HDFC BANK | PARIVARTAN
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Impact Assessment Report

Artificial Limbs and Callipers to the Differently Abled

Project Code: G0120

Executive Summary

The "Artificial Limbs and Callipers to Differently-Abled" project, initiated by HDFC Bank, aimed to significantly enhance the quality of life for individuals with disabilities (including those with amputations) and polio patients through the provision of callipers, crutches and prosthetics. Spanning from August 2021 to March 2023.

A brief of the programme's cardinals is detailed below:

Geographic Outreach	Types of Assistive Aids Distributed	Total No. of Aids Provided	Total No. of Beneficiaries
22 States 2 Union Territories	• Callipers • Jaipur Foot • Crutches • Prosthetic Arm	3065	2795

The "Artificial Limbs and Clippers to Differently-Abled" project was assessed as per the OECD-DAC framework criteria. The relevance, effectiveness, efficiency, impact, coherence, and sustainability of the intervention was assessed and is mapped below:

Relevance

- Among the respondents, 86% of the beneficiaries were male, while 14% were female.
- The project demonstrated its universal nature by covering beneficiaries across 22 states and 2 union territories in India, as well as extending its reach outside the country to Nepal and Bangladesh.
- 71% of the beneficiaries were from rural areas, while 29% of them belonged to urban areas, indicating a proportionate representaiton of individuals from both the areas.
- 50% of the beneficiaries had a disability affecting their right leg, while 40% experienced impairments in their left leg. Upper limb disabilities was experienced by 3% of beneficiaries in their left hand and 2% in their right hand.
- 10% of the beneficiaries were affected by polio in either their left or right lower limb.
- 10% of the beneficiaries experienced bilateral disabilities due to amputation, deformity, or paralysis. Additionally, 4% of the beneficiaries had bilateral disabilities due to polio.
- 12% of the beneficiaries were illiterate or had received informal education and hence were vulnerable to misinformation or being uninformed.
- 59% of the beneficiaries were the primary earners within their households.
- 23% of the beneficiaries reported an annual income of less than 50,000 highlighting their financial vulnerability

Effectiveness

- 75% of beneficiaries had learned about the project through social media platforms such as WhatsApp and Facebook.
- 52% of the beneficiaries received their assistive aids from the BMVSS's main centre in Jaipur, while 38% obtained their aids from the Bangalore camp, and 10% obtained their aids at the Sirohi camp.
- 41% of beneficiaries travelled to a different state to avail the benefits of the intervention.
- 50% of beneficiaries received either partial or full reimbursement for their travel expenses.
- Beneficiaries who needed to stay for one or more days for receiving the prosthetics, of them 80% were provided accommodation.
- 94% of beneficiaries reported that the doctor present at the camp or centre effectively explained the prosthetics installation process and addressed their queries regarding the assistive devices provided
- 97% of beneficiaries rated the GAIT training as highly beneficial in terms of enhancing their mobility
- 51% of the beneficiaries received physiotherapy support at the centre or camp

Impact

- 71% of beneficiaries reported that they were able to return to work or continue their studies freely after receiving the assistive aids
- 82% of beneficiaries reported that they were able to attend community activities or be part of social events
- There has been a significant reduction in pain for many beneficiaries (69%), attributed to the enhanced balance and weight distribution provided by the prosthetics and callipers
- 98% of the beneficiaries reported feeling more confident after receiving the assistive aid
- 76% of the beneficiaries reported being able to engage in recreational activities or sports post receiving the assistive aids.

Coherence

- The programme is in alignment with Sugamya Bharat Abhiyan and National health policy
- The programme aligns with SDG 1,3,8,10,17

Efficiency

- 72% of beneficiaries rated the quality of the assistive aids as excellent.
- 95% of the beneficiaries reported that the assistive aids provided were comfortable

Efficiency

- 75% of beneficiaries reported receiving a follow-up call from the BMVSS team, 1-2 months after receiving their assistive aids.
- 79% of beneficiaries reported receiving maintenance support from BMVSS when encountering technical issues with their prosthetics or callipers
- 96% of beneficiaries reported that other individuals with disabilities showed interest in the assistive devices they received through the project.
- The longevity of the prosthetics are for 3 to 4 years, depending on the nature of engagement of the beneficiaries

Content

Chapter 1

Project Background and Overview

1.1 HDFC Bank's CSR Policy

HDFC Bank is transforming the lives of millions of Indians through its social initiatives under the banner of 'Parivartan'. These initiatives aim to foster economic and social development by sustainably empowering communities. Parivartan has made a substantial impact through its interventions in rural development, education, skill development, livelihood enhancement, healthcare and hygiene, and financial literacy. By driving change through its commitment to sustainability and innovation, HDFC Bank continues to make a meaningful difference in communities across the nation.

The themes of HDFC Bank's CSR project include:

- **Rural Development:** HDFC Bank's Holistic Rural Development Programme (HRDP) addresses village-specific needs through community-driven interventions, impacting 8,590 villages across India.
- **Skill Development and Livelihoods:** Under Parivartan, HDFC Bank supports projects focused on skill training, financial literacy, and entrepreneurship, enhancing agricultural practices and livelihoods for 8.75 lakh women entrepreneurs.
- **Education Promotion:** HDFC Bank fosters quality education by training teachers, integrating smart classes, and improving school infrastructure, benefiting 2.13 crore students and 2.83 lakh schools.
- **Healthcare and Hygiene:** Supporting Swachh Bharat Abhiyan, the Bank conducts health camps, promotes hygiene, provides clean drinking water, and organises blood donation drives, benefiting 1.87 lakh people and collecting over 23 lakh units of blood.
- **Financial Literacy and Inclusion:** HDFC Bank promotes financial literacy as a path to inclusion, educating 1.71 crore people through 5,400 branches nationwide and providing essential financial services and capacity-building programmes.

1.2 Project Context

In India, millions of individuals live with disabilities and polio, which severely limit their ability to engage in everyday activities and participate in their communities. These individuals face significant challenges in accessing affordable and effective mobility aids. The socio-economic impact of these disabilities is profound, often resulting in reducing earning potential, social isolation, and a diminished quality of life.

The "Artificial Limbs and Callipers to Differently-Abled" project, initiated by HDFC Bank, aimed to significantly enhance the quality of life for individuals with disabilities (including those with amputations) and polio patients through the provision of callipers, crutches and prosthetics. Spanning from August 2021 to March 2023, this initiative was designed to address the critical needs of People with Disabilities, focusing on increasing mobility, independence, and overall well-being. This project was implemented in collaboration with Bhagwan Mahaveer Viklang Sahayata Samiti (BMVSS), renowned for its expertise in manufacturing and distributing the Jaipur Foot, a high-quality and affordable prosthetic limb.

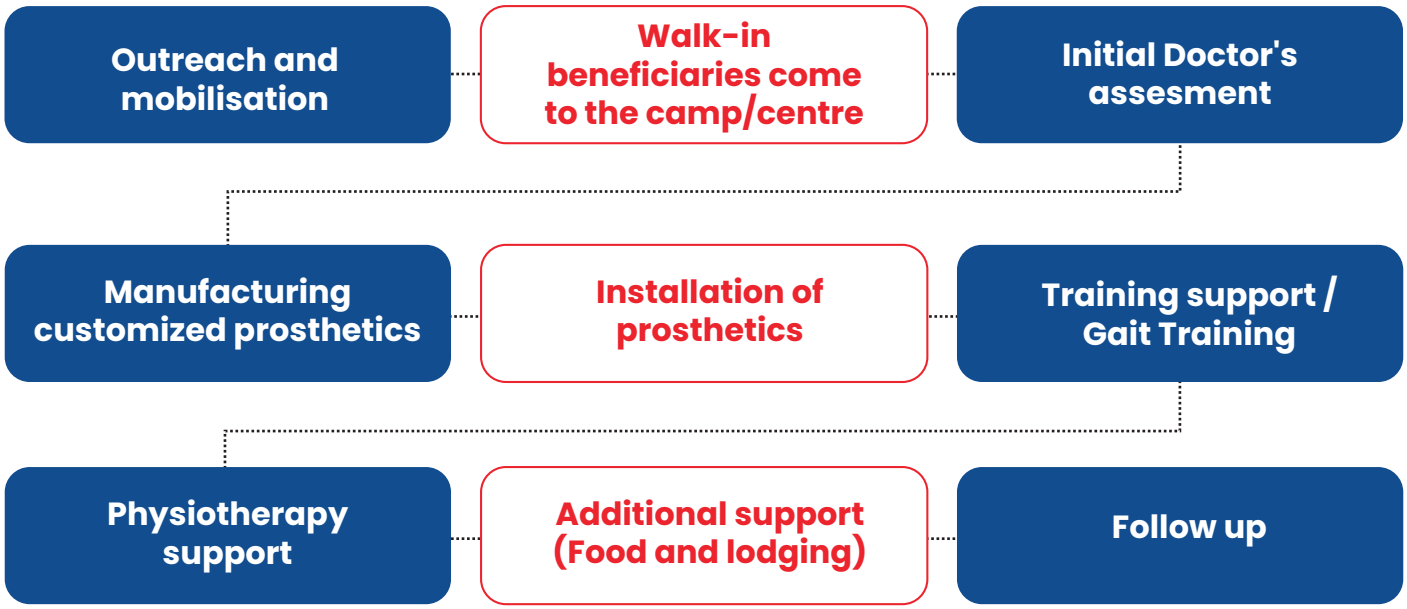
The type of support in the project included:

Providing Prosthetics	Providng Callipers	Providinng Crutches
• Limb Amputation • Deformed Limbs	• Polio • Weak lower limbs	• Beneficires unable to walk with prosthetics or callipers

A brief detail of the programme's outreach is showcased bellow:

Geographic Outreach	Types of Assistive Aids Distributed	Total No. of Aids Provided	Total No. of Beneficiaries
22 States 2 Union Territories	• Callipers • Jaipur Foot • Crutches • Prosthetic Arm	3065	2795

The figure below illustrates the implementation process followed throughout the programme for each beneficiary receiving a prosthetic.



1.3 Risks and challenges of the programme

During interaction with the BMVSS team, the team captured some major challenges which had posed a risk and threat to the implementation of the programme.

- **Improper Amputation:** A significant challenge encountered was improper amputation performed by surgeons, which led to complications in providing prosthetics. Issues such as tender stumps, infections, skin grafting in weight-bearing areas, protruding bones, flabby stumps, insufficient coverage in weight-bearing areas, and pointy stumps made it difficult to fit prosthetics, as the stumps[1] were unable to bear the weight of the beneficiary.

  - Mitigation strategy: Individuals with problematic amputations were referred back for revision surgery to prevent complications such as pain and bleeding from the use of prosthetics. In cases where the stump could not support the appropriate prosthetic, alternatives were provided, such as above-knee prosthetics for below-knee amputations, to reduce pressure on the stump.

- **Lack of confidence of beneficiaries:** A lack of confidence among beneficiaries was identified as a significant issue, often leading to difficulties in achieving proper gait or the inability to walk. This resulted in extended gait training durations, which could last several days compared to the typical 30-minute sessions.

  - Mitigation strategy: To address this, psychotherapy was provided by doctors to boost the beneficiaries' confidence. Additionally, doctors utilised successful examples of other beneficiaries with similar disabilities and assistive devices to demonstrate achievable outcomes.

- **Weak stumps:** Beneficiaries with long-standing amputations often had weakened stumps due to muscle atrophy from lack of exercise and movement, which made walking difficult and the prosthetics feel heavy.

  - Mitigation strategy: Physiotherapy support and enhanced gait training were provided to improve mobility for these beneficiaries. Additional exercise and training were recommended to strengthen the stump muscles.

- **Shrinkage of stumps:** Post-project, a major challenge identified was the shrinkage of stumps due to a lack of care, resulting in loose-fitting prosthetics or assistive aids.

  - Mitigation strategy: Replacement or maintenance support was provided, along with recommendations for exercises to prevent stump shrinkage More exercises are recommended.

[1] *A stump is the remaining body part after an amputation, and is also known as a residual limb*

1.4 Alignment with SDGs

The Sustainable Development Goals (SDGs), also known as the Global Goals, were adopted by the United Nations in 2015 as a universal call to action to end poverty, protect the planet, and ensure that by 2030 all people enjoy peace and prosperity. The interventions alignment with the SDGs are denoted below.

SDG	Target	Alignment
	**Goal 1: No Poverty**	Partial Alignment
	**Goal 3: Good Health and Well-being** 3.8: Achieve universal health coverage	Full Alignment
	**Goal 8: Decent Work and Economic Growth** 8.5: Achieve full and productive employment and decent work.	Partial Alignment
	**Goal 10: Reduced Inequality** 10.2: Empower and promote the social, economic and political inclusion	Full Alignment
	**Goal 17: Partnership for the goals** 17.17 Encourage and promote effective public, public-private and civil society partnerships, building on the experience and resourcing strategies of partnerships	Full Alignment

1.5 Alignment with National Priorities

The programme is well aligned with the country's national priorities and goals. The same is represented below:

National Policy/ Scheme/Mission	Objectives & Strategies	Alignment
Sugamya Bharat Abhiyan (Accessible India Campaign), 2015	Aimed at creating universal accessibility for persons with disabilities.	HDFC Bank provided prosthetics and callipers to individuals with disabilities
National Health Policy, 2017	Ensure availability and access to affordable and quality healthcare services.	HDFC Bank provided prosthetics and callipers to individuals with disabilities along with training and physiotherapy sessions.

1.6 Alignment with CSR Policy

The Schedule VII (Section 135) of the companies act, 2013 specifies the list of the activities that can be included by the company in its CSR policy. The below mentioned table shows the alignments of the intervention with the approved activities by the Ministry of Corporate Affairs.

Schedule VII activities	Description	Alignment with the project
(I)	Eradicating hunger, poverty and malnutrition, (Promoting health care including preventive Health) and sanitation (Including contribution to the Swatch Bharat Kosh set-up by the Central Government for the promotion of sanitation) and making available safe drinking water;	Partially

1.7 Alignment with ESG Principle

The program's intervention also aligns with the ESG Sustainability Report of the corporate. Particularly, concerning the Business Responsibility & Sustainability Reporting Format (BRSR) shared by the Securities & Exchange Board of India (SEBI), the program aligns with the principle mentioned below:

Principle 5
Businesses should respect and promote human rights

Principle 8
Businesses should promote inclusive growth and equitable development

Chapter 2

Design and Approach of the Impact Assessment

2.1 Objective of The Study

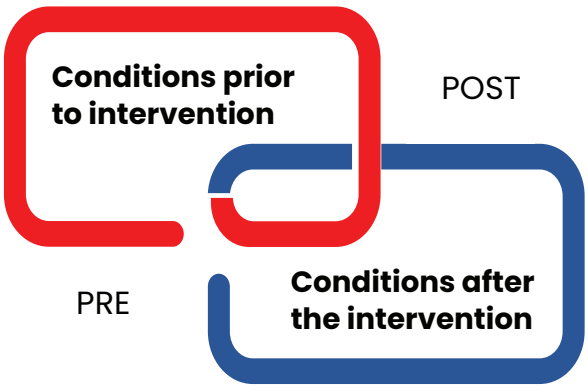
HDFC Bank Ltd. partnered with CSRBOX to conduct a comprehensive Impact Assessment of the Artificial Limbs and Callipers to the Differently Abled. The study aims to achieve the following objectives:

- Assess the project outcomes based on the OECD-DAC framework parameters of relevance, effectiveness, efficiency, coherence, impact, and sustainability.
- Garner feedback and responses – both qualitative and quantitative – from various stakeholders associated with the projects about the performance and the processes involved.
- Gather information on experiences and challenges faced, if any, by the partner NGO during the implementation of the project
- Document impactful human-interest stories among the end beneficiaries of the project.
- Provide suggestions/recommendations, if any, based on the study-related findings

The Impact Assessment for the Project aims to provide valuable insights into the multifaceted impact of the initiative. Through a comprehensive examination, the assessment seeks to offer key findings for refining and optimizing the project's effectiveness in enhancing diagnostic capabilities and supporting technology upgradation in healthcare.

2.2 Approach and Evaluation Framework

In line with the study's objectives and key areas of investigation, the evaluation's design prioritized learning as its primary goal. This section outlines our strategy for developing and implementing a robust, dynamic, and outcome-focused evaluation framework/design.



To gauge the impact, the study proposes a pre-post program evaluation approach, relying on the recall capacity of the respondents. Under this method, beneficiaries are surveyed about their conditions before and after program intervention. Analysing the difference helps to discern the program's contribution to enhancing the intended condition of the beneficiary. While this approach can effectively comment on the program's role in improving living standards, it may not entirely attribute all changes to the program.

For the assessment of the program, we employed a two-pronged approach to data collection and review that included secondary data sources and literature, as well as primary data obtained through qualitative methods of data collection. The figure below illustrates the study approach used in data collection and review.

The secondary study involved a review of functioning of BMVSS centres and camps, and other studies and research by renowned organisations available in the public domain for drawing insights into the situation of the area.

Primary Study

Study Reports

- Review of annual reports, publications by Ministries, other relevant government reports
- Program reports

Secondary Study

Quantitative & Qualitative Study

- Quantitative Survey
- IDIs
- KIIs

The primary study comprised of both qualitative and quantitative approach to beneficiary data collection and analysis. The qualitative aspects involved in-depth interviews (IDIs) with the Doctor, physiotherapist, prosthetist & orthotist and BMVSS team

In addition to primary data collection, the consultants studied various project documents like Project Proposal, fund utilization report, Project log-frame (Logical Framework Analysis), and other relevant reports/literature related to the projects.

OECD-DAC Framework

To determine the Relevance, Coherence, Effectiveness, Efficiency, Impact and Sustainability of the project, the evaluation used OECD-DAC framework. Using the logic model and the criteria of the OECD-DAC framework, the evaluation assessed the HDFC Bank team's contribution to the results, while keeping in mind the multiplicity of factors that might have affected the overall outcome. The social impact assessment hinged on the following pillars:

Relevance

Extent to which intervention objectives and design responds to beneficiary needs

Effectiveness

Extent to which intervention objectives and design responds to beneficiary needs

Sustainability

Extent to which net benefits of the intervention are likely to continue

Efficiency

Extent to which the intervention delivers, and how well resources were used

Coherence

Compatibility of the intervention with other interventions in a country, sector or institution

Impact

Extent to which intervention has generated significant positive or negative, intended or unintended, higher-level effects

2.3 Stakeholder Mapping

Detailed conversations were conducted with the BMVSS staff, specifically engaging with the personnel responsible for overseeing the operations of the "Artificial limbs and Callipers to differently abled programme" under the Parivartan Project. These discussions aimed to gather comprehensive insights into the day-to-day functioning of the centre and its overarching impact on the operations and services provided by the beneficiaries. The goal was to gain a nuanced understanding of how the implemented initiatives, have influenced and improved the quality of life of the beneficiaries and to assess the quality of services implemented by BMVSS.

Following stakeholders were considered for interaction to collect crucial information:

Stakeholders	Mode of Data Collection
Doctors	On Field (KII)
Nurses/Other hospital staff	On Field (KII)
Gait Trainer	On Field (KII)
Physio Therapist	On Field (KII)
BMVSS team members	On Field (IDI)
Primary Beneficiary	On Field (FGD)

2.4 Sampling approach

A simple random stratified sampling approach is followed to ensure that the sample is representative. The sample will be stratified further location-wise.

Quantitative Sampling

Assistive Aid	Universe	Sample proposed	Sample achieved	Rationale
Prosthetic Limbs (Arms and Legs)	2121	242	236	95% C.L. , 5% MoE,
Callipers	672	77	90	
Crutches	15	2	3	
Total	**2808**	**320**	**326**	

[2]Additional data was collected for recipients of callipers to make calliper support inclusive of all three locations
[3]Confidence Level – Indicates probability with which estimation of the location of a statistical parameter in a sample survey is also true for the population. Margin of error – range of value above and below the actual results from a survey
[4]These beneficiaries who received crutches also received artificial legs

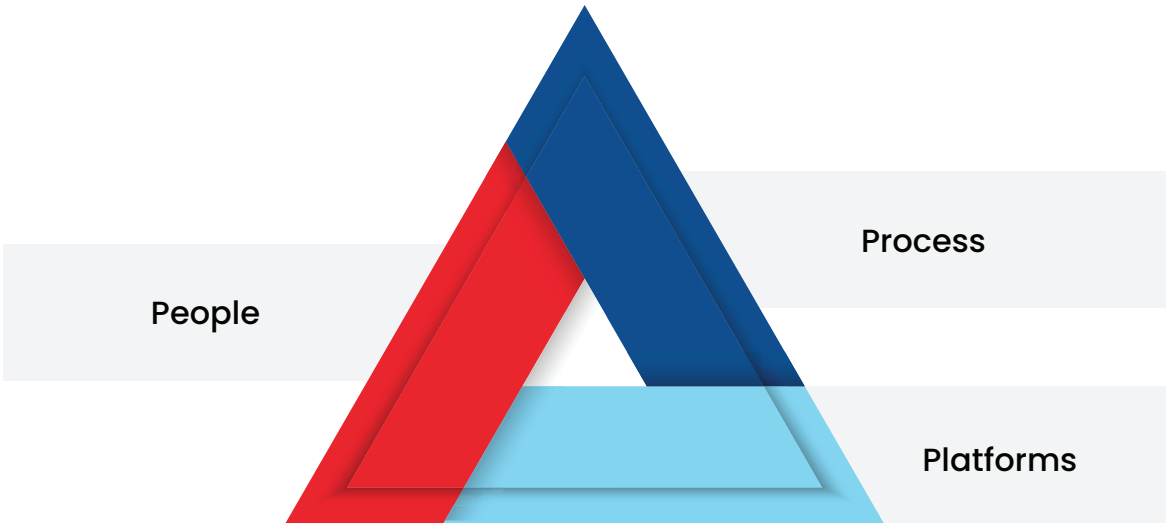
Qualitative Sampling

Apart from the quantitative data collection methods, qualitative data was also collected.

Stakeholders	Number of interactions
Doctors	2
Prosthetist and Orthotist cum Gait Trainer	1
Physio Therapist	1
BMVSS team members	1
Primary Beneficiary (FGD)	1
Total	**6**

2.4 Other Evaluation Framework's

As a part of the evaluation process, the team has also ranked the implementing agency on the PPP framework. The framework primarily was used to focus on evaluating the implementing agency on primary indicators of People, Processes, and Platforms.



As standalone components, people, processes, and platforms are necessary for evaluating an organisation to check their balance of human resources, the processes followed at execution of a programme, and technical support utilised towards successful completion of the project.

2.5 Challenges to conducting the study and mitigation measures adopted

The impact evaluation study aimed to assess the effectiveness of a programme providing assistive aids to individuals from vulnerable sections of society. The challenges faced while conducting the evaluation study are noted below:

- **Long-Standing Support for Vulnerable Populations:** The programme catered to individuals from vulnerable sections of society, who had been receiving assistive aids from the implementation partner long before HDFC Bank's intervention. Therefore, it was difficult for them to recall the specific impact of the programme during the period when HDFC Bank provided support.
- **Challenges in Data Collection:** The tools designed for the study also aimed to capture the beneficiaries' perceptions based on their ability to recall past events. However, since the project was initiated three years ago, many individuals found it challenging to remember the key details of the intervention.
- **Difficulties in Reaching Beneficiaries:** Due to the socio-economic conditions of the beneficiaries, many did not own mobile phones, making it difficult to reach out to them for interaction and feedback.

2.6 Ethical Practices for consideration

- **Ethical Considerations in Data Collection:** As part of the qualitative and quantitative data collection process for the current project, team members adhered to essential ethical protocols by obtaining informed consent from respondents before gathering their responses. Respondents were clearly informed about the purpose of the study, the expected outcomes of data collection, and how their testimonials would be recorded accurately.
- **Sensitivity in Handling Personal Information:** Given that the data collection tools involved gathering personal information that could potentially affect respondents' sentiments if not handled with care, the team took proactive measures to prevent any such issues. A sensitisation session was conducted for all enumerators and team members involved, guiding them on the appropriate procedures for data collection.
- **Assurance of Confidentiality:** Respondents were assured that their personal information would remain confidential and that the data collected would be used strictly for research purposes.

2.7 Theory of change

Activity	Output	Outcome	Impact
Mobilisation and Outreach	2,795 Person with disability benefitted across 620 districts	Targeted distribution of prosthetic devices	• Improved mobility for individuals with disabilities • Empowerment to lead independent and fulfilling lives • Significantly improved quality of life for individuals with disabilities • Increased participation in social and community activities • Increased economic stability for beneficiaries through employment and reduced medical costs
Manufacture and distribution of prosthetic devices	3,065 Prosthetic devices, callipers, and crutches distributed	• Accurate fitting of prosthetic devices • Enhanced ability to perform daily tasks	
Health camps for assessments and fittings	2 Health camps conducted in Bangalore and Sirohi		
Training on the use of prosthetic devices	Training sessions conducted for first time prosthetic users	Beneficiaries understand and effectively use their prosthetic devices	
Physiotherapy sessions	Physiotherapy and Gait training sessions conducted for first time prosthetic users	Reduced physical pain, improved physical health	
Follow-up and maintenance support	Follow-up calls were made and maintenance and replacement support were provided	Beneficiaries receive ongoing support for any issues with their prosthetic devices	
Reimbursement of travel costs and arrangement of food and lodging for	Travel costs are partially reimbursed and food & lodging arrangements is provided	Reduced financial burden on beneficiaries	

Chapter 3

Impact Findings

The following report section indicates key findings and insights drawn from the impact assessment study based on field interactions and the OECD DAC standard parameters outlined in the study framework. Insights were drawn by adopting a 360-degree approach to data collection by gathering data from the quantitative and qualitative methods by engaging with different programme stakeholders.

3.1 Relevance of the Programme

The following section underscores the relevance and necessity of the intervention, detailing socio-demographic indicators and other factors that highlight the need for support.

84% were male beneficiaries with just 16% female beneficiaries

Beneficiaries from 22 states and 2 union territories were covered from India along with beneficiaries from Nepal and Bangladesh

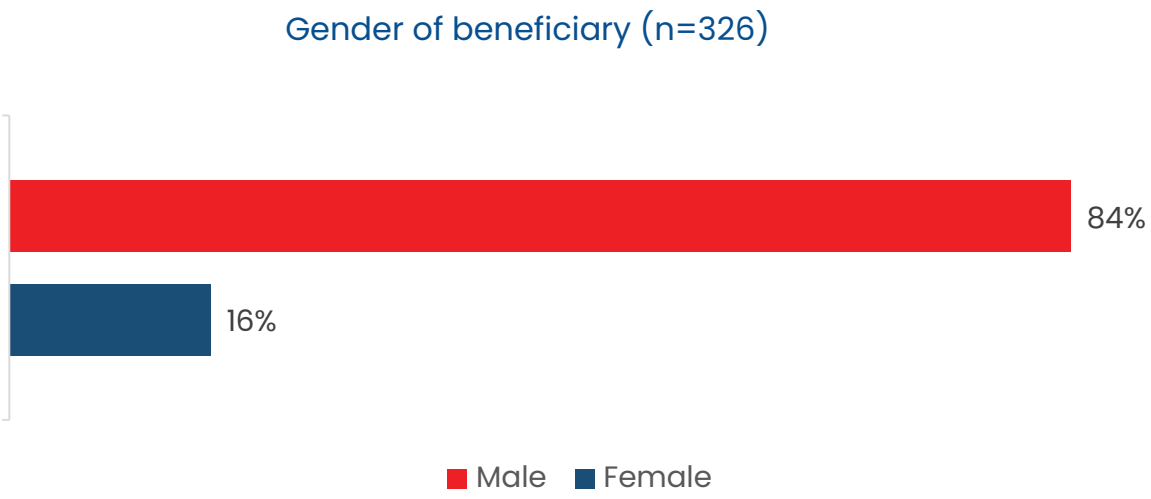
71% of beneficiaries belong to rural area

97% of beneficiaries were repeat prosthetic user

55% beneficiaries had annual family income less than 1 lakh

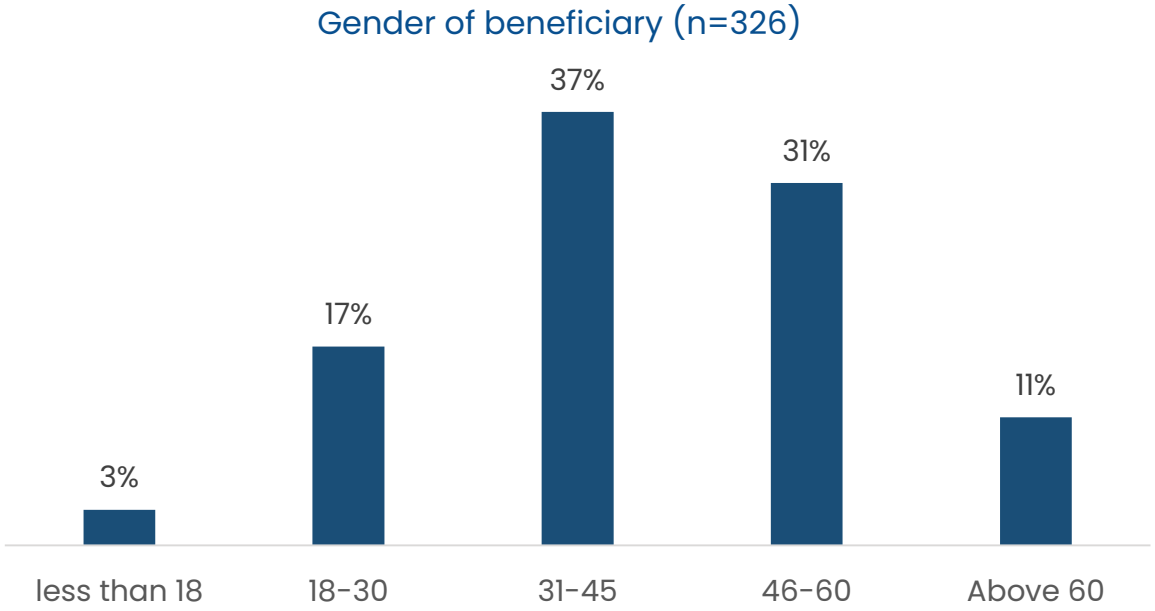
Demographic Profile of Beneficiaries:

Gender:



The programme was designed to be inclusive, without differentiation based on social constructs such as gender, age, caste, or nationality. However, monitoring and evaluation data reveal that 86% of the beneficiaries were male, while only 14% were female. To ensure statistical representation, the sample for primary data collection included 84% male and 16% female participants. The higher proportion of male beneficiaries can be attributed to several factors, including a greater incidence of amputations or disabilities among men, as well as the pervasive social stigmas and restrictions faced by women with disabilities.

Age Group:



Age demographics play a crucial role in the effectiveness of this project. The initiative primarily targeted individuals in their prime working years, with those aged 31-45 constituting 37% of the beneficiaries. For this group, assistive aids such as prosthetics and callipers significantly enhance their ability to perform work tasks independently, improve mobility, and facilitate easier travel. Additionally, 31% of the beneficiaries were aged 46-60, a demographic that remains actively engaged in the workforce. For these individuals, the provided assistive aids are essential in maintaining their economic productivity and enhancing their overall quality of life.

The programme also supported 11% of beneficiaries aged 60 and above, thereby enhancing their independence in daily activities. Research indicates that improved mobility for older adults is closely linked to better overall well-being and reduced reliance on caregivers. However, only 3% of the beneficiaries were under 18, revealing a significant gap in reaching younger individuals who could benefit from early intervention with assistive devices. Addressing this gap could further enhance the programme's impact by extending its benefits to younger populations.

According to UNICEF, early intervention and the provision of assistive devices can significantly improve the long-term outcomes for young people with disabilities . By expanding the programme's reach to include more beneficiaries under 18, the project could foster greater independence and improved quality of life from an earlier age, thereby having a more lasting impact.

[5]*https://www.unicef.org/media/126246/file/Assistive-Tech-Web.pdf*

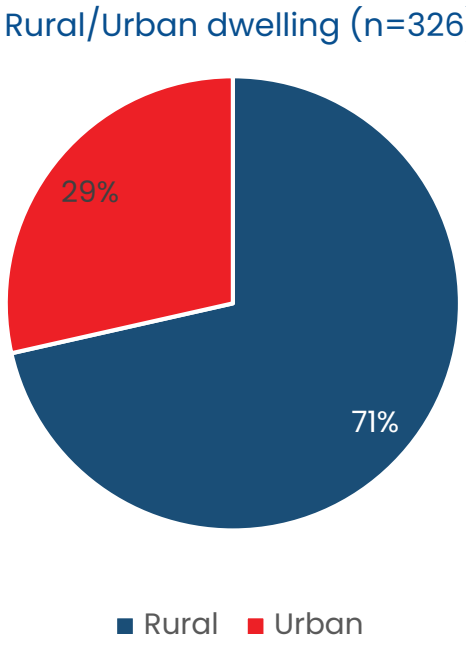
***Geographical Reach*:**

The project demonstrated its universal nature by covering beneficiaries across 22 states and 2 union territories in India, as well as extending its reach to 6 states in Nepal and 1 state in Bangladesh. This wide geographical spread underscore the programme's commitment to inclusivity and non-discrimination, ensuring that support was provided irrespective of the beneficiary's state or nationality. To effectively address the diverse needs of beneficiaries from different regions, the programme utilised the BMVSS centre in Jaipur and conducted a camp in Sirohi to serve beneficiaries from northern India. Additionally, a limb fitment camp in Bangalore was established to cater to the needs of beneficiaries from the southern states.

By employing a decentralised approach, the project ensured that beneficiaries, regardless of their geographical location, could access essential services. This method not only facilitated broader outreach but also addressed regional disparities in access to assistive devices.

According to the World Bank, regional disparities in access to healthcare services are a significant barrier in developing countries, making the project's approach crucial for equitable service delivery. By bridging these regional gaps, the project promoted greater inclusivity and accessibility, contributing to its overall success and sustainability.[6]

***Rural-Urban divide*:**



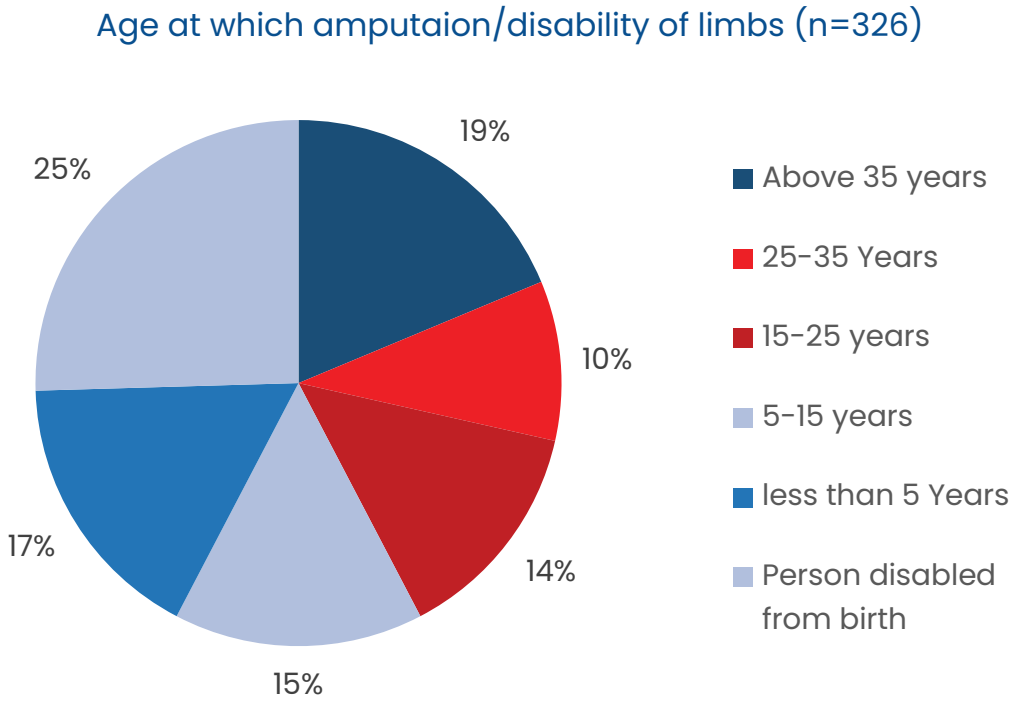
The project predominantly served beneficiaries from rural areas; a critical focus given the stark rural-urban divide in access to assistive devices. In rural settings, access to prosthetics and orthotics is often limited due to inadequate healthcare infrastructure and socioeconomic barriers.

The programme effectively targeted these underserved communities, with 71% of the beneficiaries coming from rural areas, compared to 29% from urban areas.

This focus on rural beneficiaries is vital, as research by the ILO indicates that people in rural areas are twice as likely to lack access to healthcare services, including assistive devices, compared to those in urban regions. By prioritising rural populations, the programme aims to bridge this gap, providing prosthetics and orthotics to those who would otherwise have limited or no access to such essential aids.

[6] *A detailed bifurcation of the geographic outreach has been provided in the form of a table in Annexure*

Age at which individual had Amputation/Disability

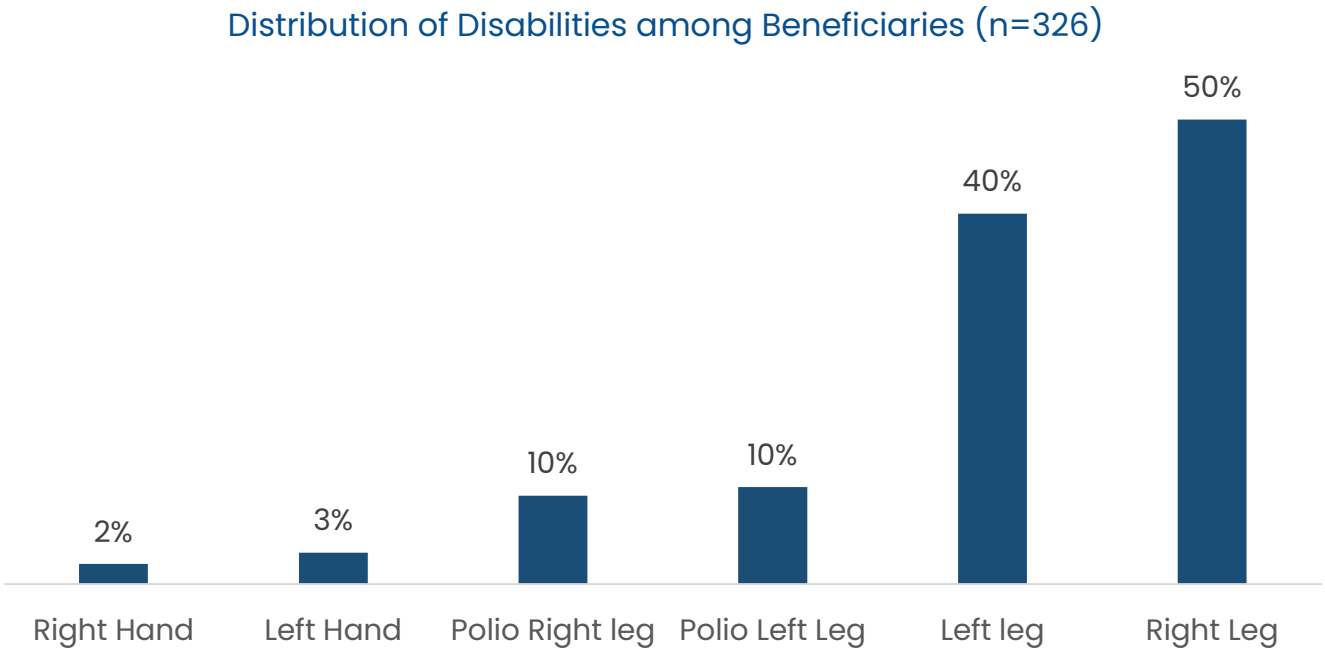


The project addressed the needs of a diverse group of beneficiaries, ranging from those with disabilities from birth to older age, reflecting the absence of an upper age limit for those affected. To respect the emotional well-being of participants, the survey intentionally avoided probing into the specific reasons for amputation, recognising that recalling such traumatic experiences could cause distress. However, many beneficiaries voluntarily shared that diabetes, accidents, and cancer were the primary causes of their amputations, while others reported disabilities due to polio or congenital deformities.

This project was particularly relevant to those who lost their limbs during their lifetime, as the psychological impact of such trauma can be profound, significantly affecting mental health and quality of life. Individuals who experience limb loss often face challenges such as depression and anxiety, which can be mitigated through effective rehabilitation[7]. Remarkably, three-quarters of the surveyed beneficiaries had experienced limb loss at some point, and the provision of prosthetics and callipers has brought about substantial improvements in their lives. These assistive aids have enhanced their mobility and independence, leading to a better quality of life and improved mental well-being, underscoring the project's profound and far-reaching impact.

[7]*https://www.ncbi.nlm.nih.gov/pmc/articles/PMC5248418/*

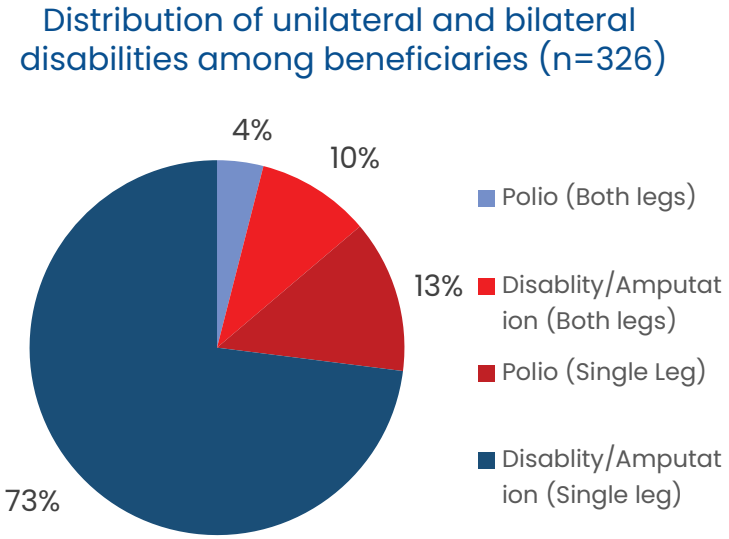
Distribution of disabilities among the beneficiaries



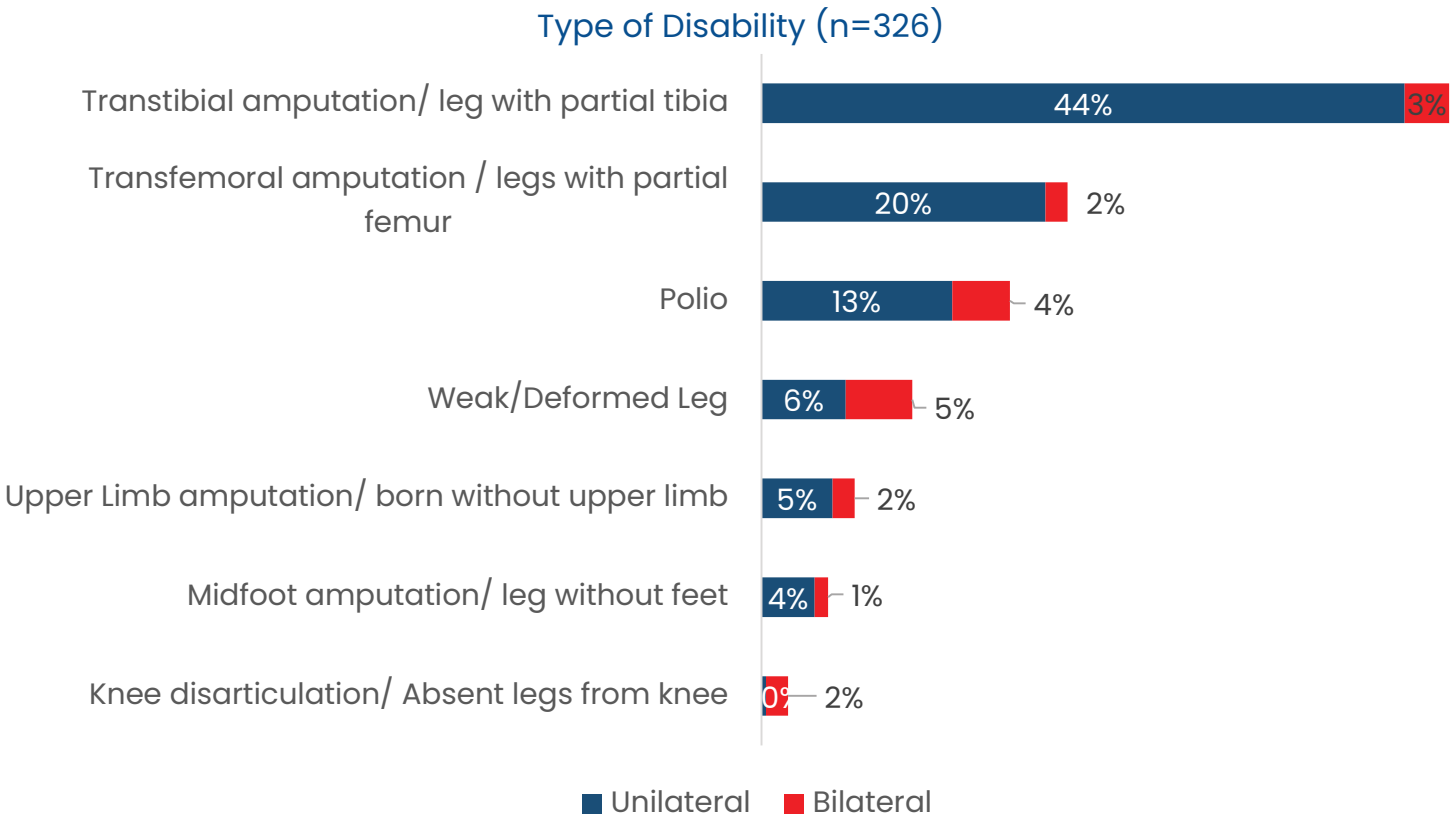
The project addressed a range of disabilities among its beneficiaries, with a predominant focus on limb-related impairments. Specifically, 50% of the beneficiaries had a disability affecting their right leg, while 40% experienced impairments in their left leg, highlighting the high prevalence of lower limb disabilities. Additionally, 10% of the cases involved legs affected by polio, with an equal distribution between the right and left legs. Upper limb disabilities were less common but still significant, affecting 3% of beneficiaries in their left hand and 2% in their right hand.

These figures highlighted the critical need for assistive devices such as prosthetics and callipers, particularly for lower limb disabilities, which constituted the majority of cases. By focusing on addressing these specific needs, the project ensured that the beneficiaries could regain mobility and independence, which was essential for improving their overall quality of life.

Some beneficiaries experienced bilateral limb disabilities, which had a significant impact on their daily lives. Specifically, 10% of the beneficiaries were affected by bilateral disabilities due to amputation, deformity, or paralysis. Additionally, 4% suffered from bilateral disabilities as a result of polio. The remaining beneficiaries had unilateral disabilities, resulting from the same causes.



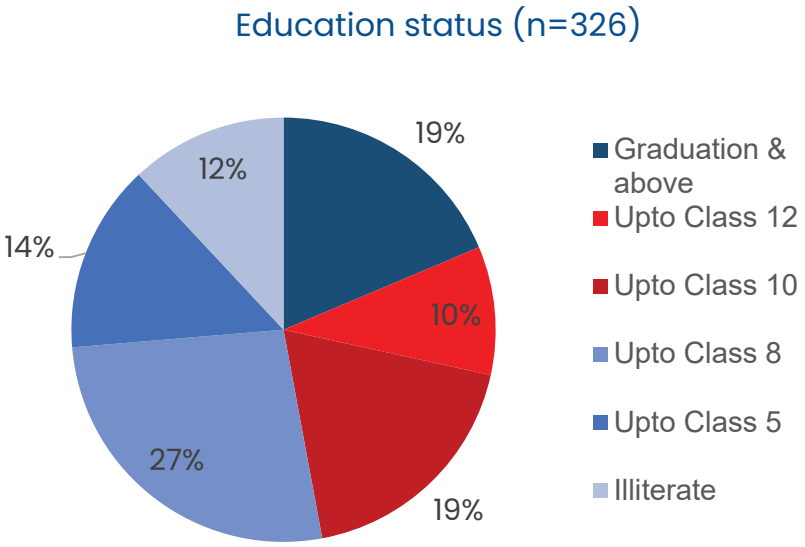
Distribution of disabilities among the beneficiaries



The type of limb disability was carefully considered, as the provision of assistive aids such as prosthetics and orthotics depended on the specific nature of each disability. Among the beneficiaries,

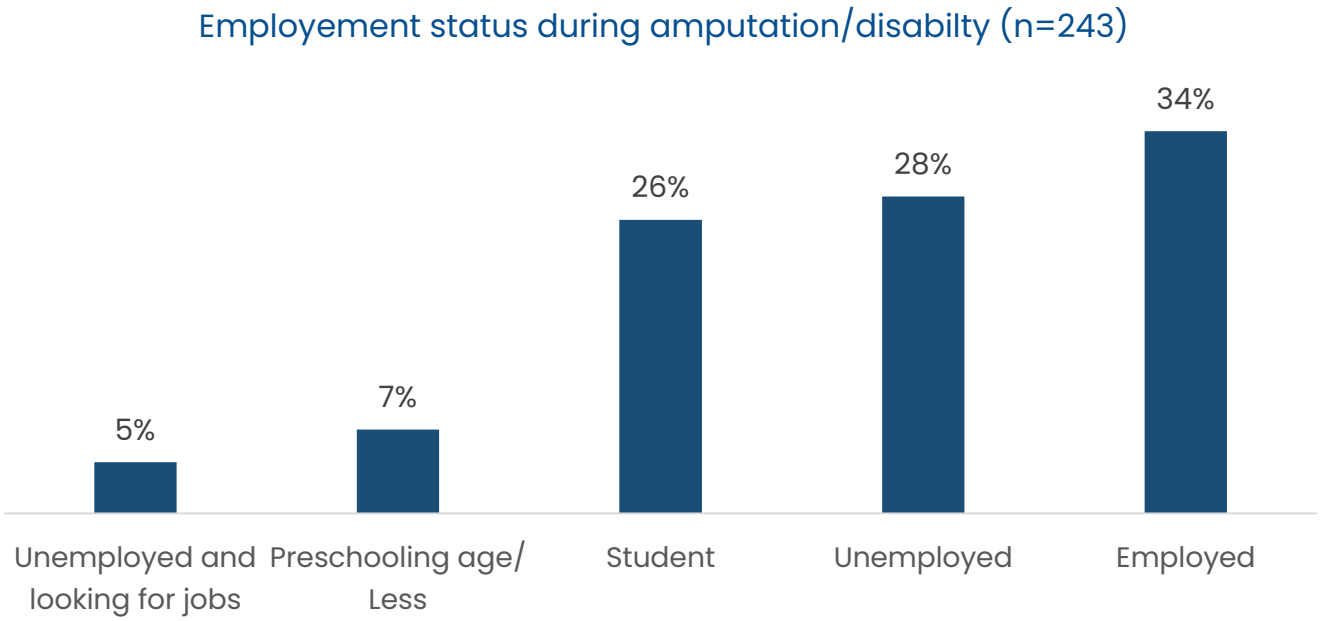
- 44% had a unilateral transtibial amputation (below-knee amputation), tibial deficiency, or tibial hemimelia, while 3% had these conditions bilaterally.
- 20% of the beneficiaries had a unilateral transfemoral amputation (above-knee amputation), congenital transfemoral deficiency, or congenital above-knee deficiency, with 2% experiencing these conditions bilaterally.
- 6% had a weak or deformed unilateral leg, and 5% had these conditions bilaterally.

The relevance of the programme is further underscored by the educational status of the beneficiaries. Only 19% had attained a level of education equivalent to graduation or higher, suggesting that the majority were employed in physically demanding jobs. For these individuals, limb amputation or disability could severely impede their ability to work and remain self-sufficient.



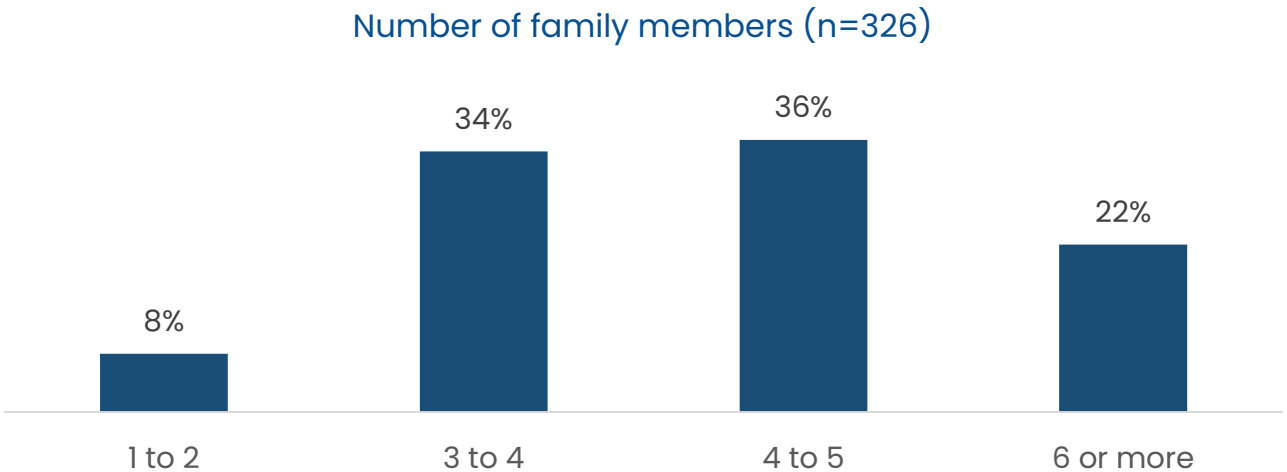
Additionally, the higher representation of beneficiaries with education up to Class 8 highlights their vulnerability and limited awareness of such initiatives, which can exacerbate their discrimination and marginalisation. Therefore, this programme is crucial in helping them regain independence and improve their economic prospects.

Employment Status of Individuals



The impact of disability or amputation on beneficiaries varied significantly depending on their life stage and employment status at the time of the incident. Specifically, 34% of the beneficiaries were employed, indicating that their disability or amputation directly impacted their ability to continue working and sustain their livelihoods. In contrast, 28% were unemployed, which suggests that the disability may have exacerbated existing barriers to employment. Additionally, 26% were students. 7% of the beneficiaries were very young, either in preschool or younger. This diverse distribution underscores the programme's critical role in addressing the varying needs and circumstances of beneficiaries to support their overall well-being and integration into society.

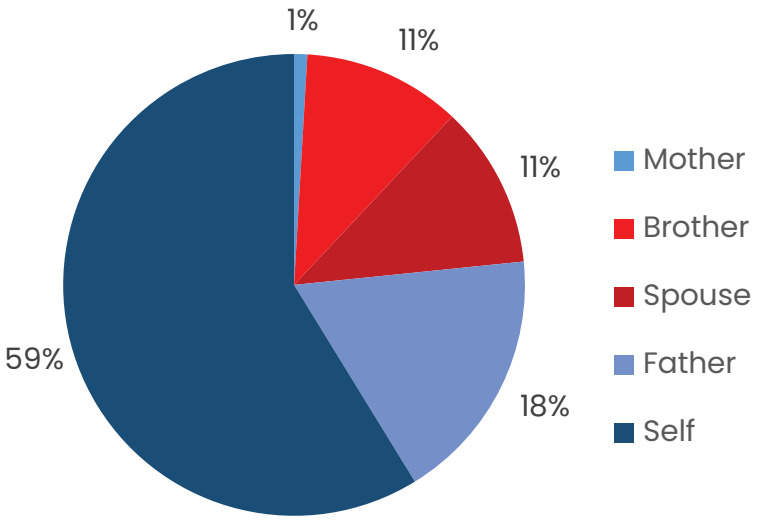
Family Dynamics:



The number of family members plays a crucial role for persons with disabilities, as they often require additional support for mobility and daily tasks. Among the beneficiaries, 8% were living alone or had only one companion in their household. In contrast, 34% had families with 3 to 4 members, and 36% had families with 4 to 5 members. The presence of more family members can provide essential support, highlighting the importance of considering family dynamics in the programme's impact.

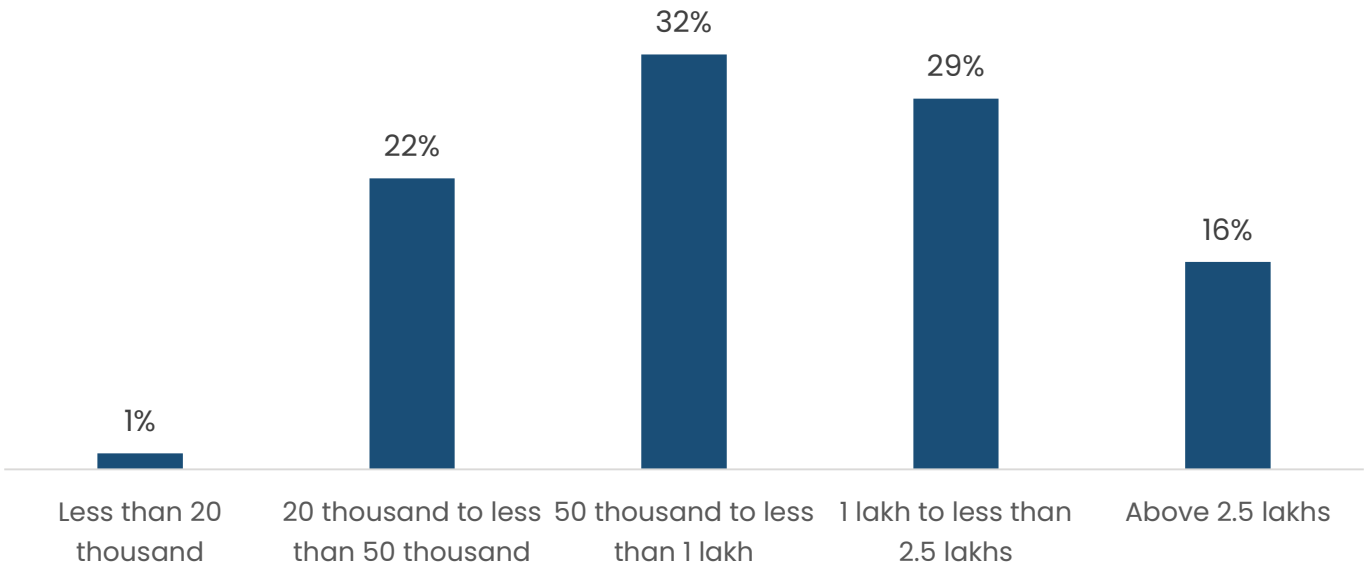
A substantial 59% of the beneficiaries identified themselves as the primary earners within their households, highlighting a critical need for assistive devices. In many cases, being the primary earner entails bearing the financial responsibility for their entire family, which can include covering essential expenses such as food, housing, and healthcare. Individuals with disabilities who are also primary earners often face significant economic strain due to their increased need for assistive devices and the barriers to employment they encounter[8].

Primary earning memeber of the family (n=326)



The availability of prosthetics and orthotics in this context not only supports their physical mobility but also ensures their continued ability to contribute to their household's income. By providing these essential aids, the programme addressed a pressing need, facilitating the beneficiaries' capacity to maintain their economic roles and enhance their overall quality of life.

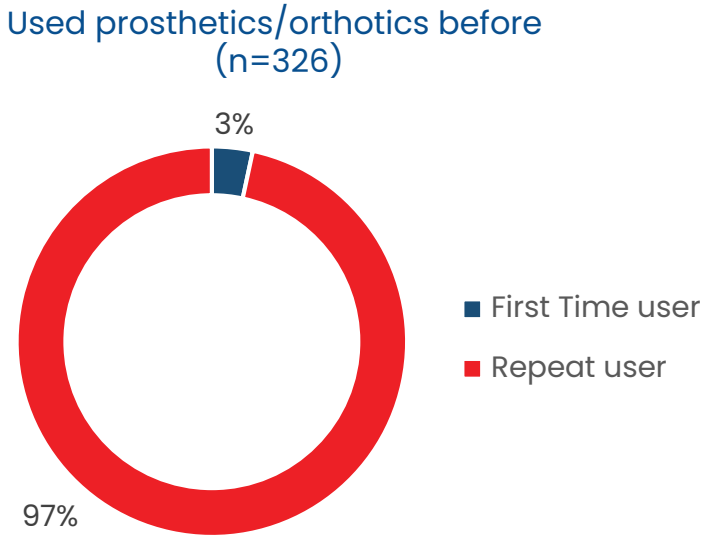
Annual family income (n=326)



Family income is a crucial factor in accessing assistive devices such as prosthetics and orthotics, as these devices can be costly. The income distribution among the beneficiaries underscores the programme's relevance and necessity. Approximately 23% reported an annual income of less than ₹50,000, below the poverty line in India, indicating significant financial constraints. For these individuals, affording necessary assistive devices without support would have been challenging.

Additionally, 32% had an income between ₹50,000 and ₹1,00,000, where the cost of prosthetics could still strain finances. Furthermore, 29% earned under ₹2.5 lakhs annually, limiting their ability to afford high-quality assistive devices without external help. These figures highlight the programme's critical role in providing financial assistance, improving accessibility and quality of life for individuals with disabilities across various economic levels.

Repeat user:



A notable 97% of the beneficiaries had used prosthetics or orthotics in the past, with only 3% being first time users of such devices. High rate of repeat users is due to the fact that most of the assistive devices have a life span of 3-4 years and after that it needs to be replaced. Most of these beneficiaries had obtained their prosthetics through BMVSS or other NGOs that organise free distribution camps.

Remarkably, 94% of the beneficiaries received their assistive devices at no cost, the remaining 6% of beneficiaries purchased their prosthetics from hospitals. Notably, some beneficiaries from Bangalore reported acquiring their assistive devices from NIMHANS, indicating that a small fraction still had to seek paid options in the past This distribution of prosthetics underscores the programme's significant impact in enhancing access to necessary assistive aids, while also revealing the ongoing need for comprehensive support to ensure equitable access for all beneficiaries.

3.2 Effectiveness of the Programme

The program's effectiveness measures the extent to which objectives have been achieved and identifies the supporting processes and systems that influence the achievement of these objectives. The assessment team's observations relating to programme effectiveness are stated below.

75% of the beneficiaries got awareness regarding the project through **social media**

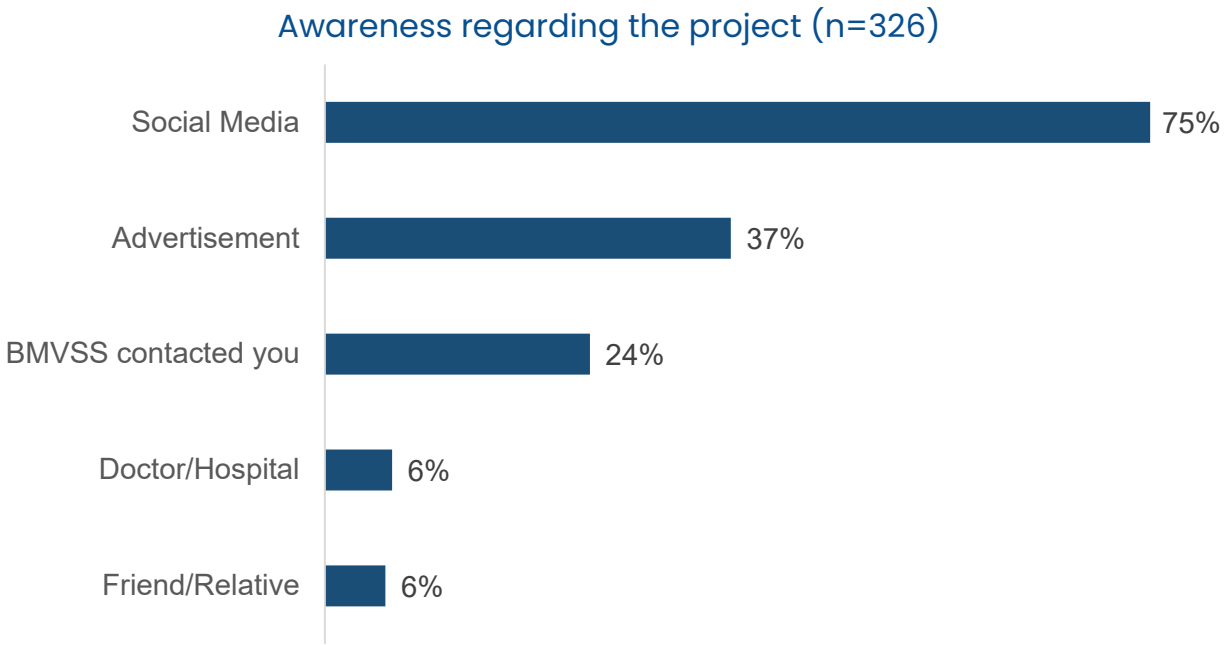
52% of the beneficiaries availed support through **BMVSS centre at Jiapur folowed** by 39% and 10% at **Bangalore and Sirohi camp**

41% of beneficiaries had to travel to a **different state** to avail the support

70% received prosthetic legs, 28% of beneficiaries were fitted with callipers, 3% prosthetic arms and 1 % crutches

76% beneficiaries received Gait training

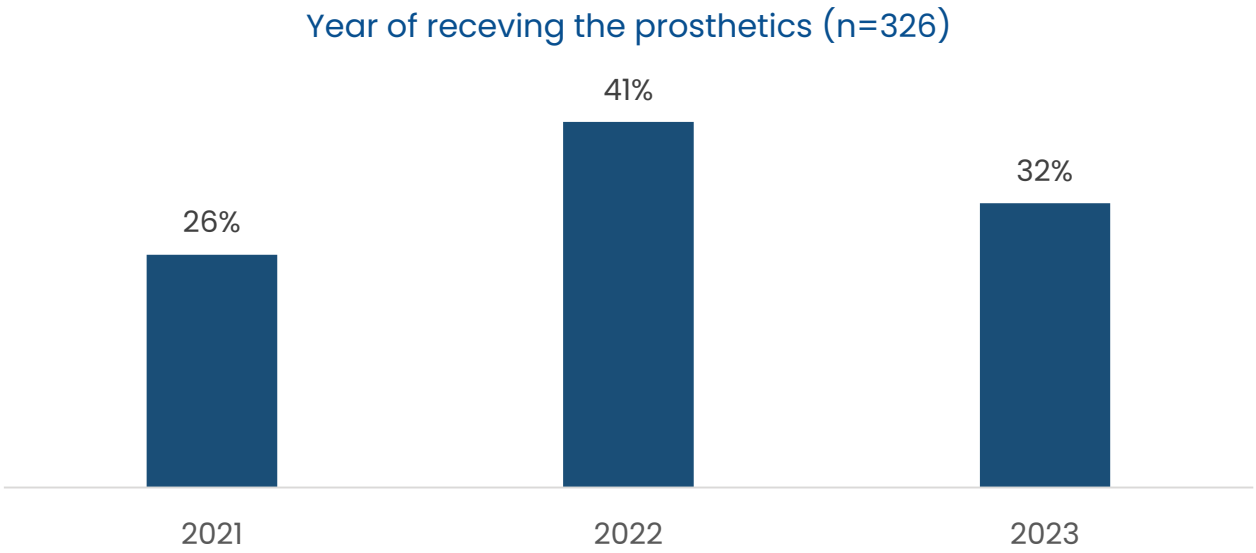
Awareness and Sources of Information:



Nearly all beneficiaries were aware of BMVSS and the support it provides to individuals with disabilities. Among the beneficiaries, 75% of them had learned about the project through social media platforms such as WhatsApp and Facebook, illustrating the significant role of digital channels in spreading information. Additionally, 37% became aware of the project through various forms of advertising, which helped in reaching a broader audience.

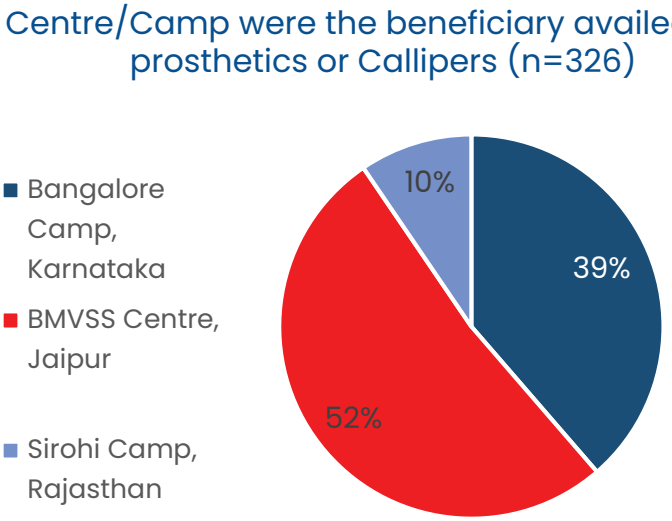
Furthermore, 24% of the beneficiaries were directly contacted by BMVSS based on data from the Ministry of Welfare and Social Justice, highlighting the effectiveness of targeted outreach efforts. Another 6% were referred to BMVSS by their doctors or hospitals where they had sought treatment or diagnosis, indicating the influence of medical professionals in guiding patients to appropriate support services. Finally, 6% of beneficiaries were informed about the project through recommendations from friends or relatives, underscoring the importance of personal networks in disseminating information.

Year of Receiving Prosthetics or Orthotics:



Furthermore, 24% of the beneficiaries were directly contacted by BMVSS based on data from the Ministry of Welfare and Social Justice, highlighting the effectiveness of targeted outreach efforts. Another 6% were referred to BMVSS by their doctors or hospitals where they had sought treatment or diagnosis, indicating the influence of medical professionals in guiding patients to appropriate support services. Finally, 6% of beneficiaries were informed about the project through recommendations from friends or relatives, underscoring the importance of personal networks in disseminating information.

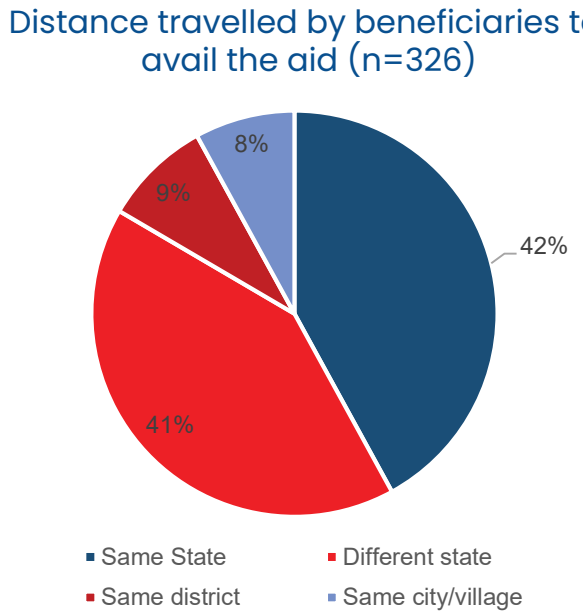
Distribution and Accessibility of Prosthetics and Orthotics:



To enhance the availability of prosthetics and orthotics, BMVSS organised artificial limb fitment camps across the country. These camps played a crucial role in reaching beneficiaries across diverse geographical locations.

Among the beneficiaries surveyed, 52% received their assistive aids from the BMVSS's main centre in Jaipur, 39% obtained their devices from the Bangalore camp, and 10% obtained their aids at the Sirohi camp. However, the monitoring and evaluation data did not adequately capture this distribution, highlighting the need for enhanced data collection processes to accurately represent the geographical spread of the aid distribution.

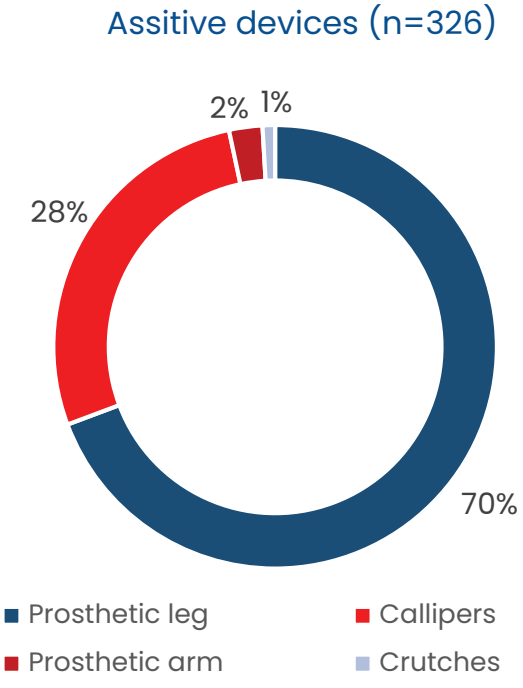
Distance Travelled to Access Prosthetics and Orthotics:



The survey results indicate varying distances travelled by beneficiaries to access the prosthetics and orthotics services. Specifically, 8% of beneficiaries reported that the centre or camp was located in their own city or village. Another 9% were from the same district as the camp or centre. A significant 43% of beneficiaries travelled from outside their district but within the same state to obtain their assistive devices.

Notably, 40% of beneficiaries travelled to a different state to avail themselves of the benefits. This data underscores the extensive reach and impact of the programme.

Distribution of Assistive Devices:

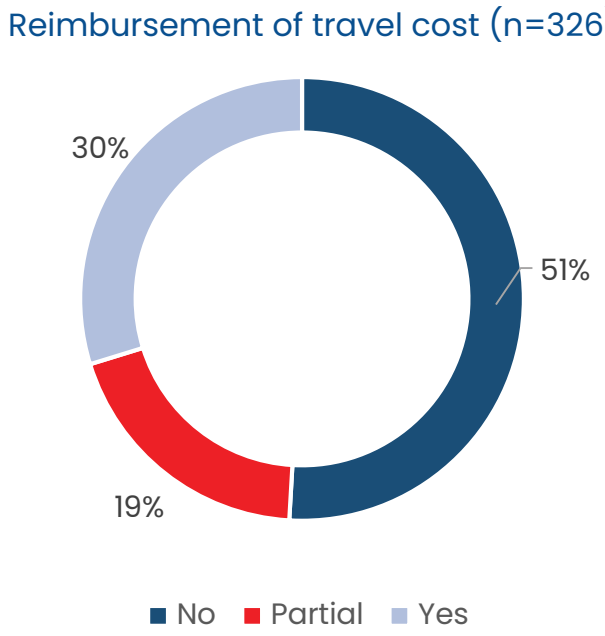


Among the beneficiaries surveyed:

- 70% received prosthetic legs, commonly referred to as Jaipur foot. These prosthetics were primarily provided to individuals who had undergone lower limb amputation or were born without lower limbs.
- 28% of beneficiaries were fitted with callipers, which are particularly beneficial for those affected by polio or individuals born with weakened legs, as they offer crucial support to limbs unable to bear the body's weight.

- Prosthetic arms were allocated to 3% of beneficiaries, predominantly as cosmetic aids due to their limited mobility; however, one beneficiary received an electric arm, which facilitated a broader range of movements. Crutches were given to 1% of beneficiaries, primarily to provide additional support for those struggling to move with prosthetic legs or callipers.

Travel Cost Reimbursement:

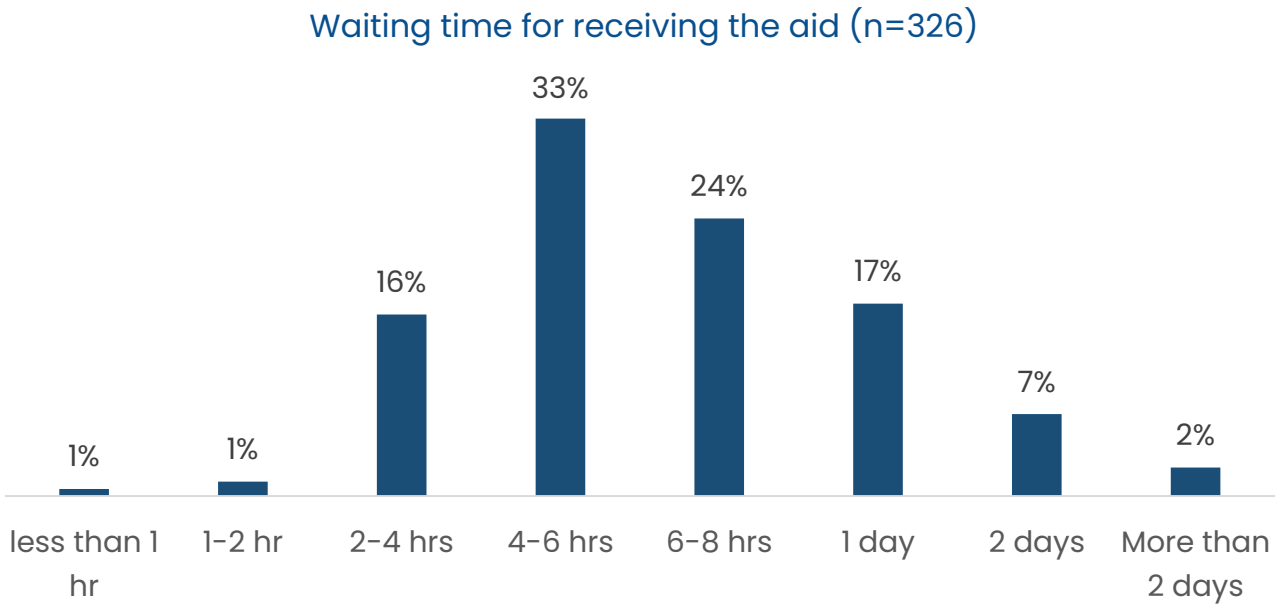


The implementation partner offered travel cost reimbursement to beneficiaries based on their socio-economic status, focusing particularly on those with lower incomes.

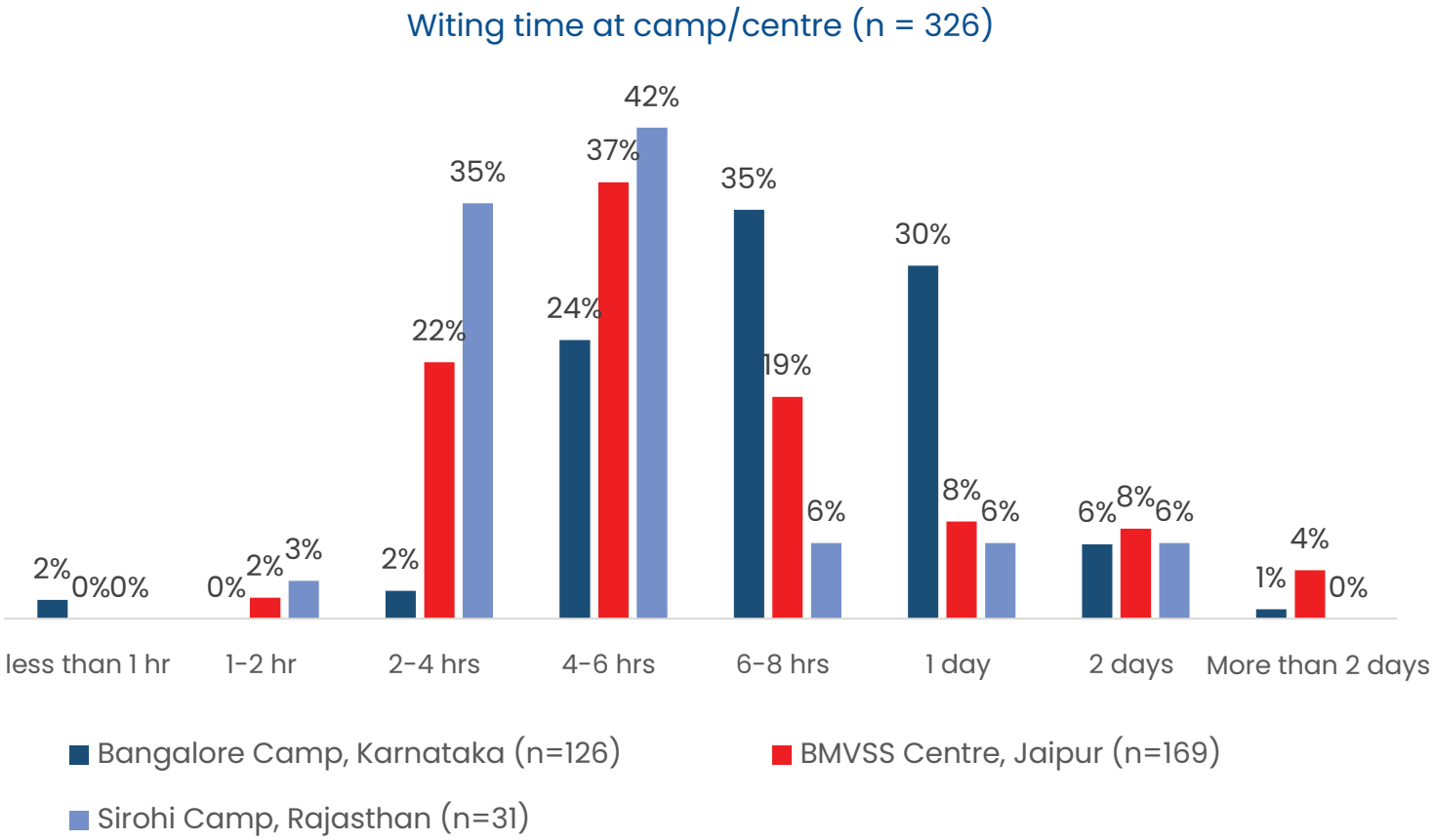
According to the survey, 30% of beneficiaries received full reimbursement for their travel expenses. In addition, 19% received partial reimbursement, covering approximately 50% of their travel costs and those of their accompanying caregiver.

Conversely, 51% of beneficiaries did not utilise the travel reimbursement. Reasons for this non-utilisation included a lack of awareness about the reimbursement scheme, no perceived need for the reimbursement, and some beneficiaries choosing to leave before the reimbursement was processed, as it was typically distributed in the evening. This distribution of reimbursement reflects the programme's efforts to support beneficiaries while also highlighting areas for potential improvement in communication and process efficiency.

Waiting Time for Prosthetic and Orthotic Support:

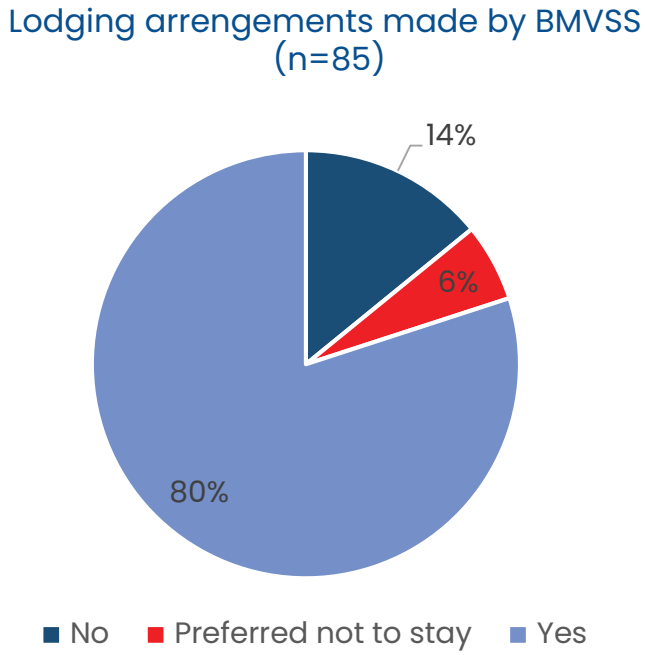


The overall waiting time for receiving prosthetic or orthotic support varied, with an average duration of 4 to 6 hours. This timeframe is necessary as each limb is customised according to the beneficiary's stump size, height, type of amputation, and specific disability. The waiting period can be extended if complications arise with the beneficiary's stump or if a particular type of prosthetic is required. For instance, a Symes prosthetic, which necessitates the creation of a precise cast of the beneficiary's foot, may require up to one week due to the intricate process involved. Additionally, delays can occur if the prosthetic or orthotic needs adjustments to ensure a proper fit. The camp wise waiting time is given in the figure given below



The survey findings indicate that the waiting times are almost consistent across all camps and centres; however; there is a noticeable increase in the waiting time at the Bangalore camp. This increase is due to the higher number of beneficiaries at the Bangalore camp and the fact that only one technician can produce two prosthetics per day at the camp.

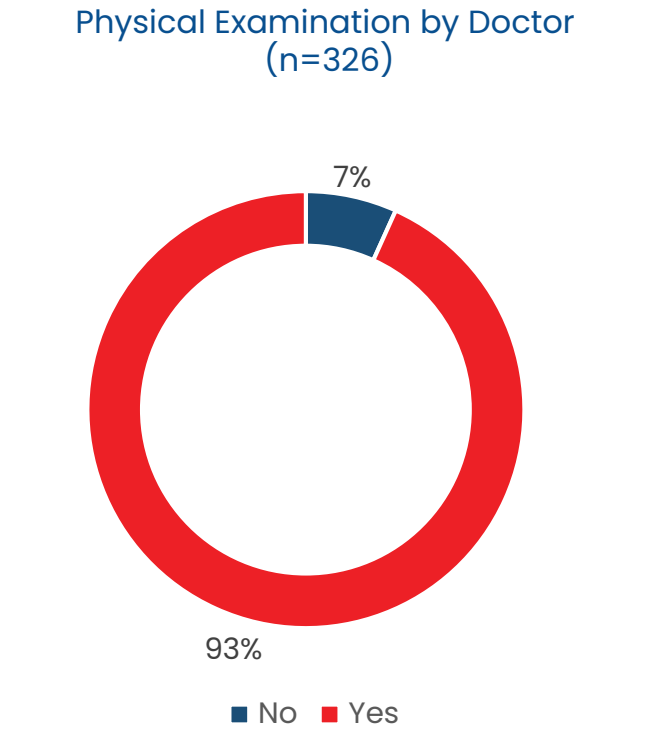
Lodging Arrangements:



The implementation team made provisions for lodging to accommodate beneficiaries who needed to remain at the location to receive their custom-made aids or required additional time for gait training and physiotherapy sessions.

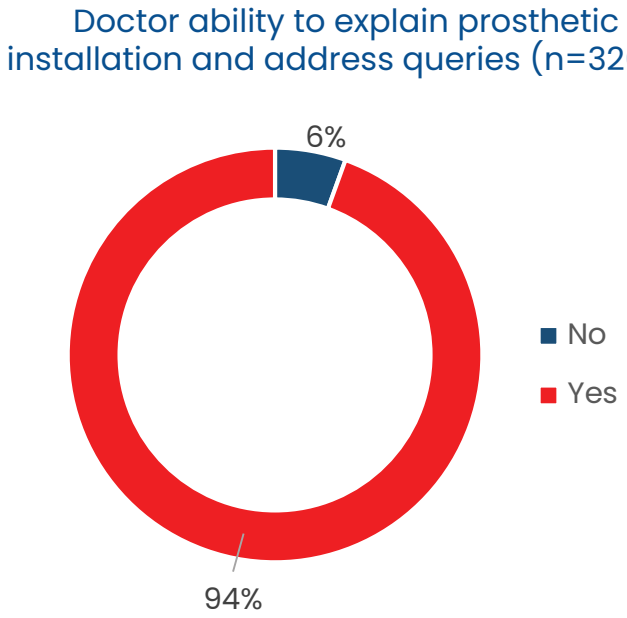
Dormitory facilities were provided to help reduce the beneficiaries' lodging costs. Of those who needed to stay for one or more days, 80% utilised the provided accommodation. Conversely, 6% of beneficiaries chose not to use the lodging facility offered by BMVSS.

Medical Examination and Measurements:



An overwhelming 93% of beneficiaries confirmed that a physical examination was conducted by a doctor prior to receiving their assistive aid. This examination was crucial for understanding their disability, the condition of their stump, and other relevant factors concerning prosthetics and orthotics. In cases where a doctor did not perform the examination, it was clarified by BMVSS that the Prosthetist or Orthotist would undertake this responsibility. Furthermore, 97% of beneficiaries reported that accurate measurements were taken before the customization of their assistive aids, ensuring a proper fit.

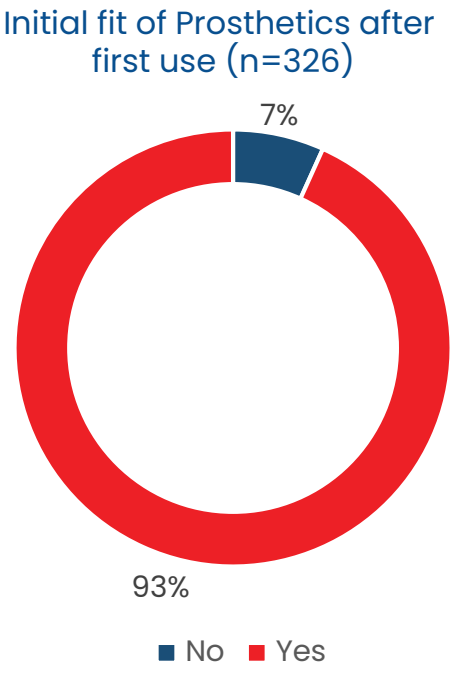
Explanation and Support by Medical Personnel:



A significant 94% of beneficiaries reported that the doctor present at the camp or centre effectively explained the prosthetics installation process and addressed their queries regarding the assistive devices provided. This thorough guidance significantly contributed to the beneficiaries' understanding and comfort with their new aids.

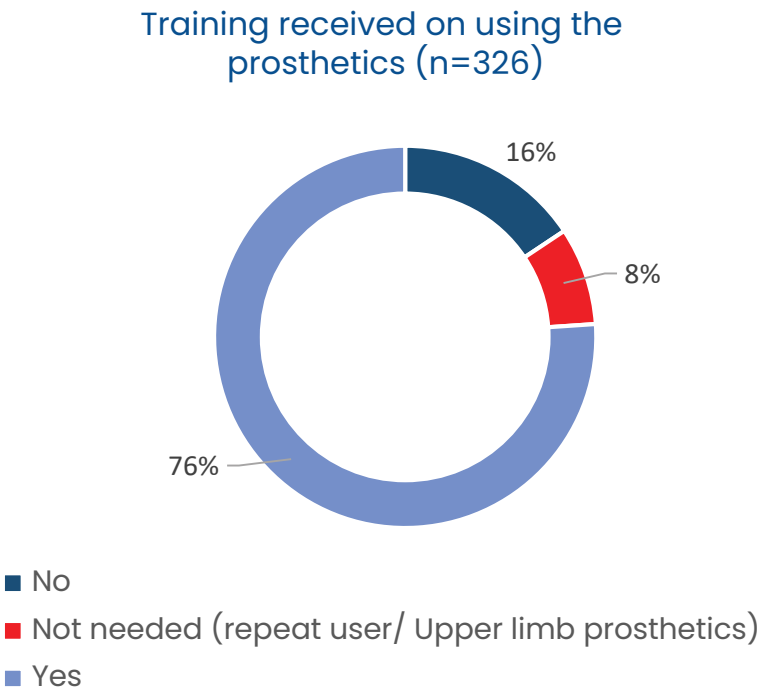
Fit and Adjustment of Assistive Aids:

An impressive 94% of respondents reported that their assistive aid fit perfectly upon initial receipt. This high rate of first-time fit aligns with industry standards, where successful fitting on the first attempt is typically achieved in 80-90% of cases according to various studies. For the remaining 6% of beneficiaries, adjustments were made by the BMVSS team to ensure an optimal fit. This process is consistent with best practices in prosthetics fitting, where post-fitting adjustments are often necessary to accommodate individual variations and ensure the best possible function and comfort.

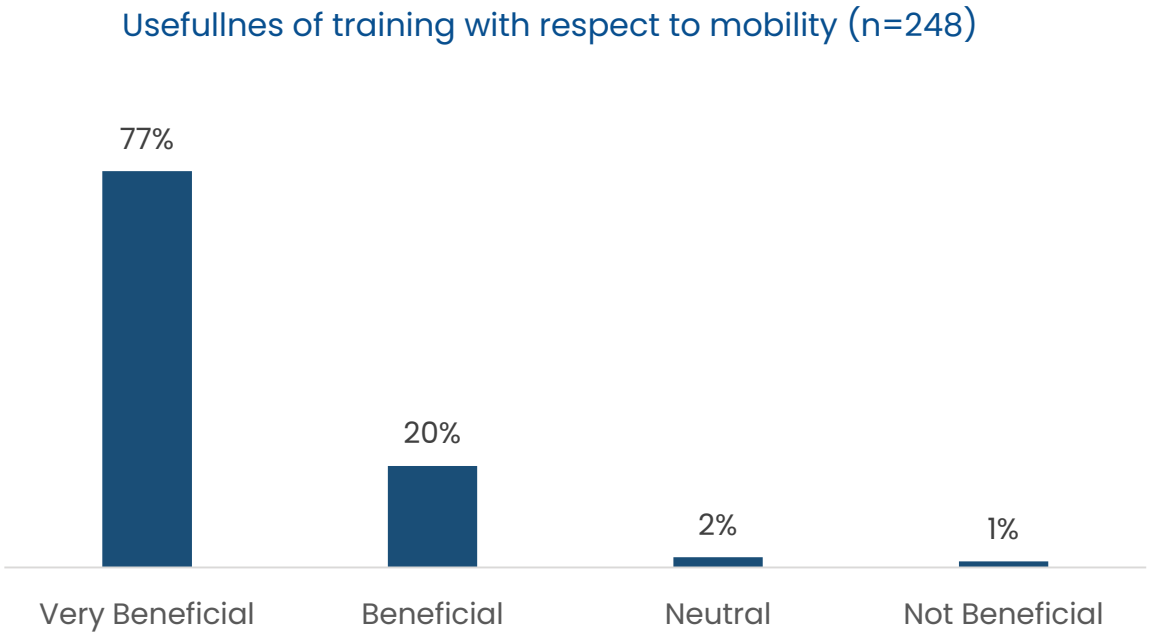


The ability to provide a suitable fit initially reflects well on the quality of BMVSS's fitting procedures, which adhere to high standards of practice and significantly impact the effectiveness and user satisfaction of prosthetic and orthotic devices.

Gait Training and Mobility:



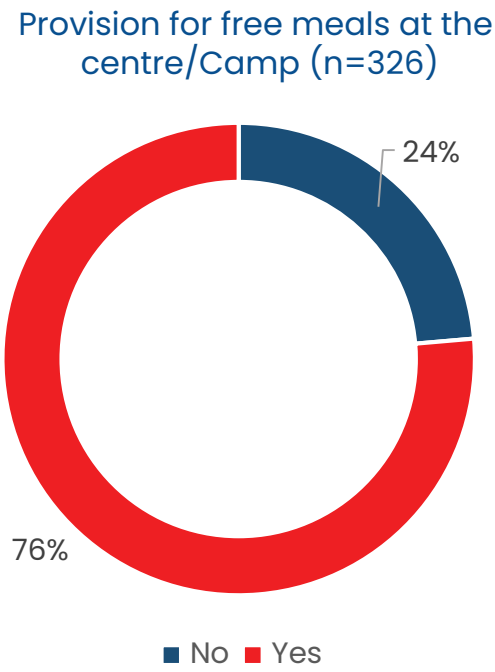
Gait training is crucial in helping users adapt to their prosthetics or orthotics, as it enhances walking efficiency and overall mobility. Studies have shown that gait training can significantly improve the functional outcomes for prosthetic users, with improvements in walking speed and gait symmetry[9]. A substantial 76% of respondents reported receiving gait training, which is essential for optimising mobility and functionality with their new assistive aids. Conversely, 8% of respondents indicated that they did not require gait training, attributing this to their prior experience with prosthetics, suggesting they were already accustomed to the use of similar aids.



An overwhelming 97% of beneficiaries rated the gait training as highly beneficial in terms of enhancing their mobility. This positive feedback underscores the significant impact of gait training on improving the functional outcomes of prosthetic users. Research supports that structured gait training can lead to substantial improvements in walking ability, balance, and overall mobility. The high satisfaction rate among beneficiaries reflects the effectiveness of the training programme in addressing mobility challenges and ensuring that users can fully benefit from their assistive aids.

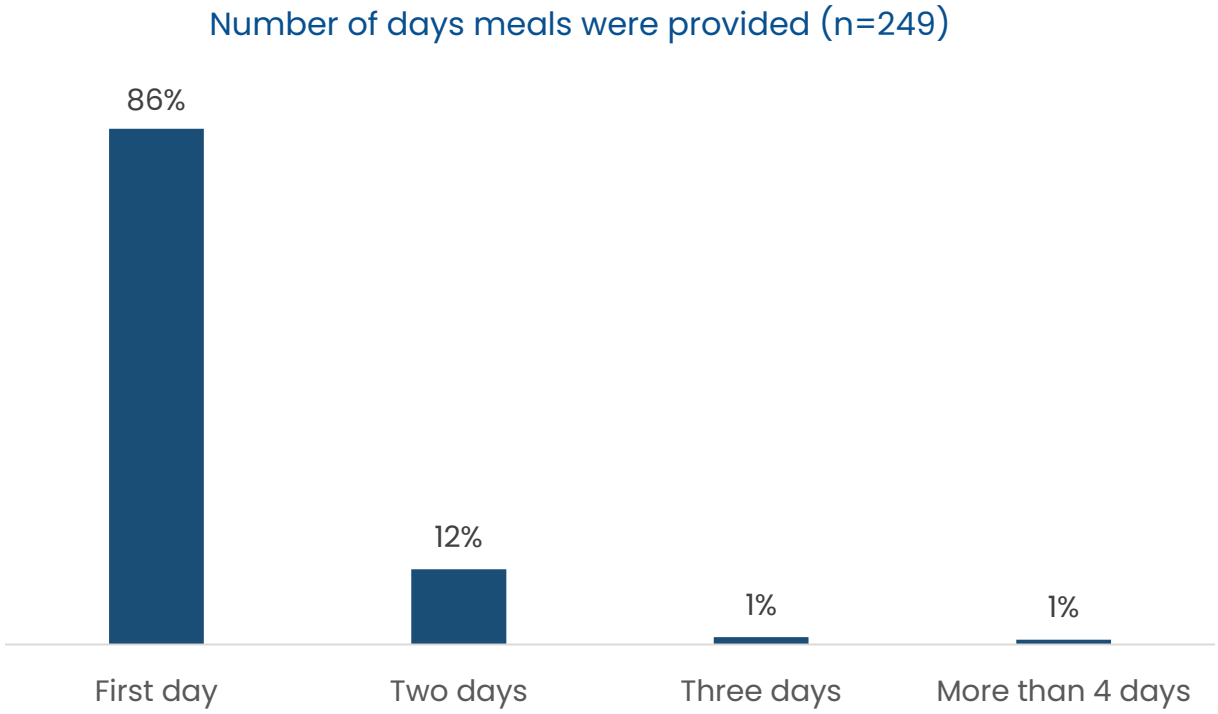
[9]*https://journals.sagepub.com/doi/full/10.1177/0309364612473501*

Provision of Meals:



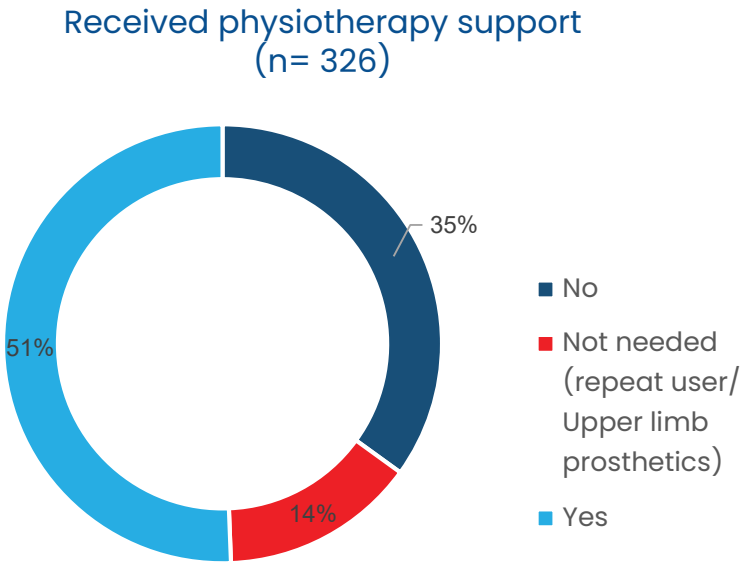
The provision of meals at the camp or centre significantly benefited 76% of the beneficiaries, helping to reduce their overall expenses. By offering meals on-site, the programme alleviated the financial burden of food costs for those who had travelled from distant locations. This support was particularly valuable for beneficiaries who had to stay at the camp or centre for extended periods during their prosthetic fitting or gait training.

For those who chose not to utilise the meal service, some opted to return home or sourced their food externally. The availability of in-house meals demonstrates the programme's commitment to addressing the broader needs of beneficiaries and enhancing their overall experience.



There were no limitations on the number of meals provided, regardless of the length of stay. Beneficiaries reported that free meals were consistently available throughout their time at the camp or centre.

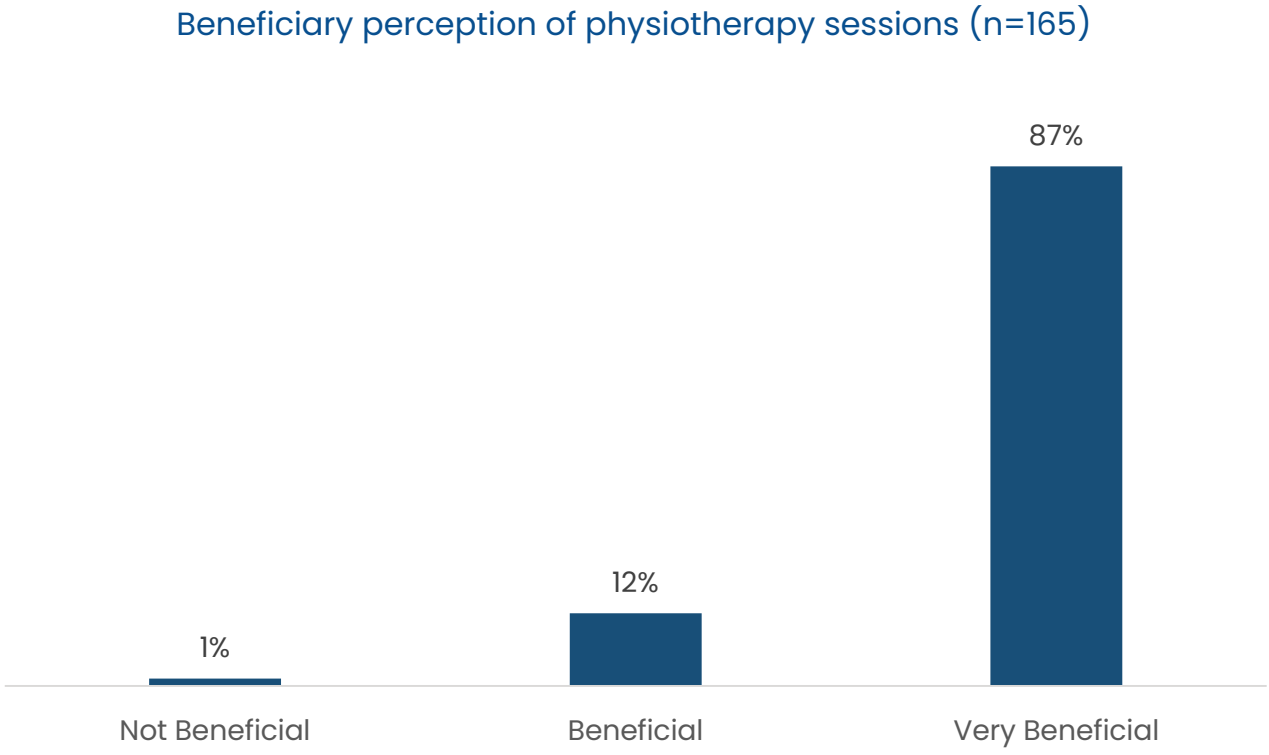
Physiotherapy Support:



Out of the beneficiaries, 51% received physiotherapy support at the centre or camp. This service was crucial for those adjusting to their new assistive aids, helping to enhance mobility and adapt to the prosthetics or orthotics.

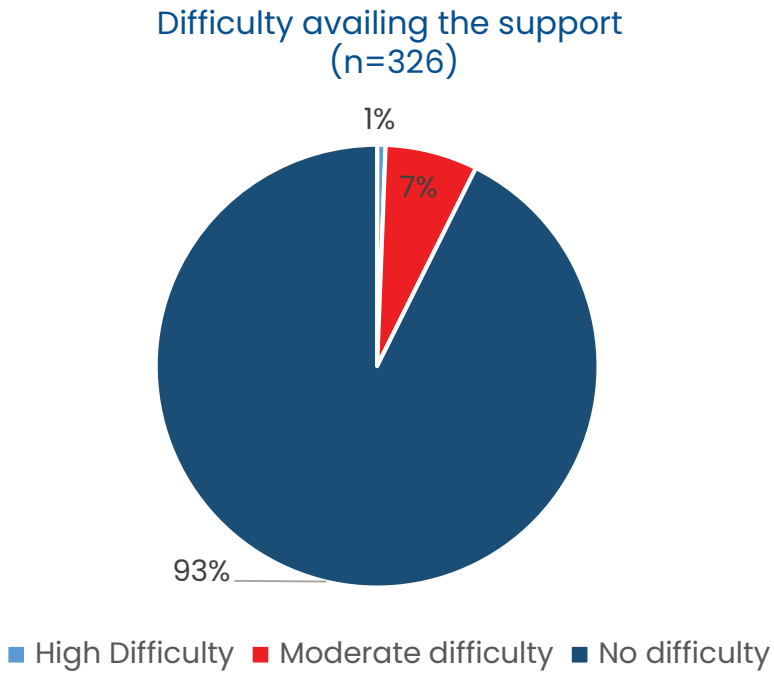
Additionally, 14% of beneficiaries opted out of physiotherapy, citing their status as repeat users who were already familiar with the rehabilitation process.

However, 35% of beneficiaries reported that they did not receive physiotherapy support.



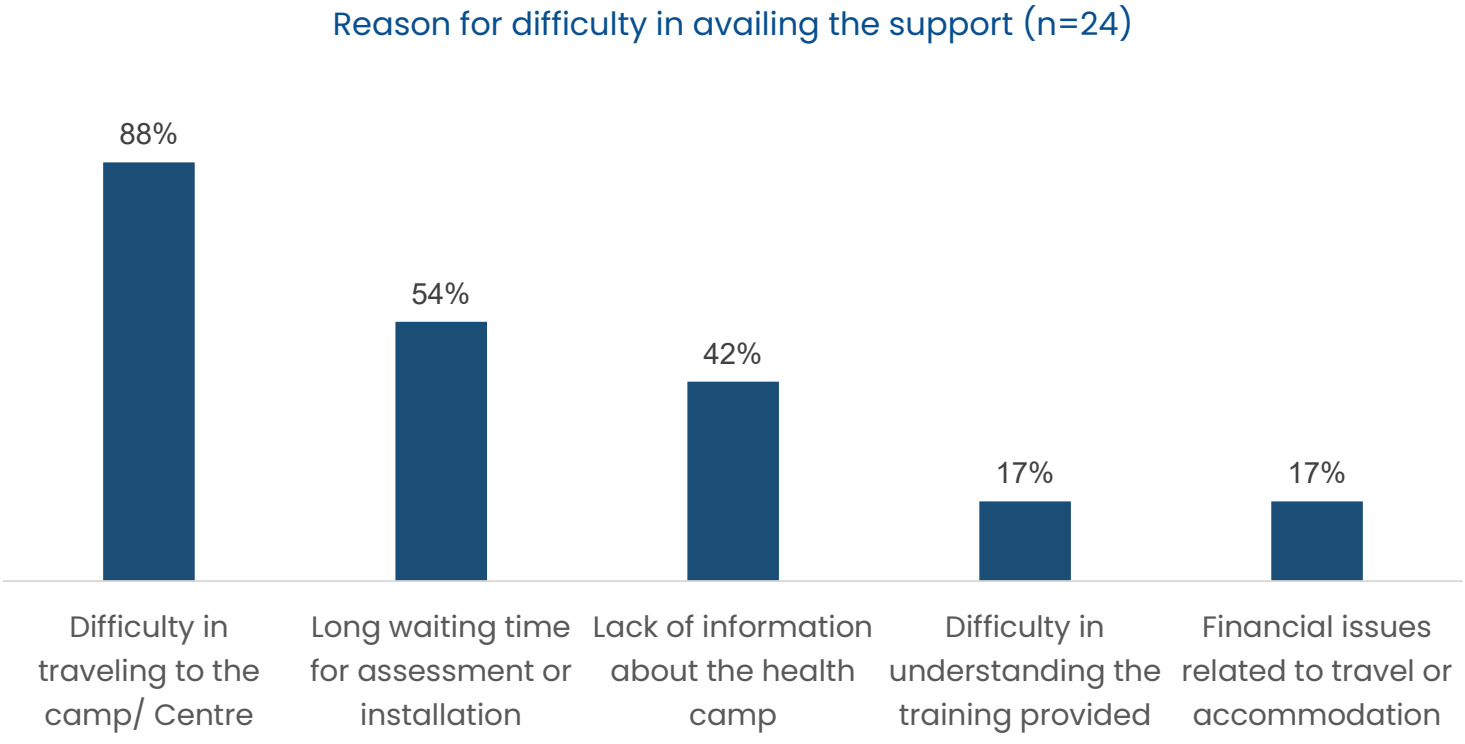
Among the beneficiaries who received physiotherapy sessions, 87% rated the support as highly beneficial, highlighting its significant impact on improving their mobility and adjustment to the assistive aids. Additionally, 12% found the physiotherapy sessions to be beneficial, though not as impactful. Only 1% of beneficiaries felt that the physiotherapy did not contribute positively to their experience. This feedback underscores the effectiveness of the physiotherapy provided, reinforcing its importance in the comprehensive support offered through the programme.

Accessibility and Difficulty of Availing Support:



To assess the ease of accessing support, the perception of beneficiaries regarding any difficulties in obtaining the assistive aids was evaluated. A significant majority, 93%, reported no difficulties in accessing the support. However, 7% perceived a moderate level of difficulty, and 1% reported facing a high level of difficulty.

The implementation partner prioritised minimising these challenges by ensuring an accessible and user-friendly process. Individuals with disabilities are welcome to approach the centre or camp at any time without the need for preliminary documentation, such as disability certificates or identity proof. The only information collected prior to receiving support is the beneficiary's name; all other information is recorded after a consultation with the doctor and the necessary measurements for the assistive aid. This streamlined approach fosters an inclusive environment and simplifies the process for beneficiaries, effectively addressing common barriers to accessing critical support.



Among the 7% of beneficiaries who reported experiencing difficulties in accessing support, several key issues were identified. The primary challenge, mentioned by 88% of these beneficiaries, was the travel required to reach the centre or camp site, which involved significant travel time.

Additionally, 54% of beneficiaries highlighted long waiting times at the centre or camp as a contributing factor to their difficulties. A lack of proper information about the health camps was noted by 42% of beneficiaries as another significant barrier. Furthermore, 17% of beneficiaries struggled with understanding the training instructions provided, and an equal percentage cited financial issues related to travel and accommodation as difficulties. These insights underscore areas for improvement in the programme, particularly in enhancing communication about camp schedules, reducing waiting times, and addressing travel and accommodation concerns to better support beneficiaries.

3.3 Efficiency of the Programme

While the program aimed to reach a substantial number of People with Disabilities and caregivers across India, it also required significant resources to achieve these targets.

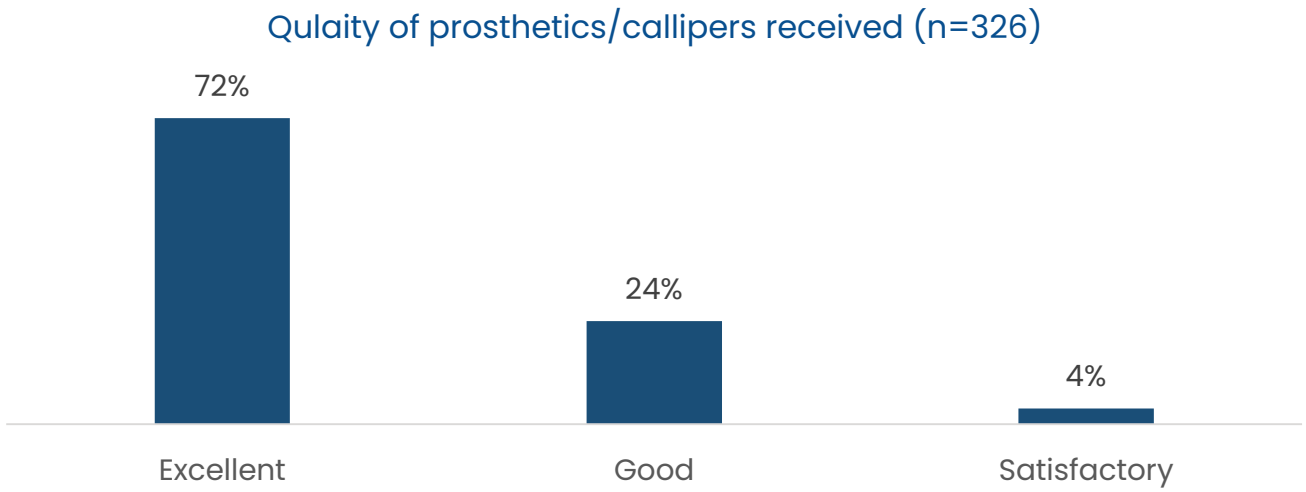
This section captures the extent to which the intervention delivered its outcomes promptly and with ease.

72% of beneficiaries rated the quality of the assistive aids as excellent. Additionally, 24% considered the quality to be good.

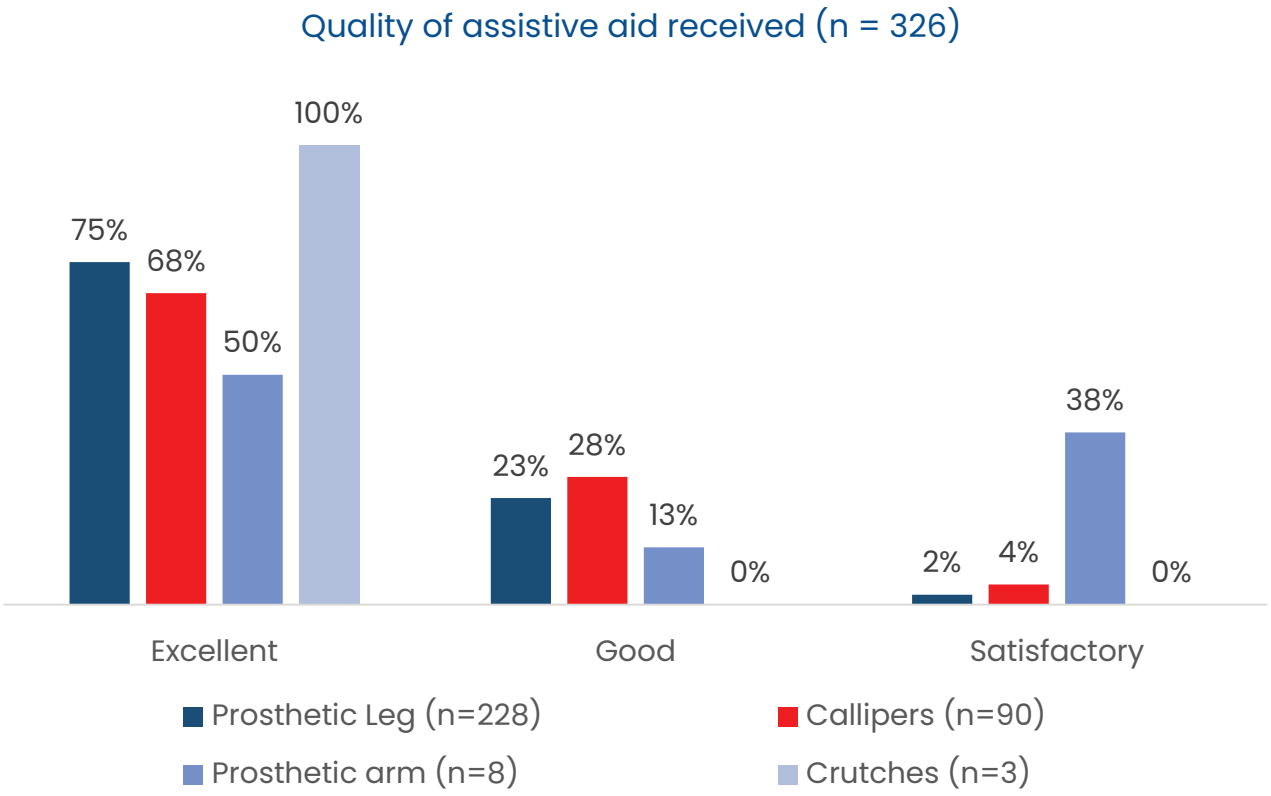
60% of the beneficiaries reported experiencing discomfort or pain with their new aids

95%, reported that the assistive aids provided were comfortable

Quality of Assistive Aids:



The quality of prosthetics and callipers provided by the programme was overwhelmingly positive. An impressive 72% of beneficiaries rated the quality of the assistive aids as excellent. Additionally, 24% considered the quality to be good, while only 4% found it satisfactory. Further the quality of devices is checked on the basis of assistive devices provided and it is illustrated in the figure below.

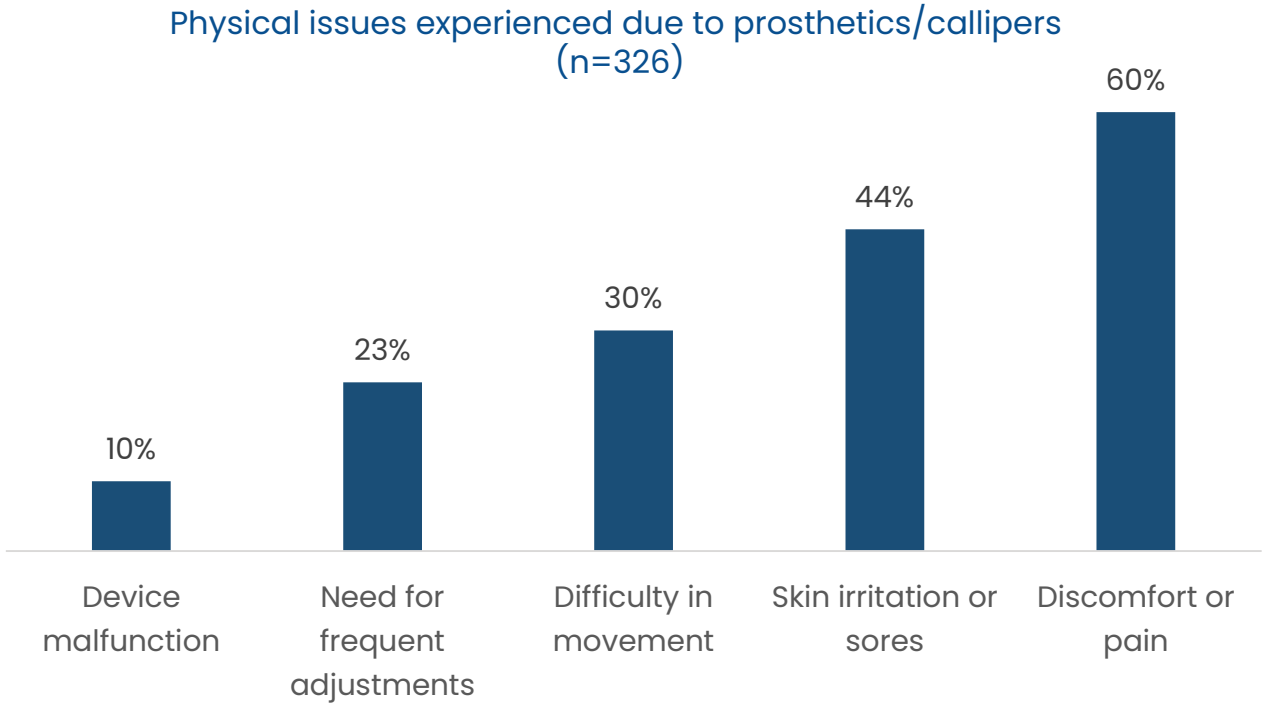


Feedback from beneficiaries who had previously purchased prosthetics or received them from other NGOs further affirmed the superior quality of the aids provided by BMVSS. Many beneficiaries noted that the prosthetics and callipers they received from BMVSS were of higher quality compared to those obtained from hospitals or other organisations. This sentiment is reflected in the fact that a significant number of beneficiaries are repeat users of BMVSS's prosthetics, underscoring their satisfaction with the quality and reliability of the aids provided.

This assessment is reinforced by secondary research. The Jaipur Foot, developed by BMVSS, has been widely recognised for its exceptional durability, functionality, and cost-effectiveness. Comparative studies demonstrate that the Jaipur Foot provides superior mobility and comfort compared to many conventional prosthetic limbs, especially in low-income settings. Its design is crafted to withstand diverse environmental conditions, making it highly effective across various climates and terrains.

Furthermore, BMVSS has been recognised for its commitment to quality and innovation in prosthetic care. The organisation's efforts in improving and standardising the quality of prosthetics have been lauded by various stakeholders, including health professionals and beneficiaries alike. Research indicates that BMVSS's prosthetics are not only well-crafted but also adapted to the specific needs of users, thereby enhancing the overall effectiveness of the assistive aids. This reputation for excellence is corroborated by the positive feedback from beneficiaries, many of whom have noted significant improvements in their quality of life as a result of using BMVSS's prosthetics and callipers.

Physical Issues Experienced with Assistive Aids:

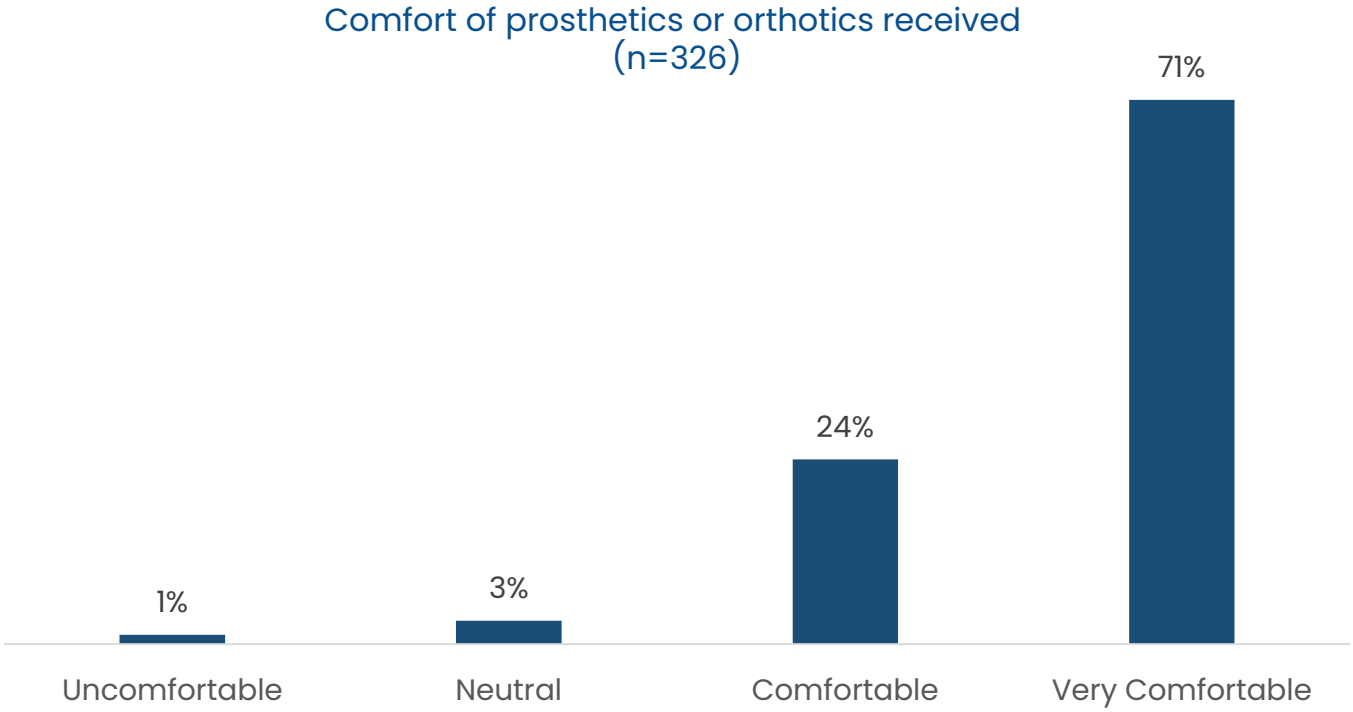


While the overall feedback on the quality of the assistive aids was positive, some beneficiaries reported physical issues associated with the use of prosthetics and callipers.

- **Discomfort or Pain:** 60% of the beneficiaries reported experiencing discomfort or pain with their new aids. This is not uncommon, as initial discomfort can arise when adjusting to new prosthetics or callipers, especially if they are used to different aids or have not used them before.
- **Skin Irritations or Sores:** 44% of the beneficiaries mentioned skin irritations or sores. This issue is often attributed to the new materials and friction between the skin and the aids. Typically, such irritations subside after a period of adjustment as the skin acclimates to the new aids.
- **Difficulty in Movement:** 30% of the beneficiaries experienced difficulty in movement, which was attributed to their unfamiliarity with the gait movements required by the new aids. This adjustment period is a common challenge as individuals adapt to the mechanics of their new prosthetics or callipers.
- **Need for Frequent Adjustments:** 23% of the beneficiaries noted a need for frequent adjustments during the initial period. These adjustments are often necessary to fine-tune the fit and alignment of the aids to ensure optimal functionality and comfort.
- **Technical Malfunctions:** 10% of the beneficiaries reported experiencing technical malfunctions with their aids. This can occur due to various factors, including manufacturing defects or wear and tear.

Secondary research indicates that challenges during the initial adaptation phase with new prosthetic devices are not uncommon. Studies have demonstrated that while the adjustment period can present difficulties, sustained support and follow-up care are essential for effectively addressing these issues. Regular adjustments and fitting sessions are critical for ensuring the long-term comfort and functionality of prosthetics. Furthermore, thorough education on the use and maintenance of assistive aids plays a significant role in minimising discomfort and technical issues. This underscores the importance of providing comprehensive training and support throughout the adaptation period.

Comfort of Assistive Aids:



An overwhelming majority of beneficiaries, 95%, reported that the assistive aids provided were comfortable. This high level of satisfaction reflects the programme's success in delivering well-designed and effective aids that meet the needs of the users.
Only 1% of the beneficiaries indicated discomfort with their aids, attributing it to fitting issues. These instances of discomfort highlight the critical importance of precise fitting and individual adjustment, which are essential for ensuring the optimal performance and comfort of prosthetics and callipers.

Secondary research supports these findings, showing that proper fitting is crucial for user comfort and functionality of assistive devices. Well-fitted prosthetics significantly enhance user comfort and satisfaction, while poor fitting can lead to discomfort and reduced effectiveness. This reinforces the importance of meticulous fitting procedures and follow-up adjustments to address any issues promptly and maintain the high comfort levels reported by the majority of beneficiaries.

3.4 Impact of the Programme

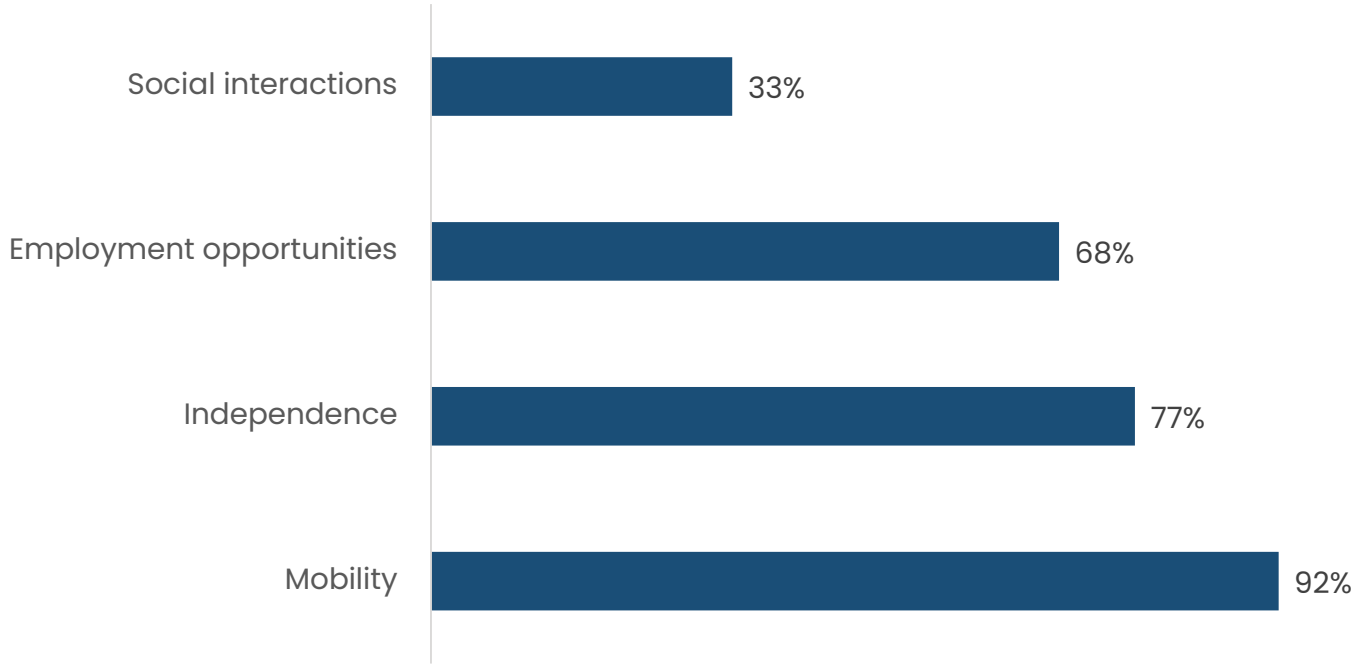
To attain a comprehensive assessment of the program's impact, we delve into its profound and potentially transformative effects on the social ecosystem. This section meticulously examines the indirect, secondary, and prospective impact arising from the project.

92% of respondents reported a marked improvement in mobility. 77% of beneficiaries noted increased independence in daily tasks

82% of beneficiaries reported that they were able to attend community activities or social events

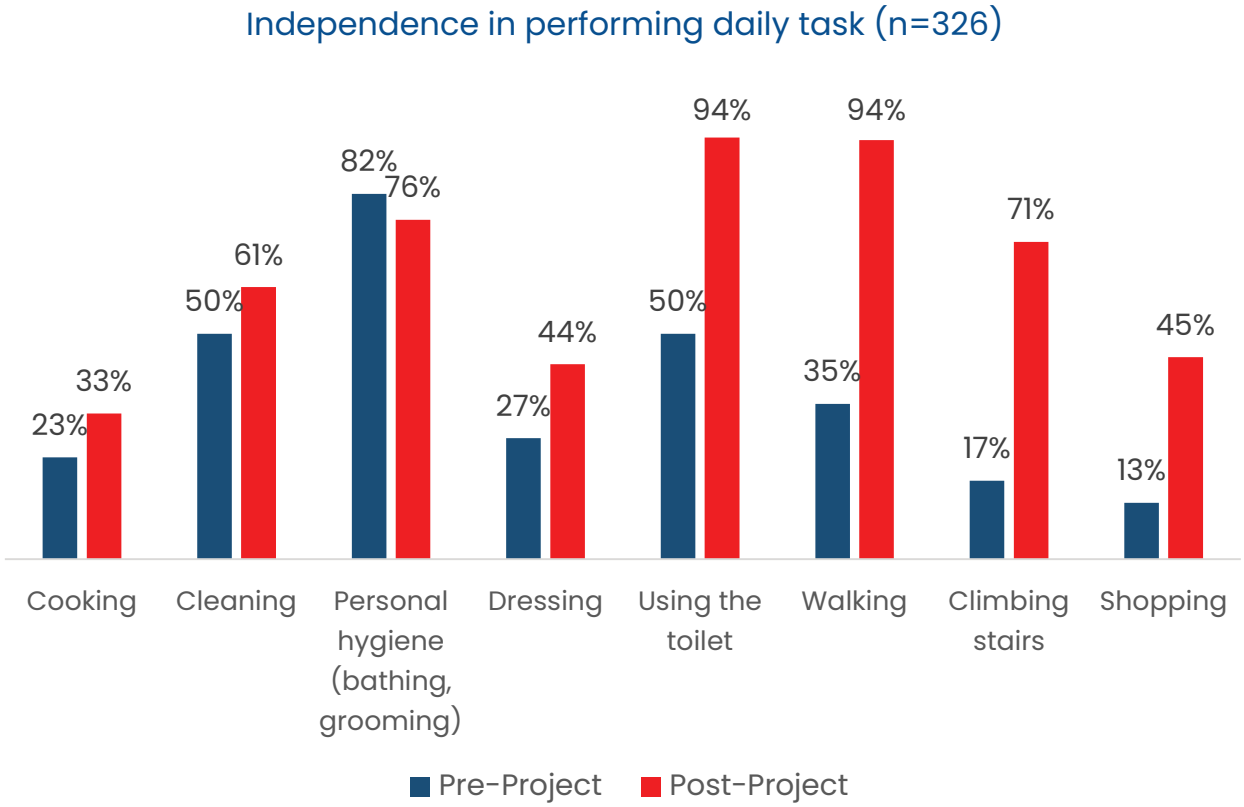
98% of the beneficiaries reported feeling more confident after receiving the assistive aid.

Areas of improvement after reciving the aid (n=326)



The impact of receiving prosthetics or callipers was significant across various aspects of beneficiaries' lives. A substantial 92% of respondents reported a marked improvement in mobility, enabling them to travel independently and with greater ease. This finding aligns with research indicating that advanced prosthetic technology enhances personal mobility and freedom. Additionally, 77% of beneficiaries noted increased independence in daily tasks, reducing their reliance on family members or caregivers. This improvement is consistent with studies showing that assistive devices can significantly enhance self-sufficiency and reduce the need for external assistance.

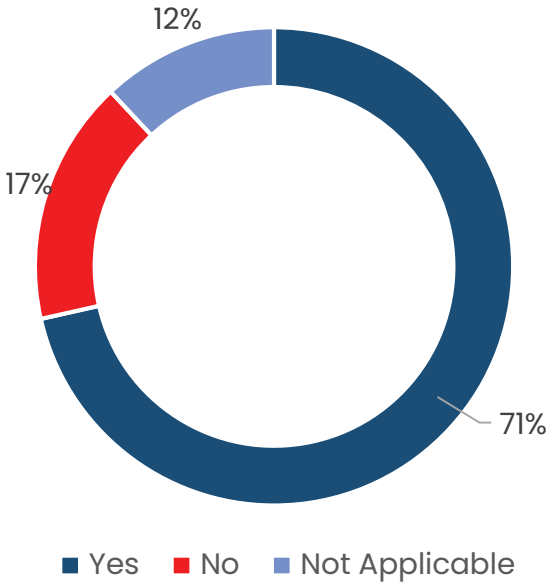
68% of beneficiaries observed better employment opportunities as a result of the assistive devices, reflecting the potential of such aids to improve employment prospects by enhancing functional abilities. Social interaction also saw a positive change, with 33% of respondents reporting increased engagement with their communities. This can be attributed to the enhanced mobility and independence provided by the prosthetics or callipers, which have been shown to positively influence social integration and community participation



The survey findings indicate a notable increase in independence among beneficiaries for various activities before and after the project. Key areas of improvement include cooking, cleaning, dressing, using the toilet, climbing stairs, and shopping, all of which saw substantial enhancements in the beneficiaries' ability to perform these tasks independently. This aligns with research that highlights the positive impact of assistive devices on daily living activities.

However, a notable concern emerged regarding personal hygiene, specifically bathing. Beneficiaries reported concerns in their perceptions about the water resistance of the assistive devices. However, studies confirm that Jaipur Foot prosthetics are indeed designed to be water-resistant and durable, contrary to the concerns expressed by some users. The Jaipur Foot's resistance to water and its overall durability have been well-documented, suggesting that these concerns may stem from misunderstandings rather than actual deficiencies in the technology.

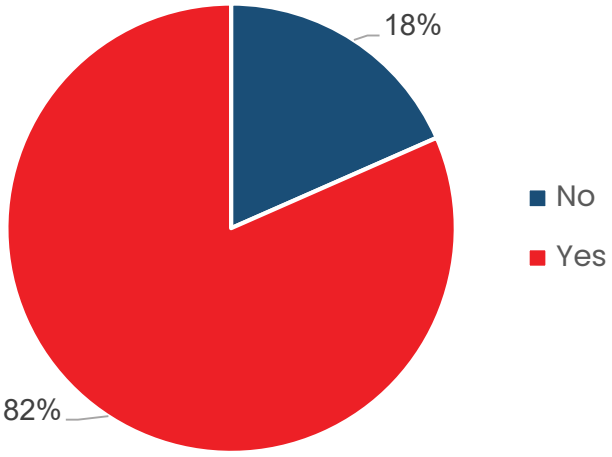
Ability to return to work or studies after receving prosthetics(n=326)



According to the survey, 71% of beneficiaries reported that they were able to return to work or continue their studies freely after receiving the assistive aids. This significant improvement underscores the critical role that prosthetics and orthotics play in enhancing the employability and educational opportunities for individuals with disabilities. Research supports this finding, indicating that the provision of appropriate assistive devices can substantially increase the chances of individuals with disabilities re-entering the workforce or resuming their education.

However, 12% of respondents indicated that returning to work or studies was not applicable to them due to their age or other circumstances. This group may include retirees or young individuals not yet engaged in formal education or employment. The positive impact on the remaining 71% highlights the effectiveness of the programme in addressing barriers to participation in economic and educational activities, which is a crucial aspect of promoting social inclusion and economic self-sufficiency for people with disabilities.

Ability to participate in community activities/ Social events (n=326)

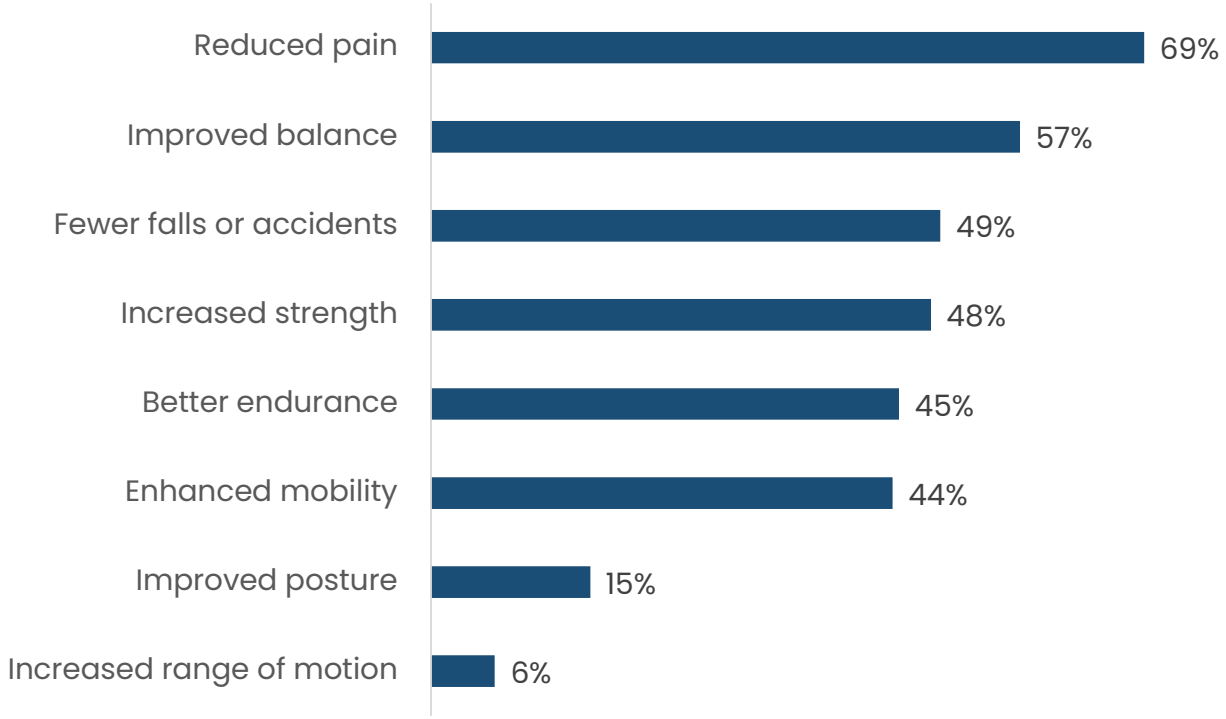


A notable 82% of beneficiaries reported that they were able to attend community activities or social events without any inhibitions following the receipt of their prosthetics or orthotics. This improvement signifies a substantial enhancement in social participation and community engagement. Research has consistently shown that the provision of assistive devices can lead to increased social integration for individuals with disabilities.

For instance, studies have found that improved mobility aids, such as prosthetics, significantly reduce social isolation and enable more active participation in community life[10].

This increase in social participation not only contributes to a better quality of life but also fosters a sense of belonging and personal empowerment among beneficiaries. By removing barriers to social engagement, the project has effectively supported beneficiaries in overcoming stigma and participating more fully in their communities.

Improvement in physical health after receving the aid (n=326)

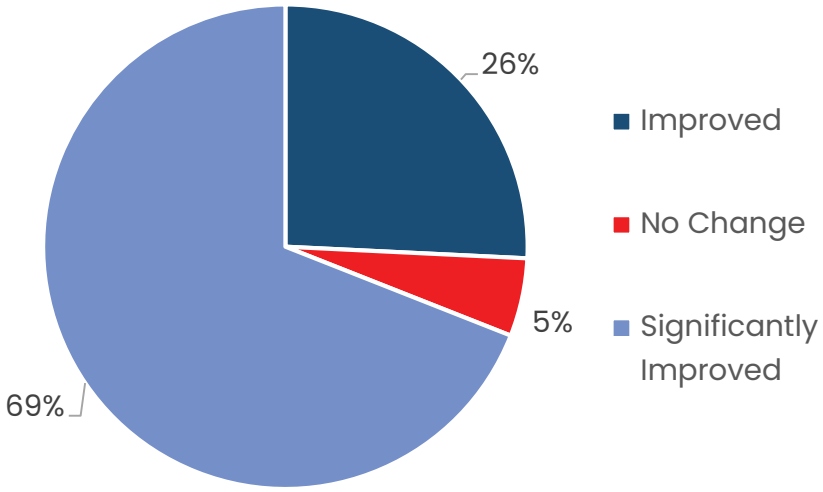


There has been a significant reduction in pain for many beneficiaries (69%), attributed to the enhanced balance and weight distribution provided by the prosthetics and callipers. The improved balance has alleviated pressure on the remaining limb, which has substantially reduced discomfort and pain in the remaining limb. According to the survey data, 57% of beneficiaries noted improved balance, and 49% experienced fewer falls or accidents as a direct result of the prosthetics and callipers.

Additionally, the use of these assistive aids, combined with targeted training, has strengthened the residual limbs, with 48% of beneficiaries reporting increased strength in their stumps. Secondary research supports these findings, highlighting that properly fitted prosthetics and assistive devices can lead to reduced pain and improved physical stability. For instance, a study published in the Journal of Rehabilitation Research and Development found that users of well-fitted prosthetic limbs experienced significantly lower levels of pain and improved balance, which contributed to a decreased risk of falls and injuries. Furthermore, the improvement in strength and stability often leads to enhanced functional outcomes and quality of life for users.

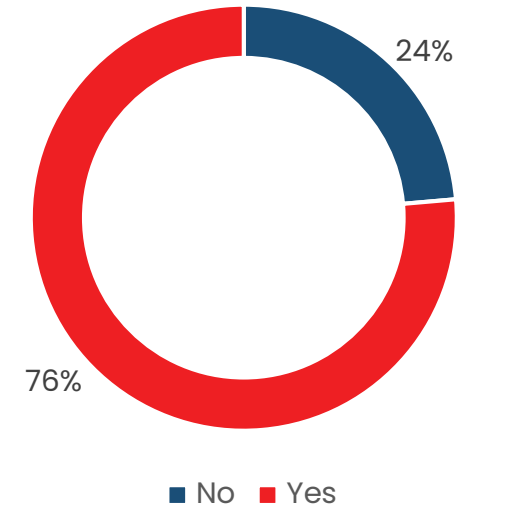
[10]*https://www.ncbi.nlm.nih.gov/books/NBK310951/*

Ability to travel (n=326)



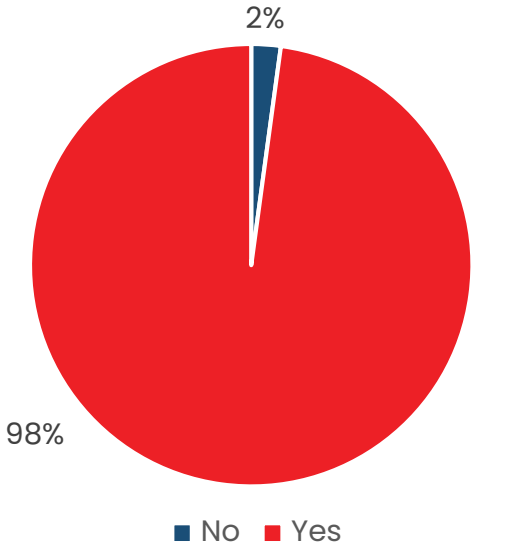
A significant majority of beneficiaries, 95%, reported an increase in their ability to travel independently after receiving their prosthetics or callipers. This notable improvement highlights the positive impact of the assistive aids on mobility and personal freedom. Only 5% of the beneficiaries did not observe any change in their ability to travel alone.

Ability to engage in Recreational activities/sports after receving the aid (n=326)



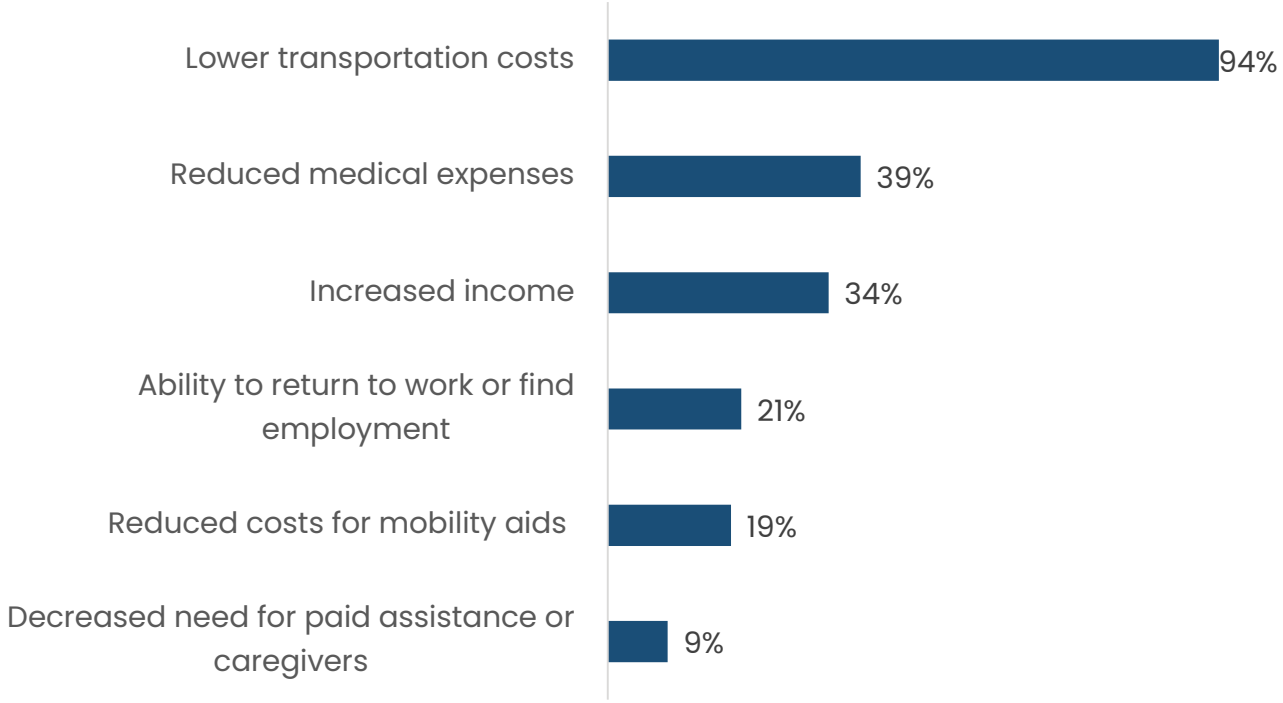
76% of the beneficiaries reported being able to engage in recreational activities or sports, underscoring a significant improvement in their quality of life. This enhancement in participation can be attributed to the increased mobility and independence provided by the assistive aids. Evidence suggests that prosthetic limbs and orthotic devices, such as the Jaipur Foot, enable individuals with disabilities to take part in physical activities and sports more comfortably, thereby contributing to overall well-being and social inclusion.

Increase in confidence after receiving the aid (n=326)



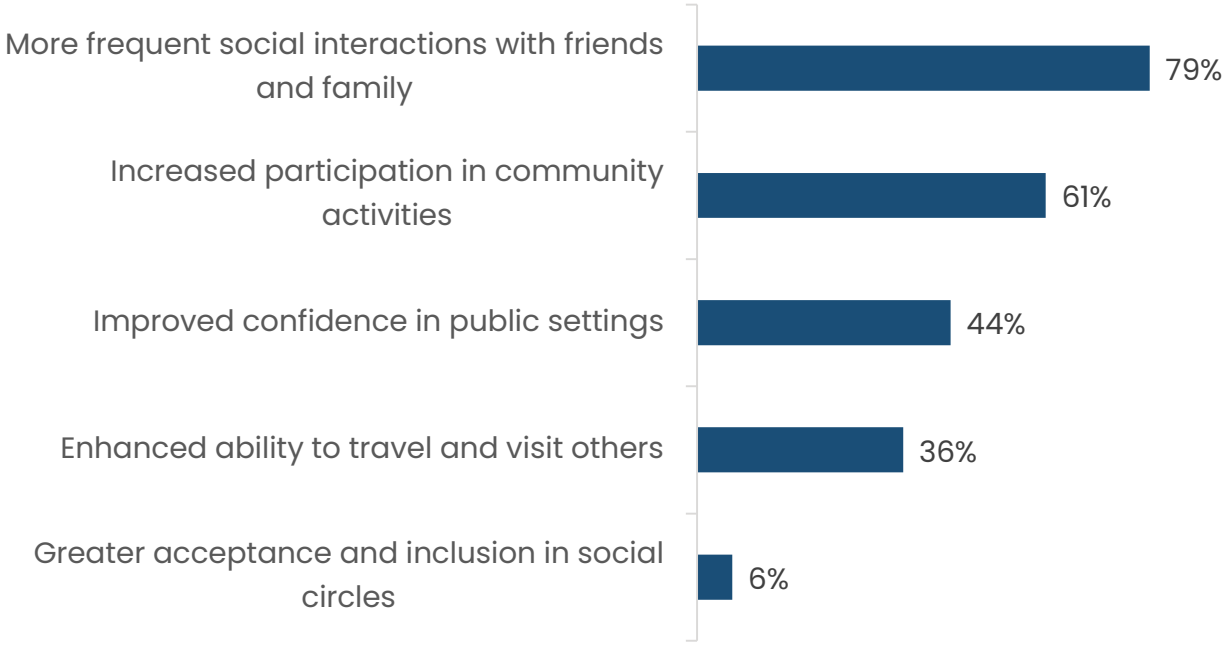
98% of the beneficiaries reported feeling more confident after receiving the assistive aid. This boost in confidence is a direct result of the enhanced mobility and independence afforded by the prosthetics and orthotics. Improved confidence can be linked to the ability to perform daily tasks with greater ease and participate more fully in social and professional activities. Studies have shown that effective assistive devices not only improve physical capabilities but also significantly impact psychological well-being, leading to higher self-esteem and a more active participation in life.

Financial Benefit of the programme (n=326)



94% of the beneficiaries reported a reduction in their travel costs due to improved mobility and independence, which allowed them to manage travel more efficiently. Additionally, 39% noted a decrease in medical expenses, including lower spending on assistive devices and pain medication. This reduction in costs was attributed to the decreased strain on their single leg or upper limbs. Furthermore, 34% of beneficiaries mentioned that receiving the prosthetics enabled them to access better job opportunities, reflecting an overall improvement in their economic situation and employment prospects.

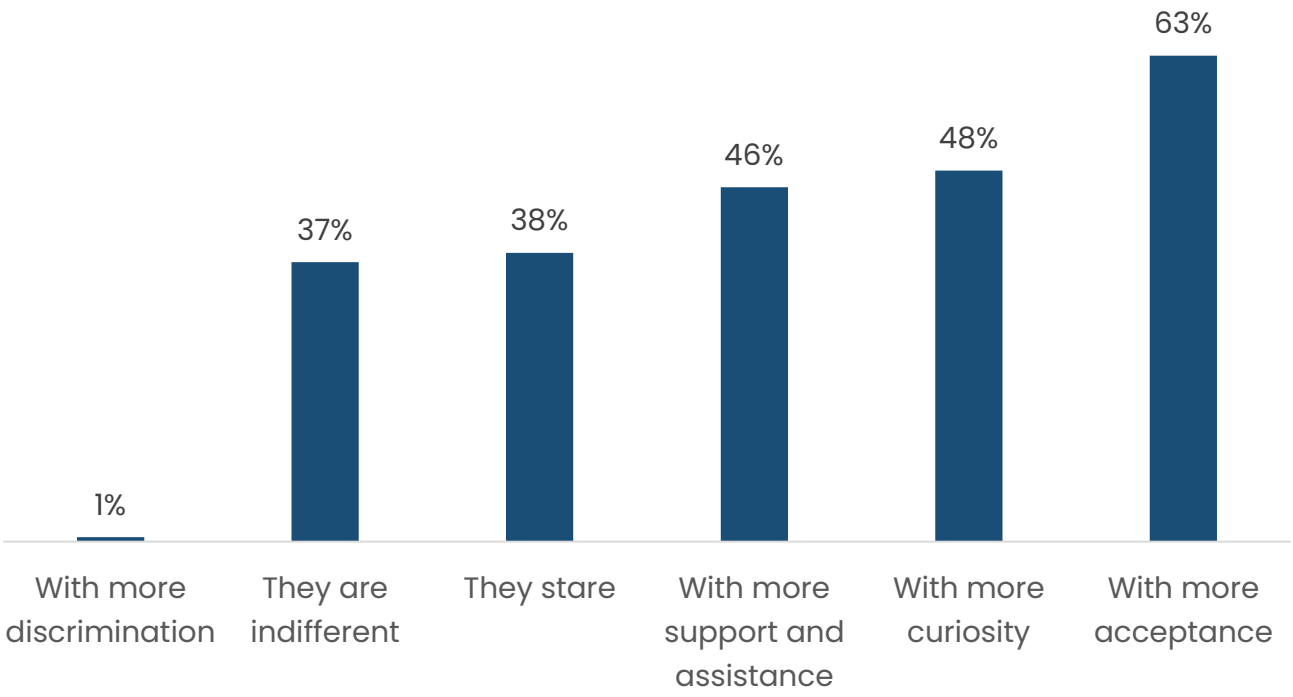
Social Changes after receiving the prosthetics (n=326)



Some of the social changes observed by beneficiaries after receiving the assistive aids include:

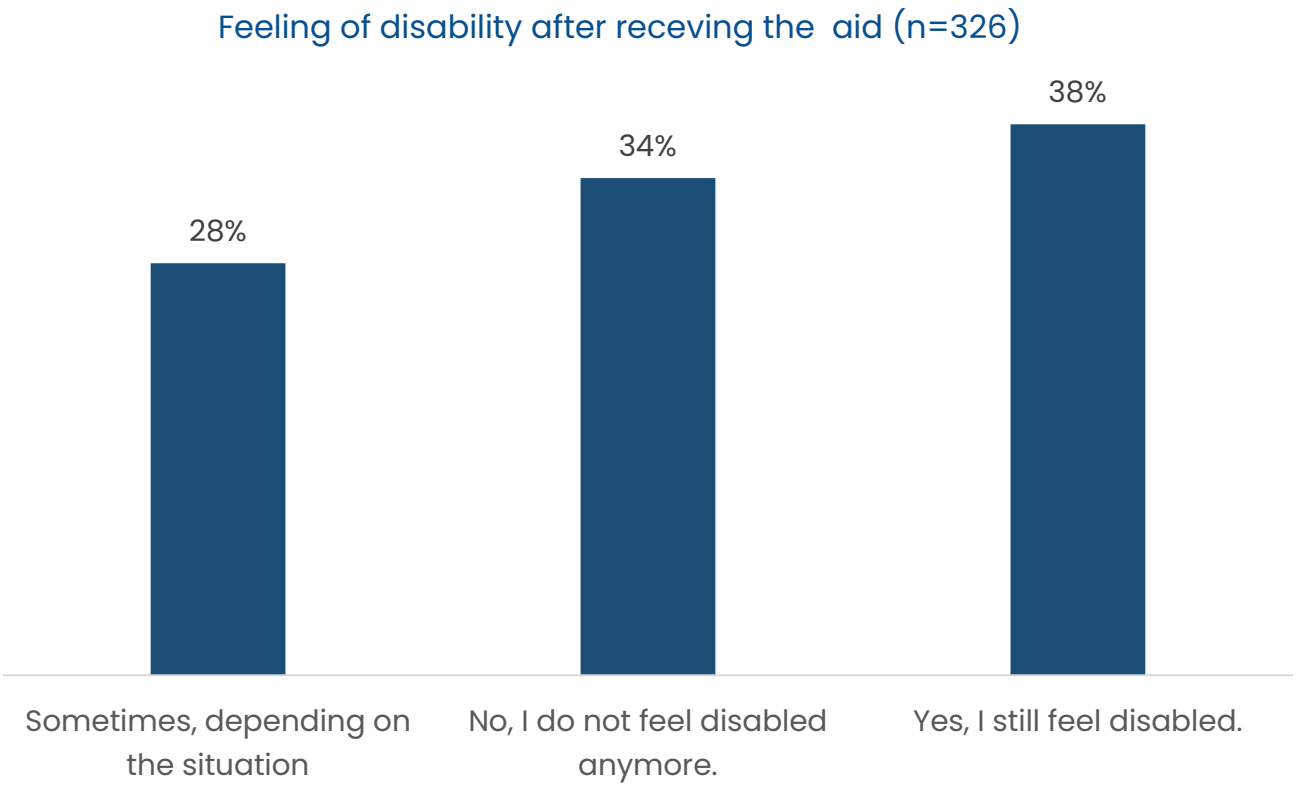
- 79% reported having more frequent interactions with family and friends, reflecting enhanced social engagement.
- 61% noted increased participation in community activities, demonstrating a greater sense of inclusion and involvement.
- 44% experienced improved confidence, feeling less self-conscious about their disability and more integrated into social settings.

Attitude of people with regards to the prosthetics or orthotics (n=326)



The prosthetics have significantly influenced how beneficiaries are perceived and treated by others:

- 63% reported being treated with greater acceptance and respect, moving away from being seen solely through the lens of disability.
- 48% noted increased curiosity from others, with people asking more about the assistive devices and showing interest.
- 46% experienced more support and assistance from others, who were motivated by seeing the assistive aids.
- 38% faced occasional unwanted attention, with people staring at their prosthetics, reflecting some ongoing social challenges.



The beneficiaries were asked to reflect on their sense of disability after receiving the prosthetics or orthotics. The responses revealed a nuanced picture:

- 38% of the beneficiaries reported that they still feel disabled despite the improvements brought by the assistive devices. This group includes individuals who might continue to face challenges in various aspects of daily life, which could include limitations in specific activities or ongoing adjustments to their new aids.
- 34% of beneficiaries expressed that they no longer feel disabled. This shift is significant, as it indicates a profound change in their self-perception and daily functioning due to the enhanced mobility and independence provided by the prosthetics or orthotics.
- 28% felt disabled only occasionally, typically in situations where they encounter obstacles or cannot perform certain tasks as easily as they would like. This group represents individuals who experience intermittent challenges, highlighting areas where further support or adaptation might still be needed.
- Overall, while the majority of beneficiaries experienced substantial benefits from the assistive devices, the variation in responses underscores the diverse impacts of prosthetics and orthotics on individuals' perceptions of disability and their day-to-day lives.

3.5 Coherence

The Coherence section of the report checks the alignment of the programme with other interventions in the country, i.e., with similar programmes which were being run by other institutions.

Alignment with SDGs

SDG	Target	Alignment
	**Goal 1: No Poverty**	Partial Alignment
	**Goal 3: Good Health and Well-being** 3.8: Achieve universal health coverage	Full Alignment
	**Goal 8: Decent Work and Economic Growth** 8.5: Achieve full and productive employment and decent work.	Partial Alignment
	**Goal 10: Reduced Inequality** 10.2: Empower and promote the social, economic and political inclusion	Full Alignment
	**Goal 17: Partnership for the goals** 17.17 Encourage and promote effective public, public-private and civil society partnerships, building on the experience and resourcing strategies of partnerships	Full Alignment

Alignment with National Priorities

National Policy/ Scheme/Mission	Objectives & Strategies	Alignment
Sugamya Bharat Abhiyan (Accessible India Campaign), 2015	Aimed at creating universal accessibility for persons with disabilities.	HDFC Bank provided prosthetics and callipers to individuals with disabilities
National Health Policy, 2017	Ensure availability and access to affordable and quality healthcare services.	HDFC Bank provided prosthetics and callipers to individuals with disabilities along with training and physiotherapy sessions.

Alignment with CSR Policy

The Schedule VII (Section 135) of the companies act, 2013 specifies the list of the activities that can be included by the company in its CSR policy. The below mentioned table shows the alignments of the intervention with the approved activities by the Ministry of Corporate Affairs.

Schedule VII activities	Description	Alignment with the project
(I)	Eradicating hunger, poverty and malnutrition, (Promoting health care including preventive Health) and sanitation (Including contribution to the Swatch Bharat Kosh set-up by the Central Government for the promotion of sanitation) and making available safe drinking water;	Partially

Alignment with ESG Principle

The program's intervention also aligns with the ESG Sustainability Report of the corporate. Particularly, concerning the Business Responsibility & Sustainability Reporting Format (BRSR) shared by the Securities & Exchange Board of India (SEBI), the program aligns with the principle mentioned below:

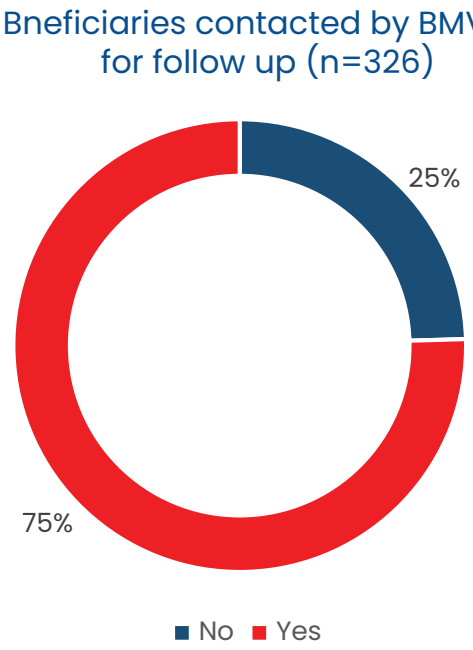
Principle 5
Businesses should respect and promote human rights

Principle 8
Businesses should promote inclusive growth and equitable development

3.6 Sustainability

The sustainability aspect focuses on the long-lasting benefits of the intervention. This section covers the post-vaccine effects and how they impacted the lives of the beneficiaries.

Follow-Up and Quality Checks:



75% of beneficiaries reported receiving a follow-up call from the BMVSS team 1-2 months after receiving their assistive aids. This follow-up process is crucial for evaluating the quality and effectiveness of the aids and ensuring that any issues are addressed promptly.

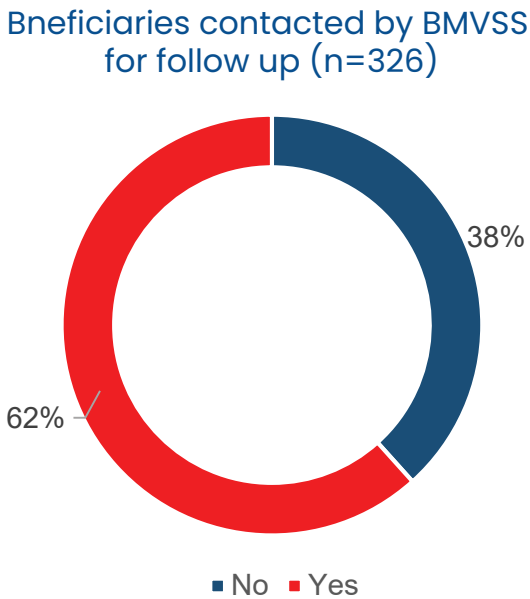
However, 25% of beneficiaries indicated that they did not receive a follow-up call. During qualitative interactions with the BMVSS team, it was noted that a dedicated personnel had been hired to manage these follow-up checks.

The team explained that the absence of follow-up in some cases was due to technical issues, such as beneficiaries' phone numbers being switched off, out of coverage areas, or inaccuracies in the contact information provided. The BMVSS team clarified that these issues were not due to a lack of effort but rather due to challenges in communication. Effective follow-up is vital for assessing the long-term impact of assistive devices, that regular follow-up helps in identifying any adjustments needed to enhance user satisfaction. The BMVSS team's commitment to resolving these technical challenges reflects their ongoing dedication to improving the support and quality of their services.

Technical Difficulties and Durability:

62% of beneficiaries reported experiencing technical difficulties with their prosthetics or callipers after some time. This is an important consideration, as the durability of assistive aids can vary depending on usage and material.

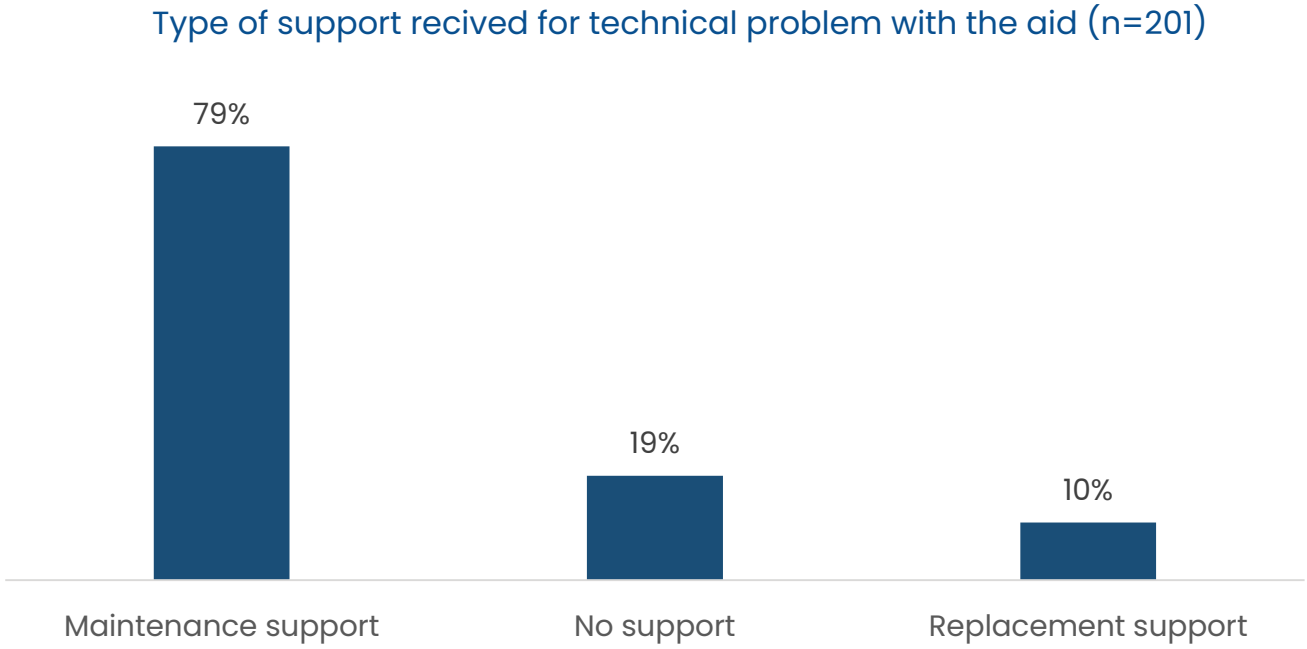
The Jaipur Foot, while renowned for its cost-effectiveness and functional design, may not always match the performance or longevity of more advanced prosthetic limbs made from materials such as carbon fibre.



Although the Jaipur Foot provides significant benefits, it may face limitations in durability under heavy or prolonged use. Regular maintenance and timely adjustments are essential to ensure the optimal performance and longevity of prosthetics, as emphasized by studies in the field of prosthetics and orthotics.

This underscores the importance of ongoing support and maintenance services to address technical issues and extend the lifespan of the assistive devices provided.

Maintenance and Support Services:



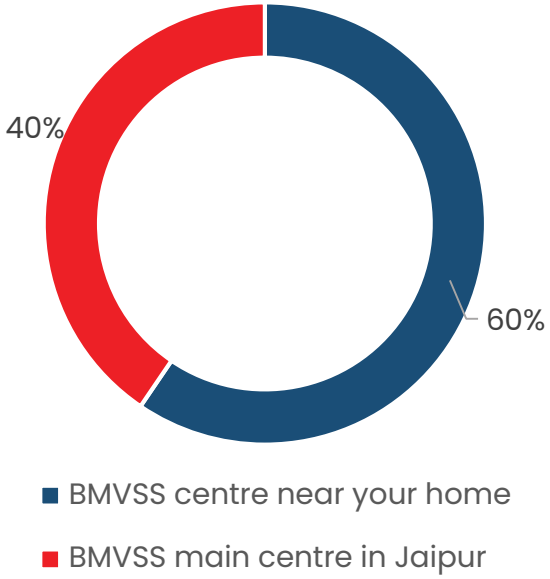
79% of beneficiaries reported receiving maintenance support from BMVSS when encountering technical issues with their prosthetics or callipers. This reflects a significant level of ongoing support, which is crucial for addressing wear and tear and ensuring the continued functionality of assistive devices.

Additionally, 10% of beneficiaries received replacement support, highlighting BMVSS's commitment to addressing more severe or irreparable issues with their assistive aids.

However, 19% of beneficiaries were unable to access these support services due to the distance from their residence to the nearest centre. This indicates a gap in service accessibility, particularly for those residing in remote areas.

Location of Additional Support:

Location were the additional support was availed (n = 326)

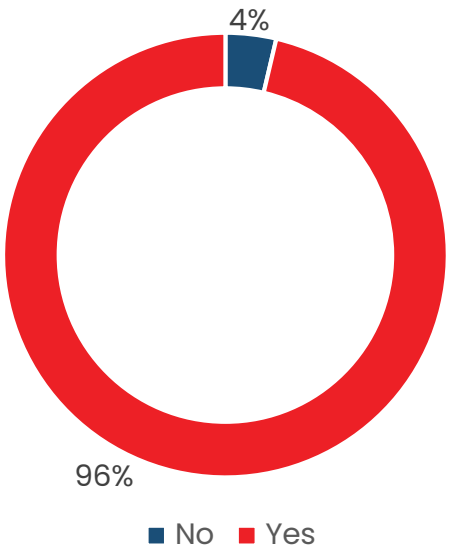


The distribution of locations where beneficiaries received additional support reflects the project's efficiency in providing accessible services. Forty percent of beneficiaries sought support at the BMVSS main centre in Jaipur, demonstrating the central role of this facility in managing complex or widespread issues.

Concurrently, another 40% of beneficiaries accessed support at a BMVSS centre closer to their homes, illustrating the effectiveness of decentralising support services.

With BMVSS operating 26 centres across India, beneficiaries have multiple points of access for follow-up and maintenance services. This extensive network facilitates timely assistance and ensures that support is available to beneficiaries across various regions, enhancing the overall efficiency and reach of the project.

Other persons with disability enquired about the aid received through the programme (n=326)



A notable 96% of beneficiaries reported that other individuals with disabilities showed interest in the assistive devices they received through the project.

During qualitative interactions, beneficiaries shared that those inquiring were often impressed by the quality of the assistive aids. Many expressed intentions to seek similar support from BMVSS, highlighting the project's positive impact and the high regard in which the devices are held.

3.8 Rating the Implementing partner on the PPP matrix

The rating criteria and ranking of the implementing agency have been based on primarily 3 factors People, Processes, and Platforms.

The PPP framework revolves around the dynamic interplay of its three key elements. **People**, who actively participate in program execution are complemented by **processes** that enhance efficiency and accuracy. The **platform** component, in turn, facilitates tasks and automates processes. The harmonious equilibrium among these elements, optimizing the synergy between people, processes, and platforms, empowers agencies to attain organizational efficiency. Visualized as a golden triangle with each side equally significant, the PPP framework embodies a holistic approach to project success, from execution to outcomes. Neglecting any element can disrupt the framework's balance and, consequently, impact the project's overall success.

Framework Element	Indicator	Individual Scoring	Consolidated Scoring
People	Governance Mechanism	7	9
	Quantity of resources hired	10	
	Quality of resources hired	9	
	Involvement of multiple stakeholders	10	
Processes	Whether proper permissions were taken to operate centre and camps	10	9
	Whether any hindrances were faced and how they overcame the same	10	
	MOU between HDFC Bank and BMVSS	10	
	Permission taken from beneficiaries like signing of affidavit	10	
	Fund utilization report by Chartered accountant	10	
	Rating of project activities by beneficiary	9.4	
	Cost efficiency of the assistive aid provided	10	
	Prosthetic fit and accuracy	9	
	Follow up mechanism	7	
	Resolving technical issues	8.1	
	Doctor treatment	9.1	
	OOPE for beneficiaries	6	
	Gait Training	8.5	
Platform	Mode of data collection during programme	10	8.3
	Data privacy	10	
	Usage of any DBMS software of other secure data storing platform	10	
	Helpline Number	6	
	Data quality	7	
	Data Storage & Maintenance for tracking	7	

The rating criteria considers multiple factors, and the implementing partners have been given individual ratings based on their scope of work and level of engagement. The below mentioned table describes the major indicators which were used for evaluating the partner. The **People** parameter considers the responsibility and capability of individuals engaged in project implementation for specific tasks. Additionally, it takes into account the behavioural aspects exhibited by these individuals during project execution and while providing support for the data collection process.

Rating	Inference
9-10	Very Good
8	Satisfactory
Less than 8	Unsatisfactory

The **Processes** parameter examines the practices employed by stakeholders throughout the project implementation. This encompasses the consideration of proper permissions and ethical practices. Given the program's focus on individuals with disabilities, their perceived ease of accessing the project was also taken into account. Additionally, the critical aspect of partner coordination played a pivotal role in implementing the program on a large scale and was thus carefully considered. Sensitive information was collected and stored from beneficiaries with disabilities (People with Disabilities) during the project. The **Platform** indicator was designed to assess partners based on their data management capacity and any best practices they employed, utilizing technically sound mediums. Additionally, information about each beneficiary, as provided by the partners and shared with CSRBOX's team during the evaluation process, was factored into the consideration for the programme.

Legend: Kindly follow the below mentioned table for inferences on the PPP ranking.

Financial Year	Assistive Aid Distribution	Target Beneficiaries	Achieved Beneficiaries	Number of Aids Distributed[11]
2021-2022	Artificial Limbs and Callipers	1600	1508	1600
2022-2023	Artificial Limbs and Callipers	1450	1285	1450
	Crutches	15	15	15

3.9 Target vs Achievement

Financial Year	Assistive Aid Distribution	Target Beneficiaries	Achieved Beneficiaries	Number of Aids Distributed[1]
2021-2022	Artificial Limbs and Callipers	1600	1508	1600
2022-2023	Artificial Limbs and Callipers	1450	1285	1450
	Crutches	15	15	15

[11]The total no, of aids represents and matches the target outreach, since there are certain beneficiaries who have received more than 1 assistive aid.

Chapter 4

Recommendations for the Programme

The program's primary aim was to provide prosthetics and callipers to Persons with Disabilities (People with Disabilities). A thorough Impact Assessment study, employing a blend of qualitative and quantitative research methods, has yielded a spectrum of findings. This section offers recommendations and proposes actionable measures that can be adopted to optimize the effectiveness of similar future interventions.

Nomenclature of the project:

Observations

- The project name, "Artificial limbs and callipers to differently abled", may not align with the globally recognised Disability-inclusive language guidelines, such as those
- cated by the United Nations.[12]
- It is important to note that the language used by the project to refer to persons with disabilities can have a significant impact. As language has evolved over time, terms that were once commonly accepted may no longer be appropriate in today's context. It may be beneficial to consider raising awareness about using language that reflects current sensitivities when discussing or addressing persons with disabilities.
- The term "differently abled" could potentially be viewed as euphemistic or patronising. While it was intended to offer a positive alternative, many now prefer more direct language, such as "people with disabilities," which is considered more accurate and respectful.

Suggestive measures

- Adopting people-first language, which is widely accepted in current discourse, can be a positive step. This approach focuses on the individual rather than the disability, placing the person or group first in the language used.
- Acknowledging that disability is a natural part of human diversity, rather than something that needs to be dramatized or viewed with undue sensitivity, is also crucial.
- A recommended term that aligns with inclusive language standards is "person with disability". This term is respectful, widely accepted, and highlights the importance of dignity in reference to individuals.

Advocacy measures

Observations

- The primary challenge observed is the high incidence of improper amputation procedures among beneficiaries. This often leads to complications in fitting prosthetics and can require revision surgery.
- Many individuals who undergo amputation face issues like weak stumps or muscle atrophy, which can be attributed to the lack of pre-prosthetic physiotherapy and exercise. These conditions make it more difficult to achieve a proper fit with prosthetic devices.

[12] *https://www.ungeneva.org/sites/default/files/2021-01/Disability-Inclusive-Language-Guidelines.pdf*

- A significant number of individuals with improper amputations need to be sent back for revision surgeries. This not only delays the process of fitting prosthetics but also increases the physical and emotional burden on the beneficiaries.
- According to feedback from a doctor at BMVSS, nearly 70% of amputation cases they encounter are not performed correctly. This high rate is attributed to various factors, including inadequate surgical training, lack of proper medical facilities, or insufficient follow-up care.

Suggestive measures

- Partner with government health departments and other non-profit organisations (mainly BMVSS) to improve the overall standard of amputation and prosthetic services. Advocacy should focus on:
  - **Policy Advocacy:** Advocate for policies that mandate quality standards for amputation surgeries.
  - **Workshops and Training Sessions:** Organise workshops in collaboration with leading hospitals and medical institutions to train local surgeons on best practices for amputations and stump management.
  - **Awareness Campaigns:** Conduct awareness campaigns to educate the public and healthcare providers about the importance of proper amputation procedures and pre-prosthetic care.

Charity Model

Observations

- The current approach focuses primarily on providing prosthetics or orthotics to persons with disabilities, which may unintentionally reinforce the perception of individuals as passive recipients of charitable acts or welfare, rather than as active participants in their own empowerment.
- It is noteworthy that BMVSS is independently offering livelihood opportunities, such as promoting small-scale entrepreneurship initiatives like tea stalls.

Suggestive measures

- Transitioning from a charity model towards a more inclusive, social model could significantly enhance the impact of the project. Rather than focusing solely on providing aid, this shift could emphasise the creation of sustainable systems that empower not only the individuals but also the communities they are part of. Such an approach could foster long-term change by viewing persons with disabilities as active participants in their own development.
- There is a real opportunity to explore the introduction of vocational training programmes. By helping individuals with disabilities acquire new skills or build on existing ones, HDFC Bank could enable them to access employment opportunities, enhancing their independence and contributing to a more inclusive workforce.
- Another potential area to consider is supporting small-scale entrepreneurship. Offering guidance in areas like business planning, marketing, and financial management could provide individuals with the tools they need to establish and sustain their own ventures. This approach could open new pathways to financial independence, further demonstrating the HDFC Bank's commitment to empowering individuals rather than merely providing aid.

Chapter 5

Impact Stories

Mobility and Independence: Sitaram Meena's Journey

Sitaram Meena, a resident of Jaipur, Rajasthan, faced significant challenges early in life due to a polio attack, which resulted in disability in both of his legs. For years, Sitaram struggled with mobility, relying on others for support and facing daily hardships in performing basic tasks. His life took a positive turn when the Bhagwan Mahaveer Viklang Sahayata Samiti (BMVSS) contacted him, offering support and assistance. At the BMVSS centre in Jaipur, Sitaram received callipers for both of his legs, which proved to be a game-changer.

Sitaram is not new to the BMVSS centre; he has been a repeat user of their services for several years. Over time, he has become a familiar face at the Jaipur centre, benefiting from their continued support. In 2021 he availed the calliper support due to HDFC Bank's funding in this project. He speaks highly of the callipers provided, testifying that they are the best he has ever used. The high quality of these callipers has made a significant difference in his life. Sitaram reports that he has not experienced any technical or physical issues with the callipers and has been using them successfully for more than three years.

With the help of these callipers, Sitaram's mobility has improved dramatically. He can now walk with confidence and even climb stairs, tasks that were once daunting for him due to his disability. The increased mobility has also positively impacted his professional life. Sitaram notes that his ability to work has significantly improved, and this is reflected in his earnings. Over the past three years, his salary has increased by ₹10,000, and he is currently earning ₹55,000 per month. He attributes this financial improvement to multiple factors, but primarily to the enhanced mobility he gained from using the callipers. Despite the significant progress, Sitaram acknowledges that he still faces challenges. While he feels capable and no longer considers himself disabled in most aspects of daily life, he admits that running remains difficult for him. This occasional limitation reminds him of his condition, but it does not diminish his overall sense of independence and capability.

Sitaram says he and his family is thankful to HDFC Bank for funding the project in the year of 2021 which helped him access the free callipers.

Overcoming Challenges: Abdul Razak's Inspiring Journey

Abdul Razak, a 52-year-old resident of Kerala, has faced significant challenges since losing his right leg in a tragic accident during his 20s. The doctor who performed his amputation recommended the Bhagwan Mahaveer Viklang Sahayata Samiti (BMVSS) centre in Jaipur, and since then, Abdul has been a frequent visitor. Over the years, he has travelled to the Jaipur centre 7-8 times to receive prosthetic legs.

As the main breadwinner for his family of three, Abdul is deeply committed to ensuring his mobility and independence. Despite the long and arduous two-day journey from Kerala to Jaipur, he believes it is worthwhile because of the high-quality prosthetics provided by BMVSS. The journey costs him ₹10,000 in travel expenses, a portion of which is reimbursed by BMVSS, easing the financial burden.

Abdul has received an above-knee prosthetic with a Stanford joint from the centre, which has greatly improved his mobility and quality of life. He has been using this prosthetic for three years and is now planning to replace it, looking forward to the same level of quality and care he has come to expect from BMVSS. Abdul praises every aspect of the programme, from the compassionate and expert consultation provided by doctors to the precise measurements taken by technicians and the comfortable fit of the prosthetics he has received.

His gratitude extends to HDFC Bank, whose funding of the project has ensured that Abdul and many others like him have access to the best prosthetic care. He is thankful for the support, which has allowed him to continue providing for his family and live a life of dignity and independence.

Disclaimer For the Impact Assessment Report

- This report has been prepared solely for the purpose set out in the Memorandum of Understanding (MoU) signed between Renalysis Consultants Pvt. Ltd. (CSRBOX) and HDFC Bank Ltd. to undertake the Impact Assessment of their Corporate Social Responsibility (CSR) project implemented.
- This impact assessment is pursuant to the Companies (Corporate Social Responsibility Policy) Amendment Rules, 2021, notification dated 22nd January 2021.
- This report shall be disclosed to those authorized in its entirety only without removing the disclaimer. CSRBOX has not performed an audit and does not express an opinion or any other form of assurance. Further, comments in our report are not intended, nor should they be interpreted to be legal advice or opinion.
- This report contains an analysis by CSRBOX considering the publications available from secondary sources and inputs gathered through interactions with the leadership team of HDFC Bank Ltd., project beneficiaries, and various knowledge partners. While the information obtained from the public domain has not been verified for authenticity, CSRBOX has taken due care to receive information from sources generally considered to be reliable.
- In preparing this report, CSRBOX has used and relied on data, material gathered through the internet, research reports, and discussions with personnel within CSRBOX as well personnel in related industries.

With Specific to Impact Assessment, CSRBOX:

- Has neither conducted an audit or due diligence nor validated the financial statements and projections provided by HDFC Bank Ltd.
- Wherever information was not available in the public domain, suitable assumptions were made to extrapolate values for the same;
- CSRBOX must emphasize that the realization of the benefits/improvisations accruing out of the recommendations set out within this report (based on secondary sources) is dependent on the continuing validity of the assumptions on which it is based. The assumptions will need to be reviewed and revised to reflect such changes in business trends, regulatory requirements, or the direction of the business as further clarity emerges. CSRBOX accepts no responsibility for the realization of the projected benefits;

The premise of an impact assessment is 'the objectives the project along with output and outcome indicators pre-set by the program design and implementation team. CSRBOX's impact assessment framework was designed and executed in alignment with those objectives and indicators.

I Annexure

Geographical Coverage of the Project and Samples covered from each location

State	No. of beneficiaries (M&E data)	Samples covered
Andhra Pradesh	121	✓
Assam	3	
Bheri (Nepal)	2	
Bihar	84	✓
Chandigarh	1	
Chhattisgarh	8	✓
Delhi	7	✓
Dhaka (Bangladesh)	1	
Goa	1	
Gujarat	26	✓
Haryana	79	✓
Himachal Pradesh	8	✓
Jammu and Kashmir	3	
Janakpur (Nepal)	2	
Jharkhand	28	✓
Karnali (Nepal)	1	
Karnataka	878	✓
Kerala	5	✓
Koshi (Nepal)	3	
Madhya Pradesh	221	✓
Maharashtra	56	✓
Odisha	2	
Punjab	64	✓
Rajasthan	559	✓
Sagarmatha (Nepal)	1	
Sudurpashchim (Nepal)	3	
Tamil Nadu	166	✓
Telangana	11	✓
Uttar Pradesh	405	✓
Uttarakhand	20	✓
West Bengal	26	
Total	**2795**	

Qualitative Interactions

Stakeholder	Number of Interactions	Name
Doctors	2	Dr. Deependra Mehta and Dr. P.K Jain
Prosthetist and Orthotist cum Gait Trainer	1	Ms. Shruti Jain
Physio Therapist	1	Dr. Ankur Sharma
BMVSS team members	1	Mr. Bupendra Mehta and Mr. Pawan
Primary Beneficiary (FGD)	1	Ms. Geetha and Mr. Naresh Kumar

PPP Matrix Scoring

1. People

Governance and people involved, in terms of inclusion of male and female team members (implementation team)	~1:20 (F:M ratio) (7:138)	**6**
Rationale	**Ratio**	**Score**
	>1:1 to 1:2(F:M)	10
	1:2 to 1:3 (F:M)	9
	1:3 to 1:4 (F:M)	8
	1:4 to 1:5 (F:M)	7
	<1:5 (F:M)	6

Governance and people involved, in terms of inclusion of person with disability	15%	**9**
Rationale: The reservation for person with disability in India is 4%	**Ratio**	**Score**
	16% or higher	10
	12 to 16%	9
	8 to 12%	8
	4% to 8%	7
	Less than 4%	6

Quality of resources hired on their functionality/tasks assigned - capability of people; Educational qualification of resources hired (whether they were capable of handling the responsibilities)	BMVSS centre	Bangalore Camp	Sirohi Camp
	10	10	10
Rationale	No complaints received	No complaints received	No complaints received

2. Process

Whether Proper permissions were taken to operate centre/camps	BMVSS, Jaipur centre	Bangalore Camp	Sirohi Camp	Average Score
Score	**10**	**10**	**10**	**10**
Rational	Has been operating for 40 years with all the compliances	Permission from panchayat and district magistrate	Permission from panchayat and district magistrate	
Whether any hindrances were faced and how they overcame the same	**BMVSS, Jaipur centre**	**Bangalore Camp**	**Sirohi Camp**	
Score	**10**	**10**	**10**	**10**
Rational	No Hinderences	No Hinderences	No Hinderences	
MoU between BMVSS and HDFC	**BMVSS, Jaipur centre**	**Bangalore Camp**	**Sirohi Camp**	
Score	**10**			**10**
Rational	MOU was signed every year between HDFC and BMVSS			

Permission taken from beneficiaries like signing of affidavit	BMVSS, Jaipur centre	Bangalore Camp	Sirohi Camp	
Score	10	10	10	10
Rational	Affidavits are signed by the beneficiaries			
Fund utilization report by Chartered accountant	**BMVSS, Jaipur centre**	**Bangalore Camp**	**Sirohi Camp**	
Score	10			10
Rational	Fund utilization reports attested by Chartered accountant			
Rating for project by beneficiary	**BMVSS, Jaipur centre**	**Bangalore Camp**	**Sirohi Camp**	
Score	9.48	9.65	9.18	9.436667
Rational	As per ratings given by beneficiaries			
Cost efficiency	**BMVSS, Jaipur centre**	**Bangalore Camp**	**Sirohi Camp**	
Score	10	10	10	10
Rational	Callipers and prosthetics costed ₹5,500 and crutches costed ₹1,400 which is very cheap when considered other options			
Waiting-Time	**BMVSS, Jaipur centre**	**Bangalore Camp**	**Sirohi Camp**	
Score	7.9	6.27	8.7	7.623333
Rational	12% beneficiaries had to wait for 1 day or more	30% beneficiaries had to wait for 1 day or more	6% beneficiaries had to wait for 1 day or more	
Prosthetic accuracy	**BMVSS, Jaipur centre**	**Bangalore Camp**	**Sirohi Camp**	
Score	8.99	9.32	8.78	9.03
Rational	As per the rating given for the prosthetic fit			
Follow up	**BMVSS**			
Score	7			7
Rational	As per the number of beneficiaries who stated			
Resolving issues	**BMVSS**			
Score	8.1			8.1
Rational	19% of the beneficiaries said they did not receive any support for their technical issues			

3. Platform

Mode of data collection during program	BMVSS, Jaipur centre
Score	10
Rational	Data collection was done electronically through computers. All the data was captured along with web photos of beneficiaries

Ensuring the privacy of details as shared by beneficiaries	BMVSS, Jaipur centre
Score	10
Rational	Data of beneficiaries are never shared

Any DBMS software was used for the project	BMVSS, Jaipur centre
Score	10
Rational	BMVSS uses a DBMS software

Helpline number for beneficiaries	BMVSS, Jaipur centre
Score	6
Rational	There is no helpline number dedicated to beneficiaries but there are centre numbers where beneficiaries can contact.

Data Quality	BMVSS, Jaipur centre
Score	7
Rational	During data collection it was noted some beneficiaries phone numbers were missing (-1), Double counting of single beneficiaries when prosthetics/callipers and Crutches are provided together (-1) and spelling mistakes or clerical errors in the details of beneficiaries (-1)

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