




IMPACT REPORT SUMMARY

IMPROVING LIVES FOUNDATION

STUDY SCOPE AND SAMPLING

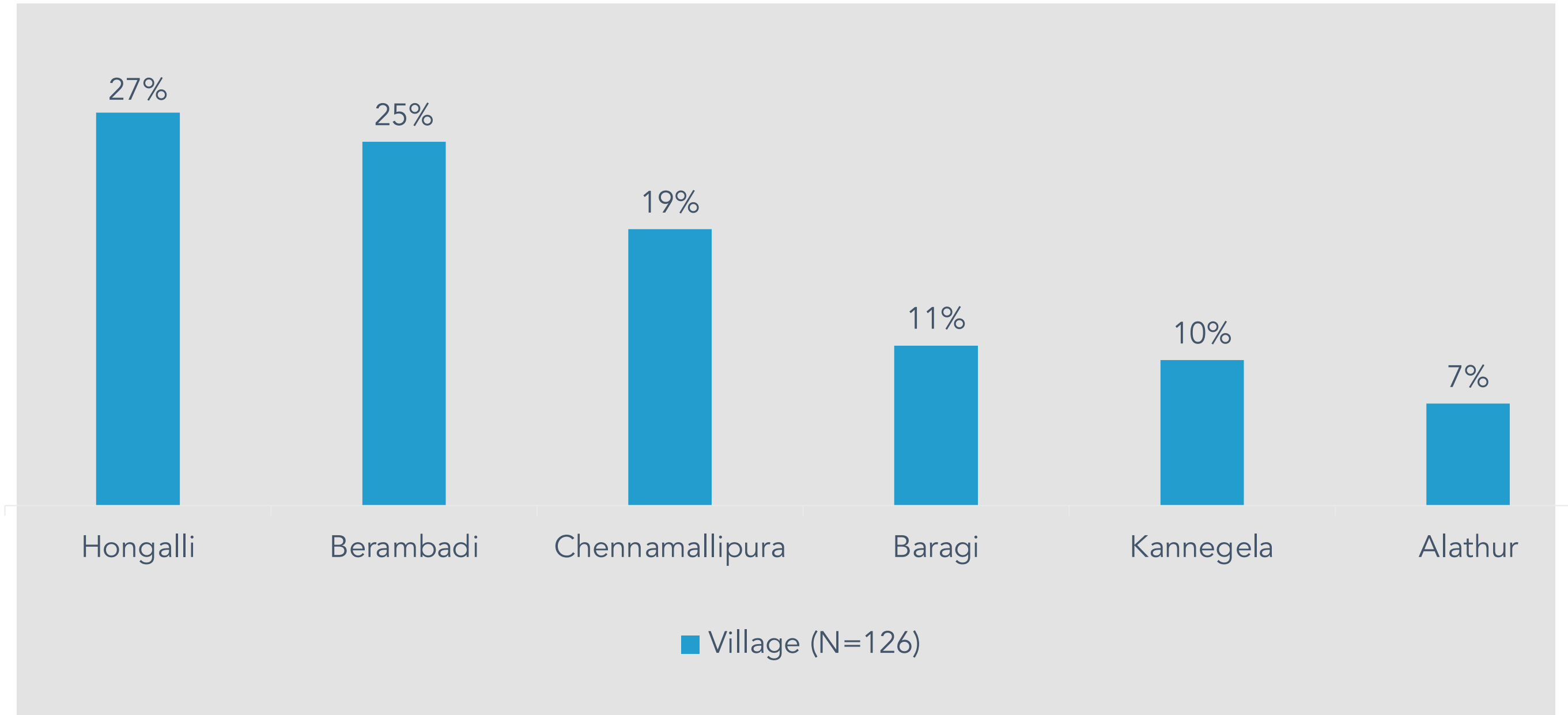
1. Eye Camps
2. WASH Interventions
3. Nutrition Program

HEALTH

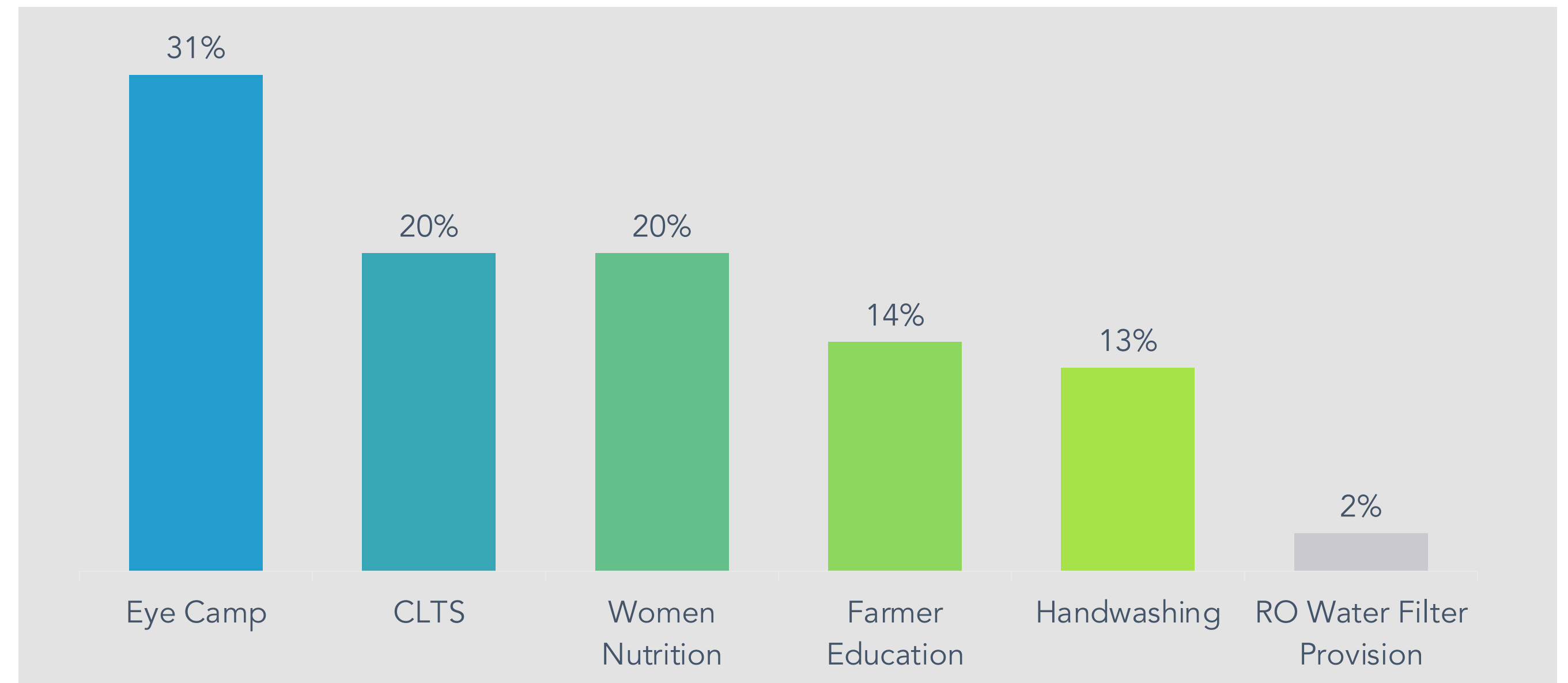


1. School Infrastructure
2. Farmer Support Program

EDUCATION

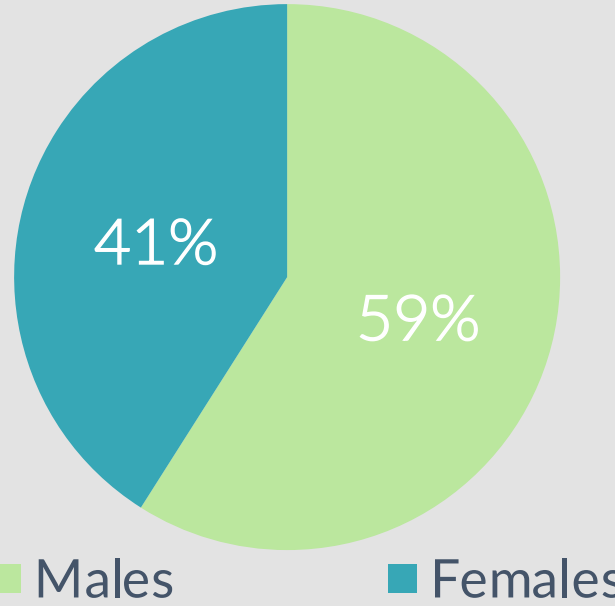



Sr. No	Program	Respondent Type	Total respondents
1	Eye Camp	Eye camp beneficiaries	39
2	CLTS	CLTS beneficiaries	25
3	Handwashing	Student beneficiaries	14
		School principals	2
4	RO Water Provision	School principals	3
5	Women Nutrition	Women beneficiaries	24
		ASHA worker	1
6	Farmer Education	Farmer beneficiaries	18
Total			126



STUDY FINDINGS: EYE CAMPS

AVERAGE AGE: 65 YEARS



Eye camps improve access to eye check-ups, both in terms of distance and time taken to avail of a consultation

Average distance to the eye camp from residences	5 kms
Average time to travel to the eye camp from residences	16 mins

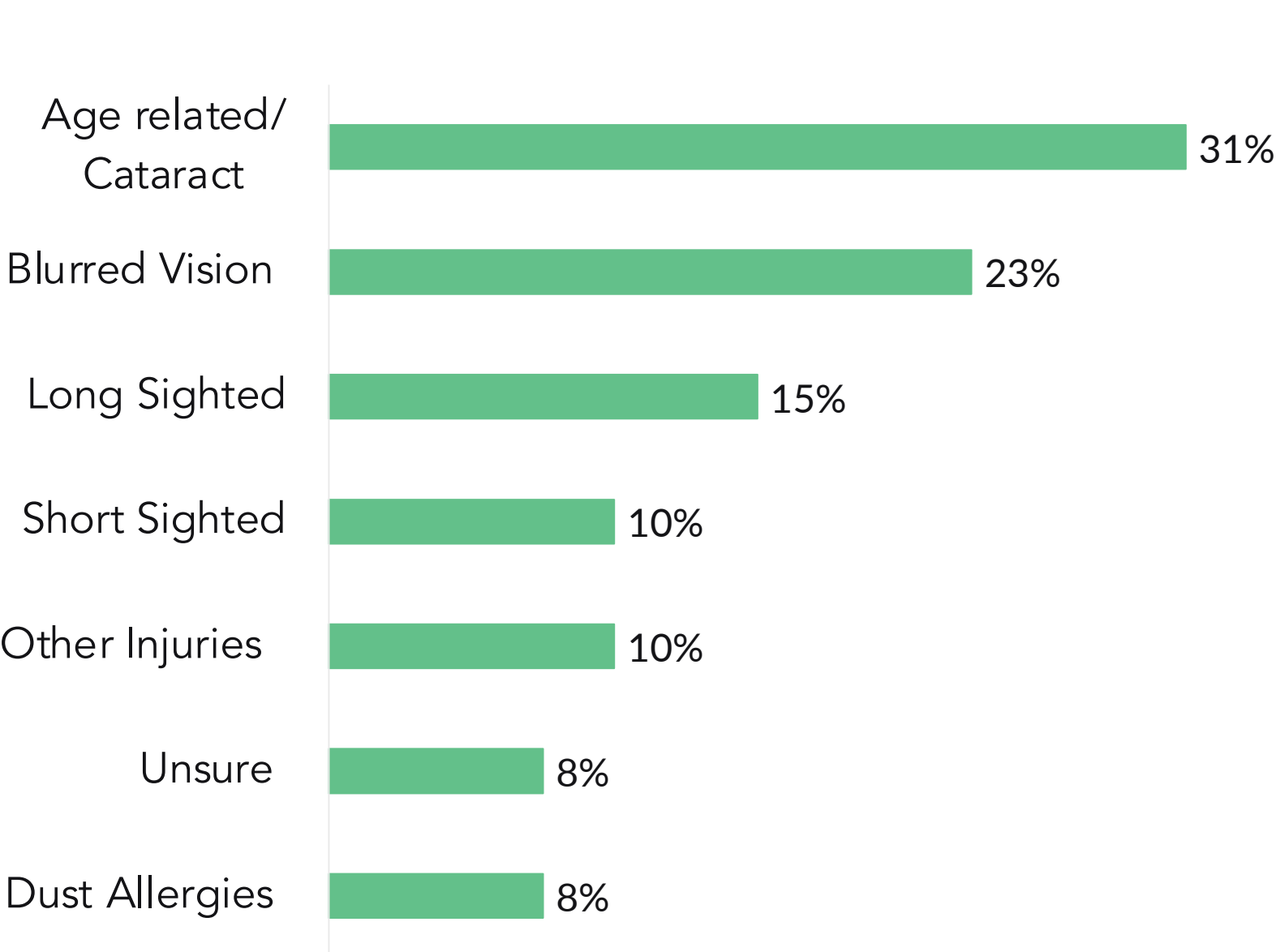
The elders of the village are unable to make long travels to hospitals, so these camps conducted in the village itself are a blessing!

- Eye Camp Beneficiary, Female, 78, Baragi

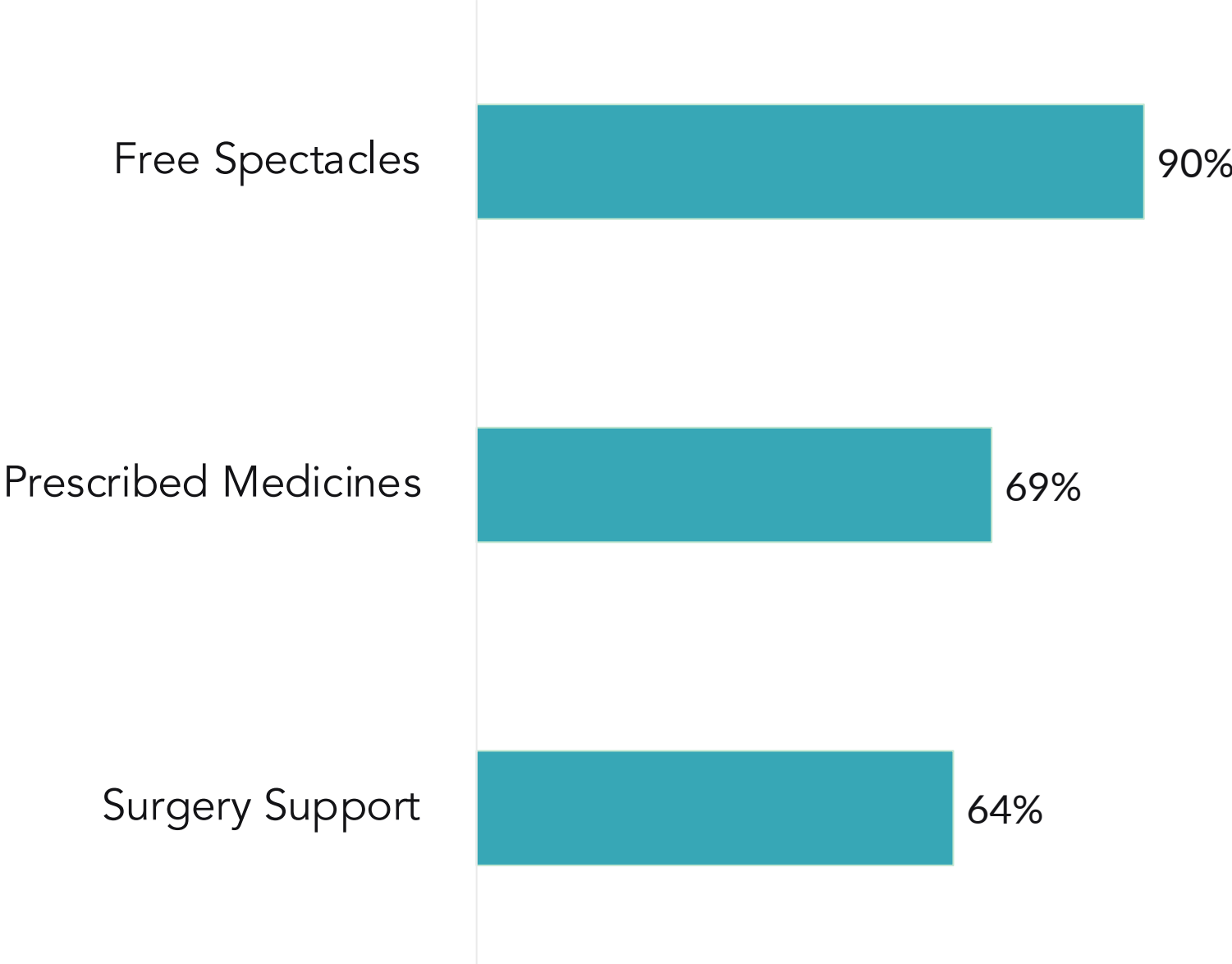
Government hospitals do not give time and information to patients, and at times we are not treated well!

- Eye Camp Beneficiary, Female, 55, Kannegela

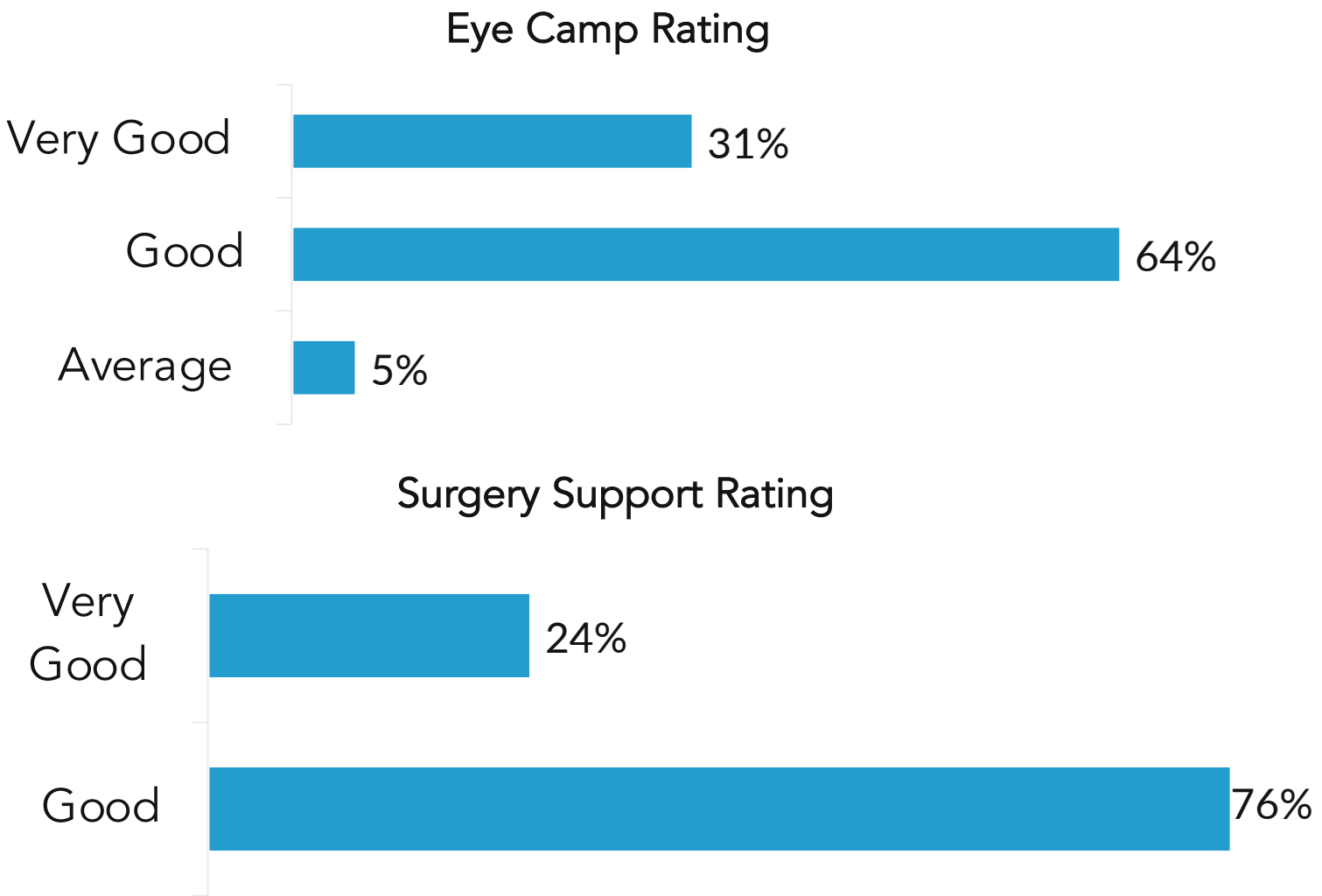
CONDITIONS DIAGNOSED



TYPE OF SUPPORT RECEIVED



CAMPS WERE RATED POSITIVELY BY ALL RESPONDENTS



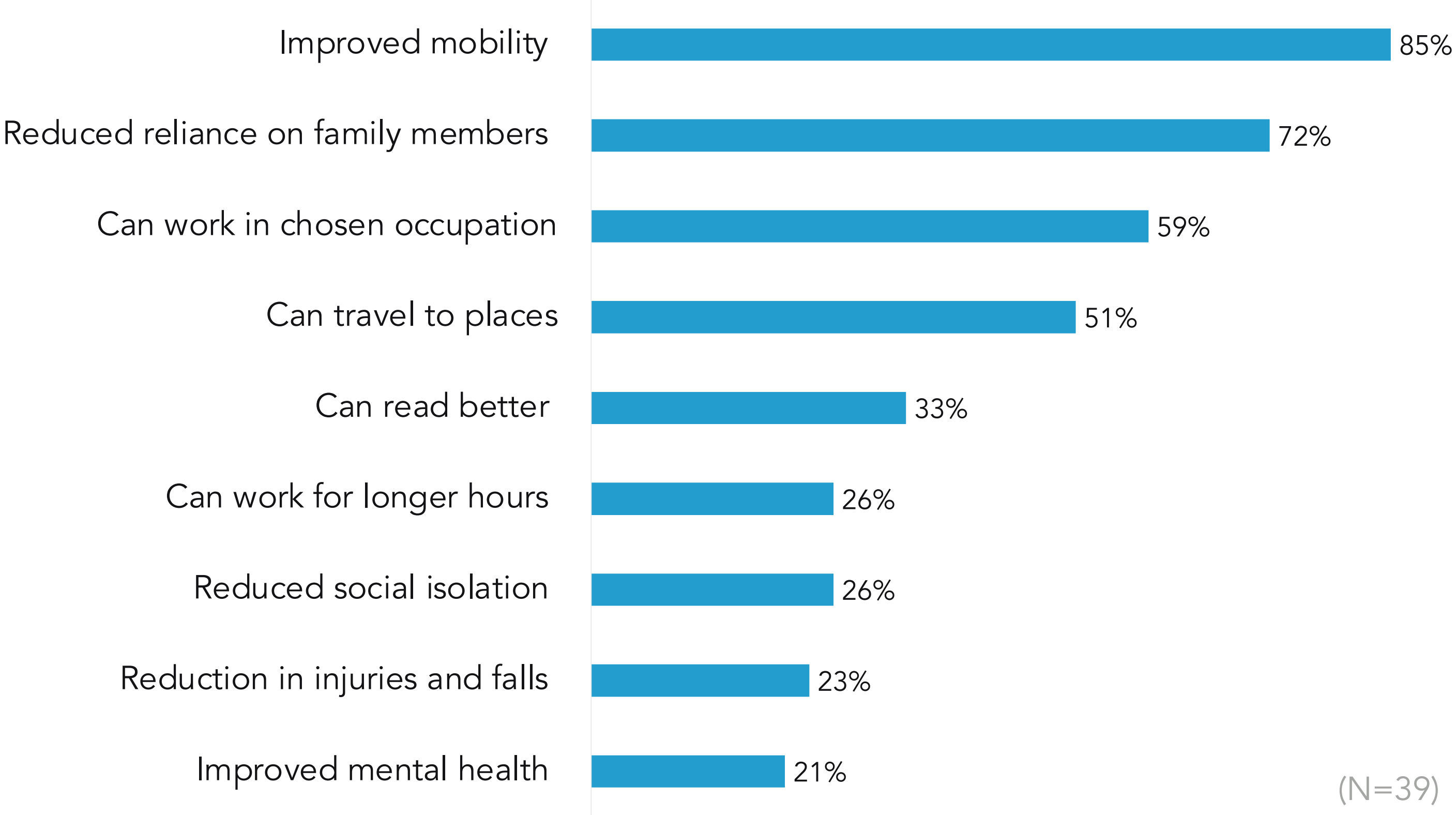
STUDY FINDINGS: EYE CAMPS



ACCESS TO HEALTHCARE

77% learnt about their conditions for the first time owing to this camp and 92% had never seen a doctor for their eye ailments before.

56% did not opt for surgeries before the camp mainly because they were not aware that they needed surgery.



(N=39)

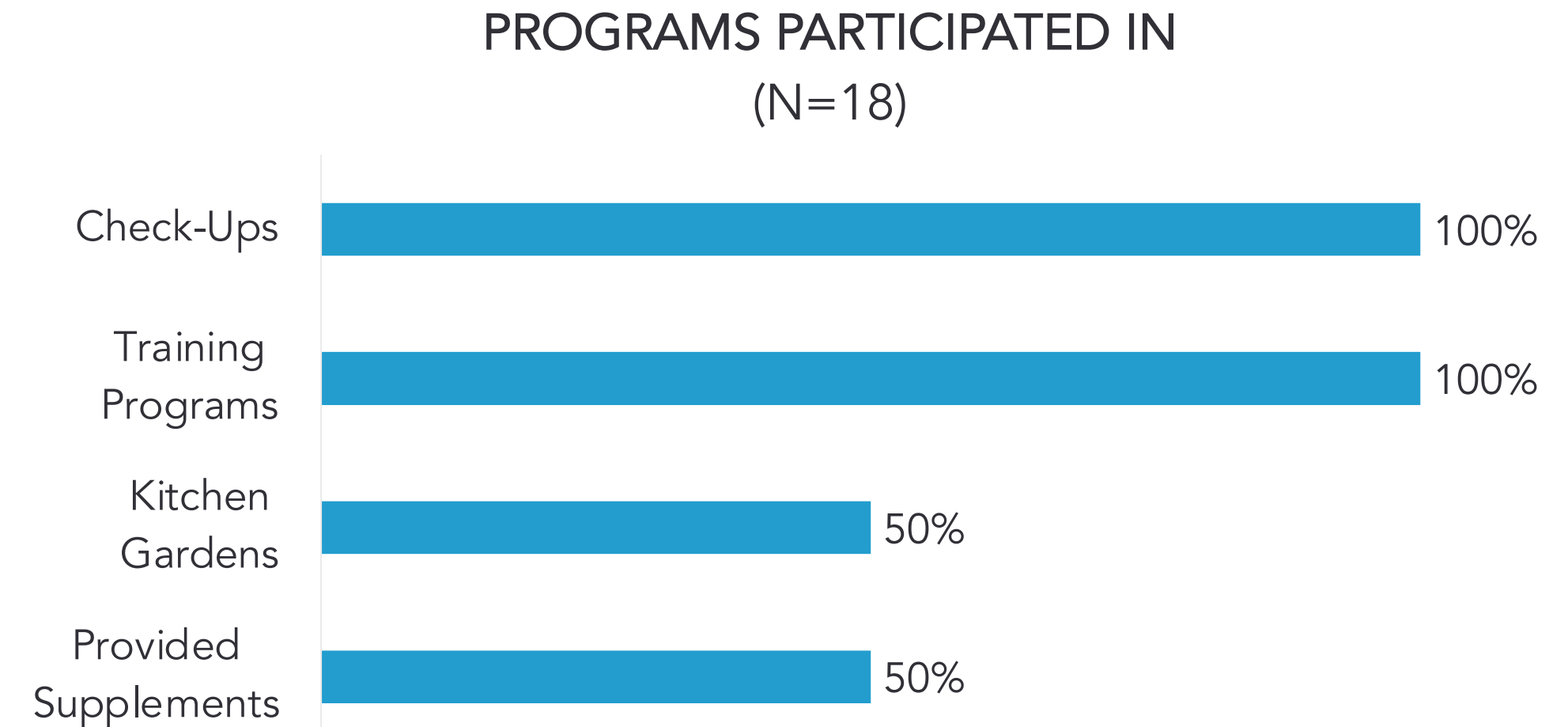
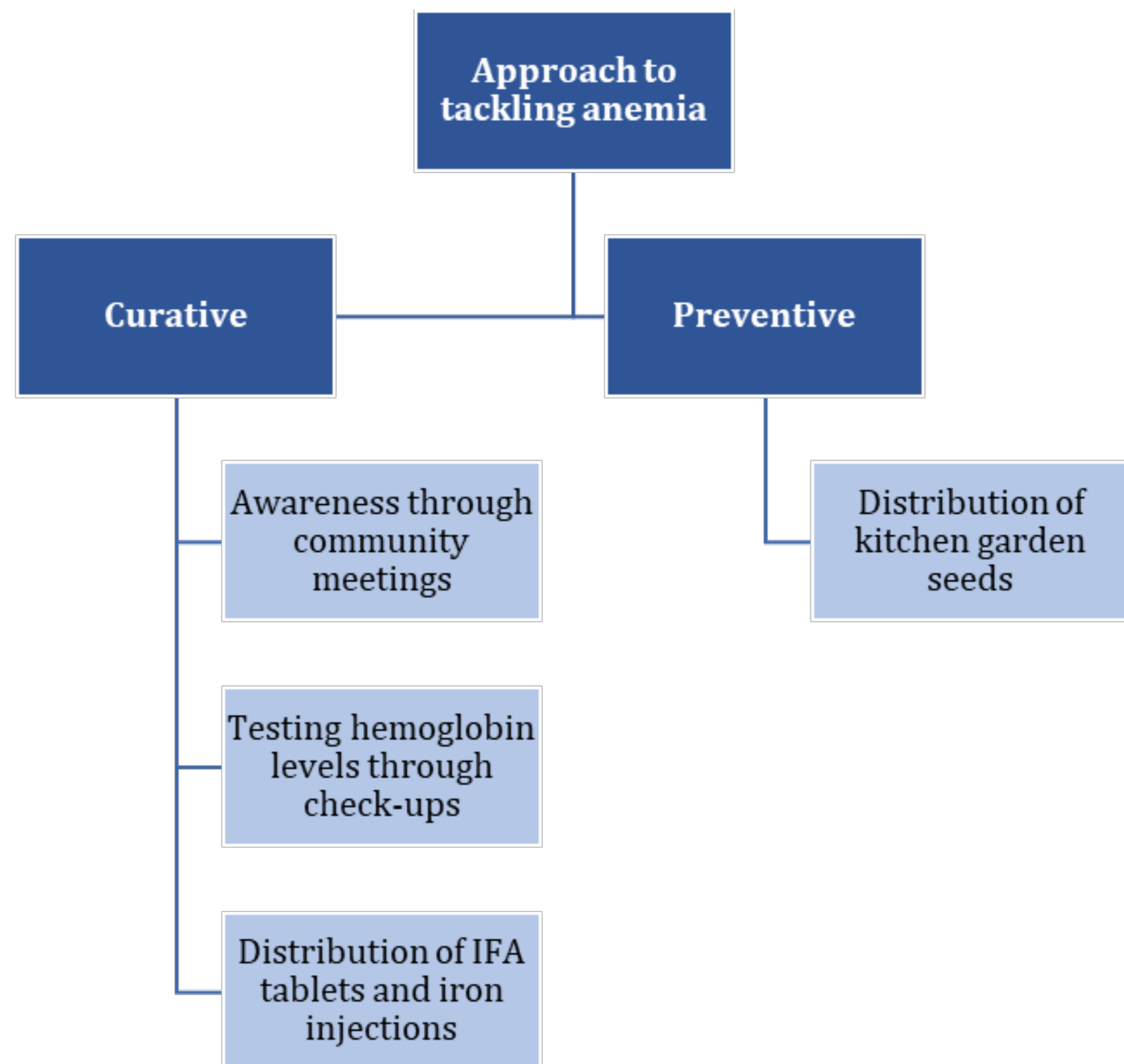
Owing to the age demographic, poor post/self-care practices and a lack of sustained health support, 49% respondents are still facing eye ailment issues.

STUDY FINDINGS: NUTRITION PROGRAM

The average age for respondents was 36.

Anaemia in our villages is caused due to poor diets, low awareness, limited testing, lack of nutritional support and pregnancy.

- ASHA Worker, Berambadi



AREAS OF IMPACT



100% stated improved awareness, food intake and regularity of meals



58% women had checked their anaemia levels recently

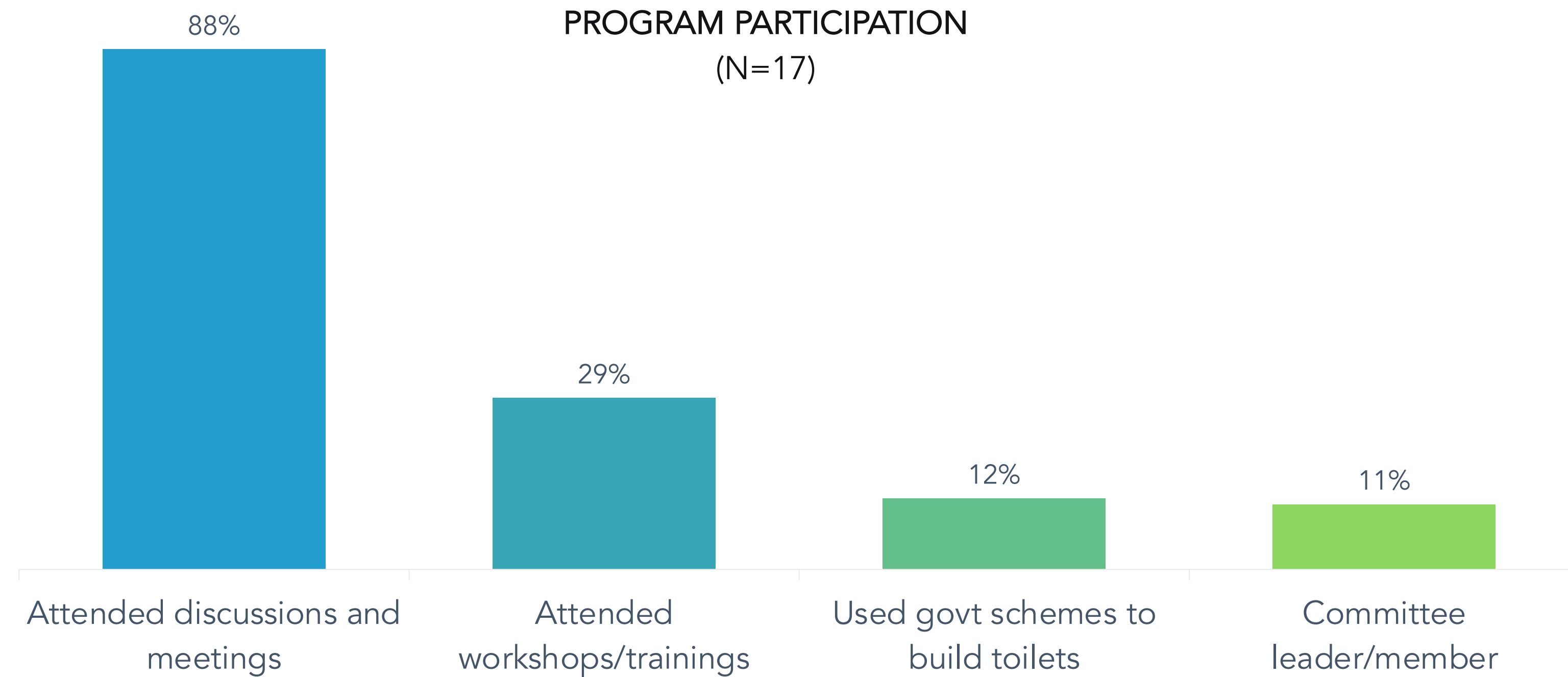
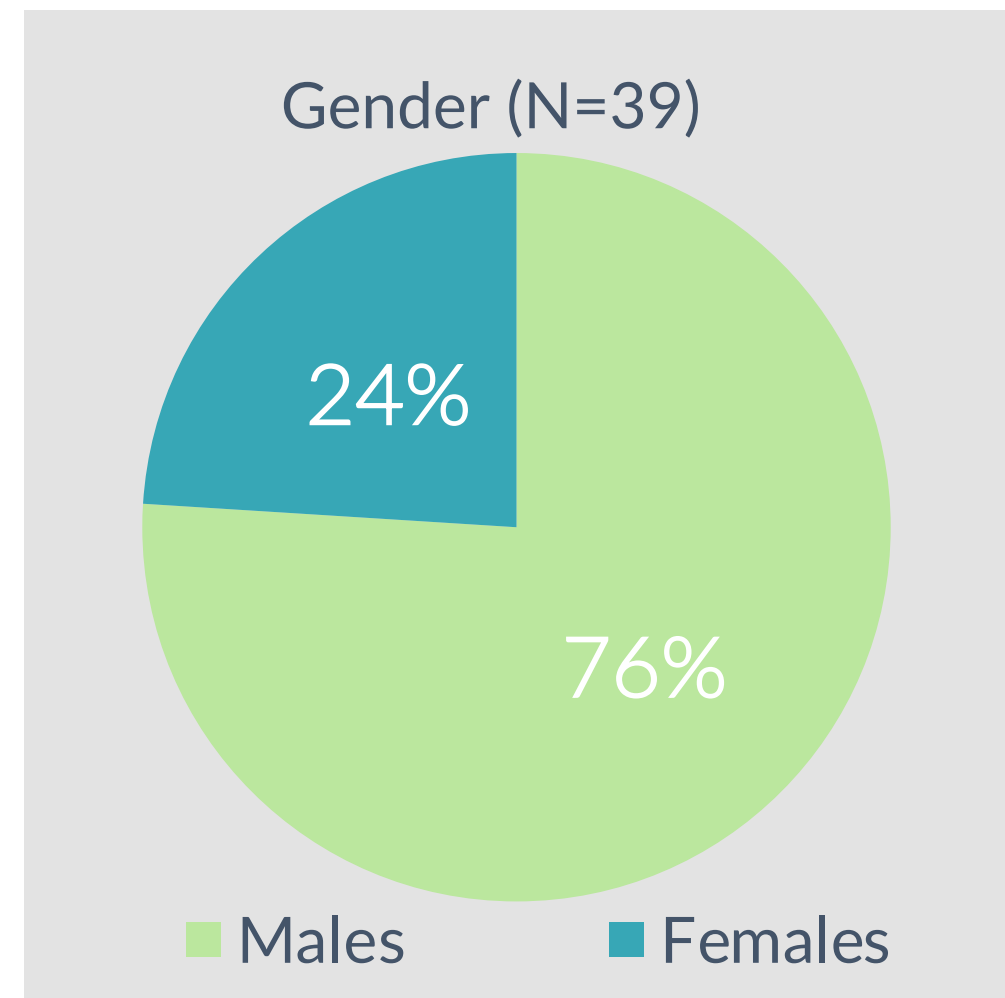


More than half the women started taking nutritional supplements owing to the program.



37% started their kitchen garden with OAHT's help and now have access to nutritious fruits/vegetables

STUDY FINDINGS: CLTS PROGRAM



STRENGTHS	WEAKNESSES
Good recall of the topics discussed	CLTS committee was not very active, limited engagement of the members
The program has instilled awareness on hygiene, leading to improved practices	Open defecation still seems to prevalent in the village
Most respondents appeared to have moved up the sanitation ladder from open defecation to a leach/ pit facility and septic tank while a minimal number have access to a Flush, pour facility	The biggest problem for continued use of toilets appeared to be drainage
Even though very few toilets were built owing to the program, several benefits of having household toilets were outlined by respondents	

STUDY FINDINGS: WATER PROVISION AND HANDWASHING WORKSHOPS IN SCHOOLS

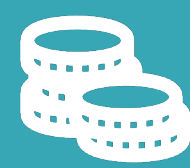
Out of the 3 RO water filters provided by OAHT, 2 were not functional at the time of the study. The principals said that they did not know how to maintain it and the RO filters needed repair.

AREAS OF IMPACT



ACCESS TO CLEAN WATER

Used water stored in tanks earlier which would be unclean and that would result in many students falling sick, and low attendance levels



COST BENEFITS

The school in Baragi earlier had to pay INR 20 everyday to get filter water canisters for students

HYGIENE PRACTICE MESSAGES GIVEN AT THE WORKSHOP

Wash hands frequently

Use soap for handwashing

Avoid open defecation

Flush after toilet use

Bathe and brush daily

AREAS OF IMPACT

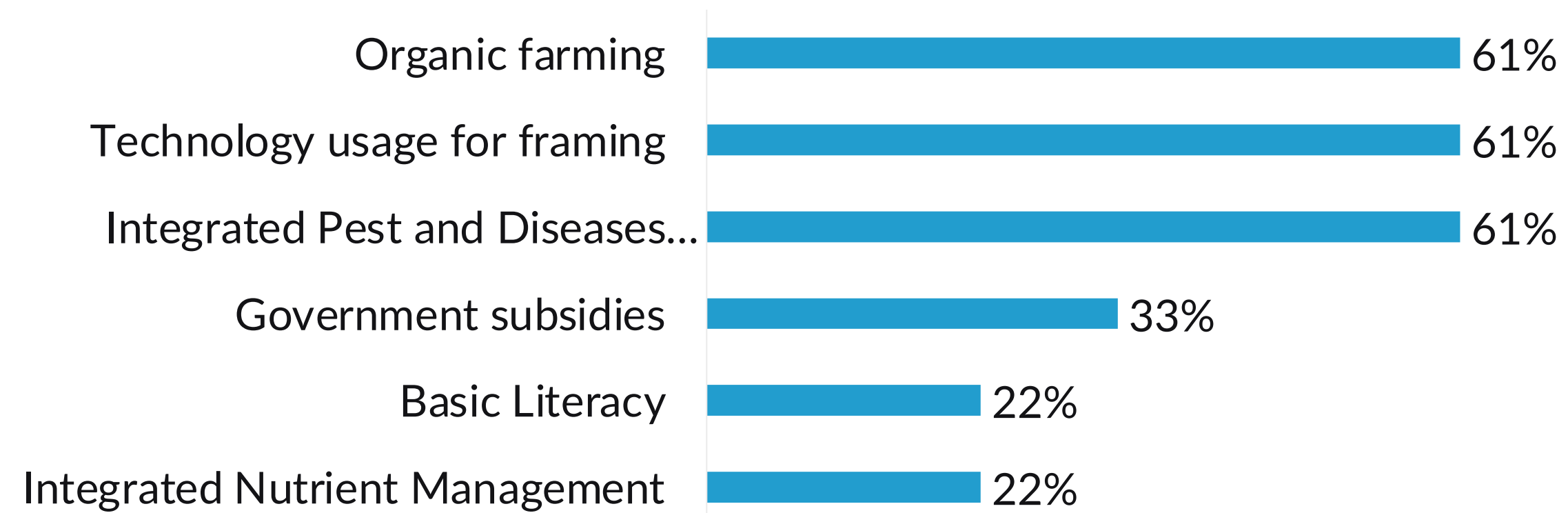


- Principals provided very positive feedback on the program, especially the workshop content and demo-sessions
- Most students remembered what they had learnt in the handwashing workshop
- Participatory exercises gauging students' hygiene know-how and practices brought positive impacts to the fore

- Students are aware and have hygiene habits, but sometimes have resource constraints. Overall lack of WASH infrastructure was noted across the villages and schools
- While students reported following hygiene practices, there could be some social desirability bias in responses

STUDY FINDINGS: FARMER EDUCATION PROGRAM

TOPICS COVERED (N=18)



"I have earned INR 30,000 after selling the mangoes and coconuts, which I cultivated after receiving the saplings through the KAPY scheme."

- Male, 75 years, Berambadi

"The OAHT comes to the field and explains the cultivation process from time to time. Other companies don't come to the fields and do not give us information like OAHT".

- Male, 33, Baragi

AREAS OF IMPACT



61% received help from OAHT in availing of government schemes, as most of them were unaware about these schemes earlier



Saplings provided as part of the *Krushu Aranya Protsahan Yojana* (KAPY) government scheme were still surviving



The program led to an improvement in agricultural practices: Use of Jeev Amrut in Fields, Snipping practices



61% said that they learnt about organic fertilizers and pesticides through the program and have started using that on their fields




Financial inclusion of farmers showcased positive results, but use of digital tools among farmers was very limited

WAY FORWARD AND RECOMMENDATIONS

EYE CAMPS



Increase space at the eye camps so more people can be accommodated



Recruit youth volunteers to reduce language barriers faced by patients



Follow-up camps offering free medication for sustained recovery among patients




General health camps with specialists are a dire need in these communities



Strengthen mobilization and awareness strategies

NUTRITION PROGRAM



General health camps should be a focus as per women and the ASHA workers



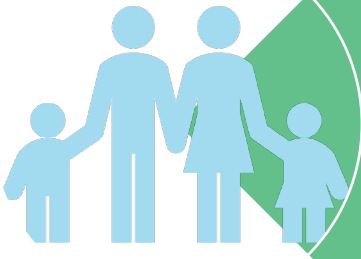
Awareness on menstrual hygiene emerged as an important recommendation



Nutrition support and awareness sessions need to consider local needs and realities




Regular revision sessions with the women for use and retention of information



Tackle social stigmas through sessions with families of the women

CLTS PROGRAM



Incentivize using toilets




Strengthen the functioning of the CLTS committee



Ameliorate drainage facilities



Provide a point of contact for reparation of sanitation facilities



Build community toilets

WAY FORWARD AND RECOMMENDATIONS

WASH INFRASTRUCTURE



Conduct awareness sessions with school staff



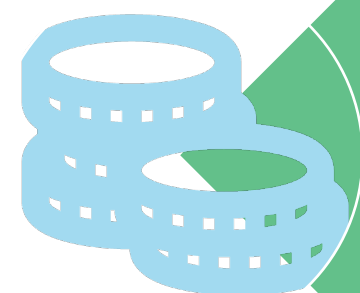
Follow-up sessions for WASH can be arranged with students



Link schools to government schemes to construct/repair toilets



Provide a helpline number to the school staff in case any issues occur with the filter

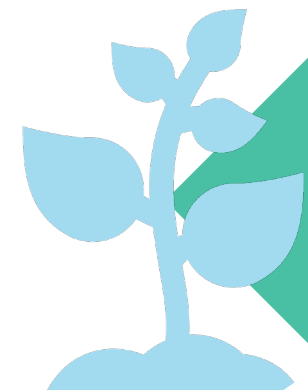


Use alternative models of water filters which are low cost and low maintenance

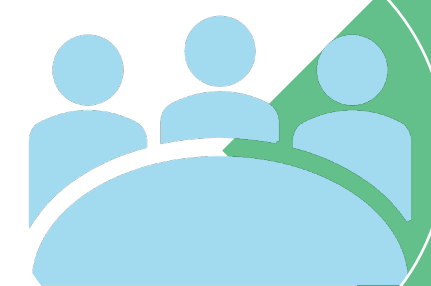
FARMER SUPPORT



Increase access to Government schemes promoting organic farming



Promote mulching



Conduct more regular meetings, exposure events

ADOPT A DATA-CENTRIC APPROACH TO IMPLEMENTING, MANAGING AND MONITORING PROGRAMS

BASELINE PROFILING

01

Collect basic demographic details and assign Unique Identification Numbers (UID)

MONITORING TEMPLATES

02

Create monitoring templates to track activities undertaken with each beneficiary

DIGITIZE

03

Monitoring templates digitized to ease data collection and analysis

TRAIN

04

Train team members to use these digital templates and collect accurate data