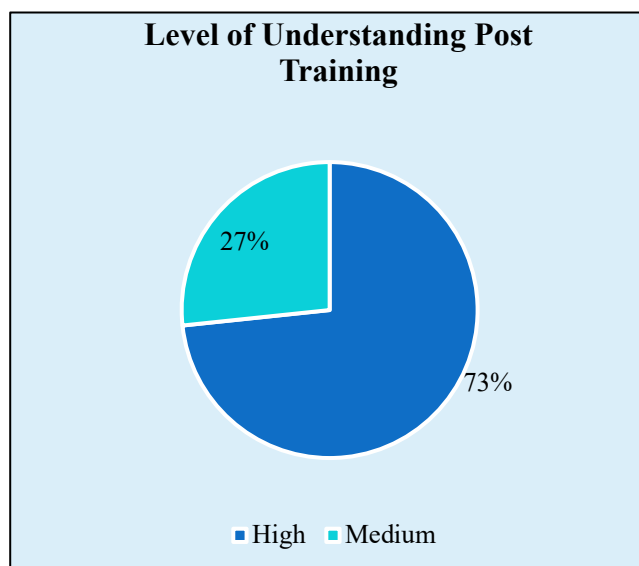
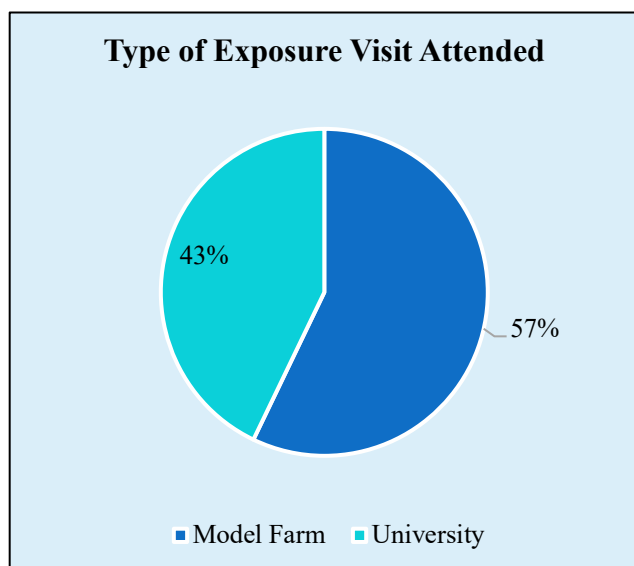
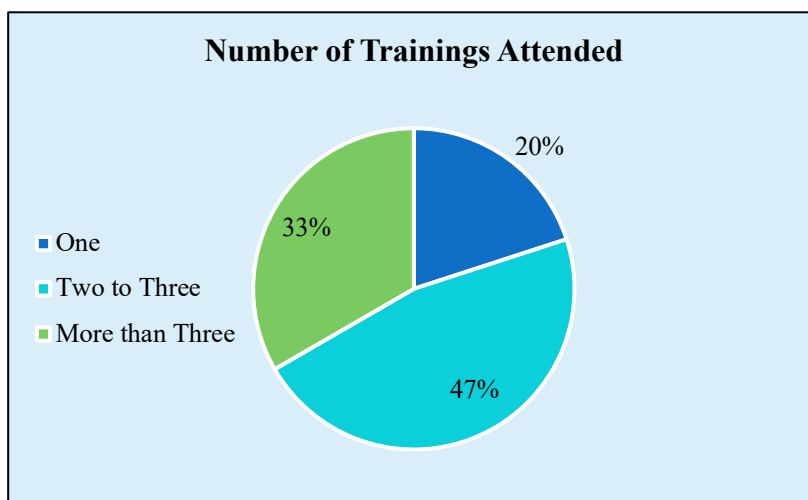
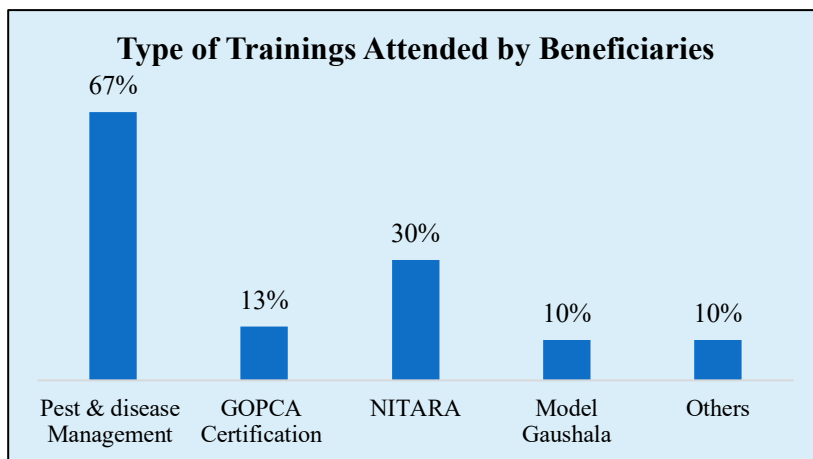
v. Training and Capacity Building

The Training and Capacity Building were effective in enhancing farmers' knowledge and improving adoption of improved agricultural practices. A majority of beneficiaries attended multiple training sessions, with a significant proportion participating in two or more trainings, indicating engagement and continued learning.

The program also facilitated exposure visits. Farmers visited to model farms and universities, which helped them gain practical insights and learn from demonstrated best practices.

These exposure visits played a role in building confidence and encouraging adoption of new techniques.

The effectiveness of these initiatives is further reflected in the level of understanding among beneficiaries, where a large proportion of farmers reported a high level of understanding post-training. This indicates that the trainings were structured, relevant, and easy to comprehend.



vi. Water Resource Management

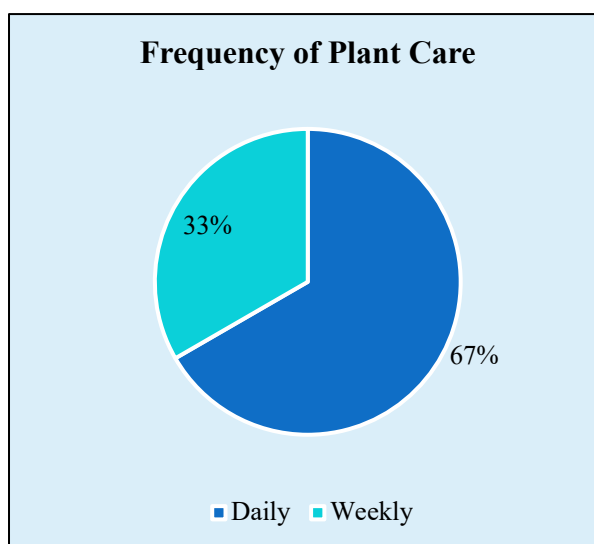
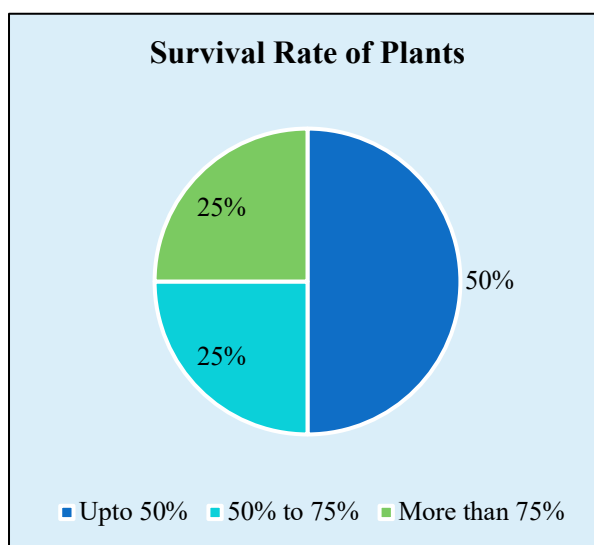
The Water Resource Management initiatives were effective in improving irrigation efficiency and promoting sustainable water use. The installation of drip irrigation systems was facilitated through a convergence model involving GHCL support along with government subsidies, making it accessible for farmers. All installations were carried out through approved dealers, ensuring quality and reliability of the systems.

On average, beneficiary farmers brought around 4.5 acres under drip irrigation, indicating meaningful coverage at the farm level. Prior to the intervention, most farmers relied on traditional irrigation methods such as furrow and sprinkler systems, which were less efficient in water usage. Farmers reported a improvement in water-use efficiency due to the adoption of drip irrigation. The frequency of irrigation reduced to daily or alternate days, leading to optimized water utilization and reduced wastage. The initiative proved effective in promoting efficient irrigation practices, conserving water resources, and supporting sustainable agriculture in water stressed regions.

vii. Horticulture Plantation

The Horticulture Plantation initiative was effective in promoting crop diversification and supporting long-term livelihood opportunities. Farmers were supported with plantation of a variety of crops such as coconut, lemon, orange, baelpatra, custard apple, star fruit, and amla, with each farmer receiving around 10 to 30 saplings. Around ~60% farmers received less than 10 saplings. The saplings were provided at 50% discounted rate. A majority of farmers planted these saplings within their farms and on bunds, indicating good utilization of the support provided.

In terms of survival, ~50% of farmers reported plant survival up to 50%, while others reported higher survival rates, reflecting moderate outcomes influenced by local conditions and maintenance practices. Around 90% of the surviving plants were reported to be in healthy condition, indicating effective plant care practices. Most of the farmers regularly maintained their plants, with a majority undertaking daily or weekly care.



Around 75% of farmers were aware of government plantation initiatives, suggesting good awareness and potential for convergence. The produce from these plantations was primarily used for household consumption (~70% cases), contributing to nutritional security, with surplus produce being sold in the market

b) Animal Husbandry Activities

The primary research findings indicate that beneficiaries largely followed livestock based practices centred around dairy farming, with cows and buffaloes being the dominant livestock owned. A majority of households owned cows, followed by buffaloes, while very few households depended on small ruminants such as goats and sheep as well.

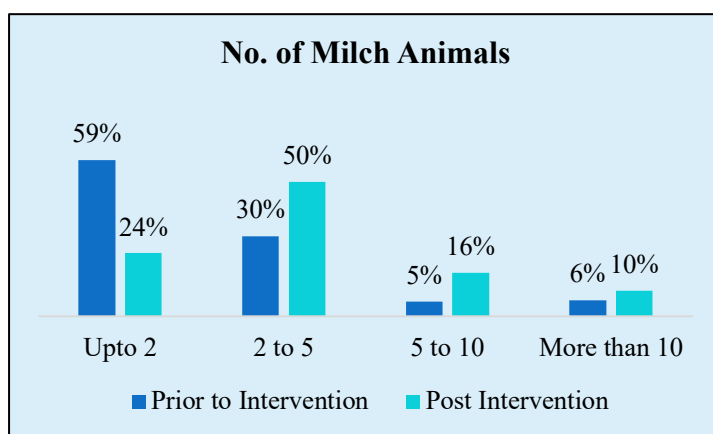
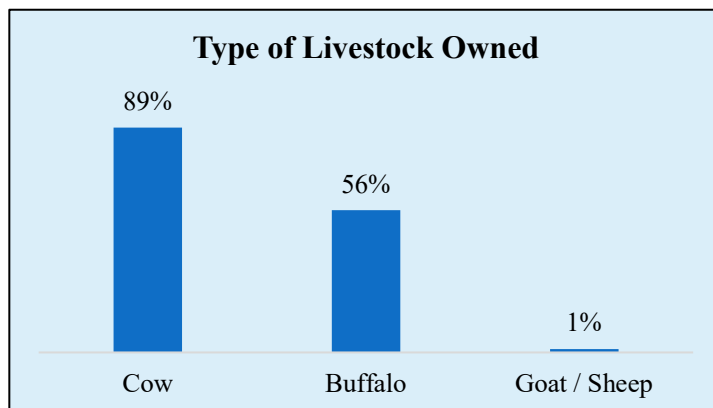
In terms of herd size, most of the farmers maintain 2 to 5 milch animals. The breed composition shows that most farmers owned desi breeds of cows, along with a mix of improved and indigenous breeds such as Gir and Kankrej. Similarly, in buffaloes, farmers maintained a

combination of local and improved breeds such as Jafarabadi and other regional varieties. This indicates that farmers followed a mixed approach, balancing adaptability of local breeds with productivity benefits of improved breeds.

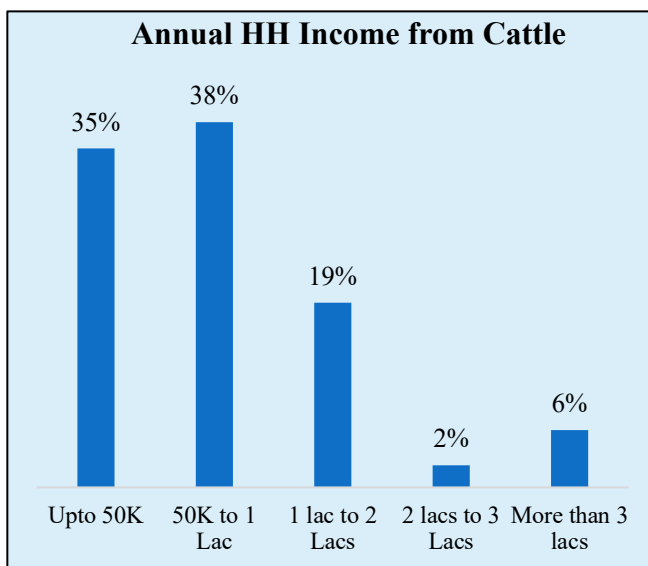
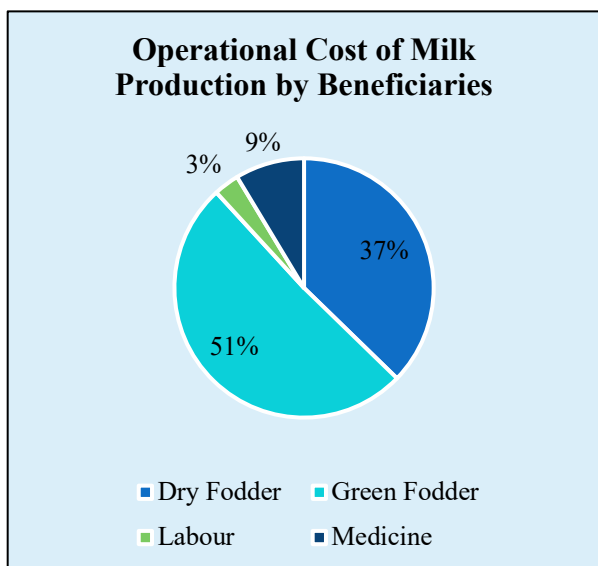
Economics of Milch Animal Rearing in the Intervention Areas

It was found that livestock rearing plays a significant role in household income, though it involves considerable investment and recurring costs. The initial investment for purchasing milch animals is substantial, with a hybrid cow costing between Rs 50,000 to Rs 1 lakh, while a hybrid buffalo costs more than Rs 1 lakh, making it a capital intensive activity for small and marginal farmers.

In terms of operational costs, feeding constitutes the largest expenditure. It was found that green fodder accounts for the highest share, followed by dry fodder, indicating the importance of maintaining adequate nutrition for milk productivity. On average, farmers spend a Rs 3,000 to 4,000 per month per animal on dry fodder, along with additional expenses on green fodder. Other recurring costs include labour (~3,000 per month per animal) and medicine expenses (up to Rs 2,000 per month), which are essential for maintaining animal health and productivity.

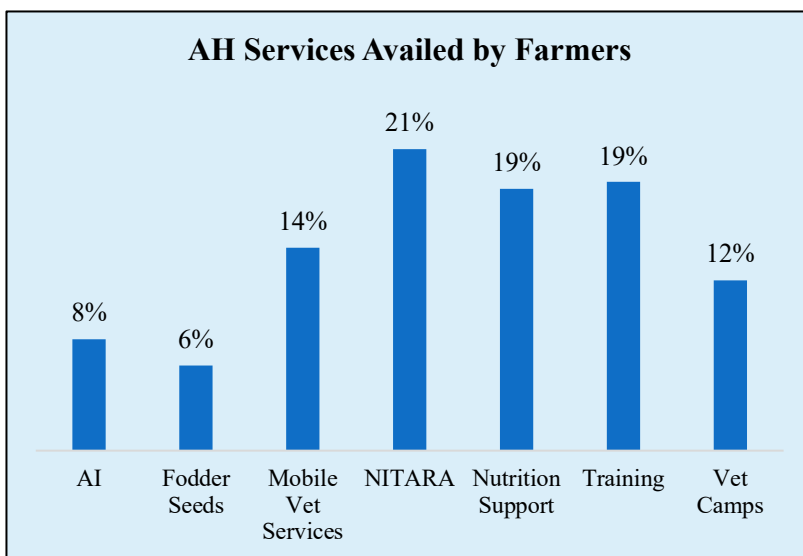


The income distribution suggests that a majority of households earn within the lower to middle income range from cattle, indicating modest returns relative to investment. This highlights the need for improving productivity, reducing input costs, and enhancing efficiency to increase profitability. Around 95% of farmers reported that the process of enrolling in the program and accessing animal husbandry services was simple, which facilitated better adoption of services such as veterinary care and breed improvement. These services played a critical role in reducing risks, improving milk yield, and enhancing overall returns.



AH Services Availed through Intervention

The findings indicate that beneficiaries availed a range of AH services such as AI services, mobile veterinary support, nutrition support, training, digital tools like NITARA etc. under the program. Among these, services such as mobile veterinary support, nutrition assistance, and training saw relatively higher uptake, reflecting their importance in improving livestock health and productivity.



Around 95% of farmers reported that the process of enrolling in the program and accessing services was very simple, highlighting the efficiency and accessibility of the intervention. It ensured greater participation and timely utilization of services, contributing to improved animal care practices and overall effectiveness of the animal husbandry program.

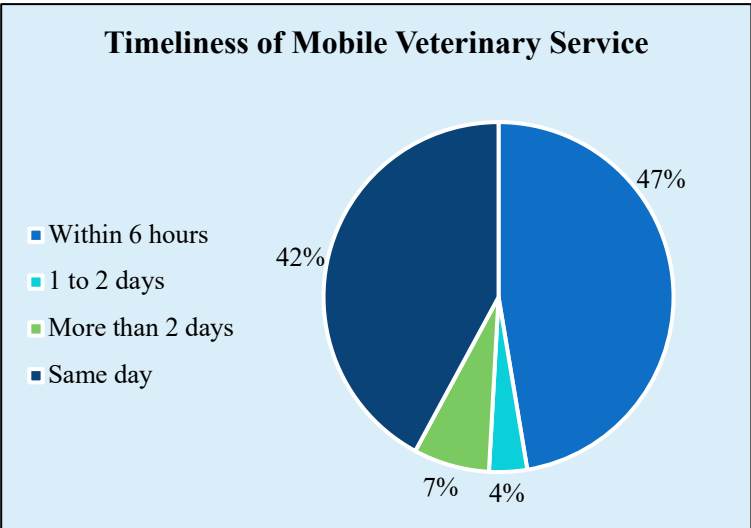
It was found through the discussion with Block Veterinary Officer of Sutrapada, that he was aware of the interventions undertaken by GHCL. He appreciated the organization’s close coordination with the Veterinary Department, particularly in activities such as vaccination, deworming, and cattle health camps. He noted that the nutrition support and AI services provided by GHCL have been beneficial for marginalized communities, improving livestock health and productivity. However, he also pointed out that veterinary camps were not conducted in the past year and emphasized the need to resume and continue these camps in the future. According to him, regular veterinary and vaccination camps would enhance accessibility to essential services for marginalized farmers and strengthen overall livestock care.

i. Artificial Insemination (AI)

AI service aimed to improve livestock breed quality among beneficiaries. A significant proportion of farmers (~95%) availed AI services for up to two animals, indicating coverage and acceptance. Around 82% of the farmers reported that the services were delivered in a timely manner, which is critical for successful breeding outcomes. It was found through primary research that more than 95% of farmers were aware of the role of AI in improving breed quality, reflecting contribution of awareness and understanding.

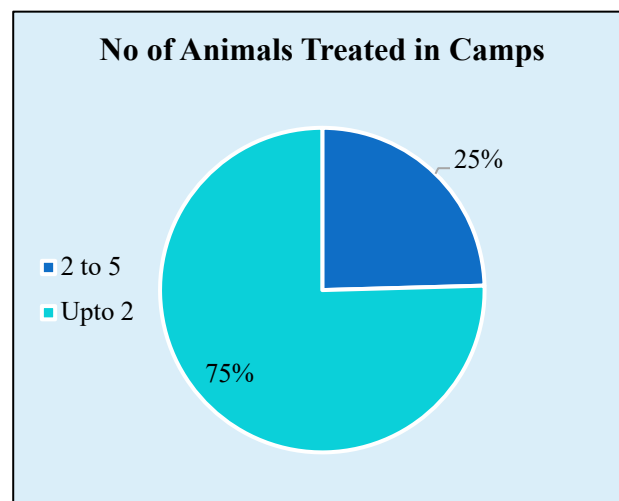
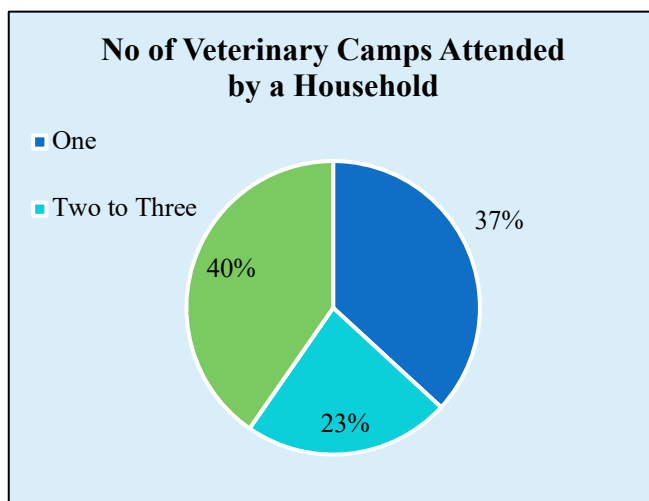
ii. Animal Health Camps and Mobile Veterinary Services

The Animal Health Camps and Mobile Veterinary Services were found to be effective in improving access to livestock healthcare among beneficiaries. Health camps were conducted in Sutrapada, SMCD, and Lignite. The mobile veterinary unit was primarily serving Greenfield location. A majority of households participated in multiple veterinary



camp, indicating engagement and trust in the services. Most farmers reported that they availed treatment service for up to two animals were treated.

Mobile veterinary services were largely timely, with a significant proportion of farmers receiving support either on the same day or within a few hours, which is critical in managing livestock health issues. Around 95% of farmers stated that it was very easy to attend the camps and avail veterinary and related services, reflecting the accessibility and farmer friendly design of the intervention.



iii. Animal Nutrition Service

The Animal Nutrition and Fodder Development interventions showed positive outcomes in improving livestock health and productivity. Around 25% of the AH beneficiaries availed nutrition support under the program.

Fodder inputs such as Sorghum Juwar Remix (5 kg), Fodder Bajara (Judoo) (1 kg), Vita Grass (1 kg), Fodder Maize (Yoyo Grass) (7 kg), and Multi Cut W.Hy.

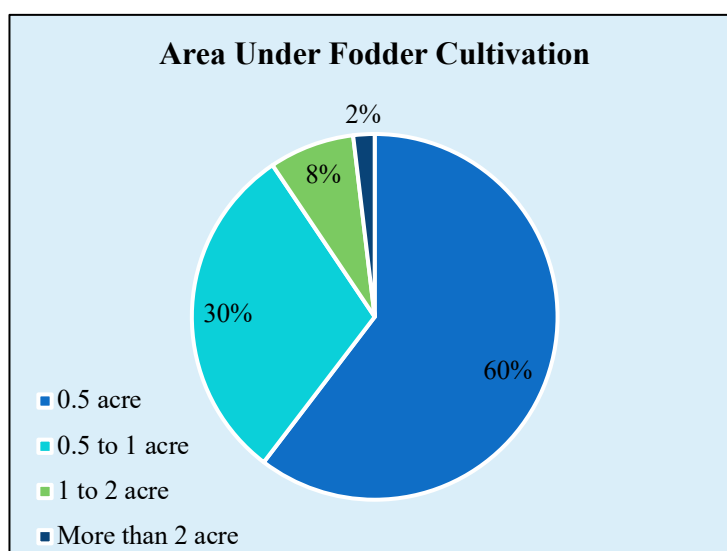
Sorghum (Dudh Dharni) (3 kg) were provided to farmers at a 50% subsidized rate. It helped to improve animal nutrition, enhance fodder availability, and promote better livestock health and productivity among beneficiary households.

Fodder seed distribution strengthened local fodder availability in Greenfield region. A majority of farmers cultivated fodder on small land parcels. Around 85% of the farmers reported that these interventions led to improved fodder availability, which in turn enhanced the body condition and overall health of animals.

It was also found that ~25% of the farmers participated in AH trainings, which supported better understanding of nutrition, feeding practices, and livestock management.

iv. NITARA Application

The introduction of digital and institutional support mechanisms under the program showed results. Around 21% of the AH farmers enrolled in the NITARA application, and ~95% of them reported receiving adequate support to use the platform effectively, indicating successful digital adoption



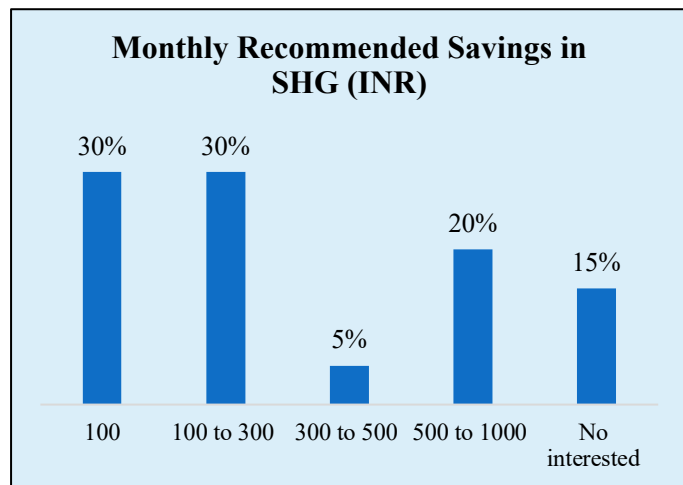
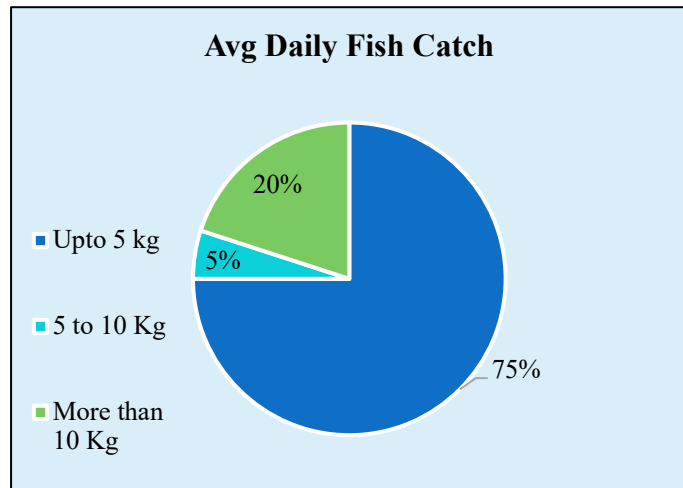
among beneficiaries. NITARA is helping in better livestock monitoring and informed decision-making.

It was found through the primary research that farmers reported no challenges in selling their milk, due to their association with already established milk cooperatives, ensuring assured market.

c) Fisheries

It was found that the average daily fish catch is modest for a majority of beneficiaries, indicating the need for improved catch volume and better access to inputs and market systems.

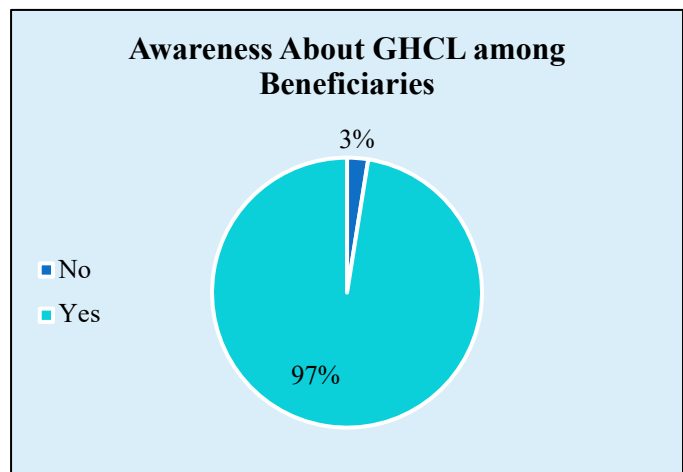
A majority of beneficiaries (~70%) were engaged in modern fishing practices using boats. At the same time ~30% of fishermen continued traditional fishing, suggesting scope for further modernization and support. It was found that ~70% of fishermen were involved in the fishing for more than 10 years. There is a need for strengthening collective and institutional mechanisms among fisherfolk. Beneficiaries emphasized the importance of group based for collective support, knowledge sharing, and improved access to market information.



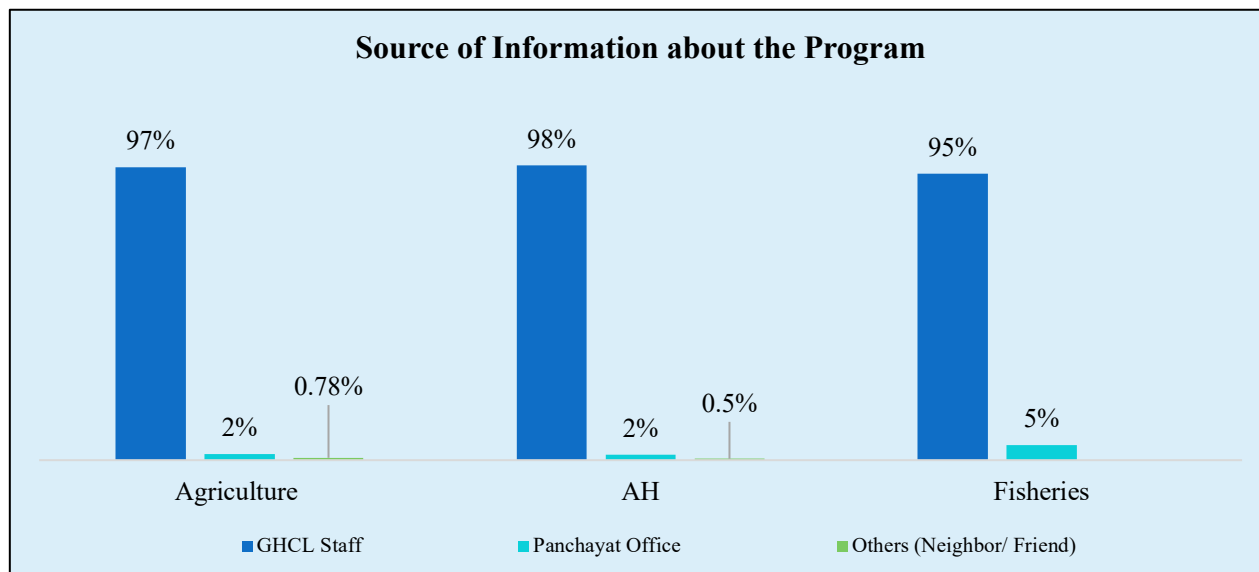
A significant proportion of fisherfolk (~90%) expressed the need for formation of Farmer Producer Organizations (FPOs), ~75% fisherfolks also recommended the formation of Self Help Groups (SHGs) for regular savings practices.

d) Overall Community Outreach and Beneficiary Awareness

Overall GHCL’s interventions were found positive in terms of outreach and community engagement. A majority of beneficiaries (~97%) were found to be aware of GHCL and its programs, reflecting visibility and penetration of the initiatives across intervention areas. This suggests that the programs were well communicated and successfully reached the intended



beneficiaries. The primary source of information about the program was GHCL staff. Beneficiaries across agriculture, AH, and fisheries reported direct engagement of staff with field teams. This highlights the effectiveness at grassroots and role played by field staff in mobilization, trust building, and continuous support. Program maintained a direct and structured communication channel with beneficiaries.



Improving Livestock Care and Reducing Costs: A Farmer’s Journey towards Accessible Animal Healthcare

Rahul Kanabhai Khuntad (Sutrapada cluster)

I engaged in animal husbandry along with farming, where we grow crops like bajra, wheat, and castor. Before the project started, managing livestock was very difficult for us. Whenever an animal fell sick, we had to call a veterinarian from 20-25 KMs away. It often took a long time for them to arrive, and each visit used to cost around Rs 500-600, excluding medicines, which was very expensive for us.

I came to know about the GHCL’s AH project through a village meeting organized with the Sarpanch. Many of us joined the program as we had already seen good work by the Foundation in our area. One of the biggest benefits we experienced was the improved access to AH services. Now, in case of any emergency, we can simply give a missed call, and a doctor arrives within an hour. The service is very affordable, with only around Rs 100 charged, which has reduced our financial burden significantly.

The AH camps organized in our village were also very helpful. During the outbreak of Lumpy virus, many animals were vaccinated through these camps, which increased our awareness about disease prevention. We also attended training sessions where we learned about proper feeding practices, such as the right balance of green and dry fodder and how nutrition affects milk

production. These trainings were easy to understand and very useful in improving our livestock management practices.

Although AI (Artificial Insemination) services have not yet been fully started in our village, and some digital tools like the NITARA app are not widely used due to limited awareness, overall access to emergency services has become much easier. Because of this, our confidence in continuing animal husbandry has increased.

There are still some challenges. Services are not available after 5 PM or on holidays, which creates problems during emergencies. Also, fodder availability during summer remains an issue, and income from dairy has improved only slightly (around 10-15%). Despite this, the project has brought positive changes in our lives by making animal healthcare more accessible and affordable.

I hope that if these services continue and become available 24×7, they will benefit many more livestock farmers like me. Expanding such initiatives to other villages will also help improve the livelihoods of many rural families.

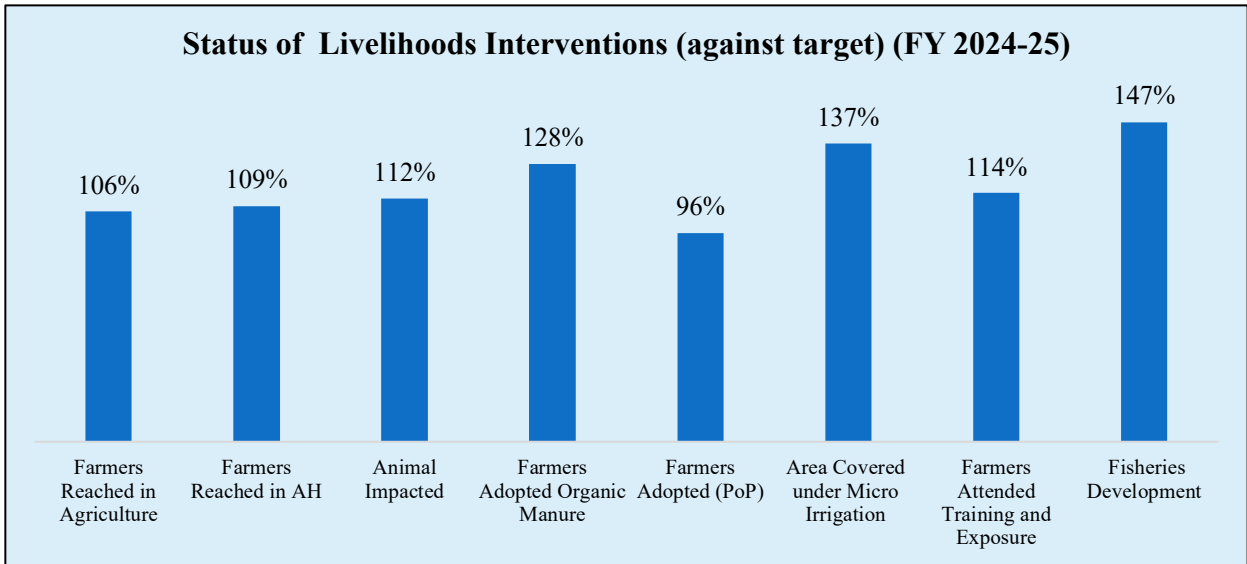
Efficiency

a) Achieving Livelihoods Outcomes

The analysis of program achievements in FY 2024-25 indicates an efficiency in the implementation of Agriculture, AH and Fisheries interventions. GHCL team reached more than the targeted beneficiaries i.e. ~17,071 farmers in agriculture and ~18,583 in AH interventions. It reached to ~68,577 animals. This reflects outreach and effective utilization of resources to maximize coverage. The adoption focused activities demonstrated operational efficiency. Around 3,574 farmers adopted improved practices such as organic manure and ~5,579 adopted Package of Practices (PoP). Around 335 acres were brought under micro-irrigation practices and ~1,969 farmers were trained and exposed to improved practices. It highlights effective convergence of capacity building with practical implementation.

Community members highlighted that subsidised inputs such as organic manure, irrigation systems, and kitchen garden kits reduced the cost burden. Kitchen gardens helped reduce household expenditure on vegetables, and surplus produce generated additional income.

In the fisheries development initiatives, GHCL reached to ~1,648 fishermen in FY 2024-25. Most of the program components exceeded their planned targets and achieved above 100% of their goals. This suggests planning, efficient execution, and adaptive management of resources.

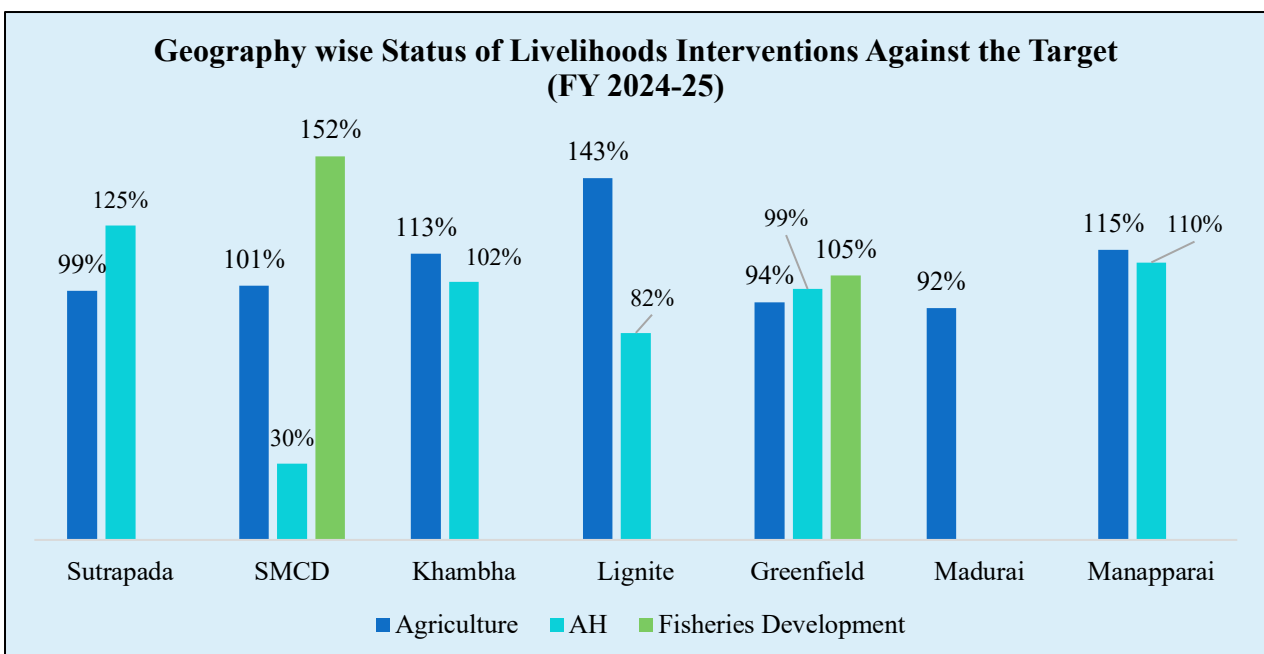


b) Geography wise Distribution of Beneficiaries

It was found that in the agriculture intervention, the highest outreach was observed in Sutrapada with ~9,338 farmers, followed by Khambha with ~4,020 and Lignite with ~2,009 farmers. SMCD covered 1,273 farmers, while Greenfield had 339 farmers, and Madurai and Manapparai each covered 46 farmers.

In the AH component, Sutrapada recorded the highest coverage with 10,528 beneficiaries, followed by Greenfield with ~6,434 beneficiaries. Other regions such as Khambha (~849 beneficiaries), Lignite (~439 beneficiaries), SMCD (~223 beneficiaries), and Manapparai (~110 beneficiaries) showed moderate coverage, and Madurai reported no beneficiaries under this component.

Fisheries development intervention was concentrated mainly in SMCD with ~1,520 beneficiaries, followed by Greenfield with ~128 beneficiaries.



c) Field Implementation Structure

The program ensured service delivery through decentralized and accessible mechanisms. GHCL adopted a structured field level implementation structure. It maintained dedicated team at each of the locations, having location heads for monitoring and guidance of program activities. Team played a proactive role in mobilizing farmers, conducting trainings, and providing follow-up support. Thematic leads provided technical and programmatic support, ensuring quality and consistency across interventions. At the grassroots level, a network of Village Level Executives played a crucial role in mobilization, last mile delivery, and day-to-day program execution within villages. This enabled effective coordination, timely implementation, and close monitoring, thereby enhancing the efficiency and impact of the interventions.

Farmers highlighted that the AH services were delivered conveniently nearby veterinary camps, accessible staff, subsidised or supported inputs, and timely guidance reduced effort and costs. Nutrition support and fodder availability reduced dependency on external inputs. Farmers observed increased milk production, improved animal health and strength, and reduced animal deaths. Dairy income increased, and overall livelihood improved. Increased participation of women and youth in dairy activities was also reported



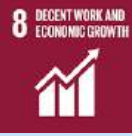


Coherence

Alignment with Government of India Schemes

- a) **National Policy for Farmers (2007) and Doubling Farmers' Income Initiative:** The project directly aligned with the Government of India's objective of enhancing farmers' income through productivity improvement, diversification into high value crops, and reduction of input costs. It enabled farmers to increase yields and income stability, supporting the broader goal of income enhancement for small and marginal farmers.
- b) **National Mission on Sustainable Agriculture (NMSA):** Project supported NMSA by promoting efficient water use, soil health management, and climate resilient farming practices. Interventions such as drip irrigation, and NRM based planning strengthened resource efficiency and sustainability, particularly in water scarce tribal regions.
- c) **Pradhan Mantri Krishi Sinchayee Yojana (PMKSY):** Project complemented PMKSY's objective of "Har Khet Ko Pani" and "More Crop per Drop" by enhancing access to irrigation knowledge and promoting micro-irrigation practices. It improved irrigation management enabled farmers to cultivate multiple seasons and reduce dependence on rainfall.

Contribution to UN Sustainable Development Goals (SDGs)

The project contributed to multiple SDGs through its integrated livelihood approach:

	Project reduced economic vulnerability among small and tribal farmers by increasing farm productivity and income.
	Promotion of diversified and high value cultivation improved household food security and nutrition.
	Enhanced on farm employment and income generation created sustainable livelihood opportunities within villages.
	Targeting marginal and tribal farmers helped bridge socio-economic gaps and ensured inclusive access to agricultural development benefits.
	Adoption of water efficient irrigation, NRM practices, and climate resilient cropping patterns improved farmers' adaptive capacity to climate variability.

Impact

a) Agriculture Based Interventions

i. Improved Agricultural Productivity and Soil Health : Impact of Package of Practices (IPM / INM / IDM)

The program led to improvements in agricultural productivity and soil health across intervention villages. Farmers reported enhanced soil fertility, better soil structure, and improved moisture retention as a result of adopting organic inputs and soil testing practices. A majority of farmers (~55%) reported a

Farmers observed improvement in soil quality, increased fertility and reduced salinity. Crop quality improved without reduction in yield, and dependency on chemical fertilizers reduced. Additional income was generated through sale of vegetables, and livestock support like AI services improved animal productivity.

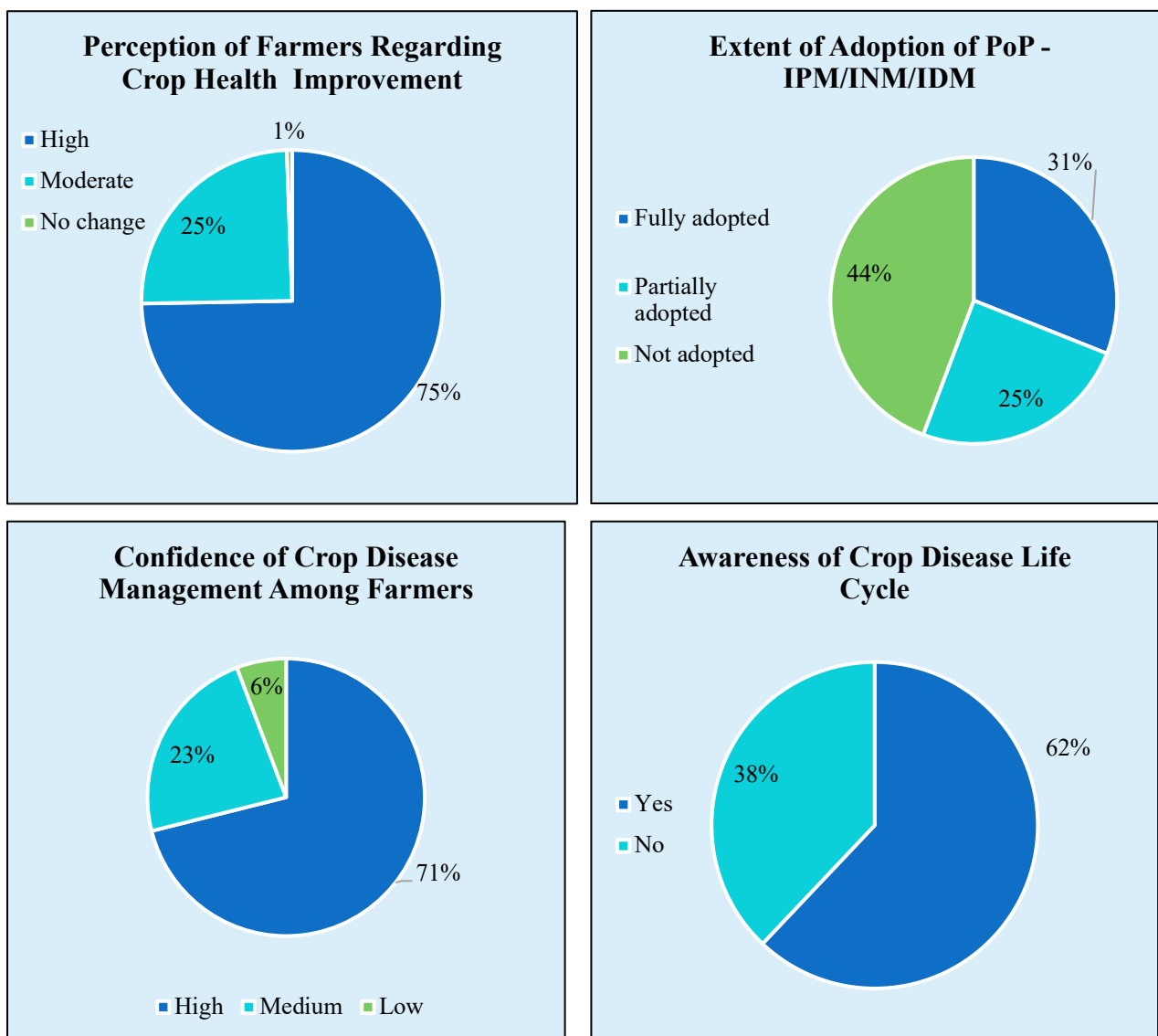
reduction in the usage of chemical pesticides and fertilizers, indicating a shift towards more sustainable and cost effective farming practices. This reduction also led to an average reduction of ~16% in input costs.

In terms of crop protection, ~90% of the PoP beneficiaries observed a reduction in pest incidence, which helped in minimizing crop losses and improving crop health. It was supported by increased

awareness, with ~62% of PoP beneficiaries had understanding the crop disease life cycle and ~71% expressed high confidence in managing crop diseases.

In terms of adoption of PoP ~31% of PoP beneficiaries fully adopted and ~25% found to be partially adopted the practices. It indicate a positive shift towards scientific farming.

As a result of these interventions, farmers reported an average increase of ~30% in crop yield. Along with this, reduced costs, led to improved farm profitability. Around 97% of farmers reported an increase in net farm income, demonstrating the economic impact of the program.

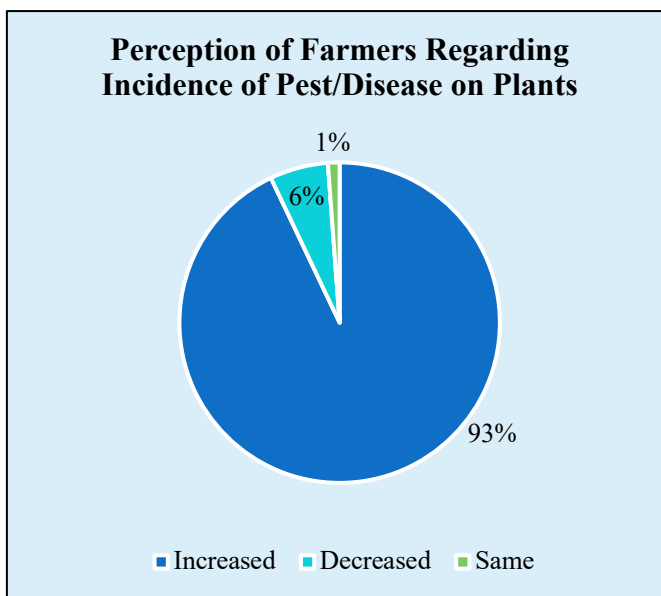
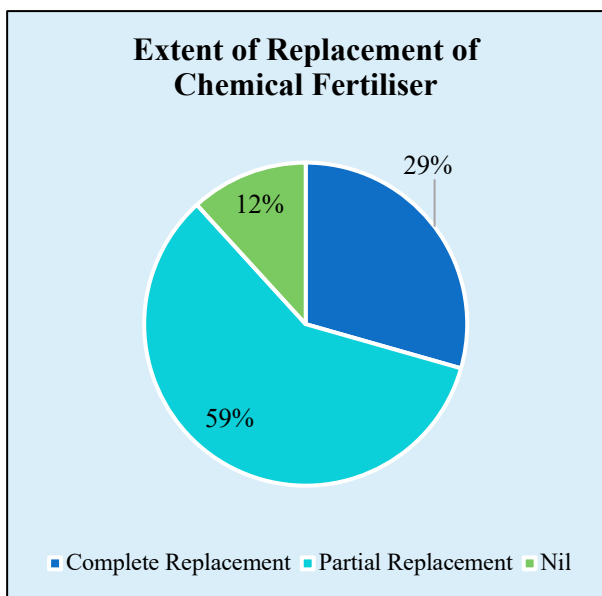


ii. Impact of Soil Health & Productivity Enhancement Initiatives

The Soil Health and Productivity Enhancement interventions created positive impacts on soil quality, input usage, and farm productivity. A majority of beneficiary farmers (~ 97%) reported improvement in soil fertility, indicating the effectiveness of interventions such as soil testing, organic inputs, and balanced nutrient management.

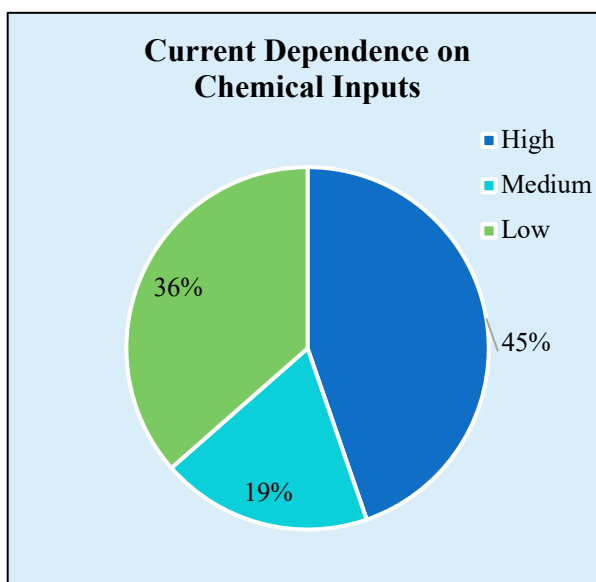
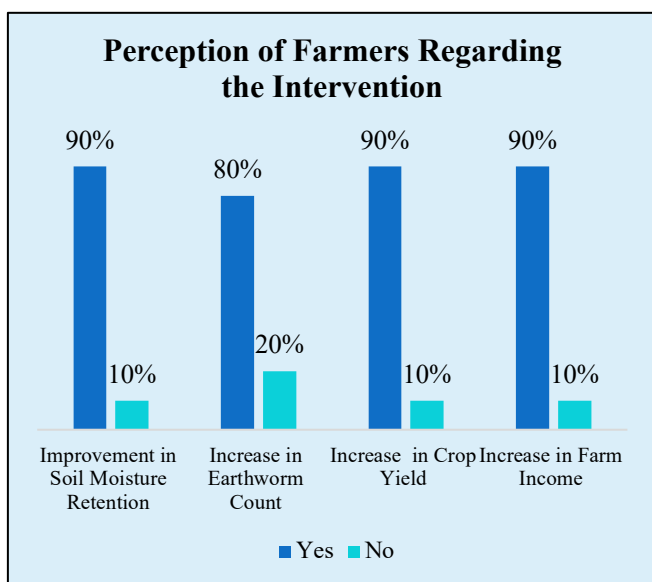
Farmers reported a reduction in dependency on chemical inputs. The replacement of chemical fertilizers was observed, ~ 59% of the farmers adopted partial and ~ 29% complete substitution with

organic alternatives. It contributed to improved soil structure and biological activity. It was found that, ~90% of the farmers had a positive perception about improvement in soil moisture retention, and ~80% observed an increase in earthworm count, which is a key indicator of soil health. This transition improved sustainability and reduced cultivation costs. As a result, farmers experienced a reduction in input costs (~40%) and an increase in crop yield (~40%).



The Block Agriculture Officer of Sutrapada appreciated the efforts of GHCL, noting that the provision of subsidized agricultural inputs, cattle feed, and nutritional support had been particularly beneficial for marginalized farmers. He also highlighted that the GHCL team worked in close coordination with the Agriculture Department, ensuring effective implementation and timely support at the grassroots level.

Most farmers perceived a decline in pest and disease incidence and reported improvements in crop health. These effects translated into enhanced farm income, with a majority acknowledging increased earnings post-intervention.



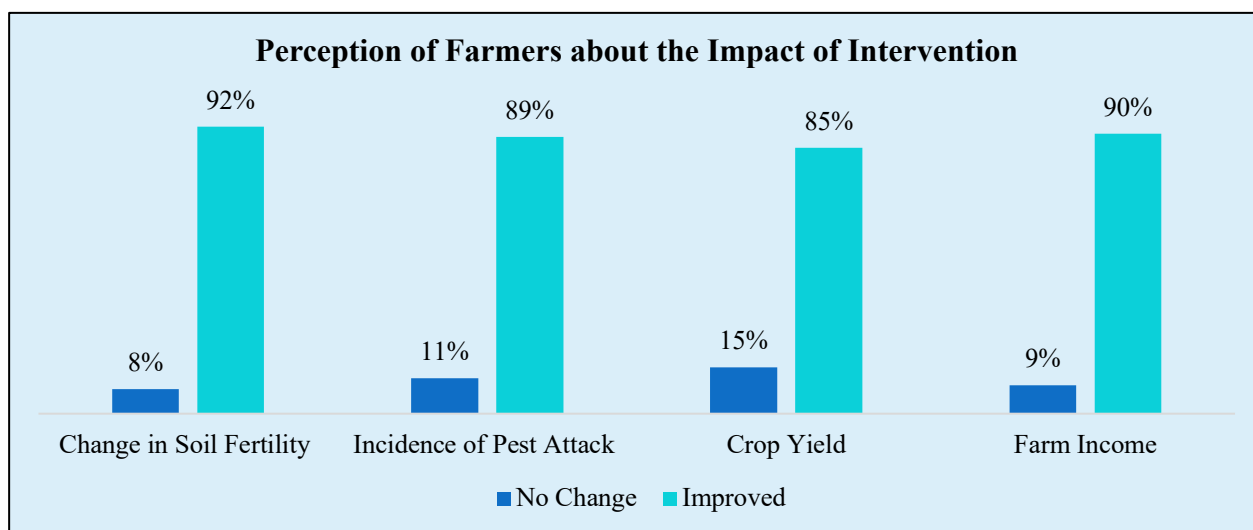
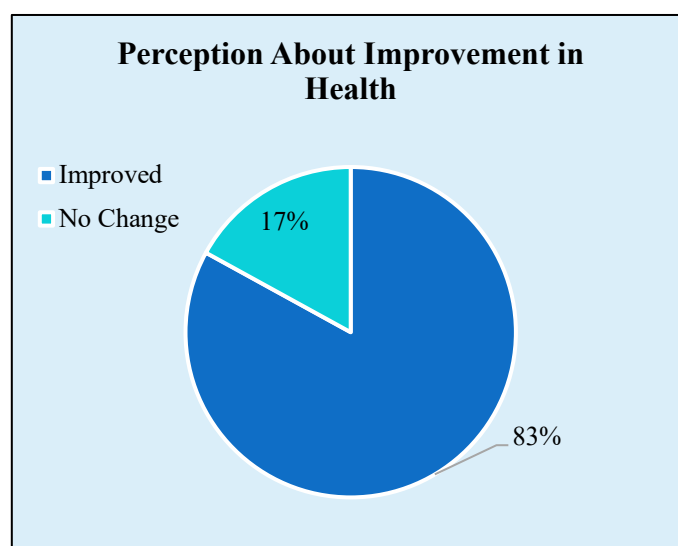
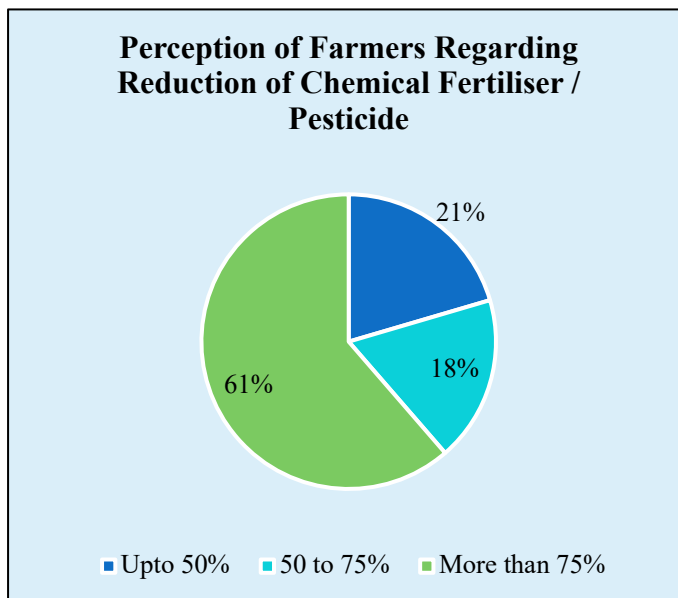
iii. Impact of Organic Farming Initiative

The Organic Farming initiatives implemented demonstrated positive impacts on input cost reduction, soil health, crop productivity, and farmer well-being. A significant beneficiary farmers (~90%) reported a reduction in input costs, due to decreased dependence on chemical fertilizers and pesticides and increased use of organic inputs. Around ~ 83% farmers were found to be aware about organic standards.

A large proportion of farmers (~61%) reported a reduction of more than 75% in the use of chemical fertilizers and pesticides, indicating a shift towards organic practices. This reduced cultivation costs but contributed to improved soil fertility, with ~92% of farmers perceived positive changes in soil health.

The interventions also led to improvements

in crop performance, with ~85% of farmers reported an increase in crop yield and ~90% observed an increase in farm income. Around 89% of farmers noted a reduction in pest incidence, reflecting the effectiveness of organic and biological control practices. Beyond agricultural outcomes, the initiatives also contributed to improved health conditions, with ~83% of farmers perceived better health due to reduced exposure to chemical inputs.

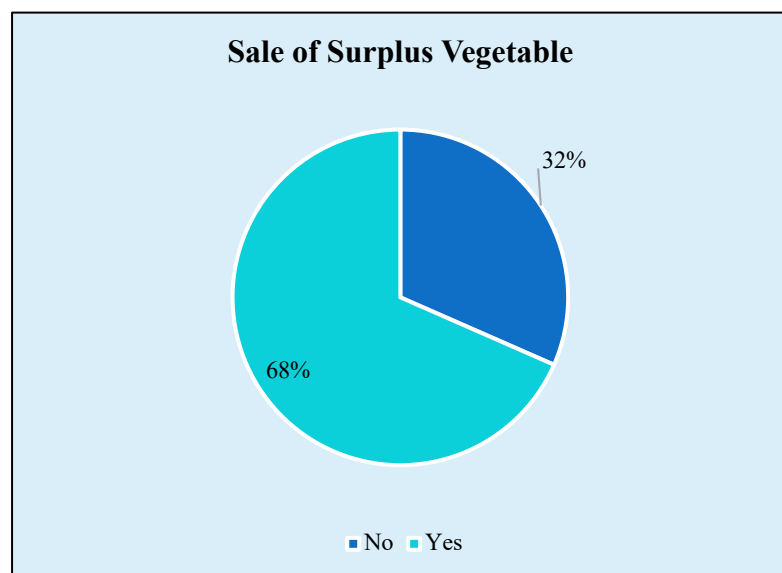
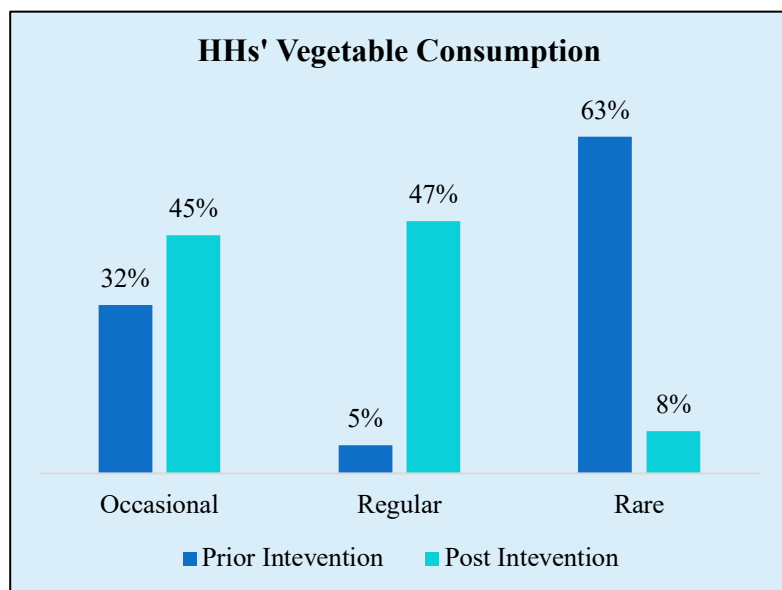
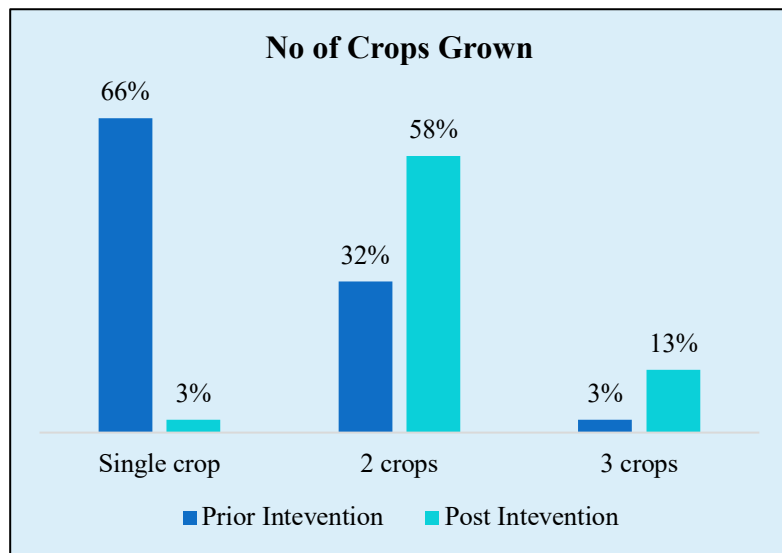


iv. Impact of Crop Diversification and Kitchen Garden Initiatives

The Crop Diversification and KG interventions led to improvements in dietary diversity, income generation, and household resilience. As program provided 75% subsidy on the vegetable seeds. It led to shift from mono cropping to multi cropping practices. Farmers cultivating two or more crops increased due to the intervention. It reduces risk and improved farm productivity.

The KG initiative had a impact on household nutrition. Regular vegetable consumption increased, while the proportion of households with lesser vegetable consumption reduced. This indicates improved access to fresh and nutritious food at the household level. All the beneficiaries of KG (100%) reported a reduction in food expenses and improvement in nutritional intake, highlighting the direct benefit of kitchen gardens on food security.

After the consumption, ~68% of the farmers were able to sell surplus vegetables, creating an additional source of income. Farmers reported earning ~ Rs 1,000 to 3,000 per month (for 4-5 months) from KG, contributing to supplementary household income.



Traditional Farming to Efficient & Sustainable Agriculture: A Farmer's Journey of Transformation

Jyantibhai Sanabhai Bambhniya (Kadiyali village Jafarabad)

The farmer said that “I have been farming for many years, mainly growing crops like coconut, cowpea, jowar, and bajra. However, I used to face several challenges such as high input costs, poor soil quality, and difficulties in managing irrigation efficiently, which affected my crop productivity and income.

Through the support of GHCL Foundation during 2023-24, I got the opportunity to participate in various agriculture programs, trainings, and exposure visits. These activities helped me understand the benefits of organic farming and integrated agriculture practices. I also learned how soil testing can guide us in using the right type and quantity of fertilizers, which has helped improve my soil health over time.

One of the most useful supports I received was the Laser Irrigation Kit. The total cost of the kit was Rs 5,220, out of which I received a 70% subsidy of Rs 3,654. This made it affordable for me to adopt improved irrigation practices. After using this system, water distribution in my field has become more uniform, and there is less wastage of water. This has directly helped in better crop growth”.

I also received support in the form of subsidized organic manure and irrigation assistance, which reduced my cost of cultivation.



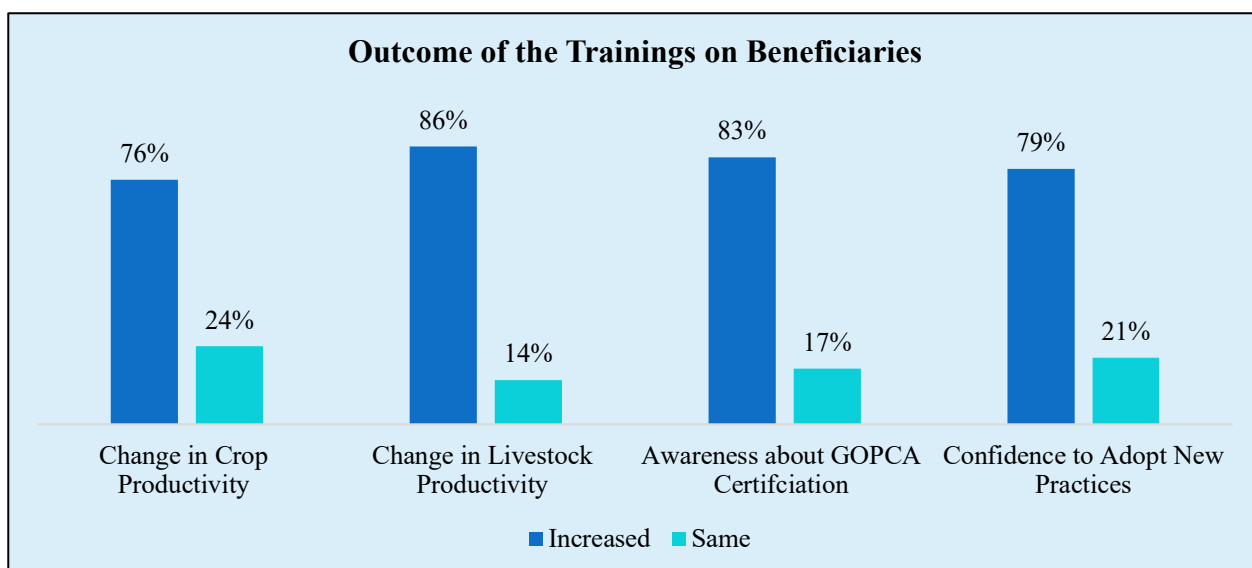
v. Impact of Training and Capacity Building Initiatives

The Training and Capacity Building interventions enhanced farmers' knowledge, skills, and adoption of improved practices. Around 80% of beneficiaries reported adopting best practices such as improved farming techniques, pest management, climate resilient practices, and better animal husbandry methods after attending trainings.

The outcomes of the trainings were reflected in productivity improvements. Around 76% of farmers reported an increase in crop productivity and ~86% observed improvements in livestock productivity.

Around 83% of beneficiaries reported increased awareness about certification processes such as GOPCA, indicating enhanced technical understanding.

Around 79% of farmers expressed higher confidence in adopting new practices, demonstrating the effectiveness of trainings in building capacity and reducing resistance to change.



vi. Impact of Water Resource Management Initiative

Farmers adopted drip irrigation and improved water use efficiency. All the farmers (100%) reported increased crop yield and better crop quality. They observed reduced irrigation costs and minimized dependency on rainfall. It improved crop survival through timely and controlled irrigation.

Farmers found it easy to access subsidies through approved dealers. Most systems functioned properly, ~70% found to be fully functional and ~30% were partially functional at the time of study. Farmers reported that, they received adequate maintenance support.

vii. Horticulture Plantation

The horticulture intervention implemented by GHCL has led to a positive impacts on beneficiary households, particularly in improving nutrition, awareness, and sustainable farming practices. Farmers reported that the fruit plants were easy to adopt. GHCL provided guidance on planting methods and regular follow-up support through field visits. This ensured better understanding and management of saplings, resulting in satisfactory plant performance and survival.

One of the most notable outcomes has been the increase in household fruit consumption, directly contributing to improved nutritional intake for families. The initiative also encouraged active involvement of women and children in caring for the plants, thereby promoting shared responsibility and awareness at the household level. Farmers gained knowledge about government horticulture schemes and subsidies, with many expressing interest in applying for such schemes in the future. Around 85% of the farmers perceived that horticulture plantation will enhance their income.

Intervention has fostered a positive environmental impact and created a demonstration effect, motivating other farmers in the village to adopt fruit plantation. Beneficiaries expressed willingness

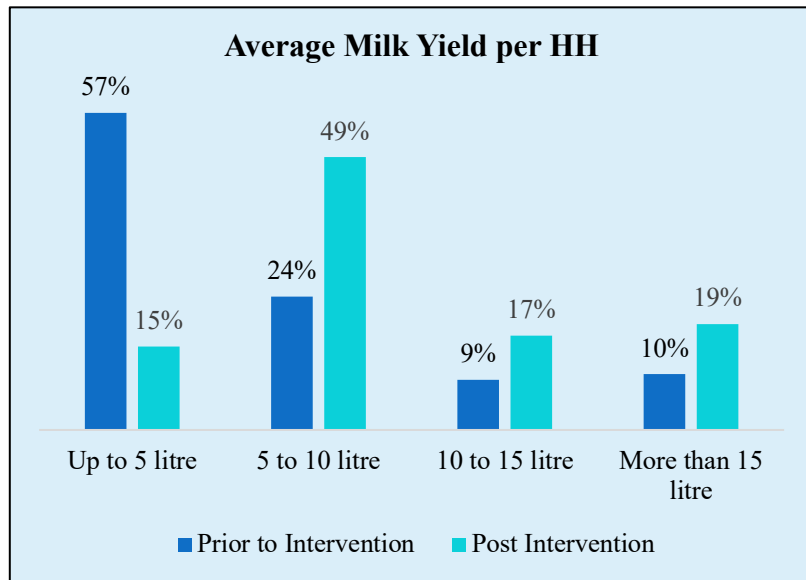
to expand horticulture activities, recognizing the long term benefits in terms of nutrition, income potential, and sustainability.

However, challenges such as limited water resources and the need for continued technical guidance remain. Farmers emphasized that additional support in irrigation and regular advisory services would further enhance plant survival and yield.

b) Animal Husbandry Based Intervention

Milk production of the beneficiary HHs increased due to the intervention. Milk yield enhanced by ~5 litres per HH. Program supported in improvement of livestock productivity through better practices and services.

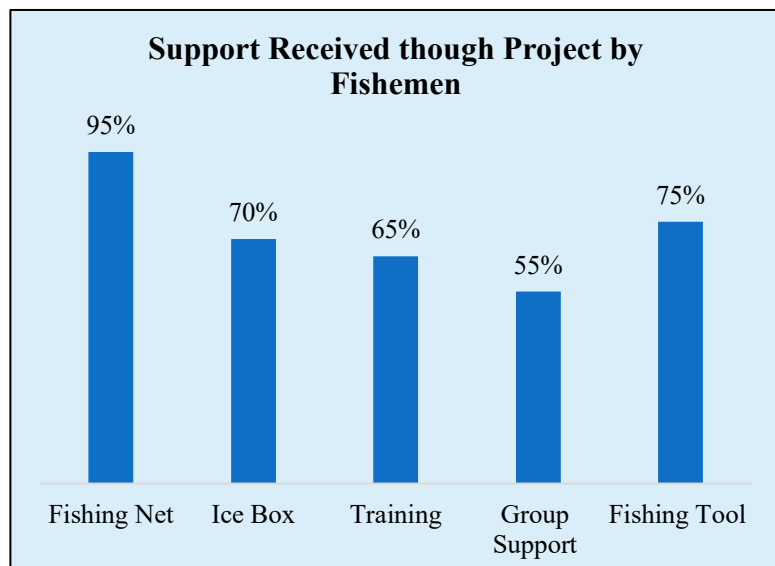
Around 90% of farmers reported reduced disease incidence and lower veterinary costs. The timely disease diagnosis improved animal health and reduced losses.



Community member shared that earlier access to veterinary care and proper animal nutrition was difficult. The AH intervention directly addressed these gaps by providing veterinary services, AI services, nutrition support, and fodder-related assistance, aligning well with their primary needs. Farmers reported that AI services, veterinary camps, mobile veterinary support, and training were easy to access and useful. Animal health improved, diseases and mortality reduced, and services like NITARA app and staff support helped in better livestock management.

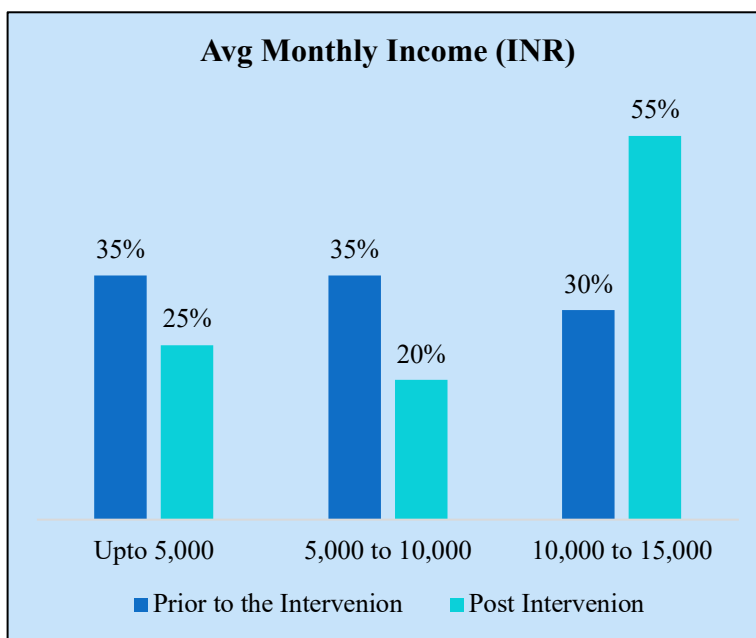
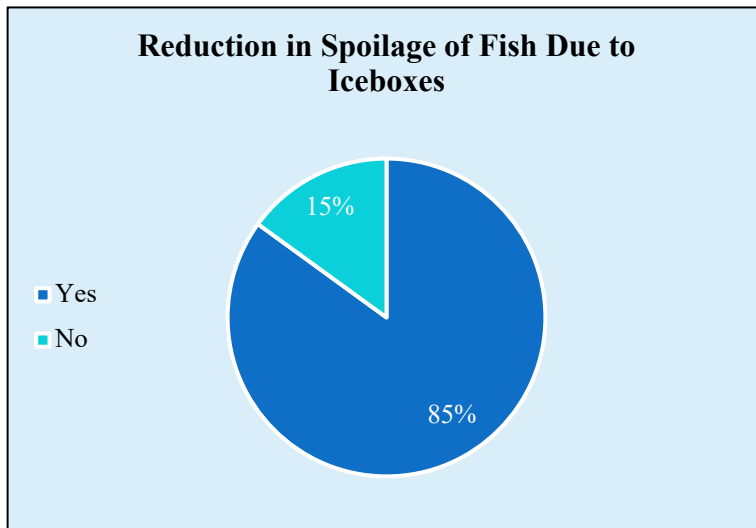
c) Fisheries Interventions

The fisheries interventions resulted in efficiency, and livelihoods of fisherfolk. Beneficiaries received critical inputs such as fishing nets (~95%), fishing tools (~75%), and ice boxes (~70%), which directly enhanced fishing efficiency and reduced post-harvest losses. Around 85% of the beneficiaries communicated that the provision of



ice boxes helped in preserving fish quality, enabling better price realization in the market. Similarly, access to improved fishing nets and tools increased catch efficiency. Around 65% of beneficiaries received training, which enhanced their technical knowledge on better fishing practices, handling, and market linkages. Around 55% of beneficiaries reported receiving group based support, which strengthened collective action, knowledge sharing, and access to market information.

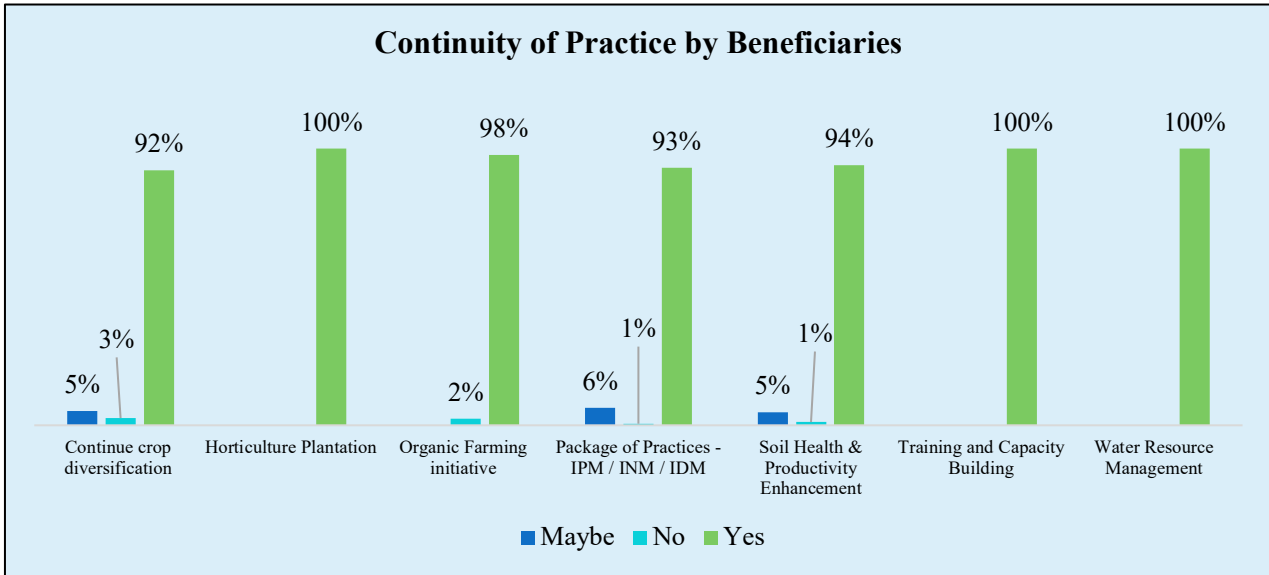
There was a shift in income distribution after the fisheries intervention, with a higher proportion of fisherfolk moving into the Rs 10,000 to Rs 15,000 monthly income bracket, indicating enhanced earning capacity and improved livelihood outcomes. A key contributing factor to this income improvement was the reduction in spoilage of fish due to the provision of ice boxes.



Sustainability

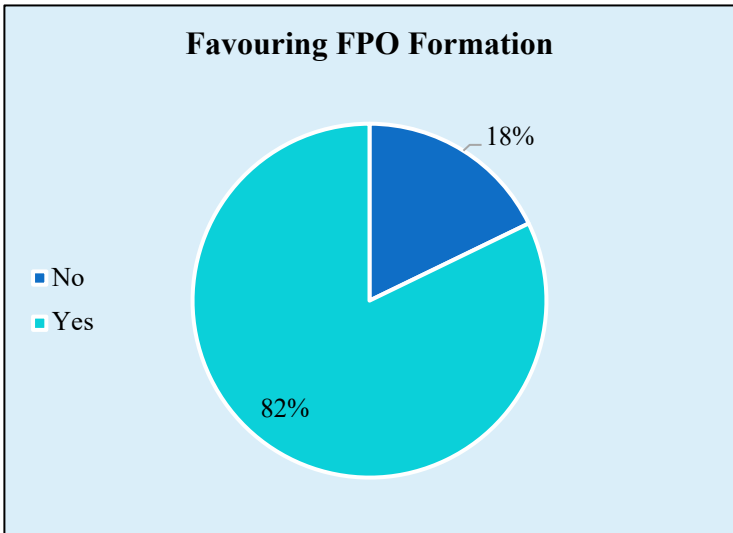
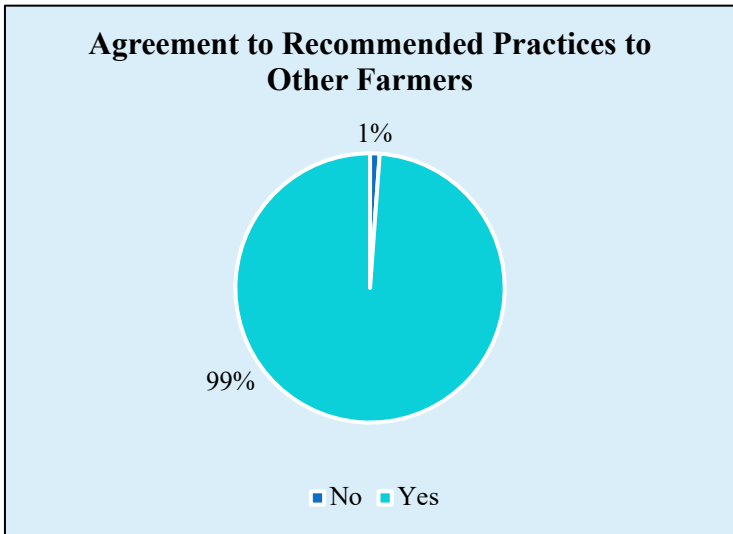
a) Sustainability of Agriculture Interventions

Agriculture interventions implemented demonstrated sustainability, as reflected in the high continuation of practices among beneficiaries. A majority of farmers continued adopting key interventions such as crop diversification (~92%), organic farming (~98%), soil health and productivity practices (~94%), and Package of Practices (~93%). This indicates that the interventions were not only adopted but also integrated into regular farming systems.

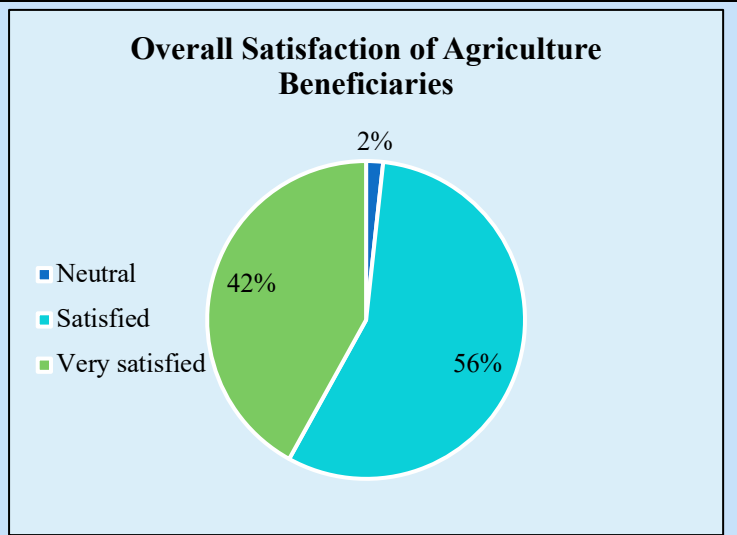


The long-term sustainability is also reinforced by strong farmer satisfaction and willingness to promote these practices. Almost all (~99%) the beneficiaries expressed their willingness to recommend the interventions to others, reflecting perceived benefits and community acceptance. Around 82% of farmers supported the formation of Farmer Producer Organizations (FPOs), indicating a shift towards collective approaches for sustained growth, better market access, and institutional strengthening.

The agriculture interventions achieved beneficiary satisfaction, with ~98% of farmers reporting being satisfied with the support received. This reflects the relevance, effectiveness, and positive impact of the interventions on improving farming practices, productivity, and overall livelihoods.



Community members highlighted challenges in adopting and sustaining organic farming practices. They noted that organic farming is complex, requires significant time to yield results, and involves higher initial costs, making it difficult for small and marginal farmers to transition. A major concern was the lack of proper market linkages and fair pricing for



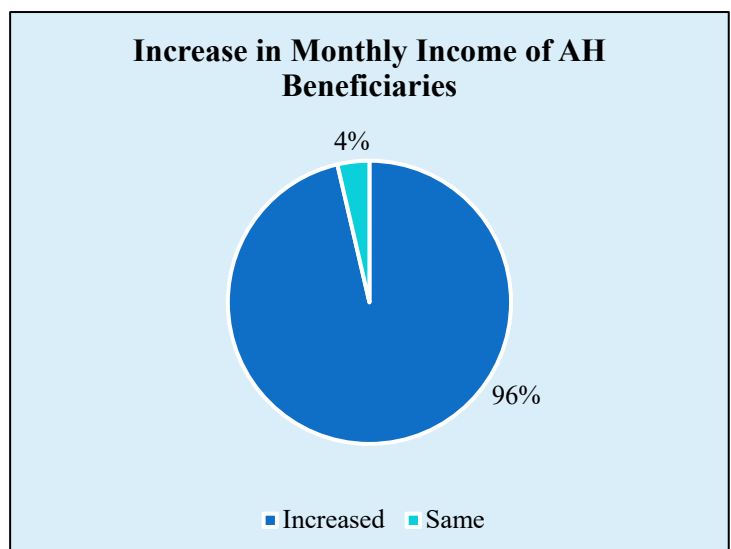
organic produce, which discourages farmers from continuing these practices. Pest infestation was another issue, particularly when neighbouring farms continue to use chemical inputs, affecting organic crops. Some of the farmers highlighted the technical challenges with drip irrigation systems, especially clogging caused by high salinity which reduce efficiency. Farmers also face limited access to quality seeds especially groundnut seeds and inadequate storage facilities, which impacts both productivity and post-harvest management.

Concerns were raised about the quality of subsidized inputs, with many farmers perceiving them to be inferior to market products. Financial pressures force farmers to sell produce immediately rather than waiting for better prices, and delays or uncertainty in government procurement payments further add to their difficulties.

To address these issues, the community suggested improvements. These include ensuring the availability of better quality inputs and saplings. Strengthening market linkages and ensuring fair and stable prices for organic produce were emphasized as critical for sustaining farmer interest.

b) Sustainability of AH Interventions

The AH interventions demonstrated sustainability, reflected in continued farmer engagement, satisfaction, and income enhancement. Around 96% farmers reported an increase in their monthly income from livestock activities, indicating that the interventions led to tangible economic benefits. Around 85% of farmers perceived an improvement in AH services, highlighting the effectiveness of the support provided.



Sustainability is reinforced by the intent of beneficiaries to continue utilizing these services, with nearly 95% of farmers expressing willingness to avail AH services in the future. Around 90% of beneficiaries reported overall satisfaction with the services, indicating trust in the delivery mechanisms and quality of support. The combination of increased income, high satisfaction level, and continued demand for services suggests that the AH interventions have been well institutionalized at the community level and are likely to sustain in the long term, contributing to improved livestock productivity.

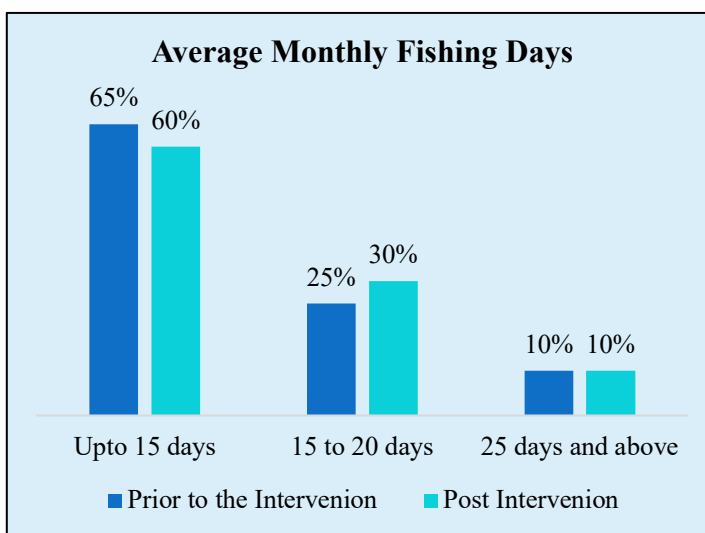
AH beneficiaries expressed that the services are likely to continue benefiting them, as improved practices, knowledge, and systems (fodder cultivation, advisory support) have been established, increased their confidence in dairy farming.

However, they highlighted a few challenges in accessing AH services. They reported that AI services are sometimes delayed and not always immediately available when required. There are also occasional delays in veterinary visits and the supply of medicines, which affects timely treatment of livestock. Some services are not consistently accessible across all areas, leading to gaps in service delivery.

To address these issues, the community suggested increasing the number of veterinary camps to improve accessibility and ensure timely support. They also emphasized the need for continued awareness and outreach so that more villages can benefit from such initiatives.

c) Sustainability of Fisheries Interventions

The fisheries interventions reflected continued engagement and improved livelihood outcomes among beneficiaries. There was a visible shift in fishing patterns, with an increase in the number of fishing days post intervention, indicating enhanced capacity, better access to resources, and improved confidence among fisherfolk. This suggests that the interventions have strengthened regular income generating activities.



All the beneficiaries reported an increase in income due to the interventions, highlighting sustained economic gains. The emphasis of beneficiaries on group based interventions such as FPOs and SHGs, will strengthens long term sustainability through collective action, knowledge sharing, and improved bargaining power.

Health and Water Resource Development Initiatives



Impact of Health and Water Resource Development Initiatives

GHCL Foundation implemented healthcare and drinking water initiatives during FY 2024-25 across underserved geographies in Gujarat and Tamil Nadu, where access to quality healthcare and safe drinking water remained limited. The program aimed to address key challenges such as low health seeking behaviour, high anaemia prevalence, undernutrition, seasonal diseases, and dependence on saline or contaminated groundwater.

GHCL adopted a community centric approach. It focused on improving access to primary and preventive healthcare services by operating Mobile Health Units (MHU), organizing targeted screening camps, and strengthening referral systems. These targeted the early detection and timely treatment of priority conditions such as non-communicable diseases (NCDs), anaemia, and other chronic illnesses.

The Foundation promoted behaviour change by engaging peer educators, community groups, and local institutions to convert awareness into service uptake. It focused on maternal, child, and adolescent health by promoting dietary diversity, improving nutrition practices, and strengthening linkages for anaemia prevention and management.

GHCL strengthened convergence with public health systems by working closely with ASHA workers, Anganwadi centres, and Primary Health Centres (PHCs). It built the capacity of frontline health workers to improve outreach planning, ensuring services reached underserved populations effectively. GHCL also focussed on improving access to safe drinking water by promoting RRWHS (Roof Rainwater Harvesting System) in water stressed coastal regions. It installed RRWHS across eight villages, each equipped with first flush and filtration mechanisms to ensure water quality. The

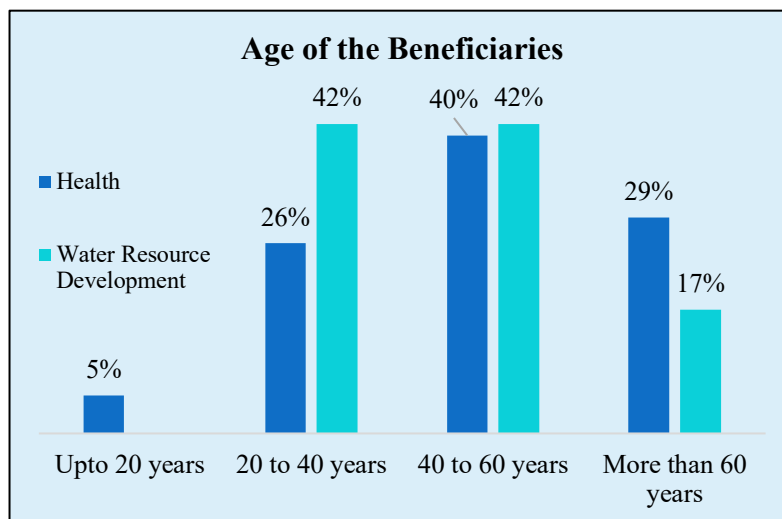


Foundation trained households on operation and maintenance practices such as cleaning, system management, and safe storage, to ensure long-term sustainability.

Inclusiveness

a) Age-wise Inclusivity

The program demonstrated age-wise inclusiveness by engaging beneficiaries across all age groups, with a higher concentration among the economically active population. A significant proportion of beneficiaries belonged to the 20-40 years age group, accounting for ~26% in health interventions and ~42% in

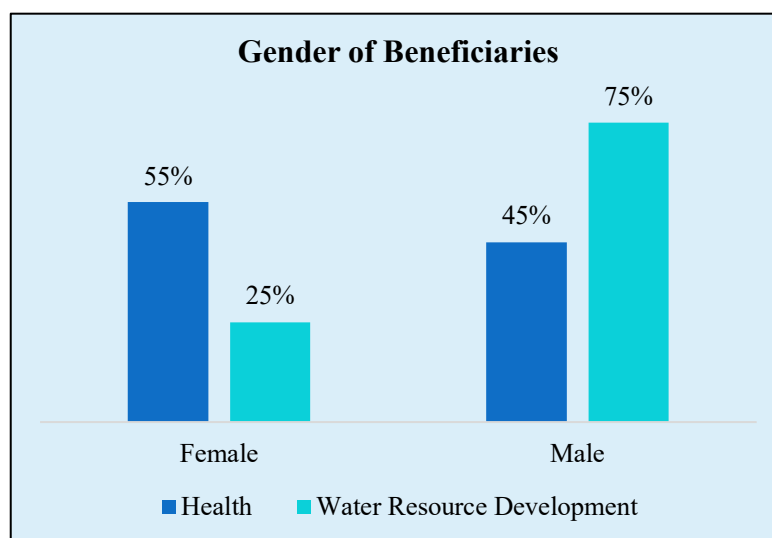


water resource development initiatives, indicating participation of young adults. The 40 to 60 years age group represented the largest share in Health and RRWHS at ~40% and ~42% respectively, reflecting effective outreach among middle aged individuals who are key decision makers in households.

The program also ensured inclusion of elderly populations, with ~29% of health beneficiaries aged above 60 years.

b) Gender-wise Inclusivity

The program reflected a balanced approach to gender inclusion. In health initiatives, women constituted a higher share of beneficiaries ~55%, indicating a focus on addressing the health needs of women, particularly in areas such as maternal health, nutrition, and anaemia. Men accounted for ~45% of health

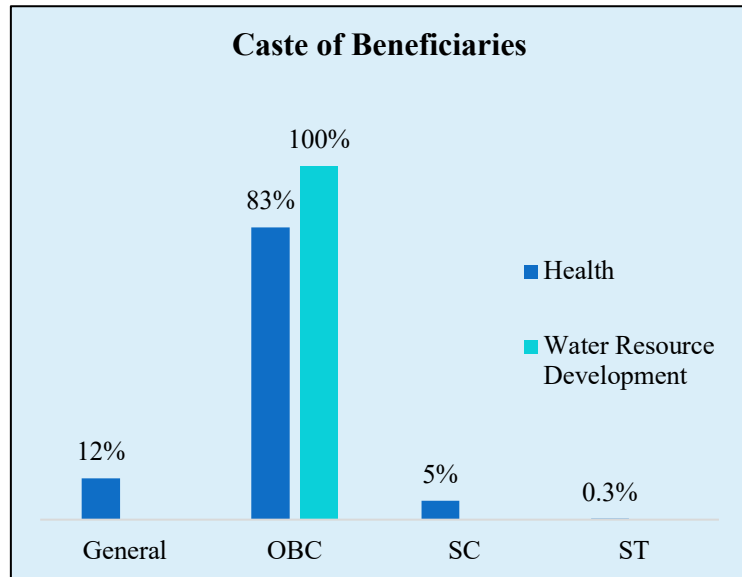


beneficiaries, ensuring inclusive outreach across both genders.

RRWHS had higher participation from men, who comprised 75% of beneficiaries, while women accounted for 25%. This distribution reflects the gendered roles associated with infrastructure related activities and water management systems.

c) Caste-wise Inclusivity

The program demonstrated a focus on inclusiveness by effectively reaching socially and economically backward communities. Majority of beneficiaries belonged to the OBC, accounting for ~83% in health interventions and 100% in water resource development initiatives, indicating a targeted approach toward vulnerable and underserved groups.



In health programs, 12% of

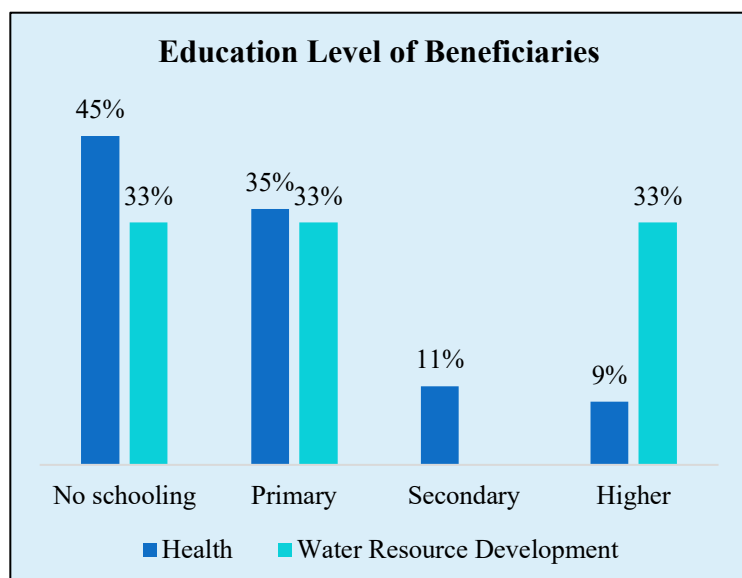
beneficiaries were from the general category. Program remained limited in effectively reaching SC/ST populations. SC beneficiaries constituted only 5% and ST a negligible 0.3% of the total reach in health interventions, with no inclusion in water resource development initiatives.

The underrepresentation of these groups indicates gaps in targeted outreach, inclusion strategies, and accessibility of program interventions for the most marginalized sections. Limited engagement with SC/ST habitations may have contributed to their lower participation.

ASHA worker of a village in Sutrapada said that the intervention reached a wide range of beneficiaries such as women, children, elderly, and remote households. Mobile health services and regular visits ensured inclusion of those who previously had limited access to healthcare. She noted that almost all community members participated in camps and benefited from services such as screenings, immunisation awareness, and routine check-ups. Vulnerable groups, especially pregnant women and elderly individuals, experienced improved access to healthcare services.

d) Education Level of Beneficiaries

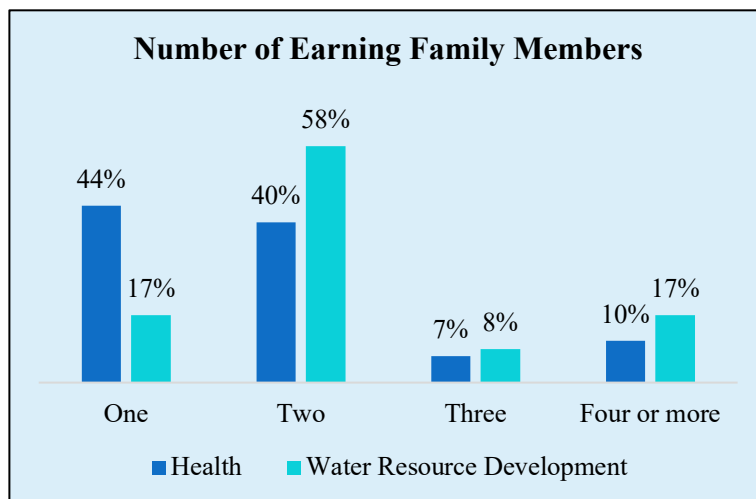
It was found that the program had reach among individuals with lower educational attainment. A significant proportion of beneficiaries in health interventions had no formal schooling (~45%) or only primary education (~35%), indicating effective outreach among less educated and potentially more vulnerable populations. Similarly, in water resource



development initiatives, ~66% of beneficiaries had no schooling or had primary education, reflecting inclusive access across basic education levels.

e) Number of Earning Family Members

The program demonstrated outreach among economically vulnerable households, particularly those with limited earning members. A significant proportion of beneficiaries in health interventions belonged to households with only one earning member (~44%), highlighting the program’s focus on financially constrained families.

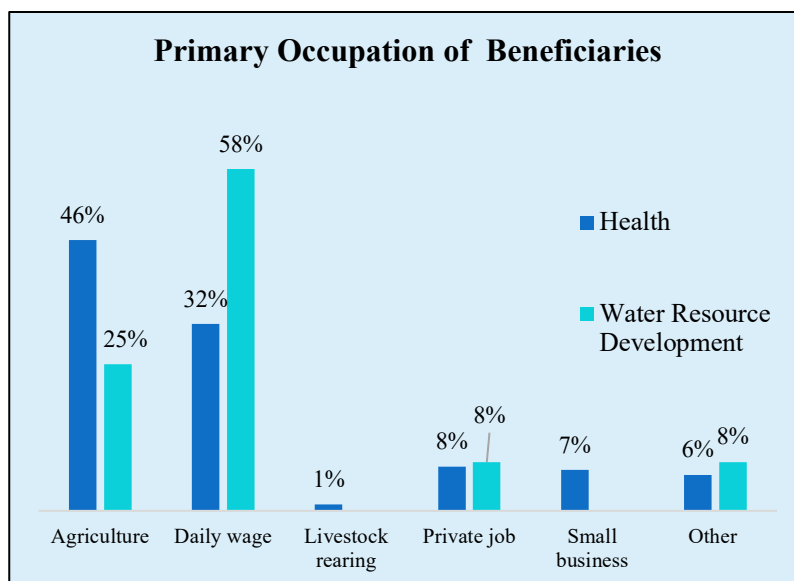


Water resource development initiatives saw higher participation from households with two earning members (~58%) indicating relatively better economic stability among participants in these interventions. This distribution suggests that while the program reached a range of household economic profiles, it was particularly effective in targeting and supporting households with fewer income sources.

Relevance of the Initiatives

a) Addressing Health and WASH Needs of Marginalised Populations

Program involved economically vulnerable populations. A significant proportion of beneficiaries were engaged in agriculture (~46% in health and ~25% in water interventions) and daily wage work (~32% in health and ~58% in water interventions). It reflects the predominance of income insecure and resource dependent households. These



groups face challenges of poor access to healthcare and safe water, which affects productivity and household wellbeing.

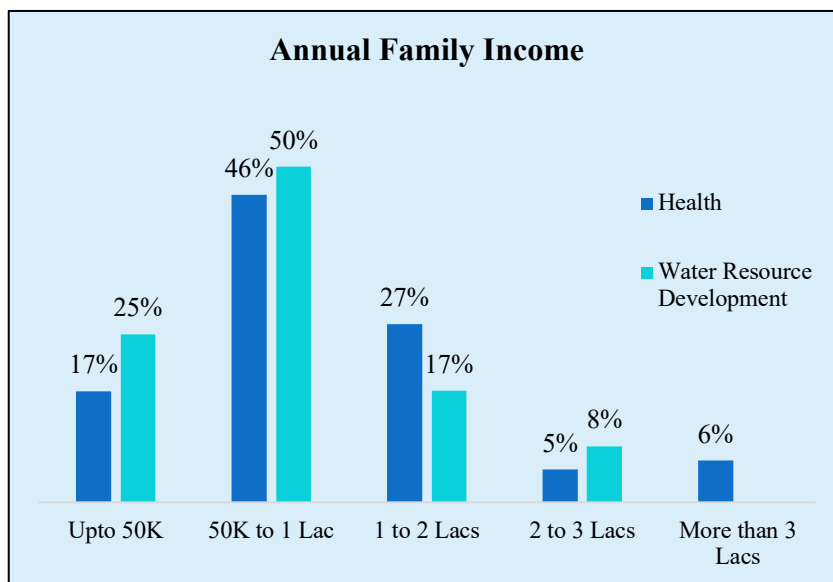
The community shared that earlier drinking water availability was very poor, with people walking long distances and sometimes paying for private tankers. After the intervention, water was

available near households through taps and storage tanks, improving access and meeting a critical need”.

The program interventions targeted to reduce health risks, improved productivity, and enhanced resilience among marginalised communities.

b) Reaching Economically Vulnerable Households

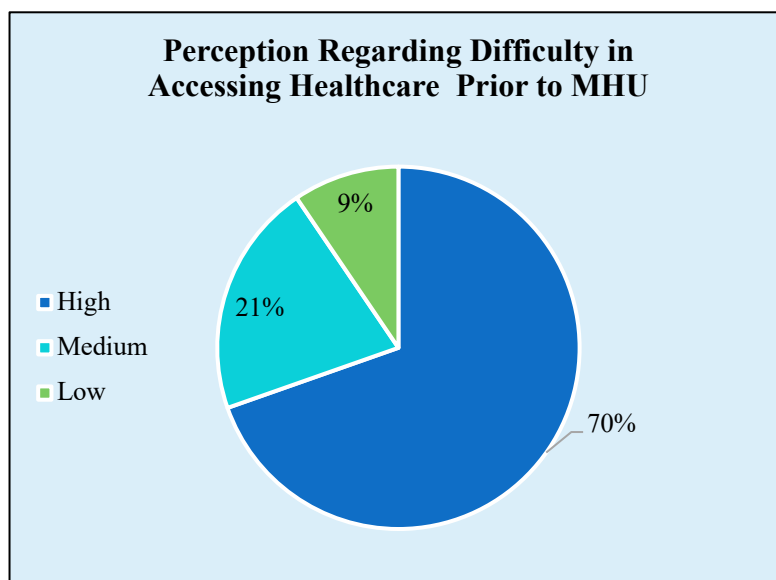
The program involved economically vulnerable households with low to moderate income levels. A significant proportion (~50%) of the beneficiaries belonged to lower income categories in both health and water interventions). It highlights the predominance of low income and financially constrained households within the program areas.



These income patterns indicate limited financial resilience and a high dependence on external support for accessing basic services such as healthcare and safe water. The program interventions addressed these vulnerabilities by improving access to essential services, reducing financial stress associated with health and water challenges, and enhancing livelihood security among marginalised communities.

c) Relevance of Mobile Health Unit (MHU)

The program addressed gaps in accessing to primary healthcare services in the intervention areas. The distance to the nearest Primary Health Centre (PHC) was up to 3 km in the villages. In some of the villages it even exceeded more than 5 km in Greenfield region. It created a barriers to timely healthcare access, especially for vulnerable populations.



Around 70% of the beneficiaries reported difficulty in accessing healthcare services prior to the introduction of the MHU. These challenges arose due to distance, limited transport availability, and associated costs, often resulting in delayed treatment and increased health risks.

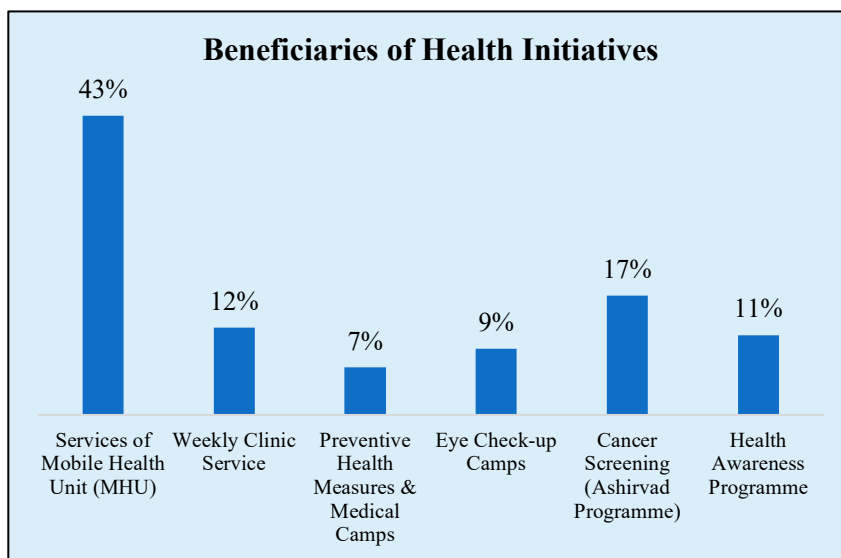
The ASHA worker of Kathivadar village shared that earlier there was a limited access to healthcare. Community members needed to travel to cities even for basic services. They had low awareness about conditions like BP, diabetes, and hygiene. The GHCL health intervention through mobile health units, camps, screenings, and awareness sessions directly addressed these critical gaps. The focus on common illnesses, NCD screening, maternal and child health, and hygiene awareness were aligned with the primary health needs of the village.

MHU interventions effectively addressed these gaps by bringing healthcare services closer to communities to the underserved areas. The initiative improved access to timely diagnosis, reduced travel burden, and enhanced service uptake among marginalised populations.

Effectiveness

a) Healthcare Initiatives

GHCL implemented various healthcare initiatives to address diverse health needs in the intervention areas. MHU served as the primary mode of service delivery, covering a significant proportion of beneficiaries (~43%) by providing doorstep access to primary healthcare services,



diagnosis, and treatment in underserved and remote locations. Weekly clinic services (~12% beneficiaries) ensured continuity of care and regular access to basic health consultations. Preventive health measures and medical camps were organised to promote early detection and timely treatment of common ailments, thereby reducing disease burden.

Focused interventions such as eye check-up camps and cancer screening addressed critical health conditions, strengthening early diagnosis and referral systems. These targeted initiatives played a key role in identifying high risk cases and linking beneficiaries to appropriate care.

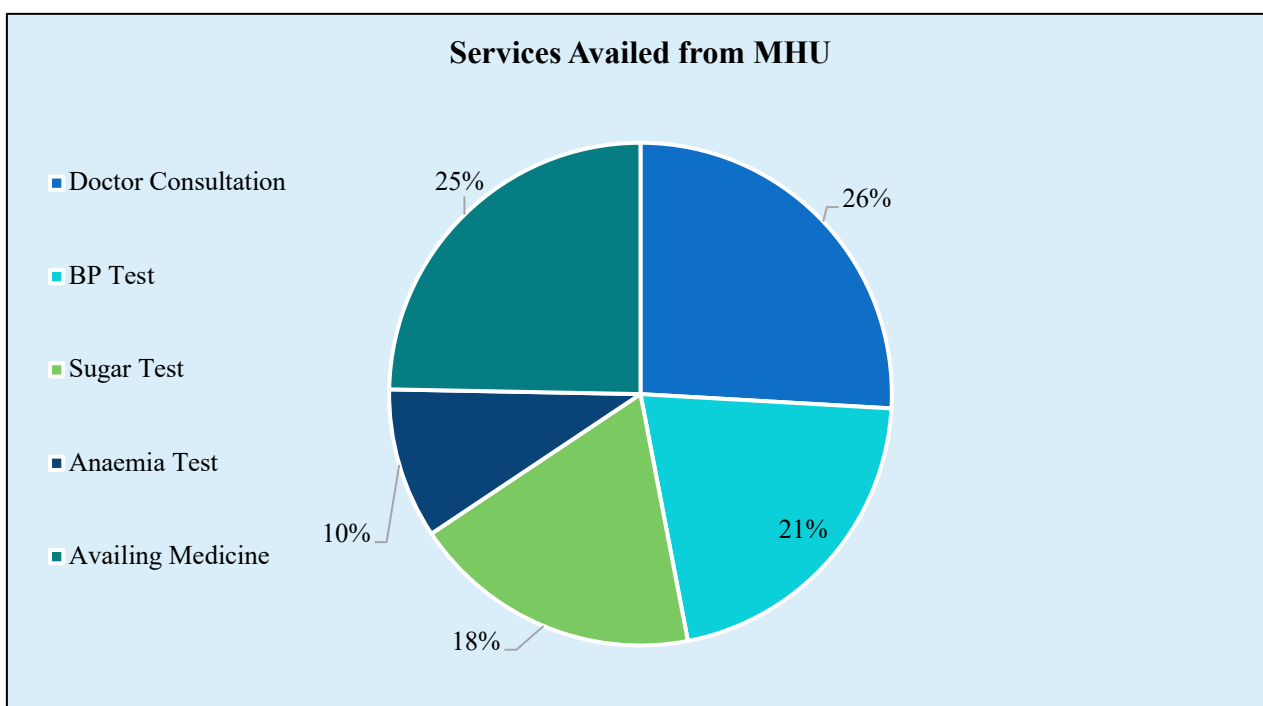
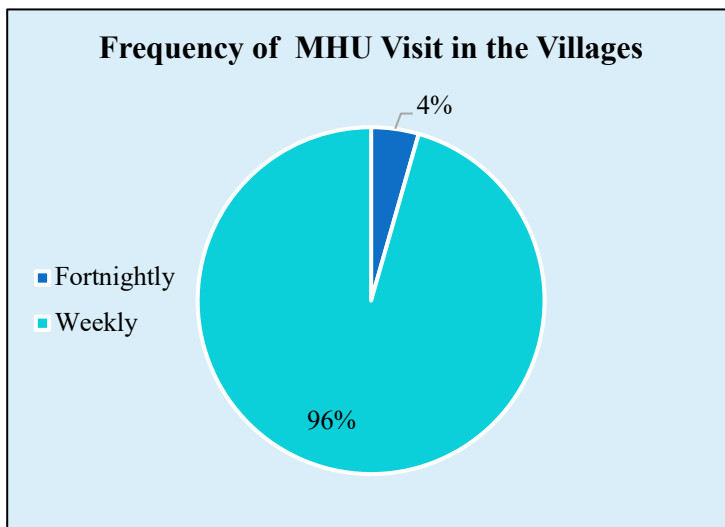
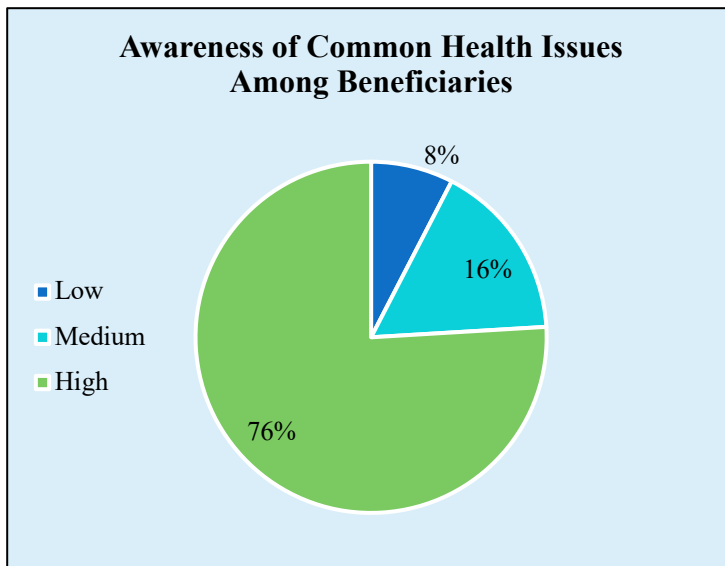
Health awareness programmes were conducted to promote behaviour change, improve health seeking practices, and enhance community knowledge on nutrition, hygiene, and disease prevention.

i. Mobile Health Unit (MHU)

A. Enhanced Healthcare Access

MHU enhanced access to primary healthcare services in the intervention areas by ensuring regular, doorstep service. A majority of beneficiaries (~96%) reported that the MHU visited their villages on a weekly basis. This ensured continuity of care and improved access to timely healthcare services for the underserved populations.

MHU played a role in improving awareness of common health issues. Around 76% of beneficiaries reported high levels of awareness. This indicates that the MHU also improved health seeking behaviour and preventive care practices.



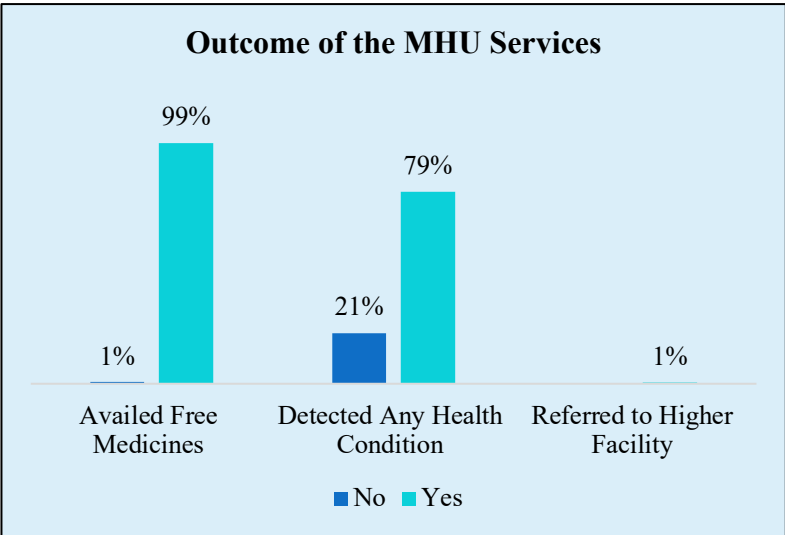
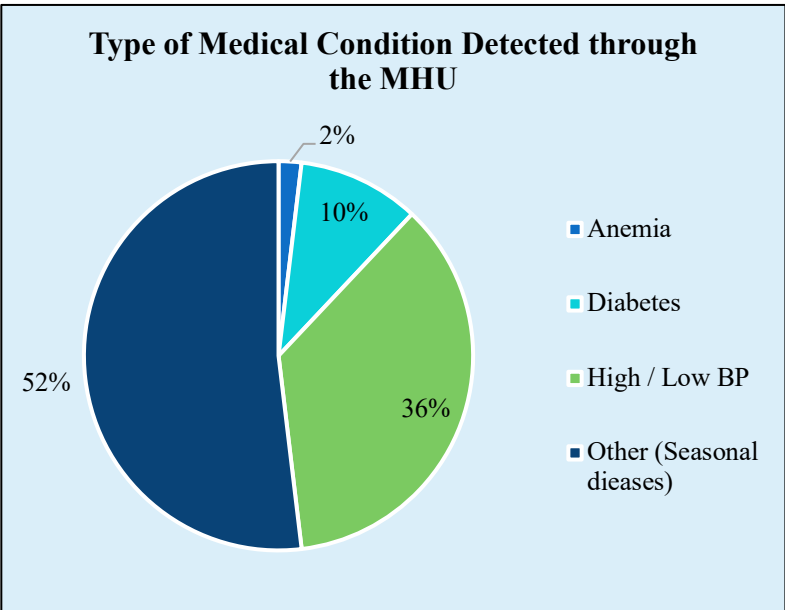
The Block Medical Officer communicated that, the interventions were effective in improving healthcare access and outcomes. Regular health camps, home visits, and screenings ensured that villagers received timely check-ups and medication. Maternal and child health services became more accessible and useful, and awareness sessions led to improved hygiene practices. Early diagnosis and referral mechanisms enabled timely treatment of diseases, reducing severity and complications.

Community members reported that common illnesses reduced and people actively seek healthcare.

Beneficiaries accessed doctor consultations (~26%), access to medicines (~25%), BP tests (~21%), sugar tests (~18%), anaemia tests (~10%) etc. This reflects that the MHU addressed both curative and preventive healthcare needs at the community level.

B. Detection and Management of Health Conditions

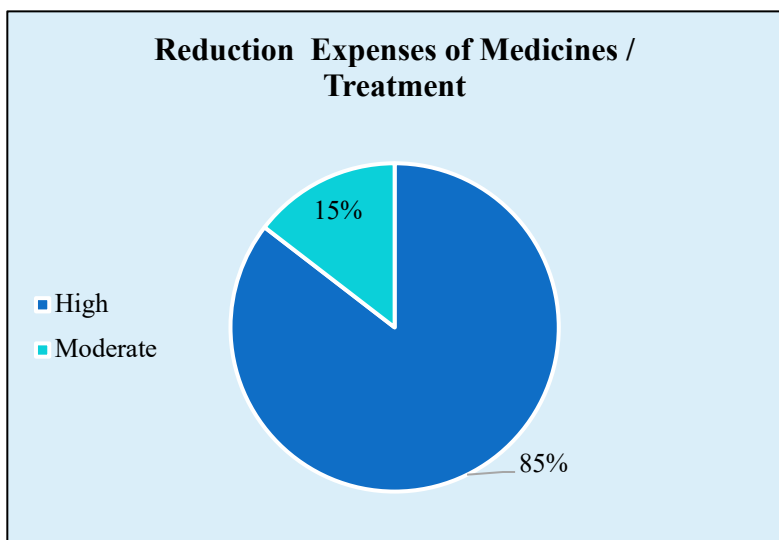
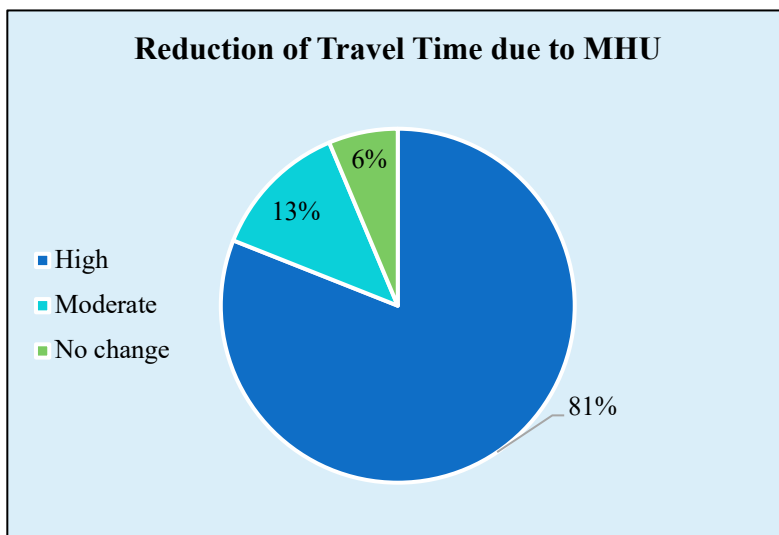
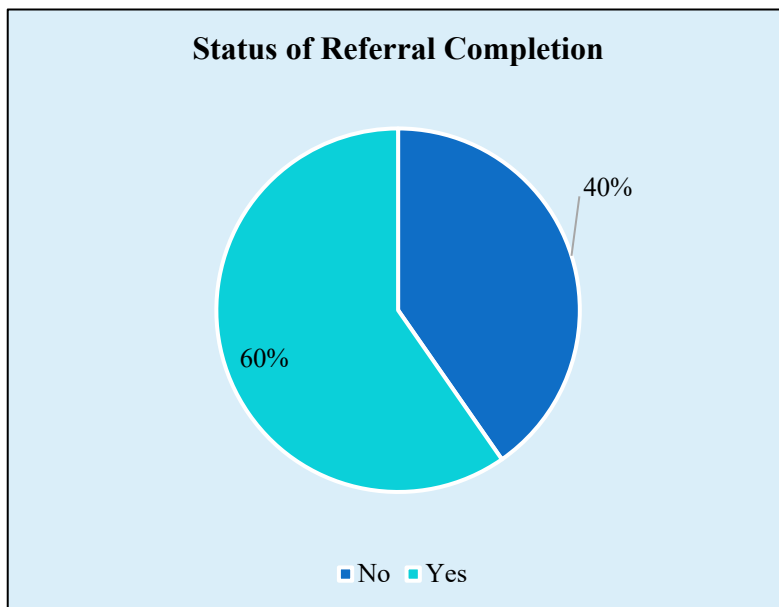
MHU played a role in early detection and management of common health conditions among beneficiaries. A majority (~52%) of detected cases were related to anaemia highlighting the high prevalence of nutritional deficiencies in the intervention areas. This was followed by blood pressure (high/low BP), diabetes etc related cases, reflecting the incidence of lifestyle related diseases. MHU services ensured effective follow up and treatment support. A majority of beneficiaries (~99%) availed free medicines, demonstrating service uptake and accessibility. Around 79% of beneficiaries reported that the MHU successfully detected a health condition, underscoring its effectiveness in early diagnosis.



The referral system strengthened continuity of care, with beneficiaries being linked to higher healthcare facilities when required. It was found that among those referred, ~60% completed the referral process. A gap was observed in the referral system, as the implementation team did not maintain systematic tracking of referred beneficiaries. This led to discontinuity in care and limited the overall effectiveness of treatment outcomes.

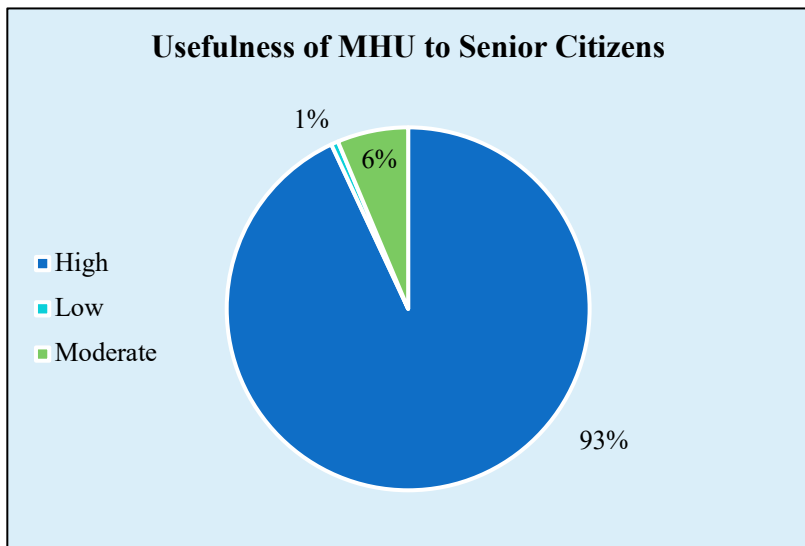
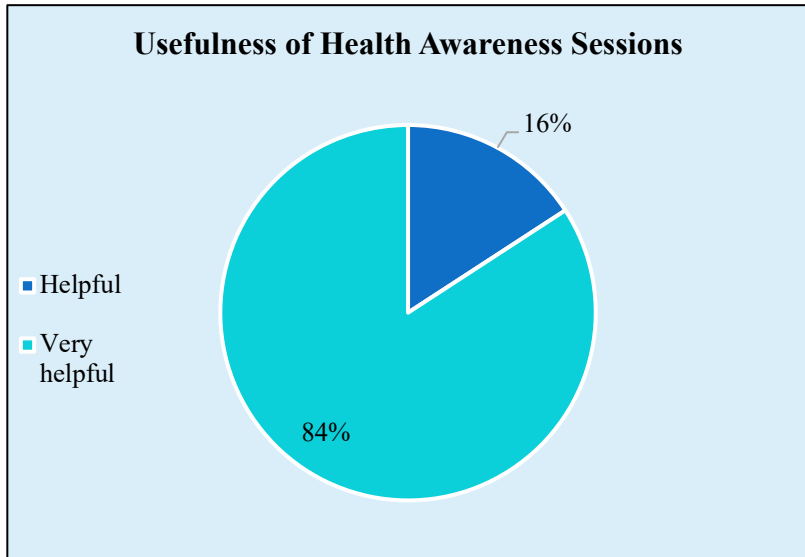
C. Reduction in Travel Time and Treatment Costs

MHU reduced the travel burden for beneficiaries by bringing healthcare services closer to their communities. A majority of beneficiaries (~81%) reported a reduction in travel time. This indicates that the MHU improved physical access to healthcare services for populations residing in remote areas. It also contributed to reducing out-of-pocket healthcare expenses. Around 85% of beneficiaries reported a high reduction in expenses related to medicines and treatment. It played a role in lowering financial barriers to healthcare.



D. Support to Vulnerable Groups

The health awareness sessions conducted by the MHU team were perceived as useful by beneficiaries. A majority (~84%) reported that the sessions were very helpful. This indicates that the sessions effectively improved community awareness on health, nutrition, hygiene, and preventive practices. It also demonstrated relevance for vulnerable groups, particularly senior citizens. Around 93% of beneficiaries reported that the MHU services were highly useful for elderly populations. This highlights the importance of doorstep healthcare services for individuals with limited mobility. The implementing organisation reported that ~2 cases in each



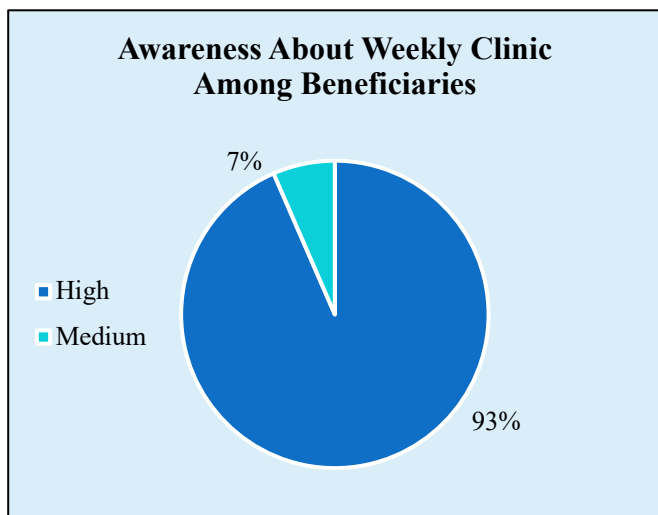
intervention village required home based care, primarily for elderly and bedridden patients. The MHU addressed these needs by extending services beyond fixed outreach points and ensuring that the most vulnerable individuals received necessary care at their doorstep.

ii. Weekly Clinic

A. Improving Last Mile Healthcare

Access

The Weekly Clinic services improved access to primary healthcare by ensuring proximity and regular availability of services for beneficiaries. The clinics were located within a distance of less than 3 km from beneficiary households, making them easily accessible.



A majority of beneficiaries (~93%) reported awareness about the Weekly Clinic services, indicating effective outreach and communication by the program. Prior to the intervention, more than 85% of beneficiaries perceived difficulty in accessing healthcare services, highlighting the gaps in availability and accessibility of care.

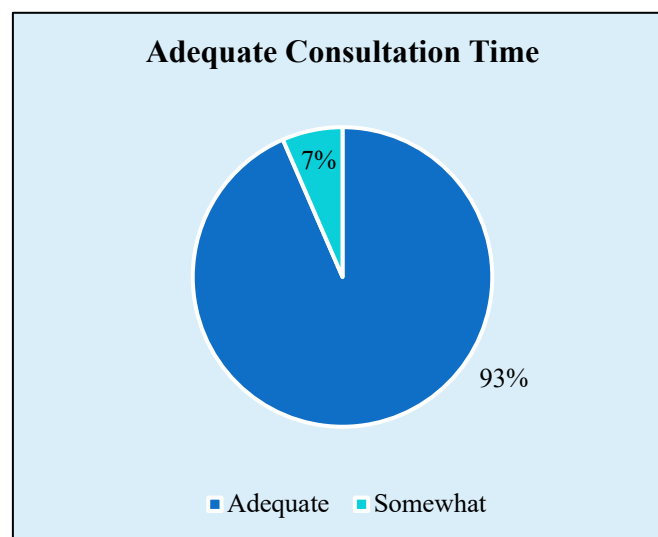
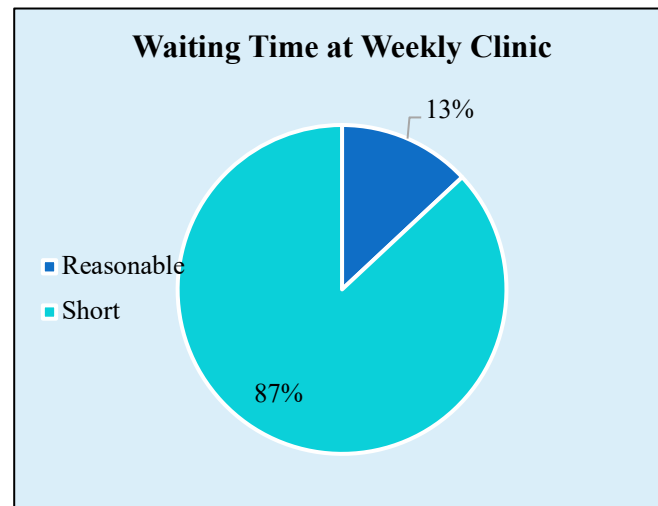
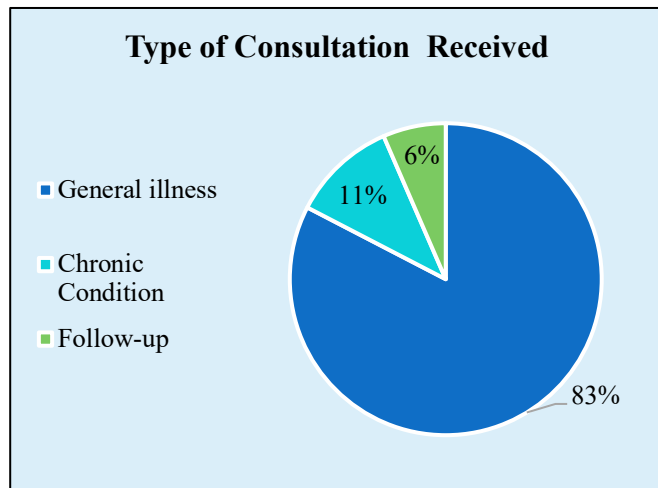
The clinics addressed healthcare needs. Around 83% of beneficiaries seek consultation for general illnesses. Weekly Clinics effectively catered to both immediate and ongoing healthcare needs of the community.

B. Enhancing Access, Affordability, and Continuity

The Weekly Clinic services delivered beneficiary centric healthcare experience. A majority of beneficiaries (~93%) reported that adequate consultation time was provided during clinic visits, indicating overall satisfaction with the quality of interactions. Around 87% of beneficiaries perceived the waiting time at clinics as short reflecting efficient service delivery. All beneficiaries confirmed that medicines were consistently provided during clinic visits, ensuring immediate treatment and reducing dependency on external sources. The clinics

reduced travel burden, with all the beneficiaries reporting a reduction in travel time due to the proximity of services.

The Weekly Clinics contributed to reducing out-of-pocket healthcare expenses, with all beneficiaries acknowledging a reduction in costs related to medicines and treatment. All the beneficiaries reported improved continuity of care for recurring illnesses, as regular and accessible services enabled consistent follow-up and management of health conditions. The services were particularly beneficial for elderly populations, as all beneficiaries agreed that senior citizens gained

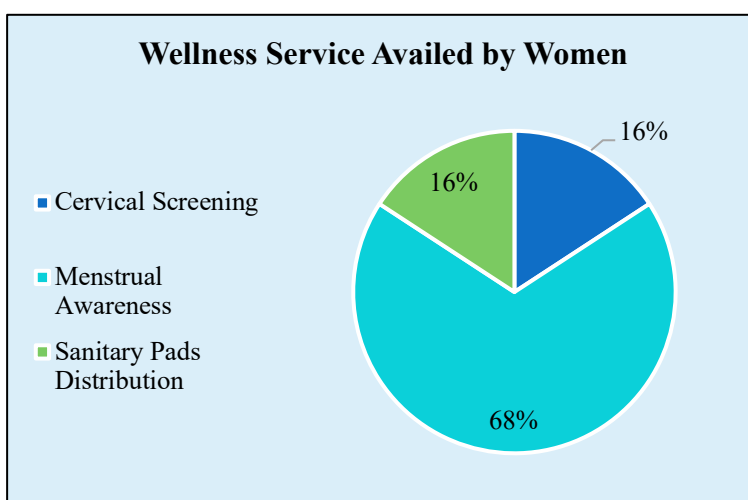
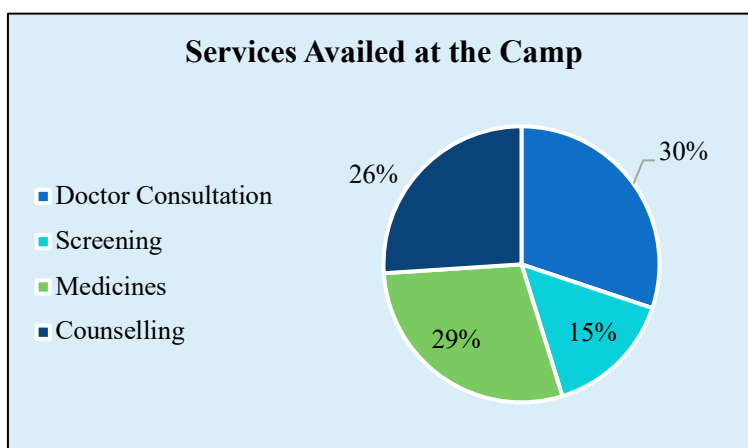
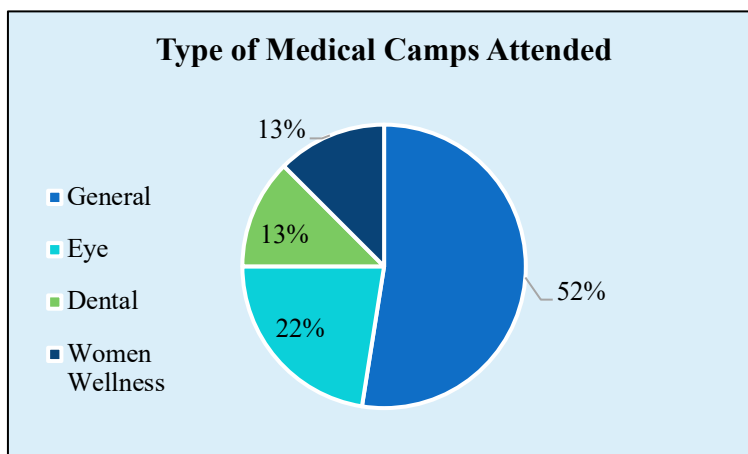


significantly from the clinics due to their limited mobility and restricted ability to travel outside the village.

iii. Preventive Health Measures & Medical Camps

A. Enhancing Early Detection and Awareness

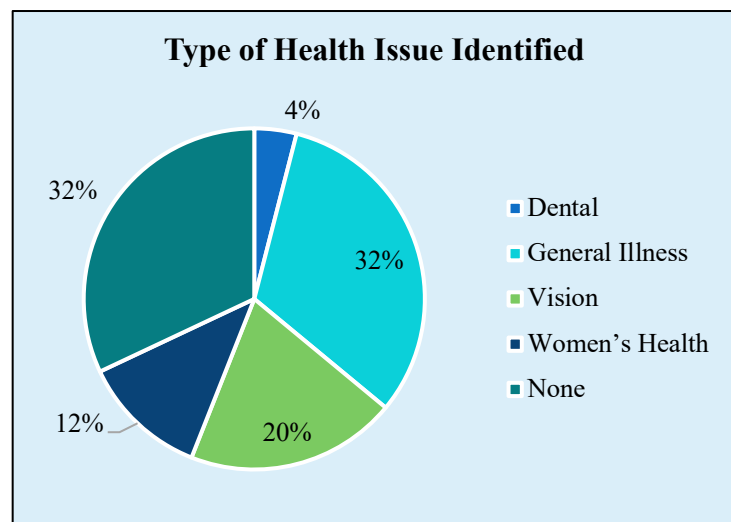
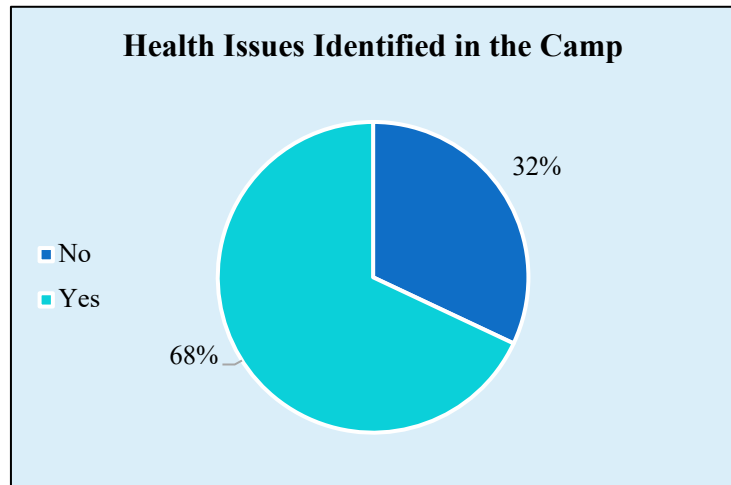
It strengthened early detection, awareness, and access to specialised healthcare services in the intervention areas. The camps addressed a mix of general and specialised healthcare needs within the community. A majority of beneficiaries attended general health camps (~52%), followed by eye camps (~22%). Around 36% of beneficiaries attended more than one camp, reflecting continued engagement and perceived usefulness of these services. However, ~64% attended only one camp, indicating scope to further improve repeat participation and sustained outreach. The camps provided a range of essential services, including doctor consultations, distribution of medicines, counselling, screening services etc. Camps focused on diagnosis, treatment and emphasised preventive care and awareness.



The women centric health interventions at the camps, effectively addressed key aspects of preventive and reproductive health among beneficiaries. A majority of women (~68%) participated in menstrual awareness sessions, followed by cervical screening etc., indicating a balanced focus on awareness, screening, and access to hygiene products.

B. Early Detection, Treatment, and Referral Services

The camps facilitated early identification of health issues. Around 68% of beneficiaries reported that a health issue was detected during the camps. The identified conditions included general illnesses (~32%), vision related issues (~20%), women's health concerns (~12%), dental issues (~4%) etc. reflecting the diverse healthcare needs addressed through the program. Around 28% of beneficiaries were referred for further treatment, ensuring linkage to higher healthcare services where required. All beneficiaries reported that medicines were provided after consultation, highlighting service delivery and immediate treatment support.

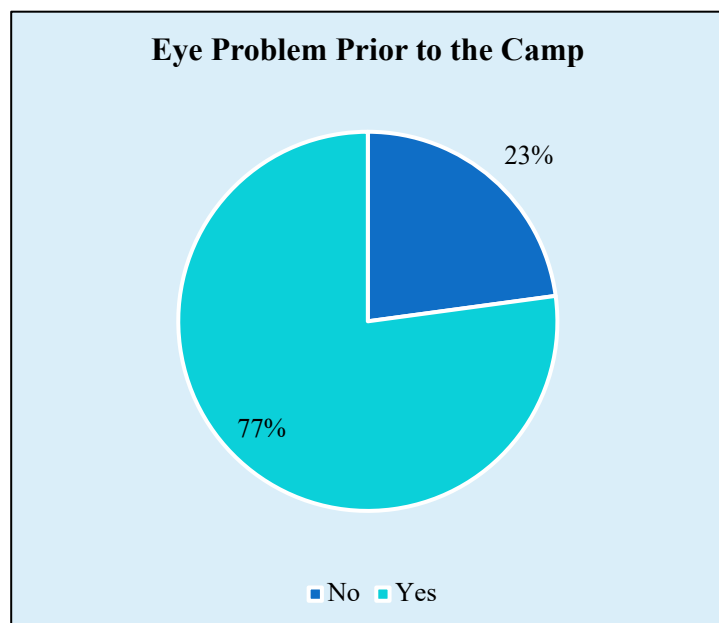


All the referred beneficiaries confirmed

that they completed the referral process. However, the program did not have a structured system to track referral follow-up, indicating a gap in monitoring continuity of care.

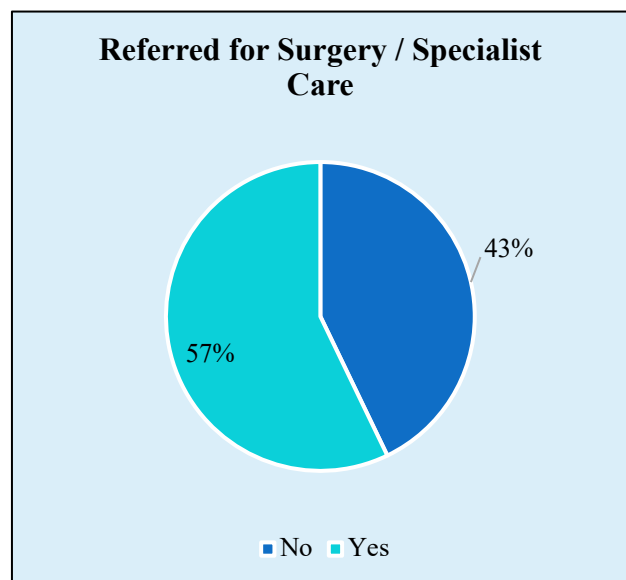
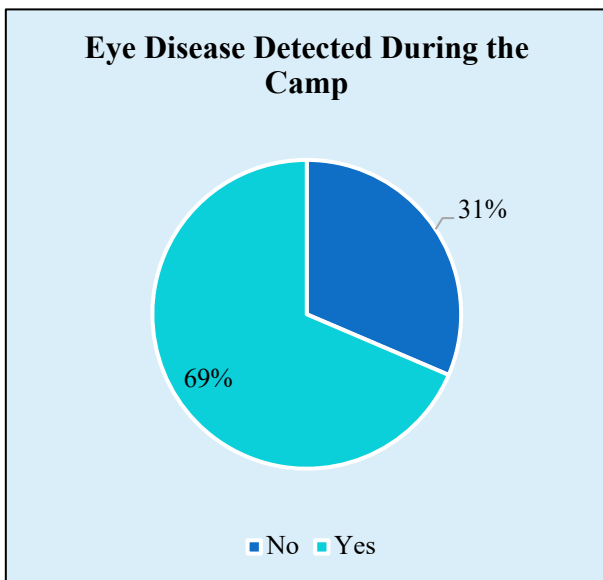
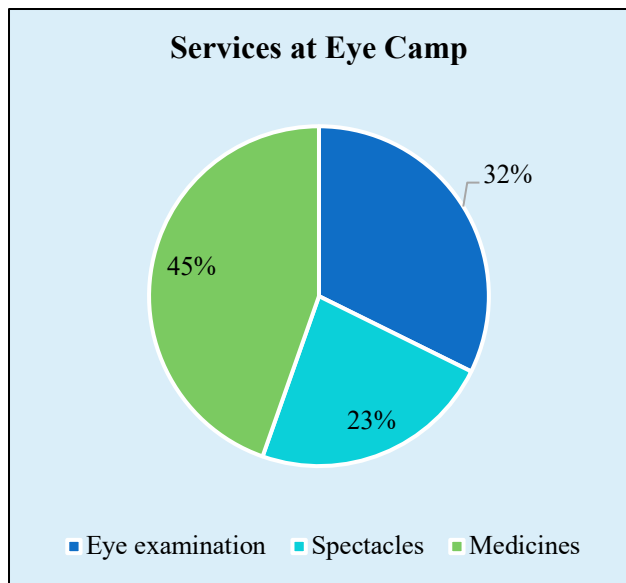
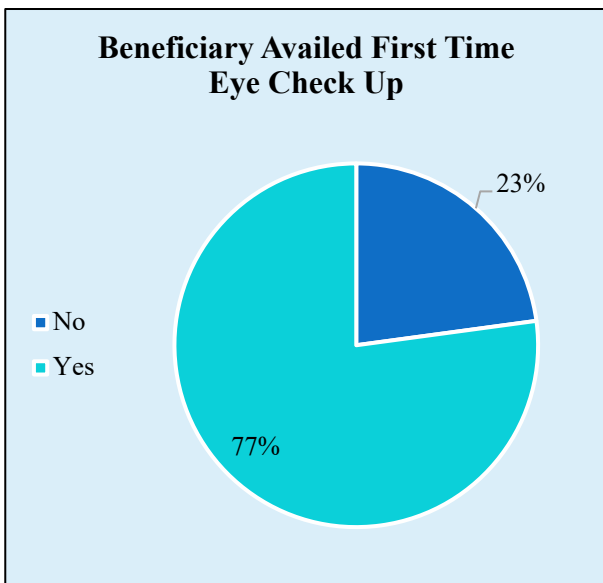
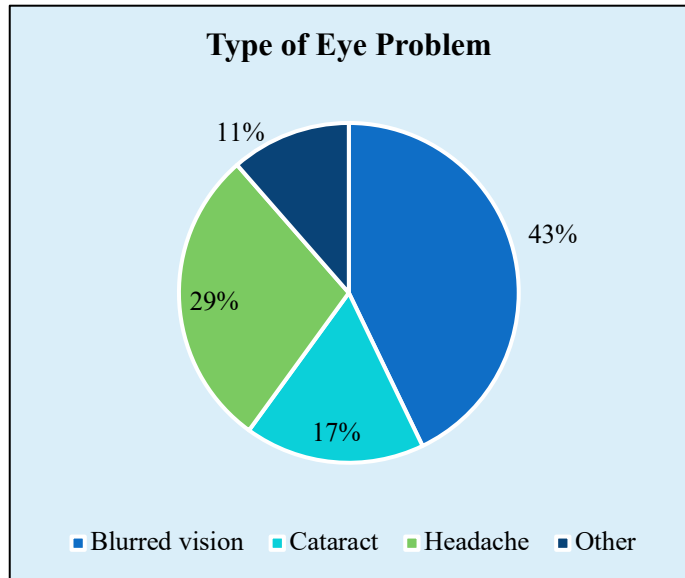
iv. Eye Check-up Camps

The eye health camps organised effectively addressed unmet need for vision care in the intervention areas. A majority of beneficiaries (~77%) reported experiencing eye problems prior to the camps, indicating a prevalence of untreated conditions. Among the identified issues, blurred vision emerged as the most common concern (~43%), highlighting the need for basic vision correction services. The camps successfully expanded access to eye care. Around 77% of beneficiaries availed eye check-ups for the first time, demonstrating



around 77% of beneficiaries availed eye check-ups for the first time, demonstrating

outreach to unreached populations. The camp included services such as distribution of medicines, eye examinations, etc. reflecting a balance between diagnosis and treatment. Around 69% of beneficiaries reported that an eye condition was detected during the camps, underscoring the effectiveness of early screening. A considerable proportion (~57%) were referred for further treatment or specialist care, ensuring continuity of care beyond initial diagnosis.

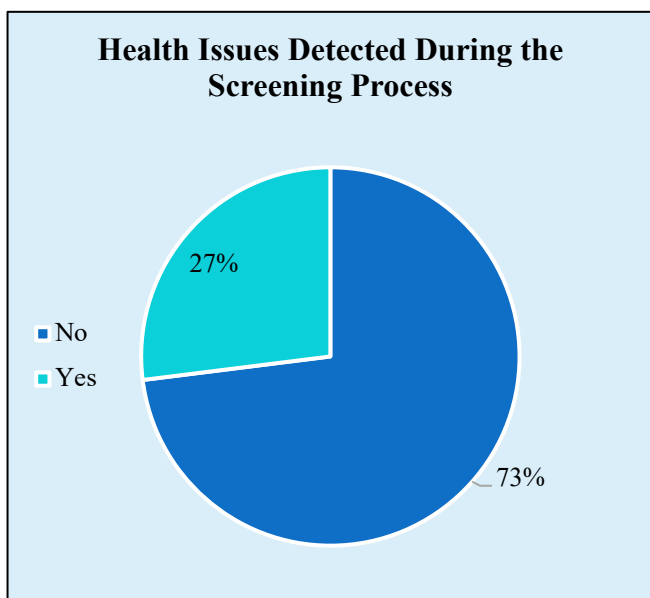
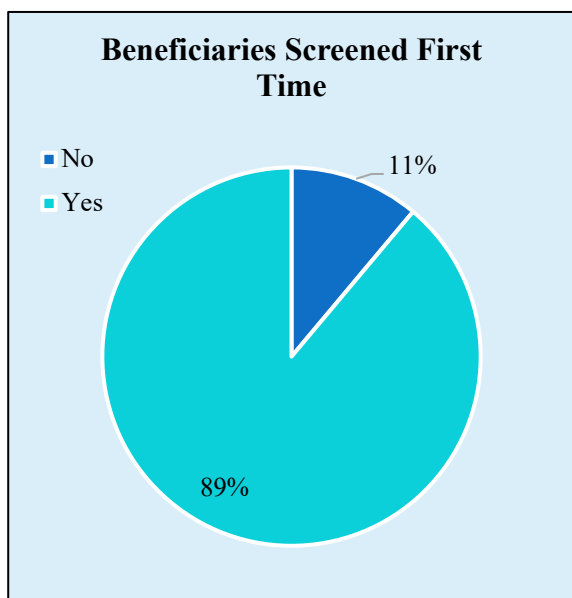
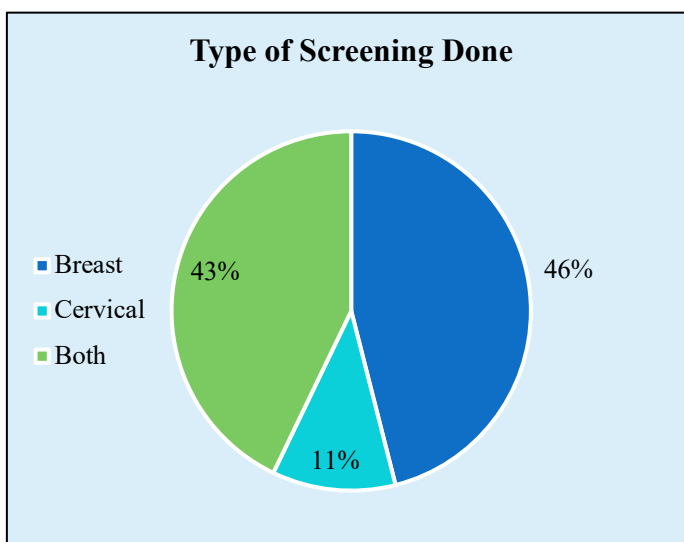
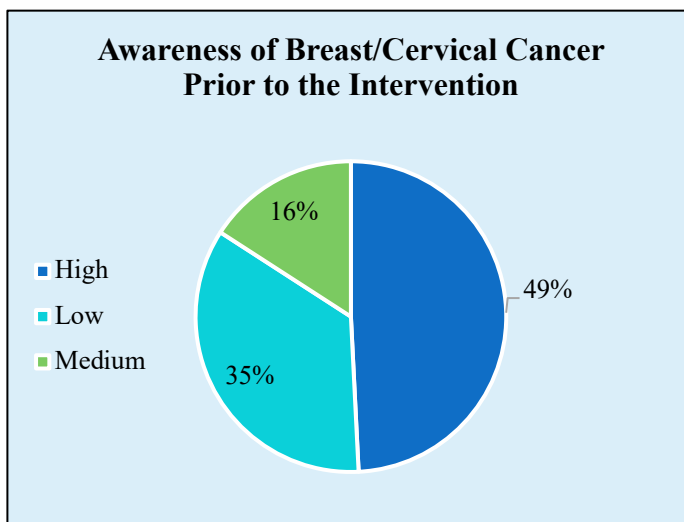


v. Cancer Screening Program

The cancer screening initiative effectively improved access to preventive care and early detection among women in the intervention areas. A large proportion of beneficiaries (~89%) underwent screening for the first time, indicating successful outreach to previously unreached populations. It included screening of both breast and cervical cancer, reflecting comprehensive service delivery.

The initiative demonstrated effectiveness in identifying health concerns, with ~73% of beneficiaries found that a health issue was detected during the screening process. Organisation ensured women friendly space. Around 90% of the beneficiaries reported being comfortable during the screening, highlighting the acceptability and quality of service delivery.

The intervention strengthened early detection of cancer related conditions, improved awareness and participation in preventive screening, and enhanced access to critical healthcare services for women, particularly those with limited prior exposure to such services.



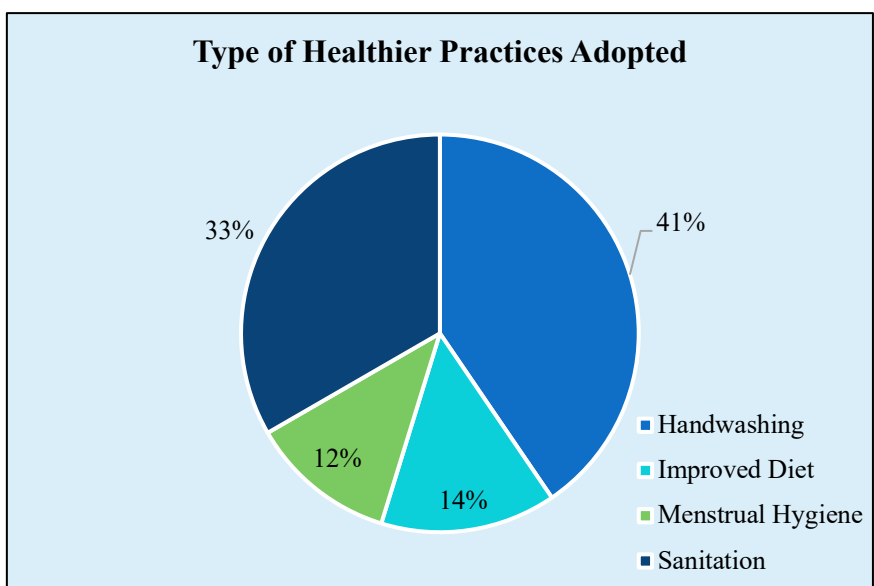
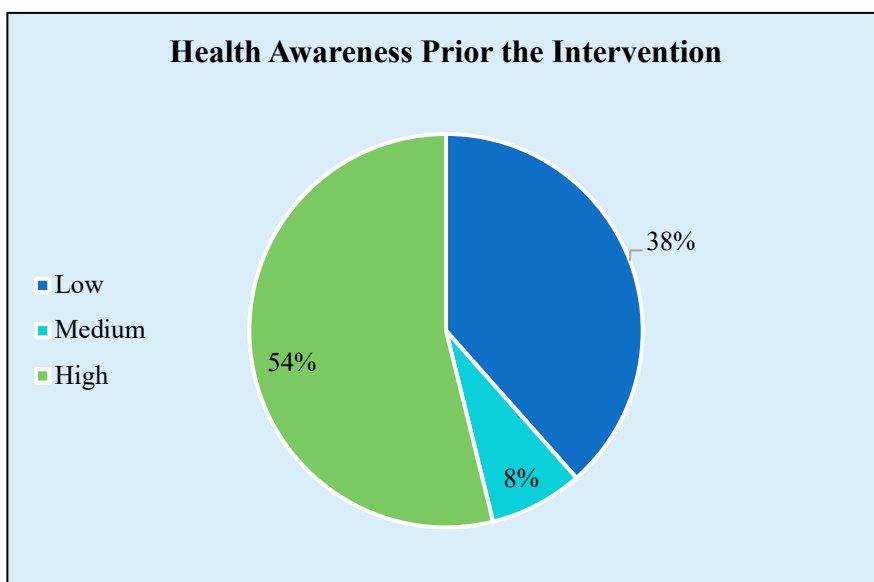
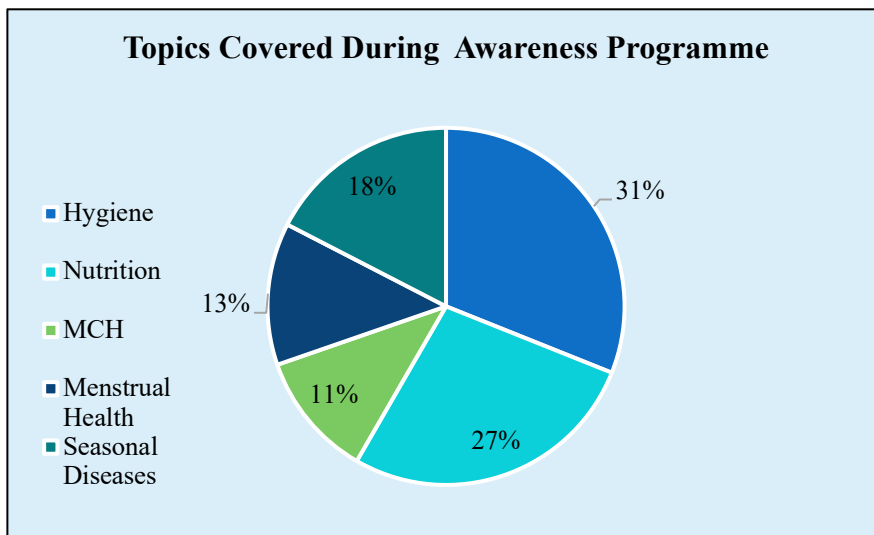
vi. Health Awareness Programme

The health awareness programme improved knowledge and adoption of healthy practices among beneficiaries. The sessions covered key various topics, ~58 % of the beneficiaries attended the hygiene and nutrition topics, ensuring focus on critical aspects of preventive health.

Prior to the intervention, a majority of beneficiaries (~54%) already reported a high level of awareness; however, the programme further strengthened understanding and translated knowledge into action. Handwashing (~41%) and sanitation practices (~33%) were found to be the most adopted healthy behaviours, reflecting strong behavioural outcomes.

All the beneficiaries reported adopting healthier practices post intervention, indicating effectiveness of the programme in driving behaviour change. Around

97% of participants reported that the sessions were easy to understand, highlighting the quality, clarity, and relevance of the awareness efforts.

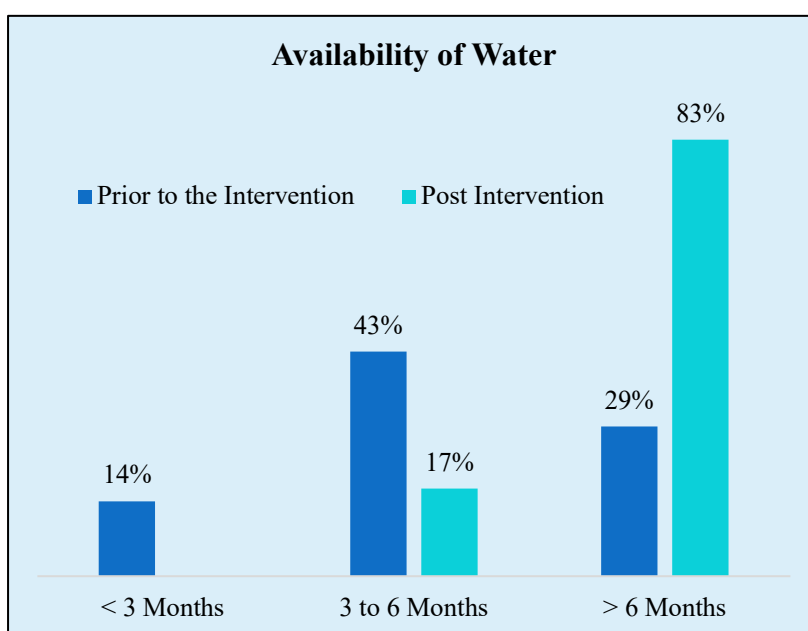
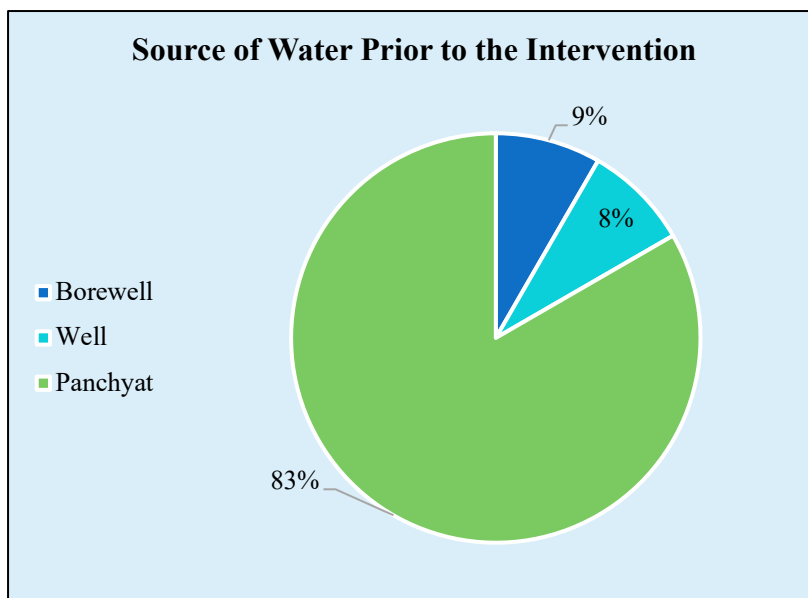


b) Water Resource Development Initiative

The Rooftop Rainwater Harvesting Systems (RRWHS) intervention improved household water security and access to safe water. Prior to the intervention, a majority of households (~83%) were depended on panchayat water sources, they had limited control over reliable water access. Post intervention, water availability improved substantially, with ~83% of households reported access to water for more than six months, reflecting enhanced water security.

All beneficiaries reported a positive impact on household water security and confirmed that they actively used RRWHS water after installation. The intervention also led to a complete reduction in time spent

fetching water, as 100% of beneficiaries reported saving time due to improved availability at the household level.



Community members highlighted that the time and effort spent fetching water has reduced considerably. Earlier, one person would spend almost the entire day collecting water; due to the intervention water can be accessed quickly, allowing time for other activities.

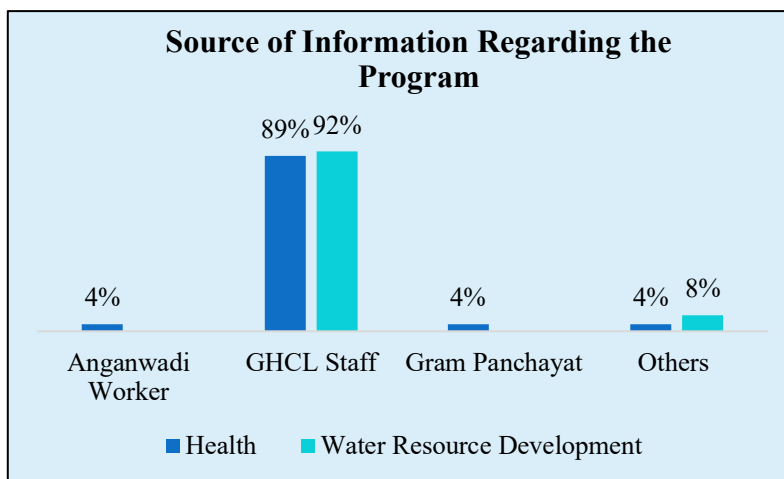
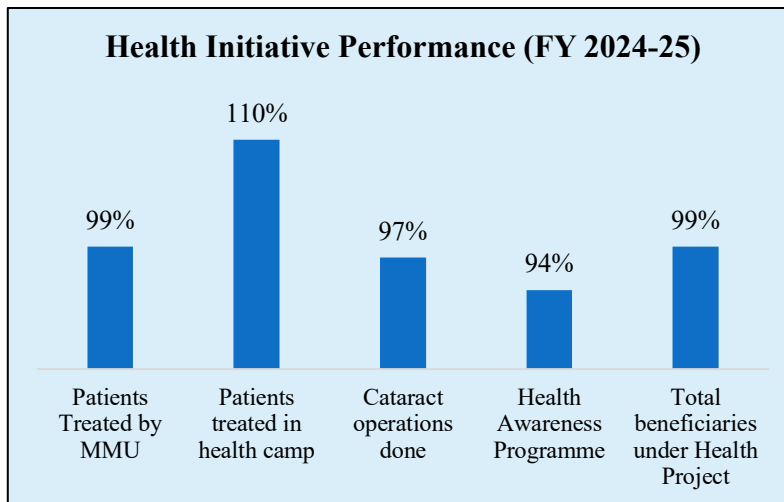
In addition, the programme strengthened community awareness and ownership. All beneficiaries reported increased awareness about water conservation and actively participated in maintenance activities, ensuring sustainability of the systems. They found to be satisfied with quality of water. RRWHS intervention effectively reduced dependency on external water sources, improved year round water availability, and enhanced community participation, thereby contributing to sustainable water management and improved quality of life in the intervention areas.

Efficiency

a) Achieving Health Outcome

GHCL implemented health interventions with efficiency, as reflected in performance against planned targets and effective service delivery mechanisms. The program achieved near-target performance across most key indicators, demonstrating optimal utilisation of resources and effective execution strategies.

The Mobile Medical Unit (MMU) treated ~73,013 patients, achieving ~99% of its target, indicating consistent outreach and operational efficiency in delivering primary healthcare services at the community level. Similarly, the number of patients treated through health camps



exceeded expectations, reaching 2,888 beneficiaries and achieving 110% of the target. This reflects effective mobilisation, demand generation, and responsiveness to community health needs.

Cataract operations reached 408 cases, achieving 97% of the target, demonstrating efficient identification, referral, and service linkage for specialised care. The Health Awareness Programme reached 5,859 beneficiaries, achieving 94% of the target, indicating outreach and engagement, though with slight scope for further expansion.

Overall, the health project benefited 81,760 individuals, achieving 99% of the overall target, highlighting the program's ability to deliver large scale impact with high efficiency.

Program demonstrated process efficiency through strong community connect. A majority of beneficiaries (~90%) received information about the program through GHCL staff, indicating effective communication, trust building, and last mile outreach.

Community members communicated that the initiative reduced the need for long distance travel and associated costs, as services such as BP, sugar, and anaemia testing, along with medicines, were available within the village. This has saved both time and money for households,

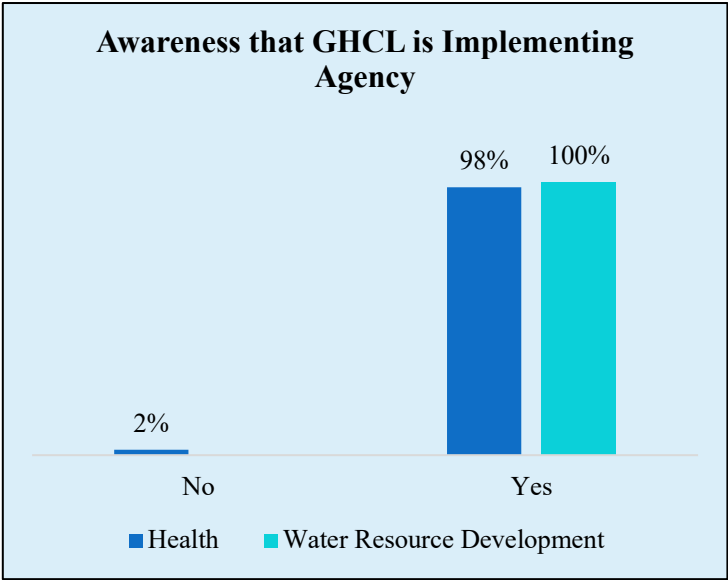
particularly benefiting vulnerable groups. Free medicines and regular outreach improved service delivery efficiency. Program also supported ASHA workers in performing their roles more effectively through training and coordination

The program optimised resource use, ensured timely delivery of services, and maintained a focus on reaching underserved populations, thereby maximising both coverage and impact.

b) Ownership of RRWHS Intervention

The RRWHS intervention demonstrated awareness and ownership among beneficiaries. A majority of households were aware that GHCL was the implementing agency, indicating effective communication and community engagement throughout the intervention process.

The program addressed critical challenges of reliance on saline and seasonally stressed water sources by



installing ~140 RRWHS units across 8 villages, each equipped with first flush and filtration systems. In addition, 1,337 households accessed safe drinking water through community water points, expanding the reach of the intervention.

GHCL strengthened sustainability by orienting users on simple operation and maintenance practices, enabling communities to manage the systems independently. It improved the availability of suitable water for domestic use.

Case Study: Kiranben Vijaybhai Chauhan
Village Chanch, Block Rajula, District Amreli

I have always been responsible for managing water for my household. Every year, especially during summers, water scarcity made our lives extremely difficult. We had to depend on irregular water supply and sometimes travel long distances to fetch clean water. This not only consumed time but also affected our health and daily routine.

In 2025-26, I became a beneficiary under the RRWHS (Roof Rain Water Harvesting System) initiative supported by GHCL Foundation. Under this program, I received financial assistance of Rs 25,000 through cheque, which helped me construct a rainwater harvesting system with a storage capacity of 18,485 litres.

Since installing the RRWHS system, my life has changed. During the rainy season, we are now able to collect and store clean rainwater, which we use for drinking and household purposes throughout the year. This has reduced our dependency on external water sources and ensured availability even during dry months. Earlier, I used to spend hours every



day arranging water for my family. Now, that time is saved and I can utilize it for household work and supporting income-generating activities. More importantly, I feel a sense of security and dignity, knowing that my family has access to safe water.

This initiative has improved our living conditions and inspired other women in the village. Seeing the benefits, many households are now interested in adopting similar systems. The support from GHCL Foundation has empowered me and strengthened our resilience against water scarcity. I feel proud that I am not just managing my household better, but also contributing to spreading awareness in my community about water conservation and sustainable practices.




Coherence

Alignment with Government of India Schemes

- a) **Ayushman Bharat Scheme and NPCDCS:** Ayushman Bharat Scheme aims to provide financial protection to vulnerable populations for catastrophic health expenditures. The scheme provides health insurance with annual coverage up to Rs 5 lac per person. Program extended beyond scheme limitations by delivering healthcare, complementing national prevention goals without bureaucratic hurdles.
- b) **National Health Policy (NHP)2017:** The National Health Policy advocates for reducing the financial burden of healthcare on families and ensuring universal health coverage. It operationalized NHP's equity focus by providing universal preventive services, ensuring no exclusion based on gender or caste.
- c) **Jal Jeevan Mission (JJM):** JJM aims to provide safe and adequate drinking water through individual household connections in rural India. Program contributes to reducing dependence on contaminated traditional water sources and promotes water security for residents.

- d) **Swachh Bharat Mission:** The program complements the Swachh Bharat Mission’s focus on improving hygiene and sanitation by ensuring access to safe potable water. Improved water supply reduces waterborne diseases, which supports SBM’s goals of healthier rural communities and better personal and household hygiene.
- e) **National Rural Drinking Water Programme (NRDWP):** The program embodies the NRDWP’s emphasis on demand responsive, decentralized water supply management.

Coherence with SDGs

	<p>The project supported in proactive healthcare through comprehensive MHU and referrals service. It is anticipated that project may help in preventing waterborne diseases such as diarrhoea by improving water quality and availability, especially benefiting children, the elderly, and marginalized populations, thereby enhancing public health outcomes and contributing to SDG 3 vision of healthy lives for all.</p>
	<p>It supported gender specific screenings (e.g., breast/cervical for women) and equitable access. The project reduced the burden of water collection traditionally borne by women and girls, increasing time available for education, income generating activities, and leisure, which supports gender empowerment and equality</p>
	<p>It fostered multi stakeholder collaboration with HelpAge, PHCs, and GHCL creating scalable models for health funded via CSR..</p>
	<p>The project advanced SDG 6 by restoring access to safe and affordable drinking water for the community.</p>

Impact

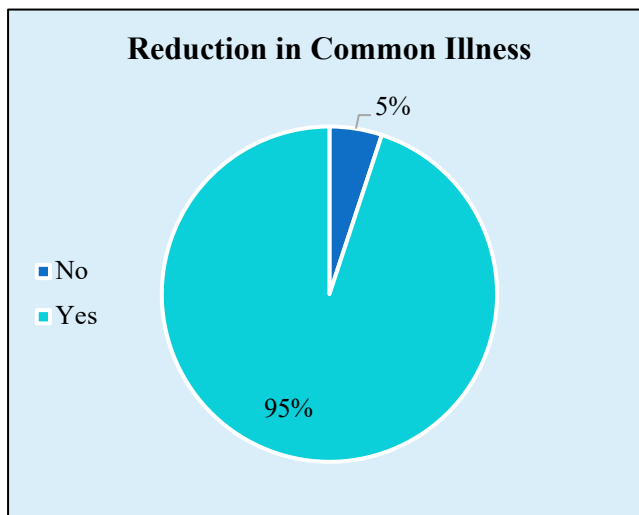
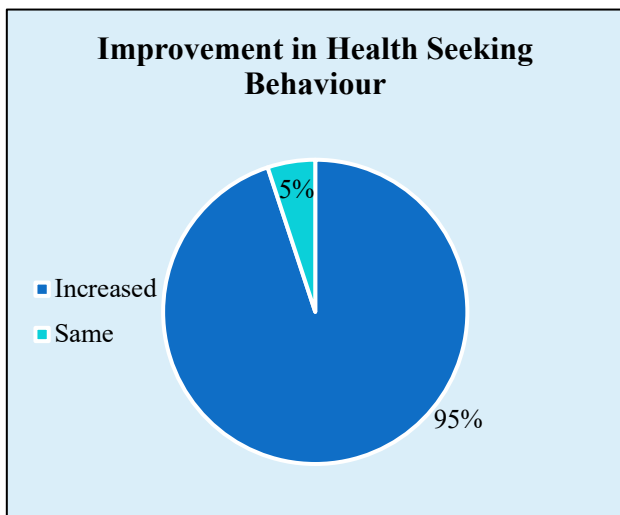
a) Impact of the Health Initiatives

i. Impact of MHU and Weekly Clinics

The combined interventions led to improvements in health seeking behaviour and overall health outcomes among beneficiaries. A majority of beneficiaries (~95%) reported an increase in health seeking behaviour due to the MHU services. In the case of Weekly Clinics, all the beneficiaries confirmed that their health seeking behaviour improved. This indicates a shift from delayed or irregular care to timely utilisation of healthcare services.

The interventions contributed to reduction in common illnesses, with ~95% of beneficiaries reported a decline in the incidence of routine health issues. Improved access to regular consultations, early diagnosis, and availability of medicines played a key role in achieving these outcomes.

The proximity, regularity, and reliability of both MHUs and Weekly Clinics reduced barriers to accessing healthcare, encouraged early treatment, and promoted preventive health practices. It strengthened community trust in healthcare systems and ensured consistent engagement with health services.



The community reported a noticeable improvement in health seeking behaviour, with more people opting for regular check-ups and preventive care. There has been increased awareness about hygiene, nutrition, and disease prevention, leading to better health practices. Early detection of diseases and timely referrals have reduced health risks.

Early Detection and Timely Care through Mobile Health Unit

In Mapar village of Mandvi block, Kutch district, 45-year-old Khalifa Sakina Aadam benefitted from the Mobile Health Unit (MHU) services. When the MHU van visited our village, I went there for a routine check-up. During the visit, my blood pressure was checked, and it was found to be very high at 190/89.

The health team immediately advised me to go to Mandvi Government Hospital for further examination. I followed their advice and visited the hospital, where the doctors checked me properly and started my medication.

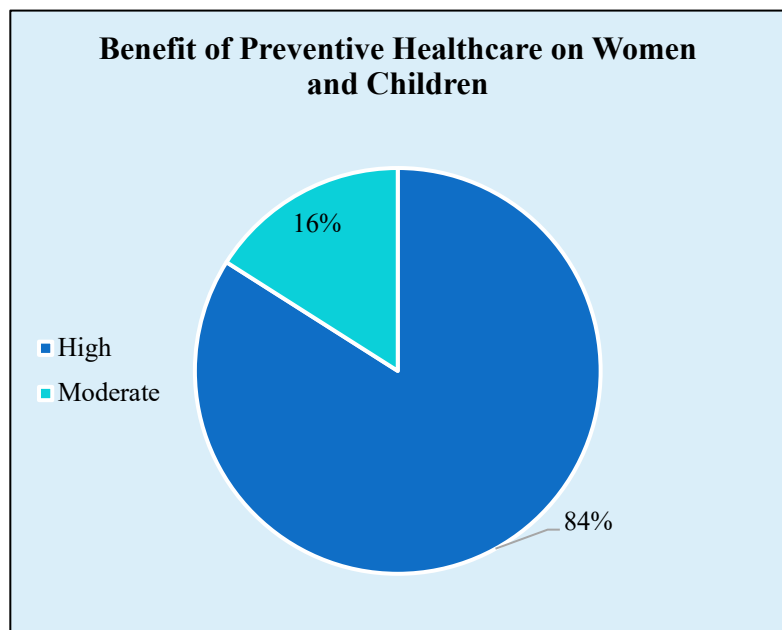
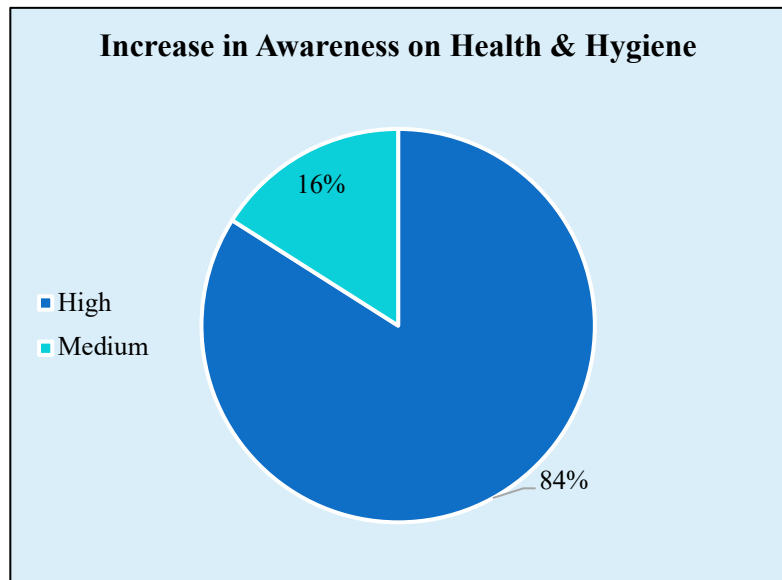
I am thankful that my condition was identified on time through the MHU visit. Now I am taking treatment and feel more aware about my health.



ii. Preventive Health Measures and Medical Camps

It led to significant improvements in awareness, behaviour, and healthcare utilisation among beneficiaries. A majority of beneficiaries (~84%) reported an increase in awareness on health and hygiene, indicating the effectiveness of awareness and behaviour change efforts. Similarly, ~84% of beneficiaries perceived high benefits of preventive healthcare for women and children, highlighting the relevance of the intervention for vulnerable groups.

The intervention contributed to a reduction in dependence on private healthcare services. Around 90% of beneficiaries reported a decline in visits to private clinics and doctors, while ~88% indicated that preventive care reduced the need for seeking external medical



services. This reflects improved confidence in local and preventive healthcare systems.

In terms of financial impact, ~68% of beneficiaries reported a reduction in out-of-pocket healthcare expenses, demonstrating the cost saving benefits of preventive care and early intervention. All the beneficiaries reported adopting preventive healthcare practices following the intervention, indicating a sustained behaviour change at the community level.

iii. Eye Check-up Camps

The eye check-up and cataract camps improved vision outcomes and quality of life among beneficiaries. A majority of beneficiaries (~71%) reported improvement in vision following the camps, indicating the effectiveness of timely screening and treatment services.

The intervention also reduced dependence on private healthcare. Around 91% of beneficiaries reported decreasing reliance on private hospitals for eye care services. This reflects improved accessibility and affordability of specialised eye care within the community.

Around 90% of beneficiaries reported improvement in their daily activities and work efficiency due to better vision, highlighting the direct impact of the intervention on productivity and overall well-being.

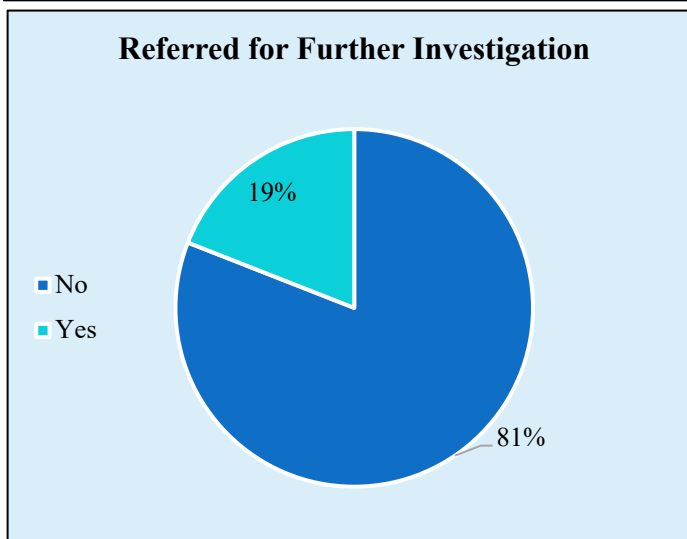
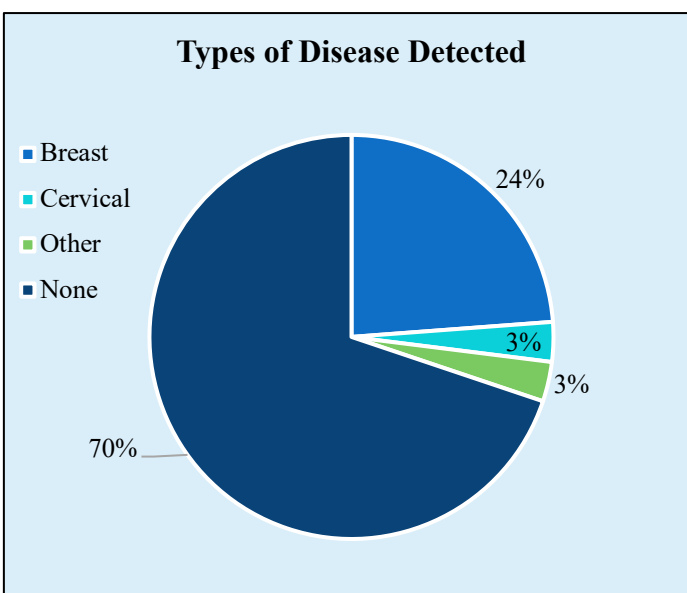
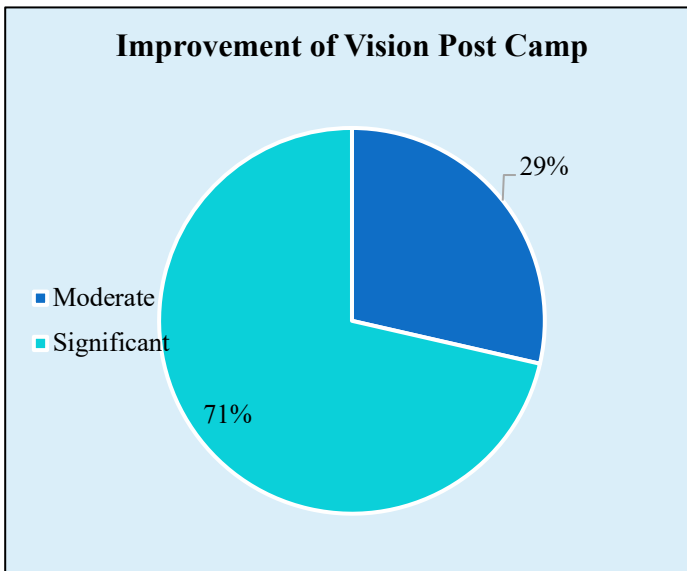
The cataract surgeries conducted under the programme contributed to restoring vision among affected individuals, enabling them to regain independence and actively participate in household and livelihood activities.

iv. Cancer Screening Initiative

The cancer screening programme strengthened early detection and awareness of cancer among beneficiaries. A majority of beneficiaries (~70%) reported awareness regarding early cancer detection post intervention, indicating the effectiveness of awareness and screening efforts. The programme enabled identification of potential health concerns, with breast related conditions emerging as the most commonly detected issues among screened beneficiaries. This highlights the relevance of targeted screening interventions for women’s health.

The initiative also ensured linkage to higher All the referred beneficiaries reported that they followed the referral process, demonstrating adherence to the healthcare. However, it was found that

program did not maintain a structured tracking mechanism for referral follow-ups, as cases were subsequently handled by government health departments. This indicates a gap in monitoring continuity of care at the programme level.



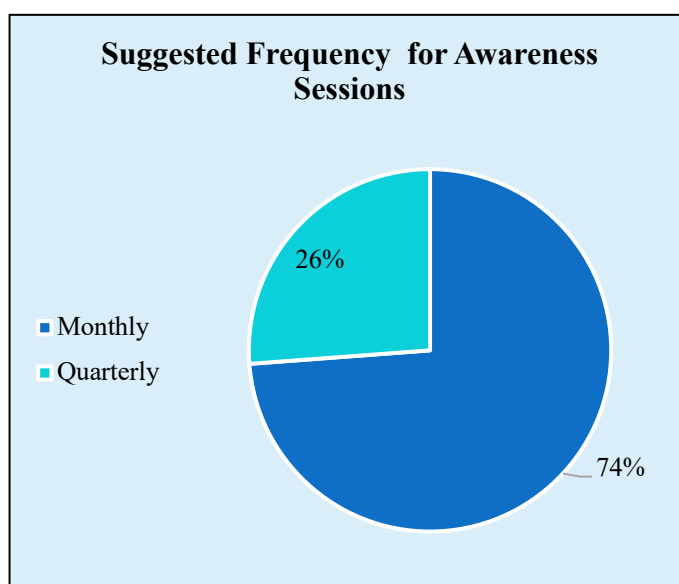
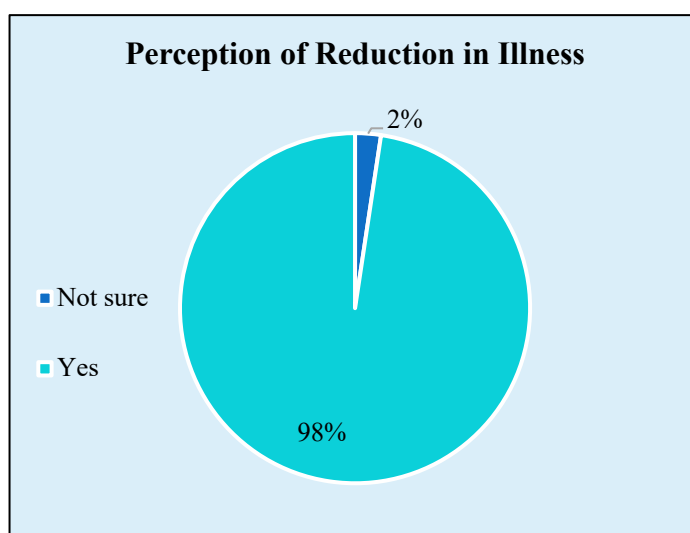
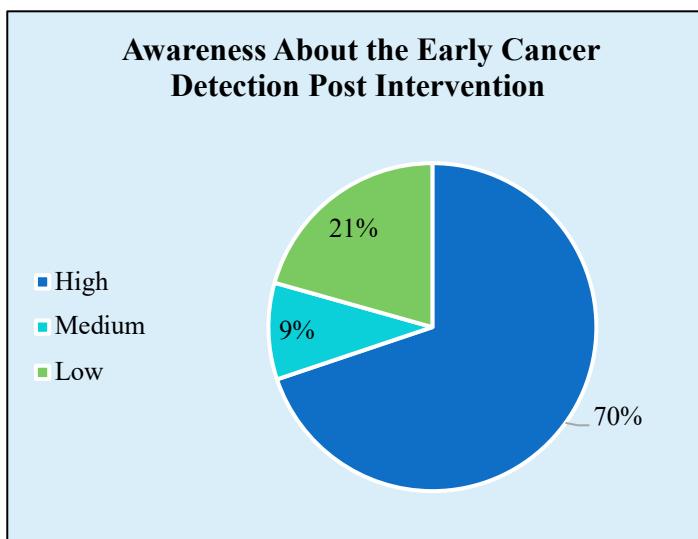
v. Health Awareness Program

The health awareness programme led to improvements in community health outcomes, particularly among women and children. A majority of beneficiaries (~98%) reported a reduction in common illnesses, indicating the effectiveness of awareness sessions in promoting preventive health practices and early care-seeking behaviour. The program also influenced community preferences for continued engagement. Around 74% of beneficiaries suggested that awareness sessions should be conducted on a monthly basis. This reflects the perceived usefulness, relevance, and demand for regular health education interventions. It played a critical role in improving knowledge on hygiene, nutrition, and preventive care, which translated into healthier practices at the household level. Women and children, being the primary participants, benefited the most through improved health awareness, better care practices, and reduced vulnerability to common illnesses.

b) Water Resource Development

RRWHS intervention improved water security and access to safe water in the intervention areas. All beneficiaries reported a complete reduction in dependency on tanker water, indicating a shift towards reliable and self-sustained water sources at the household level.

The intervention effectively addressed water scarcity. All the beneficiaries confirmed a reduction in water shortages. Improved availability of water throughout the year enhanced household convenience and reduced the burden of water collection.



The availability of safe drinking water has improved health outcomes, as people no longer rely on stored or potentially unsafe water. The burden on women has reduced, and overall quality of life has improved.

In addition, all beneficiaries (100%) reported that the quality and condition of water improved to a good level, ensuring safer water for domestic use and reducing risks associated with poor water quality.

Sustainability

The health interventions demonstrated sustainability through beneficiary satisfaction, continued behaviour change, and willingness to engage in future programmes. Across all initiatives, a majority of beneficiaries reported being “very satisfied,” with satisfaction levels reaching ~88% for the Health Awareness Programme, ~80% for Preventive Health Measures and Medical Camps, and above 70% across other interventions, indicating acceptance and relevance of services.

The interventions led to sustained behavioural outcomes, particularly in the Health Awareness Programme, where ~93% of beneficiaries reported adopting healthier practices within their families, reflecting long term impact beyond individual participants. Similarly, the cancer screening initiative showed sustained intent, with ~80% of beneficiaries expressing willingness to continue regular screening in the future, and ~93% of women actively disseminating information within their communities, promoting peer led awareness.

ASHA workers and community members highlighted key bottlenecks affecting the effectiveness and sustainability of the intervention. A major concern was the limited availability and variety of medicines at the village level, often requiring beneficiaries to purchase medicines on their own. Inadequate infrastructure such as absence of dedicated space for check-ups restricted the quality of service delivery. Some of the community members suggested that the limited frequency of services, such as MHU visits occurring only once every 15 days, was not sufficient to meet regular healthcare needs. There was a dependency on project based support, with apprehensions that services and benefits may discontinue once the project ends.

To address these challenges, ASHA workers and the community suggested improvements. These include increasing the availability and variety of medicines at the village level and enhancing the frequency of mobile health unit visits and routine check-up days to ensure timely care. Strengthening infrastructure by providing dedicated spaces for health check-ups was emphasized as essential.

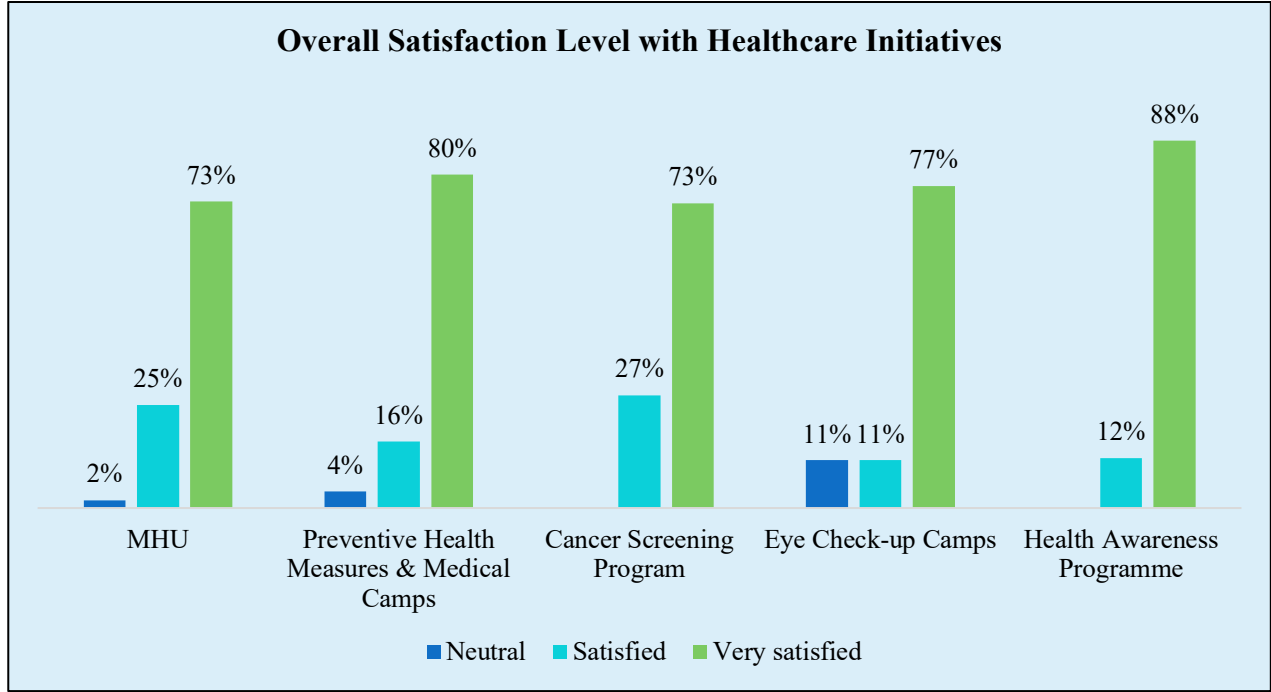
All the beneficiaries expressed willingness to participate in similar health initiatives in the future, such as Weekly Clinics, Preventive Health Camps, Cancer Screening, Eye Check-up Camps, and

Awareness Programmes. This reflects community trust, ownership, and demand for continued healthcare services.

The construction of RRWHS has ensured relatively stable water availability, even during summer, though at times access still depends on electricity supply. Some of the villages still experience inconsistent water availability during peak scarcity periods.

To address these challenges, the community suggested to increase HHs and community level storage capacity to ensure sufficient water availability. They emphasized strengthening and maintaining infrastructure such as tanks, pipelines, and borewells for long term sustainability. Improving water availability during summer months was also highlighted as a priority to prevent recurring seasonal shortages.

The combination of high satisfaction, adoption of healthy practices, peer-to-peer knowledge sharing, and continued willingness to engage indicates that the interventions have created lasting behavioural change and community-driven demand, ensuring long-term sustainability and impact of the health programmes



Education and Skill Development Initiative



Impact of Education and Skill Development

GHCL Foundation implemented education and skill development initiatives in Gujarat and Tamil Nadu. The selected geographies faced persistent challenges such as high dropout, irregular attendance and limited employment opportunities affecting both learning and livelihood outcomes.

GHCL adopted a lifecycle and systems oriented approach, addressing foundational



education and pathways to employment. In education, the program focused on strengthening foundational learning and improving retention through structured remedial support, early childhood interventions, and continuous academic engagement. Teacher led remedial and enrichment sessions were aligned with NIPUN Bharat and NEP 2020, ensuring grade appropriate competencies in literacy and numeracy.

It also engaged parents, Panchayats, and School Management Committees (SMCs/SDMCs) to build shared accountability for education outcomes. It focussed on improving attendance, re-enrolment, and continuity of learning.

GHCL also targeted to strengthen school level governance and infrastructure. Investments were done in classroom processes such as low cost teaching learning materials, activity based pedagogy, and academic planning support. Capacity building remained central, where teachers and Anganwadi workers received structured training in FLN, remedial education, and child centric pedagogy.

GHCL also implemented skill development and economic empowerment initiatives to enable youth and women to transition into sustainable livelihoods. It adopted structured, industry linked training through Vocational Skill Training Institutes (VTIs) in Gujarat.

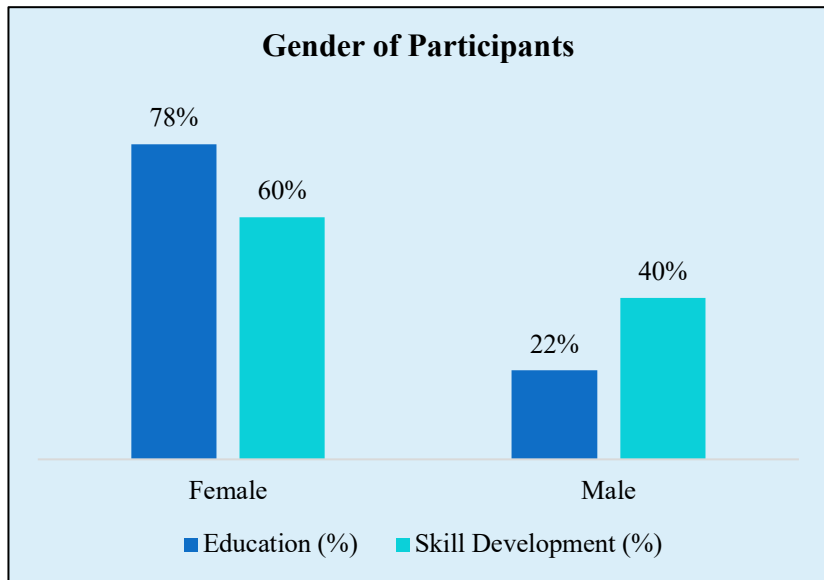
VTIs function as formal training hubs, delivering NSQF aligned courses in trades such as Assistant Electrical, Nursing Assistant, Fitter Fabrication, BPO, and Sewing Machine Operator. Training integrated technical skills with soft skills, digital literacy, and placement readiness. It also focussed on employer partnerships for placements, job fairs, and workplace exposure. The continuous assessments, certification, and alumni tracking ensured job retention and continuity.

The integrated approach enabled individuals through education, large scale skill training and employment. GHCL positioned its interventions as service delivery and a continuum of empowerment.

Inclusiveness

a) Gender-wise Inclusivity

GHCL demonstrated a commitment to inclusiveness, particularly in addressing gender disparities and promoting equitable access to opportunities. The gender distribution of participants indicates that education interventions was successful in reaching girls. Female students constituted ~78% of the

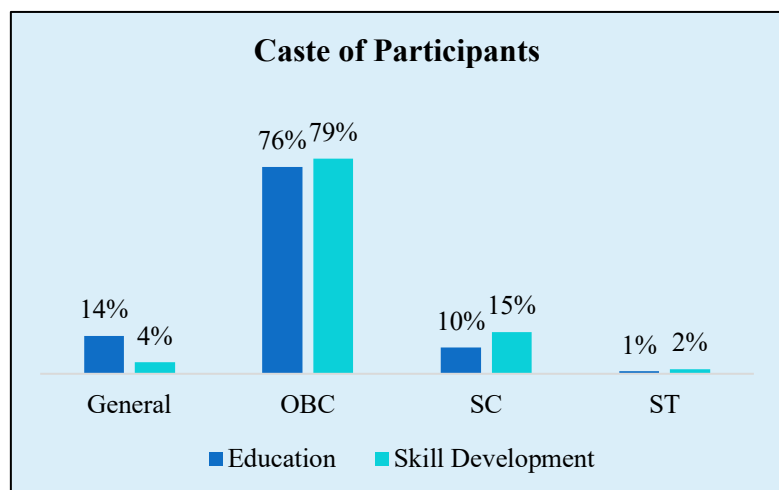


beneficiaries. It focussed on reducing gender gaps in schooling.

The skill development program showed ~60% female participants, while male accounted for ~40% of beneficiaries. It was observed that women's participation in vocational training is influenced by mobility restrictions, household responsibilities, and limited access to market linked opportunities. Foundation made efforts to enhance women's inclusion in skill development through community based, short cycle courses such as tailoring, BPO etc.

b) Caste-wise Inclusivity

It was found that most of the participants belonged to OBC, accounting for ~76% in education and ~79% in skill development programs. This indicates an outreach among socially and economically disadvantaged groups.



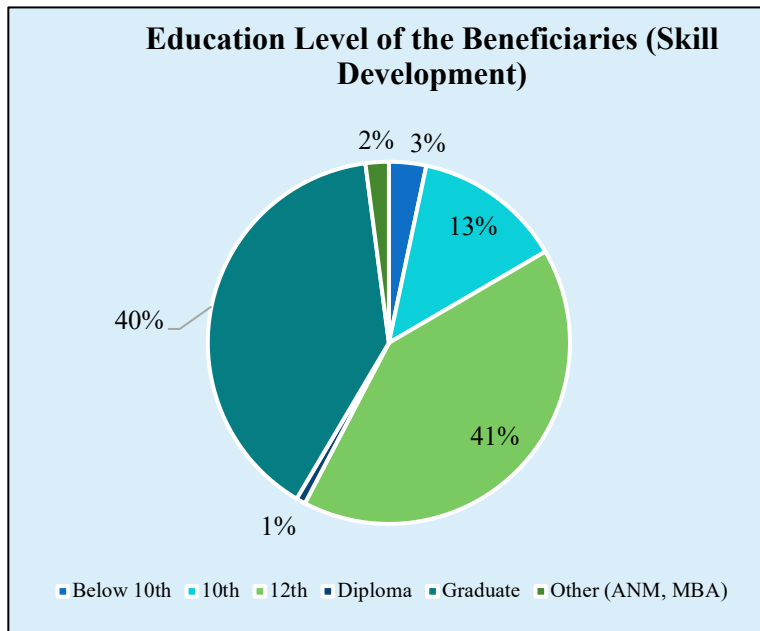
Participation from SC and ST remained relatively low,

comprising ~10% in education and ~15% in skill development initiatives, suggesting the need for more targeted outreach for the inclusion of backward and marginalised communities.

c) Education Level of Beneficiaries

The skill development initiative had an outreach to youth with basic and intermediate level of schooling, indicating inclusiveness toward individuals with limited formal education. A majority of

participants (~41%) had completed either 12th grade or held graduate level qualifications (~40%). It shows that the program catered educated youth seeking employability opportunities. It also included individuals with lower educational attainment and provided them with pathways to skill acquisition and livelihoods.

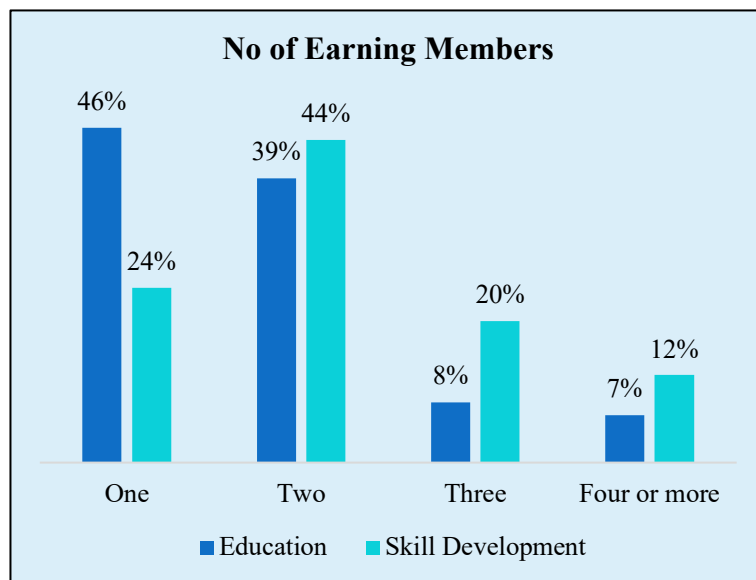


d) Number of Earning Family Members

GHCL targeted the economically vulnerable groups. A significant proportion of participants were from households with limited earning capacity, particularly in the education initiative where ~46% of the beneficiaries belonged to families with only one earning member. This highlights the program’s reach among financially constrained HHs.

In skill development initiatives, a relatively higher share of beneficiaries comes from HHs with two earning members (~44%). This suggests that while the programs continues to reach economically vulnerable groups, it also engages youth from moderately stable households seeking improved livelihood opportunities.

It indicates that the interventions were largely targeted toward families with limited or moderate income sources rather than relatively better off households.

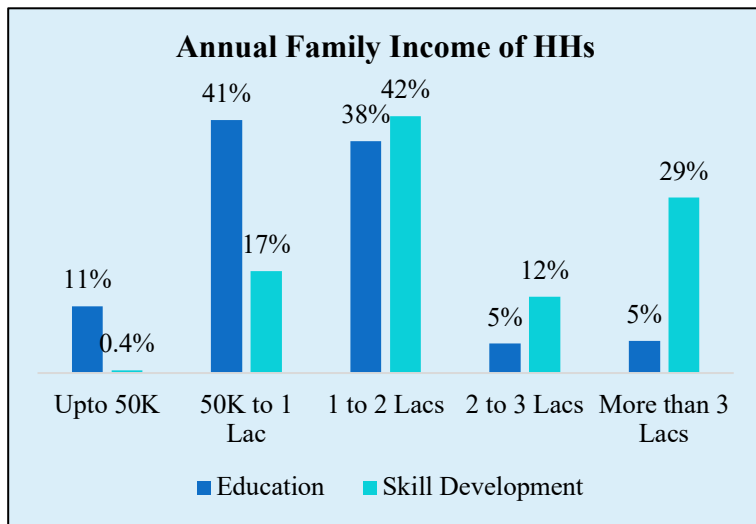


Relevance of the Initiatives

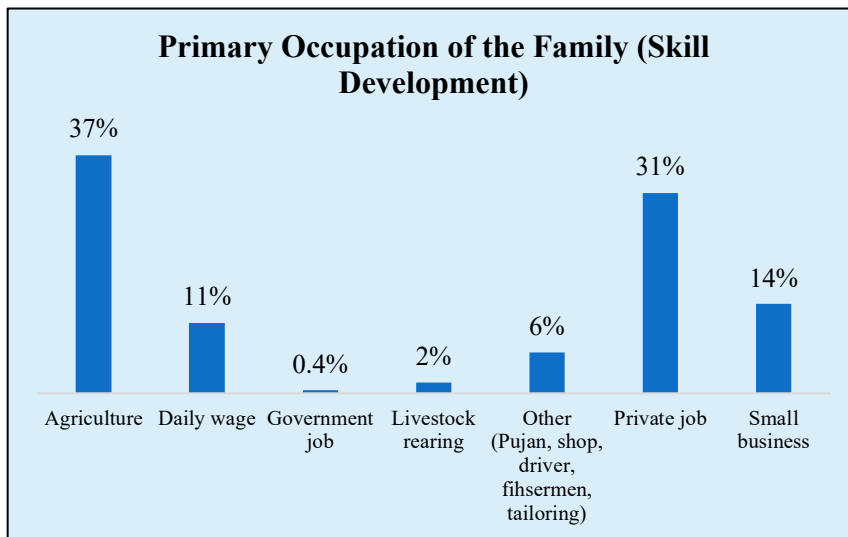
a) Alignment with Socio-Economic Needs of Beneficiaries

The interventions were relevant in addressing the needs of vulnerable and livelihood constrained populations. In education initiatives, a significant proportion of beneficiaries were from low income HHs, with ~52% earning below Rs 1 lakh annually. This indicates that the program effectively targeted children from economically disadvantaged families who were at higher risk of dropout and limited access to quality education.

In skill development program, the majority of participants (~42%) fall within the Rs 1 to 2 lakh income bracket. It reflects the program supported both economically vulnerable youth as well as those seeking upward mobility and income enhancement through better employment opportunities.



The occupational profile further reinforced the program's contextual relevance. A large share of skill development beneficiary HHs were depended on agriculture (~37%) and daily wage labour (~11%), sectors characterised by seasonal income, instability, and limited growth prospects. A substantial



proportion were engaged in private jobs (~31%) indicating a demand for skill upgradation, diversification, and improved income pathways within the formal economy.

Community members and teachers shared that earlier children were struggling to understand subjects like Mathematics, Science, and English due to theoretical teaching methods. The Mojilu Education program of GHCL addressed this gap by introducing practical, activity based learning methods. The use of games, learning materials, drawing, and interactive exercises aligned well with the learning needs of children and made complex subjects easier to grasp.

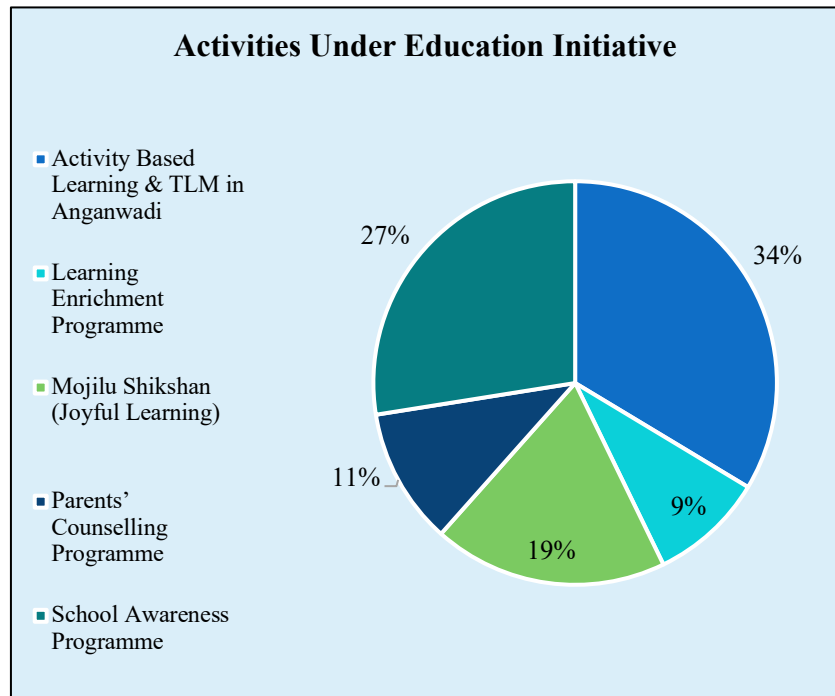
Effectiveness

a) Education Based Initiative

GHCL adopted multi-dimensional approach to improve learning outcomes and community engagement. The program catered to beneficiaries across a diverse set of education interventions. Around 34% of beneficiaries were reached through Activity Based Learning (ABL) and Teaching Learning Materials (TLM) in Anganwadis, reflecting a focus on early childhood development and

school readiness. Around 27% of the beneficiaries participated in School Awareness Programmes, indicating significant efforts towards community mobilisation, improving enrolment, and strengthening attendance.

Around 19% of beneficiaries were engaged through Mojilu Shikshan (Joyful Learning) initiatives, promoting

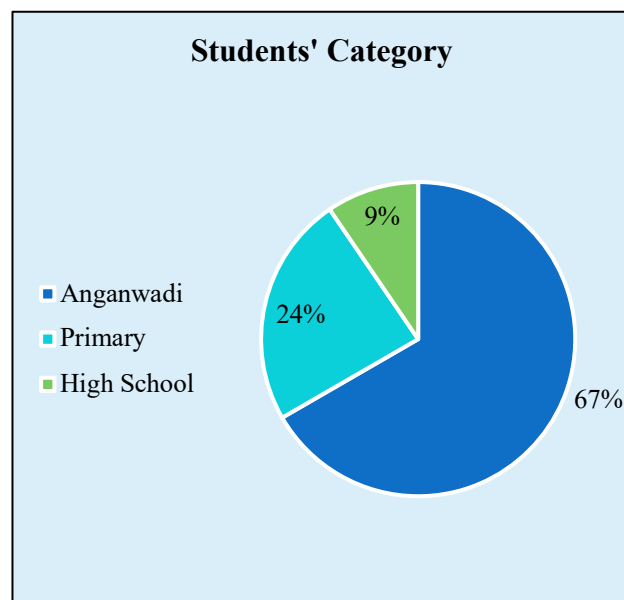


interactive and engaging classroom experiences to enhance student participation and retention. It also implemented the activities such as Parents' Counselling Programme, Learning Enrichment Programme etc.

Teachers said that the program was found to be effective in improving conceptual understanding. Children learn through practical demonstrations and interactive activities, which has increased their interest and participation. Repetition of subjects through school teaching and Mojilu sessions has strengthened their understanding. Teachers also reported that this approach has improved classroom engagement and made teaching easier. Positive changes in examination results and overall learning outcomes were observed

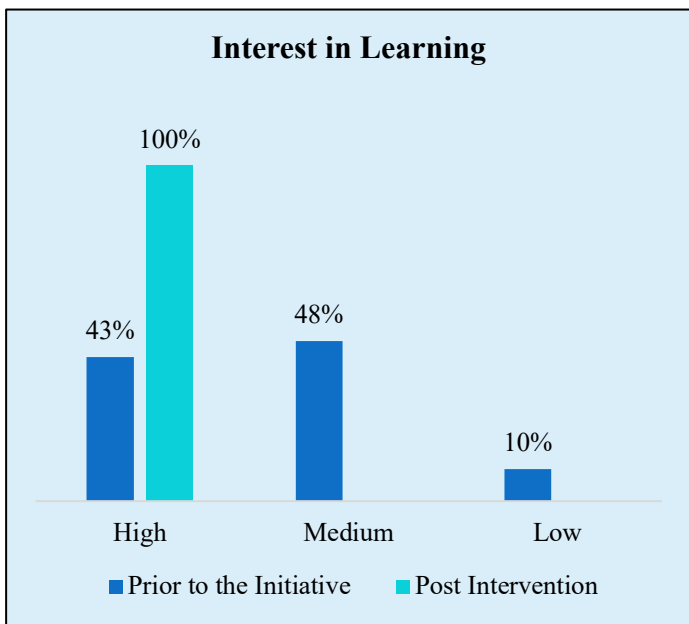
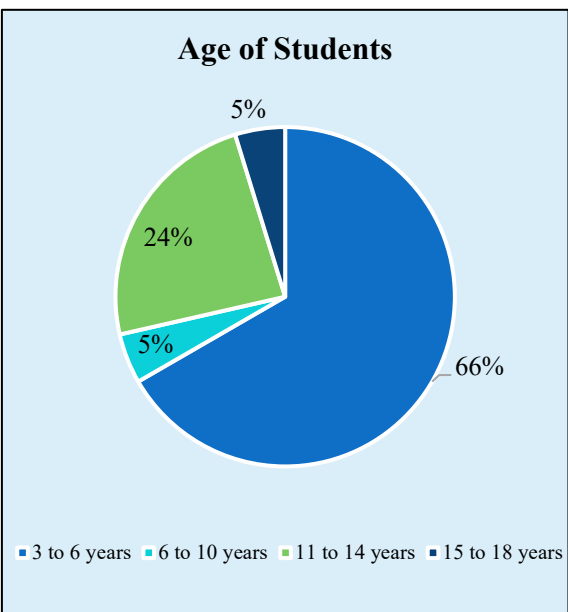
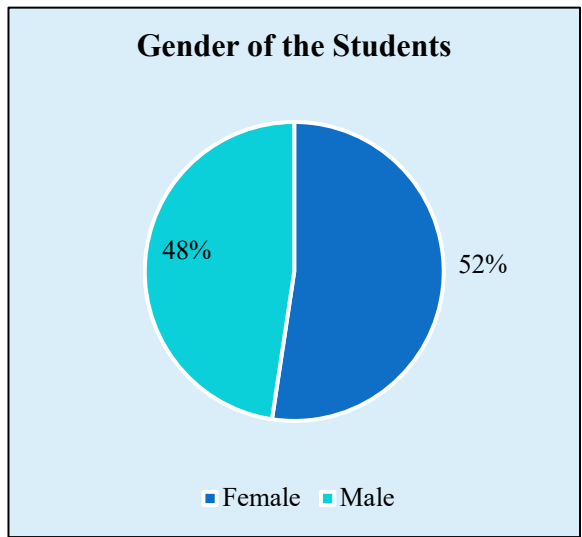
i. Learning Enrichment Programme (LEP)

LEP enhanced student interest, ensured consistent attendance, and strengthened foundational learning among children, demonstrating its effectiveness in improving early education outcomes. Program showed effectiveness in enhancing the student engagement and learning outcomes. The program reached majority (~67%) to Anganwadi students. It balanced gender representation (~52% female) indicating inclusive participation.



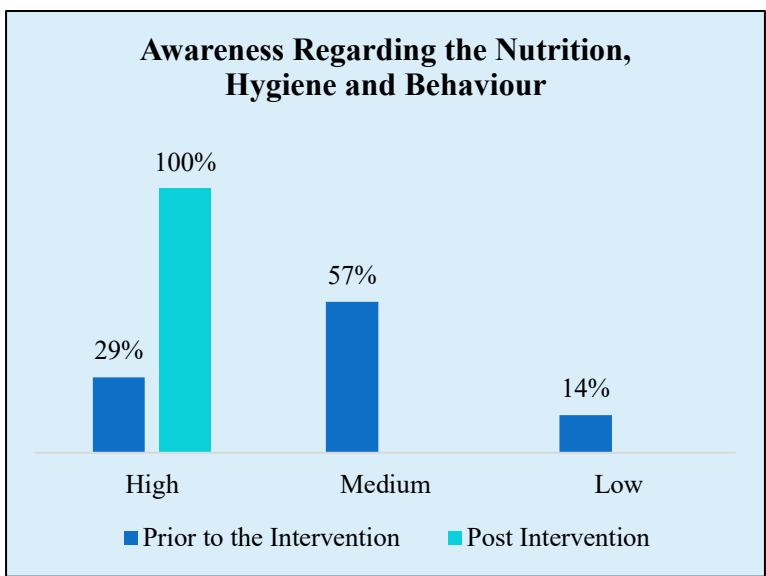
The program effectively targeted younger learners, with most students (~66%) in the 3 to 6 years age group, ensuring early stage learning support. It was observed that almost all the students maintained regular attendance in LEP classes, reflecting sustained engagement with the programme.

A significant improvement was seen in students' interest in learning. Post intervention, all the students reported a high level of interest, compared to ~43% prior to the programme, indicating a substantial shift in learning motivation and classroom participation.



ii. School Awareness Programme

The intervention enhanced students' understanding of key health and behavioural aspects, such as hygiene, nutrition, and positive behaviour. It demonstrated a significant shift in awareness level among students. Prior to the programme, only ~29% of students reported a high level of awareness, while a majority remained at lower levels. Post intervention, almost all



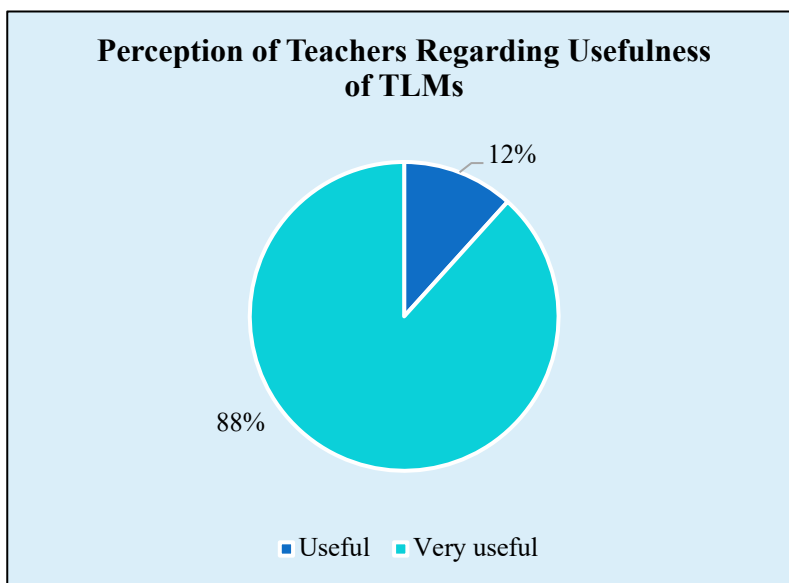
the students reported a high level of awareness, indicating an improvement in knowledge and understanding.

The program translated information into meaningful awareness, equipping students with essential life skills related to personal hygiene, healthy nutrition, and appropriate behaviour. It reflects the effectiveness of the sessions in simplifying concepts and ensuring better comprehension among students.

iii. Activity based Learning & TLM in Anganwadi

It enhanced early childhood learning experiences and outcomes. Teachers reported satisfaction with the use of TLMs, with ~88% considered them very useful, indicating their effectiveness in improving classroom engagement and teaching practices.

The intervention also positively influenced parental perception. A

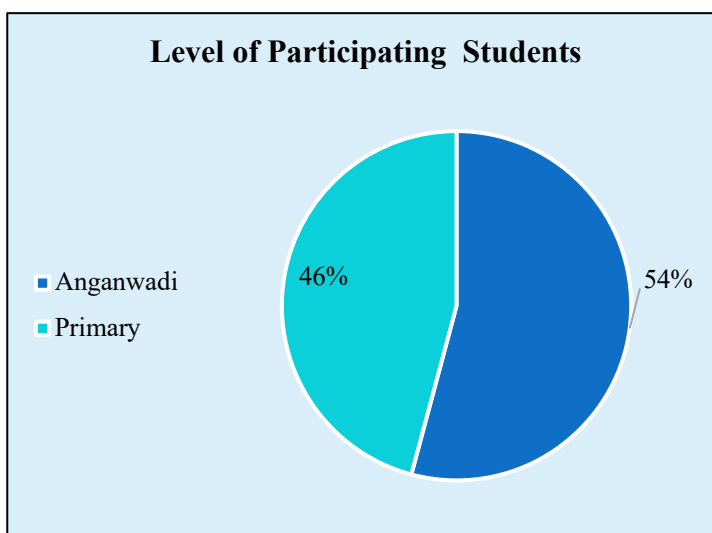


increased satisfaction level was observed among parents due to improved learning environment and visible progress in children. All the children demonstrated a high level of interest in Anganwadi activities, reflecting engagement driven by activity based learning approaches.

The program ensured universal exposure to activity based learning. All the students were benefited from interactive and participatory methods. This translated into measurable developmental outcomes, as all children showed improvement in vocabulary and social behaviour.

iv. Parents' Counselling Programme

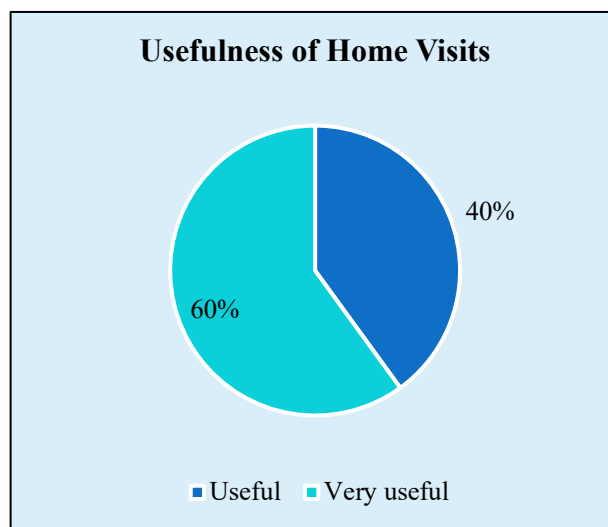
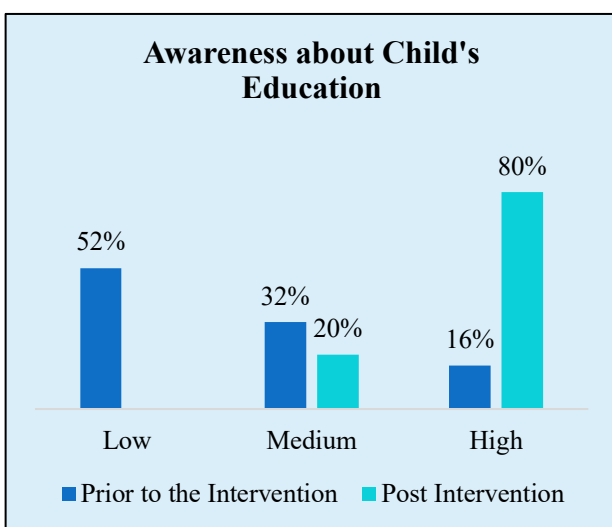
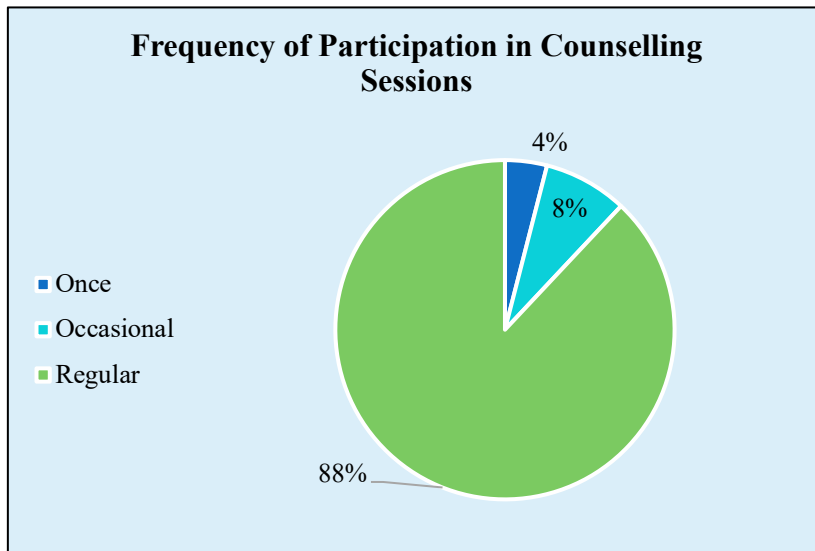
The program engaged parents of children enrolled in Anganwadi centres (~54%) and primary schools (~46%). It ensured participation across early childhood and primary education levels. Most parents (~88%) attended counselling sessions regularly, indicating consistent engagement with the programme. The program improved awareness about



children's education. The proportion of parents with high awareness increased to 80% after the intervention, while the proportion with low awareness reduced. Home visits supported the

counselling process. Around 60% of parents found home visits very useful, as they provided personalised guidance at the household level.

The program strengthened parental involvement, improved understanding of children's education, and supported better learning practices at home.

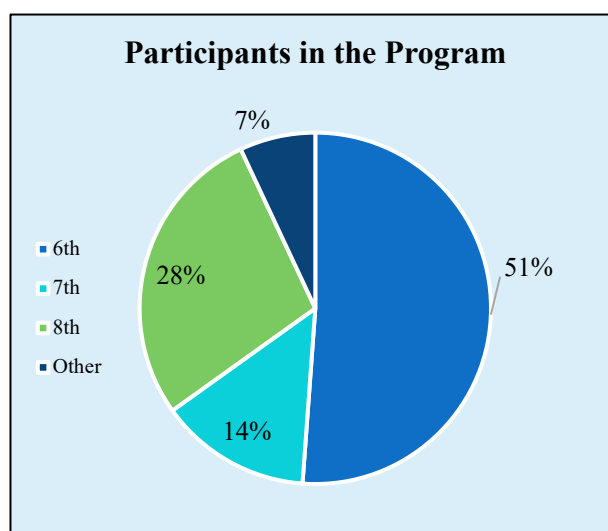


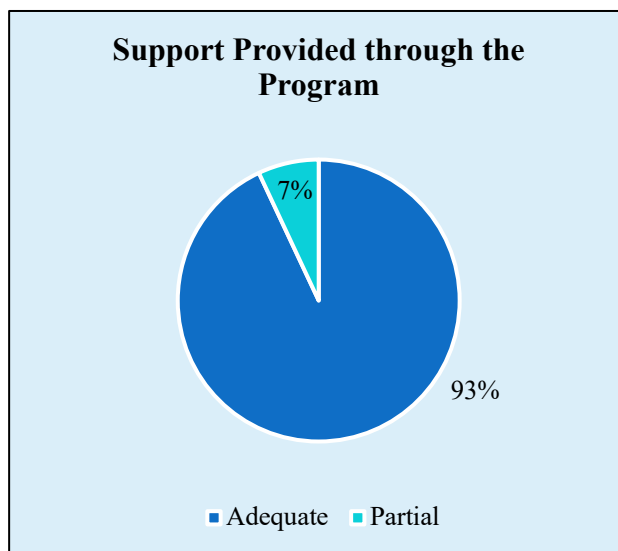
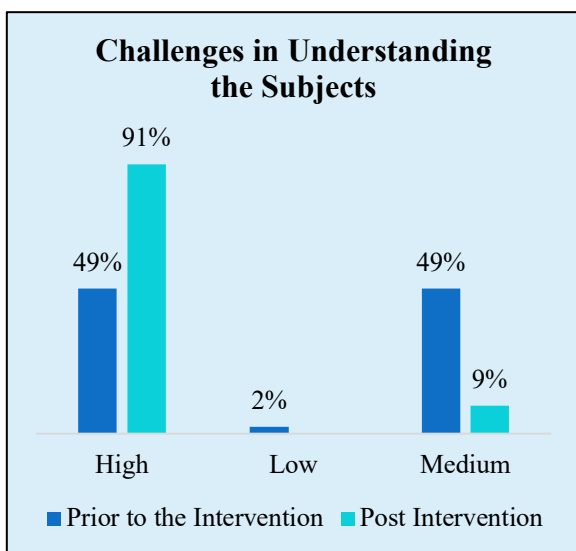
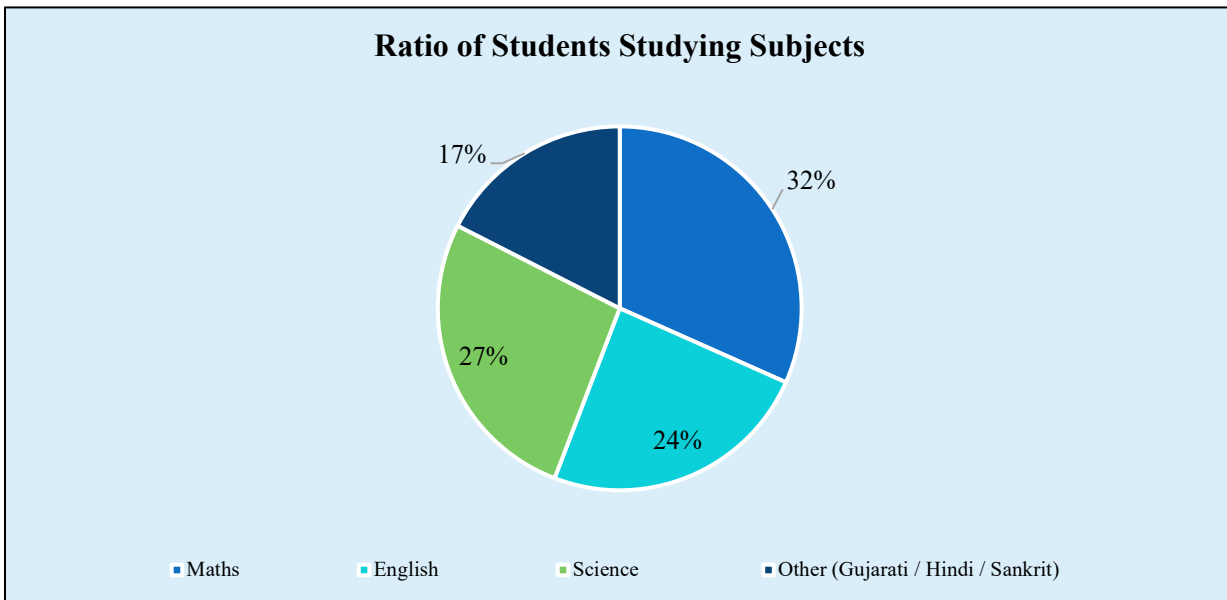
v. Mojilu Shikshan (Joyful Learning)

The program engaged students from upper primary classes. Most students were from 6th (~51%) and 8th (~28%) standards. It focused on key subjects, such as Maths, Science, and English. Students faced difficulty in understanding subjects before the programme. After the intervention, most students (~91%) reported better understanding.

The program provided academic support.

Around 93% of students reported that the support was adequate. All the students reported increased enjoyment in learning. All the students said the program improved teaching methods and they found practical activities helpful. The program improved understanding, increased interest, and supported learning among students.

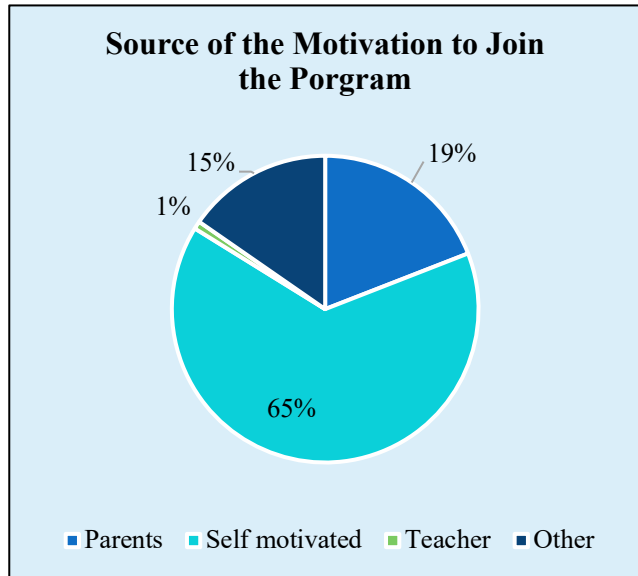
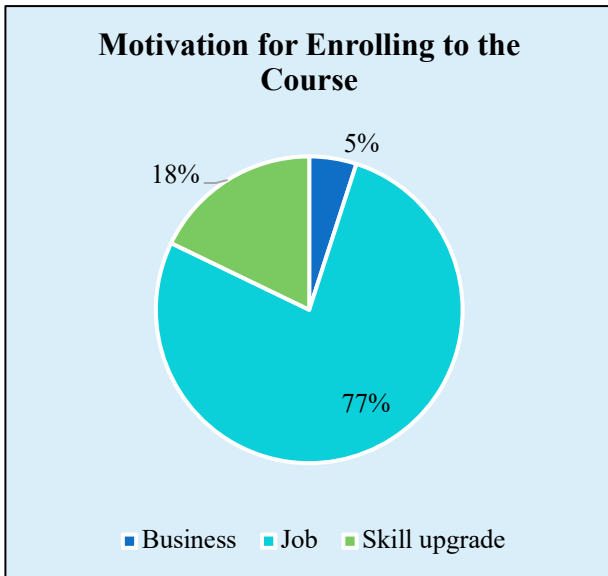




b) Skill Development Initiative

i. Participant Experience & Outcomes

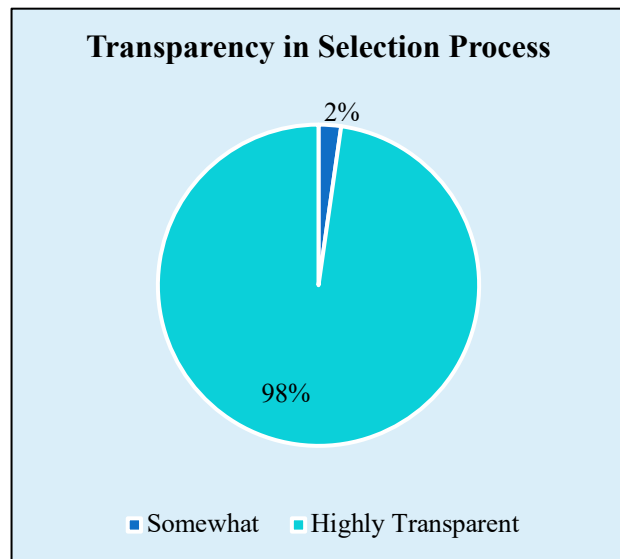
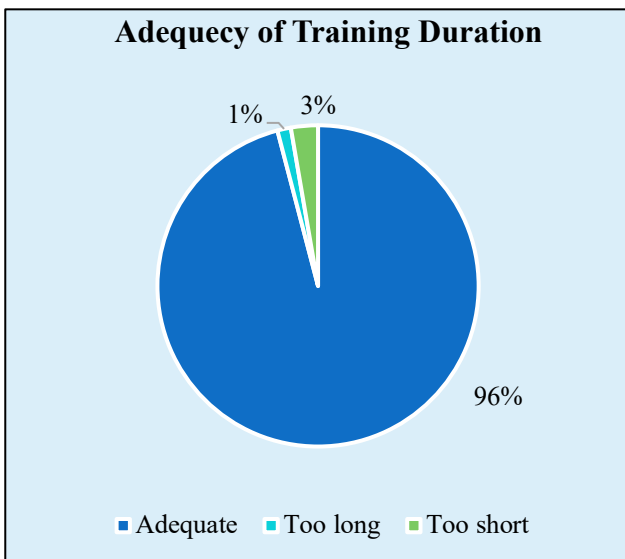
The program provided pre-enrolment counselling to the participants. All the participants confirmed that they received counselling before joining. Most of participants (~98%) reported that they received complete information about the programme. This ensured clarity before enrolment. The participants (~93%) reported that the programme addressed their challenges fully. A small proportion reported partial or no resolution. Majority of the participants joined the program for employment (~77%) and skill improvement (~18%). The participants (~65%) joined the program on their own motivation. Some participants joined based on motivation from family (~19%). Program effectively addressed participant needs, ensured informed enrolment, and supported skill development outcomes.



ii. Programme Implementation Quality

The program maintained appropriate training duration. Most of the participants (~96%) reported that the duration was adequate. It ensured timely completion of training. Around 98% of participants confirmed that the training was completed within the stipulated timelines. Program followed a transparent selection process. Majority of the participants (~98%) reported that the selection process was transparent.

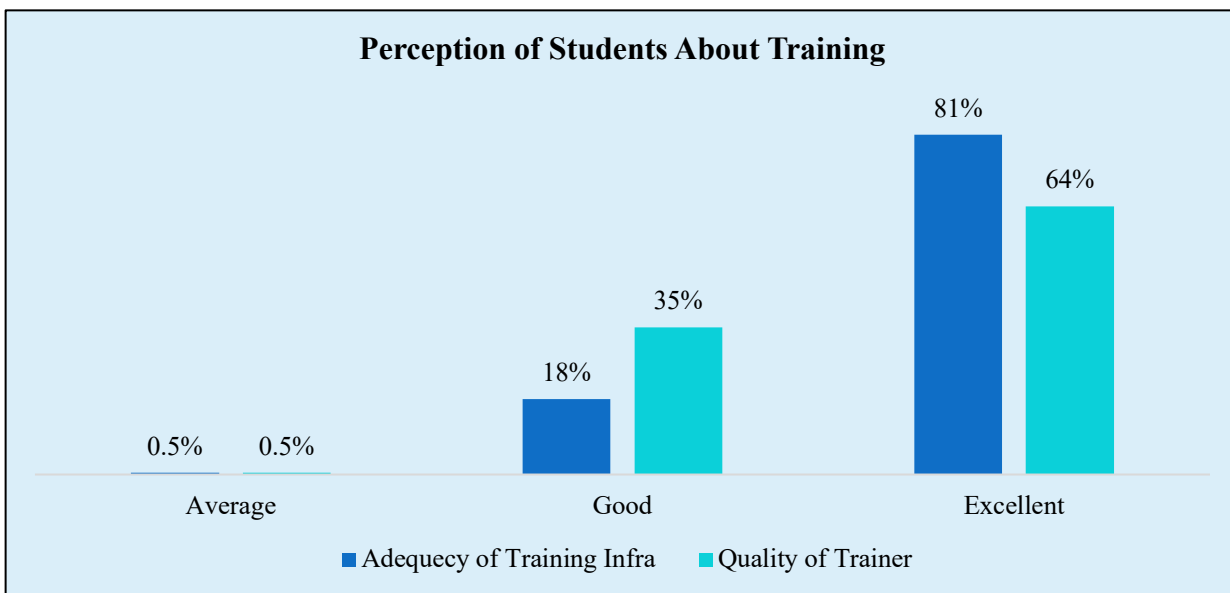
Program tracked participant performance regularly. It monitored progress throughout the training period, leading to structured training implementation.



iii. Training Quality & Placement Outcomes

The program ensured quality training delivery. It delivered training with adequate infrastructure and qualified trainers. Most of the participants (~81%) rated the training infrastructure as excellent and a majority (~64%) also highly rated the quality of trainers, indicating satisfaction with the learning environment.

The programme also ensured placement support for all participants. All the participants confirmed that they received placement assistance and that placements were conducted after completion of training. This translated into positive employment outcomes. A majority of participants (~79%) reported being satisfied with their jobs, while others reported being satisfied.



iv. Social Return on Investment (SROI) of Skill Development Initiative

The Skill Development Initiative created social and economic value by enhancing employability and income generation among youth. The program focused on providing market relevant skills, structured training, and assured placement support to beneficiaries, particularly from economically weaker backgrounds. The outcomes demonstrate a social return, as the initiative translated training inputs into tangible livelihood opportunities and long term economic stability.

a) Emotional and Social Impact on Participants and Families

The program brought significant emotional and social transformation among participants and their families. Many beneficiaries, especially youth from low-income households, initially faced uncertainty regarding employment and future prospects. Through structured training, counselling, and placement support, the program instilled confidence, self-belief, and a sense of direction.

Participants reported improved self-esteem and communication skills, enabling them to engage more confidently in professional environments. Families experienced relief as youth secured stable employment, reducing financial dependency and stress. In many cases, participants became

contributors to household income, improving family dynamics and social standing within the community.

b) Employment Outcomes and Lives Improved

The program achieved employment outcomes, directly impacting the livelihoods of participants. All beneficiaries received placement support, and secured jobs after completing training. Participants reported satisfaction with employment opportunities, reflecting alignment between training and market demand.

The average monthly salary of ~ Rs 13,500 indicates a stable income source for first time earners. This income improved individual financial independence and contributed to household welfare, including better access to food, education, and healthcare. The initiative enhanced long term employability by equipping participants with relevant technical and soft skills, thereby improving career progression opportunities.

Beyond income, the program created life changing impacts by providing youth with a pathway to sustainable livelihoods, reducing underemployment, and enabling them to envision a better future.

c) Economic Value Created by the Project

Initiative generated measurable economic value by converting training into employment and income generation. Without such support, many participants would have remained unemployed or engaged in low paying informal work. The program helped bridge this gap by providing industry relevant skills and placement linkages.

d) SROI methodology (5-step approach)

A. Identifying stakeholders: Primary stakeholders include trained youth (beneficiaries), their families, and employers who gain access to skilled workforce.

B. Mapping outcomes: Key outcomes identified through primary research include:

- Improved employability and job placement
- Increased and stable income level
- Enhanced skills and productivity

C. Evidencing outcomes and assigning financial proxies

Outcome	No of Participants	Financial Proxy (INR, Annual)	Rationale
Employment Generation / HH Financial Support	2,274	1,62,000	Annual income (Rs13,500 × 12 months). Average individual salary was Rs 13,500 per month.
Skill Enhancement (Cost Saving and Productivity Gain)	2,274	1,00,000	Conservative value of cost of training. If participant would attend similar paid training from other institute.

D. Establishing Impact (Discounting)

Parameter	Assumption	Justification
Deadweight	25%	Some participants may have secured jobs without intervention
Attribution	15%	Contribution from other training providers or external factors
Displacement	10%	Minimal displacement in job market
Drop off	10%	Skills impact may reduce over time without upskilling

Net impact factor: $100\% - (25\% + 15\% + 10\% + 10\%) = 50\%$ net attributable impact

E. Calculation of Total Present Value (TPV)

Outcome	Gross Value (INR Cr)	Justification
Employment generation	36.84	2,274*1.62 lacs
Skill Enhancement	22.74	2,274*1 lac
Total	59.58	

Net Present Social Value: $59.58 \times 50\% = \text{Rs } 29.79 \text{ Crore}$

F. Investment Value (Input)

GHCL investment in the Skill Development Initiative (training, infrastructure, trainers, and placement support) is considered as the input cost. In FY 2024-25, GHCL invested Rs 4.18 crore for the Skill Development Initiative.

G. SROI Calculation

$\text{SROI} = \text{Total Present Value of Social Outcomes} / \text{Investment Value} = 29.79 / 4.18 = 7.12$

The SROI indicates that for every Rs 1 invested in the Skill Development Initiative, 7.12 times social and economic value was generated in terms of employment, income, and improved quality of life.

e) Long-Term Social Value Created

Beyond immediate employment, the program has created long term social value by building human capital. Skilled youth are more likely to remain employed, earn higher incomes over time, and contribute productively to the economy. The initiative reduced poverty, enhances social mobility, and creates role models within communities.

The true value of the program goes beyond financial metrics. It lies in the confidence built among youth, the dignity of earning, and the transformation of families who now have a stable source of income. The initiative has created jobs and also created aspirations, opportunities, and a pathway towards a more secure and empowered future.

Efficiency

a) Programme Coverage

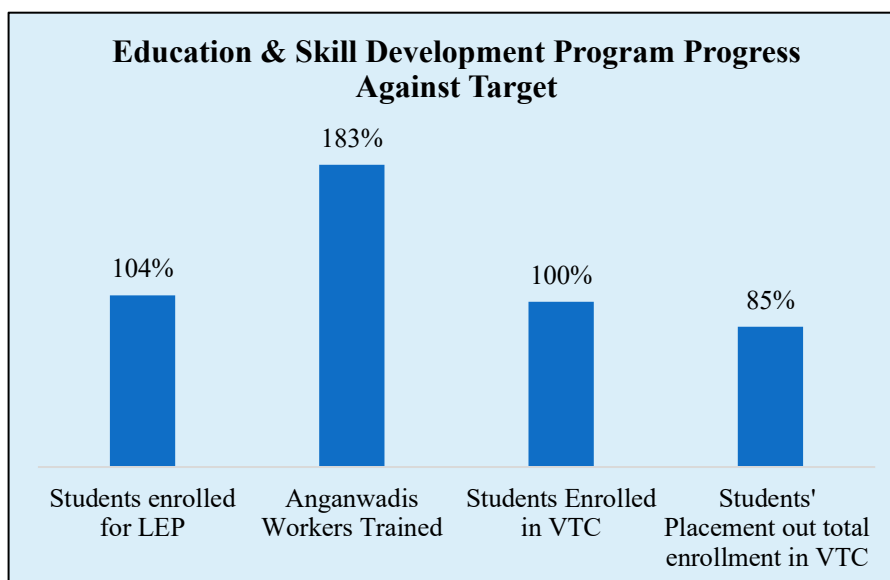
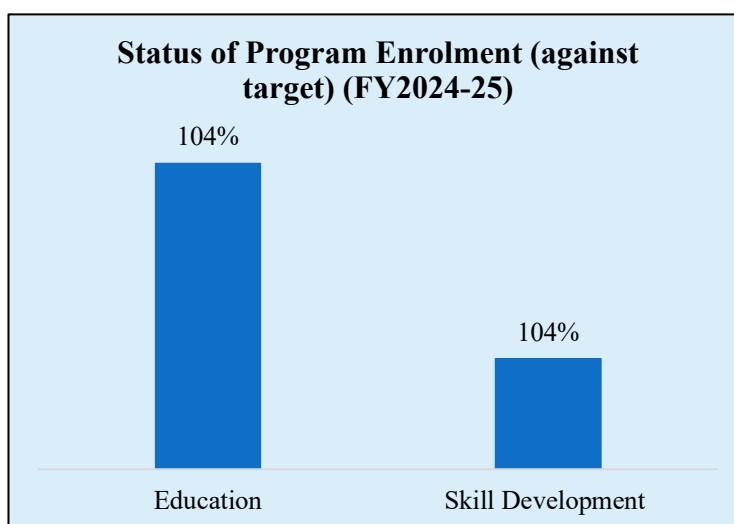
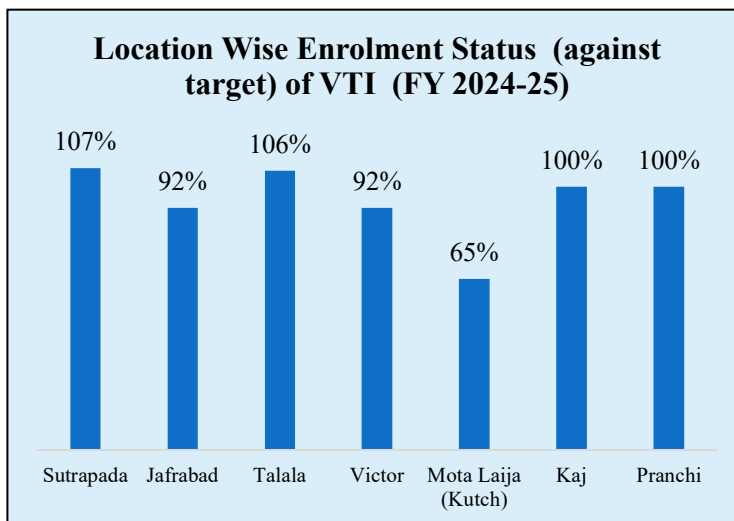
The program achieved high coverage and efficient implementation across both education and skill development components in FY 2024-25.. It reached ~9,113 beneficiaries under education and ~2,274 beneficiaries under skill development (Sutrapada - 648, Jafrabad - 434, Talala - 512, Victor - 230, Mota Laija (Kutch) - 173, Kaj - 226, Pranchi - 51), indicating scale and outreach.

The programme supported 77 schools and 129 Anganwadi centres. It trained 129 Anganwadi workers and 56 teachers. It conducted 284 remedial sessions and deployed 38 education volunteers. It ensured continuous academic support at the community level.

The program demonstrated outreach and impact across key indicators. A total of 9,056 students were enrolled under the Learning Enhancement Programme (LEP), reflecting significant coverage at the foundational level.

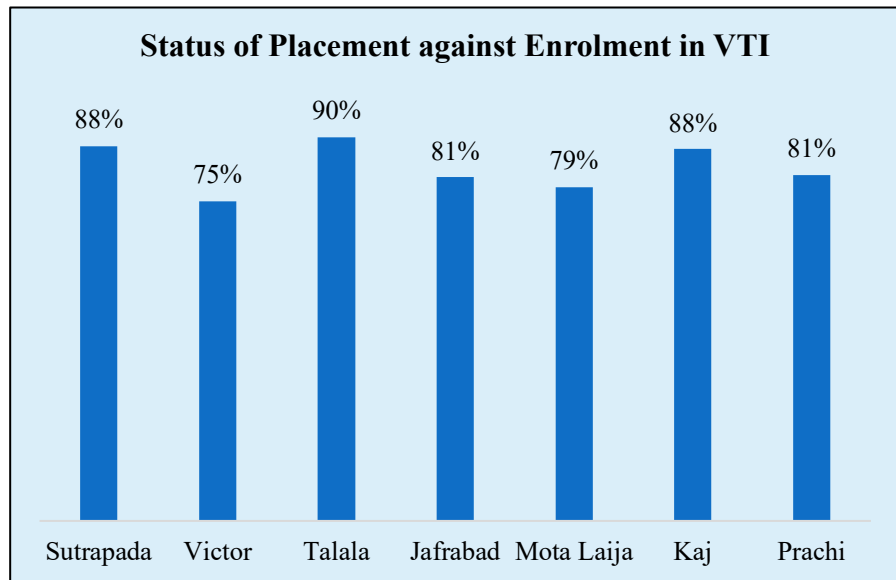
Additionally, 230 Anganwadi workers were

trained, strengthening early childhood education support systems. Under vocational training initiatives, 2,293 students were enrolled in Vocational Training Centres (VTCs), out of which 1,335



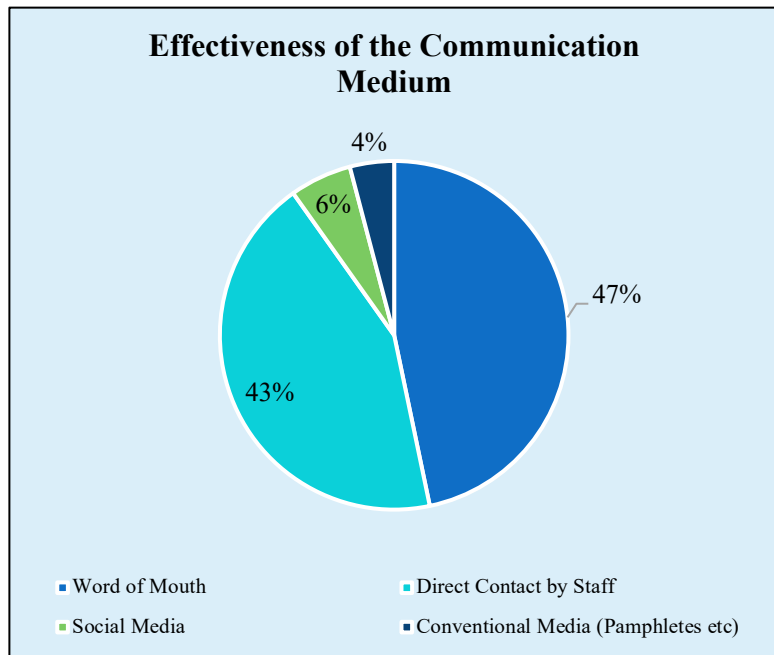
students successfully secured placements. It highlights the programme's effectiveness in enhancing learning, building skills, and improving employment opportunities for beneficiaries.

It also strengthened retention and participation.



It re-enrolled 112 dropout children and facilitated 73 parent-teacher meetings. It engaged 1,016 children through Bal Sabhas and distributed 1,420 school kits. These efforts supported regular attendance and learning continuity.

The program integrated multiple components. It introduced ICT interventions in 7 schools and developed kitchen gardens in 22 schools and Anganwadis. It also conducted 41 community awareness sessions, reaching more than 2,300 parents. These activities improved learning environments and community engagement.



The programme exceeded planned

targets. It achieved 104% performance in both education and skill development activities, indicating efficient utilisation of resources and effective planning.

In skill development, the programme conducted 74 training sessions and 12 exposure visits. It organised 42 mobilisation events and converged with 6 government schemes. It also built linkages with over 350 employers and established 2 institutional partnerships.

The program improved employment outcomes. Around 74% of trained beneficiaries secured employment. Beneficiaries reported an average monthly income gain of Rs 8,000 to 12,000. It also achieved a 72% job retention rate over six months.

The programme used effective communication channels. Most beneficiaries received information through word of mouth (~47%) and direct contact by staff (~43%). This ensured strong community outreach and participation.



Parents said that program enhanced learning efficiency by making education faster and easier to understand through joyful methods. Children grasp concepts more quickly through games and visual learning compared to traditional methods. The once-a-week model, combined with engaging activities, ensures maximum participation with minimal resistance. It also supports teachers by providing alternative, effective teaching techniques that can be integrated into regular classrooms.


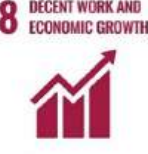


Coherence

Alignment with Government of India Schemes

- a) **Sarva Shiksha Abhiyan (SSA):** The program directly supported SSA’s mission to provide inclusive and equitable quality elementary education.
 - b) **Right to Education Act (RTE):** The program fulfils RTE mandates by ensuring safe, continuous, and accessible educational facilities that comply with minimum standards. It promoted the right to free and compulsory education in a safe environment.
 - c) **School Management Committees (SMCs) and Local Governance:** The program aligned with government emphasis on decentralized school governance and community participation by involving them during the execution.
- a) **National Apprenticeship Training Scheme (NATS):** NATS focuses on providing technical graduates and diploma holders with practical training in industry settings. It is administered by the Ministry of Education through the Board of Apprenticeship Training (BOAT). Skill Development Initiatives of GHCL demonstrated the engagement of students from various disciplines. It mirrors the objectives of NATS, thereby contributing to the upskilling of technically qualified youth.
 - b) **Other National Missions:** The program also supported broader national missions such as:
 - **Skill India Mission:** Program enabled hands-on learning and skill certification.
 - **National Education Policy (NEP) 2020:** Program facilitated vocational integration and experiential learning for learners outside formal institutional settings.

Coherence with SDGs

 <p>4 QUALITY EDUCATION</p>	<p>The school environment contributed to SDG 4 by providing inclusive, equitable, and safe learning that enhanced educational outcomes and reduce dropout rates.</p>
 <p>5 GENDER EQUALITY</p>	<p>The program advanced Gender Equality by creating an enabling environment that supports girl child attendance and retention.</p>

	<p>The program advanced SDG 10 by ensuring access to quality public education for marginalized groups including SC, ST, OBC, economically disadvantaged families, and children with disabilities.</p> <p>It ensured that youth from marginalized sections access meaningful employment pathways, thus supported social and economic inclusion</p>
	<p>The program contributed to inclusive and sustainable economic growth and decent work for all youth by developing employable skills and enabling structured workplace exposure.</p>
	<p>The program fostered innovation and supported India's industrial development agenda by integrating youth into industries.</p>
	<p>The program advanced SDG 10 by ensuring access to quality public education for marginalized groups including SC, ST, OBC, economically disadvantaged families, and children with disabilities.</p>

Impact

a) Education Initiative

i. Learning Enrichment Programme

The program strengthened foundational learning among students. All the students improved their understanding of concepts. Classroom conduct improved across all participants. Students developed confidence in reading. Learning materials supported comprehension for all students. The programme helped all students prepare better for examinations. It enhanced academic performance and learning continuity.

ii. School Awareness Programme

The program improved awareness and behavioural practices among students. All students adopted better hygiene practices. Discipline and participation improved in schools. Teachers and parents reinforced key messages regularly. Student attendance increased. The program contributed to improved behaviour, habits, and engagement in school activities.

iii. Activity-based Learning & TLM in Anganwadi

The intervention increased engagement in early childhood learning. All children showed high interest in Anganwadi activities. Activity based methods improved participation. Children demonstrated improvement in vocabulary. Social behaviour improved among all children. The use of TLMs strengthened interactive and experiential learning.

The Block Education Officer of SMCD cluster, shared that the Rajula block face key challenges such as student migration and absenteeism, which affect continuity in learning. He became aware of GHCL's education interventions through school inspections and interactions with Head

Masters. According to him, the program focused on remedial teaching, activity based learning, and teacher training. He said that it is highly relevant and well aligned with the educational needs of the block. He highlighted that remedial classes have been particularly effective, as they follow a structured approach of targeting weak students, continuous follow up, and gradually reducing the number of low performing learners. Teacher training initiatives have also been useful in improving conceptual clarity among teachers, which in turn enhanced classroom delivery. While no smart classrooms have been introduced, other interventions such as foundational literacy and numeracy (FLN) support have shown positive results and are recommended to be expanded to other schools. The program has also contributed to increased student participation, as seen in the rise in student numbers in certain villages, and improved attendance through support such as residential schooling and transportation facilities.

Infrastructure support such as provision of shades, sanitation facilities, mid-day meal improvements, repairs, and water purifiers, has improved the school environment. He also noted coordination between GHCL and the Education Department, with regular follow ups and reporting at block and taluka levels, along with effective feedback sharing mechanisms. The interventions have especially benefited girls and marginalized students through health and hygiene training and provision of kits.

However, he emphasized that challenges such as low awareness among communities and continued migration still persist. To strengthen and scale such initiatives, he suggested closer alignment with government systems through two-way feedback and collaboration with district authorities. He recommended expanding the programme to more schools and villages, increasing teacher support, and strengthening residential school models in partnership with the government. For the next phase, he suggested introducing life skills education as an important component to further enhance holistic development and learning outcomes among students.

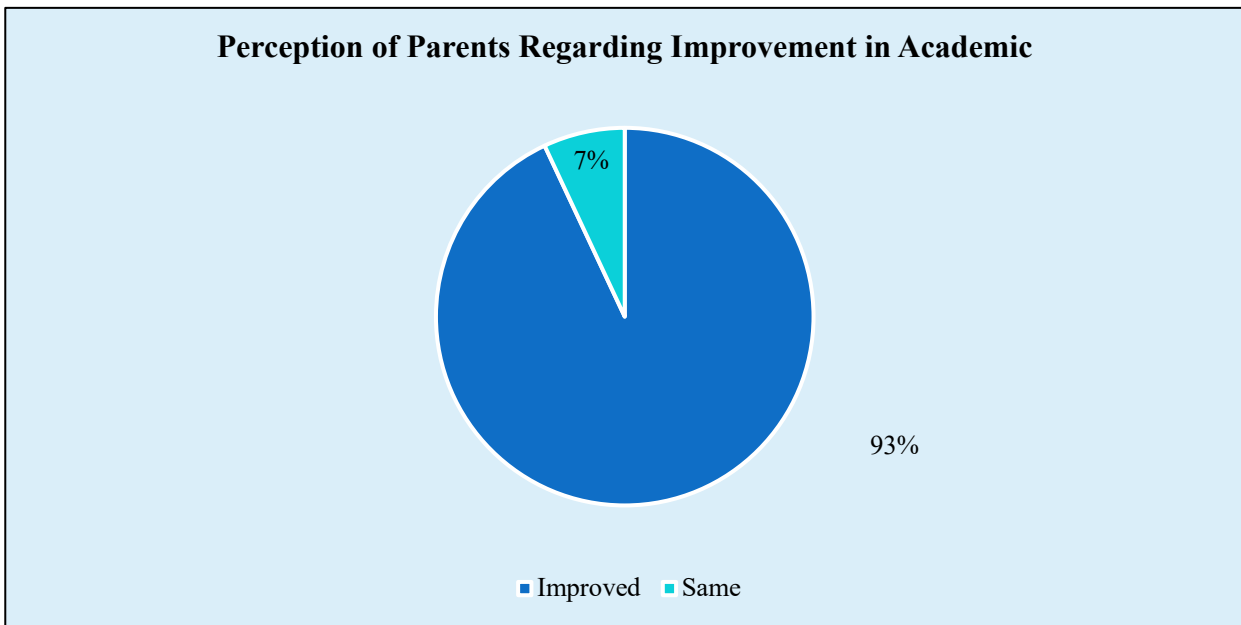
iv. Parents' Counselling Programme

The program improved parental involvement in education. All the parents reported a positive change in their attitude towards their child's education. Parents supported children at home in studies and daily routines. Regularity of children in school improved. The programme strengthened the role of parents in supporting learning outcomes.

v. Mojilu Shikshan (Joyful Learning)

The program improved student engagement and learning outcomes. Most students (~93%) showed improvement in academic performance. Students reported increased interest in learning activities. All the students stated that the program made learning enjoyable. Students found practical activities

useful in understanding concepts. It improved classroom participation and learning experience. It strengthened interest, engagement, and academic performance among students.



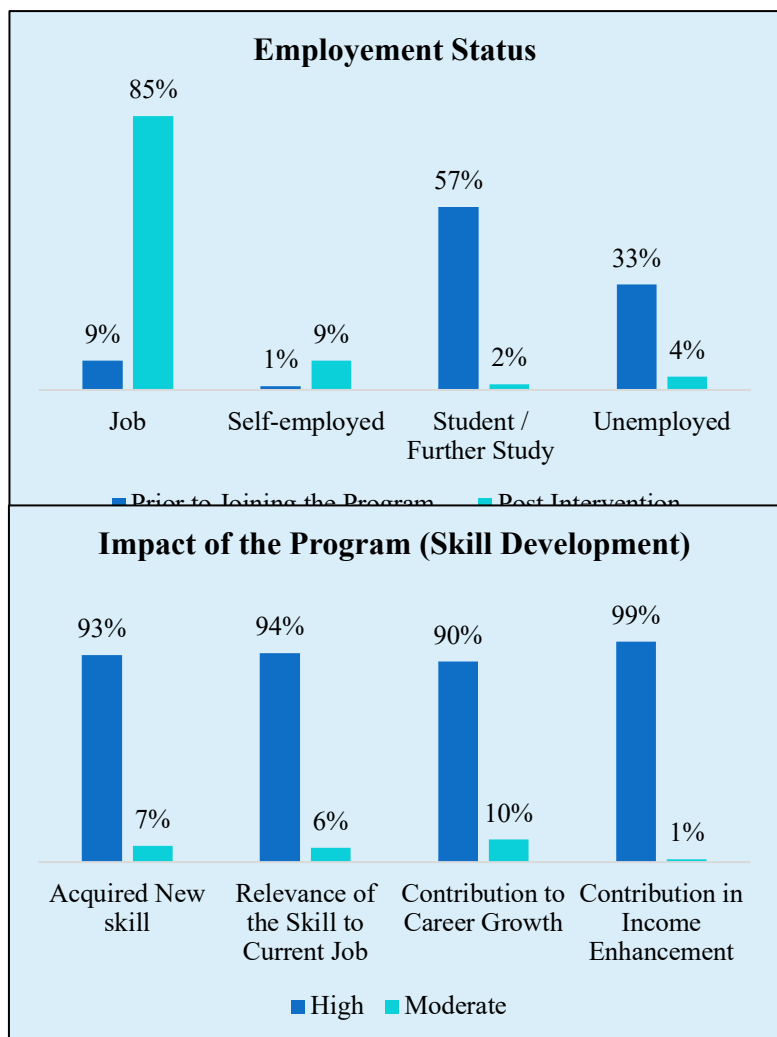
b) Skill Development Program

The program improved employment outcomes among participants. The share of participants in jobs increased from 9% before the programme to 85% after the intervention. Self-employment also increased, while the proportion of unemployed participants reduced.

It was found that the average salary received by participants after placement was Rs~13,500 per month, indicating improved livelihood opportunities and income stability.

Participants reported skill gains. Most participants (93%) acquired new skills. A large proportion (94%) found the skills relevant to their current job.

Many participants (~90%) reported that the training supported their career growth.



Nearly all participants (~99%) reported contribution to income enhancement, and about 80% stated that their household income increased due to the programme.

The programme improved employability, strengthened income opportunities, and enabled participants to transition into jobs and livelihoods.

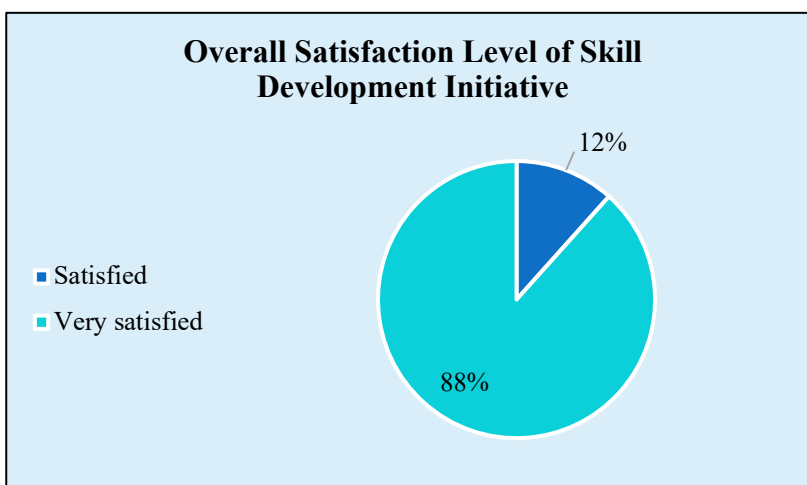
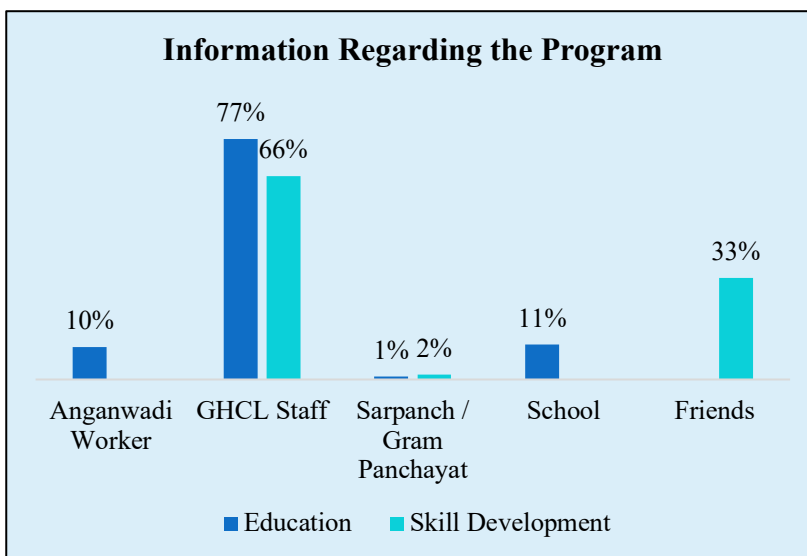
Community members said that improvements were observed in children’s confidence, participation, and self-expression. Children enjoy learning and feel as if they are playing while studying. Their ability to understand concepts, perform better in exams, and express their thoughts openly has increased. The relationship between teachers and students has become more friendly and interactive.

Sustainability

The program demonstrated sustainability through high awareness and community acceptance. All beneficiaries were aware that GHCL is the implementing agency, indicating clear visibility and ownership of the program.

GHCL staff were primary source of information, ensuring direct and consistent communication with beneficiaries. Peer networks also played a role, with participants sharing information with friends, supporting wider outreach.

Beneficiary satisfaction remained high, with 88%



reporting that they were satisfied with the program. This reflects continued relevance and acceptance of the intervention. The program also showed potential for continuity through community endorsement. A majority (~95%) of skill development participants expressed willingness to recommend the programme to others, indicating trust and perceived value. However,

certain challenges were observed in the program, particularly related to post placement attrition among participants. Female candidates are also faced constraints in working outside their hometowns due to social and mobility related factors. These challenges need to be addressed to ensure sustained employment outcomes and improve the overall effectiveness of the program.

Teachers and community members highlighted challenges in the implementation of the program. The limited frequency of activity based learning sessions, conducted only once a week, restricts continuous learning and reinforcement for children. Additionally, regular classrooms still rely on theoretical teaching methods, making it difficult to fully transition to activity based learning approaches. Due to time constraints, children often did not get sufficient opportunities to engage deeply in practical and interactive learning. There is also a need for better integration of joyful and experiential learning methods within the formal school system.

To address these challenges, teachers and community members suggested increasing the number of programme days in schools to provide children with more consistent exposure to activity based learning. They also recommended organizing competitions related to music, sports, and arts to support holistic development. Introducing motivational rewards or prizes was suggested as a way to enhance student participation and engagement. There is a need to strengthen the adoption of practical, game based, and visual learning methods within regular classroom teaching to make learning more engaging and effective.



Women Empowerment and Miscellaneous Activities

Impact of Women Empowerment and Miscellaneous Activities

GHCL implemented women empowerment initiatives in Gujarat and Tamil Nadu during FY 2024-25. It aimed at structural challenges such as limited income opportunities, low market access and weak financial linkages affecting women's economic participation. The programme leveraged SHG platforms to build enterprise readiness and strengthen livelihoods at the community level.

The programme adopted a group based approach anchored in SHGs. Women were organised into small groups aligned with local value chains. It emphasised practical, hands-on learning, hygiene and quality standards, and market oriented packaging.

GHCL also conducted skill trainings across trades such as tailoring, grocery management, handicrafts etc. Training content integrated financial literacy, enterprise management, and basic digital usage. The program also strengthened financial readiness and access to credit. SHGs were supported in documentation, account operations, and bank linkages. Continuous handholding was provided by field teams to ensure smooth access to financial services and reinforced repayment discipline.

The program also focussed on enabling enterprise development and income generation. Women engaged in IG (Income Generation) activities such as cattle feed business, tailoring, petty trade, grocery, handicrafts etc. GHCL supported the enterprises through mentoring and buyer linkages.

GHCL also strengthened governance and community participation. SHGs followed structured processes with regular savings, and updated records, ensuring transparency and accountability. Women were encouraged to participate in local governance platforms, strengthening their voice and decision making role in the community.

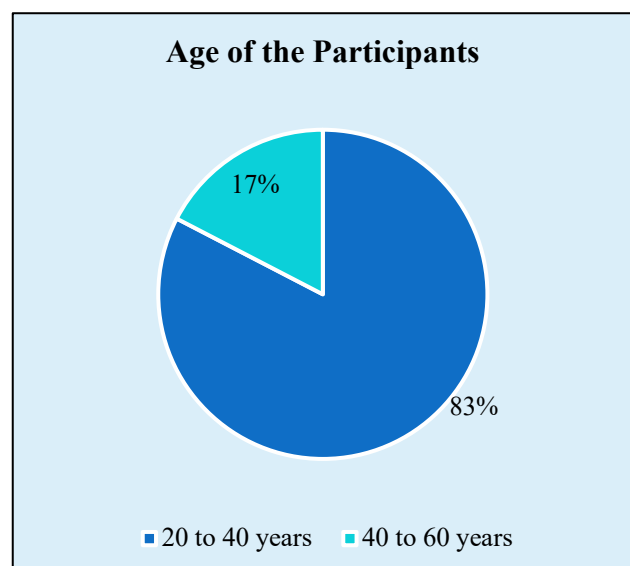
Program aimed at enabling women to transition from subsistence activities to structured livelihood opportunities.

Inclusiveness

a) Age-wise Inclusivity

The program engaged women across age groups, ensuring inclusive participation. A majority of participants (~83%) were in the 20 to 40 years age group, reflecting engagement of women in their economically active years. Women aged 40 to 60 years also participated (17%), indicating inclusion beyond younger cohorts.

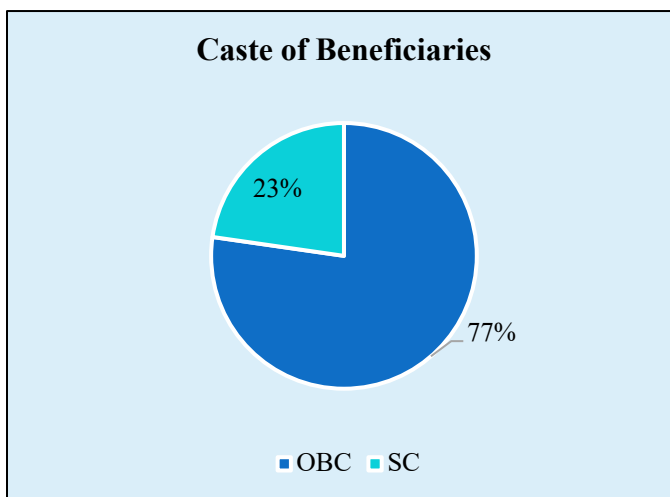
It supported both income generation and experience sharing within groups, strengthening program effectiveness and inclusiveness.



b) Caste-wise Inclusivity

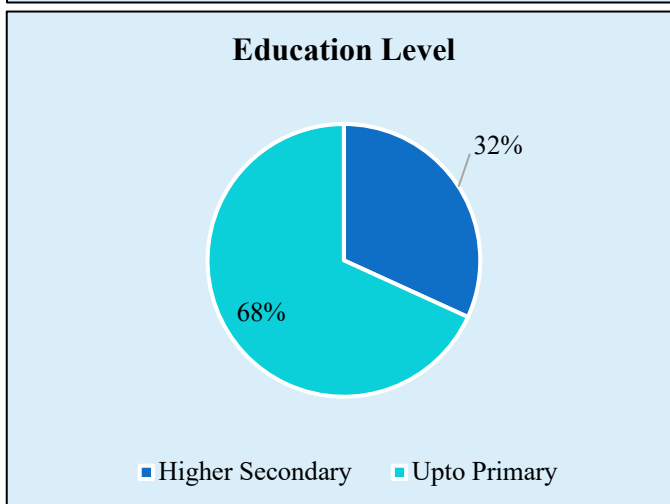
The program reached women from different social groups, ensuring inclusive participation. A majority of beneficiaries (~77%) belonged to the OBC category, while 23% were from the SC category.

The program ensured representation of marginalised groups, supporting equitable access to livelihood opportunities and strengthening social inclusion within the initiative.



c) Education Level of Beneficiaries

The program included women with different level of education. A majority of beneficiaries (~68%) had education up to primary level or no education, while 32% had higher secondary. It ensured the accessibility of the programme to those with limited formal education, supporting broader participation and livelihood inclusion.

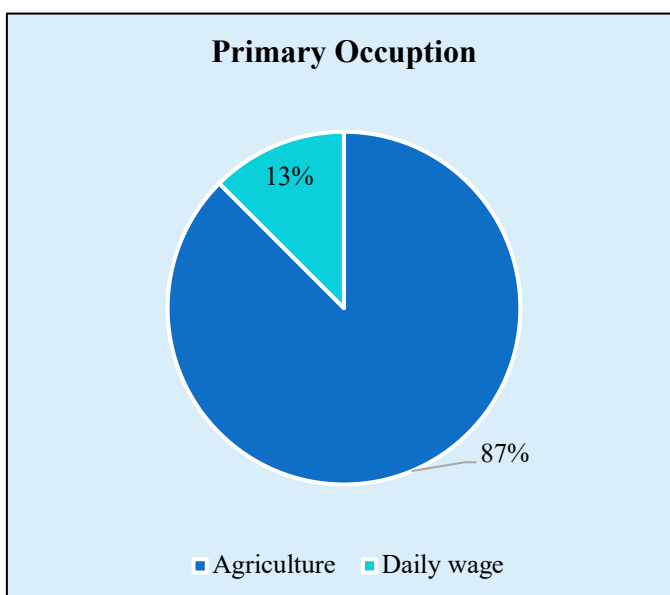


Relevance of the Initiatives

a) Economic Relevance to Beneficiary

The program targeted women engaged in agriculture and lower income livelihoods. A majority of beneficiaries were depended on agriculture and daily wage labourers. It indicates that the initiative focused on economically vulnerable groups with limited income sources.

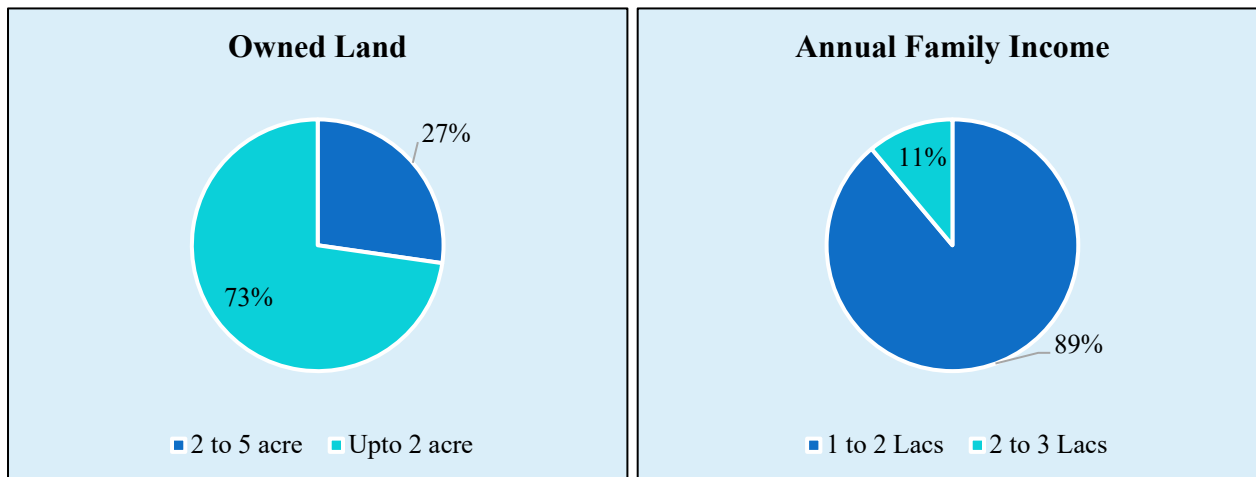
Most beneficiaries owned small landholdings, with ~73% having up to 2 acres of land. This reflects the presence of small and marginal community members



with limited productive assets, highlighting the need for supplementary income opportunities.

The income profile establishes the relevance of the intervention. A large proportion (~89%) of the HHs had an annual income between Rs 1 to 2 lakhs. This indicates that the program reached low income HHs with constrained financial capacity.

The initiative addressed the needs of these groups by promoting income generation, strengthening livelihoods, and improving financial access. It aligned with the socio-economic profile of beneficiaries, making it relevant for enhancing income stability and economic participation among women.



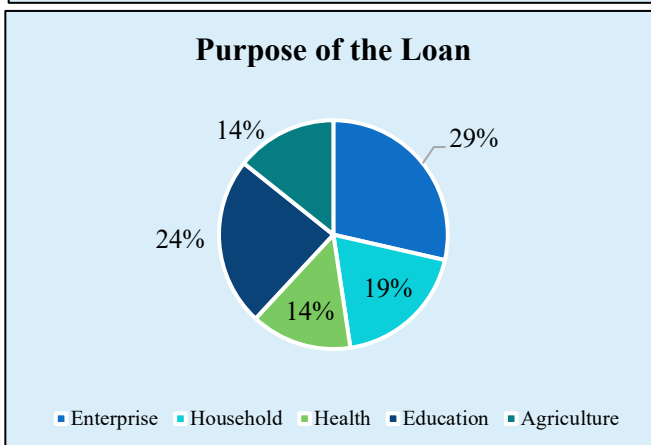
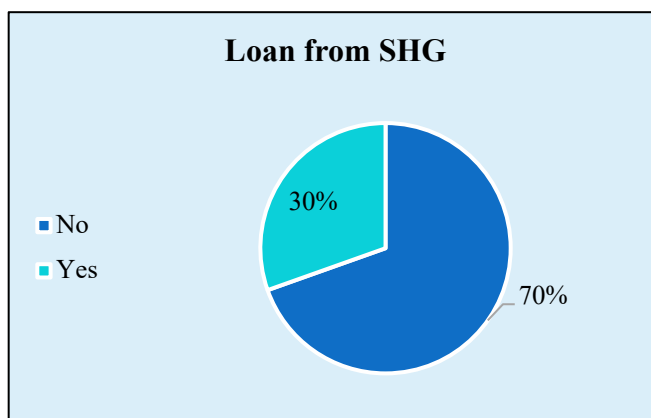
Effectiveness

a) Strengthening Financial Inclusion

Program strengthened savings behaviour among women. All women participated in SHG savings activities. Most women saved around Rs 100 per month. Savings increased in SHGs involved in income generation.

The program improved access to internal credit. Around 30% of women took loans from SHGs. Women used loans mainly for enterprise, education, and household needs. This shows use of credit for both livelihood and essential purposes.

Women maintained repayment discipline. Around 80% repaid loans on time. SHGs managed internal lending effectively. However, no SHG accessed bank loans, showing a gap in external financial linkage.



All the women knew that GHCL implemented the program. Women reported that GHCL staff informed them about the program. This shows program reach and communication.

Community shared that earlier women had limited awareness, low confidence, high addiction levels, and no structured savings or income opportunities. Formation of SHGs, awareness on savings, hygiene, and exposure visits directly addressed these needs.

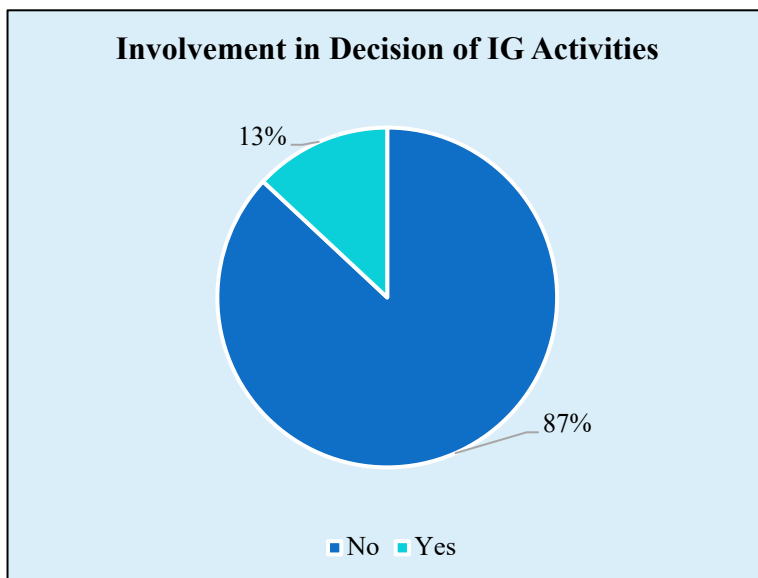
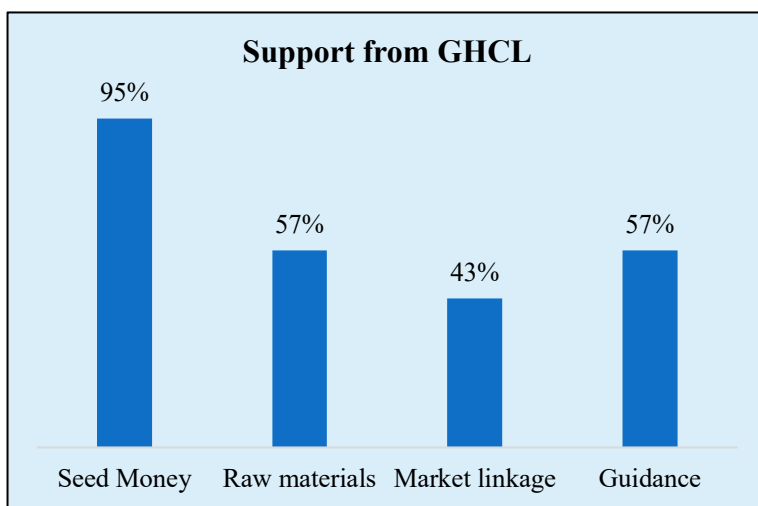
Women reported increased participation in awareness programs, ability to voice their concerns, and improved understanding of savings and financial management. SHG meetings, exposure visits, and access to information helped build their capacity and preparedness for future livelihood activities.

b) Enterprise Support and Decision Making

The program provided support for enterprise activities. Women received seed money support in most of the cases. Support for raw materials and guidance was available to some extent. Market linkage support was relatively lower. Women reported moderate adequacy of support. About 43% women reported that support was not completely adequate. Most of the women (~90%) believed that the selected IG activities matched local needs. This shows that activities were aligned with local demand and context.

However, it was found that the program showed limited participation of women in decision making. Most of the women (~87%) were not involved in deciding income

generation (IG) activities. GHCL and field teams played a major role in key decisions.

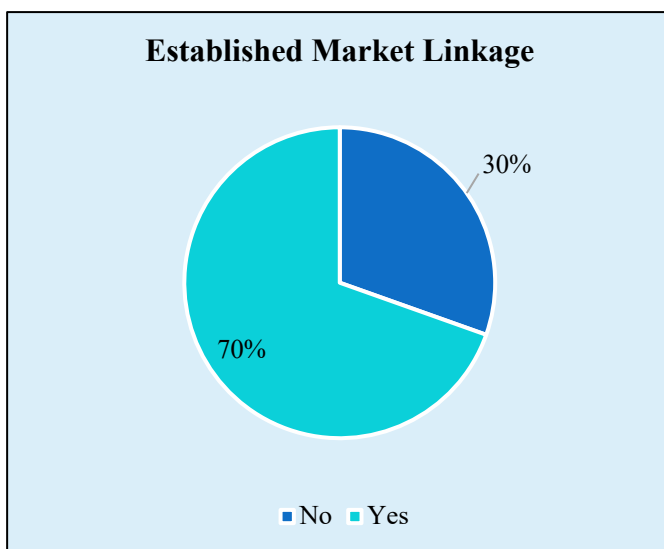
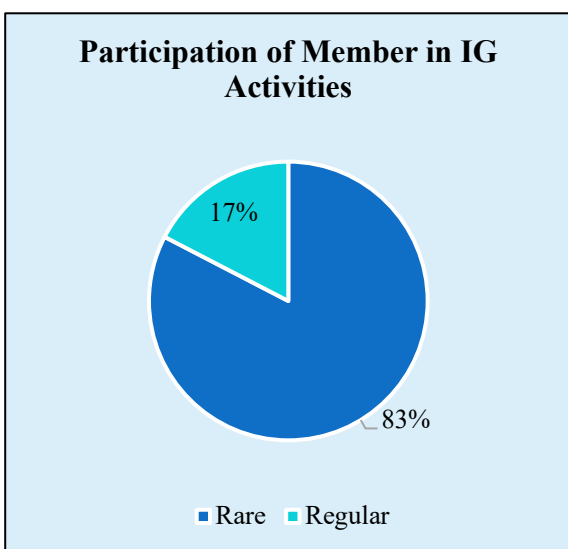
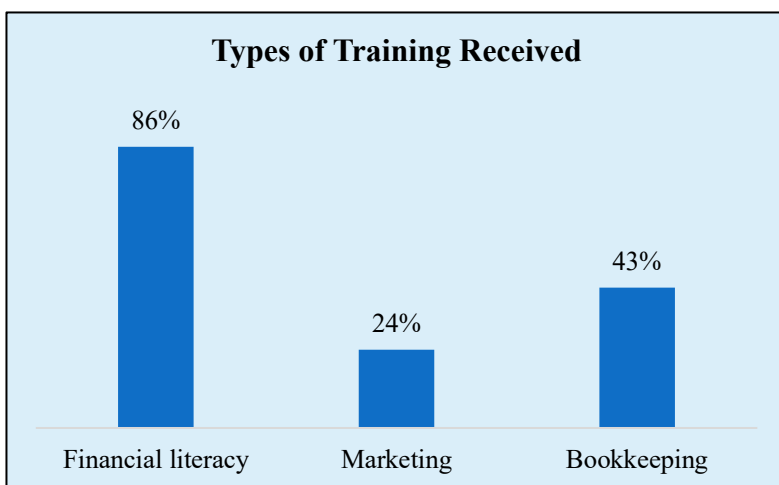


c) Capacity Building and Enterprise Building Support

The program provided training support to SHG members. About 57% of women received training on income generation activities. Among those trained, most received training in financial literacy, bookkeeping and marketing.

Participation in IG activities remained limited. Most of the women (~83%) participated rarely, while only a small proportion (~17%) participated regularly. This indicates low engagement in enterprise operations.

Market linkage was established for many groups. Around 70% reported having market linkages. Among them, about 60% considered the linkage effective. Women reported strong bookkeeping practices. All participants stated that bookkeeping was maintained properly.

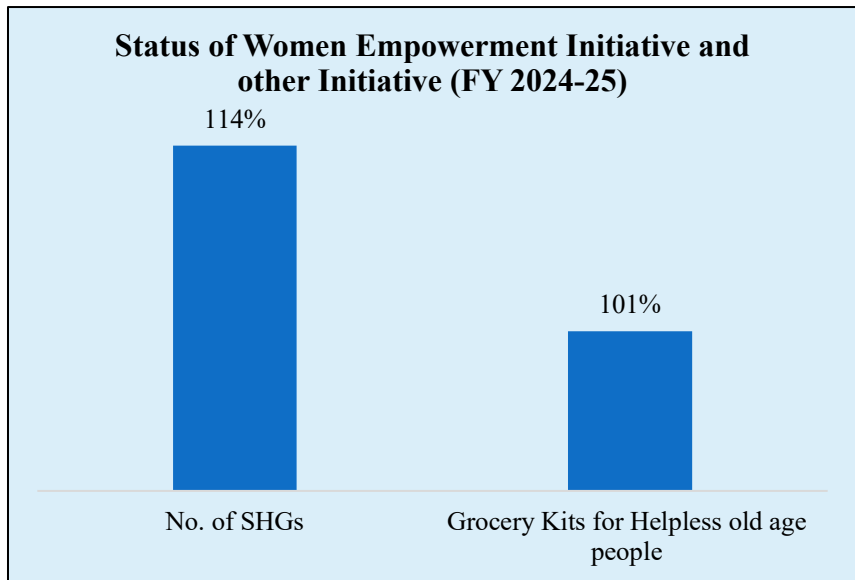


Efficiency

a) Achieving Livelihoods Outcomes

The program demonstrated efficient implementation across geographies. It covered multiple regions and reached a large number of beneficiaries through structured SHG platforms.

The program demonstrated structured implementation across geographies. It reached ~8,246 women beneficiaries. A total of 312 SHGs were operational and strengthened. Around 278 SHGs were linked to credit systems, indicating financial integration. Skill development remained a key focus, with 48 trainings conducted, enabling 820



women to engage in Income Generating (IG) activities.

The Women Empowerment and other initiatives shown progress in strengthening community support systems. A total of 114 SHGs were supported in FY 2024-25, enabling women to come together, build financial resilience, and enhance their participation in livelihood activities. Round 91 grocery kits were distributed to helpless elderly individuals, addressing immediate food and nutrition needs. It played a crucial role in ensuring food security for vulnerable populations, particularly those without regular income or family support, helping.

In Sutrapada program built an institutional base with 253 active SHGs, engaging 2,587 women members. Financial inclusion remained a key strength, with total savings reaching Rs 61 Lac, alongside internal lending of Rs 11 Lac and 90% of repayment rate, indicating effective credit utilisation and repayment discipline.

In Sutrapada, the program supported enterprise development by promoting ~42 micro enterprises and 12 animal fodder centres,. It distributed ~ 210 assets and toolkits to strengthen livelihoods. Market access was facilitated through 14 market events and exhibitions, improving business visibility and sales opportunities. It also promoted leadership and governance, with ~75 women participating in governance platforms, and strengthened digital inclusion by enabling 210 women with digital access and skills. The initiative also promoted leadership and community participation, with 1,550 women actively engaged in governance and health awareness activities.

Women shared that monthly savings practices (Rs 100 per month), easy group formation, and access to information and subsidised services (like sanitary pads) were convenient and manageable. Women were able to gradually adopt financial habits without high burden. Women experienced increased self-confidence, independence, and social recognition. They are now able

to step out of their homes, handle bank related work, and participate in household decision making. Social status improved, and more women joined SHGs through peer motivation.



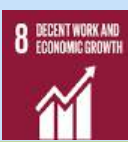

Coherence

The project demonstrated coherence by addressing critical challenges of rural livelihoods and skill gap. It aligns with Indian government schemes and UN SDGs to foster inclusive, equitable, and sustainable development. SHGs operated within the ecosystem of State Rural Livelihood Mission (SRLM), banks, and government credit schemes. Market exposure events complemented official livelihood promotion platforms.

Alignment with Schemes of Government of India

- a) **Skill India Mission:** The program supports the vision of the Skill India Mission by providing training to women and preparing them for entrepreneurship. It enhanced their technical skills and boosted their livelihoods.
- b) **Pradhan Mantri Kaushal Vikas Yojana (PMKVY):** The training modules of the program were aligned with industry standards. It contributed to PMKVY's objective of skill certification and employment.
- c) **National Rural Livelihoods Mission (NRLM):** The program's focus on equipping women with entrepreneurial and employment skills resonates with NRLM's objective of promoting self-reliance and livelihood opportunities in rural areas.

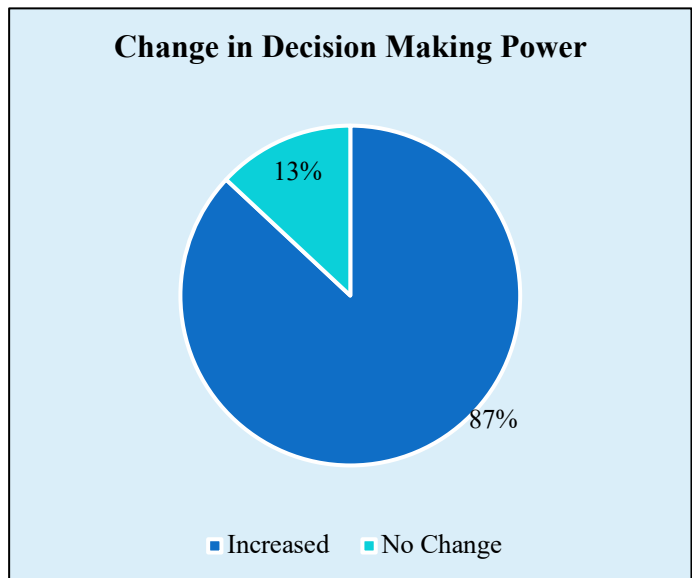
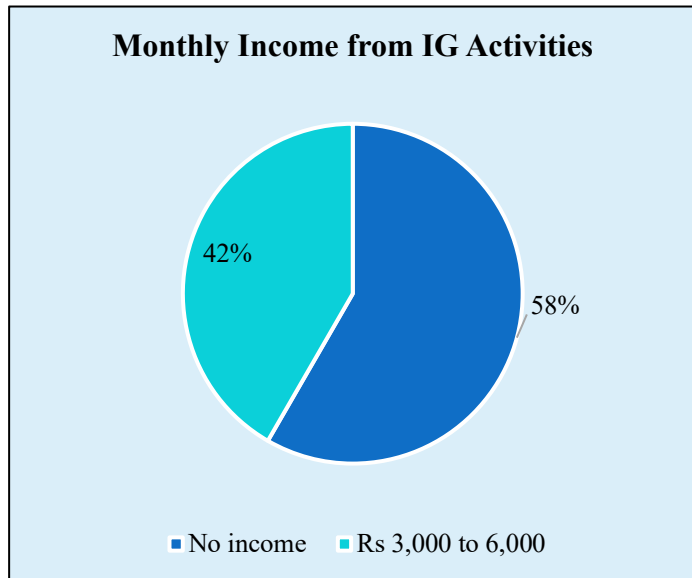
Coherence with SDGs

	The project directly addressed poverty by equipping rural women to secure sustainable livelihoods. It reduced their economic dependence and created pathways for income generation.
	The project fostered gender inclusivity by prioritizing female participants and addressing barriers, highlighting efforts to empower females in socio-economically challenged regions.
	The project contributed to creating entrepreneurship opportunities for women by enhancing their entrepreneurial skills. It fostered economic growth.
	The project ensured representation from marginalized communities and economically weaker sections. It bridged socio-economic disparities and fostered inclusivity across gender, caste, and economic strata.

Impact

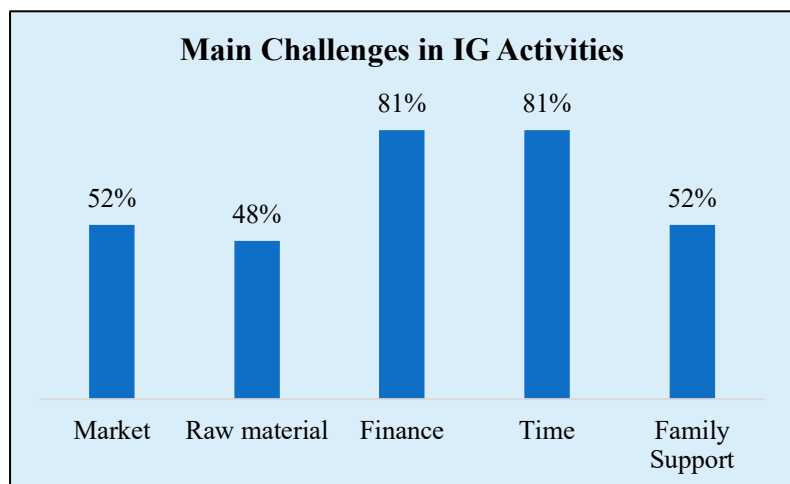
The program led to visible improvements in women's economic and social status. A significant proportion of women (~42%) reported earning a monthly income of Rs 3,000 to 6,000 from IG activities, indicating progress towards financial stability. At the same time, ~87% of women reported an increase in their decision making power, reflecting enhanced agency within households and communities.

Women reported improvement in self-confidence and increased respect within the community. They stated that their participation in livelihood activities and access to financial resources contributed to a sense of financial independence, particularly after accessing loans through SHGs. The initiative also created a demonstration effect, with women sharing that their progress has motivated other women in the community to participate in similar activities.



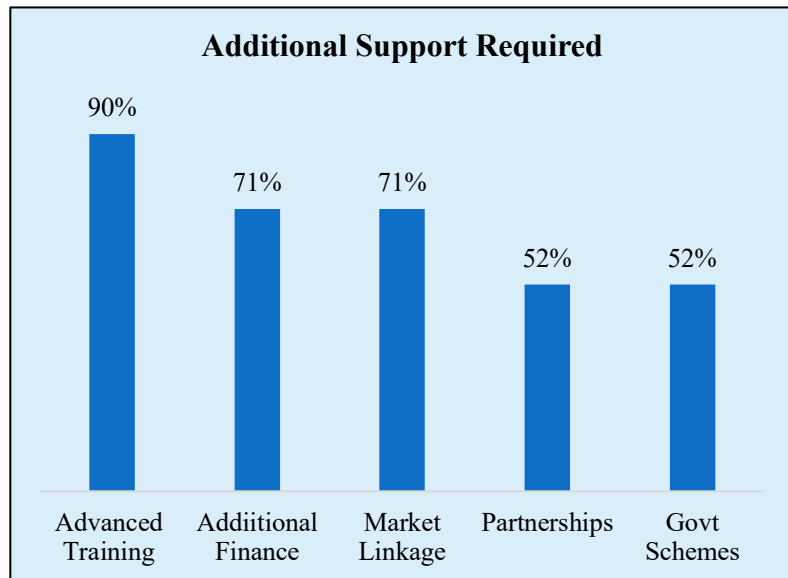
Sustainability

The sustainability of (IG) activities remained a key concern despite initial gains. A large proportion of women (~90%) reported difficulty in sustaining IG activities over time, indicating challenges in continuity beyond initial support. Financial constraints and time limitations



emerged as major barriers, affecting the ability of women to consistently manage and scale their enterprises.

Women highlighted the need for continued support to sustain their livelihoods. A significant proportion expressed demand for advanced training (~90%), followed by access to additional finance and market linkages (~71%



). It can stabilise and expand existing enterprises.

While the program has successfully enabled initiation of IG activities, long term sustainability depends on strengthening financial access, improving market connections, and providing continuous capacity building. Addressing these gaps will be critical to ensure that women are able to maintain and grow their livelihoods independently over time.

Community members reported challenges in initiating and sustaining livelihood activities. Currently, there are no active income generating activities in many of the villages, and women lack collective readiness and confidence to start enterprises. Limited access to training and skill development opportunities has restricted their ability to take up business activities. As a result, most households continue to depend on daily wage labour, which provides low and irregular income. There is a limited access to credit or loans within some of the groups, making it difficult to invest in small businesses. The absence of proper market linkages and platforms for selling products acts as a major barrier.

To overcome these challenges, the community suggested providing vocational and business oriented training to help initiate income generating activities. Exposure visits to successful enterprises were recommended to build confidence and practical understanding among women. Ensuring access to financial support and loans was emphasized as critical for starting or expanding small businesses. Strengthening market linkages and ensuring fair pricing for products would further motivate participation. The community also highlighted the need to increase the number of training and awareness programmes to enhance engagement and encourage more women to actively participate in group based enterprises, thereby improving livelihoods and reducing dependence on wage labour.

Best Practices, Suggestions and Conclusion

Best Practices of the Program

i. Livelihoods and NRM Initiatives

a) Integrated Livelihood Approach

The program adopted a holistic model by combining agriculture, AH, and fisheries interventions. This integration enabled diversification of income sources, reduced dependency on a single livelihood, and enhanced resilience among small and marginal farmers.

b) Focus on Sustainable and Climate Resilient Practices

Promotion of organic farming, soil health management, and water efficient irrigation (such as drip systems) ensured long term environmental sustainability. These practices reduced chemical dependency, improved soil fertility, and enhanced water-use efficiency.

c) Subsidy Linked Input Support for Adoption

Provision of inputs such as organic fertilizers, seeds, irrigation systems, and livestock services at subsidized rates reduced financial barriers for farmers. This facilitated higher adoption of improved practices, especially among economically vulnerable households.

d) Strengthening Livestock Based Livelihoods with Service Access

Provision of mobile veterinary services, artificial insemination, fodder support, and nutrition services improved livestock productivity and reduced risks. Easy access and affordability of services increased adoption and impact.

e) Use of Technology and Digital Advisory Tools

Introduction of tools like NITARA and advisory services supported better decision-making in livestock and agriculture. Although adoption varied, it laid the foundation for digital agriculture.

f) Direct Community Engagement and Trust Building

Continuous interaction through field staff, village meetings, and follow ups ensured strong community relationships, high awareness (~97%), and effective program penetration.

ii. Health and Water Resource Development Initiatives

a) Community Centric and Doorstep Service Delivery Model

The program adopted a community centric approach by delivering healthcare services directly to villages through Mobile Health Units (MHUs) and local clinics. This doorstep service model significantly reduced access barriers, especially for vulnerable and remote populations, ensuring timely diagnosis, treatment, and follow-up care.

b) Integrated Multi Service Health Delivery Approach

The program combined multiple healthcare components including MHUs, weekly clinics, health camps, eye check-ups, cancer screenings, and awareness programs. This integrated model ensured comprehensive coverage of both curative and preventive health needs within the community.

c) Behaviour Change Communication and Awareness Generation

A emphasis was placed on behaviour change through structured awareness sessions on hygiene, nutrition, maternal health, and disease prevention. The use of community platforms and peer educators helped translate awareness into sustained adoption of healthy practices.

d) Free and Affordable Healthcare Services

Provision of free medicines, diagnostics, and consultations significantly reduced out-of-pocket expenditure for beneficiaries. This made healthcare accessible and affordable for low-income households.

e) Promotion of Safe Drinking Water through Household Level Solution

The installation of RRWHS provided decentralized, household level solutions for safe drinking water, reducing dependency on external and unreliable sources.

f) Time and Drudgery Reduction, Especially for Women

The intervention significantly reduced time spent on fetching water and accessing healthcare, particularly benefiting women and elderly populations. This improved quality of life and enabled better utilization of time for productive activities.

iii. Education and Skill Development Initiatives

a) Lifecycle and Continuum Based Approach to Education and Livelihoods

The program adopted a holistic lifecycle approach, addressing early childhood education, school level learning, and pathways to employment through skill development. This ensured continuity from foundational learning to livelihood opportunities, creating long-term impact.

b) Focus on Foundational Learning (FLN) and Remedial Education

The intervention aligned with national priorities such as NIPUN Bharat and NEP 2020, focusing on foundational literacy and numeracy. Structured remedial sessions helped bridge learning gaps, particularly among children at risk of falling behind academically.

c) Activity Based and Experiential Learning Pedagogy

The program promoted joyful and activity-based learning through initiatives like Mojilu Shikshan and TLM usage. Interactive methods such as games, visual aids, and practical demonstrations enhanced student engagement, conceptual clarity, and retention.

d) Capacity Building of Teachers and Anganwadi Workers

Training of teachers and Anganwadi workers on child centric pedagogy, FLN, and remedial education improved classroom practices and quality of teaching. This ensured sustainability and institutional strengthening within the education system.

e) Structured and Industry Linked Skill Development Model

Vocational training programs were aligned with NSQF standards and industry requirements, ensuring relevance of skills. The integration of technical skills, soft skills, and digital literacy enhanced employability of participants.

f) Placement Linkages and Employment Support

The program ensured placement assistance, job fairs, and employer partnerships, resulting in high employment rates and improved income outcomes. Continuous alumni tracking supported job retention and career progression.

g) Continuous Monitoring, Assessment, and Feedback Mechanisms

Regular assessments, performance tracking, and feedback ensured quality implementation and continuous improvement in both education and skill development components.

iv. Women Empowerment Initiatives

a) SHG Centric, Group Based Implementation Model

The program effectively leveraged SHGs as the core platform for implementation. This group based approach strengthened collective action, peer learning, and mutual support, enabling women to build financial discipline and livelihood capabilities.

b) Integration of Skill Development with Enterprise Promotion

The program combined skill training with enterprise development, enabling women to transition from training to income generation activities. Trades such as tailoring, grocery management, and handicrafts were aligned with local market demand.

c) Strengthening Financial Linkages and Credit Readiness

The initiative focused on building financial readiness by supporting SHGs in documentation, account management, and bank linkages. This improved access to formal financial systems and strengthened credit discipline.

d) Strengthening Governance and Transparency within SHGs

Structured processes such as regular meetings, savings records, and bookkeeping ensured transparency and accountability within SHGs, contributing to effective group functioning.

e) Gradual Transition from Subsistence to Structured Livelihoods

The initiative supported women in moving from informal, subsistence-level activities to more structured and organized livelihood models, enhancing income stability and economic participation.

Suggestions for Improvement

i. Livelihoods and NRM Initiatives

a) Strengthen Women Participation and Leadership

There is a need to increase women's participation, especially in agriculture and fisheries. The program should promote women led models, leadership roles, and targeted capacity building to ensure gender inclusivity in decision making and access to resources.

b) Enhance Inclusion of SC/ST Communities

Despite their significant population share, participation of SC/ST communities remains low. Targeted outreach, customized interventions, and dedicated mobilization strategies should be implemented to improve their inclusion.

c) Improve Market Linkages and Price Realization

Farmers, especially those practicing organic farming, face challenges in accessing markets and receiving fair prices. Strengthening market linkages, establishing buy back arrangements, and facilitating aggregation through FPOs can improve income stability.

d) Ensure Quality and Timely Availability of Inputs

Concerns were raised regarding the quality of subsidized agriculture inputs and availability of good quality seeds and saplings. The program should strengthen supply chains, ensure quality assurance, and provide timely access to inputs.

e) Strengthen Digital Literacy and Technology Adoption

While digital tools like NITARA were introduced, adoption remains limited due to low awareness and digital literacy. Training on digital tools, simplified interfaces, and support mechanisms should be enhanced to improve usage.

f) Expand Veterinary Services and Ensure Timely Availability

Farmers highlighted gaps in availability of veterinary services, especially during emergencies, after working hours, and on holidays. Increasing the number of veterinary camps, ensuring 24×7 availability, and improving service coverage can enhance effectiveness.

g) Address Fodder Availability and Seasonal Constraints

Fodder scarcity, particularly during summer, remains a challenge. Promoting fodder banks, silage preparation, and year-round fodder planning can improve livestock sustainability.

h) Strengthen Irrigation Infrastructure and Maintenance Support

Issues such as clogging in drip irrigation systems due to salinity were reported. Providing regular maintenance support, technical guidance, and improving system design can enhance long-term functionality.

i) Improve Storage and Post-Harvest Infrastructure

Lack of storage facilities forces farmers to sell produce immediately at lower prices. Developing storage infrastructure and promoting value addition can improve income realization.

j) Promote Financial Access and Risk Mitigation

High initial investment in livestock and agriculture remains a constraint. Facilitating access to credit, insurance, and financial literacy can reduce risk and improve participation among small farmers.

k) Strengthen Collective Institutions (FPOs/SHGs)

There is a demand for FPOs and SHGs among farmers and fisherfolk. Supporting their formation and capacity building can enhance bargaining power, market access, and sustainability.

ii. Health and Water Resource Development Initiatives

a) Increase Availability and Variety of Medicines at Village Level

A key bottleneck identified was the limited availability and range of medicines, which often forced beneficiaries to purchase medicines externally. Strengthening the supply chain, ensuring adequate stock, and expanding the range of essential medicines at MHUs and clinics can improve service effectiveness and reduce out-of-pocket expenditure.

b) Enhance Frequency and Coverage of Mobile Health Unit (MHU) Services

In some areas, the frequency of MHU visits was perceived as insufficient to meet regular healthcare needs. Increasing the frequency of visits, ensuring fixed schedules, and expanding coverage to remote hamlets can improve continuity of care and timely access to services.

c) Strengthen Referral Tracking and Follow-Up Systems

While referrals were made for advanced treatment, there was a lack of structured tracking mechanisms. Introducing a digital or manual referral tracking system, along with follow-up support, can ensure continuity of care and better health outcomes for patients requiring specialized services.

d) Improve Infrastructure for Health Service Delivery

The absence of dedicated spaces for health check-ups in some villages limited service quality and privacy. Establishing basic infrastructure such as village health kiosks or designated spaces can enhance service delivery, especially for women-centric and diagnostic services.

e) Ensure Continuity and Institutionalisation of Services

Communities expressed concerns regarding the sustainability of services beyond the project period. Strengthening convergence with government systems, building local capacity, and institutionalizing services within public health structures can ensure long-term continuity.

f) Expand Outreach to SC/ST and Marginalised Habitations

The program showed limited inclusion of SC/ST communities. Targeted outreach strategies, focused mobilisation, and customized interventions should be implemented to ensure equitable access for these underserved groups.

g) Strengthen Behaviour Change through Continuous Engagement

While awareness levels improved, sustained behaviour change requires regular reinforcement. Increasing the frequency of awareness sessions (monthly or periodic) and using community influencers can deepen adoption of healthy practices.

h) Improve Digital Data Management and Monitoring Systems

The absence of systematic tracking (especially for referrals and follow-ups) highlights the need for stronger data systems. Introducing simple digital tools or mobile-based tracking can improve monitoring, reporting, and decision-making.

i) Strengthen Operation and Maintenance (O&M) Support for RRWHS

Although users were trained, continued technical support and periodic monitoring are needed to ensure proper functioning of systems. Establishing local maintenance support systems can enhance sustainability.

j) Enhance Community Awareness on Water Conservation Practices

While awareness improved, continuous education on water conservation, safe storage, and efficient usage is essential to maximize the benefits of RRWHS and ensure long-term sustainability.

k) Strengthen Coordination with Frontline Workers (ASHA/Anganwadi)

Further strengthening coordination, training, and incentivisation of frontline workers can improve mobilisation, follow-ups, and service delivery efficiency at the grassroots level.

iii. Education and Skill Development Initiatives

a) Increase Frequency of Activity Based Learning Sessions

One of the key bottlenecks identified was the limited frequency of activity based learning sessions, often conducted only once a week or month. Increasing the number of sessions and integrating these methods into regular classroom teaching can ensure continuous reinforcement of concepts and improve learning outcomes.

b) Strengthen Integration with Formal School Curriculum

While innovative pedagogies were introduced, regular classroom teaching continues to rely heavily on traditional methods. There is a need to integrate joyful and experiential learning approaches within the formal curriculum to ensure consistency and long-term impact.

c) Improve Engagement Time for Practical Learning

Time constraints in schools limit students' ability to fully engage in interactive and hands-on learning activities. Allocating dedicated time for experiential learning can enhance conceptual understanding and participation.

d) Expand Outreach to SC/ST and Marginalised Communities

Participation of SC/ST groups remains relatively low. Targeted mobilisation, community engagement, and inclusion strategies are needed to ensure equitable access to education and skill development opportunities.

e) Introduce Life Skills and Career Guidance Modules

There is a need to strengthen life skills education, such as decision making, financial literacy, and career planning. This will support holistic development and better preparedness for employment.

f) Promote Holistic Development through Co-Curricular Activities

Students and stakeholders suggested introducing competitions and activities in sports, arts, and music. These can improve engagement, creativity, and overall development of children beyond academics.

g) Enhancing Support Systems for Women in Out-of-Town Placements

Women candidates faced additional barriers in accepting placements outside their hometowns due to safety concerns, lack of accommodation, and limited family support. To address this, the program should facilitate placements in companies that provide safe hostel facilities, transportation, and basic amenities. Additionally, pre-placement orientation for both candidates and their families, along with assurance of safety measures, can help build trust and confidence.

h) Strengthen Women Participation in Skill Development

Women's participation in vocational training is constrained by mobility, social norms, and limited access to market linked opportunities. Introducing more women friendly trades can enhance their participation.

i) Improve Post Placement Support and Retention Strategies

Post placement attrition remains a challenge, particularly among female candidates. Strengthening post placement counselling, local job opportunities, and employer engagement can improve job retention and long term employment outcomes.

j) Strengthening Alumni Support Mechanisms Post-Training

There is a need to establish a structured alumni support system to ensure continued engagement with candidates after completion of training. Many trainees faced challenges in adapting to workplace environments, managing expectations, and sustaining employment. Creating an alumni network, regular follow up mechanisms, mentorship support, and peer learning platforms can help address these issues. Alumni engagement can also provide guidance to new trainees, share real-life

experiences, and improve overall program outcomes, particularly in terms of retention and career progression.

k) Aligning Placements with Candidate Interests and Aspirations

A key factor contributing to post placement attrition is the mismatch between candidates' interests and the jobs offered. It is essential to strengthen the counselling and assessment process during training to better understand candidates' preferences, skills, and long term aspirations. Placement strategies should focus on aligning job roles with these interests, rather than only meeting placement targets. It will improve job satisfaction, enhance performance, and significantly reduce attrition rates.

iv. Women Empowerment Initiatives

a) Strengthen Sustainability of Income Generating (IG) Activities

A major bottleneck observed was the difficulty in sustaining IG activities over time. Continuous technical support, advanced training, and periodic mentoring should be provided to help women stabilize and scale their enterprises beyond the initial phase.

b) Improve Market Linkages and Business Support

Limited and inconsistent market access was identified as a key constraint. Strengthening forward linkages, connecting SHGs with buyers, organizing regular market platforms, and supporting branding and packaging can enhance income and sustainability of enterprises.

c) Increase Women's Participation in Decision Making

Women's involvement in deciding IG activities was relatively low. Encouraging participatory planning, leadership development, and decision making roles within SHGs can enhance ownership and effectiveness of interventions.

d) Expand Coverage and Frequency of Skill Training Programs

A significant proportion of women had limited access to training. Introducing the Women Entrepreneurship Trainings, diversifying trades, and ensuring regular capacity building can improve participation and skill enhancement.

e) Promote Regular Participation in Enterprise Activities

Low engagement in day-to-day IG activities was observed among many women. Strengthening group-based enterprise models, providing incentives, and ensuring continuous engagement can improve participation levels.

f) Introduce Advanced and Business Oriented Training Modules

Women expressed a need for advanced training in areas such as marketing, business planning, and enterprise scaling. Introducing higher-level skill development modules can support growth and profitability of enterprises.

g) Address Time and Mobility Constraints of Women

Women faced challenges in balancing household responsibilities with livelihood activities. Introducing flexible work models, home based enterprises, and localized production systems can improve participation.

h) Strengthen Institutional Support and Long Term Handholding

There is a need for sustained institutional support beyond initial intervention phases. Strengthening SHG federations, cluster level institutions, and continuous field support can ensure long term sustainability.

Suggestion for Introduction of New Interventions

i. Livelihoods and NRM Initiatives

The interventions are suggested based on the key needs and gaps identified during program implementation. While the program has achieved significant progress, challenges related to inclusivity, sustainability, adoption, and resilience indicate the need for strengthening and expanding certain components to enhance overall impact and long term outcomes.

- **Addressing existing gaps:** To improve digital adoption, women's participation, market linkages, and access to services such as veterinary care and fodder.
- **Enhancing sustainability:** To ensure long term continuation of practices like organic farming, soil health management, and water conservation.
- **Improving income stability:** To reduce livelihood risks through diversification, value addition, and risk mitigation mechanisms.
- **Increasing adoption:** To enhance uptake of existing interventions through demonstrations, simplified technologies, and community led approaches.
- **Strengthening community ownership:** To promote FPOs, SHGs, and community managed systems for long term sustainability.
- **Building climate resilience:** To prepare communities for climate change through climate-smart and resource-efficient practices.
- **Enabling convergence and scalability:** To align with government schemes and scale successful models across geographies.

Suggestions of New Interventions

- a) **Climate Smart Village Model:** It is suggested to develop selected villages as Climate Smart Villages by integrating water conservation, climate resilient crops, weather advisory systems, and renewable energy solutions. This can serve as demonstration hubs for nearby regions.

- b) **Community Based Fodder Banks:** Establish village level fodder banks managed by SHGs/FPOs to address seasonal fodder shortages. Surplus fodder can be stored as silage and distributed during lean periods.
- c) **Agri Tech Advisory through Voice Based Systems:** Introduce AI based, IVR (missed call-based) or WhatsApp voice advisory services in local language for farmers with low digital literacy, providing real-time guidance on weather, pest control, and livestock care.
- d) **Solar Powered Micro Irrigation Systems:** Promote solar powered irrigation pumps integrated with drip systems to reduce dependency on electricity and improve irrigation reliability in water scarce areas.
- e) **Farmer Producer Organization (FPO) Incubation Hub:** Create a structured FPO incubation model with support in business planning, aggregation, branding, and market linkage to ensure long-term sustainability and better price realization.
- f) **Village Level Agri-Entrepreneurs (Krishi Sakhis / Pashu Sakhis):** Train local youth and women as Agri and livestock service providers who can offer paid services like input supply, advisory, and basic veterinary care, creating livelihood opportunities.
- g) **Digital Market Linkage Platform (Local Aggregation Model):** Create a simple digital or assisted platform where farmers can collectively sell produce directly to buyers, reducing middlemen and improving income.
- h) **Low Cost Storage and Value Addition Units:** Set up community level mini storage units (cold storage, drying units) and promote value addition (pickle making, dehydration, dairy products) to reduce losses and increase income.
- i) **Fisheries Value Chain Strengthening:** Introduce innovations like solar powered ice boxes, fish drying units, and direct market linkages to improve income and reduce post-harvest losses for fisherfolk.
- j) **Carbon Farming & Incentive Models:** Promote organic and regenerative practices linked with carbon credit programs, enabling farmers to earn additional income through climate-friendly practices.
- k) **Mobile Based Farm Record & Advisory Tools:** Simplify digital tools (like NITARA) into easy local language interfaces with visual/voice features to improve adoption and usage among farmers.
- l) **Women Led Micro Enterprises:** Promote women SHGs in activities like vermicomposting, seed banks, nursery raising, dairy processing, and handicrafts to strengthen women's economic role.

ii. Health and Water Resource Development

The interventions are suggested based on the need to strengthen service delivery, continuity of care, and long-term sustainability of health and water initiatives. While the program has improved access and awareness, gaps in follow-up systems, preventive care, water security, and community ownership highlight the need for more integrated, technology-enabled, and community-driven solutions.

- **Addressing service delivery gaps:** To improve availability of medicines, referral systems, and access to specialized healthcare services.
 - **Improving continuity of care:** To strengthen follow up mechanisms through digital tracking, reminders, and structured referral systems.
 - **Enhancing preventive healthcare:** To promote early detection and regular health monitoring through community based and technology enabled solutions.
 - **Strengthening behaviour change:** To ensure sustained adoption of healthy practices through continuous engagement and participatory approaches.
 - **Improving water security:** To address seasonal shortages and improve water quality through innovative storage and purification solutions.
 - **Enhancing sustainability and ownership:** To promote community led management systems for long term maintenance and effectiveness.
 - **Reducing financial burden:** To improve affordability through insurance linkages and localized service delivery models.
 - **Leveraging technology:** To enhance efficiency, monitoring, and scalability through simple digital tools and data driven systems.
- a) **Digital Health Tracking & e-Health Cards:** Introduce simple digital health cards for beneficiaries to track medical history, screenings, and referrals. This can improve continuity of care, especially for chronic diseases like diabetes and hypertension.
- b) **Telemedicine Integration with MHUs:** Equip Mobile Health Units with telemedicine facilities to connect patients with specialist doctors (gynaecologists, paediatricians, physicians), reducing the need for referrals and improving access to quality care.
- c) **Community Health Volunteers (Swasthya Sakhis):** Train local women and youth as community health volunteers to support awareness, follow ups, referral tracking, and basic health services, ensuring stronger last-mile delivery.
- d) **Smart Referral & Follow Up System (App + SMS Based):** Develop a simple SMS or app based system to track referrals, remind patients about follow ups, and ensure treatment completion.

- e) **Solar Powered Water Purification Units:** Install community level solar water purification systems in areas with saline or contaminated groundwater to ensure safe drinking water beyond rainwater harvesting.
- f) **Greywater Recycling Systems at Household Level:** Promote reuse of household wastewater (from washing, kitchen) for kitchen gardens or irrigation, improving water efficiency and sustainability.
- g) **Integration with Insurance & Government Schemes:** Facilitate enrolment in health insurance (Ayushman Bharat) and water schemes to ensure financial protection and sustainability beyond the project.

iii. Education and Skill Development

The interventions are suggested based on the needs expressed by the participants.

- a) **Digital Learning and STEM Labs with Hybrid Content:** Set up low cost STEM and digital learning labs in schools with tablets or smart TVs offering multilingual, curriculum aligned content. This can support blended learning and help students revise concepts beyond classroom hours.
- b) **AI Based Learning Assessment Tools:** Introduce simple AI or app based tools for activity based learning and assess student learning levels and provide personalized remedial plans, helping teachers focus on individual learning gaps.
- c) **School Based “Learning by Doing” Innovation Corners:** Create innovation corners in schools where students can experiment with science kits, math tools, and creative projects, promoting experiential and curiosity driven learning.
- d) **Peer Learning & Student Mentor Model:** Train high performing students as “student mentors” to support weaker students, promoting collaborative learning and reducing dependency solely on teachers.
- e) **Mobile Education Vans (Learning on Wheels):** Deploy mobile learning units equipped with digital content, books, and activity kits to reach remote or underserved areas regularly.
- f) **Career Guidance & Exposure Labs in Schools:** Establish career corners in schools with information on vocational pathways, higher education, and job opportunities to guide students early.
- g) **Apprenticeship and Local Industry Linkage Model:** Strengthen partnerships with local industries and MSMEs to provide on-the-job training, apprenticeships, and local employment opportunities (in VTI).
- h) **Digital Job Matching and Placement Platform:** Develop a simple platform or WhatsApp-based system connecting trained youth with job opportunities, ensuring faster and wider placement reach.

- i) **Youth Innovation & Entrepreneurship Labs:** Encourage youth to explore entrepreneurship through small business incubation, startup ideas, and access to micro-finance support.

iv. **Women Empowerment Initiatives**

The interventions are suggested based on the need to address sustainability challenges in livelihood activities, as many women, despite initiating enterprises, face difficulties in continuing them due to limited scale, inconsistent income, and lack of long-term support.

- **Strengthening sustainability of enterprises:** To ensure continuity of income generating activities beyond the initial phase.
 - **Improving scale and viability:** To support growth of small enterprises through cluster based approaches.
 - **Enhancing financial access:** To provide flexible funding through revolving funds and credit mechanisms.
 - **Providing long term support systems:** To establish incubation centres and mentoring support for business development.
 - **Reducing income instability:** To create more consistent and reliable livelihood opportunities
- a) **SHG Based Micro Enterprise Clusters:** Promote cluster-based enterprises (e.g., tailoring clusters, food processing units, handicraft hubs) where multiple SHGs work together. This improves scale, reduces costs, and enhances market competitiveness.
 - b) **Digital SHG Management & Financial Tracking App:** Introduce a simple mobile based app (local language) for bookkeeping, savings tracking, loan management, and reminders to strengthen transparency and financial discipline.
 - c) **Women Led Rural Business Incubation Centres:** Establish incubation centres at cluster level to support women with business planning, product development, branding, packaging, and market linkages.
 - d) **E-Commerce and Digital Market Linkages:** Enable SHGs to sell products through WhatsApp Business, local e-commerce platforms, or partnerships with online marketplaces, expanding their customer base beyond local markets.
 - e) **Revolving Fund and Micro-Credit Innovation Model:** Create a structured revolving fund at cluster level to provide quick, low-interest loans for enterprise expansion, reducing dependency on external credit.
 - f) **Value Addition and Branding Support Units:** Set up common facilities for packaging, labelling, and branding of SHG products to improve product quality and market value.

- g) Flexible, Home Based Livelihood Models:** Promote home-based enterprises such as food processing, stitching, digital services, or micro-retail, addressing mobility and time constraints faced by women.
- h) Market Led Training Approach (Demand Based Skills):** Design training programs based on real market demand (e.g., dairy value chain, local food products, digital services) rather than generic skill training.
- i) Women Entrepreneurship Fund with Market Tie-Ups:** Create a dedicated fund linked with assured buyers or institutional procurement (e.g., schools, companies), ensuring stable demand for products.
- j) Integration with Government Schemes (NRLM, PMEGP):** Actively facilitate SHGs to access government schemes for subsidies, credit, and enterprise support, improving scale and sustainability.

Conclusion

The impact assessment of the programs implemented by GHCL Foundation Trust during FY 2024-25 demonstrates that the interventions have been highly relevant, inclusive, and impactful in addressing the multi-dimensional challenges faced by rural communities. The programs were well aligned with the socio-economic realities of the intervention areas, effectively targeting issues related to livelihood insecurity, limited access to healthcare, educational gaps, water scarcity, and gender disparities.

The Foundation's integrated and community centric approach has been a key strength, ensuring convergence across sectors such as agriculture, animal husbandry, health, education, and women empowerment. This has enabled households to benefit from multiple interventions simultaneously, leading to holistic development outcomes and improved resilience. Sustained beneficiary engagement over the years further reflects the continued relevance and acceptance of the programs. Significant improvements were observed in agricultural productivity, adoption of sustainable practices, livestock health, access to primary healthcare, learning outcomes, and women's financial independence. The initiatives have contributed to enhanced income opportunities, reduced vulnerability, and increased awareness and capacity among beneficiaries, thereby strengthening overall quality of life.

However, the study also highlights certain areas that require attention for long term sustainability. These include strengthening women's participation in livelihood activities, improving digital adoption, ensuring continuity of income-generating activities, enhancing inclusion of marginalized groups, and expanding market linkages and institutional support systems. Addressing these gaps will be critical to deepen impact and ensure scalability.

List of Abbreviations

Abbreviation	Full Form
AH	Animal Husbandry
AI	Artificial Insemination
ASHA	Accredited Social Health Activist
DAC	Development Assistance Committee
FGD	Focus Group Discussion
FLN	Foundational Literacy and Numeracy
FPO	Farmer Producer Organization
GHCL	Gujarat Heavy Chemicals Limited
GOPCA	Gujarat Organic Products Certification Agency
HH	Household
IDM	Integrated Disease Management
IG	Income Generation
IGA	Income Generating Activity
INM	Integrated Nutrient Management
IPM	Integrated Pest Management
KAP	Knowledge, Attitude, Practice
KII	Key Informant Interview
LEP	Learning Enrichment Programme
MHU	Mobile Health Unit
MIS	Management Information System
NRM	Natural Resource Management
NSQF	National Skills Qualification Framework
NITARA	Digital Livestock Management Application (used for livestock monitoring and advisory)

O&M	Operation and Maintenance
OBC	Other Backward Class
OECD	Organisation for Economic Co-operation and Development
PHC	Primary Health Centre
PoP	Package of Practices
REECIS	Relevance, Effectiveness, Efficiency, Coherence, Impact, Sustainability
RRWHS	Rooftop Rainwater Harvesting System
SC/ST	Scheduled Caste / Scheduled Tribe
SHG	Self-Help Group
TLM	Teaching Learning Material