



TATA POWER-DDL

ABHA PROGRAMME

CSR IMPACT ASSESSMENT REPORT

Implementation Year: 2024-25

Assessment Year: FY 2025-26

A CSR Initiative by

TATA POWER

DELHI DISTRIBUTION LTD



 **SoulAce**
Path to Sustainability

SOULACE CONSULTING PVT. LTD.

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EXECUTIVE SUMMARY

Project Background

The resettlement colonies and JJ clusters of North and North-West Delhi have historically faced severe, multi-dimensional socio-economic challenges. Communities residing in these 218 JJ clusters, resettlement colonies and underserved settlements in North and North-West Delhi, primarily characterized by high rates of female illiteracy, a lack of youth employability, and inadequate infrastructure for primary healthcare, nutrition, and safe drinking water. A significant proportion of women in these localities remain financially dependent, while school dropouts lack the vocational skills required for sustainable livelihoods.

Recognizing these persistent developmental gaps, TATA Power Delhi Distribution Limited (TATA Power-DDL) conceptualized the ABHA Programme under the Unnati pillar of its Corporate Social Responsibility (CSR) initiatives. The programme was initiated as a structured, community-driven intervention model designed to bridge the gap between corporate CSR resources and marginalized grassroots populations. To execute this, the initiative trains and engages local community women, designated as 'ABHAs', to serve as frontline facilitators and peer educators.

Operating across a target area encompassing over 2,50,000 households, the programme delivers integrated interventions focusing on education, health, women's empowerment, and environmental sustainability. By leveraging these grassroots leaders, the programme aims to bypass traditional access barriers, ensuring that essential services such as mobile dispensaries, literacy centers, and vocational training directly reach the most vulnerable demographics. The strategic deployment of ABHA workers addresses critical gaps in health awareness and foundational literacy, empowering women to make informed decisions for their households. The ultimate objective is to foster enduring social equity, self-reliance, and inclusive community resilience, establishing a replicable model for urban grassroots development.

Project Details



Implementation Year

FY 2024-2025



Assessment Year

FY 2025-2026



No. of Beneficiaries

1,000



Project location

220+ JJ clusters, resettlement colonies, and unauthorized settlements in North and North-West Delhi



Implementing Partner

CADAM, PRAYAS, SAVE and MASS

Project Activities



Facilitation of Women Literacy Centres(WLCs) for foundational adult education.



Mobilization of community members for primary healthcare access via Mobile Dispensaries and medical health camps.



Provision of vocational training and skill development programs for youth and women.



Formation, organization, and strengthening of localized Self-Help Groups (SHGs).



Execution of community awareness campaigns focusing on safe drinking water, nutrition (Impact4Nutrition), and energy conservation.

Alignment with SDG Goals

3 GOOD HEALTH AND WELL-BEING



4 QUALITY EDUCATION



5 GENDER EQUALITY



6 CLEAN WATER AND SANITATION



8 DECENT WORK AND ECONOMIC GROWTH



Alignment with National programs

- National Health Mission (NHM)
- Skill India Mission / Pradhan Mantri Kaushal Vikas Yojana (PMKVY)
- Adult Education Initiatives / Nav Bharat Saksharta Karyakram
- Swachh Bharat Mission (Safe Drinking Water components)
- National Rural Livelihood Mission (NRLM) / Urban Livelihood frameworks (SHG formation)

Design Snapshot



Project Name

ABHA Programme



Sampling Methodology

Random and Purposive Sampling



Research Design

Mixed Methods Approach



Sample Size

220

Key Findings



76.8%

of respondents preferred offline training programmes, while 23.2% favoured online mode.



73.6%

of respondents reported being present and actively utilizing services during Mobile Dispensary community visits.



63.6%

participation rate was recorded for general medical health camps, making it the highest attended health initiative.



73.2%

of respondents participated in SHG meetings.



34.0%

of all generated community awareness poster materials predominantly focused on water conservation themes.



93.2%

of active ABHA workers perceived a tangible increase in respect from their families and the broader community.



91.4%

of assessed beneficiaries rated the awareness campaigns regarding safe drinking water as extremely effective.



91.0%

of participants reported an extremely effective increase in personal confidence levels following involvement in the programme.



73.2%

of surveyed women reported achieving a high level of empowerment and self-reliance directly attributable to the intervention.

GROUP ENGAGEMENT DURING ABHA PROGRAM



CHAPTER 1

INTRODUCTION



Participants of ABHA Program

SoulAce Consulting Pvt. Ltd. was commissioned by TATA Power Delhi Distribution Limited (TATA Power-DDL) to conduct an independent Impact Assessment of the ABHA Programme for the assessment year FY 2025-2026. The ABHA Programme, implemented under the Unnati pillar of TATA Power-DDL's CSR initiatives, operates across JJ clusters, resettlement colonies, unauthorised colonies, and villages in North and North-West Delhi. The programme engages trained community women as grassroots facilitators, referred to as ABHAs, to support a range of interventions spanning women's literacy, healthcare access, vocational training, community mobilisation, and environmental awareness. This assessment evaluated the programme's reach, relevance, effectiveness, and measurable impact on beneficiaries and communities across the intervention areas.

BACKGROUND AND NEED OF THE PROGRAM

The resettlement colonies and JJ clusters of North and North-West Delhi have long faced multi-dimensional social challenges, particularly related to education, health, livelihood, and basic services. Limited access to quality education for children, illiteracy among women, lack of employability skills among youth, and inadequate health infrastructure have collectively hindered the progress of these communities. A significant proportion of women in these localities remained illiterate and financially dependent, while young people, especially school dropouts, lacked vocational skills to earn a sustainable livelihood. Children from under-resourced backgrounds required academic support beyond regular schooling. Public health concerns, including poor access to primary care, malnutrition, and lack of clean drinking water, warranted urgent attention. Simultaneously, rising environmental degradation demanded awareness-building efforts at the grassroots level.

TATA Power-DDL, as part of its sustained CSR engagement, identified these persistent gaps and initiated structured interventions through a comprehensive, community-driven model focused on empowerment, awareness, and access.

The programme was designed to holistically address these needs through multiple flagship initiatives under the SAATHI umbrella, including Unnati, Ujjwal, Sanjeevani, and Club Enerji. These initiatives collectively aimed at improving women's literacy, providing vocational training, strengthening livelihood opportunities through Self-Help Groups, supporting students with tutorials and scholarships, improving access to healthcare through mobile dispensaries, tackling malnutrition, and promoting environmental awareness. The ABHA Programme ensured local participation and sustainability by engaging trained women from the community as grassroots facilitators, building a strong foundation for social upliftment and long-term community resilience.

ABOUT TATA POWER DELHI DISTRIBUTION LIMITED

TATA Power Delhi Distribution Limited is a joint venture between TATA Power and the Government of NCT of Delhi, with the majority stake held by TATA Power Company (51%). The organisation has been consistently reaching out to the communities it serves, strengthening and empowering the underprivileged, primarily over 1.5 million people residing in over 218 JJ clusters in its area of operation, who are also the company's consumers.

Through its focused Social Impact Initiatives, SAATHI, TATA Power-DDL undertakes several community development programmes, including Women's Literacy Centres, Vocational Training Centres, Tutorials, Medical Camps, Drug De-addiction Camps, and Energy Conservation awareness drives. The company is sensitive to the aspect of climate change and is committed to introducing energy-efficient and greener technologies. It works closely with the Energy Efficiency Services Limited (EESL) to promote energy-efficient schemes across its operational geography.

The CSR wing of TATA Power-DDL focuses on communities living in over 218 JJ clusters, resettlement colonies, unauthorised colonies, and villages within its operational areas in North and North-West Delhi. These areas comprise more than 2,50,000 households, including Jhuggi Jhopris and village settlements, forming the core community that the organisation serves through its integrated social development programmes.

ABOUT THE IMPLEMENTING PARTNERS

The ABHA Programme was implemented through three partner organisations, each bringing distinct institutional strengths and community-level expertise to the programme's delivery across different clusters within TATA Power-DDL's operational area.

ARADHYA (Action for Resource Development in Health Education by Youth Association)

ARADHYA, an acronym for Action for Resource Development in Health Education by Youth Association, is a registered non-governmental, non-profit organisation based in New Delhi, established in 1999 under the Societies Registration Act, 1860 (Registration No. S-34267). The organisation was founded by individuals with extensive experience of working with voluntary organisations, government agencies, academic and research institutions, and funding agencies in the social sector. ARADHYA's mission centres on vitalising the potential and power of people by working with underserved communities to facilitate their integration into the mainstream of society. The organisation's key objectives include identifying, strengthening, and developing local agencies in urban slums and socio-economically backward communities for integrated development; mobilising local resources to reconstruct slum and village settlements into model communities with welfare facilities for children, adolescents, youth, women, and the elderly; and promoting professional competence in human service management through training and research. Through its partnership with TATA Power-DDL under the ABHA Programme, ARADHYA brought its deep expertise in urban slum community mobilisation, health education, and youth engagement to the grassroots delivery of CSR initiatives across JJ clusters in North and North-West Delhi.

Centre for Alternative Dalit Media (CADAM)

CADAM is an organisation focused on amplifying the voices of historically marginalised communities within India's caste system through media, documentation, and advocacy. The organisation aims to provide alternative narratives to mainstream media representations, which often overlook or misrepresent issues concerning these communities.

The key activities undertaken by CADAM include training and supporting community members, campaigning for policy change and social justice using the power of media and public discourse, and producing reports, documentaries, and articles that challenge dominant narratives and highlight perspectives from marginalised communities. Through the ABHA Programme, CADAM brought its deep understanding of community dynamics and social equity issues to the grassroots mobilisation and awareness components of the intervention.

Dhanpatmal SAVE Education Trust and Management Society (SAVE)

Dhanpatmal SAVE Education Trust and Management Society, headquartered at Roop Nagar, Delhi, operates four key initiatives: Dhanpatmal SAVE Senior Secondary School, SAVE Public School, the Women Literacy and Empowerment Programme, and RN SAVEScholarships. The organisation's vision is to build a literate and intellectually empowered society, particularly a community in which illiterate adult household women are enabled to access basic education and become self-independent, earning self-esteem and the capacity to create sources of income through their abilities and skills.

The mission of SAVE centres on bringing positive change to the lives of the disadvantaged and marginalised sections of society by maximising the eradication of illiteracy through computer-based programmes, creating awareness about health, hygiene, and safety, supporting women of disadvantaged communities to gain self-confidence, respect, and honour in society, and engaging with other organisations for transforming the lives of underprivileged women.

STAKEHOLDER AND BENEFICIARY FGD



CHAPTER 2

BACKGROUND AND PROJECT CONTEXT



NEED OF THE PROGRAM

The resettlement colonies and JJ clusters of North and North-West Delhi have long faced multi-dimensional social challenges related to education, health, livelihood, and basic services. A significant proportion of women in these localities remained illiterate and financially dependent, while young people, particularly school dropouts, lacked vocational skills to earn a sustainable livelihood. Public health concerns, including poor access to primary care, malnutrition, and the absence of safe drinking water, demanded urgent community-level interventions. Children from under-resourced backgrounds required academic support beyond regular schooling, and rising environmental degradation necessitated awareness-building efforts at the grassroots level. TATA Power-DDL, recognising these persistent gaps across the 218 JJ clusters and resettlement colonies within its operational area, initiated the ABHA Programme as a structured, community-driven intervention model. The programme was designed to address these interconnected challenges through an integrated approach that combined women's empowerment, healthcare access, skill development, educational support, and environmental awareness under a single, locally embedded delivery framework.

OBJECTIVES OF THE PROGRAMME



To promote functional literacy among women in underserved communities and enhance their confidence, self-reliance, and participation in household and community decision-making.



To build employability and livelihood opportunities for youth, women, and school dropouts through vocational training, entrepreneurship development, and skill-building programmes.



To improve access to basic healthcare, nutrition, and clean drinking water in JJ clusters and resettlement colonies through mobile dispensaries, health camps, and sustained awareness campaigns.



To strengthen the academic foundation of school-going children through supplementary tutorial support and scholarships, addressing educational gaps in under-resourced localities.



To foster grassroots participation and community ownership through the engagement and empowerment of community-based ABHA workers and Self-Help Groups across all intervention areas.

MAJOR PROJECT ACTIVITIES



Capacity Building of ABHA Workers

Community women were identified and trained in community mobilisation, health and education awareness, and energy conservation. Training included refresher sessions, digital literacy modules, confidence-building workshops, and leadership and communication skill development, delivered through both online and offline modalities.



Adult Literacy and Digital Inclusion

Functional literacy sessions were organised for women in JJ clusters through Women Literacy Centres (WLCs). Digital literacy training enhanced access to government schemes and e-learning platforms. Literacy efforts were sustained despite persistent mobilisation challenges through consistent door-to-door outreach by ABHA workers.



Health and Nutrition Initiatives

Regular mobile dispensary visits provided free doorstep healthcare services. Health camps included sugar testing, PAP smears for cancer screening, eye check-ups, breast examinations, and general health screenings. Nutrition awareness was conducted through campaigns under the Arogya and Impact4Nutrition programmes.



Vocational and Skill Development

Vocational Training Centres (VTCs) enabled youth and women to acquire employable skills in tailoring, beautician training, and basic computer knowledge. ABHA workers guided eligible community members towards enrolment in livelihood and skill development programmes.



Community Awareness and Mobilisation

Door-to-door outreach campaigns covered water safety, sanitation, hygiene, and social issues. ABHA workers created awareness posters on themes including water conservation, Beti Bachao Beti Padhao, Swachh Bharat, energy conservation, and environmental protection. Mobilisation support was provided for health camps, literacy programmes, and CSR events.



Energy and Environment Campaigns

Community education on energy conservation and renewable energy sources was facilitated through events such as Club Enerji. Streetplays, rallies, and poster-making activities reinforced eco-friendly behaviour and sustainable practices among school children and families.



Strategic CSR Linkages and Outreach

ABHA workers served as last-mile connectors between TATA Power-DDL's CSR initiatives and the community. Mobilisationsupport was extendedto flagship programmes including Arogya, Impact4Nutrition, Sampoon Ahar, Tata Volunteering Week, Ideal JJ Cluster activities, eye camps, cancer camps, and essential kits distribution.

CAPTURING COLLECTIVE FEEDBACKADD



CHAPTER 3

RESEARCH METHODOLOGY

TATA Power Delhi Distribution Limited (TATA Power-DDL) commissioned SoulAce Consulting Pvt. Ltd. to conduct an impact assessment of the ABHA Programme implemented across JJ clusters, resettlement colonies, and unauthorised settlements in North and North-West Delhi. The assessment was conducted during the fiscal year 2025-2026 with the objective of evaluating the programme's reach, relevance, effectiveness, and impact across its intervention areas of health, education, women's empowerment, community mobilisation, and livelihood support.

Research Design

The study adopted a descriptive research design, employing an integrated mixed-methods approach that combined both quantitative and qualitative data collection and analysis. The quantitative component involved a structured survey administered to programme beneficiaries, designed to measure pre-defined indicators across demographic profiling, programme engagement, healthcare access, community mobilisation, awareness outcomes, empowerment, and overall satisfaction. The qualitative component comprised Focus Group Discussions with community members and ABHA workers, Key Informant Interviews with programme coordinators and implementing partner heads, case studies of individual beneficiaries, and structured field observations. The convergence of both data streams enabled a comprehensive assessment that anchored analytical findings in statistical evidence while enriching interpretation through contextual, experiential, and narrative inputs.



To understand the extent of behavioural and socio-economic changes brought about in the lives of beneficiaries across different intervention areas.



To examine the programme's effectiveness in building confidence, empowerment, and self-reliance among women beneficiaries and ABHA workers.



To review the sustainability aspect of the programme and formulate strategic recommendations for enhancing long-term impact and scalability.

Data Sources

The assessment drew upon multiple data sources to ensure a comprehensive evidence base. Primary data was collected through a structured interview schedule administered to 220 ABHA programme beneficiaries, complemented by qualitative data gathered through Focus Group Discussions, Key Informant Interviews, and field observations. The structured survey captured quantitative responses across 18 indicator tables covering demographics, programme engagement, healthcare participation, community mobilisation, awareness effectiveness, empowerment, and satisfaction. Secondary data was sourced from project documents provided by TATA Power-DDL and implementing partners, including programme reports, activity records, and previous assessment findings. Government data on urban slum demographics, health indicators, and literacy rates in Delhi provided contextual benchmarks for interpreting programme outcomes.

Objectives of the study



To evaluate the role and performance of ABHA workers in facilitating last-mile delivery and strengthening the interface between the community and TATA Power-DDL's CSR initiatives.



To assess the extent of community engagement and participation across health, education, livelihood, and awareness intervention areas.

Project Snapshot



Name of the project

ABHA Programme



Donor / CSR Partner

TATA Power Delhi Distribution Limited (TATA Power-DDL)



Implementing Partners

- CADAM,
- PRAYAS
- SAVE
- MASS



Assessment Agency

SoulAce Consulting Pvt. Ltd.



Implementation

FY 2024-2025



Assessment Year

FY 2025-2026



Geography Covered

218 JJ clusters, resettlement colonies and underserved settlements in North and North-West Delhi.



Research Design Used

Descriptive Research Design (Mixed Methods)



Sampling Technique

Random and Purposive Sampling



Sample Size (N)

220 respondents



Beneficiaries

1,000



Project Budget

₹ 232.90 Lakh

Sampling Framework

The study sample comprised 220 respondents selected through the quota sampling method to ensure fair representation of various population groups and stakeholder categories across different clusters. The quota sampling approach was adopted to account for the heterogeneity of the target population across multiple JJ clusters, resettlement colonies, and village settlements within TATA Power-DDL's operational area. The sample was drawn from communities served by the three implementing partners, ensuring geographic and organisational representation. The sample size of 220 was sufficient to generate statistically meaningful findings across the 18 quantitative indicators measured in the survey.

Key Stakeholders Covered

- ABHA workers and community beneficiaries (primary survey respondents, N = 220)
- Programme Coordinators
- Project Heads/ Programme Managers at implementing NGOs
- Community women participating in FGDs
- TATA Power-DDL CSR team

Study Tools

The assessment employed a suite of structured and semi-structured research instruments to capture both quantitative and qualitative data. The primary data collection instrument was a Structured Interview Schedule designed for ABHA programme beneficiaries, comprising closed-ended survey questions aligned to the Key Performance Indicators identified from the project documents. These indicators were translated into measurable survey items covering demographic profiling, programme engagement, health camp participation, awareness effectiveness, empowerment, confidence, and satisfaction. A separate Interview Guide for Semi-Structured Interviews was developed for conducting Key Informant Interviews with programme coordinators and implementing partner heads, capturing operational insights, training modalities, monitoring mechanisms, and recommendations.

A Focus Group Discussion Guide was used to facilitate structured group discussions with community women, eliciting community-level perspectives on programme awareness, benefits, ABHA worker roles, and suggestions for improvement. Case Study Documentation protocols were used to record individual beneficiary transformation narratives with informed consent.

Commitment to Research Ethics

The study rigorously followed established ethical guidelines throughout the data collection and analysis process. Informed Consent was obtained from all participants prior to their involvement in the study. Each respondent was clearly briefed about the research objectives, methodology, potential risks, and anticipated benefits. Participants were encouraged to clarify doubts and had the full freedom to voluntarily decide whether to participate, ensuring transparency and respect for their autonomy. Confidentiality and Privacy were safeguarded through stringent data protection measures. All collected data was securely stored and restricted to authorised personnel only. Personal identifiers were either anonymised or replaced with codes to ensure anonymity, and no individually identifiable information was disclosed in the report. Voluntary Participation was ensured throughout the process, with no coercion or undue pressure applied to influence participation decisions. Ethical Treatment was maintained at all stages of the study, with participants treated with respect, dignity, and fairness, and offered all necessary support and assistance whenever required.

Data Validation and Interpretation Approach

Quantitative data was cleaned, coded, and analysed using frequency distributions and percentage calculations. All figures presented in the report are drawn strictly from the Analysis sheet of the Excel data file, with no recalculation, normalisation, or statistical adjustment applied. Qualitative data from FGDs, KIs, and case studies was thematically analysed and integrated within the interpretation of quantitative findings to provide contextual depth and explanatory richness. The convergence of quantitative and qualitative evidence streams ensured internal consistency of findings and strengthened the credibility of the assessment's conclusions.

PARTICIPATING IN SESSION



CHAPTER 4

KEY FINDINGS AND IMPACTS

This chapter presents a focused analysis of the data gathered from 220 respondents associated with the ABHA Programme through structured surveys, supported by insights from Focus Group Discussions and interviews with programme coordinators and implementing partners. The analysis highlights participant demographics, engagement patterns, training preferences, challenges in mobilisation, and measurable improvements in confidence, awareness, and empowerment. The findings reflect the programme's reach, relevance, and effectiveness in addressing the needs of underserved communities across the intervention areas in North and North-West Delhi.

Demographic Profile of Respondents

CHART 1: AGE-WISE DISTRIBUTION OF RESPONDENTS

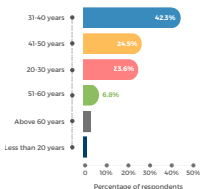


CHART 3: TOTAL NUMBER OF FAMILY MEMBERS

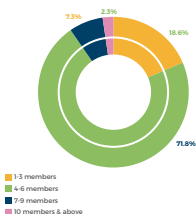


CHART 2: MARITAL STATUS OF RESPONDENTS

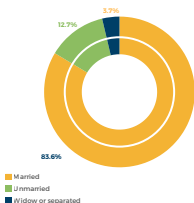


CHART 4: SOCIAL CATEGORY-WISE DISTRIBUTION OF RESPONDENTS

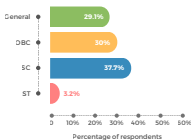
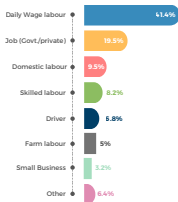
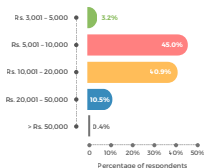


CHART 5: PRIMARY FAMILY OCCUPATION

CHART 6: MONTHLY FAMILY INCOME


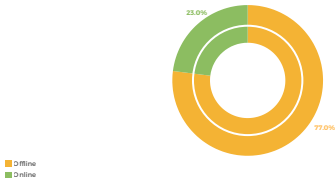
The demographic profile of the 220 respondents surveyed under the ABHA Programme is presented below in an infographic summary. The respondent base comprised community members across diverse age groups, social categories, marital statuses, and income brackets, reflecting the programme's inclusive outreach across JJ clusters, resettlement colonies, and villages within TATA Power-DDL's operational areas.

Respondents were predominantly married women in the 31-40 age group from moderate-sized, low-income households, with a substantial representation of marginalised communities and high reliance on informal livelihoods, indicating effective targeting of socio-economically vulnerable urban population.

Key Findings

The following section presents findings from the structured survey of 220 respondents, interpreted alongside insights gathered through Focus Group Discussions with community members and interviews with programme coordinators. Each finding is anchored in the quantitative evidence collected throughout the survey, with contextual understanding drawn from field-level interactions.

Finding 1: Preferred Mode of Training

CHART 7: PREFERRED TYPE OF TRAINING


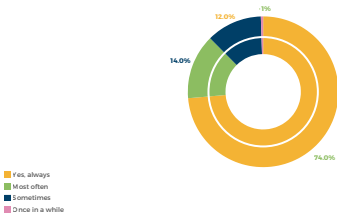
A substantial majority of respondents (76.8%) preferred offline training programmes, while 23.2% favoured online modes. The clear preference for in-person training reflected the community's comfort with face-to-face interactions, particularly among women with limited digital literacy and access to reliable internet connectivity in JJ cluster areas.

Responses from the Focus Group Discussion further suggested that offline sessions offered a more engaging and supportive learning environment, where women felt comfortable asking questions and interacting with facilitators. This pointed towards the critical role of physical training infrastructure, such as community centres and literacy classrooms, in sustaining programme participation.

During field interactions, programme coordinators observed that offline training sessions recorded higher attendance and more active participation compared to online sessions. The in-person format also enabled peer learning, where experienced ABHA workers guided newer participants through practical demonstrations and group activities.

Finding 2: Presence During Mobile Dispensary Visits

CHART 8: PRESENCE DURING MOBILE DISPENSARY VISITS IN THE AREA



A large majority of respondents (73.6%) reported being always present during mobile dispensary visits in their area, while 13.6% indicated they were present most often. A smaller proportion (12.3%) attended sometimes, and a negligible 0.5% participated only once in a while. The combined regular attendance rate (always and most often) stood at 87.2%, reflecting strong and consistent community engagement with the mobile healthcare service.

“

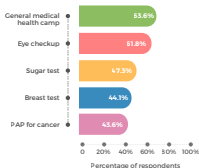
The mobile dispensary service helped my family a lot. Earlier we ignored small health issues, but now we know when and where to seek help.

- Archana, Young Mother and Community Member, ARADHYA

”

Finding 3: Participation in Medical Camps

CHART 9: MEDICAL CAMPS ASSISTED BY RESPONDENTS



Among the medical camps facilitated by ABHA workers, general medical health camps recorded the highest participation at 63.6%, closely followed by eye checkups at 61.8%. Sugar testing (47.3%), breast examinations (44.1%), and PAP tests for cancer screening (43.6%) also demonstrated significant uptake. The data reflected that preventive and diagnostic health services attracted consistent community engagement, with general and eye health services being the most widely accessed.

During field observations it was noted that ABHA workers systematically informed community members about upcoming health camp schedules through door-to-door visits and poster displays. This mobilisation effort was particularly effective for cancer screening camps, where initial community awareness had been low. The consistent participation across multiple health services indicated a shift towards proactive health-seeking behaviour among the target population.



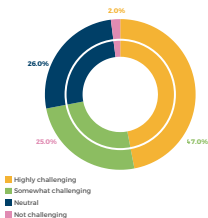
Annu, Active Community Participant, MASS Programme Area

Through the ABHA programme realised that even ordinary people can create change in their community. I feel proud when I help other women join these activities.



Finding 4: Challenges in Mobilising Women for Women Literacy Centres

CHART 10: CHALLENGES FACED IN MOBILISING WOMEN FOR WLC

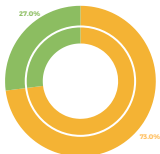


A significant proportion of respondents (46.8%) reported that mobilising women for the Women Literacy Centre (WLC) was highly challenging, while 24.5% found it somewhat challenging. Only 2.3% considered it not challenging, and 26.4% remained neutral. The combined proportion of those who experienced some level of difficulty (71.3%) underscored the persistence of socio-cultural and logistical barriers to women's participation in literacy programmes.

Responses from the Focus Group Discussion indicated that household responsibilities, resistance from family members, and seasonal employment pressures often prevented women from attending regular sessions. This reflected deeply entrenched gender norms within the target communities, where women's educational activities were frequently deprioritised in favour of domestic obligations. Despite these barriers, the sustained effort of ABHA workers in conducting door-to-door visits and building personal relationships with community members helped maintain enrolment and retention in the literacy programme.

Finding 5: Participation in Self-Help Group Meetings

CHART 11: PARTICIPATION IN SHG MEETINGS



■ Yes
■ No

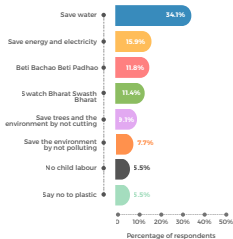
A large majority of respondents (73.2%) reported participating in Self-Help Group (SHG) meetings, while 26.8% did not. The high participation rate demonstrated strong community interest in collective savings and livelihood mechanisms facilitated through the programme.

Responses from programme coordinators indicated that SHG meetings provided women with a structured platform for financial literacy, savings mobilisation, and access to small credit. This pointed towards the programme's role in creating institutional linkages that extended beyond awareness generation to tangible economic participation. The 26.8% non-participation rate, however, suggested that barriers such as irregular income, lack of time, or limited understanding of SHG processes continued to restrict universal access to this component.

Field observations noted that SHG groups formed under the programme met regularly and maintained savings records. Programme coordinators reported that several SHG members had accessed small loans for livelihood activities, indicating the groups' progression towards financial self-sufficiency. The integration of SHG activities with the broader ABHA programme strengthened the economic dimension of community empowerment.

Finding 6: Types of Posters Created for Community Awareness

CHART 12: TYPES OF POSTERS CREATED FOR COMMUNITY AWARENESS

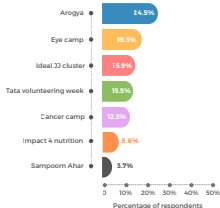


Among the awareness posters created by ABHA workers, the most frequently addressed theme was water conservation (34.1%), followed by energy and electricity conservation (15.9%), and Beti Bachao Beti Padhao (11.8%). Swachh Bharat Swasth Bharat (11.4%), environmental protection through tree conservation (9.1%) and pollution prevention (7.7%), elimination of child labour (5.5%), and anti-plastic awareness (5.5%) constituted the remaining themes.

The thematic distribution of posters reflected both the programme's alignment with national campaigns and the community's prioritisation of immediate livelihood concerns. Water conservation emerged as the dominant theme, consistent with the acute water scarcity challenges faced in JJ clusters. The presence of themes such as Beti Bachao Beti Padhao and Swachh Bharat indicated that ABHA workers actively supported national development messaging at the grassroots level. Responses from programme staff suggested that poster-making activities served a dual purpose: building awareness within the community while also developing the creative and communication capacities of ABHA workers themselves.

Finding 7: Mobilisation Support in TATA Power-DDL CSR Programmes

CHART 13: CSR PROGRAMS OF TATA POWER DDL SUPPORTED THROUGH MOBILISATION



ABHA workers provided mobilisation support across multiple CSR initiatives of TATA Power-DDL. The Arogya programme received the highest mobilisation support (24.5%), followed by eye camps (19.5%), Ideal JJ Cluster activities (15.9%), and Tata Volunteering Week (15.5%). Cancer camps (12.3%), Impact4Nutrition (8.6%), and Sampurn Ahar (3.7%) also received community mobilisation assistance.

The distribution of mobilisation support revealed that health-focused initiatives (Arogya, eye camps, and cancer camps combined at 56.3%) received the most substantial ABHA engagement, consistent with the community's immediate healthcare needs. The support extended to Ideal JJ Cluster activities and Tata Volunteering Week further demonstrated the versatility of ABHA workers as grassroots connectors between corporate CSR initiatives and community participation. Responses from implementing partners confirmed that ABHA workers acted as critical last-mile facilitators, ensuring that information about CSR activities reached the most underserved households.

“

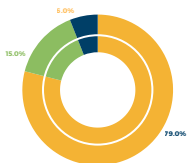
The ABHA programme has brought positive change in our community. It has helped women like me understand our strength and importance.

- Bina, Mother and Community Member, ABHA Programme Area

”

Finding 8: Overall Satisfaction with the Programme

CHART 14: OVERALL SATISFACTION WITH THE PROGRAM



- Highly Satisfied
- Somewhat Satisfied
- Neutral

An overwhelming majority of respondents (79.5%) expressed high satisfaction with the overall programme, while 15.0% were somewhat satisfied. Only 5.5% remained neutral. The cumulative satisfaction rate of 94.5% (combining highly and somewhat satisfied) indicated broad-based approval of the programme's design, delivery, and outcomes.

Responses from the Focus Group Discussion suggested that the satisfaction stemmed not only from the services provided but also from the sustained, respectful, and community-centred approach adopted by ABHA workers and implementing partners. This reflected that beneficiaries valued the quality of engagement as much as the specific interventions themselves.

DISCUSSION WITH BENEFICIARY

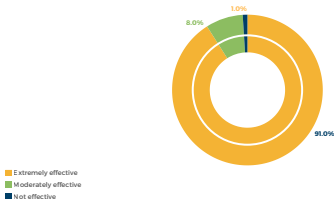


Key Impact

The following section presents the impact indicators derived from the quantitative survey of 220 respondents, interpreted in conjunction with qualitative evidence gathered through field interactions. Each impact finding is directly traceable to the programme's intervention areas and reflects measurable change attributable to the ABHA Programme.

Impact 1: Effectiveness of Safe Drinking Water Awareness

CHART 15: OVERALL SATISFACTION WITH THE PROGRAM



An overwhelming majority of respondents (91.4%) rated the safe drinking water awareness campaigns as extremely effective, while 8.2% found them moderately effective. A negligible proportion (0.4%) considered the campaigns not effective. The cumulative effectiveness rate of 99.6% represented near-universal positive appraisal of this intervention component.

FGD indicated that community members had adopted practices such as water filtration and boiling, and had begun sharing these practices with neighbours. This reflected a cascading awareness effect, extending the programme's reach beyond direct beneficiaries to the wider community.

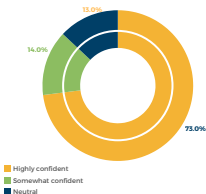
A total of 93.2% of respondents reported feeling more respected by their families and communities as ABHA workers, indicating that their role in awareness campaigns, including safe drinking water initiatives, enhanced both their social standing and the credibility of the messages they disseminated.

FGD WITH BENEFICIARY



Impact 2: Confidence Gained from Programme Involvement

CHART 16: CONFIDENCE LEVEL AFTER INVOLVEMENT IN MULTIPLE PROGRAMS

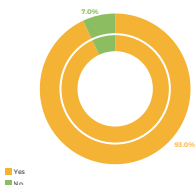


A substantial majority of respondents (73.2%) reported feeling highly confident after their involvement in the programme, while 13.6% felt somewhat confident. A smaller proportion (13.2%) remained neutral regarding confidence gains. The combined positive response rate (highly and somewhat confident) stood at 86.8%, indicating that the programme made a significant contribution to building the self-assurance of participants.

Programme coordinators confirmed that ABHA workers who had been associated with the programme for extended periods, showed markedly improved communication skills, leadership abilities, and a stronger sense of responsibility towards community welfare. This transformation was particularly significant given the socio-economic profile of the respondents, the majority of whom belonged to lower-income households with limited prior opportunities for skill development or public engagement.

Impact 3: Perceived Respect from Family and Community

CHART 17: PERCEIVED RESPECT FROM FAMILY AND COMMUNITY AS AN ABHA WORKER

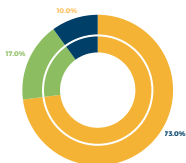


A dominant majority of respondents (93.2%) reported feeling more respected by their families and communities as a result of their role as ABHA workers, while 6.8% did not perceive a change in respect. The high positive response rate reflected a significant social transformation accompanying the programme's implementation.

FGD indicated that family members, including husbands and in-laws, began valuing the ABHA workers' contribution after observing the respect accorded to them by community members and programme staff. This pointed towards a gradual but meaningful shift in gender dynamics within the household and community.

Impact 4: Level of Empowerment and Self-Reliance After the Programme

CHART 18: OVERALL SATISFACTION WITH THE PROGRAM



- Highly empowered
- Somewhat empowered
- Somewhat empowered

A majority of respondents (73.2%) reported feeling highly empowered and self-reliant after their participation in the programme. An additional 17.3% felt somewhat empowered, while 9.5% remained neutral. The combined positive empowerment response rate stood at 90.5%, demonstrating the programme's substantial contribution to building individual agency among participants.

Discussion with implementing partner revealed that women who had progressed through the programme showed increased participation in household decision-making, financial management, and community leadership. This reflected that the programme's interventions operated not merely at the knowledge level but translated into tangible shifts in women's autonomy and self-efficacy.

INTERACTION WITH KEY STAKEHOLDERS



Case Studies



CASE STUDY 1: A NEW BEGINNING FOR MANJU

Pre-Intervention

Manju, a 32-year-old resident of the CADAM-served community, experienced limited mobility and social isolation due to low educational attainment and substantial household responsibilities. Her engagement with the community was minimal, and she lacked confidence in interpersonal interactions.

Intervention

An ABHA worker conducted community outreach and introduced Manju to the Women Literacy Centre and associated health awareness sessions. Despite initial hesitation, she began attending sessions, where she received foundational literacy training alongside exposure to essential health and hygiene practices.

Post-Intervention

By the time of assessment, Manju had acquired basic reading and writing skills, enabling her to read simple messages and support her children's education. She also demonstrated increased confidence and social participation, actively encouraging other women in her neighbourhood to enrol in the programme. Her role evolved from a passive beneficiary to a community mobiliser.

Key Learnings

- Structured outreach through trusted community workers can mitigate resistance to participation among adult women.
- Integrating literacy with health awareness fosters sustained engagement.
- Beneficiary empowerment can catalyse peer-led diffusion and expand programme reach organically.



DURING SESSION WITH BENEFICIARIES





CASE STUDY 2: STRENGTHENING HEALTHCARE ACCESS FOR ARCHNA

Pre-Intervention

Archna, a young mother of two in the ARADHYA area, faced significant barriers in accessing healthcare services for her children. Financial constraints and limited awareness resulted in delayed medical check-ups and low utilisation of available preventive healthcare services.

Intervention

Under the ABHA programme implemented by ARADHYA, community outreach by an ABHA worker informed Archna about Mobile Dispensary services operating in her locality. She was encouraged to attend health check-ups and awareness sessions, through which she received regular guidance on child nutrition, hygiene practices, and preventive healthcare.

Post-Intervention

At the time of assessment, Archna demonstrated improved healthcare-seeking behaviour, ensuring regular health check-ups for her children. She also actively disseminated health-related information among other mothers in the community, indicating a sustained behavioural shift towards preventive healthcare practices.

Key Learnings

- Doorstep healthcare services, combined with consistent outreach, can improve healthcare utilisation among economically disadvantaged women.
- Community health workers play a critical intermediary role in bridging information and access gaps.
- Positive beneficiary experiences can drive peer-led advocacy for preventive healthcare within communities.



A BENEFICIARY'S JOURNEY





CASE STUDY 3: BUILDING ASPIRATIONS AND SKILLS – NISHA'S JOURNEY

Pre-Intervention

Nisha, a young woman in the SAVE programme area, had completed basic schooling but lacked access to skill development and livelihood opportunities. She remained confined to household responsibilities, with limited avenues to pursue her aspirations or contribute economically.

Intervention

Through the ABHA programme implemented by CADAM, Nishawas informed aboutvocational training opportunities for womenin her community. Encouraged by programme outreach,she enrolled in a skill development course, gaining access to structured training aimed at enhancing employability.

Post-Intervention

At the time of assessment, Nisha had acquired new technical skills and reported a marked increase in confidence and self-worth. She expressed a clear intention to utilise her skills for income generation and to motivate other young women in her community, reflecting enhanced agency and future orientation.

Key Learnings

- Integrating community outreachwith vocational trainingenables access to livelihood pathwaysfor young women with limited opportunities.
- Skill development contributes not only to economic readiness but also to confidence and personal empowerment.
- Community workersplay a critical role in connecting beneficiaries to opportunities that may otherwise remain inaccessible.



STAKEHOLDER INTERACTION



KEY CHALLENGES AND BARRIERS



Persistence of Socio-Cultural Barriersto Women's Participation

As evidenced by the survey data, 71.3% of respondents reported facing challenges (highly or somewhat challenging) in mobilising women for the Women Literacy Centre. Deep-rooted gender norms, household responsibilities, and familial resistance continued to restrict women's participation in educational and community activities. Sustained behaviour change communication and family-oriented sensitisation emerged as necessary complements to direct outreach.



Ad-hoc Monitoring Mechanisms

The programme relied primarily on group messages, calls, and periodic field supervision for tracking progress. As noted during interviews with programme coordinators, the absence of a structured, technology-driven monitoring system limited the ability to consistently evaluate ABHA workers' performance and programme outcomes at the individual cluster level.



Safety Concerns During Fieldwork

Responses from implementing partners indicated that ABHA workers occasionally encountered hostile or uncooperative community members during field visits. Without formal safety protocols or support systems, such situations posed risks to effective community engagement and worker well-being.

GROUP ENGAGEMENT WITH WOMEN BENEFICIARIES



IMPACT CREATED ACROSS MULTIPLE LEVELS



INDIVIDUAL LEVEL

- 73.2% of respondents reported high confidence gains, reflecting enhanced self-assurance and personal growth among women beneficiaries.
- Skill development through literacy, vocational, and digital training improved functional capabilities and self-efficacy.
- 91.4% rated safe drinking water awareness as extremely effective, indicating greater health knowledge and proactive engagement.



FAMILY LEVEL

- 93.2% reported increased respect from family members, pointing towards improved intra-household gender dynamics.
- Participation in SHC meetings (73.2%) contributed to household income and financial decision-making capacity.
- Health awareness translated into improved family health practices, as evidenced by the high mobile dispensary attendance (87.2% regular attendance).



COMMUNITY LEVEL

- ABHA workers served as grassroots leaders, mobilising communities for health, education, and awareness programmes across 218 JJ clusters.
- Awareness campaigns on water conservation, sanitation, and social issues fostered collective responsibility and behavioural change.
- 73.2% SHC participation rate indicated the development of community-level savings and mutual support networks.



INSTITUTIONAL LEVEL

- Structured partnerships with three implementing NGOs enhanced service delivery capacity.
- Community infrastructure such as literacy centres, vocational training centres, and mobile dispensary access points provided enduring institutional platforms.
- 94.5% overall satisfaction indicated strong institutional trust in the programme and its delivery mechanisms.

05. OECD FRAMEWORK



Relevance



Coherence



Effectiveness



Efficiency



Impact



Sustainability



RELEVANCE

The ABHA Programme addressed deep and interconnected deprivations in urban slum settlements of North and North-West Delhi, where residents faced persistent exclusion from basic health, education, and livelihood systems. At the national and city levels, urban slum populations continue to experience low literacy, especially among women, alongside limited access to primary healthcare, safe water, sanitation, and stable income opportunities. These conditions reinforce cycles of vulnerability and restrict upward mobility. The programme responded through an integrated, community-based approach that combined women's literacy, doorstep healthcare, skill development, financial inclusion through self-help groups, and awareness on health and sanitation. By engaging local women as facilitators and focusing on underserved clusters, the intervention ensured that services reached households that are typically excluded, while aligning closely with the priority needs of the community.



COHERENCE

The programme aligned with SDG 1 (No Poverty), SDG 3 (Good Health and Well-Being), SDG 4 (Quality Education), SDG 5 (Gender Equality), SDG 6 (Clean Water and Sanitation), and SDG 8 (Decent Work and Economic Growth). The programme was consistent with national priorities on adult literacy, women's empowerment, nutrition, skill development, digital inclusion, and climate awareness, aligning with key government missions and policy frameworks.



EFFECTIVENESS

The programme largely met its proposed objectives across healthcare, community engagement, and economic participation. Access to healthcare improved substantially, with 87.2% of respondents regularly attending mobile dispensary services and strong uptake of health camps, including general check-ups (63.6%) and eye screenings (61.8%). Awareness outcomes were also high, with 99.6% of respondents reporting the safe drinking water campaign as effective. Community mobilisation was sustained across multiple intervention areas, while 73.2% participation in SHG meetings indicated strong engagement with livelihood and financial inclusion activities.



EFFICIENCY

The programme utilised human and material resources efficiently by leveraging local community women as frontline workers and partnering with existing NGOs, which enabled wide coverage without creating parallel systems. It relied on community spaces for literacy sessions, mobile units for healthcare delivery, and local venues for camps, reducing infrastructure costs while improving access. Community-led models, such as SHC involvement in resource management, further strengthened ownership and reduced external dependency. However, efficiency was constrained by the absence of a structured, technology-enabled monitoring system and a relatively long training cycle, indicating scope for optimisation in tracking and onboarding processes.



IMPACT

The programme generated strong immediate impacts in terms of increased confidence, empowerment, and social recognition among participants, alongside high satisfaction levels. It also improved health awareness and service utilisation, reflected in widespread adoption of preventive practices and regular engagement with healthcare services. Over the long term, the programme established pathways for sustained change through community leadership development, women's economic participation via SHGs, and gradual shifts in social and health-related behaviours that extended



SUSTAINABILITY

change was evident in sustained adoption of improved health and hygiene practices and continued uptake of preventive healthcare. Community ownership was high, driven by the engagement of local women as frontline workers and the emergence of a grassroots leadership pipeline. Resilient infrastructure was created through functional literacy centres, training spaces, and community-based service delivery platforms. Knowledge transfer and capacity building strengthened local human capital, equipping participants with transferable skills in mobilisation, health awareness, and coordination. The programme also reinforced community institutions, particularly SHGs, which functioned as durable platforms for financial inclusion and collective action, with scope to further strengthen systems for monitoring and worker safety.



Relevance



Cohesive



Effectiveness



Efficiency



Impact



Sustainability

CHAPTER 6

RECOMMENDATIONS

The following recommendations are grounded in the quantitative findings from the survey of 220 respondents, the challenges identified by programme coordinators and implementing partners during Key Informant Interviews, the community-level observations recorded during the Focus Group Discussion, and the operational gaps noted through field observations.



Recommendation 1: Introduce Family-Oriented Sensitisation to Address WLC Mobilisation Barriers

Evidence Basis: 71.3% of respondents reported facing challenges in mobilising women for WLC (46.8% highly challenging, 24.5% somewhat challenging). FGD participants identified household responsibilities and familial resistance as primary barriers.

The programme can introduce structured family sensitisation sessions targeting male household members and elder family members in each cluster. These sessions can be conducted alongside existing community meetings or health camps, reducing the need for additional logistics. By involving families in understanding the value of women's literacy, the programme can gradually reduce resistance and create a more supportive home environment for WLC participation. The sessions can draw upon the programme's existing poster-making model, with family-focused awareness materials developed by ABHA workers themselves.



Recommendation 2: Expand SHG Outreach to Non-Participating Segments

Evidence Basis: 26.8% of respondents did not participate in SHG meetings. Programme coordinators noted that irregular income and limited understanding of SHG processes acted as barriers to participation.

The programme can develop a targeted SHG awareness drive specifically designed for the 26.8% non-participating segment. This drive can include simplified orientation sessions that explain the savings-credit cycle in accessible, non-technical language. ABHA workers who are already SHG members can serve as peer educators, sharing their personal experiences of financial benefits gained through group participation. The programme can also consider introducing flexible SHG meeting schedules, including weekend or evening sessions, to accommodate women engaged in daily wage labour who reported difficulty attending during standard working hours.

FGD CONDUCTED WITH BENEFICIARIES





Recommendation 3: Implement a Digital Monitoring and Reporting System

Evidence Basis: The programme relied on group messages, telephone calls, and periodic field supervision for progress tracking. The absence of standardised KPIs and digital monitoring tools was noted during field observations and confirmed by programme coordinators across all implementing NGOs.

The programme can develop and deploy a simple, mobile-based monitoring application that enables ABHA workers to record daily activities, community visits, health camp attendance, and beneficiary interactions in real time. The application can generate automated monthly progress dashboards for each cluster, replacing the current ad-hoc reporting mechanism. Standardised Key Performance Indicators, such as households visited per week, health camp attendance mobilised, WLC session participation tracked, and SHG meeting regularity, can be built into the system. This digital infrastructure can also support the programme's data collection needs for future impact assessments, creating a longitudinal evidence base.

MULTI-STAKEHOLDER ENGAGEMENT TO ASSESS PROJECT OUTCOMES



CHAPTER 7

CONCLUSION

The ABHA Programme, spearheaded by TATA Power-DDL, functioned as a highly relevant, community-driven intervention addressing multi-dimensional deprivation across North and North-West Delhi's resettlement colonies. By strategically leveraging trained community women as grassroots facilitators, the initiative has effectively bridged critical service gaps in women's literacy, primary healthcare access, and localized environmental awareness. The assessment data indicates substantial positive outcomes, most notably in heightened beneficiary confidence, increased community respect for the ABHA workers, and widespread satisfaction with the service delivery model. To maximize future efficacy, ensure sustainability, and accurately measure long-term impact, standardizing digital monitoring frameworks and refining targeted mobilization strategies will be essential operational upgrades as the program continues to scale.



TATA POWER-DDL

TATA POWER DELHI DISTRIBUTION LIMITED (TATA POWER-DDL)

IMPACT ASSESSMENT REPORT

Vocational Training Programme *CSR Initiative by*

**TATA POWER
DELHI DISTRIBUTION LTD**



 **SoulAce**
Path to Sustainability

SOULACE CONSULTING PVT. LTD.

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01. ABBREVIATIONS

CSR	Corporate Social Responsibility
DAV	Dayanand Anglo-Vedic
DDU-GKY	Deen Dayal Upadhyaya Grameen Kaushalya Yojana
FGD	Focus Group Discussion
FY	Financial Year
GST	Goods and Services Tax
ITI	Industrial Training Institute
M&E	Monitoring and Evaluation
NCT	National Capital Territory
NGO	Non-Governmental Organisation
NSQF	National Skill Qualification Framework
OECD-DAC	Organisation for Economic Co-operation and Development - Development Assistance Committee
PMEGP	Prime Minister's Employment Generation Programme
PMKVY	Pradhan Mantri Kaushal Vikas Yojana
RS	Rupees
SDG	Sustainable Development Goal

SWOT Strengths, Weaknesses, Opportunities, Threats

**TATA
POWER-
DDL** Tata Power Delhi Distribution Limited

VT Vocational Training

VTC Vocational Training Centre

EXECUTIVE SUMMARY

Project Background

The Tutorial Centre is a key part of the Tata Power DDL-ARADHYA Vocational Training cum Tutorial Centre Project, launched in Tata Power Delhi Distribution Limited (Tata Power-DDL), a joint venture between Tata Power and the Government of NCT of Delhi, commissioned SoulAce Consulting Pvt. Ltd. to conduct an independent Impact Assessment of its Vocational Training Programme for the assessment year FY 2025-26. Tata Power- DDL is responsible for the distribution of electricity across North and North West Delhi, serving over seven million consumers across approximately 510 square kilometres. The company's CSR vision is anchored in community development, with a focus on education, health, livelihood enhancement, and environmental sustainability. The Vocational Training Programme was conceptualised to address the skills and employment gap among unemployed youth and women from economically weaker sections across the company's coverage area. Implemented through 11 NGO partners across North and North-West Delhi, the programme operated vocational training centres offering free, market-relevant skill training in trades such as basic computer education, cutting and tailoring, beauty and wellness, nail technology, data entry operations, Tally and GST, and hospitality. The programme combined core vocational training with supplementary life-skills sessions covering personality development, communication, grooming, and interview preparation to enhance holistic employability among beneficiaries. With a project budget of Rs. 326.14 Lakhs and a total of 6,492 beneficiaries, the programme aimed to promote economic participation, self-reliance, and women's empowerment through community-based skill development across the districts of North and North West Delhi.

Project Details



Implementation Year

FY 2024-25



Assessment Year

FY 2025-26



No. of Beneficiaries

6,492



Project location

North and North West Delhi (including Shalimar Bagh, Bawana, Narela, Badli, Rohini, Mangolpuri, Pitampura, Kirari, Civil Lines, Model Town, Keshav Puram, and Moti Nagar)



Budget

326.14 Lakhs



Implementing Partner

Aradhya Foundation



Alignment with SDGs



Alignment with National Programmes

- National Skill Development Mission
- Pradhan Mantri Kaushal Vikas Yojana (PMKVY)
- National Policy for Skill Development and Entrepreneurship, 2015
- Deen Dayal Upadhyaya Grameen Kaushalya Yojana (DDU-GKY)

Project Activities

Operated vocational training centres across North and North West Delhi through NGO partners



Delivered courses in basic computer education, cutting and tailoring, beauty and wellness, nail technology, data entry, Tally and GST, hospitality, and related trades



Provided supplementary life-skills training covering personality development, soft skills, communication, grooming, interview preparation, and personal management

Facilitated job placement support and livelihood linkages for course completers

Conducted community outreach and mobilisation for beneficiary enrolment.

Administered regular assessment and certification of trained beneficiaries



Collected monitoring data and trainee feedback for programme improvement

Design Snapshot



Project Name

Vocational Training Programme



Sampling Methodology

Purposive Sampling



Research Design

Cross-sectional, Mixed Methods



Sample Size

260 Beneficiaries

Key Findings



47.7%

of beneficiaries were unemployed and 45.4% were studying prior to joining the programme.



91.2%

of respondents rated the infrastructure facilities at vocational training centres as excellent, reflecting the quality of the learning environment.



84.2%

of beneficiaries reported that practical training sessions were highly useful, highlighting the programme's emphasis on hands-on skill development.



81.9%

of trainees received personality development training in addition to their core vocational course, contributing to holistic skill-building.



88.1%

of respondents reported that their feedback was taken very seriously by the VT centre management, indicating strong responsiveness.



69.6%

of beneficiaries found the training materials provided to be highly useful for their learning.



61.2%

of surveyed beneficiaries had completed their courses, while 34.6% were still continuing their training at the time of assessment.



71.1%

of beneficiaries who completed their courses secured employment, demonstrating the programme's effectiveness in improving employability.

Key Impacts



86.2%

of beneficiaries rated the learning process as highly impactful, reflecting the programme's educational value



86.2%

of course completers expressed high confidence in understanding required trade skills after vocational training.



87.4%

of course completers reported high confidence in their communication skills post-training.



89.9%

of course completers reported feeling highly empowered after completing the course.



83.2%

of employed beneficiaries reported being highly self-reliant after securing employment through the programme.



84.1%

of employed beneficiaries reported high improvement in their living standards after securing employment.



87.6%

of employed beneficiaries reported that their parents were extremely happy with their contribution to family income.



93.1%

of course completers reported gaining recognition within their family and community.



79.6%

of employed beneficiaries received placement support from the centre, indicating a strong placement facilitation mechanism



92.3%

of all surveyed beneficiaries expressed being extremely happy about being part of the vocational training programme.



81.1%

of placed beneficiaries received their job placement within 45 days of course completion.

CHAPTER 1

INTRODUCTION



Participants of vocational training program

Corporate Social Responsibility (CSR) has evolved into a strategic imperative for organisations seeking to create sustainable social value alongside business growth. In India, the mandate under Section 135 of the Companies Act, 2013 has catalysed structured CSR investments across sectors including education, health, livelihoods, and skill development. Vocational training, in particular, has emerged as a critical intervention for bridging the gap between unemployment and employability among marginalised communities. This report presents the findings of an independent Impact Assessment of the Vocational Training Programme supported by Tata Power Delhi Distribution Limited (Tata Power-DDL), conducted by SoulAce Consulting Pvt. Ltd. for the assessment year FY 2025-26.

ABOUT TATA POWER DELHI DISTRIBUTION LIMITED (TATA POWER-DDL)

Tata Power Delhi Distribution Limited (Tata Power-DDL) is a joint venture between Tata Power and the Government of NCT of Delhi, responsible for the distribution of electricity across North and North West Delhi. Serving over seven million consumers across an area of approximately 510 square kilometres, Tata Power-DDL has consistently demonstrated its commitment to both operational excellence and social responsibility. The company's CSR vision is anchored in community development, with a focus on education, health, livelihood enhancement, and environmental sustainability. Through its CSR initiatives, Tata Power-DDL has invested in programmes that promote women's empowerment, skill development, digital literacy, and community health, reaching thousands of beneficiaries across the districts of Shalimar Bagh, Bawana, Narela, Badli, Rohini, Mangolpuri, Pitampura, Kirari, Civil Lines, Model Town, Keshav Puram, and Moti Nagar.

ABOUT THE IMPLEMENTING AGENCIES

The Vocational Training Programme is implemented through 11 NGO partners across North and North-West Delhi. These organisations work at the grassroots level to deliver market-relevant skill training to unemployed youth and women from economically weaker sections. The partner NGOs operate vocational training centres (VTCs) across the coverage area, offering courses in trades such as basic computer education, cutting and tailoring, beauty and wellness, nail technology, data entry operations, Tally and GST, hospitality, and other skill-based programmes. The training centres provide a structured learning environment with qualified trainers, practical sessions, and supplementary life-skills training covering personality development, communication, grooming, and interview preparation. Together, these implementing partners serve as the operational backbone of the programme, ensuring last-mile delivery of skill development to the target communities.

INTERACTION WITH BENEFICIARIES



CHAPTER 2

BACKGROUND AND PROJECT CONTEXT

NEED FOR THE PROGRAMME

India's demographic dividend presents both an opportunity and a challenge. With a large working-age population, particularly in urban and semi-urban areas, the gap between available employment and employable skills remains significant. In the communities served by Tata Power-DDL across North and North West Delhi, a substantial proportion of youth and women from economically weaker sections lacked access to formal skill training and employment pathways. Many women remained confined to household responsibilities due to the absence of vocational opportunities, while school dropouts and unemployed youth faced limited options for sustainable livelihoods. The Vocational Training Programme was conceptualised to address this skills gap by providing free, market-relevant training through community-based centres, thereby enhancing employability, promoting self-reliance, and supporting economic participation among marginalised groups.

PROJECT OBJECTIVES



To provide market-relevant vocational skill training to unemployed youth and women from economically weaker sections



To enhance the employability of beneficiaries through hands-on practical training and industry-aligned curriculum



To promote women's economic empowerment and self-reliance through skill development



To facilitate job placement and livelihood linkages for trained beneficiaries



To build holistic capacity through supplementary life-skills training including personality development, communication, grooming, and interview preparation



To create a sustainable model of community-based skill development through partnerships with local NCOs

PROJECT ACTIVITIES



Operated vocational training centres across North and North West Delhi through NGO partners



Delivered courses in basic computer education, cutting and tailoring, beauty and wellness, nail technology, data entry, Tally and GST, hospitality, and related trades



Provided supplementary life-skills training covering personality development, soft skills, communication, grooming, interview preparation, and personal management



Facilitated job placement support and livelihood linkages for course completers



Conducted community outreach and mobilisation for beneficiary enrolment



Administered regular assessment and certification of trained beneficiaries



Collected monitoring data and trainee feedback for programme improvement

GROUP PHOTO WITH BENEFICIARIES DURING VOCATIONAL TRAINING PROGRAM



CHAPTER 4

RESEARCH METHODOLOGY

Research Design

The study adopted a cross-sectional research design employing a mixed-methods approach. The quantitative component comprised a structured survey of 260 beneficiaries, while the qualitative component included Focus Group Discussions (FGDs), Field Observation Reports, and Case Studies. This design enabled a comprehensive assessment of the programme's reach, effectiveness, and impact on the target beneficiaries.

Objectives of the study



To assess the relevance and reach of the Vocational Training Programme among the target population



To evaluate the quality of training delivery, infrastructure, and course content



To measure the employment and livelihood outcomes of trained beneficiaries



To assess the overall impact of the programme on beneficiary empowerment, self-reliance, and quality of life



To identify strengths, gaps, and areas for improvement in programme design and implementation

Data Sources

Primary data was collected through structured questionnaire-based surveys administered to 260 beneficiaries of the Vocational Training Programme.

This was supplemented by qualitative data gathered through a Focus Group Discussion with 50 beneficiaries, a Field Observation Report based on visits to training centres managed by the implementing partners, and five detailed Case Studies documenting individual beneficiary experiences. Secondary data was sourced from project documents including the CSR Projects Checklist, programme reports, and operational information provided by Tata Power-DDL and the implementing agencies.

Project Snapshot



Project Name

Vocational Training Programme



Supported by

Tata Power Delhi Distribution Limited (Tata Power-DDL)



Implementing Partners

11 NGO partners across North and North-West Delhi.



Research Design Used

Cross-sectional, Mixed Methods



Sampling Technique

Purposive Sampling



Sample Size

260 Beneficiaries



Project Location

North and North West Delhi



Assessment Period

FY 2025-26



Total Beneficiaries

6,492



Project Budget

Rs. 326.14 Lakhs

Key Stakeholders



Tata Power Delhi Distribution Limited (Tata Power-DDL) - Funding Organisation



Vocational Training Centre (VTC) Trainers and Staff



Programme Beneficiaries (Youth and Women)



Community Members and Families of Beneficiaries

Study Tools

The primary data collection instruments included a structured survey questionnaire administered to 260 beneficiaries, a Focus Group Discussion (FGD) guide used with a group of 50 beneficiaries, a Field Observation checklist for assessing training centre operations, and a Case Study protocol for documenting individual beneficiary experiences.

Ethical Considerations

All data collection activities were conducted with the informed verbal consent of the respondents. Participation in the survey and FGDs was entirely voluntary, and respondents were assured of the confidentiality of their responses. The research team maintained neutrality throughout the data collection process, ensuring that responses were not influenced or prompted. All identifying information of individual respondents has been anonymised in the report, except where beneficiaries provided explicit consent for the use of their names in case studies and testimonials.

Data Validation and Interpretation Approach

Quantitative data was cross-verified for consistency and completeness prior to analysis. Qualitative inputs from FGDs, field observations, and case studies were used to contextualise and enrich the quantitative findings, ensuring a robust and evidence-based interpretation throughout the report.

CHAPTER 4

KEY FINDINGS AND IMPACTS

Demographic Profile of Beneficiaries

The demographic profile of the surveyed beneficiaries provided a baseline understanding of the population reached by the Vocational Training Programme. A total of 260 beneficiaries were surveyed. The majority of respondents (47.7%) were below 20 years of age, followed closely by the 20-30 years age group (45.4%), indicating that the programme primarily served young beneficiaries. Female beneficiaries constituted 76.5% of the sample, reflecting the programme's strong focus on women's empowerment and skill development. In terms of social category, 43.8% belonged to the General category, followed by Scheduled Castes (38.8%) and Other Backward Classes (15.8%). The educational profile indicated that 30.0% of respondents had completed higher secondary education, while 25.4% were graduates. The monthly family income distribution revealed that the largest segment (26.2%) earned between Rs. 10,001 and Rs. 15,000, and 47.7% of beneficiaries were unemployed prior to joining the programme.

CHART 1: AGE DISTRIBUTION

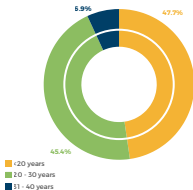


CHART 2: GENDER DISTRIBUTION

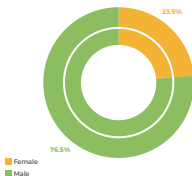


CHART 3: SOCIAL CATEGORY

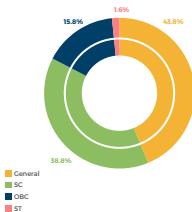
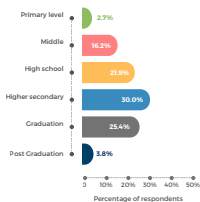
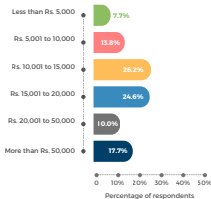
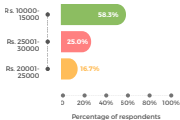
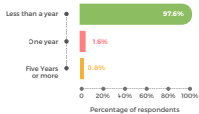


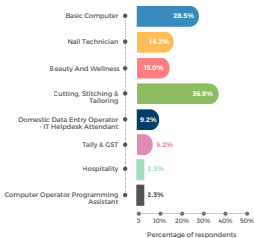
CHART 4: EDUCATIONAL QUALIFICATION**CHART 5: MONTHLY FAMILY INCOME (₹)****Pre-Intervention Scenario**
CHART 6: OCCUPATIONAL STATUS BEFORE JOINING THE COURSE**CHART 7: MONTHLY INCOME BEFORE JOINING THE COURSE (FOR PREVIOUSLY EMPLOYED BENEFICIARIES)****CHART 8: DURATION OF UNEMPLOYMENT BEFORE JOINING THE COURSE**

The pre-intervention scenario established the baseline conditions of beneficiaries prior to their enrolment in the Vocational Training Programme. Nearly half of the respondents (47.7%) were unemployed at the time of joining, while 45.4% were still pursuing their studies.

Among the small proportion of previously employed beneficiaries (12 respondents), 58.3% earned between Rs. 10,000 and Rs. 15,000 per month. For those who were unemployed before joining, an overwhelming 97.6% had been unemployed for less than a year, suggesting that the programme reached individuals early in their period of unemployment.

Key Findings

CHART 9: VOCATIONAL TRAINING COURSES ATTENDED (MULTIPLE RESPONSES)



The programme offered a diverse range of vocational courses to cater to varying interests and market demands. Basic Computer and Cutting, Stitching and Tailoring emerged as the most popular courses, each attended by 28.5% of the respondents. Nail Technician (16.2%) and Beauty and Wellness (15.0%) were the next most enrolled trades, followed by Domestic Data Entry Operator (9.2%) and Cutting and Tailoring (8.5%). Tally and GST (6.2%), Hospitality (2.3%), and computer operator programming assistant (2.3%) accounted for the remaining enrolments. The distribution reflected a balanced mix of technology-oriented and traditional skill-based courses, aligning with the local employment landscape.

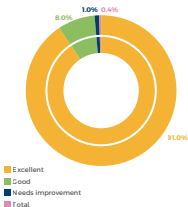
I had never touched a computer before joining this centre. This course started from the very basics and the trainer was very patient. Now I can type letters and use the internet on my own.

– Rajkumari, Age 36, Narela

During field visits, it was observed that courses such as sewing machine training and computer education were being conducted effectively at the training centres. Trainers were actively guiding students through both theoretical and practical learning sessions. The breadth of course offerings indicated responsiveness to community demand and local labour market needs.

Awareness of the vocational training course was mainly spread through informal social networks, with 55.0% of respondents reporting friends as their primary source of information. Family members (16.5%) and neighbours (16.5%) were also important sources, showing the influence of close social circles on participation. In contrast, formal sources such as teachers (11.2%) and Women Literacy Centres (0.8%) played a limited role.

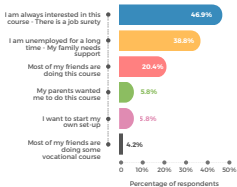
CHART 10: INFRASTRUCTURE FACILITIES AT THE VOCATIONAL TRAINING CENTRE



An overwhelming 91.2% of respondents rated the infrastructure facilities at the vocational training centres as excellent, while 8.0% rated them as good. Only a marginal 0.4% indicated a need for improvement, and an equal proportion remained neutral. This near-universal satisfaction with infrastructure pointed towards well-maintained and adequately equipped training centres that provided a conducive learning environment for beneficiaries

Field observations confirmed that the training centres managed by the partner NGOs were functioning smoothly with adequate infrastructure and learning facilities. The training environment was well organised, and students appeared motivated, engaged, and interested in gaining skills for future employment. The observation was consistent across the centres visited

CHART 11: MOTIVATION FOR ATTENDING THE TRAINING



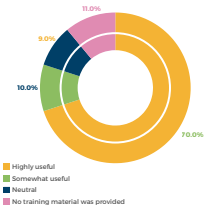
The most frequently cited motivation for attending the training was genuine interest in the course and perceived job surety, reported by 46.9% of respondents. This was followed by 38.8% who were driven by unemployment and the need to support their families financially. Peer influence also played a role, with 20.4% joining because their friends were enrolled in the same course. A smaller proportion joined at their parents' behest (5.8%) or with the aspiration of starting their own enterprise (5.8%). The findings reflected a combination of intrinsic interest and economic necessity as the primary drivers of programme participation

"My friend Kavitawas already doing the nail technician course, and she kept telling me how good the trainers were. I was sitting at home doing nothing after failing my twelfth board exams. So I joined the course

— Deepa Chauhan, Age 19, Nail Technician, Badli

Participants in the Focus Group Discussion shared that they learnt about the programme through community mobilisers, local NGOs, and word-of-mouth in their neighbourhoods. Most participants belonged to economically weaker sections and were interested in improving their livelihood opportunities, which aligned with the survey findings on motivation.

CHART 12: USEFULNESS OF TRAINING MATERIALS PROVIDED

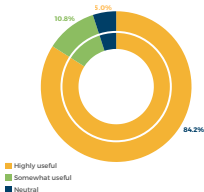


A significant 69.6% of beneficiaries reported that the training materials provided were highly useful, while 10.0% found them somewhat useful, and 8.9% were neutral. However, 11.5% of respondents indicated that no training material was provided to them. While the overall assessment of material quality was positive, the proportion reporting non-receipt of materials represented an area warranting attention in programme delivery.

The notes they gave us on Tally and GST were very helpful. I used to get confused between different voucher types, but the handout explained each one with examples

– Mohd. Arif, Age 23, Tally and GST, Pitampura

CHART 13: USEFULNESS OF PRACTICAL TRAINING SESSIONS



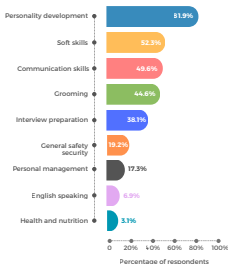
The practical training component received a highly positive assessment, with 84.2% of respondents rating the sessions as highly useful and 10.8% rating them as somewhat useful. Only 5.0% remained neutral. The strong endorsement of practical training underscored the programme's emphasis on hands-on skill development, which was critical for equipping beneficiaries with market-ready competencies.

During the FGD, participants expressed satisfaction with the training facilities, trainers, and learning environment. Practical training sessions were considered particularly helpful for skill development, with beneficiaries reporting that they gained tangible, applicable skills such as sewing and garment stitching, basic computer operations, and customer service skills.

This training gave me a new identity. Now I can support my family and feel proud of my abilities.

- Kanchan, Beneficiary, Sewing Machine Training

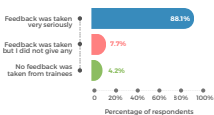
CHART 14: LIFE SKILLS TRAINING RECEIVED APART FROM MAIN COURSE



Beyond core vocational skills, the programme delivered a comprehensive suite of life-skills training. Personality development was the most widely received supplementary training, reported by 81.9% of respondents, followed by soft skills (52.3%), communication skills (49.6%), and grooming (44.6%). Interview preparation was received by 38.1% of respondents, while general safety and security (19.2%), personal management (17.3%), English speaking (6.9%), and health and nutrition (3.1%) constituted additional components. The breadth of supplementary training indicated a holistic approach to capacity- building that extended beyond technical skill acquisition.

The field observation confirmed that the programme included financial literacy sessions, life-skills training, and leadership development sessions, which helped participants improve their confidence and decision- making abilities. This holistic approach contributed to a more rounded development experience for the beneficiaries.

CHART 15: CONSIDERATION OF TRAINEE FEEDBACK BY THE VT CENTRE MANAGEMENT

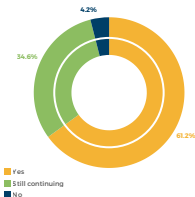


A robust 88.1% of respondents reported that their feedback was taken very seriously by the VT centre management. A further 7.7% indicated that feedback was collected though they did not provide any, while only 4.2% stated that no feedback was taken from trainees. The high proportion of beneficiaries affirming that their feedback was valued reflected a responsive and participatory management approach at the training centres.

Once I mentioned to the trainer that we needed more practice on hair styling before the exam. The next week, they added two extra practical sessions just for us.

– **Anita Paswan, Age 26, Beauty and Wellness, Narela**

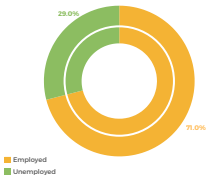
The finding indicated that the programme had established effective feedback loops between trainees and centre management. Responsiveness to trainee input not only enhanced the quality of training delivery but also fostered a sense of ownership and engagement among beneficiaries

CHART 16: COURSE COMPLETION STATUS

At the time of the assessment, 61.2% of surveyed beneficiaries had completed their courses, while 34.6% were still continuing their training. A small proportion of 4.2% had not completed their courses. The high continuation rate, combined with the substantial completion rate, reflected strong programme retention and beneficiary commitment to completing the training. Respondents reported that they did not pay any fee for the training course, indicating that the training was provided entirely free of cost. The expected cost for a similar training course at another institution ranged approximately between Rs. 5,000 and Rs. 15,000, with an average estimated amount of approximately Rs. 10,500.

Certification was perceived as highly important by the majority of course completers, with 89.3% of respondents considering it extremely important. A further 9.4% reported it as somewhat important, while only 1.3% remained neutral.

Some FGD participants mentioned challenges including limited transportation options and family responsibilities affecting attendance. Despite these barriers, the low dropout rate suggested that the programme's value proposition, supported by free training and quality delivery, was strong enough to sustain beneficiary participation.

CHART 17: EMPLOYMENT STATUS AFTER COMPLETION OF THE COURSE

Among the 159 beneficiaries who had completed their courses, 71.1% secured employment, while 28.9% remained unemployed. The employment rate of over 70% among course completers was a significant outcome, demonstrating the programme's effectiveness in translating skill training into tangible livelihood outcomes.

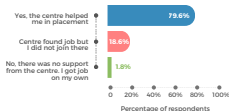
Among respondents who were placed and accepted jobs, 51.1% reported not facing any job-related challenges. Among those who did face challenges, 46.7% reported that the centre provided support by attempting to place them in another job, while a very small proportion (2.2%) did not approach the centre for assistance.

The employment outcome was further reinforced by the finding that 81.1% of placed beneficiaries received their job placement within 45 days of course completion, and 57.5% reported earning a monthly salary in the range of Rs. 10,000 to Rs. 15,000. The rapid placement timeline and income levels indicated effective linkage between training and employment opportunities.

Earlier I was afraid of computers. Now I feel confident using them and learning new things every day.

- **Rajkumari, Beneficiary, Computer Training, Age 36**

CHART 18: SUPPORT FROM THE CENTRE FOR JOB PLACEMENT



Among the 113 beneficiaries who secured employment after course completion, 79.6% reported that the centre helped them in placement. An additional 18.6% indicated that the centre found them a job but they chose not to join and subsequently found jobs on their own. The strong placement facilitation by the training centres pointed towards a well-established ecosystem of industry linkages and job-matching support.

"I received three job options from the centre within two weeks of completing my course. I picked the one closest to my home because I have small children

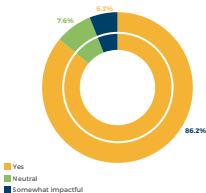
- **Geeta Yadav, Age 33, Basic Computer Training, Shalimar Bagh**

Among respondents who were placed by the centre, a majority (81.1%) secured employment within 45 days of course completion. A further 17.1% obtained placements within three months, while only 1.8% took up to six months. These findings indicate that most beneficiaries were able to access employment opportunities within a relatively short period after completing the training.

The finding highlighted the importance of placement support as an integral component of the vocational training model. Beneficiaries who received centre-mediated placement were more likely to secure employment quickly, as evidenced by the rapid placement timelines reported. The small proportion who declined centre-placed jobs may have had alternative preferences or opportunities.

Key Impact

CHART 19: IMPACTFULNESS OF THE LEARNING PROCESS IN THE COURSE



A decisive 86.2% of all surveyed beneficiaries rated the learning process in the course as highly impactful. An additional 6.2% found it somewhat impactful, while 7.6% remained neutral.

The overwhelming endorsement of the learning process reflected the quality and relevance of the training content, delivery methodology, and trainer competence in creating a meaningful educational experience for the beneficiaries.

In the tailoring class, we started with a straight line on paper, then moved to cloth, then to actual garments. Each step built on the last

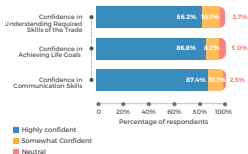
– Usha Kumari, Age 35, Cutting, Stitching and Tailoring, Kirari

The programme's emphasis on both theoretical and practical learning sessions, as observed during field visits, contributed to this high perceived impact. Trainers were observed actively guiding students, and the learning environment was described as organised and conducive. Beneficiaries reported gaining tangible skills that were directly applicable to their employment and livelihood aspirations.

ASSESSING IMPACT OF VOCATIONAL TRAINING



CHART 20: LEVEL OF CONFIDENCE IN TRADE SKILLS, COMMUNICATION, AND ACHIEVING LIFE GOALS AFTER VOCATIONAL TRAINING



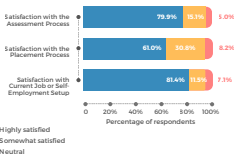
Among the 159 beneficiaries who had completed their courses, confidence levels were consistently high across all three dimensions assessed. In understanding required trade skills, 86.2% reported being highly confident. Confidence in achieving life goals after vocational training was reported by 86.8% of respondents, while 87.4% expressed high confidence in their communication skills. The marginal differences across these dimensions indicated that the programme's impact on confidence was holistic, extending beyond technical skill acquisition to encompass broader life competencies.

I speak to customers at the parlour every day, I explain treatments and prices, and I handle complaints calmly

– Neelam Rawat, Age 23, Beauty and Wellness, Model Town

The confidence-building impact was consistent with the programme's integrated approach that combined core vocational training with supplementary life-skills sessions in personality development, communication, and grooming. Beneficiaries' enhanced confidence in multiple dimensions suggested that the programme contributed to a transformative shift in their self-perception and aspirations

CHART 21: SATISFACTION WITH ASSESSMENT, PLACEMENT, AND EMPLOYMENT OUTCOMES AFTER VOCATIONAL TRAINING

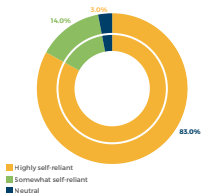


Satisfaction levels varied across the three post-training stages. Among course completers (N=159), 79.9% were highly satisfied with the assessment process, and 15.1% were somewhat satisfied. Regarding the placement process, 61.0% were highly satisfied, with a notably higher neutral response of 30.8%. Among employed beneficiaries (N=113), 81.4% were highly satisfied with their current job or self-employment setup. The relatively lower satisfaction with the placement process, compared to the assessment and employment stages, suggested an opportunity to further strengthen the transition between course completion and employment.

I am happy with my current job because it matches exactly what I learnt during training. The company I work at uses the same Tally software I practised on at the centre

– **Rahul Paswan, Age 22, Tally and GST, Pitampura**

CHART 22: LEVEL OF SELF-RELIANCE AFTER VOCATIONAL TRAINING



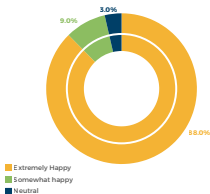
Among the 113 employed beneficiaries, 83.2% reported being highly self-reliant after securing employment through the programme. An additional 14.2% described themselves as somewhat self-reliant, while only 2.6% remained neutral. The high level of self-reliance reflected the programme's success in not only facilitating employment but in fostering economic independence and autonomy among its beneficiaries.

Before the training, my entire family depended on my father's auto-rickshaw income. Now I contribute every month from my job

– **Mohd. Saleem, Age 21, Hospitality, Shalimar Bagh**

The transition from unemployment and economic dependency to self-reliance represented a fundamental shift in the beneficiaries' socioeconomic condition. Women who once remained confined to household responsibilities were now actively participating in income-generating activities and contributing to their families. This shift was particularly significant in the context of the programme's focus on women's economic empowerment.

CHART 23: PARENTS' HAPPINESS WITH BENEFICIARY'S CONTRIBUTION TO FAMILY INCOME

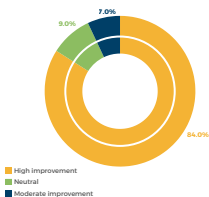


An overwhelming 87.6% of employed beneficiaries reported that their parents were extremely happy with their contribution to family income. A further 8.8% reported their parents as somewhat happy, and 3.6% remained neutral. The high level of parental satisfaction indicated that the programme's impact extended beyond the individual beneficiary to positively affect the broader family unit. Beneficiaries' ability to contribute financially to their households enhanced family welfare and strengthened intergenerational support.

My mother was happy when I gave her my first salary. She said she never imagined that her daughter would earn money and bring it home. She tells all the neighbours about my job now

– **Ritu Sharma, Age 23, Beauty and Wellness, Bawana**

CHART 24: IMPROVEMENT IN LIVING STANDARD AFTER SECURING EMPLOYMENT

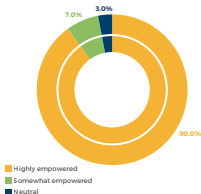


Among employed beneficiaries, 84.1% reported high improvement in their living standards after securing employment, while 7.1% reported moderate improvement and 8.8% remained neutral. The substantial improvement in living standards was a direct consequence of the transition from unemployment to gainful employment, facilitated by the programme's training and placement support

After I got my job, the first thing I did was buy a proper study table and a lamp for my younger sister

– **TarunPal, Age 23, DomesticData Entry Operator, Keshav Puram**

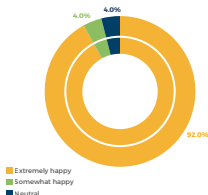
The improvement in living standards was further contextualised by the finding that 57.5% of employed beneficiaries earned between Rs. 10,000 and Rs. 15,000 per month and 23.0% earned more than Rs. 15,000, with 70.8% expressing satisfaction with their current salary. For families where the primary occupation included daily wage labour or self-employment, the beneficiary's stable income represented a significant enhancement to household financial security.

CHART 25: SENSE OF EMPOWERMENT AFTER COMPLETING THE COURSE

A substantial 89.9% of course completers reported feeling highly empowered after completing the vocational training. An additional 6.9% felt somewhat empowered, while 3.2% remained neutral. The sense of empowerment, reported by over 96% of completers, encompassed not only economic dimensions but also enhanced self-confidence, social recognition, and expanded life choices.

After completing the course, I started taking tailoring orders and contributing to my household income. I noticed a positive change in how my family and community began to respect me

– Sarita Kumari, Age 29, Sewing Machine Training, Kirari

CHART 26: OVERALL HAPPINESS IN BEING PART OF THE VOCATIONAL TRAINING PROGRAMME

The overwhelming happiness reported by beneficiaries was further corroborated by the finding that 93.1% of course completers gained recognition within their family and community after completing the training. The programme's impact thus extended from individual skill development and employment to broader social recognition and familial well-being.

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This training gave me the courage to believe that I can build a better life for myself.

– Lakshmi Rani, Age 26, Cutting, Stitching and Tailoring, Rohini

KEY CHALLENGES AND BARRIERS

The assessment identified the following challenges and barriers that affected programme delivery and beneficiary outcomes:



Beneficiaries reported limited transportation options and family responsibilities as barriers to regular attendance during Focus Group Discussions.



Participants expressed the need for more advanced training modules beyond the existing course offerings, suggesting a demand for progression pathways.

LESSONS LEARNED



Free, community-based delivery removes enrolment barriers: Eliminating cost and placing VTCs within communities directly expanded reach among women (76.5%) and economically weaker households who lacked access to formal skill training.



Holistic training outperforms standalone vocational instruction: Integrating life skills, personality development, and communication training alongside technical courses was critical to building the confidence (87.4%) and empowerment (89.9%) that enabled beneficiaries to act on their skills.



Placement support is decisive, but the placement process needs continuous strengthening: Active centre-mediated placement drove a 71.1% employment rate, yet lower satisfaction with the placement process (61.0%) compared to employment satisfaction (81.4%) revealed friction in the job-matching transition.



Income generation creates cascading family and community benefits: Employed respondents reported parental happiness (87.6%), improved living standards (84.1%), and community recognition (93.1%), confirming that individual skilling produces multiplier effects across households.



Rapid placement timelines prevent skill erosion and sustain motivation. With 81.1% of placements occurring within 45 days, swift employment linkages proved essential for beneficiaries from low-income households where extended gaps risked regression to pre-training conditions.



CASE STUDY 1: SUNITA DEVI - STITCHING A PATH OUT OF POVERTY

Before the Programme

Sunita Devi, a 28-year-old married woman from Bawana, lived with her husband and two young children in a single-room rented accommodation. Her husband worked as a daily wage labourer at a nearby construction site, earning between Rs. 8,000 and Rs. 10,000 per month depending on the availability of work. During lean months, the family struggled to pay rent and meet basic household expenses. Sunita had completed her schooling up to the tenth standard but had no exposure to any vocational or technical skill. She spent her days managing household chores and looking after her children, with no source of independent income.

Intervention

Through a community mobiliser associated with the vocational training centre operated by Aradhya Foundation, Sunita learnt about the free cutting, stitching, and tailoring course supported by Tata Power-DDL. The centre was located within walking distance of her home, which made it possible for her to attend classes after finishing her morning household responsibilities. Over the course of the training, Sunita learnt machine handling, fabric cutting, measurement techniques, and garment construction. The trainers guided her through progressively complex tasks, beginning with basic hemming and advancing to full garment assembly.

After the Programme

After completing the course, Sunita began accepting stitching orders from women in her neighbourhood. She started with simple alterations and gradually moved to stitching full suit sets and school uniforms. Within three months, she had built a small but steady clientele through word-of-mouth referrals. She now earns approximately Rs. 7,000 to Rs. 9,000 per month from home-based tailoring work, supplementing her husband's irregular income.

Learnings

- Home-based self-employment through tailoring provided a viable income pathway for women who preferred or needed to work near their homes
- Progressive skill-building from basic to advanced techniques within the course enabled beneficiaries to take on increasingly complex and higher-value work after completion



VOCATIONAL TRAINING PROGRAM





CASE STUDY 2: MOHD. ARIF - FROM FAILED EXAMS TO A STEADY CAREER

Before the Programme

Mohd. Arif, a 23-year-old young man from Pitampura, had completed his graduation in commerce but had been unable to secure employment for over eight months. He had appeared for several competitive examinations but had not cleared any. His father ran a small grocery shop that generated just enough income to cover the family's basic expenses, and the pressure of being an unemployed graduate weighed heavily on Arif. He had considered taking up daily wage work, but his family discouraged him, hoping he would eventually find a job that matched his educational qualification.

Intervention

A friend who was enrolled in the Tally and GST course at a vocational training centre supported by Tata Power-DDL encouraged Arif to join. Initially sceptical about the value of a short-term vocational course, Arif visited the centre and spoke with the trainers, who explained the employment prospects associated with accounting and taxation skills. He enrolled in the course, which covered Tally software operations, GST return filing, voucher entry, ledger management, and basic financial accounting. The training was entirely practical, conducted on computers at the centre, and the trainers provided printed reference materials that Arif found particularly useful for revision.

After the Programme

Upon completing the course, Arif received placement support from the centre. Within three weeks, he was placed at a small accounting and tax consultancy firm in Rohini as a junior accounts assistant. He started at a monthly salary of Rs. 12,000. His role involved maintaining client ledgers, filing GST returns, and preparing invoices using Tally software. Arif now contributes to the family's monthly expenses. Arif plans to pursue further certification in advanced accounting to grow in his career.

Learnings

- Short-term vocational courses provided a practical employment pathway for educated but unemployed youth who had been unable to secure jobs through conventional routes
- Industry-specific technical training in Tally and GST addressed a tangible market demand, enabling rapid placement within weeks of course completion
- Centre-mediated placement support was critical in bridging the gap between course completion and employment for beneficiaries who lacked professional networks or job search experience



BENEFICIARIES ENGAGED



05. EVALUATION BASED ON OECD FRAMEWORK



Relevance



Coherence



Effectiveness



Efficiency



Impact



Sustainability



RELEVANCE

The programme demonstrated high relevance to the needs of the target population. With 47.7% of beneficiaries unemployed and 45.4% still studying prior to enrolment, the intervention addressed a clear skills and employment gap. The course offerings aligned with local market demand, and the programme's focus on women (76.5% female beneficiaries) and economically weaker sections was well-targeted. The free provision of training further enhanced accessibility for the most marginalised.



COHERENCE

The programme demonstrated strong alignment with the United Nations Sustainable Development Goals, contributing to SDG 1 (No Poverty), SDG 4 (Quality Education), SDG 5 (Gender Equality), SDG 8 (Decent Work and Economic Growth), and SDG 10 (Reduced Inequalities).



At the national level, the programme's objectives aligned with the National Skill Development Mission, the Pradhan Mantri Kaushal Vikas Yojana (PMKVY), the National Policy for Skill Development and Entrepreneurship 2015, and Deen Dayal Upadhyaya Krishi Kaushalya Yojana (DDU-CKY).



EFFECTIVENESS

The programme achieved strong outcomes against its objectives. The 71.1% employment rate among course completers, 79.6% placement support, and 81.1% placement within 45 days indicated effective programme delivery. The high satisfaction rates across infrastructure (91.2%), practical training (84.2%), and feedback mechanisms (88.1%) further demonstrated programme effectiveness.

**EFFICIENCY**

The programme demonstrated strong efficiency in resource utilisation. With a budget of Rs. 326.14 Lakhs and 6,492 beneficiaries, the per-beneficiary cost was competitive. The free training represented significant value delivery. Community outreach through ABHA, local NGOs, and word-of-mouth further minimised enrolment costs while ensuring targeted reach.

**IMPACT**

The programme demonstrated strong impact across multiple dimensions. Beneficiaries reported high levels of empowerment (89.9%), self-reliance (83.2%), improvement in living standards (84.1%), and parental happiness (87.6%). The 93.1% community recognition rate and 92.3% overall happiness indicated deep and wide-ranging programme impact. The confidence-building effect across trade skills, life goals, and communication further underscored the transformative nature of the intervention.

**SUSTAINABILITY**

The programme demonstrated moderate sustainability potential. The high employment rate and self-reliance levels suggested that individual-level outcomes were likely to endure. The programme invested in knowledge transfer and capacity building through its integrated training model combining technical skills with life skills, financial literacy, and leadership development.



Relevance

Coherence

Effectiveness

Efficiency

Impact

Sustainability

CHAPTER 8

RECOMMENDATIONS



Introducing Post-Placement Tracking and Retention Support

The programme can respond to early job attrition by introducing structured post-placement tracking at 30, 90, and 180 days. Regular follow-ups can help identify workplace challenges, provide counselling, and enable re-placement support, while an alumni network can facilitate peer learning and mentorship.



Expanding Advanced and Progressive Training Modules

The programme can introduce tiered training pathways that enable progression from basic to advanced levels within trades, aligned with beneficiary demand. Advanced modules and certifications can enhance employability and support career advancement.



Addressing Transportation and Attendance Barriers

The programme can improve attendance by introducing flexible batch timings and exploring decentralised training delivery through satellite centres. It can also consider transport support or allowances to reduce access barriers.



Aligning Course Curricula with Labour Market Demands

The programme can undertake periodic labour market assessments to update course offerings and align curricula with evolving industry needs. Engagement with industry stakeholders can ensure relevance and improve placement outcomes.



Standardising Outcome Measurement and Impact Tracking

The programme can adopt a standardised framework to track key indicators such as completion, employment, retention, and salary progression. A digital tracking system can support real-time monitoring, consistent reporting, and data-driven decision-making.

CHAPTER 9

CONCLUSION

The Vocational Training Programme supported by Tata Power-DDL established a credible model of community-based skill development that meaningfully enhanced the employability, economic empowerment, and quality of life of its beneficiaries. With high employment rate among course completers, high levels of self-reliance, empowerment, and community recognition, the programme exhibited measurable impact aligned with SDG 1, 4, 5, 8, and 10.



TATA POWER-DDL

IMPACT ASSESSMENT REPORT

OF

WOMEN LITERACY PROGRAMME



 **SoulAce**
Path to Sustainability

SOULACE CONSULTING PVT. LTD.

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ABBREVIATIONS

ABHA	Aarogya Bharati Health Ambassador
APL	Above Poverty Line
BPL	Below Poverty Line
CSR	Corporate Social Responsibility
DAC	Development Assistance Committee
FGD	Focus Group Discussion
FY	Financial Year
JJ	Jhuggi-Jhopri
KII	Key Informant Interview
MASS	Matrix Society
NCT	National Capital Territory
NFHS	National Family Health Survey
NIOS	National Institute of Open Schooling
NRLM	National Rural Livelihoods Mission
OBC	Other Backward Classes
OECD	Organisation for Economic Co-operation & Development
SC	Scheduled Caste
SDGs	Sustainable Development Goals
SHG	Self-Help Group
ST	Scheduled Tribe

TPDDL	Tata Power Delhi Distribution Limited
UPI	Unified Payments Interface
VTC	Vocational Training Centre
WLC	Women Literacy Centre

EXECUTIVE SUMMARY

Project Background

The Women Literacy Programme, supported by Tata Power Delhi Distribution Limited (TPDDL) under its CSR initiative 'Saathi', was implemented across North and North-West Delhi to address the critical literacy gap among women residing in Jhuggi-Jhopri (JJ) clusters and resettlement colonies. A substantial proportion of women in these settlements had never received formal education, limiting their ability to engage in daily activities such as reading, writing, financial management, and supporting their children's education. The programme was delivered through a community-based model wherein 350 Women Literacy Centres (WLCs) operated from the homes of local instructors across 12 districts of North and North-West Delhi. Three NGO partners, namely Aradhya, Prayas, SAVE and MASS, implemented the programme on the ground, conducting basic literacy and numeracy classes, awareness sessions on health, hygiene, nutrition, and sanitation, financial literacy training, digital literacy sessions, and community engagement activities. The programme employed a computer-based functional literacy curriculum designed for adult learners with no prior exposure to formal education. In FY 2024-25, 22,754 beneficiaries successfully completed the programme. Tata Power Delhi Distribution Limited assigned SoulAce Consulting Pvt. Ltd. to conduct an independent impact assessment of the programme for FY 2024- 25 to evaluate its effectiveness in improving literacy, empowerment, confidence, self-reliance, decision-making, and economic participation among women beneficiaries.

Project Details



Implementation Year

FY 2024-2025



Assessment Year

FY 2025-2026



Number of Beneficiaries

22,754



No. of Beneficiaries

1,600



Project location

Shalimar Bagh, Bawana, Narela, Badli, Rohini, Mangolpuri, Pitampura, Kirari, Civil Lines, Model Town, Keshav Puram, and Moti Nagar (Districts of North and North-West Delhi)



Budget

Rs. 243.6 Lakhs



Implementing Partner

Aradhya, Prayas, SAVE and MASS

Project Activities



Conducted community mobilisation and outreach for identification and enrolment of beneficiaries from JJ clusters and resettlement colonies.



Established and operated 350 Women Literacy Centres (WLCs) across North and North-West Delhi through local instructors.



Delivered basic literacy and numeracy training through a computer-based functional literacy curriculum.



Organised life skills and awareness sessions on health, hygiene, nutrition, sanitation, and women's rights.



Provided financial literacy training covering savings, budgeting, banking services, and digital payment mechanisms.



Conducted digital literacy and technology awareness sessions on mobile phone usage, UPI payments, and basic online services.



Facilitated community meetings, group discussions, and bi-monthly rallies on social issues including child marriage, domestic violence, and health awareness.



Supported the formation and strengthening of Self-Help Groups (SHGs) with training on group governance, savings management, and collective decision-making.



Delivered skill development and motivation activities including stitching, beautician training, and entrepreneurship awareness.



Conducted assessments and awarded certificates of completion to beneficiaries upon course completion.



Implemented monitoring, progress tracking, and periodic review mechanisms for programme quality assurance.

Alignment with SDG Goals



Alignment with National Programmes



Beti Bachao Beti Padhao: Supported women's education and empowerment in underserved communities.



Skill India: Contributed to skill development and employability enhancement among marginalised women.



National Literacy Mission/ Saakshar Bharat: Complemented national functional literacy goals for adult women.



Pradhan Mantri Jan Dhan Yojana: Facilitated bank account opening and financial inclusion through SHG formation and financial literacy training.



National Rural Livelihoods Mission (NRLM): Reinforced community-based financial inclusion through SHG strengthening and group savings mechanisms.

Design Snapshot



Project Name

Women Literacy Programme



Sampling Methodology

Purposive and random sampling



Research Design

Descriptive research design with mixed-methods approach



Sample Size

270

Key Findings



81.9%

of respondents attended literacy classes regularly, reflecting strong programme engagement.



70.0%

reported learning language skills, followed by mobile usage and reading books (35.6% each) and financial literacy (34.8%).



79.3%

found computer-based teaching easy and interesting, confirming the effectiveness of the pedagogical approach.



80.8%

rated the learning materials and stationery provided as useful.



84.1%

expressed satisfaction with the assessment process, and 78.9% reported pride in receiving the certificate of completion.



90.7%

became members of Self-Help Groups (SHGs) after the programme, with 75.5% attending meetings regularly.



83.7%

of SHG members found the training received useful for financial literacy and group management.



93.0%

participated in community rallies organised under the programme.

Key Impacts



58.1%

reported the ability to read newspapers, and 51.1% could read letters and numbers after the programme.



89.6%

reported increased involvement in their children's education, representing a significant intergenerational impact.



95.9%

participated in family decision-making (always: 60.0%; sometimes: 35.9%), reflecting enhanced household agency.



82.6%

expressed confidence in travelling alone, indicating improved mobility and independence.



81.9%

reported confidence in expressing opinion on public platforms and in community meetings.



79.6%

reported feeling empowered and self-reliant after the programme.



88.5%

felt appreciated by family and friends, and 90.4% perceived greater respect within their communities.



19.3%

achieved economic activation post-programme, with 11.9% securing employment and 7.4% starting businesses.



77.0%

were unemployed before joining the programme, and 55.6% reported difficulty in finding work owing to illiteracy.



78.1%

reported that class timing and location were mutually decided, reflecting a participatory implementation approach.



24.4%

gained the ability to receive UPI payments, and 29.6% could perform calculations with ease.



84.1%

were satisfied with the overall programme, with no respondent expressing dissatisfaction.

INTERACTION WITH BENEFICIARY



CHAPTER 1

INTRODUCTION



Group interaction with women beneficiaries

In the marginalised communities of North and North-West Delhi, a substantial number of women residing in Jhuggi-Jhopri (JJ) clusters and resettlement colonies have never received formal education. Socio-economic barriers, cultural constraints, and limited opportunities have left many women illiterate, restricting their ability to engage in daily activities such as reading, writing, financial management, and supporting their children's education. Recognising this challenge, the Women Literacy Programme was launched to help these women achieve functional literacy, enabling them to lead more independent and empowered lives. The programme provides basic education, life skills, financial literacy, digital awareness, and health education through a network of community-based Women Literacy Centres (WLCs), addressing the fundamental need for women's empowerment, financial inclusion, and increased community participation.

ABOUT TATA POWER DDL

Tata Power Delhi Distribution Limited (TPDDL) is a joint venture between the Government of the National Capital Territory (NCT) of Delhi and Tata Power Company Limited, which holds a 51% stake. Since 2002, TPDDL has served over 7 million people across North and North-West Delhi, combining reliable power distribution with a strong commitment to social responsibility. Through its CSR initiative 'Saathi', TPDDL empowers over 1.5 million underprivileged individuals in 223 JJ clusters across its licensed area. The company's social development portfolio encompasses Women's Literacy Centres, Vocational Training Centres, Tutorials, Mobile Dispensaries, Drug De-addiction Camps, and Energy Conservation and Safety Initiatives. In FY 2024-25, TPDDL's Women Literacy Programme reached 22,754 beneficiaries through 350 WLCs with a budget of ₹243.6 lakhs. Aligned with the Tata Group's philosophy of giving back to the community, TPDDL integrates sustainability into its operations, focusing on climate change mitigation and energy-efficient technology while continuing to make a significant impact in the communities it serves through targeted social and environmental responsibility initiatives.

ABOUT NGO PARTNER – ARADHYA

Aradhya (Actionfor Resource Development in Health Educationby Youth Association)

Aradhya is a non-governmental, non-profit organisation established in 1999 under the Society Registration Act of 1860, with the mission of harnessing the potential and power of the people to help them integrate into mainstream society. With four years of association with the Women Literacy Programme, Aradhya operated 35 WLCs across Shakti Nagar JJ clusters and Pitampura JJ clusters in New Delhi. The organisation works with charitable bodies, government agencies, and educational institutions to promote social justice, education, and community development, primarily in urban slums and socioeconomically disadvantaged areas. Under the programme, Aradhya delivered basic literacy and numeracy training, financial literacy, digital awareness, health education, and community mobilisation activities, supported by trained instructors and a structured monitoring mechanism. Aradhya has been a TPDDL partner since 2006 and has expanded similar initiatives to Madhya Pradesh, Jharkhand, and Uttar Pradesh.

PRAYAS

Prayas is a non-governmental organisation engaged in the welfare and development of marginalised communities, with a focus on education, women's empowerment, and community development. The organisation has been associated with the Women Literacy Programme for four years, operating WLCs in the Sultanpuri area of North-West Delhi. Under the programme, Prayas conducted basic literacy classes, awareness sessions on health, hygiene, nutrition, and sanitation, financial literacy training, digital literacy sessions, community meetings, and skill development activities. The instructors received orientation and capacity-building training on adult learning methods, lesson planning, classroom management, and community engagement, with regular review meetings and refresher sessions to ensure programme quality. The organisation's objective under the programme was to promote women's education, empowerment, and holistic community development among the most underserved populations.



INTERACTION WITH BENEFICIARY

CHAPTER 2

BACKGROUND AND PROJECT CONTEXT

Need for the Programme

India's female literacy rate, while steadily improving, continues to lag behind male literacy, particularly among women from economically weaker sections and urban informal settlements. The National Family Health Survey (NFHS-5) reported a female literacy rate of 71.5% nationally, compared to 87.4% for males. In Delhi, despite relatively higher overall literacy rates, women residing in JJ clusters in North and North-West districts remain disproportionately affected by illiteracy. These women face multi-dimensional deprivation: their inability to read and write constrains access to employment, financial services, healthcare information, government welfare schemes, and civic participation. Illiteracy also impedes their capacity to support their children's education, manage household finances, and assert their rights and entitlements.

The Women Literacy Programme was conceived to address this fundamental gap by establishing community-based literacy centres in the heart of underserved settlements. By targeting women who had been historically excluded from formal education, the programme sought to build functional literacy, numeracy, and life skills that would enable them to navigate daily life with greater independence, confidence, and agency. The intervention was particularly relevant given that 77.0% of the surveyed beneficiaries were unemployed before joining the programme, 55.6% reported difficulty in finding work, and 33.0% lacked confidence to interact with authorities.

Programme Objectives



To establish Women Literacy centres dedicated to educating women from marginalised communities through a computer-based functional literacy programme in JJ clusters, resettlement colonies, and villages of North and North-West Delhi.



To make women functionally literate for their basic daily needs, including reading, writing, numeracy, and document comprehension.



To impart financial literacy, enabling women to manage household finances, access banking services, and participate in savings and credit mechanisms.



To build awareness on health, hygiene, nutrition, sanitation, women's rights, and government welfare schemes.



To enhance digital literacy by introducing women to mobile phone usage, digital payments, and basic online services.



To foster social confidence, community participation, and decision-making capacity through group interactions, community meetings, and rallies.



To promote women's empowerment, self-reliance, and independence, enabling them to contribute more actively to family and community welfare.



To facilitate the formation and strengthening of Self-Help Groups (SHGs) for collective savings, credit access, and mutual support.

Programme Activities



Conducted community mobilisation and outreach for identification and enrolment of beneficiaries from JJ clusters and resettlement colonies.



Established and operated 350 Women Literacy Centres (WLCs) across North and North-West Delhi through local instructors.



Delivered basic literacy and numeracy training through a computer-based functional literacy curriculum.



Organised life skills and awareness sessions on health, hygiene, nutrition, sanitation, and women's rights.



Provided financial literacy training covering savings, budgeting, banking services, and digital payment mechanisms.



Conducted digital literacy and technology awareness sessions on mobile phone usage, UPI payments, and basic online services.



Facilitated community meetings, group discussions, and bi-monthly rallies on social issues including child marriage, domestic violence, and health awareness.



Supported the formation and strengthening of Self-Help Groups (SHGs) with training on group governance, savings management, and collective decision-making.



Delivered skill development and motivation activities including stitching, beautician training, and entrepreneurship awareness.



Conducted assessments and awarded certificates of completion to beneficiaries upon course completion.



Implemented monitoring, progress tracking, and periodic review mechanisms for programme quality assurance.

TRANSFORMING LIVES THROUGH INTERVENTION



CHAPTER 3

RESEARCH METHODOLOGY

Tata Power Delhi Distribution Limited (TPDDL) assigned SoulAce Consulting Pvt. Ltd. to conduct an independent impact assessment of the Women Literacy Programme implemented by Aradhya, Prayas, Save and Mass across North and North-West Delhi during FY 2024-25. The assessment aimed to evaluate the programme's effectiveness in improving literacy, numeracy, confidence, self-reliance, empowerment, awareness, decision-making, social inclusion, and independence among women beneficiaries residing in JJ clusters and resettlement colonies.

Research Design

The assessment adopted a descriptive research design employing a comprehensive mixed-methods approach that integrated both qualitative and quantitative research methodologies. The quantitative component facilitated the gathering and analysis of numerical data from 270 beneficiaries through structured questionnaires, yielding statistical insights and identifying trends across key outcome areas. The qualitative component enabled an in-depth exploration of the subjective experiences, viewpoints, and narratives of beneficiaries, instructors, and programme heads through semi-structured interviews and focus group discussions.



To evaluate the programme's effectiveness in fostering community engagement, SHG participation, and social cohesion among women in underserved communities.



To provide evidence-based insights into the strengths and areas for improvement of the programme design, implementation, and monitoring approach.

Study Objectives

The primary objectives of the study were:



To evaluate the immediate impacts of the programme and assess its enduring effects on the literacy, numeracy, confidence, and self-reliance of women beneficiaries.



To measure the extent to which the programme enhanced empowerment, awareness, decision-making capacity, social inclusion, independence, and mobility among participants.



To assess the programme's contribution to economic participation, financial literacy, and livelihood outcomes of beneficiaries and their families.

Data Sources

The assessment drew upon multiple data sources to ensure a comprehensive evidencebase. Primary data was collected through a structured interview schedule administered to Women literacy programme beneficiaries, complemented by qualitative data gathered through Focus Group Discussions, Key Informant Interviews, and field observations. The structured survey captured quantitative responses across 18 indicator tables covering demographics, programme engagement, healthcare participation, community mobilisation, awareness effectiveness, empowerment, and satisfaction. Secondary data was sourced from project documents provided by TATA Power-DDL and implementing partners, including programme reports, activity records, and previous assessment findings. Government data on urban slum demographics, health indicators, and literacy rates in Delhi provided contextual benchmarks for interpreting programme outcomes.

Design Snapshot



Project Name

Women Literacy Programme



Donor Organisation

Tata Power Delhi Distribution Limited (TPDDL)



Implementing Partners

Aradhya, Prayas, SAVE and MASS



Assessment Agency

SoulAce Consulting Pvt. Ltd.



Implementation Year

FY 2024-25



Assessment Year

FY 2025-26



Number of Beneficiaries

22,754



Research Design Used

Descriptive research design with mixed-methods approach



Sampling Technique

Purposive and random sampling



Sample Size (N)

270



Location

Jahangirpuri, Sultanpuri, Mangolpuri – North and North-West Delhi



Budget

₹243.60 Lakhs

Key Stakeholders



Women beneficiaries (primary beneficiaries of the WLC programme)



Self-Help Groups (SHGs) formed under the programme



Families of beneficiaries



Community members in the programme areas



Instructors of Women Literacy Centres (WLCs)



Programme implementation team (project managers, coordinators, and field staff of partner NGOs)

Study Tools



The following study tools were employed for data collection: structured questionnaires for primary beneficiaries covering demographic profile, pre-programme status, programme engagement, learning outcomes, impact indicators, and overall satisfaction; semi-structured interview schedules for Key Informant Interviews with programme heads; Focus Group Discussion (FGD) guides for beneficiary group interactions; and a field observation checklist for documenting centre conditions, teaching practices, and programme activities during the site visits.

Ethical Considerations

The impact assessment was guided by a strong ethical framework to ensure that the study was conducted responsibly and with due respect for the rights and well-being of participants. Informed consent was obtained from all respondents by providing comprehensive information about the study's objectives, procedures, and the voluntary nature of participation. Robust measures were implemented to uphold confidentiality and privacy, with data securely stored and participant identities protected through anonymisation. Participation was entirely voluntary, free from coercion or pressure, underscoring respect for individual autonomy. Throughout the study, participants were treated with dignity and fairness, with their well-being accorded the highest priority.

Data Validation and Interpretation Approach

The study employed data validation through cross-verification of quantitative findings with qualitative insights gathered from multiple stakeholder groups, including beneficiaries, instructors, and programme heads. This approach ensured that the interpretation of numerical trends was grounded in contextual understanding, and that the analytical conclusions drawn were robust, reliable, and reflective of the programme's actual outcomes and impact.

GROUP INTERACTION WITH WOMEN UNDER LITERACY INITIATIVE ➔



CHAPTER 4

KEY FINDINGS AND IMPACTS

This chapter compiles and analyses data from multiple sources to evaluate the overall impact and effectiveness of the Women Literacy Centres (WLCs) supported by Tata Power Delhi Distribution Limited (TPDDL) and implemented by Aradhya, Prayas, Save and Mass across North and North-West Delhi. It integrates quantitative findings from the survey of 270 beneficiaries with qualitative insights gathered through Focus Group Discussions (FGDs), Key Informant Interviews (KIIs) with programme heads, and field observations. Drawing on diverse viewpoints, the chapter provides an in-depth analysis of how effectively the programme met its intended goals and contributed to long-term empowerment and sustainability.

Demographic Profile

The demographic profile of the 270 respondents surveyed under the Women Literacy Centre programme is summarised below. The profile situates the beneficiary cohort within its socio-economic context and provides a baseline understanding of the population served by the intervention.

CHART 1: AGE-WISE DISTRIBUTION OF RESPONDENTS

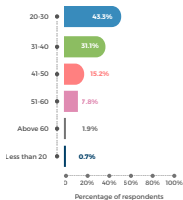


CHART 3: GENDER OF HEAD OF THE HOUSEHOLD

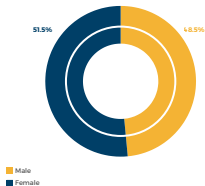


CHART 2: MARITAL STATUS OF RESPONDENTS

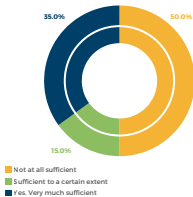


CHART 4: SOCIAL CATEGORY

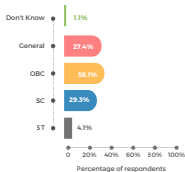


CHART 5: PRIMARY OCCUPATION

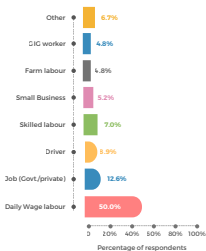


CHART 6: MONTHLY INCOME

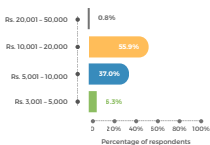


CHART 7: RATION CARD TYPE

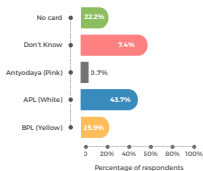


CHART 8: HOUSE OWNERSHIP

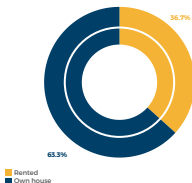


CHART 9: HOUSING TYPE

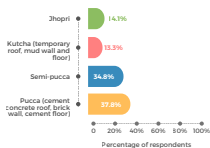


CHART 10: TOILET ACCESS

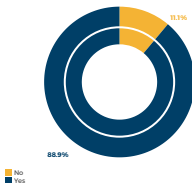
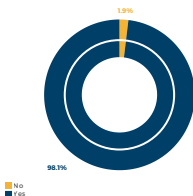


CHART 11: ELECTRICITY ACCESS

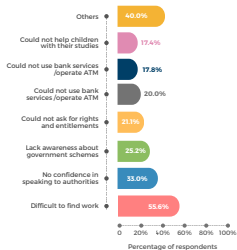


The beneficiary profile was largely composed of young and middle-aged married women, with 43.3% in the 31-40 age group and 31.1% in the 20-30 bracket, alongside a small but notable representation of elderly and vulnerable groups such as widowed or separated women. Over half of the households were female-headed (51.5%). The programme effectively reached socially and economically marginalised populations, with 71.5% belonging to OBC, SC, and ST communities, and the majority engaged in informal or daily wage labour with monthly incomes concentrated around Rs. 20,000.

Pre-Intervention Scenario

The pre-intervention status of beneficiaries provided a baseline against which the programme's outcomes were assessed. The data presented below captured the challenges, employment status, and income levels of respondents prior to their enrolment in the Women Literacy Centre programme.

CHART 12: CHALLENGES FACED AS AN ILLITERATE PERSON BEFORE THE PROGRAMME (N = 270, MULTIPLE RESPONSES)



Prior to joining the programme, the most widely reported challenge was difficulty in finding work, cited by 55.6% of respondents. This was followed by a lack of confidence in speaking to authorities (33.0%), limited awareness of government schemes (25.2%), and an inability to assert rights and entitlements (21.1%). A fifth of the respondents (20.0%) reported an inability to use banking services or operate ATMs, while 17.8% could not read bus numbers and 17.4% were unable to assist their children with studies. The 40.0% others included women who could not count money, could not use mobile phones, did not have a bank account, could not make purchases on her own, found difficult to go outside, could not take part in household decisions involving money/savings, did not know about the document where she had to give thumb prints, and difficulty faced while voting.

During the Focus Group Discussion, instructors across all partner NGOs identified community mobilisation as the most significant challenge in programme implementation. Many women faced restrictions from their families, particularly husbands and in-laws, that prevented them from leaving their homes. Illiteracy and a lack of exposure further contributed to their hesitation in participating. To address these barriers, instructors adopted a step-by-step engagement strategy: first counselling each woman individually, explaining the programme's benefits, and then engaging family members to raise awareness and gain support. Despite these efforts, several women remained unable to enrol or complete the course owing to household responsibilities and societal expectations.

“

Sulekha, aged 50, Jahangirpuri

I used to stand at the bus stop and wait for someone to tell me which bus to take. I could not read the numbers on the board. Once I got on the wrong bus and ended up at a place I did not know. I sat there and cried because I could not even ask for directions properly. That day I felt so helpless. When I heard about the literacy centre, I thought maybe this would change things for me.

”

CHART 13: EMPLOYMENT STATUS BEFORE THE PROGRAMME

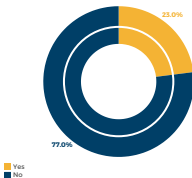


CHART 14: OCCUPATION BEFORE THE PROGRAMME

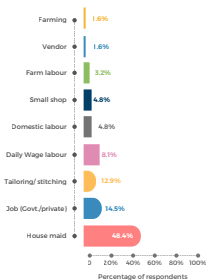


CHART 15: INCOME BEFORE THE PROGRAMME



A substantial



77.0% of respondents were not engaged in any form of employment prior to joining the programme, indicating widespread economic dependency.



Among the 23.0% who were working (62 respondents), the largest share (48.4%) served as house maids, followed by 14.5% in government or private jobs, and 12.9% in tailoring or stitching. Daily wage labour (8.1%), domestic labour (4.8%), and small shop ownership (4.8%) accounted for the remaining employed respondents.



Among the 62 respondents who were employed before the programme, the majority (53.2%) earned between Rs. 5,000 and Rs. 10,000 per month, while 40.3% earned below Rs. 5,000. Only 6.5% earned above Rs. 10,000.



Sushila, aged 40, Jahangirpuri

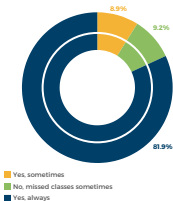
I was working as a house maid in three different houses. I would clean and mop from morning till afternoon. The pay was very little and I had no way to ask for more because I could not even count properly. They would hand me money and I would not know if it was correct. I accepted whatever they gave because I had no other option.



Project Intervention: Key Findings

This section presents the key findings related to programme engagement, learning experience, community participation, and support networks. Each finding is anchored in the quantitative data collected through the beneficiary survey and enriched with contextual insights from qualitative data.

CHART 16: REGULARITY IN ATTENDING LITERACY CLASSES (N = 270)



81.9% of respondents reported attending classes regularly, while 8.9% attended sometimes. Only 9.2% acknowledged missing classes on some occasions.

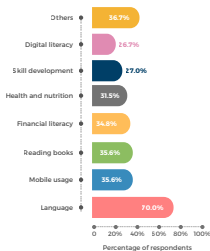


Pinki, aged 32, Bawana JJ Colony

The didi at the centre taught us step by step, she would make us practise again and again until we could do it on our own. I also learnt about saving money and how to open a bank account.



CHART 17: TOPICS LEARNED DURING THE LITERACY PROGRAMME (N = 270, MULTIPLE RESPONSES)



Language skills emerged as the most widely reported learning area.



70.0% of respondents citing it as a key outcome. This was followed by mobile usage and reading books (both at 35.6%), financial literacy [34.8%], health and nutrition [31.5%], skill development (27.0%), and digital literacy (26.7%).

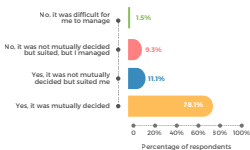


Fatima, aged 31, Bawana JJ Colony

We learnt about nutrition, about what to feed children to keep them healthy. I started applying these things at home and my children fell sick less after that. My husband noticed and said the centre is teaching you good things.



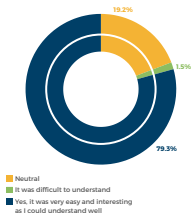
CHART 18: SUITABILITY OF LITERACY CLASS TIMING AND LOCATION (N = 270)



The timing and location of literacy classes were found to be mutually decided for 78.1% of respondents, reflecting a participatory approach to programme planning. Another 11.1% found the schedule appropriate despite not being involved in the decision, while 9.3% managed to attend despite challenges. Only 1.5% found it difficult to manage.

The 1.5% who faced difficulty highlighted the continuing tension between household responsibilities and learning participation, a challenge echoed across the FGDs conducted at Jahangirpuri and Sultanpuri centres.

CHART 19: EASE OF LEARNING THROUGH COMPUTER-BASED TEACHING (N = 270)





79.3% of respondents found computer-based teaching to be easy and interesting, indicating that the pedagogical approach was well-suited for adult learners with limited prior exposure to formal education. While 19.2% provided a neutral response, only 1.5% found it difficult to understand.

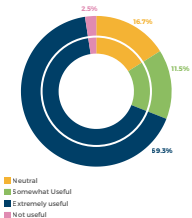


Rekha, aged 32, Jahangirpuri

The didi asked us what time would be convenient. We all discussed and said between 11 and 12 in the morning because by that time we finish cooking and sending children to school. The centre was right here in the basti, just two minutes from my house.



CHART 20: USEFULNESS OF LEARNING MATERIALS AND STATIONERY (N = 270)



The learning materials and stationery provided under the programme were rated as extremely useful by 69.3% and somewhat useful by 11.5% of respondents, resulting in a combined positive assessment of 80.8%. Another 16.7% were neutral, while 2.5% did not find them useful.

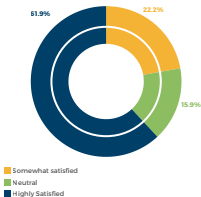


Tulsa Devi, aged 46, Shakti Nagar

They gave us a notebook, pencil, eraser, and a slate. I had never held a pencil properly before. The notebook had big lines and spaces so we could practise writing letters clearly. I still have that first notebook at home.

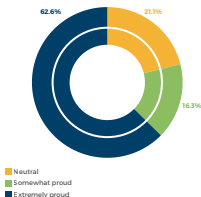


CHART 21: SATISFACTION WITH THE ASSESSMENT PROCESS (N = 270)



61.9% expressed high satisfaction with the assessment process, while 22.2% were somewhat satisfied, yielding a combined satisfaction rate of 84.1%. The remaining 15.9% were neutral.

CHART 22: PRIDE IN RECEIVING THE CERTIFICATE OF COMPLETION (N = 270)



78.9% of respondents reported feeling proud upon receiving the certificate of completion, with 62.6% expressing extreme pride and 16.3% reporting being somewhat proud. However, 21.1% remained neutral.



Aarti, Beneficiary, Sultanpuri

Before joining the centre, I could not read or write properly. Now I can guide my children in their studies and feel more confident in daily life. Receiving the certificate made me feel proud for the first time in my life.



CHART 23: MEMBERSHIP IN SELF-HELP GROUPS AFTER THE PROGRAMME (N = 270)

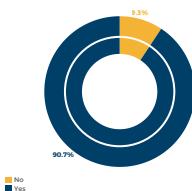
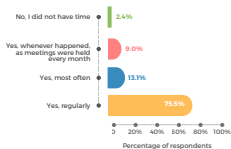


CHART 24: ATTENDANCE IN MONTHLY SHG MEETINGS (N = 245, SHG MEMBERS ONLY)



A noteworthy 90.7% of respondents reported being members of Self-Help Groups (SHGs) after the programme, while 9.3% had not joined any SHG. Among the 245 SHG members, 75.5% attended meetings regularly, 13.1% attended most often, and 9.0% participated whenever meetings were held. Only 2.4% were unable to attend due to time constraints.



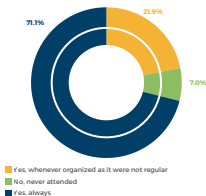
Bitta, aged 30, Bawana JJ Colony

Before the SHG I did not have a bank account. I did not know you could save money in a bank. Through the group, we all opened accounts together. The didi helped us fill the forms. Now every month I deposit some money. It is not much, but it is mine.



During the FGD at Sultanpuri and Jahangirpuri, beneficiaries reported that SHG meetings served as a critical platform for financial planning and collective problem-solving. Several women shared that they had accessed small loans through the SHG for their children's education, medical expenses, and household investments. The training provided within SHGs on savings management, budgeting, and group lending mechanisms was rated as useful by 83.7% of members (combining extremely and somewhat useful responses). This suggested that the SHG component reinforced the financial literacy objectives of the WLC programme and contributed to greater economic agency among beneficiaries.

CHART 25: PARTICIPATION IN COMMUNITY RALLIES (N = 270)



Participation in community rallies organised under the programme was reported as 71.1% (always participated) and 21.9% (participated whenever organised), yielding a combined participation rate of 93.0%. Only 7.0% never attended.



Sangeeta, aged 36, Jahangirpuri

The first rally I joined was about stopping child marriage. I was very nervous because I had never walked on the road carrying a banner before. But when I saw so many women together, all shouting slogans, I felt strong. We walked through the whole basti and people came out of their houses to watch.



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Bitta, aged 30, Bawana JJ Colony

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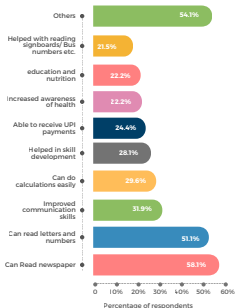


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Post-Intervention: Key Impact

This section presents the programme's measured impact across literacy outcomes, economic participation, family engagement, social confidence, and empowerment.

CHART 26: IMPACT OF THE LITERACY PROGRAMME ON BENEFICIARIES (N = 270, MULTIPLE RESPONSES)



The most widely reported impact was improved newspaper reading ability, cited by 58.1% of respondents. This was followed by the ability to read letters and numbers (51.1%), improved communication skills (31.9%), ease in performing calculations (29.6%), skill development (28.1%), ability to receive UPI payments (24.4%), increased awareness of health (22.2%), education and nutrition (22.2%), and the ability to read signboards and bus numbers (21.5%).

“

Laxmi, aged 31, Jahangirpuri

Now I can read the electricity bill that comes to our house. Earlier I would just look at the number at the bottom and hand it to my husband. Now I read the units, the due date, and check if the amount seems correct.

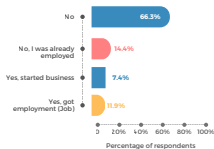
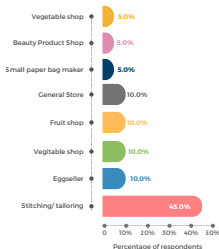
”

“

Ms. Mamta, Coordinator, WLC Programme

As a coordinator, I have observed that the WLC programme resulted in a marked increase in women's awareness and confidence. One notable example was a beneficiary who was unable to write her name before joining the centre. She now confidently attended parent-teacher meetings at her son's school and signed documents without hesitation. These seemingly incremental changes had a profound effect on women's sense of self-worth and agency.

”

CHART 27: EMPLOYMENT OR NEW BUSINESS AFTER TRAINING (N = 270)**CHART 28: TYPES OF BUSINESSES STARTED AFTER THE PROGRAM (N=20)**

11.9% of respondents secured employment and 7.4% started their own businesses, yielding a combined economic activation rate of 19.3%. An additional 14.4% were already employed prior to joining the programme. The remaining 66.3% had not gained employment or started a business.

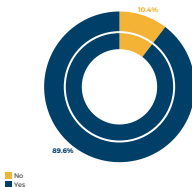
Given the programme's primary focus on basic literacy rather than vocational training, the 19.3% economic activation rate represented a meaningful outcome. Among the 20 respondents who started businesses, the most common enterprise was stitching and tailoring (45.0%), followed by vegetable shops, fruit shops, egg selling, and general stores (10.0% each).

“

Mala, aged 32, Jahangirpuri

After the programme I started a small tailoring business from my home. I had learnt stitching before but I did not had confidence to start my own stitching business. The programme has given me confidence, after which I started stitching business from my home itself.

”

CHART 29: INVOLVEMENT IN CHILDREN'S EDUCATION AFTER THE PROGRAMME (N = 270)

A substantial 89.6% of respondents reported increased involvement in their children's education following the programme. The remaining 10.4% did not report such involvement.

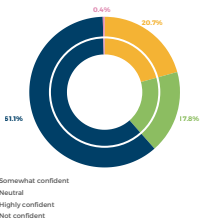
“

Afshana, aged 32, Jahangirpuri

My son is in class four. He used to come home with homework and I would tell him to do it himself because I could not understand anything. Now I sit with him every evening. I help him read his Hindi textbook and we practise maths together. He is doing much better in school now.

”

CHART 30: CONFIDENCE IN EXPRESSING OPINIONS ON PUBLIC PLATFORMS (N = 270)



The programme contributed to a measurable increase in social confidence, with 61.1% of respondents reporting high confidence and 20.7% reporting moderate confidence in expressing their views on public platforms and in community meetings. The combined confidence rate stood at 81.8%. Another 17.8% remained neutral, and 0.4% reported a complete lack of confidence.

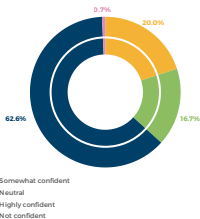


Malti, Beneficiary, SAVE NGO, Mangolpuri

This programme has given me confidence and knowledge. I now understand the importance of education and want other women in my community to learn as well.



CHART 31: CONFIDENCE IN TRAVELLING ALONE AFTER THE PROGRAMME (N = 270)

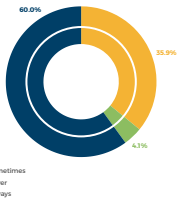


Fiza, aged 32, Jahangirpuri

My mother was sick and I had to take her to the government hospital in another part of Delhi. I read the bus route and took her myself.



CHART 32: FREQUENCY OF PARTICIPATION IN FAMILY DECISION-MAKING (N = 270)



The programme contributed to increased participation in household decision-making, with 60.0% of respondents always involved and 35.9% sometimes involved. Only 4.1% reported never participating in family decisions.



Neelam, aged 30, Jahangirpuri

Earlier when decisions had to be made about money or about children's school, my husband would decide everything. I would not say anything because I did not understand the details. Now I understand money. I can read the school fees receipt. I know how much we earn and how much we spend.



Anita, Beneficiary, 29, Bawana JJ Colony

The literacy centre has changed my life. I am now more confident and can read, write, and communicate better. I can help my children with their schoolwork, something I could never do before.



CHART 33: LEVEL OF EMPOWERMENT AND SELF-RELIANCE AFTER THE PROGRAMME (N = 270)

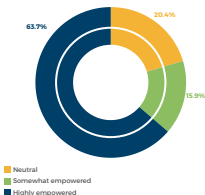
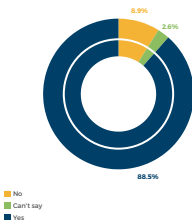


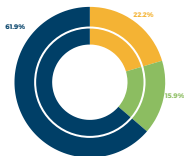
CHART 34: PERCEIVED APPRECIATION FROM FAMILY AND FRIENDS AFTER THE PROGRAM (N = 270)



STAKEHOLDER INTERACTION



CHART 35: OVERALL SATISFACTION WITH THE PROGRAM(N = 270)



■ Satisfied
■ Neutral
■ Highly Satisfied

The programme's overarching empowerment objective was evidenced by 63.7% of respondents reporting high empowerment and 15.9% reporting moderate empowerment, yielding a combined empowerment rate of 79.6%. The remaining 20.4% provided a neutral response.

Additional survey data further reinforced the programme's multi-dimensional impact. A total of 88.5% of respondents reported feeling appreciated by family and friends after the programme, while 90.4% perceived greater respect within their communities. The overall programme satisfaction rate stood at 84.1% (highly satisfied: 61.9%; satisfied: 22.2%), indicating that the programme met or exceeded beneficiary expectations across its key delivery areas.



Parvati Gupta, aged 61, Adarsh Nagar

I used to never go outside alone. After joining the centre, I slowly started meeting other women, talking to them, learning new things. Now I go to the bank alone, I attend community meetings.



GROUP PHOTO WITH WOMEN BENEFICIARIES OF LITERACY PROGRAM



CASE STUDIES



CASE STUDY 1: ISRAT'S TRANSITION TO MICRO-ENTREPRENEURSHIP

PRE-INTERVENTION

Israt, a 47-year-old resident of Bawana JJ Colony, possessed basic tailoring skills but remained engaged in low-paying, informal work due to illiteracy. She was unable to maintain records, calculate costs, or travel independently, which limited her income, mobility, and ability to support her children's education.

INTERVENTION

Following mobilisation by the WLC instructor, Israt enrolled in the programme despite initial hesitation. Over ten months, she acquired functional literacy, numeracy, and digital skills, including financial management and UPI usage, and opened a bank account through the SHG.

POST-INTERVENTION

Israt formalised her tailoring work by maintaining written records, pricing services accurately, and sourcing materials independently. With an SHG loan of Rs. 8,000, she purchased an electric sewing machine, increasing productivity and earning Rs. 4,000-5,000 per month. She also began supporting her children's education, reflecting wider household-level impact.

LEARNINGS

- Integration of literacy and numeracy with existing livelihood skills enhanced income potential and enabled transition to semi-formal enterprise.
- Access to SHG-based credit acted as a critical enabler for livelihood expansion and asset acquisition.
- Adult-centric, practical pedagogies were effective in overcoming age-related learning barriers.
- Women's literacy had intergenerational spillover effects through improved support to children's education.



ENGAGING STAKEHOLDERS TO REVIEW PROJECT PROGRESS AND IMPACT





CASE STUDY 2: NEEKU'S TRANSITION TO ECONOMIC PARTICIPATION

PRE-INTERVENTION

Neeku, a 32-year-old migrant from Bihar, lived in conditions of economic vulnerability, with her household dependent on her husband's fruit vending business. She remained confined to domestic responsibilities, with no exposure to literacy, financial management, or independent economic participation.

INTERVENTION

After enrolling in the Women Literacy Centre, Neeku acquired functional literacy, numeracy, and basic business management skills. The programme also facilitated her participation in an SHG, enhancing her access to savings and credit mechanisms.

POST-INTERVENTION

Neeku began actively supporting and subsequently co-managing the family's fruit vending business. With an SHG loan, the household expanded to two fruit carts, one independently managed by her. She now handled both sales and basic accounting, contributing directly to household income and decision-making.

LEARNINGS

- Literacy and numeracy, combined with practical application, enabled women's entry into in formal economic activities.
- SHG-based credit acted as a key enabler for micro-enterprise expansion.
- Integration of literacy with financial awareness facilitated transition from domestic confinement to economic agency.
- Support from family members, particularly spouses, significantly strengthened programme outcomes.



JOURNEY OF CHANGE AND EMPOWERMENT



IMPACT CREATED ACROSS MULTIPLE LEVELS



INDIVIDUAL LEVEL

- Improved literacy and numeracy skills empowered women in daily activities. Enhanced confidence in decision-making and self-expression was observed. Greater financial independence through skill development and employment opportunities was reported. Increased awareness of health, hygiene, and government schemes equipped women with practical knowledge for improved well-being.



FAMILY LEVEL

- Women actively contributed to household income and financial planning.
- Increased participation in children's education and well-being was a prominent intergenerational outcome. Improved health and hygiene practices within the household were reported by beneficiaries across all partner NGOs.



COMMUNITY LEVEL

- Women served as role models, inspiring others to pursue education and employment. Greater participation in community meetings and social initiatives was observed. SHG membership facilitated collective savings, credit access, and peer support, strengthening community-level financial networks.



DISTRICT LEVEL

- Enhanced utilisation of government schemes and welfare programmes was reported. The programme contributed to improved literacy rates and social development indicators in alignment with district-level developmental goals.



STATE LEVEL

- The programme supported the strengthening of government initiatives aimed at women's empowerment, including alignment with Beti Bachao Beti Padhao and Skill India. At the national level, the initiative contributed to literacy improvement and poverty alleviation objectives under SDGs 4, 5, 8, and 10.

KEY CHALLENGES AND BARRIERS



Mobilisation of Women

Family restrictions, particularly from husbands and in-laws, remained the most persistent barrier to enrolment and sustained participation. Societal norms, coupled with a lack of awareness about the programme's benefits, constrained mobilisation efforts. As per the programme heads across all partner organisations, mobilisation consumed a disproportionate share of instructor time and effort.



Inadequate Infrastructure

Most WLCs operated from instructors' homes or small community spaces that lacked adequate seating, ventilation, and teaching aids. The cramped conditions limited the number of beneficiaries who could be accommodated per session and affected the quality of the learning experience.



Financial Constraints Among Beneficiaries

Many women who expressed interest in the programme faced competing demands on their time and resources, including childcare, household chores, and informal employment. These economic pressures led to irregular attendance and, in some cases, dropout.



Low Instructor Remuneration

Instructors bore multiple responsibilities, including running the centre, managing rent and utilities, mobilising women, and maintaining records. The compensation provided was reported as inadequate relative to the workload, affecting retention and motivation among instructors.



Unmet Aspirations Beyond Literacy

Several beneficiaries joined the programme with expectations of financial assistance, employment linkages, or advanced skill training that fell outside its scope. This mismatch between expectations and programme design created dissatisfaction among a subset of participants.



Aadhaar Card Requirement

The mandatory Aadhaar card requirement for WLC registration posed a barrier for women from the most marginalised backgrounds who lacked identity documentation.

05. OECD FRAMEWORK



Relevance



Coherence



Effectiveness



Efficiency



Impact



Sustainability



RELEVANCE

In Delhi, despite relatively higher overall literacy rates, women in JJ clusters in North and North-West districts remain disproportionately affected by illiteracy, limiting their access to employment, financial services, healthcare information, and civic participation. The WLC programme directly addressed this critical gap by establishing community-based literacy centres in underserved JJ clusters. As per the survey data, 77.0% of beneficiaries were unemployed before the programme, 55.6% reported difficulty in finding work owing to illiteracy, 33.0% lacked confidence to speak to authorities, and 25.2% were unaware of government schemes. These findings confirmed the acute relevance of the intervention at the local level.



COHERENCE

At the global level, the intervention was aligned with multiple Sustainable Development Goals (SDGs):



The programme promoted literacy and lifelong learning opportunities for women.



By empowering women through education, financial literacy, and awareness, the programme contributed to reducing gender-based inequalities in access to knowledge, economic participation, and decision-making.



The programme's contribution to improved employability, with 11.9% securing employment and 7.4% starting businesses post-training, aligned with economic empowerment objectives.



With 71.5% of beneficiaries from OBC, SC, and ST communities, the programme addressed socio-economic disparities among the most marginalised groups.

At the national level, the programme complemented key government initiatives including the Beti Bachao Beti Padhao campaign, the National Literacy Mission, Skill India, and the Saakshar Bharat programme.



EFFECTIVENESS

The programme was effective in achieving its core objectives of improving literacy, numeracy, and social confidence among marginalised women. The primary data confirmed measurable progress across multiple outcome indicators. A total of 58.1% of respondents reported the ability to read newspapers post- programme, 51.1% could read letters and numbers, and 29.6% were able to perform calculations with ease. These literacy gains translated into practical improvements in daily functioning, including the ability to read signboards and bus numbers (21.5%), receive UPI payments (24.4%), and access health-related information (22.2%).

The programme also demonstrated effectiveness in strengthening social participation. SHG membership reached 90.7%, community rally participation stood at 93.0%, and 89.6% of respondents reported increased involvement in their children's education. Class attendance regularity at 81.9% and overall satisfaction at 84.1% further confirmed the programme's ability to sustain engagement and deliver valued outcomes.



EFFICIENCY

The programme adopted a low-cost, community-based delivery model that leveraged existing local infrastructure and human resources. Women Literacy Centres operated from instructors' homes and community spaces within JJ clusters, eliminating the need for dedicated infrastructure. Local women served as instructors, reducing recruitment costs and ensuring cultural proximity with beneficiaries. The programme reached over 22,754 beneficiaries in FY 2024-25 across 350 WLCs with a budget of Rs. 243.6 lakhs, demonstrating a cost-effective approach to large-scale literacy delivery.

The involvement of three partner NGOs each with established community relationships, enabled efficient mobilisation and outreach. The programme's monitoring mechanism, which included regular review meetings, refresher training for instructors, and progress tracking, provided a systematic framework for quality assurance.



Relevance

Coherence

Effectiveness

Efficiency

Impact

Sustainability



IMPACT

Immediate Impacts: Post-programme, 58.1% of respondents could read newspapers, 51.1% could read letters and numbers, and 29.6% performed calculations with ease. The combined confidence rate in expressing opinions on public platforms reached 81.9%, and 82.6% reported confidence in travelling alone. Family decision-making participation stood at 95.9% (always and sometimes combined), and 88.5% reported feeling appreciated by family and friends.

Long-term Impacts: With 89.6% of respondents reporting increased involvement in their children's education, the programme catalysed a transfer of learning that extended beyond the direct beneficiary to the next generation. The 19.3% economic activation rate (11.9% employment and 7.4% new businesses) represented an emerging pathway to financial independence. The formation of SHGs (90.7% membership) created a durable institutional mechanism for collective savings, credit access, and peer support that is likely to persist beyond the programme period. Additionally, 90.4% of respondents perceived greater respect within their communities, reflecting a broader shift in social norms and gender dynamics.



SUSTAINABILITY

The programme indicated sustained behavioural shifts, including improved health and hygiene practices, greater involvement in children's education, enhanced mobility, and increased participation in household decision-making, reflecting growing agency among beneficiaries.

High levels of SHG membership and community participation reflected strong community ownership, supported by locally rooted learning centres and active engagement processes.

The presence of community-based learning spaces and scope for stronger convergence with public institutions highlighted opportunities for deeper institutional integration and long-term continuity.



Relevance



Cohereance



Effectiveness



Efficiency



Impact



Sustainability

CHAPTER 6

RECOMMENDATIONS



Strengthening Community Mobilisation Strategies

Mobilisation remained a key challenge, with family-level restrictions, limited exposure, and competing household responsibilities affecting women's participation. The programme can address this through structured family sensitisation initiatives, including community-level orientations, open-house sessions at Women Literacy Centres, and engagement of local leaders and peer advocates to build wider acceptance and participation.



Improving Physical Infrastructure of Women Literacy Centres

The operation of centres in constrained or informal spaces affected the learning environment and regular participation. Allocating dedicated resources for infrastructure, including rental support or partnerships with community institutions, can improve facilities and enhance programme delivery.



Revising Instructor Compensation and Support Structures

Instructors managed multiple responsibilities, and existing compensation structures required strengthening to fully reflect their roles. Revising honorariums, introducing performance-linked incentives, and expanding capacity-building support can reinforce motivation and programme effectiveness.



Addressing Documentation Barriers for Enrolment

Documentation requirements, particularly Aadhaar linkage, created access barriers for some marginalised women. Adopting flexible enrolment processes alongside facilitation support for obtaining identity documentation can expand inclusion.



Building Peer Learning Networks Among Beneficiaries

While peer learning emerged organically, it remained informal and underutilised as a structured strategy. Formalising this through community literacy champions can strengthen mobilisation, encourage participation, and deepen community ownership.

CHAPTER 7

CONCLUSION

The Women Literacy Programme demonstrated meaningful outcomes in improving literacy, numeracy, and social confidence among marginalised women residing in JJ clusters across North and North-West Delhi. The intervention equipped beneficiaries with functional skills that translated into improved mobility, greater participation in household decision-making, and increased engagement with their children's education. The formation of Self-Help Groups strengthened community-level financial networks and provided a foundation for collective savings and peer support. However, challenges related to community mobilisation, inadequate centre infrastructure, low instructor remuneration, and limited post-literacy livelihood linkages constrained the depth and sustainability of outcomes for a segment of beneficiaries. Strengthened vocational training, institutional convergence with public service delivery systems, and continued investment in instructor capacity would be necessary to consolidate the programme's gains. The initiative contributed meaningfully to Sustainable Development Goals 4, 5, 8, and 10.



TATA POWER-DDL

MOBILE DISPENSARY SERVICES PROJECT

IMPACT ASSESSMENT REPORT

Assessment Year: FY 2025-26

Implementation Year: FY 2024-25

A CSR INITIATIVE OF



TATA POWER-DDL
FORCE

D.A.V. EDUCATIONAL

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ABBREVIATIONS

AT&C	Aggregate Technical and Commercial
CPR	Cardiopulmonary Resuscitation
CSR	Corporate Social Responsibility
DAV	Dayanand Adresh Vedic
FGD	Focus Group Discussion
JJ	Jhuggi Jhopari
KII	Key Informant Interview
MDU	Mobile Dispensary Unit
NCD	Non-Communicable Disease
NCT	National Capital Territory
NFHS	National Family Health Survey
NHM	National Health Mission
NPCDCS	National Programme for Prevention and Control of Cancer, Diabetes, Cardiovascular Diseases and Stroke
OPD	Outpatient Department
SDG	Sustainable Development Goal
VCG	Village Consumer Group

EXECUTIVE SUMMARY

Project Background

The Jhuggi Jhopari (JJ) Clusters, resettlement colonies, and Village Consumer Group (VCG) areas in Tata Power-DDL's operational region of North and North-West Delhi are characterized by acute healthcare deficits. Inhabited predominantly by migrant daily wage workers and low-income households, these communities faced severe barriers to formal healthcare access prior to the intervention. Primary challenges included exorbitant out-of-pocket costs at private clinics, significant geographical distances to district hospitals, extended wait times, and a lack of available care during standard working hours. Consequently, a large segment of the population resorted to unqualified practitioners or harmful self-medication, leaving a rising burden of non-communicable diseases (NCDs) largely undiagnosed and unmanaged.

To systematically address these localized healthcare gaps, Tata Power-DDL, under its CSR health vertical SANJEEVANI, partnered with Eduquest NGO and DAV Society to deploy the Mobile Health Dispensary Services program. Operating seven fully staffed Mobile Dispensary Units (MDUs), the project aimed to bring free, high-quality primary healthcare directly to the doorsteps of the urban poor. The intervention was meticulously designed to shift healthcare-seeking behaviors by providing on-site provisional diagnosis, free medicinal distribution, basic pathology testing via a "Lab on Wheels," and targeted maternal and child health support through the Arogya initiative. Additionally, the program prioritized early NCD screening and comprehensive community health literacy. SoulAce Consulting was engaged to conduct an independent impact assessment to evaluate the program's relevance, operational effectiveness, and socioeconomic outcomes on the beneficiary communities during the implementation period.

Project Details



Implementation Year

FY 2024-25



Assessment Year

FY 2025-26



Beneficiaries

Residents of JJ clusters, resettlement colonies and underserved communities in North and North-West Delhi.



No. of Beneficiaries

146,000 Individuals



Location

JJ Clusters, Resettlement Colonies, and VCG Areas in North and North-West Delhi



Budget

₹191.08 lakhs



Implementing Partner

- Eduquest NGO
- DAV Educational and Welfare Society



Alignment with SDGs



Alignment with National programs

- NHM:** Aligned with the National Health Mission's objectives for primary healthcare expansion and maternal-child health priorities.
- NPCDCS:** Supported the National Programme for Prevention and Control of Cancer, Diabetes, Cardiovascular Diseases and Stroke by facilitating early NCD detection

Project Activities

DOORSTEP OPD AND TREATMENT

Provided free medical consultations, provisional diagnoses, and distributed prescribed medicines for a minimum of three days.



DIAGNOSTIC SERVICES (LAB ON WHEELS):

Conducted on-the-spot medical investigations at the doorstep, including blood pressure, blood sugar, haemoglobin, urine, and stool tests.

AROGYA HEALTH CAMPS



Executed routine check-ups for pregnant women and children aged 0-6 years, focusing on height, weight, haemoglobin monitoring, and malnutrition identification



NUTRITIONAL SUPPLEMENTATION

Distributed Syrup Iron, Syrup Calcium, Therapetin biscuits, and Horlicks to pregnant women and malnourished children.



HEALTH AWARENESS SESSIONS

Delivered community-based training on NCDs, menstrual hygiene, basic hygiene, and first-aid/CPR.

Design Snapshot



Project Name

Mobile Dispensary Services Project



Sampling Methodology

Purposive Sampling and Random Sampling



Research Design

Cross-sectional, Mixed-methods
(Quantitative and Qualitative)



Sample Size

267

Key Findings



62.5%

of the surveyed beneficiaries reported that high expenses at private healthcare centres were their primary challenge before the intervention.



35.2%

of respondents previously travelled 5 to 7 km for medical consultations, highlighting the critical geographic barriers faced prior to the mobile units.



75.3%

of respondents confirmed that the mobile dispensary operated reliably on a weekly basis, allowing for predictable healthcare planning.



87.6%

of beneficiaries reported that vital signs were examined by the health staff, and 87.3% stated that the doctors actively listened to patient symptoms.



65.5%

of individuals cited free-of-cost consultations as their primary reason for utilizing the mobile dispensary.



Dependence on unqualified local quacks was reduced to 3.0% from 10.5% of pre-intervention.

Key Impacts



82.4%

of patients suffering from Non-Communicable Diseases (NCDs) received their first-time diagnosis through the mobile dispensary, enabling critical early clinical intervention.



49.1%

of beneficiaries successfully adopted the Mobile Health Unit (MDU) as their preferred healthcare facility post-intervention.



64.0%

of respondents relied on the District Government Hospital before the program, but this reliance dropped to 35.2% as patient volumes shifted to the MDU.



58.4%

of surveyed respondents reported the regular and sustained intake of their prescribed medicines for chronic diseases.

CHAPTER 1

INTRODUCTION



Project staff during field visit

INTRODUCTION

Tata Power Delhi Distribution Limited (Tata Power-DDL) commissioned SoulAce Consulting Pvt. Ltd. to conduct an independent Impact Assessment of the Mobile Health Dispensary Services programme implemented during FY 2024-25 (April 2024 to March 2025). The assessment was undertaken to evaluate the relevance, effectiveness, efficiency, impact, and sustainability of the programme in delivering primary healthcare services to marginalised communities across JJ Clusters, resettlement colonies, and Village Consumer Group (VCG) areas in North and North-West Delhi. SoulAce deployed a mixed-methods research design encompassing a structured beneficiary survey (N = 267), Focus Group Discussions, Key Informant Interviews, beneficiary case studies, and field observations to generate an evidence-based evaluation of the programme's social return and operational performance.

ABOUT THE CLIENT

Tata Power Delhi Distribution Limited (Tata Power-DDL) is a joint venture between the Tata Power Company Limited and the Government of NCT of Delhi, with Tata Power holding a 51% majority stake. Established on 1 July 2002 following the unbundling of the erstwhile Delhi Vidyut Board, Tata Power-DDL distributes electricity across an area of 510 square kilometres in North and North-West Delhi, serving a populace of over 7 million consumers. The company has been a frontrunner in implementing power distribution reforms in the capital, reducing Aggregate Technical and Commercial (AT&C) losses from the inherited 53% to approximately 8.5%, and has received the prestigious Deming Prize for excellence in Total Quality Management.

Tata Power-DDL's Corporate Social Responsibility (CSR) philosophy is rooted in the Tata Group's legacy of giving back to society. The company's CSR mother brand, SAATHI, operates under four guiding pillars: UNNATI (Women and Youth Empowerment), UJJWAL (Support to SC/ST Communities), SANJEEVANI (Health), and CLUB ENERJI (Environment). The CSR vision of Tata Power-DDL is to reduce social and economic inequality by providing education, empowerment, and health services, with a focus on the 1 million-plus population residing in over 218 JJ Clusters, resettlement colonies, unauthorised colonies, and villages within its operational area. The Mobile Health Dispensary Services programme falls under the SANJEEVANI vertical and represents one of the company's flagship health interventions for underserved communities.

ABOUT THE IMPLEMENTING AGENCIES

Eduquest NGO is a non-governmental organisation registered under the Societies Registration Act, 1860 and is based in Rohini, Delhi. Established in 2001 under the leadership of Dr. Snehlata Rewaria (Physician and Social Worker), Eduquest has been actively working in the domains of healthcare, child education, women empowerment, and vocational training for over two decades. The organisation's primary focus is preventive and promotive healthcare, delivered through doorstep OPD services, health awareness camps, and community-based screening programmes.

Eduquest has been a partner of Tata Power-DDL since 2015 for the Mobile Health Dispensary Services programme and currently operates five Mobile Dispensary Units across JJ Clusters, resettlement colonies, and villages in North and North-West Delhi.

The organisation has cumulatively reached over 9,00,000 beneficiaries for health, education, and women empowerment through its various interventions. Under the current programme, Eduquest reported reaching 99,080 beneficiaries during FY 2024-25, exceeding its target of 96,000, and conducted 502 health awareness sessions reaching 9,908 additional beneficiaries.

Dayanand Adarsh Vedic (DAV) Educational and Welfare Society is a non-governmental, non-profit voluntary organisation registered under the Indian Societies Registration Act, 1860, based in Sultanpuri, North-West Delhi. Established in 2003, the Society has been engaged in community welfare activities encompassing vocational training, educational programmes, health services, and social development initiatives for the urban underprivileged population. DAV Society's operational areas include Mangolpuri, Sultanpuri, Narela, Kirari, and adjoining localities. The organisation's health interventions include DOTS centres, immunisation programmes, OPD services for senior citizens, and the Arogya project for maternal and child health. DAV Society also runs vocational training programmes in computer skills, cutting and tailoring, beauty culture, electrician training, and mobile repairing. Under the Mobile Health Dispensary Services programme, DAV Society operates two Mobile Dispensary Units and was assigned a beneficiary target of 50,000 for FY 2024-25.

Together, the two implementing partners deployed a combined fleet of seven Mobile Dispensary Units, each staffed with one MBBS Doctor, one Pharmacist, one Attendant/Counsellor, and one HV-licensed Driver, delivering free consultation, medicines, diagnostics, and health awareness at the doorstep of marginalised communities across the Tata Power-DDL operational area.

CHAPTER 2

BACKGROUND AND PROJECT CONTEXT

Need for the Programme

The Jhuggi Jhopari (JJ) Clusters, resettlement colonies, and rural villages within the Tata Power-DDL operational area in North and North-West Delhi are characterised by acute healthcare deficits. The resident populations in these settlements, predominantly comprising migrant daily wage workers, domestic helpers, and their families, faced significant barriers to accessing formal medical care. High treatment costs at private healthcare centres, long distances to government hospitals, extended waiting periods at overcrowded public facilities, and insufficient availability of medicines at government dispensaries collectively restricted timely healthcare access for the most vulnerable sections of the community.

The absence of affordable primary healthcare at the neighbourhood level had pushed a substantial proportion of the population towards unqualified practitioners and self-medication through over-the-counter pharmacy purchases. Concurrently, the community was witnessing a rising burden of non-communicable diseases, including hypertension, diabetes, cholesterol-related conditions, and cardiovascular ailments, which remained largely undiagnosed and unmanaged owing to the absence of routine screening infrastructure. Government dispensaries and hospital OPDs operated within fixed hours, creating a temporal gap in healthcare availability that disproportionately affected daily wage earners who could not afford to forgo a day's income for a hospital visit. The convergence of these factors, namely cost, distance, diagnostic inaccessibility, and the absence of healthcare during working hours, established a compelling need for a doorstep primary healthcare intervention targeted at these underserved communities.

Project Objectives

The Mobile Health Dispensary Services programme was designed to address the identified healthcare gaps through the following objectives:



To improve the health-seeking behaviour of marginalised communities by providing free, accessible, and quality primary healthcare services at the doorstep.



To deliver provisional diagnosis, treatment, and free distribution of prescribed medicines through Mobile Dispensary Units (MDUs) deployed across JJ Clusters, resettlement colonies, and VCG areas.



To facilitate early detection and registration of undiagnosed non-communicable diseases, including hypertension, diabetes, cardiac conditions, and respiratory ailments, through routine screening at the community level.



To provide free doorstep diagnostic investigations, including blood pressure, blood sugar, haemoglobin, urine, and stool tests, through the "Lab on Wheels" component.



To address maternal and child health needs by targeting pregnant women and children aged 0-6 years for routine growth monitoring, nutritional assessment, and supplementation through the Arogya initiative.



To promote preventive healthcare awareness through community-based health education sessions on non-communicable diseases, menstrual hygiene management, first-aid, CPR, and basic hygiene practices.



To conduct cancer awareness and screening drives for breast, cervical, oral, and prostate cancers, including Pap smear check-ups, amongst the target population.



To reduce out-of-pocket healthcare expenditure and minimise wage loss due to hospital visits for the economically vulnerable beneficiary population.

Project Activities

The programme executed the following major activities during the assessment period (FY 2024-25):



Doorstep OPD and Treatment: Provision of free medical consultations, provisional diagnosis, and distribution of prescribed medicines for a minimum of three days through seven Mobile Dispensary Units staffed with MBBS doctors, pharmacists, attendants/counsellors, and drivers.



Diagnostic Services (Lab on Wheels): On-the-spot medical investigations including blood pressure monitoring, blood sugar testing, haemoglobin estimation, and urine and stool tests conducted at the doorstep through portable diagnostic equipment.



Arogya Health Camps (Maternal and Child Health): Routine check-ups for pregnant women and children aged 0-6 years focusing on height and weight measurement, haemoglobin monitoring, and identification of malnutrition.



Nutritional Supplementation: Distribution of Syrup Iron, Syrup Calcium, Therapetein biscuits, and Horlicks to pregnant women and malnourished children identified through the Arogya initiative.



Health Awareness Sessions: Community-based and Vocational Training Centre sessions on non-communicable diseases, menstrual hygiene management, hazards of mobile phones, and basic hygiene practices. A total of 502 awareness sessions reaching 9,908 beneficiaries were conducted by Eduquest during the assessment period.



Capacity Building Workshops: Workshops on first-aid and Cardio pulmonary Resuscitation (CPR) conducted for community members to build emergency response awareness.



Health Day Observances: Organisation of specific awareness drives aligned with international health days, including World No Tobacco Day, Menstrual Hygiene Day, and Breastfeeding Week.

CHAPTER 3

RESEARCH METHODOLOGY

Research Design

The impact assessment adopted a cross-sectional, mixed-methods research design combining quantitative and qualitative data collection approaches. The quantitative component comprised a structured beneficiary survey administered to a sample of 267 respondents drawn from the programme's operational localities across JJ Clusters, resettlement colonies, and Village Consumer Group (VCG) areas in North and North-West Delhi. The qualitative component included Focus Group Discussions (FGDs), Key Informant Interviews (KIIs), beneficiary case studies, and field observations conducted at programme sites to provide contextual depth and interpretive value to the survey findings.

Study Objectives

The impact assessment was guided by the following study objectives:



To assess the relevance and reach of the Mobile Health Dispensary Services programme in addressing healthcare access barriers faced by marginalised communities in the Tata Power-DDL operational area.



To evaluate the effectiveness of the programme in shifting healthcare-seeking behaviour, reducing reliance on unqualified practitioners, and facilitating early detection of communicable and non-communicable diseases.



To measure the programme's impact on out-of-pocket healthcare expenditure, treatment adherence, and health-seeking behaviour amongst the beneficiary population.



To assess the quality, efficiency, and operational regularity of the Mobile Dispensary Units as perceived by the beneficiaries.



To identify programmatic strengths, operational gaps, and actionable recommendations for strengthening the programme's sustainability and impact in subsequent cycles.

Data Sources

The assessment drew upon three categories of data sources. Primary data was collected through a structured beneficiary survey (N = 267), Focus Group Discussions with community members, Key Informant Interviews with programme staff and stakeholders, and direct field observations at Mobile Dispensary operational sites in JJ Colony and Data Mai Mandir, Delhi. Secondary data was sourced from programme documents including the Memorandum of Understanding (MoU), annual reports submitted by the implementing partners, budgetary allocation sheets, and the Arogya project documentation. Government data and national health frameworks, including the National Family Health Survey (NFHS-5), the National Health Mission (NHM) guidelines, and the National Programme for Prevention and Control of Cancer, Diabetes, Cardiovascular Diseases and Stroke (NPCDCS), were referenced to contextualise the findings within the broader public health landscape.

Project Snapshot



Project Name

Mobile Dispensary Services Project



Corporate Partner

Tata Power Delhi Distribution Limited (Tata Power-DDL)



Implementing Partners

Eduquest NGO; Dayanand Adresh Vedic (DAV) Educational and Welfare Society



Project Period

FY 2024-25



Assessment Period

FY 2025-26



Project Location

JJ Clusters, Resettlement Colonies, and VCC Areas in North and North-West Delhi



Research Design

Cross-sectional, Mixed-methods (Quantitative and Qualitative)



Sampling Technique

Purposive Sampling of programme beneficiaries across operational localities



Sample Size

267 Beneficiaries



Target Beneficiaries

146,000 (Eduquest: 96,000; DAV: 50,000)



Total Project Budget

Rs. 1,91,80,000

Key Stakeholders

The following stakeholders were engaged during the assessment process:



Tata Power Delhi Distribution Limited (Tata Power-DDL) - Corporate Partner and CSR funding agency.



Eduquest NGO - Implementing partner operating 5 Mobile Dispensary Units.



Dayanand AdreshVedic (DAV) Educational and Welfare Society- Implementing partner operating 2 Mobile Dispensary Units.



MDU Medical Staff - MBBS Doctors, Pharmacists, Attendants/Counsellors, and Drivers deployed across the 7 units.



Community Beneficiaries - Residents of JJ Clusters, resettlement colonies, and VCC areas who accessed the mobile dispensary services.



Community Leaders and Local Volunteers - Individuals who facilitated community mobilisation and awareness about the programme.

Study Tools

The primary data collection employed the following study tools: a Structured Beneficiary Questionnaire administered to 267 respondents for capturing quantitative data on demographics, healthcare access, service quality, disease burden, treatment adherence, and expenditure patterns; a Focus Group Discussion (FGD) Guide used to facilitate a structured discussion with 30 communitybeneficiaries at JJ Colony and Data Mai Mandir; a Field Observation Checklist used during on-site visits to the Mobile Dispensary operational locations to assess service delivery, patient flow, and infrastructure; and a Case Study and Testimonial Documentation Framework used to record individual beneficiary narratives and health outcomes.

Ethical Considerations

The assessment was conducted in adherence to established ethical principles for social research. Informed consent was obtained from all survey respondents and FGD participants prior to data collection, with the purpose and scope of the study explained in the local language. Participation was voluntary, and respondents were informed of their right to withdraw at any point without consequence. Confidentiality of individual responses was maintained throughout the data collection, analysis, and reporting process. Beneficiary names used in case studies and testimonials were included only with the explicit consent of the individuals concerned. No personally identifiable health records were accessed or reproduced in the report.

Data Validation and Interpretation Approach

Quantitative data collected through the structured beneficiary survey was validated through internal consistency checks, range verification, and cross-tabulation of related variables during the data cleaning process. All percentages and frequency counts used in the report were taken directly from the verified Analysis sheet without recalculation or normalisation. Qualitative insights from FGDs, field observations, and case studies were used to contextualise and interpret the quantitative findings, ensuring that the analytical narrative was grounded in both measurable evidence and lived experience.



DISCUSSION WITH KEY STAKEHOLDERS

CHAPTER 4

KEY FINDINGS AND IMPACTS

This chapter presents the key findings and impact of the Mobile Dispensary Services project, drawing from the primary survey conducted with 267 beneficiaries across JJ Clusters, resettlement colonies, and Village Consumer Group (VCG) areas in the Tata Power-DDL operational region of North and North-West Delhi. The findings are organised into three sub-sections: Demographic Profile, Key Findings, and Key Impact. Quantitative data from the survey is supplemented by contextual qualitative data from focus group discussions, field observations, and beneficiary interactions.

Demographic Profile

DEMOGRAPHIC PROFILE OF RESPONDENTS (N=267)

CHART 1: AGE DISTRIBUTION

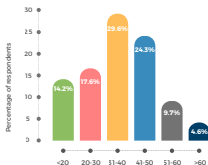


CHART 3: FAMILY OCCUPATION

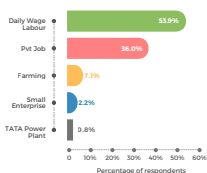


CHART 2: GENDER DISTRIBUTION

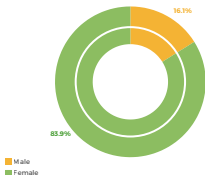
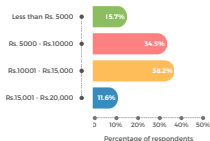


CHART 4: MONTHLY FAMILY INCOME



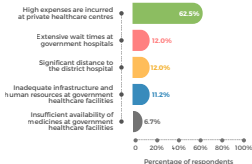
The majority of respondents (29.6%) belonged to the 31-40 years age bracket, followed by the 41-50 years group (24.3%). Women constituted 83.9% of the sample, which reflected the programme's strong outreach amongst female beneficiaries in the target communities.

Over half of the respondents (53.9%) reported daily wage labour as the primary household occupation, while 38.2% of families earned between Rs. 10,001 and Rs. 15,000 per month, underscoring the economically vulnerability of the population served.

Key Findings

FINDING 1: CHALLENGES FACED IN ACCESSING HEALTH CARE BEFORE THE PROGRAMME

CHART 5: CHALLENGES FACED IN ACCESSING HEALTHCARE FACILITIES EARLIER (MULTIPLE RESPONSES)



The survey captured the specific barriers that beneficiaries faced while accessing healthcare prior to the intervention. A significant majority of 62.5% reported high expenses at private healthcare centres as the primary challenge. Extensive wait times at government hospitals and significant distance to the district hospital were each reported by 12% of respondents, while 11.2% cited inadequate infrastructure and human resources at government healthcare facilities. Additionally, 6.7% highlighted the insufficient availability of medicines at government facilities.



Akash, Daily Wage Worker, JJ Colony, Delhi

The free check-up and medicines helped me recover quickly. I am grateful to Tata Power and the medical team for bringing healthcare to our community.



Nobody told me my blood was pushing too hard. The van doctor looked at me for five minutes and found what two years of suffering could not tell me. That day I understood that being poor does not mean we must also be blind to our own sickness.

-Pushpa Devi, 52, Homemaker, Mangolpuri JJ Cluster



MOBILE DISPENSARY SERVICES



CASE STUDY 1: PUSHPA DEVI, 52, HOMEMAKER, MANGOLPURI JJ CLUSTER

Pushpa Devi, a 52-year-old homemaker living in a single-room dwelling in the Mangolpuri JJ Cluster, had been experiencing persistent headaches, blurred vision, and occasional dizziness for over two years. Her husband, a hand rickshaw puller earning approximately Rs. 7,000 per month, could not afford the Rs. 500 consultation fee at the nearest private clinic, nor the Rs. 350 in auto-rickshaw fare required to reach the government hospital in Shalimar Bagh. Pushpa had resigned herself to enduring the symptoms, managing them with over-the-counter painkillers purchased from a local pharmacy for Rs. 40 each time.

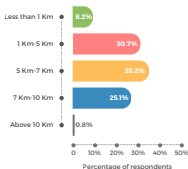
When the Mobile Dispensary Unit visited her lane, a neighbour urged Pushpa to attend. The doctor measured her blood pressure reading dangerously above the safe threshold. For the first time in her life, Pushpa was told she had severe hypertension. The medical team immediately prescribed anti-hypertensive medication and counselled her on salt reduction, the importance of regular monitoring, and warning signs of a hypertensive crisis. She was also referred to a government facility for a detailed cardiac evaluation.

Over the following four months, Pushpa attended the mobile dispensary on each weekly visit without exception. Her blood pressure gradually stabilised. The headaches that had haunted her for two years receded. She no longer needed the painkillers that had become a quiet, draining expense for the family. More profoundly, Pushpa began accompanying other women from her lane to the dispensary, becoming an informal health advocate in her cluster. She would later say that the diagnosis changed not just her health, but the way she understood her own body.



FINDING 2: DISTANCE BARRIER IN ACCESSING HEALTHCARE BEFORE THE INTERVENTION

CHART 6: DISTANCE TRAVELLED EARLIER FOR ACCESSING HEALTHCARE SERVICES



A significant proportion of beneficiaries reported travelling considerable distances to access healthcare prior to the mobile dispensary intervention. The survey indicated that 35.2% of respondents had to travel between 5 and 7 km, while 25.1% travelled 7 to 10 km for medical consultation. Only 8.2% had access to healthcare within a 1 km radius of their residence. These findings pointed towards a pre-existing geographic barrier that disproportionately affected daily wage workers and women, who constituted the majority of the respondent base.

“

I am old and my legs are bad. The bus stop is one kilometre from my house and the hospital is five kilometres from the bus stop. I cannot make that journey alone. My son works. My daughter-in-law works. Who will take me? The van comes to my door.

-Phool Chand, 67, Retired, Kirti Nagar JJ Cluster

”

FINDING 3: FREQUENCY AND DURATION OF MOBILE DISPENSARY OPERATIONS

CHART 7: FREQUENCY OF MOBILE DISPENSARY OPERATION

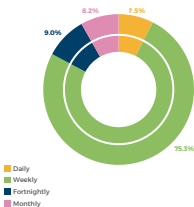
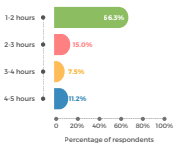


CHART 8: DURATION OF MOBILE DISPENSARY STAY IN THE AREA



The survey examined the perceived frequency of the mobile dispensary's operations in the community.

A substantial 75.3% of respondents reported that the mobile dispensary operated on a weekly basis, while 9% stated it was fortnightly. Furthermore, 66.3% of respondents reported that the mobile dispensary stayed in their area for 1 to 2 hours during each visit.

“

The van stays for about two hours in our area. If I reach early, I am done in twenty minutes. But sometimes there are forty people in the line and the van has to leave because it has to go to the next area. I wish it could stay even one hour longer. Those of us at the back of the line have to come back next week.

-Geeta Devi, 48, Homemaker, Amar Park

”

Contextual Insight

Respondents reported that the mobile dispensary operates across several localities, with Amar Park and Mangolpuri being the most frequently mentioned locations. Other commonly reported areas included Daya Basti, Jawahar Camp (Kirti Nagar), and Kirti Nagar. The wide geographic spread of operational locations reflected the programme's intent to maximise doorstep coverage for underserved settlements.



ENGAGING STAKEHOLDERS TO REVIEW PROJECT



CASE STUDY 2: MOHAMMAD RAFIQ, 38, CONSTRUCTION LABOURER, DAYA BASTI

Mohammad Rafiq, a 38-year-old daily wage construction labourer residing in Daya Basti, had been living with uncontrolled diabetes for an unknown period. His work required him to leave home by 6:30 a.m. and return after sundown, six days a week, earning between Rs. 400 and Rs. 500 per day. A visit to the district hospital meant forfeiting an entire day's wages, Rs. 400 in lost income plus Rs. 200 in transport, plus the anxiety of losing his place on the contractor's roster. The calculation was simple and devastating: a hospital visit cost his family nearly Rs. 700, the equivalent of two days' food.

Rafiq had been drinking excessive water and experiencing fatigue for months. He attributed it to the physical demands of his work. In November 2024, the mobile dispensary arrived in Daya Basti on a Tuesday morning. His wife, Shabnam, persuaded him to attend before leaving for the construction site. The lab technician conducted a random blood sugar test and recorded a reading of 320 mg/dL. The doctor explained that he had significantly elevated blood sugar and required immediate medication and dietary modification. Rafiq received free Metformin and was counselled on reducing sugar intake and recognising hypoglycaemic symptoms.

Over the subsequent visits, Rafiq's blood sugar declined to 160 mg/dL. He no longer experienced the debilitating fatigue that had been silently eroding his productivity. His wife later shared that Rafiq had stopped collapsing into sleep immediately after dinner, a change she had not dared to hope for. The family's monthly healthcare expenditure, previously around Rs. 1,500 on pharmacy purchases and a rare clinic visit, dropped to nearly zero. The mobile dispensary had not merely treated a disease; it had returned a breadwinner to his full earning capacity.



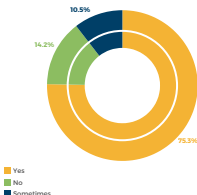
I used to think the tiredness was from carrying bricks all day. I never imagined sugar could make a strong man so weak. Now I take my medicine every Tuesday when the van comes and I can work the full week without feeling like my body is giving up on me.

-Mohammad Rafiq, 38, Construction Labourer, Daya Basti



FINDING 4: AVAILABILITY OF FIXED DAY AND TIME FOR SERVICES

CHART 9: AVAILABILITY OF FIXED DAY AND TIME FOR MOBILE DISPENSARY SERVICES



The survey assessed whether the mobile dispensary operated on a fixed and predictable schedule. 73.3% of respondents confirmed that the dispensary followed a fixed day and time, while 10.5% indicated that the schedule was sometimes followed.

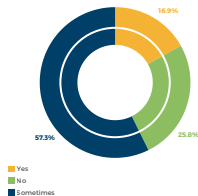
This finding was significant in the context of the target population, which comprised predominantly daily wage workers and homemakers. The predictability of the schedule allowed beneficiaries to plan their visits without disrupting their daily livelihood activities. However, the 14.2% who reported no fixed schedule suggested that certain localities experienced inconsistency, which was corroborated by focus group participants who recommended better communication about the dispensary schedule through community announcements and posters.

“ I tell the other women in my lane: the van comes every Wednesday at 10. Some of them did not know. When I tell them, they come. The fixed time helps because we plan around it. We finish our morning chores, drop the children at school, and walk to the van together. It has become a routine we depend on.

-Suman Devi, 31, Homemaker, Mangolpuri

FINDING 5: WAITING TIME AT THE MOBILE DISPENSARY

CHART 10: WAITING TIME AT THE MOBILE DISPENSARY



The survey assessed the frequency with which beneficiaries experienced waiting at the mobile dispensary. A majority of 57.3% reported that they sometimes had to wait, while 25.8% stated that waiting was never an issue. 16.9% reported consistently experiencing waiting time.

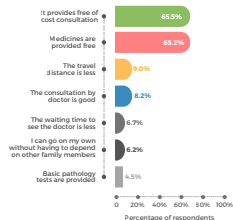
This reflected that while the dispensary managed patient flow adequately for the majority of visits, episodes of overcrowding were not uncommon. This was consistent with the field observation that noted high patient turnout during certain visits, particularly in densely populated JJ cluster locations. The intermittent nature of the waiting, as indicated by the 57.3% who reported 'sometimes', suggested that the challenge was location-specific and demand-driven rather than systemic.

“ I sometimes wait twenty or thirty minutes. It depends on the day. When children are sick in the colony, the line is long. But I compare this to the government hospital where I once waited five hours. Thirty minutes is not a wait. It is a gift.

-Nirmala Jha, 50, Homemaker, Daya Basti

FINDING 6: REASONS FOR CHOOSING THE MOBILE DISPENSARY

CHART 11: REASONS FOR CHOOSING MOBILE DISPENSARY SERVICES (MULTIPLE RESPONSES)



When asked about the reasons for choosing the Mobile Dispensary over other healthcare options, 65.5% of respondents cited free-of-cost consultation as the primary driver, closely followed by 65.2% who mentioned the provision of free medicines. Reduced travel distance was reported by 9%, while 8.2% valued the quality of the doctor's consultation. The availability of basic pathology tests was recognised by 4.5% of respondents, and 5.2% appreciated the ability to access care independently without depending on other family members.

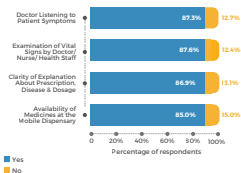
The near-equal weightage assigned to free consultation and free medicines indicated that the elimination of financial barriers was the most critical enabler of healthcare access for this population. Responses further suggested that for daily wage earners, the ability to receive treatment without incurring direct medical costs or sacrificing a day's income represented a tangible improvement in their quality of life.

Field Observation

During the field visit to JJ Colony and Data Mai Mandir, it was observed that doctors and healthcare staff provided free medical check-ups to patients suffering from common illnesses such as fever, cough, infections, and general weakness. Free diagnostic tests including blood pressure checks and blood sugar tests were administered on the spot. After consultation, patients were provided free medicines based on their diagnosis.

FINDING 7: QUALITY OF HEALTHCARE SERVICES AT THE MOBILE DISPENSARY

CHART 12: QUALITY OF SERVICES AT THE MOBILE DISPENSARY



The findings indicate a consistently high perceived quality of services at the mobile dispensary across key dimensions of care delivery. A large proportion of respondents reported that doctors actively listened to patient symptoms (87.3%) and that vital signs were appropriately examined by healthcare staff (87.6%), reflecting strong adherence to basic clinical protocols. Similarly, 86.9% of respondents noted clarity in explanations regarding prescriptions, disease conditions, and dosage, suggesting effective patient-provider communication. Availability of medicines was also reported positively by 85.0% of respondents, indicating relatively reliable supply, although a slightly higher proportion (15.0%) reported gaps in this area. Referral services to other health facilities were acknowledged by 85.0% of respondents, highlighting functional linkages within the broader healthcare system.

Overall, the responses indicated that the majority of beneficiaries received adequate care, the presence of 'No' responses (ranging from 12.4% to 15.0% across indicators) suggested that a segment of beneficiaries experienced gaps in clinical engagement. This was consistent with the field observation that the time-bound nature of the visits, combined with high patient volumes, occasionally constrained the depth of clinical interaction.

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Earlier I never had the opportunity to get health tests done. This programme helped me understand my health better.

-Rekha, Homemaker, Data Mai Mandir, Delhi

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CASE STUDY 3: SUNITA KUMARI, 27, PREGNANT WOMAN, JAWAHAR CAMP (KIRTI NAGAR)

Sunita Kumari, a 27-year-old woman in her second trimester of pregnancy, lived in a rented room in Jawahar Camp near Kirti Nagar with her husband, a painter, and their three-year-old daughter. During her first pregnancy, Sunita had received minimal antenatal care. She had visited the government hospital twice, waited four hours each time, and eventually delivered her daughter at home with the help of a local dai. The experience left her fearful of hospitals and sceptical of formal healthcare.

When the Arogya health camp was conducted in her locality, the community health worker specifically reached out to pregnant women. Sunita attended reluctantly. The medical team measured her weight, checked her haemoglobin, and found it alarmingly low, a level classified as moderate anaemia. The doctor explained the risks to both her and the unborn child: increased fatigue, higher chance of premature delivery, and poor foetal development. She was provided Syrup Iron, Syrup Calcium, and Therapetein biscuits, and the team explained the importance of consuming them daily.

Over the next five months, Sunita attended every Arogya session. Her haemoglobin level increased by her eighth month. The nutritional supplements addressed not only her anaemia but also the chronic weakness she had accepted as a normal part of pregnancy. When she delivered her son at a government hospital in February 2025, she weighed 5 kg more than she had at the same stage during her first pregnancy. The baby weighed 2.9 kg, a healthy weight, compared to her daughter who had been born at 2.1 kg. For the first time, Sunita experienced a pregnancy where she felt supported, monitored, and informed.

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“

During my first pregnancy, nobody checked my blood or told me I was weak. I just thought pregnancy meant suffering. This time, the camp doctor showed me the number that said my blood was thin and gave me the iron syrup. I drank it every day because I did not want my child to be born weak like my daughter was. When the baby came healthy and heavy, I cried. Someone had finally cared enough to watch over us.

-Sunita Kumari, 27, Jawahar Camp, Kirti Nagar

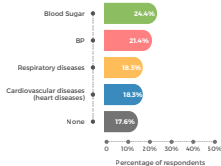
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Key Impact

This sub-section presents the measurable impact of the Mobile Health Dispensary programme on the health outcomes, disease management practices, and out-of-pocket expenditure of the target population. Each impact indicator is derived directly from the quantitative survey data and supported by insights from beneficiary case studies and field observations.

IMPACT 1: FIRST-TIME DIAGNOSIS OF NON-COMMUNICABLE DISEASES AT THE MOBILE HEALTH UNIT

CHART 13: NON-COMMUNICABLE DISEASES DIAGNOSED FOR THE FIRST TIME AT THE MOBILE HEALTH UNIT



Amongst the 131 respondents who reported suffering from non-communicable diseases, the survey examined whether these conditions were diagnosed for the first time at the MDU. Blood sugar conditions were diagnosed for the first time in 24.4% of cases, followed by blood pressure (21.4%), respiratory diseases (18.3%), and cardiovascular diseases (18.3%). None (17.6%) represents beneficiaries whose conditions were previously diagnosed at other health facilities, indicating utilisation of the mobile unit for follow-up or continued care rather than first-time detection. This finding represented one of the most significant clinical impacts of the programme

The fact that 82.4% of Non-Communicable disease patients within the surveyed cohort had their conditions identified for the first time at the mobile dispensary demonstrated the programme's role as a critical gateway for early detection. Without this intervention, these conditions would have remained undiagnosed and untreated, increasing the risk of complications, hospitalisations, and mortality. The screening and registration of previously undiagnosed NCDs, as outlined in the project design, was thus validated by this outcome

“

The doctors explained my health condition clearly and gave helpful advice. I feel more aware about taking care of my health now.

-Abhisha, Young Resident, Data Mai Mandir, Delhi

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DISCUSSION WITH BENEFICIARY



CASE STUDY 4: RAM KISHAN, 64, RETIRED SAFAI KARAMCHARI, AMAR PARK

Ram Kishan, a 64-year-old retired municipal sanitation worker, lived alone in a one-room tenement in Amar Park after his wife's death three years earlier. His two sons had migrated to Haryana for work and visited infrequently. Ram Kishan suffered from osteoarthritis in both knees, chronic cough, and what he described as a persistent heaviness in his chest. He received a small pension of Rs. 4,000 per month, of which nearly Rs. 1,200 was spent on medicines purchased from a local pharmacy without any prescription. He had not visited a doctor in over eighteen months because the nearest government hospital required a bus journey, a long wait, and the physical difficulty of navigating a crowded OPD with arthritic knees.

In August 2024, the mobile dispensary set up at the corner of his lane. A neighbour helped Ram Kishan walk the 100 metres to the van. The doctor conducted a thorough examination, tested his blood pressure (which was elevated at 155/95 mmHg), checked his blood sugar, and listened to his chest. Ram Kishan was diagnosed with hypertension and suspected chronic obstructive airway disease, in addition to his existing osteoarthritis. For the first time, his multiple conditions were assessed together by a qualified physician. He received appropriate medication for all three conditions, free of cost, and was counselled on when to seek emergency care.

Over the following months, Ram Kishan became one of the most regular attendees at the mobile dispensary. His blood pressure stabilised, the chest heaviness reduced with prescribed bronchodilators, and his knee pain became more manageable with anti-inflammatory medication. The Rs. 1,200 he had been spending monthly on unguided pharmacy purchases was entirely eliminated. But beyond the clinical and financial relief, Ram Kishan found something he had quietly lost since his wife's death: a reason to step outside his room every week, a brief human connection with the medical team who knew his name, and the reassurance that someone was monitoring whether he was getting better or worse



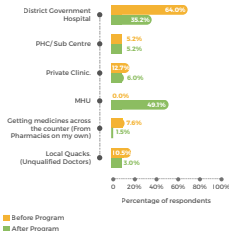
After my wife died, I stopped going anywhere. The pain in my knees gave me the excuse to sit in my room and wait for nothing. When the van came to my lane, they did not just give me tablets. They checked everything, my pressure, my breathing, my sugar. Every week the doctor asks me how I am feeling. Nobody else asks that question anymore. The medicine helps my body, but the visit helps something deeper.

-Ram Kishan, 64, Retired Safai Karamchari, Amar Park



IMPACT 2: SHIFT IN HEALTHCARE PREFERENCE AFTER MOBILE DISPENSARY INTERVENTION

CHART 14: PREFERRED HEALTHCARE SERVICES BEFORE AND AFTER THE MOBILE DISPENSARY



The survey revealed a marked shift in the healthcare-seeking behaviour of beneficiaries following the intervention. Prior to the intervention, 64% of respondents relied on the District Government Hospital as their primary healthcare facility. Post-intervention, this proportion declined to 35.2%, while 49.1% of respondents reported the MDU as their preferred point of care. Reliance on local quacks decreased from 10.5% to 3%, and self-medication through over-the-counter pharmacy purchases reduced from 7.6% to 1.5%. This shift pointed towards the programme's success in establishing itself as a trusted and accessible healthcare alternative within the community.

During focus group discussions, participants noted that the proximity of the mobile dispensary van, combined with the availability of free consultation and medicines, had significantly altered their approach to seeking medical care.

Supporting Context

The survey further indicated that 36% of respondents had been referred to other health facilities by the mobile dispensary staff when the condition required specialist attention. Additionally, 75.7% of respondents confirmed that documents were required for free consultation or medicines, with 87.1% of those who produced documents reporting that it was required during every visit. This pointed towards a structured documentation process maintained by the programme.

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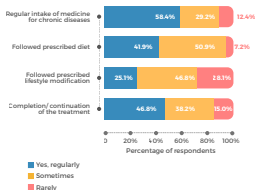
I used to buy cough syrup and fever tablets from the chemist shop whenever my children were sick. I would describe the symptoms and the chemist would hand me a strip and a bottle. There was no check-up, no diagnosis. After the van started coming, I take my children there first. The doctor examines them properly and the medicine is specific to what they actually have, not a guess.

-Savitri Rani, 32, Homemaker, Jawahar Camp

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IMPACT 3: ADHERENCE TO MEDICAL ADVICE

CHART 15: ADHERENCE TO MEDICAL ADVICE



The survey assessed adherence across four dimensions of medical advice. Regular intake of prescribed medicines for chronic diseases was reported by 58.4% of respondents. Adherence to prescribed diet was observed at 41.9% on a regular basis, with an additional 50.9% reporting occasional compliance. Prescribed lifestyle modifications were followed regularly by 25.1%, sometimes by 46.8% and rare by 28.1%. Completion or continuation of treatment as advised was reported as regular by 46.8% and intermittent by 38.2%. These findings pointed towards a mixed but encouraging picture of health behaviour change. Medicine adherence demonstrated the strongest compliance, which was consistent with the programme's emphasis on free medicine distribution and counselling. The comparatively lower adherence to lifestyle modifications (25.1% regular) reflected the broader challenge of behavioural change in communities where livelihood pressures, dietary constraints, and limited health literacy continued to impede sustained lifestyle adjustments.

“

The doctor told me to take my BP tablet every morning without fail. I have not missed a single day in four months. He also told me to reduce salt and walk for thirty minutes. I have reduced the salt, but walking is hard because the lanes are dirty and there is no space. I do what I can. The tablet I never miss because I understand what happens if I stop.

-Asha Gupta, 52, Homemaker, Daya Basti

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DR. REWARIA DURING FIELD VISIT



CASE STUDY 5: NAZMA BEGUM, 34, DOMESTIC WORKER, ZAKHIRA JJ CLUSTER

Nazma Begum, a 34-year-old domestic worker employed in three households across Punjabi Bagh, left her home in the Zakhira JJ Cluster every morning at 7 a.m. and returned by 4 p.m. She earned Rs. 9,000 per month and was the sole earner for her family of five, including her elderly mother-in-law and three school-going children. For nearly a year, Nazma had been experiencing irregular menstrual bleeding, lower abdominal pain, and extreme fatigue. She had mentioned her symptoms once to a chemist, who sold her iron tablets and painkillers. She never visited a doctor because doing so would mean missing a day of work, which she could not afford, and because she found it difficult to speak about her symptoms to anyone.

In December 2024, the mobile dispensary conducted a women's health awareness session in the Zakhira cluster, specifically addressing menstrual health and the importance of early screening for cervical and breast abnormalities. The female health worker spoke in Hindi about symptoms that should not be ignored. Nazma, sitting at the back of the gathering, recognised her own symptoms in what was being described. After the session, she approached the doctor privately. A clinical examination was conducted with sensitivity, and the doctor identified signs that required further investigation. Nazma was counselled about the possibility of a cervical condition and immediately referred to a government hospital for a Pap smear and ultrasound.

The referral was followed through. The hospital tests confirmed a pre-cancerous cervical condition that, if left undetected, could have progressed within two to three years. Nazma was started on treatment. She later returned to the mobile dispensary to share that the hospital doctors had told her that early detection had been critical. The mobile dispensary team noted her case in the follow-up register and continued to monitor her general health and treatment adherence during subsequent visits.

Nazma's case became a quiet turning point in the Zakhira cluster. Word spread among the domestic workers that the van had found something serious in a woman who had thought she was just tired. Over the following two months, attendance at the dispensary's women's health sessions increased visibly.



I clean three houses every day and I have no time to be sick. I thought the pain and the bleeding were just what happens to women. I would have never gone to a hospital for this. But the lady at the van talked about things I was too ashamed to say out loud, and then I knew I had to ask. When the hospital told me they found something early, I could not stop shaking. If the van had not come to my lane, if that session had not happened, I do not know what would have happened to my children.

-Nazma Begum, 34, Domestic Worker, Zakhira JJ Cluster



KEY IMPACTS AT MULTIPLE LEVELS



INDIVIDUAL LEVEL

- Adopted the MDU as the preferred healthcare facility by 49.1% of beneficiaries.
- Received first-time diagnoses at the mobile dispensary for 82.4% of Non-Communicable disease patients, enabling early clinical intervention.



HOUSEHOLD LEVEL

- Reduced the impoverishing effect of health spending on low-income households through the elimination of direct out-of-pocket medical expenditure (consultation, medicines, diagnostics).
- Addressed child health without financial burden, allowing mothers to access free pediatric consultations and nutritional support.



COMMUNITY LEVEL

- Indicated a structural shift towards formalized healthcare at the community level, with reliance on unqualified practitioners reducing from 10.5% to 3%, and self-medication from 7.6% to 1.5%.
- Contributed to community-level health literacy by reaching beneficiaries through health awareness sessions on NCDs, hygiene, menstrual health, and first-aid/CPR.



SYSTEM LEVEL

- Functioned as a complementary arm to the public health system.
- Demonstrated that a lean staffing structure per unit (1 doctor, 1 pharmacist, 1 counselor, 1 driver per MDU) could deliver primary care at scale across 7 units serving multiple localities.

KEY CHALLENGES AND BARRIERS



14.2% of respondents reported that the mobile dispensary did not operate on a fixed day and time; FGD participants specifically requested better advance communication of the visit schedule through community announcements and posters.



66.3% reported the dispensary stayed for only 1-2 hours per visit; field observations noted that patient volumes at certain locations exceeded the service window capacity, increasing waiting times.



57.3% of respondents reported sometimes experiencing waiting at the dispensary, with 16.9% reporting consistent waiting, pointing towards demand-supply mismatch at high-footfall locations.



'Never' responses across five service quality parameters ranged from 12.4% to 15%, indicating that a segment of beneficiaries experienced gaps in clinical engagement, particularly in vital sign examination and referral services.



Adherence to prescribed lifestyle modifications was regular for only 25.1%, and 28.1% reported rare compliance, reflecting the challenge of sustained behavioural change in populations facing livelihood and dietary constraints.



Many residents were not aware of the mobile van schedule (field observation); community awareness relied on organic word-of-mouth rather than a structured communication mechanism.



No structured referral tracking mechanism existed to follow up on whether referred patients completed specialist consultations, resulting in a gap in continuity of care.

LESSONS LEARNED

- The near-identical weightage assigned by beneficiaries to free consultation (65.5%) and free medicines (65.2%) confirmed that the elimination of financial barriers was the single most critical enabler of healthcare access for urban poor communities.
- The fact that 82.4% of NCD patients were diagnosed for the first time at the MDU demonstrated that mobile healthcare units can serve as effective first-contact screening platforms for Non-Communicable diseases in populations with no prior diagnostic access.
- Weekly operational regularity (confirmed by 75.3%) was foundational to building community trust and repeat engagement; any inconsistency in scheduling eroded this trust disproportionately.
- The sharp reduction in quack reliance (10.5% to 3%) demonstrated that the availability of a free, qualified alternative was sufficient to shift healthcare utilisation patterns, without requiring active campaigns against informal practitioners.
- The gap between medicine adherence (58.4% regular) and lifestyle modification adherence (25.1% regular) underscored that behavioural change in dietary and lifestyle practices required sustained counselling and peer support mechanisms beyond clinical consultation alone.



05. OECD FRAMEWORK



Relevance



Coherence



Effectiveness



Efficiency



Impact



Sustainability



RELEVANCE

The Mobile Health Dispensary programme showed high relevance by directly addressing critical healthcare access gaps among urban poor populations in Delhi's JJ Clusters and resettlement colonies, where cost, distance, and limited service hours restrict access. The disease profile reflected a dual burden of communicable and non-communicable conditions, reinforcing the need for accessible primary care. The programme responded effectively through mobile units delivering free consultations, medicines, diagnostics, and health awareness at the doorstep, supported by on-site testing services. This close alignment between identified needs and programme design establishes it as a targeted and context- appropriate intervention addressing key access barriers.



COHERENCE

The programme exhibited strong coherence through clear alignment with global and national health frameworks. It contributed to SDG 3 by expanding access to essential healthcare services, while also supporting poverty reduction through the elimination of out-of-pocket expenditure. The programme's design was consistent with key national initiatives, including primary healthcare expansion, early detection of non-communicable diseases, and maternal-child health priorities, while community-level awareness efforts reflected a preventive and promotive care approach.



EFFECTIVENESS

The assessment revealed high effectiveness of the project, achieving and in parts exceeding its targets while delivering measurable outcomes across core objectives. It significantly improved healthcare access, with a clear shift in beneficiary preference towards the Mobile Health Unit and reduced reliance on informal care providers. Early detection outcomes were notable, particularly for non-communicable diseases, and the programme emerged as a key source of treatment support comparable to government facilities. Awareness activities further strengthened outreach and health education. While overall performance was strong, some variability in service experience and relatively limited diagnostic coverage indicate areas for further strengthening, moderating the rating slightly.

**EFFICIENCY**

The project showed strong efficiency through cost-effective resource utilisation and optimised service delivery. Mobile Dispensary Units operated with lean, standardised teams, ensuring clinical adequacy without excess resource burden. The mobile model maximised geographic coverage by serving multiple locations on rotation, avoiding the need for capital-intensive infrastructure, while community-based mobilisation enabled outreach at minimal cost. The project also generated significant economic value for beneficiaries by reducing healthcare-related expenses and associated income loss.

**IMPACT**

The programme exhibited significant impact, delivering substantial immediate outcomes alongside emerging long-term behavioural change. It enabled elimination of direct healthcare costs, drove a clear shift in healthcare utilisation towards the MDU, and achieved significant clinical gains through early diagnosis of non-communicable diseases. Dependence on informal providers declined, and beneficiaries reported improved recovery outcomes. The programme also contributed to positive health behaviours, including regular monitoring, medicine adherence, and continued treatment, while awareness activities strengthened health literacy within the community.

**SUSTAINABILITY**

Built upon foundations of behaviour change and community acceptance, the project showed robust sustainability. Beneficiaries showed growing adoption of healthier practices and improved clinical discipline, while high levels of trust and reliance on the service reflected strong community buy-in, particularly among women and the elderly. The mobile model enabled flexible and wide-reaching service delivery, and awareness activities contributed meaningfully to health literacy and preventive care. Referral linkages indicated functional integration with the formal health system.



Relevance



Coherence



Effectiveness



Efficiency



Impact



Sustainability

CHAPTER 6

RECOMMENDATIONS



RECOMMENDATION 1: DEEPENING THE NON-COMMUNICABLE DISEASE MANAGEMENT COMPONENT

Evidence Basis: Over 82% of those affected had their condition diagnosed for the first time at the MDU (N = 131). However, adherence to prescribed Non-Communicable modifications was regular for only 25.1%, and 28.1% reported rare compliance.

The programme can develop a structured NCD management register at each MDU location, capturing patient details, diagnosis, prescribed treatment, and follow-up schedule for all beneficiaries diagnosed with Non-Communicable diseases. Follow-up consultations can be prioritised during subsequent MDU visits to monitor medication adherence, dietary compliance, and clinical progress. The programme can also introduce condition-specific counselling modules for hypertension, diabetes, and cardiovascular diseases, delivered by the Attendant/Counsellor during or after each OPD consultation. Small patient support groups within each locality can be facilitated to encourage peer accountability in disease management and lifestyle modification.



RECOMMENDATION 2: EXTENDING THE DURATION OF MOBILE DISPENSARY VISITS IN HIGH-DEMAND LOCALITIES

Evidence Basis: 66.3% of respondents reported that the mobile dispensary stayed for only 1-2 hours during each visit. 57.3% reported sometimes experiencing waiting, and 16.9% reported consistent waiting time. Focus group participants noted that patient volumes occasionally exceeded the capacity of the service window.

The programme can conduct a locality-wise demand analysis based on the patient registration data already captured by each MDU. Localities with consistently high patient volumes can be allocated extended visit durations of 3-4 hours, while lower-demand locations can continue with the existing 1-2 hour schedule. This demand-responsive scheduling approach can optimise the balance between geographic coverage and patient throughput without requiring additional units. The implementing partners can review and adjust the visit schedule on a quarterly basis to respond to seasonal disease patterns and population movement.



RECOMMENDATION 3: STRENGTHENING COMMUNITY AWARENESS OF MOBILE DISPENSARY SCHEDULES

Evidence Basis: 14.2% of respondents reported that the mobile dispensary did not operate on a fixed day and time, and 10.5% stated it was sometimes followed. Focus group participants specifically recommended better advance communication about the dispensary schedule through community announcements and posters. Field observations corroborated that many residents were not aware of the schedule of the mobile van visits.

The programme can institute a multi-channel schedule communication strategy at each operational locality. This can include the display of laminated schedule posters at prominent community gathering points such as ration shops, Anganwadicentres, community toilets, and religious institutions. Where feasible, the programme can leverage existing community WhatsApp groups or local volunteer networks to circulate weekly visit reminders. At the end of each MDU visit, the medical staff can verbally announce the next scheduled visit date, which was a practice specifically requested by focus group participants.



RECOMMENDATION 4: INTRODUCING A STRUCTURED REFERRAL TRACKING MECHANISM

Evidence Basis: 36% of respondents confirmed that they had been referred to other health facilities by the mobile dispensary staff. However, no evidence was found of a structured mechanism to track whether referred patients followed through on the referral, the outcome of the referral visit, or the subsequent continuity of care.

The programme can introduce a referral tracking register at each MDU, recording the patient name, condition, facility referred to, and date of referral. During subsequent visits, the MDU staff can follow up with referred patients to ascertain whether the referral was acted upon and the outcome of the specialist consultation. This closed-loop referral mechanism can improve clinical outcomes, provide the programme with data on referral completion rates, and demonstrate accountability to the corporate partner. The referral data can also inform the programme's advocacy for strengthening specific diagnostic or specialist services at nearby government facilities.



CHAPTER 7

CONCLUSION

The project successfully deployed seven mobile units to address acute primary healthcare deficits across marginalized communities in North and North-West Delhi, effectively neutralizing critical financial and geographical barriers to care. By delivering free doorstep consultations and medicines, the intervention catalysed a significant structural shift in the community's healthcare-seeking behaviour, and decreasing dependence on distant government hospitals. Clinically, the program served as a vital first-contact screening mechanism. Future implementation cycles must rigorously prioritize data-driven patient follow-ups, establish verifiable referral integrations, and implement demand-responsive scheduling to reconcile high patient volumes with the necessity of comprehensive clinical care.