Azim Premji Philanthropic Initiatives

SVYM

APPI GRANT EVALUATION REPORT-CCST PROGRAM-SWAMI VIVEKANANDA YOUTH MOVEMENT

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Acronyms

APPI	Azim Premji Philanthropic Initiatives
AISH	All India Institute of Speech and Hearing
CSR	Corporate Social Responsibility
CCST	Comprehensive Care, Support and Treatment (CCST)
COBSETI	Corporation Bank Self Employment Training Institute -COBSETI
DDWO	District Disabled Welfare Officer
MRW	Multipurpose Rehabilitation Worker)

OECD-DAC	Organisation for Economic Co-operation and Development's Development Assistance Committee
PWD	Persons With Disability
PDO	Panchayat Development Officer
SAI	Specially Abled Individuals
SHG	Self Help Group
SVYM	Swami Vivekananda Youth Movement
ToC	Theory of Change
VRW	Village Rehabilitation Workers

EXECUTIVE SUMMARY

People with disabilities are vulnerable because of the many barriers we face attitudinal, physical, and financial. Addressing these barriers is within our reach and we have a moral duty to do so..... But most important, addressing these barriers will unlock the potential of so many people with so much to contribute to the world. Governments everywhere can no longer overlook the hundreds of millions of people with disabilities who are denied access to health, rehabilitation, support, education, and employment–and never get the chance to shine.

Stephen Hawking

Swami Vivekananda Youth Movement (SVYM) addresses the needs of *Specially Abled Individuals (SAIs)* and providing solutions through the program-Comprehensive Care, Support and Treatment (CCST) for SAIs. Azim Premji Philanthropic Initiatives (APPI) has assigned the grant evaluation of the CCST program and provided the Terms of Reference defining the scope of work, timeline, and processes to be adhered. During the evaluation, 48 stakeholders were directly engaged in face-to-face interviews and virtual interactions and 38 program participants were engaged in a quick lean survey on satisfaction on the activities participated or involved by the SAIs.

Key findings of the grant evaluation are presented in the REEIS framework.

RELEVANCE

The CCST program identified the problem statement of 37445 SAIs across their ecosystem and designed the program to resolve holistically. The program participants have confirmed the needs as mentioned in the core objectives of CCST program (medical needs, access to entitlements, livelihood opportunities, need for increased awareness and inclusion for SAIs). The have confirmed according to the responses from the direct interviews conducted by the evaluator and lean survey (100% of them reported, n=38).

EFFECTIVENESS

Majority of the respondents from lean survey, 37 of them, rated the services of CCST program positively 5 out of 5 (satisfying beyond expectations). In the personal visits, the evaluator observed that considering the SAIs needs, the activities such as screening and assessment of disability, care givers retreat, paediatric rehabilitation, and subsidised medicine, were executed in the best possible manner as perceived by the evaluators and appreciated by the program participants. There are challenges reported in lean survey that the SAIs could not come to a few events or activities due to distance, opportunity cost to lose a day's work, leaving children unattended and the presence of household work.

EFFICIENCY

Majority of the budget allocation was shared among the Objectives-1,2 and 4 for an amount of Rs 6 Crore and the remaining Objective-3 and Organisation Core contributed to Rs 1.49 Crore. In the Objective-1, two outcomes have underperformed, Early identification through new born screening and children (0-6 years).It was highlighted that due to COVID-19 implications to avoid public

gathering and ensuring social distancing, the camps were not conducted. Of the Objective-1 spending, majority of them was spent on Survey in the first year. In later year, the critical expenses were for medical assessment and conducting field visits by HFs, Supervisors and Managers.

Inclusive Playground

Once constructed this would be a talking point and a landmark of behaviour change towards SAIs inclusive public space in Mysore. The idea of having a playground in the SVYM campus was changed to construct it outside the campus as a public inclusive playground. This change led to requirements of obtaining permissions from government agencies. District collector of Mysore has approved it. We visited the construction site during the field visits in Grant Evaluation and 99% of the cost allocated for it is yet to be spent, Rs 40 Lakh, as shown in Table 4.

IMPACT

Direct and intended outcomes

Two outcome indicators have overachieved, and they are providing social entitlements and provision of aids and appliances. With the provision of aids and appliances support the following changes have happened:

1) Increased mobility and independence: minimising their physical dependency on their family members
2) Families appreciating the pensions earned, bus passes provided and other entitlements
3) Shift in aspirations: pursue higher education (a visually impaired gentleman is preparing for IAS) and some are motivated to take up jobs within their own capacity

Unintended outcomes

Three major positive unintended outcomes have come in the findings are the improvement in quality of life of SAIs and their carers, uprising of community leaders and building resilience among the SAIs.

Counterproductive unintended outcome

As the SAIs must get Unique Disability ID(UDIDs), if there was an assessment taken before applying for the UDID then the old assessment will not be applicable so while taking new assessment, the percentage of disability might become different than previous assessments. In such a condition, some of the SAIs are uncomfortable to take new assessments because if the SAIs get the assessment results for less than 40% of disability their entitlements would be stopped.

SUSTAINABILITY

Governance and Financial Capital

SVYM is a 36-year-old NGO, receives an annual funding of Rs 35 Crore rupees, according to the 2019 annual report. There is a Governing body and established ethical governance practices. Accordingly, to ensure transparency and accountability to the stakeholders, it publishes annual reports, sources of funds statutory registrations, and the remuneration of Governing body members. The Senior leadership of SVYM reminded that it will always act as a platform, sharing the infrastructure, knowledge, and offer support to SAIs. CCST program demands a continual engagement with the SAIs and their community institutions. There is no complete exit but an optimised and minimal engagement to execute a certain set of activities.

As a result, there will be always a fund requirement to manage the partial execution, so it is vital to understand how SVYM raises fund and manages the risks around. The Figure 7 shows the potential donors list for CCST, there is an annual commitment of Rs 1.11 Crore or in a worst-case scenario of Rs 51 Lakhs. In all positive case scenario, SVYM could run various components of the program with the above donor mix as it covers 40% (Rs 3.18 Crore) of APPI's budget commitment of Rs 7.5 Crore. The in-Kind contribution and a few of the commitments are covered only till May-2021. In this program the non-APPI donors, as shown in the Figure 7, the foreign donors are Global Strategies-US and a few individual donors, and the other donors are from India and in-kind donation. Considering the limited fund, Rs 10 Lakh per year coming from abroad, FCRA risk is low for this program. However, in the times of CSR budget cuts, government budget cuts on development programs and FCRA compliance and its ramifications, it would be difficult for SVYM to replace a donor with a huge commitment.

Human Capital

Every HF handles at the least 8-10 villages. Seventy-three HFs facilitated medical consultation for 6830 SAIs in the objective-2 and facilitated social entitlements for 4873. In other words, each HF is responsible for 67 to 94 SAIs and their needs. If a HF is not available for a month, another HF is loaded to take responsibility of 8-10 villages or 60 SAIs then this would be an extreme challenge on the ground. However, the needs of existing SAIs would become different in the next 2-3 years if they get fulfilled so the level of engagement with them. If there is a bunch of social workers who can handle a certain services and support in the backend for HFs after certain stages, then it could reduce load on HFs. It would be more effective if the digital application gets a component for SAI to manage his or her account and options to take part in the program activities.

Social Capital

When 254 SHGs were formed and there are challenges and opportunities to lead those SHGs. Two Federations were formed and SVYM should lead them to work towards a common goal and achieve success through collective bargain and support from each other. There is a need for institutional sustainability to encourage leaders among the community and hone their management skills. There should be knowledge sustainability, where handholding is needed for a few more years to provide technical support and market linkages for them.

Health and infrastructure

Among the program participants, the physical and emotional health progress of SAIs are crucial to witness the impact within the individual, across the family and the society. There are certain neurological conditions causing disability to be it Cerebral Palsy, Multiple Sclerosis, Spinal Cord Injury, SLE, Auto immune disorders and others where the prognosis may suggest relapse. In other words, working with individuals on such medical conditions, it is crucial to improve the quality of life on a day-to-day basis rather than promising longevity and guaranteeing positive outcomes.

Infrastructure

Building facilities and infrastructure are fundamental components of the CCST program's sustainability. The vocational learning centre in Kenchennahalli, SVYM hospital in Saragur, Rehabilitation therapy center and others are vital for the SAIs to get trained, treated and become

stronger. The playground to be constructed would be a landmark to promote inclusion in the public spaces.

CONCLUSION AND RECOMMENDATIONS

We strongly recommend APPI should continue funding for the CCST program without any reduction in the commitment. In this case, APPI should work within the same cohort in the taluks of Mysore and Kodagu but work with the different form of budget allocations to promote vertical scalability. As the SAIs have been with the program for 3 years, the next logical step is to create community groups and strengthen community institutions or groups within them. This begins with SHGs, its federations and there should be carers group for adults and carers group for children.

Foremost, APPI should invest in social capital, inclusion for education, capacity building community institutions and groups and enabling them to collaborate, build knowledge and conduct activities. They could be market linkages for SHGs and more livelihood and income generation opportunities. It will optimise the role of SVYM to be a platform and be a mentor or a parent, where and when needed. It can be built along the existing objectives.

In summary, the investments of APPI in CCST program has fetched positive outcomes in most of its set targets and we would recommend funding the program for the coming years.

1. ABOUT THE GRANT EVALUATION

Azim Premji Philanthropic Initiatives (APPI) has appointed independent evaluators-Mr.Karthikeyan E and Ms. Darshana K to conduct Grant Evaluation on the CCST program of Swami Vivekananda Youth Movement (SVYM).The evaluation is conducted for APPI's grant, as per the MoU, G-1708 03494 for a total amount of Rs 7,49,77,400(Seven Crores, Forty-Nine Lakhs, Seventy Seven Thousand and Four Hundred only) that would be disbursed in a period of three years from 2018 to 2020 .

Terms of Reference for the grant evaluation acted as the guidance and reference document. The scope of work, evaluation objectives, evaluation framework, and timeline of activities was accordingly agreed.

1.1 About the program

SVYM implements the CCST program for SAIs in 11 taluks of Mysore and Kodagu district- Saragur, HD Kote, T.Narispura, Nanjangud, Hunsur, Mysore town and rural, Virajpet, Somwarpet, Piriyapatna Madikere and Kodagu town.

The goal of program was to identify, assess and enable SAIs to maximise their physical, mental, and sensory abilities, to compete with the mainstream and lead a socio-economically productive life.

The goal is devolved into 4 objectives and streamlined down as a list of activities to meet the objectives. The activities could be conducting screening camps, assessments, facilitating paperwork, documents and entitlements, vocational training, provisioning of aids and appliances, carers retreat and others. The activities are led by the frontline workforce, Health Facilitators (HFs) at grassroots with the SAIs and their family. HFs are guided by supervisors, program managers, project director, the senior leadership and healthcare experts. The key features of implementation model are that it is collaborative, participatory, activity-based and outcome centric.

1.2 Scope of work

The following activities are considered essential and planned with the lead from APPI to complete the grant evaluation.

a) Planning the evaluation in terms of timeline, documents to be reviewed, stakeholders to be engaged and setting up of milestones.
b) The stakeholder engagement plan would be developed to outline the locations to visit, the institutions to engage and the data collection approaches
c) Outputs and outcomes of the CCST program would be evaluated under the OECD-DAC "REEIS" framework. The framework is discussed in the methodology section later.

d) The key findings of the evaluation would be summarised and presented to the core management SVYM along with APPI lead.
e) A final report would be submitted with the findings and recommendations to APPI, including the incorporation of any necessary inputs from the SVYM (as communicated by APPI) and APPI.

1.3 Research methodology

The grant evaluation undertook an assessment of the activities conducted by SVYM on CCST program for SAIs. OECD-REEIS evaluation framework and the evaluation objectives were clearly mentioned in the Terms of Reference shared by APPI.

1.3.1 Research objectives

1. The evaluation should capture the achievements of CCST program
    - The findings should present the results of the grant with respect to the grant promise (results framework) mutually agreed upon by SVYM and APPI.
    - The findings shall highlight the work done by SVYM with the SAIs and their families along with the challenges encountered during the implementation
2. The effectiveness of CCST program would be presented
    - The findings should highlight the significant outcomes, the best practices led to the achievement of outcomes and key success factors
3. Presenting the Way Forward
    - A significant expectation upon the evaluation is that it will give key insights on the project and recommendations. They will assist in making decisions about APPI's support to SVYM.

1.3.2 Evaluation framework

OECD-REEIS evaluation framework was applied for the evaluation of projects under Vulnerable Groups theme is OECD-DAC criteria – Relevance, Effectiveness, Efficiency, Impact and Sustainability (REEIS).

The framework is essential to decide the key elements building the outcomes, critical to understand the challenges and opportunities ahead and the best way the data can be collected from the stakeholders. Please click the weblink to access the OECD original framework. APPI has customised the framework to the evaluation objectives and needs. The table in the annexure highlights that the suggested methods were used during the process.

Criterion	Definition
Relevance	The extent to which the objectives of CCST program are consistent with SAIs' requirements, the government's program and objectives on the progress of SAIs and APPI's policies.
Effectiveness	The extent to which the CCST program objectives were achieved or are expected to be achieved. It is vital to understand how big the effectiveness or impact of the project is compared to the objectives planned.
Efficiency	The efficiency is measured in term of how economically resources/ inputs (funds, expertise, time, etc.) are converted to results.
Impact	The positive and negative, primary, and secondary long-term effects produced by the CCST program, directly or indirectly, intended or unintended outcomes.
Sustainability	The perpetuation of benefits from the CCST program after accomplishing the significant milestones of the program. The probability of continued long-term benefits. The resilience to risk of the net benefit flows over time

Table 1 Elements of REEIS Framework

1.3.3 Target setting in RF

The outcomes of various elements in RF were decided on a bottom up approach. The targets are identified and developed to specific location, for example the villages and blocks operated in Kodagu has a target, based on the program participants available, potential outreach and challenges to operate in the geography and the community. The target setting is customised and developed with the inputs from HFs, supervisors, and potential to spend and achieve. Accordingly, the targets are cumulatively developed for the district and they would be expected to achieve on the respective outcomes. This approach has originated from SVYM, as there is a clear understanding that operating from their home locations in Saragur and HD Kote would fetch far greater outcomes than the other location. In the purview of grant evaluation and analysis, the findings were considered accordingly, as per the location and their specific targets.

1.3.4 Stakeholder Engagement

The stakeholder identification and selection process were conducted after two rounds of briefing on the grant and implementation of SVYM. There was an initial discussion with the philanthropy and there was a discussion with the top management of SVYM. The documents about the CCST program's model, monitoring and evaluation and annual reports were shared. They were reviewed to study the process and stakeholders involved in various touchpoints. The below shown stakeholder list was requested based on technical expertise, role in influencing management decisions, providing knowledge and support and receiving services. The following stakeholders

were engaged during the field visits. The audio recording of interviews, their transcripts and the insights were provided in the Google drive and the hyperlink is in the annexure.

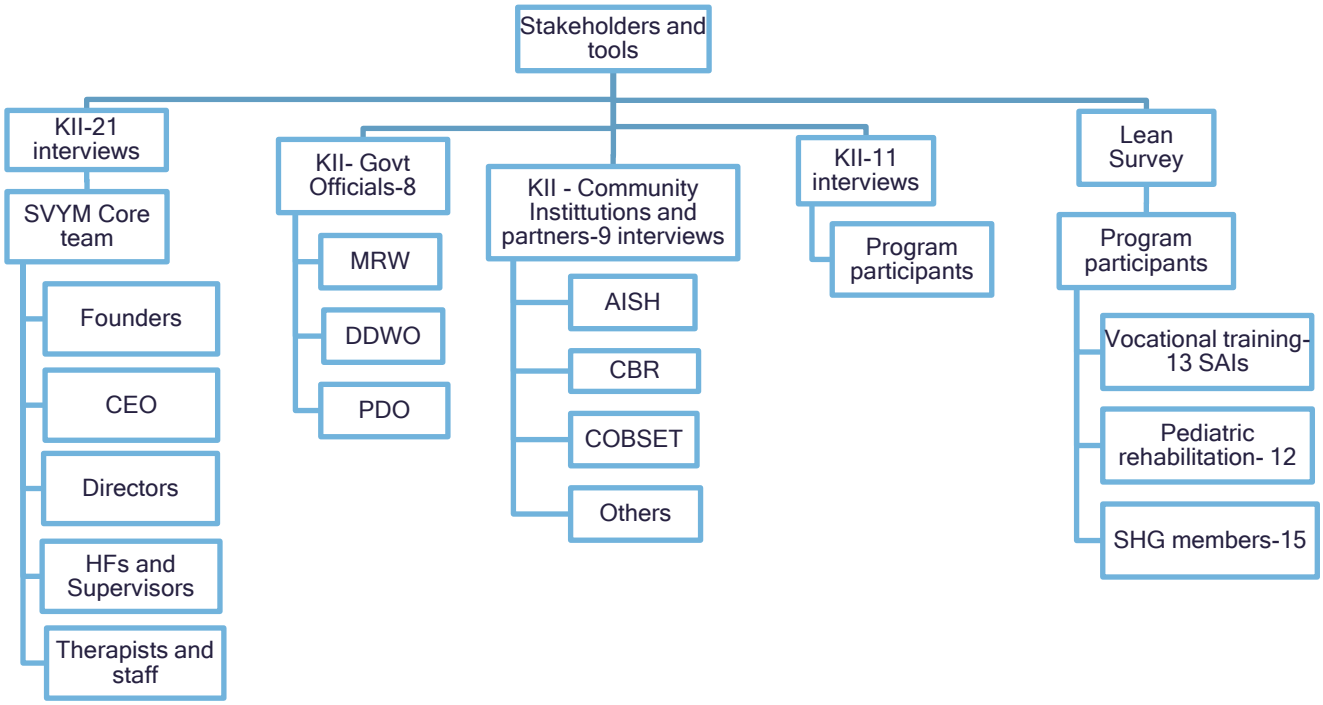


Figure 1 Overview of stakeholders engaged

The stakeholder engagement was mainly conducted between 14 Sep to 19 Sep. It includes program participants, SVYM Core team and experts, face to face interaction and virtual interaction.

Type of Stakeholder	Location	Type of Stakeholder	Location
Partner NGOs-1, CBR Network	Bengaluru	President & Founder, SVYM	Mysuru
Partner: AIISH, Central Government Institute - Director	Mysuru	CEO & Paediatrician, SVYM	Saragur
Partner: COBSET, corporation bank - Manager	Bengaluru	Orthopedician and mentor for disability program	Mysuru
Govt officials - District- DDWO,	Kodagu	Head-Community based programs & Director - VMH	Saragur
Govt officials - District- DDPI	Kodagu	Head- Operations & Director-Finance	Bengaluru
Govt Official- Taluk – CO	Saragur	SVYM Kodagu chapter convener	Kodagu
Govt Official- Gram Panchayat - PDO	Kodagu	Project Director - CCST- PWDS	Mysuru
District Disability Rehabilitation Centre (DDRC)	Mysuru	Program Manager	Kodagu
Rehab assistant and Program Manager	Saragur	Audiologist & Speech-Language Pathologist	Hunsur
Supervisor	Saragur	Resource center staff - Rehab assistant	Saragur
Vocational training coordinator	Saragur	Peer educator	Kodagu

Table 2 Stakeholder Engagement

The framework was essential to decide on the data collection approaches from secondary research and documentation review to capture the last mile perspective from the program participants-SAIs.

1.3.5 Research tools

The study covered the following stakeholders, using various research tools -

Key Informant Interview (KII): In depth, face-to-face interviews were conducted with the Founders and Senior leadership of SVYM, healthcare experts and partners-COBSET, AISH and CBR and with the donors and significant program participants. This tool is extensively applied in this research as it met the data collection efficiency and logistical requirements.

Lean survey: This was a quick and short survey capturing the satisfaction of services and support provided by SVYM. This captured the key challenges and suggestions to improve the program from the program participants perspective. The tool captured relevant information across the interventions in paediatric rehabilitation, SHGs and vocational training.

The program participants were identified on three important aspects and three important stakeholders.

1) Specially abled children and their parents who took rehabilitation support and training
2) Specially Abled Individuals who participated in the training
3) Specially Abled Individuals, adults who obtained medical treatment and rehabilitation

Lean survey is a limited study to compliment the findings in validating the observations made by the evaluator during the field visits. The lean survey was mainly to capture the process efficiency and aspects of effectiveness.

Profile	Knowledge and awareness about program	Perceptions about the process of interventions	Services and support received	Rating of the interventions	Feedback

The above aspects are compared against the internal findings on monitoring and evaluation. Please refer to section 2.2 Effectiveness and 2.3 Efficiency for further findings from lean survey.

Infrastructure check: An infrastructure check was administered while visiting the institutions and facilities- SVYM Hospital-Saragur, SVYM Mysore center and hospital, Vocational training center-Kenchenahalli and Kodagu center.

In the following page, there would be images showing the interaction with various stakeholders during the field visit.

SVYM & CCST Program orientation

Grant evaluation closure meeting with CCST team

Interaction with DDWO,Kodagu

Interaction with PDO,Kodagu

Interaction with SAI (who received artificial limb) Nanjangud

Interaction with SAI (who received artificial limb) T Narasipura

Interaction with HF who is SAI, Kodagu

Interaction with the mother of a child who is SAI, Padeiatric rehabilitation SARAGUR

Interaction with HF who is SAI, Kodagu

2. KEY FINDINGS AND OBSERVATIONS

This section applies the REEIS framework to present findings and analyse them. The findings would reflect perspectives from multiple stakeholders for the specific element in REEIS framework. To get a detailed understanding about the framework, please refer the Annexure-1.

2.1 Relevance

Contextual significance

As a country, India has 2.68 Crore Specially Abled Individuals (Department of Empowerment of PWD (Divyangjan), 2019) and of that 70% of them are in rural parts of the country. According to The Rights for Persons With Disabilities Act, 2016, it recognises 21 types of disabilities and in the survey conducted by SVYM in the 11 taluks of Mysore and Kodagu districts, there are 37,624 SAIs. According to APPI's Vulnerable Groups focus area, it has SAIs in the portfolio considering the opportunity to fulfil their potential and live with dignity in their community.

District	Taluk	Total SAIs
Mysuru - Rural	H. D. Kote & Saragur	5710
	Mysuru	3925
	K. R. Nagar	3809
	T. Narsipura	4406
	Hunsur	4174
	Periyapatna	2805
	Nanjangud	5285
	Mysuru total	**30114**
Kodagu- Rural	Madikeri	1708
	Somvarpet	3089
	Virajpet	2713
	Kodagu Total	**7510**
Grand Total		**37624**

Table 3 Survey of SAIs in Mysore and Kodagu districts

Both the Census, national survey of 2011 and the SVYM survey highlight the wide spread of SAIs population in rural and urban areas. The critical challenge mentioned in the annual report of Disability affairs is ACCESSIBILITY. (Department of Empowerment of PWD (Divyangjan), 2019).

As per the findings from the direct interviews conducted by the evaluator and lean survey (100% of them reported, n=40) with the program participants, they have confirmed the aforementioned needs(medical, access to entitlements, economic opportunities and livelihood and need for increased awareness and inclusion for SAIs). The most significant factors to run CCST program for SAIs are that there is poor infrastructure, unintelligent designs and SAI unfriendly-mobile and

accessible living conditions in the country so they are vulnerable, unemployed, under employed, uneducated, undereducated and suffering every day without dignity. As a result, the self-confidence and resilience among the SAIs and their families are at rock bottom, especially if they live in rural/tribal areas and if coupled with poor financial condition. The lean survey reports, 98% of the respondents that the CCST program has not only addressed the main problem statement of accessibility to medical treatment and socio-economic opportunities but gave hope and resilience to live their life with dignity and head held high.

Holistic approach to problem statement

The CCST program addresses the problem statement of accessibility and the following areas as shown in the Figure 2. It was ensured that during the evaluation, most of the activities mentioned in the Annexure-3 for the specific objective was visually examined and engaged with the respective stakeholders.

Figure 2 Objectives of CCST program addressing the problem statement of SAIs

Relevance of the program in the next 3-5 years

SVYM seems to be the integrated development organisation working across health, livelihoods, education, environment, and WASH and working towards building human and social capital. SVYM has significantly achieved the economic change through various trainings, creating market linkages, setting up of SHGs, institutions and building infrastructure. The individual success stories witnessed during the field visits stand testimony to the above principle in transforming the investments in human and social capital to deliver economic benefits to the individual, family, and the economy. The maturity of community institutions-SHGs and achieving socio-economic stability of the individuals are significant to guarantee the success of the SVYM's ToC.

These capitals(human and social) are intended to bring economic change within individuals and institutions and it is their Theory of Change (ToC)
Founder Dr. R Balasubramaniam

SVYM sees the CCST program for SAIs not as a project that handover the appliances or solutions and exit, irrespective of whether there is the positive availability of funds or not. The donor mix is diverse, according to their senior leadership, fundraising and financial management in principle is that infrastructure and setup costs would come up from donors and ideally the running expenses would be borne by the participants so there is cost sharing and ownership from the participants. In time, they could manage themselves, SHGs and Federations on their own in future. However, in the next 3-5 years, the need for 37445 SAIs in human, social and economic capitals would be reduced or becoming different. There can be more SAIs as program participants and some SAIs would not require certain services and support but there is a clear understanding to setup of human resources, knowledge capital and infrastructure for relevant needs for SAIs-Vocational training centers, caregiver camps, provision of aids and appliances and providing subsidised medicines and other.

In summary, the relevance of CCST program would be different in the next 2-3 years, in terms of the change in existing program participants needs (medical, government entitlements, economic opportunities and inclusion might have been partially fulfilled), human resources required and the respective investments required. The senior leadership anticipate the dynamics behind the potential change in future needs of program participants and the repercussions it would have on program budget, resource requirements and activities planning so as a best practice it is diligently taking inputs from HFs, supervisors and program managers on budget planning and activity-based costing would prove useful. As it would lead to customise the investments on a monthly basis and for future, customise the resources to be shared and activities planning, handholding and exits with certain services, specific individuals, and groups (SHGs/Federations).

2.2 Effectiveness

2.2.1 Participants feedback-Field visits and Lean Survey

There are multiple points of interaction with the stakeholders where the data and feedback about the intervention are captured to establish the achievement of set objectives. The activities planned under the CCST program are appropriate and sufficient to reach the objectives set in the project. Majority of the respondents from lean survey, 37 out of 40 surveyed individuals rated the services of CCST program positively 5 out of 5 (satisfying beyond expectations). The key findings on lean survey is the following:

Key changes reported as direct and indirect outcomes

a) Improvements in varying degrees of ability to speak, walk, hear and other functional aspects. This is reported from the specially abled children survey.

b) Access to finance at low interest rates and timely support to uptake business opportunities or address household requirements as per the SHG survey

c) Provision of aids and appliances have improved the mobility and independent of SAIs, they are reported in all the lean surveys

d) There is a positive mindset shift within the program participants and family members towards the quality of life

Satisfaction review of services and support received (In a scale of 1 to 5, 1 being the lowest and unsatisfied and 5, being the highest and satisfied beyond expectations)

a) 37 SAIs and their families in all three surveys rated 5 out of 5, 2 SAIs rated 4 out of 5 and 1 SAI rated, 3 out of 5
b) Majority of the program participants reported as their final feedback, 38 out of 40 as positive and proud of the service offered SVYM.
c) There is a request for further set of training camps for carers, SHG management training and income generation opportunities (Mushroom cultivation, candle making and others)

In the personal visits, the evaluator observed that considering the SAIs needs, the activities such as screening and assessment of disability, care givers retreat, paediatric rehabilitation, and subsidised medicine, were well executed and appreciated by the program participants.

There are challenges reported in lean survey that the SAIs could not come to a few events or activities due to distance, opportunity cost to lose a day's work, leaving children unattended and the presence of household work. Health facilitator who caters the services and support to a few SAIs in his or her allocated villages report on the above-mentioned activity on daily to weekly basis. HF maintains registers and files for each SAI, and it is updated on the output/outcome level indicator data point in the MIS. The data is constantly checked by the supervisor and by the program managers on monthly basis. The evaluator reviewed the database, checked upon the weekly reviews submitted by HF and the registers and files maintained by HF.

2.2.2 Self-sustainable care

SVYM implements the model of promoting knowledge sustainability. Among the interventions, there are rehabilitation support and services provided. The carers would be parents, spouses and other adults who would take care of them. The carers would be trained on techniques and tools that aid the mobility and improve the quality of life of SAIs and the carers.

As a model, it is largely beneficial for children with certain medical conditions, down syndrome, Cerebral Palsy, locomotor disability, Visual impairment and others. They would be given tools are shown models or prototype of tools that can be recreated in the house. SVYM has exhibited the models in the center and they train the carers during the camps and sessions to use them.

There is peer to peer learning approach to redesign the facilities inside the house that can aid friendliness for the SAIs both the adults and children. This mostly an indirect outcome but it is visible as they improve the livelihood and gets a recognition for their presence. The toilets gets a holder on the sides to move, ramps on the house entrances and others.

The Results Framework is the basis to capture the outputs and outcomes of the predefined objectives of the program.

2.2.3 Key features of Results Framework

1) Appropriateness: Data points captured tell us the progress on specific programmatic outputs and activities
2) Bigger picture: A summarised progress on the objective level information would be obtained.
3) Narrative component: The stories behind the numbers reported was presented here to how or what led to the changes

Objective	Outputs/Outcomes	Indicator	Document or sources to verify the data- Screening registers/Socio-economic assessment sheets, Medical progress reports

Challenges behind the RF

The key challenge of existing RF is that the definition of outcomes is laid out an aggregated basis of cumulative data, and the digital data traceability of individual progress of SAIs is difficult. If a data point is a sum of various data points, then it is essential to review the last data point. For example, the indicators show the number of SAIs received entitlements and received vocational training but does not tell on an individual level. For example, there should be list of individuals in an excel sheet who got the UDIDS and entitlements, a list of individuals in an excel sheet who got aids and appliances.

Digitalising individual progress and SHGs

The digitally available data are cumulative data points. Meaning the data submitted by Health Facilitators, are producing output level data. The data on individual progress are captured in registers, feedback forms and others in terms of profiling individual progress. The following changes are not digitally or regularly captured on a periodical basis.

- Changes happened due to rehabilitation (individually, family wise and total outreach)
- Changes happened due to treatment,
- Changes happened due to utilisation of aids and appliances received

For example, the outcomes in terms of utilisation of aids need to be captured. What new set of activities are now carried out after giving the Cane/walking stick training? A partially blind SAI, Mariappa, who got the cane training mentions that his quality of life has improved in terms of mobility. Earlier, he does not venture out without his daughter's support, now on his own he takes bus from his village to town and comes in the day. He is active in his day to go out to buy grocery for the

house and could take up simple jobs which does not need him to go outside his house and does not much of a visual activity. He might take up beedi rolling in his village.

Mostly complementing qualitative studies such as, Vignettes would be critical to understand effectiveness. SVYM has understood its importance and it is developing a digital application for the program. There was a detailed discussion with the core team. There is a tool suggested in the Conclusion and recommendation, complementing the features of RF.

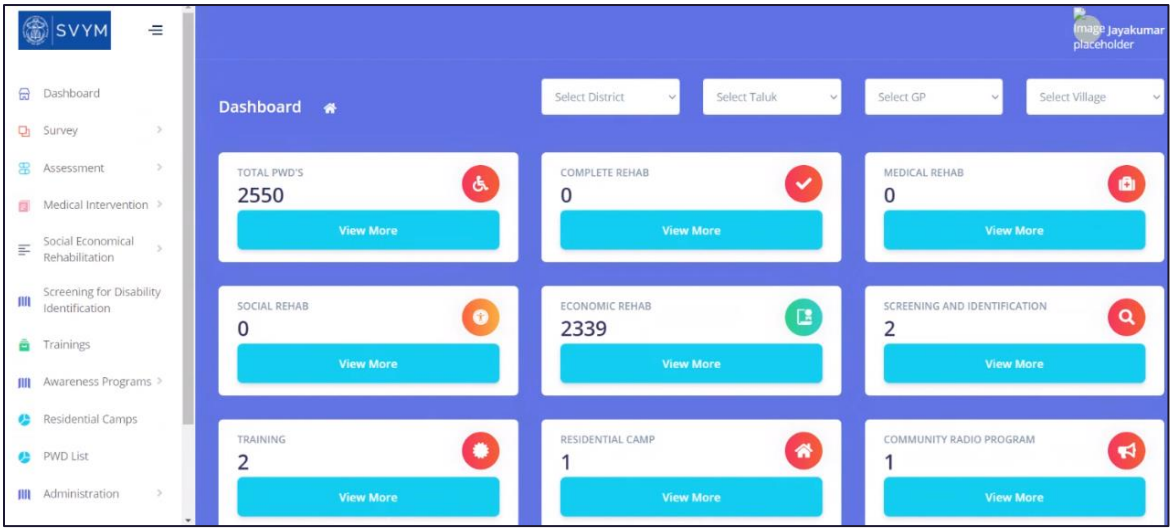


Figure 3 Digital application of CCST program

The above digital application attempts to capture the effectiveness data. It would complement the RF limitations, especially monitoring the individual's progress and visualising the bigger picture of outputs.

Difference between targets and transformations

According to set target in the four core objectives, as per the Annexure-2, most of them were achieved beyond the target, some of them were under achieved and some of them have almost achieved the target.

Significant successes: Two outcome indicators in Objective-3 achieved beyond the set targets achieved beyond the set targets achieved beyond the set targets achieved beyond the set targets, social and economic independence (Facilitating social entitlements, organisation of SHGs and providing Vocational training). Two outcome indicators in Objective-2 achieved beyond set targets, curative and rehabilitative medical care, and home-based care (corrective and curative surgical management, medical rehabilitation and provision of aids and appliances).

Closer to the target: The major outcome achieved in Objective-1 was the creation of survey database, 37445 SAIs. The second major outcome number achieved closer to the target is training 4689 government functionaries on their sensitisation. In the Objective-4, three outcome indicators,

(awareness generation, celebration of days related to disability and acceptance and inclusion of SAIs in the community) have almost achieved the set targets.

Yet to achieve: The outcome indicators in Objective-4 (capacity development of government teachers and motivating parents) were significantly under achieved. They are mainly due to the schedule conflicts to conduct training and the delay in school admissions due to COVID-19. The construction of Inclusive Sensory-Motor playground went through changes from a private playground in SVYM campus to become a public playground with the government and public support. With the District Collector approval, this is a big step in the right direction and the construction of the playground should commence in the coming months.

Major challenges

There is a witnessable home advantage; outreach numbers, long-standing community trust, infrastructure and facilities and brand recall to perform well in their home ground (HD Kote and Saragur) but not in their away grounds (other taluks in Mysore and Kodagu). There are further challenges lies in their away grounds in terms of the terrain, NGO partners and the availability of experienced HFs who would create the witnessable impact in time. As mentioned in the target setting section-1.3.3., this is well understood by SVYM and the spill over effect of the community trust, HFs outreach and terrains to handle during crisis played role in achieving the targets in the respective districts.

In summary, the floods in Kodagu and taluks of Mysore in two years and COVID-19 did not act as a disadvantage to display their non-performance. They are transformed as an opportunity for reinventing the delivery models. The team delivered services and support in terms of telemedicine, virtual training, radio programs and becoming resilient to crises. However, there are challenges such as not digitally capturing data on individual progress and not capturing outcome centric data on individual basis.

2.3 Efficiency

The efficiency of program is reviewed in terms of investments and expenses against the outcomes generated. The key findings on lean survey is the following:

Mobilisation and outreach:

The program participants came to know about SVYM and the program through the following

a) Outreach activities, diagnosis and testing camps conducted
b) Visits of HFs to the house
c) Peer introduction or reference from community

Type of beneficiaries

The program participants in the survey were of different types of disabilities and in varying degrees

a) In the surveys-there were individuals with visual impairment, hearing impairment, speech impairments and locomotor disability and there are multiple disabilities

b)They hail from different socio economic backgrounds and are from different villages in Kodagu

c) They received one or many services and support from SVYM as this is a holistic support program(Residential vocational training, SHGs, rehabilitation, provision of aids and appliances, entitlements and others)

Feedback on the process

a) SVYM actively involves parents or senior adults of the trainees to avoid dropouts and ensure course completion of vocational training

b) The tools (standing bars, different surface for touch and others) provided to the carers were used for the Specially Abled Children after the training and they create tools with the materials easily available in the house

c) In the surveys from SHGs, all of them reported that they attend the meetings and update the records regularly

2.3.1 Role financial planning in effective implementation

SVYM prepares the budget to APPI based on the RF. The budget sheet tied every line item to the objective. SVYM has a model of resource-centre and activity-based costing. Please see the table, hyperlink, and figures for budget sheets in the Annexure 6.

Resource centre: There are common requirements for various projects in SVYM. There are various departments, for example, transport and service department has the cars and vehicles. The vehicles could be considered as a common resource so they would be billed for specific services while project activities take place and would be billed for the rent, driver's fee, fuel expenses and service charges. Later the car could be availed for a different project. Unless and until there is a dedicated resource such as Ambulance, Rehabilitation therapy hall and others then it will be considered as a specific resource available only to that project.

Activity-based costing: This would be prepared by the CCST team based on the RF, activities, targets, manpower, materials, and the timeline. For further information, please click the hyperlink in Annexure-6. The budget was extensively planned with the inputs from HFs, supervisors, and program managers. The consensus with real-time value for a unit price of products and services in budget planning is considered essential. For example, to conduct a review meeting, the unit costing in Saragur per person -Rs 50 for tea, snacks, and logistics, would be presented during the budget planning. The RF lists the activities, so the budget sheet is planned on that basis. It is approved by the project director, finance director, CEO, and the Governing body.

2.3.2 In-Kind Contribution

Beside the contribution from grant, there will be a further demand for CCST team from the senior leadership to raise in-kind contribution from the community. It is pursued to bring accountability from program participants, their family members, and the community. As a result, it would minimise the spending on operational expenses.

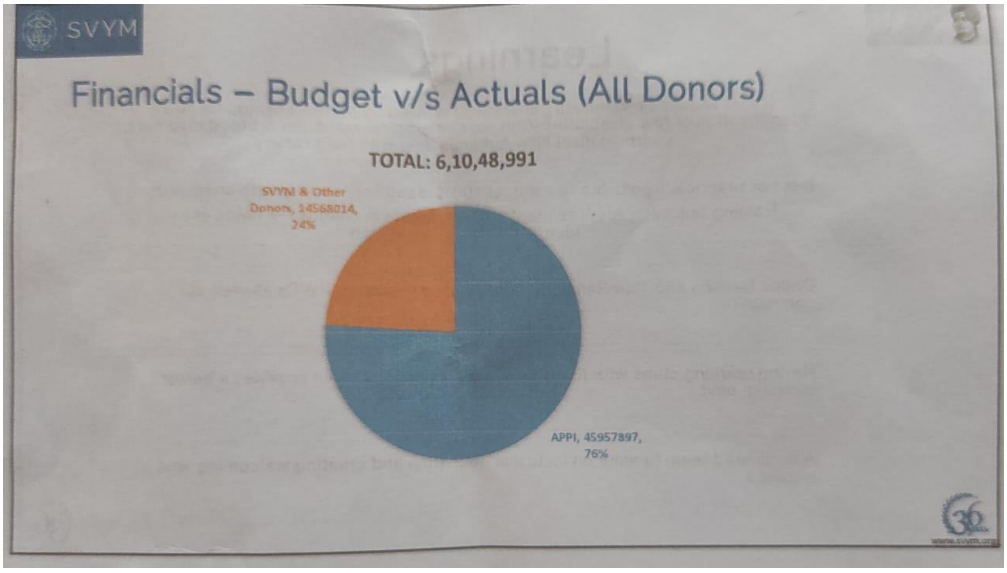


Figure 4 Distribution of donor's contribution

They are accounted in equivalent financial terms, for the provision of in-kind contribution. They could be shamiyana, tea, snacks, venues, grains, ventilators, medicines, bed linens and others. Some of the in-kind contributions are obtained from medical community and others.

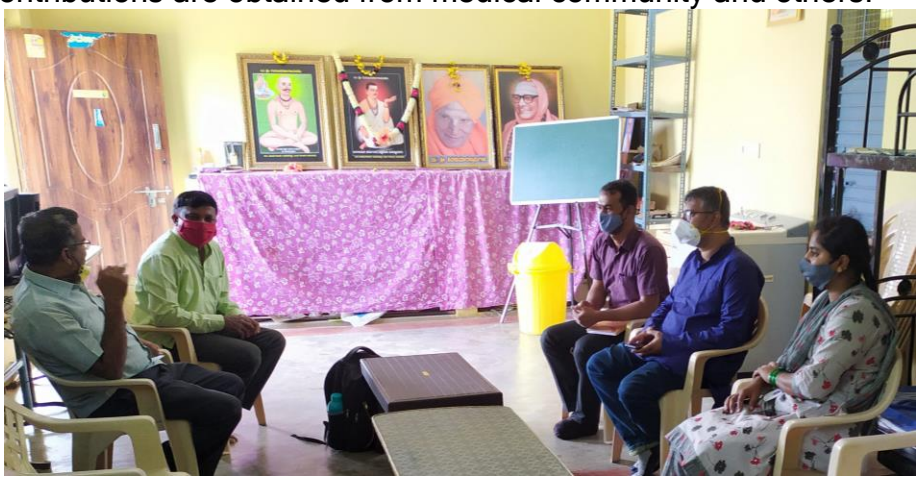
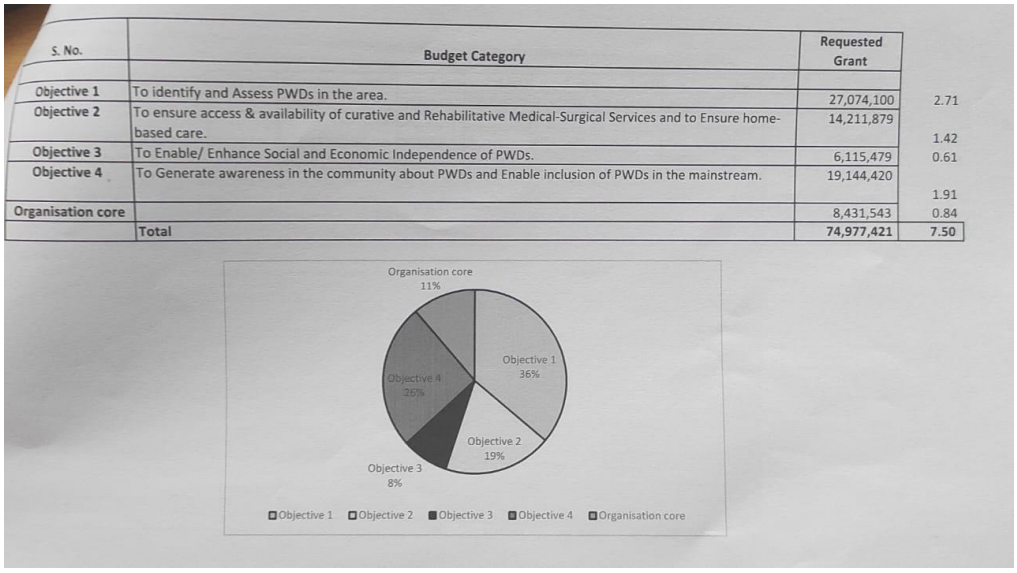


Figure 5 Interaction with a donor-Nanjungud

Other than the above, there are individual donors (please see Figure 7) who contribute funds for certain activities. The gentleman sitting on the left in the above Figure 5 provided the venue and snacks for conducting screening and assessment camps for SAIs in his villages. There are other external donors-GLOBAL STRATEGIES Strategy, individual donors, and in-kind contribution.

2.3.3 Spending versus the impact on objectives

Majority of the budget allocation was shared among the Objectives 1,2 and 4 for an amount of Rs 6 Crore and the remaining Objective-3 and Organisation Core contributed to Rs 1.45 Crore. Please refer the below shown Figure 5.



S. No.	Budget Category	Requested Grant	
Objective 1	To identify and Assess PWDs in the area.	27,074,100	2.71
Objective 2	To ensure access & availability of curative and Rehabilitative Medical-Surgical Services and to Ensure home-based care.	14,211,879	1.42
Objective 3	To Enable/ Enhance Social and Economic Independence of PWDs.	6,115,479	0.61
Objective 4	To Generate awareness in the community about PWDs and Enable inclusion of PWDs in the mainstream.	19,144,420	1.91
Organisation core		8,431,543	0.84
	Total	74,977,421	7.50

Figure 6 Budget spending as per objectives

In the Objective-1, two outcomes have underperformed, Early identification through new-born screening and children (0-6 years). It was obvious and logical that due to COVID-19 implications, public gathering was avoided so the screening camps were not conducted. Of the Objective-1 spending, majority of them was spent on Survey in the first year. In the next year, majority of the expenses were for medical assessment and conducting field visits by HFs, supervisors, and managers. Of the spending for Objective-1, majority of them was spent for the Survey of SAIs, in the first year, later every year, the critical spending was for medical assessment and conducting field visits by HFs, Supervisors and Managers.

Objective-2 and Inclusive Playground

The idea of having a playground in the SVYM campus was changed to construct it outside the campus as a public inclusive playground. This change led to requirements of obtaining permissions from government agencies. District collector of Mysore has approved it. We visited the construction site during the field visits in Grant Evaluation and Ninety Nine percent (99%) of the cost allocated is not spent, Rs 40 Lakh, as shown in Table 5 in Annexure-6.

Main Category	Budgets	Actuals	Difference	Variance	Budget	Actuals
Salary, admin, audit, and other expenses	₹ 40,252,789	₹ 38,221,441	₹ 2,031,348	5.05%	53.69%	50.98%
Intervention-1	₹ 10,386,300	₹ 7,227,119	₹ 3,159,181	30.42%	13.85%	9.64%
Intervention-2	₹ 5,092,800	₹ 5,486,647	-₹ 393,847	-7.73%	6.79%	7.32%
Intervention-3	₹ 3,993,600	₹ 3,366,068	₹ 627,532	15.71%	5.33%	4.49%
Intervention-4	₹ 6,698,210	₹ 3,933,536	₹ 2,764,674	41.27%	8.93%	5.25%
Total	₹ 66,423,699	₹ 56,108,969	₹ 10,314,730	15.53%	88.59%	74.83%

Table 4 Overview of budget

The key elements in the Table 3 are analysed in the purview of overall budget-Rs 7.49 Crore and the proposed budget till end Half year 5. This is based on the recent budget sheet shared in 17 Aug 2020. There is significant amount unspent as per the given budget The significant allocation of the budget lies for salary of SVYM employees, administration, audit, and travel expenses were 53.9%

and within that Salary is allocated for 46.07% as shown in Table 4 Budget top line items in the Annexure-6.

Employee salary and field visits

The program objectives, employees' salary and budget allocations are tied up as shown in the below Figure-7. For further information, please refer Annexure-6, Salary of employees and objectives.

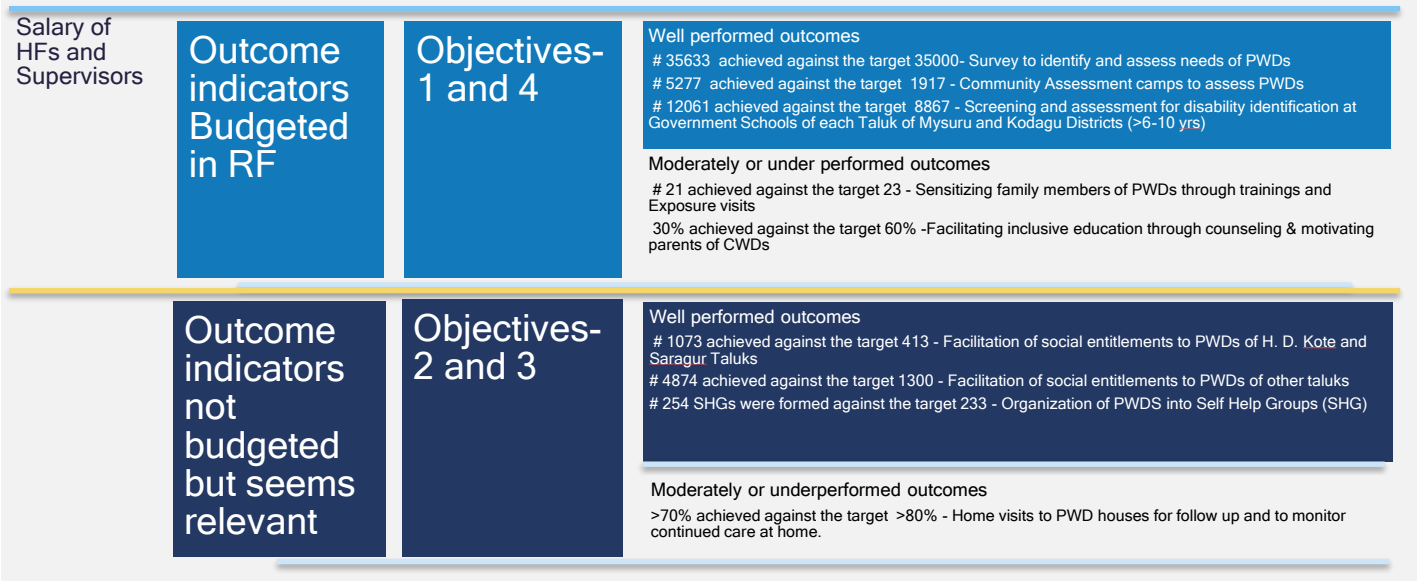


Figure 7 Connection between salary of employees and outcomes

For example, the role of Health facilitators-1 and 2(73 HFs) and Supervisors-1 and 2(10) are applicable for the performance of outcomes in Objective-1 (Survey and in assisting the screening and assessments) and Objective-4(Facilitating inclusive education, supporting events, and persuading carers and parents to attend events). Despite the above, the role of HFs and supervisors seem actively related to the outcome indicators in Objective-3(Facilitation of social entitlements) and Objective-2(Home visits to PWDs).

Most of the outcome indicators in Objectives-1, 2 and 3 relevant to HFs and Supervisors have achieved beyond their targets. The Objective-4 especially facilitating inclusive education was not achieved beyond the set targets. Please refer Annexure 3 for further information on the performance of targets as per the objectives.

Role of Human resources

One Health Facilitator handles at least 8-10 villages and that would entail at least 10 to 25 SAIs and their families. In other words, they are the foot soldiers to win the challenges for SAIs in making them to fetch entitlements and livelihoods. There 73 HFs and 10 Supervisors. HFs are recruited from the community so he or she can understand the context better and could facilitate conversations and activities to transform it better.

If a HF leave, technically it leaves a significant gap for the Supervisor until someone comes as a replacement. Till then for those 8-10 villages would be handled by some other HF who may not have the rapport with the beneficiaries or understanding about the community. In the below picture, the HF travelled farther distances in bumpy roads to meet this SAI and it is the story of many other HFs.

Figure 8 Interaction among SAI, HF and Evaluator

There is a chance of high turnover in Kodagu where the minimum wages of working in coffee plantations were higher than the HFs monthly earning Rs 8,000 to Rs 10,000 per month. Despite the motivation and self-satisfaction to work in the development sector, there must be a rethinking to innovate here.

This would be a perineal challenge if technology and alternative solutions does not come in for support. The model of HF to a rural entrepreneur or running a SHG could be looked upon especially with the support of digital application in progress. The idea of social worker as a continual engagement could be explored. HFs and Supervisors are trained regarding the roles and responsibilities. They are constantly exposed to capacity building on The Rights of Persons with Disability Act, legal and social entitlements and tools and solutions-rehabilitation therapy and surgical treatments developed by the partners. SVYM as an institution seems to invest diligently in building a competent and knowledgeable workforce.

2.3.4 MIS Data

There was a limited access and exposure to the MIS data, but it was sufficient enough to get a decent understanding. The HR and Finance data was exhaustively captured, and the historical costing of products and services applied. The survey data and CCST program data are regularly captured to review the progress of SAIs and targets set for the outcome. Employee appraisals happen with the data captured and managed in MIS.

Governance, Leadership, and future of CCST program

SVYM as a development organisation has a Governing body and established ethical governance practices. To be transparent and accountable, they publish annual reports, sources of funds statutory registrations, and the remuneration of Governing body members. The Governing body provides strategic guidance and makes key decisions. It meets regularly on quarterly basis to review the financials and approve the budgets for high value projects (valuing more than One Crore

Rupees). The budgets would be mainly reviewed and approved by Financial Director, then by CEO and finally the Governing body gives the nod. The key inputs were based on the discussion with Finance Director and the published annual reports. Please find the link in Annexure -7.

Conversations with the President and Founder, Dr. R Balasubramanian and Senior Orthopedician, Dr. MR Seetharam have thrown light on the principles, values, implementation model and the future expectations on the CCST program. The Senior leadership reiterated that there is no complete exit strategy but there can be a partial exit. They not only expect progress after building human and social capital through SHGs, creating livelihood opportunities, and federating them as community institutions but also, they are keen to equip the SHGs and community institutions to battle the community institutions' future challenges. Dr. Seetharam has highlighted that to run their SHGs, it is important for them to lead as a group without interference of their personal interests and have enough savings and earnings to manage their running expenses. Accordingly, SVYM would continue to act as a platform, sharing the infrastructure, knowledge, and mentor them with support. Both of them have highlighted that CCST is a program, a continual engagement is needed, there is no complete exit, but an optimised and minimal engagement are required to address specific needs within the 4 objectives.

Figure 9 Interaction with Dr. Seetharam

There is no red flag observed in SVYM as an entity and the CCST program, while reviewing their process, documentation and interactions with their Senior Leadership and observations upon the Governing body. There was a conducive understanding observed among the employees working within SVYM on various projects. Working on certain projects near their home locations and working for certain salaries might be a minor concern. According to Finance Director, they attempt to ensure salary parity within SVYM, but they are subject to external factors, project budget and performance appraisal. There was not any symptom of Projectitis was observed among the employees.

Programme management within CCST is robust, democratic, and diligently documented and professionally managed. The data flow and decision making on execution is a bottom up model and proves helpful in budget planning and resolving implementation challenges. The hierarchy of designated CC

SVYM team members within the organisation from HFs to CEO, ensures that the checks and balance are kept in place. There are official reviews on the budget, expenses, visits made, regular meetings with HFs and Supervisors and follow up visits made. There was not any significant discrepancy observed either in the process, value, and their data. There is only an observation here that digitalizing the frontline workforce data would establish credibility and authenticity to trace data last mile. It would help to troubleshoot data cleaning remotely for Supervisors or program managers and importantly cross learn from each other. As mentioned earlier, SVYM understood its importance and developing the digital application towards it.

2.4. Impact

The effectiveness and efficiency section have analysed the outcomes of the program in the lenses of program participants, RF indicators and budget. Impact of the CCST program for Specially Abled Individuals as per the RF would be discussed in brief as they were highlighted in previous sections. In terms of systemic change or a society level outcome would be discussed. They would be within their family, schools, workplaces, and public spaces.

On the indirect and unintended outcomes, it should be seen on an individual perspective. It could be the changes happened to his or her living conditions, becoming a confident and emotionally strong, acquiring skills, availing livelihood and income generation opportunities and very importantly influencing the mindset change within their peers and their families.

Did RF based approach lead to systemic changes?
Two outcome indicators were overachieved which are providing social entitlements and provision of aids and appliances. With the aids and appliances support the following changes have happened

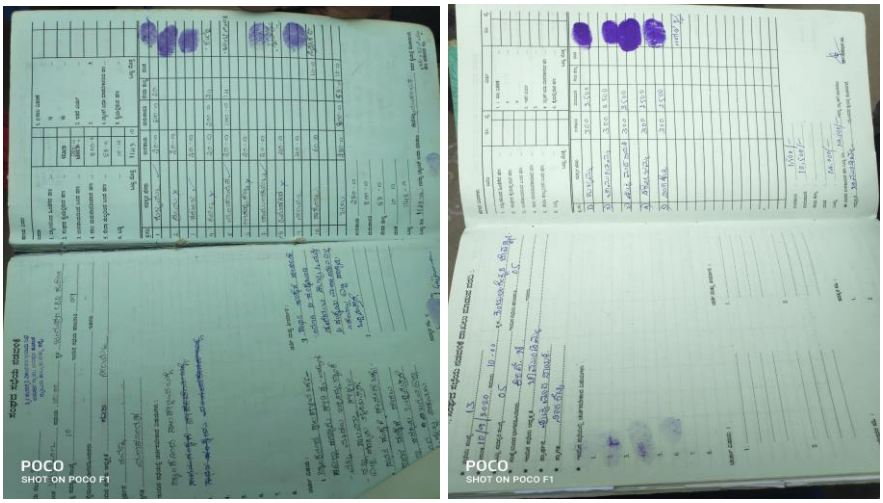
1) Increased mobility and independence: minimising their physical dependency on their family members
2) Families are appreciating the pensions earned, bus passes provided and other entitlements
3) Upward shift in aspirations: pursue higher education (a visually impaired gentleman is preparing for IAS) and some are motivated to take up jobs.

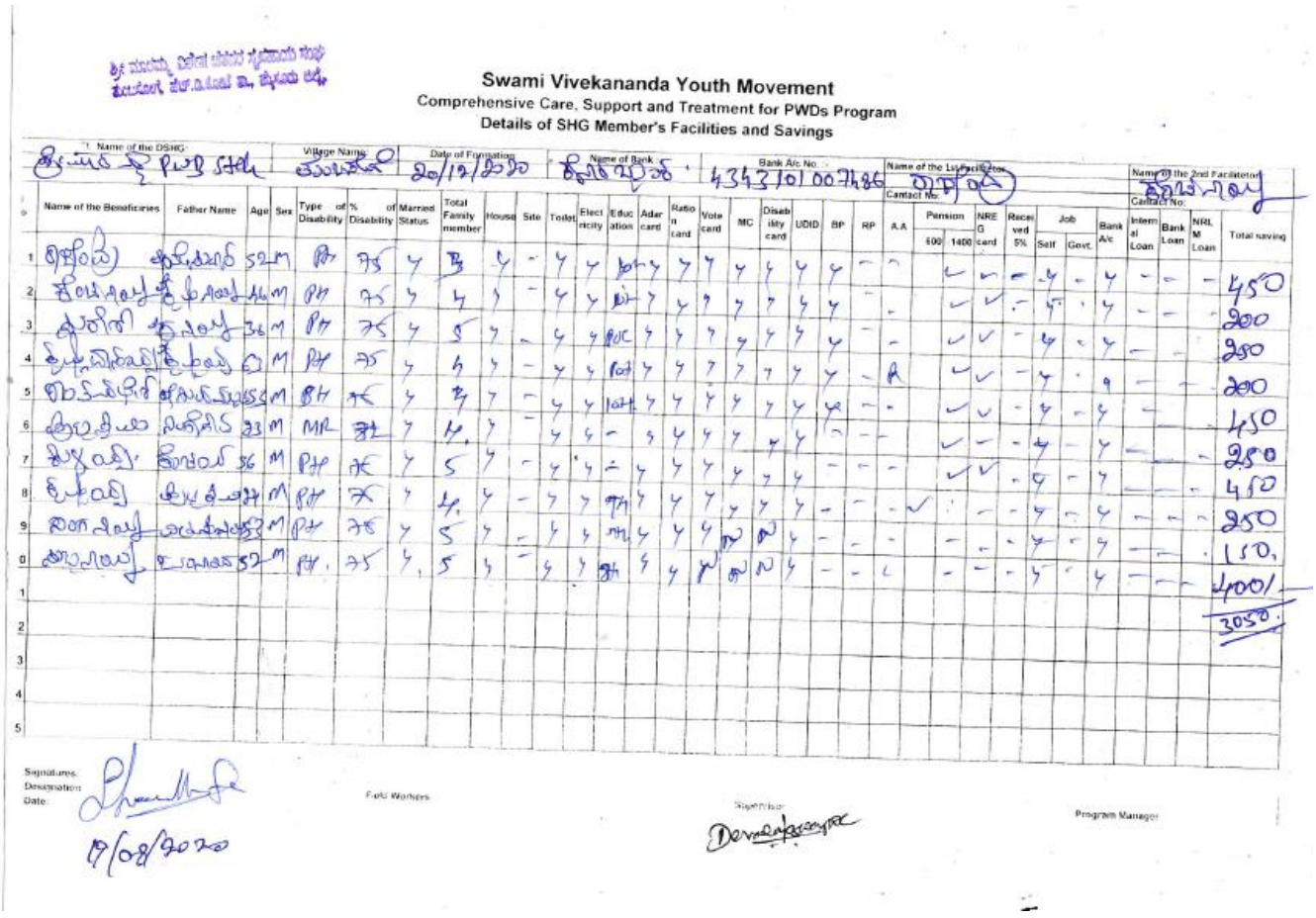
Community radio, Janadhwani plays a significant part in improving the performance of indicators in Objective-4. The awareness it generates among the families of SAIs was discussed and validated during the evaluation. According to the feedback, they regularly follow for the updates on the following:

1) Medical support and services can be availed at the nearest locations
2) Type of Govt schemes, entitlements, and livelihood opportunities
3) Importantly, they are keen on hearing inputs from medical experts, Govt officials and inspirational stories of SAIs within India and abroad

SHG's role upon community

Formulation of SHGs and providing vocational training are two vital indicators in Objective-3. The SHGs performance was discussed in the given sections, considering the scope and research objectives.





Swami Vivekananda Youth Movement

Comprehensive Care, Support and Treatment for PWDs Program

Details of SHG Member's Facilities and Savings

Name of the DSHG: | Village Name: | Date of Formation: 20/12/2020 | Name of Bank: | Bank A/c No.: 43431010071786 | Name of the Facilitator: | Contact No: | Name of the 2nd Facilitator: | Contact No:

	Name of the Beneficiaries	Father Name	Age	Sex	Type of Disability	% of Disability	Married Status	Total Family member	House	Site	Toilet	Electricity	Education	Adar card	Ration card	Vote card	MC	Disability card	UDID	BP	RP	A.A	Pension 600	Pension 1400	NREG card	Received 5%	Job Self	Job Govt.	Bank A/c	Internal Loan	Bank Loan	NRLM Loan	Total saving
1			52	M	PH	75	Y	3	Y	-	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	-	-		✓	✓	-	Y	-	Y	-	-	-	
2			46	M	PH	75	Y	4	Y	-	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	-	-		✓	✓	-	Y	-	Y	-	-	-	450
3			36	M	PH	75	Y	5	Y	-	Y	Y	BOC	Y	Y	Y	Y	Y	Y	Y	-	-		✓	✓	-	Y	-	Y	-	-	-	200
4			60	M	PH	75	Y	4	Y	-	Y	Y	10th	Y	Y	Y	Y	Y	Y	Y	-	-		✓	✓	-	Y	-	Y	-	-	-	250
5			45	M	PH	75	Y	3	Y	-	Y	Y	10th	Y	Y	Y	Y	Y	Y	Y	-	-		✓	✓	-	Y	-	9	-	-	-	200
6			33	M	MR	71	Y	4	Y	-	Y	Y	-	Y	Y	Y	Y	Y	Y	-	-	-		✓	-	-	Y	-	Y	-	-	-	450
7			36	M	PH	75	Y	5	Y	-	Y	Y	-	Y	Y	Y	Y	Y	Y	-	-	-		✓	✓	-	Y	-	Y	-	-	-	250
8			37	M	PH	75	Y	4	Y	-	Y	Y	9th	Y	Y	Y	Y	Y	Y	-	-	-	✓		-	-	Y	-	Y	-	-	-	450
9			45	M	PH	75	Y	5	Y	-	Y	Y	7th	Y	Y	Y	Y	Y	Y	-	-	-		-	-	-	Y	-	Y	-	-	-	250
10			52	M	PH	75	Y	5	Y	-	Y	Y	8th	Y	Y	W	W	N	Y	-	-	L		-	-	-	Y	-	Y	-	-	-	150
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Signatures:
Designation:
Date: 17/08/2020

Field Workers | Supervisor: Devendrappa | Program Manager

Figure 10 SHG books

In the lean survey, 15 SHG members were interviewed to understand their performance.-1 SHG was operating from 2017, 6 SHGs were operating from 2018 and 8 SHGs were operating from 2019.

	Minimum value (Rs)	Maximum value (Rs)	Median amount (Rs)	Number of SHGs below median or at the median	Number of SHGs above median
Savings of SHG	16,000	1,20,000	27,000	10	5
Individual savings	800	5,000	1,700	8	7
Internal Loan amount taken by members	20,000	40,000	10,000	9	6

The above financials show the range of SHGs operate. The purpose of taking loans were mainly to household constructions, get aids and appliances for them, household spending and repaying other debts. They have not taken loans in bigger amounts because of fear of repayments and not having confidence to generate earnings out of the money offered as loans. SHGs in the lean survey above median value are due to two main factors, the age of SHGs and their higher individual contribution amount. The repayments seem positive and better according all the 15 SHGs.

SVYM has its own internal review of SHGs. They were graded in 10 aspects based on their performance and composition as shown in the Figure 10 and below. They are graded in the highest category as A then B, C and D in a scoring format as mentioned below.

Conducting Meetings	Member's attendance in the meeting	Savings of members	Basic money transaction (frequency)	Loan repayment
Accounting books (Documentation)	Effective Utilization of Loan	Literacy of the members	Rules & Regulations	Participation in discussion and decision making

Type of SHG grading are

1. Grade A - More than 80% 2. Grade B - 60% to 80% 3. Grade C - 40% to 60%

4. Grade D - Less than 40%

The SAIs who participated in the SHG lean survey informed that all of them, 15 out of 15 respondents reported they maintain the registers updated and clearly. There was a cent percent, 15 out of 15 respondents reported they attend the meeting. Being part of SHG and CCST program it gives hope and aspiration to earn on their own and be there as a community. Like other success stories of SHGs, the field visit observations captured the positive transformations here. Once bank managers did not let SAIs to open bank accounts as they could not visit the bank and now as SHGs, they are not only welcomed to open bank accounts but also given loans beyond their actual requirements. The credit rating of one such SHG was high that they repaid their loans ahead of their schedule twice and did not seek loans further as their internal lending is at 2% and generating positive cash balance. The snapshot of that SHG's books were shown in the Figure 10.

2.4.1 Unintended outcomes

As the program covers wider range of stakeholders, there are numerous unintended outcomes. Some of these are positive and a few of them are could be counterproductive.

Improvement in quality of life

The carers' training camps are not only considered as an opportunity but an outlet for the mothers. There is a strong peer to peer learning and support and get motivated listening to each other stories. Especially the mothers reported in the evaluation that they have felt their child or fellow family member would get better after attending the camps. Every carer met by the evaluator has informed that they yearn to attend every carer camp. The family members feel that after attending sessions in the camp, the mothers or carers comes out as confident and hopeful individuals bringing in new tools and solutions that can be homemade and improve the rehabilitation of individual.

A simple pair of horizontal logs like parallel bars in physical therapy halls, was erected as a wooden bar is a powerful tool for child with certain physical condition to practice rehabilitation at home. Any minor transformations witnessed in the individuals gives an immense energy and hope to the individual and the family to pursue the therapy. However, there are external factors that could hamper the progress. They could be the poor health conditions, the need to travel far distances in a difficult terrain, waiting for public transport, and during heavy rains.

Figure 11 Interaction with a family-CWD in Kodagu

Community leadership

When SHGs are formed, a few of them will flourish and some will perish. Among them there could be inspiring individuals who would naturally provide inputs that create success beating the challenges of the individuals. Rayappa is one such inspiration who could not be missed in any of the success stories of SVYM's literature about Specially Abled Individuals.

As he got healed in SVYM hospital for the bed sore, he got inspired from the words and support provided. He and a few other SAIs have started the SHGs, they made candles and sold them for churches and made a decent earning during Christmas. He has transformed the toilet in his house to wheelchair accessible and his SHG bought a car which he drives. His physical condition of Spinal Cord Injury was due to an accident. His spirit of resilience was not only built on opportunities landed on him but also with the rescue and escape against two fires set on his house. He retaliated against the miscreants not by force but by succeeding further in expanding his income generation opportunities and inspiring others.

2.4.2 Counterproductive unintended outcome

There was an unintended outcome observed and it is a not alarming concern, but it could be re-appearing considering its nature.

In the process of fetching entitlements, SAIs go through assessments to record their percentage of disability and type of disability. As they must get Unique Disability ID(UDIDs), the old assessments were not applicable so while taking new assessment, the percentage of disability might become different than previous assessment. In such a condition, some of the SAIs are uncomfortable to take new assessments because if they get less than 40% of disability their entitlements would be stopped. The challenge is that some HFs posed this as a concern or a moral dilemma that due to their work, the SAIs might lose their entitlements. In other words, the HFs might influence the assessments so that SAI get a beneficial assessment as a result the SAIs can avail the entitlements.

Another observation is that a few of the paediatric rehabilitation requires regular visits for therapy. It is difficult for a mother to come alone in a public transport considering the difficulties in causing discomfort to specially abled children. In a child's case the parents, both mother and father, must take the child to AISH for speech therapy. They were a bit far from HD Kote so both Mysore and Saragur are the available options in either case the dad would lose half day when he goes for his child's therapy. It is an unfortunate situation, but he is ready to give away his earnings for his child's growth.

Figure 12 Screening of children for disability

The need to travel for therapy and events is inevitable in many situations by SAIs and their family members, as a result they may lose a day's earning or compromising on the household support the individuals. The SAIs and families would become matured and accustomed enough to appreciate the value if they see progress. Each SAI and each family member who accompany are unique on their own in terms of the socio-economic conditions, type of disability, level of disability and others so the HFs and Supervisors understand their unique challenges well. They give their best to inform the screenings in prior and prioritise their screenings if needed.

In summary, the positive impact brought in the lives of SAIs, family members and the systemic change, be it community leadership and upward aspirational shift are nothing short of a miracle in the lives of unreached and suffered. However, considering the socio-economic challenges, fear of losing entitlements and other factors causing counterproductive results should be reviewed regularly and resolved.

2.5 Sustainability

There are four capitals in sustainability that are evaluated on the perceived risks and opportunities ahead.

2.5.1 Governance and Financial Capital

SVYM, as an NGO, works across multiple thematic areas and with many donors for the past 30 years and more. The role of Governing body was discussed in detail in the efficiency section and their ethical commitment displays the connection with the ground reality and managing the risks.

Accordingly, to ensure transparency and accountability to the stakeholders, it publishes annual reports, sources of funds statutory registrations, and the remuneration of Governing body members. The Senior leadership of SVYM reminded that it will always act as a platform, sharing the infrastructure, knowledge, and offer support to SAIs. They highlighted that CCST is a program not a standalone project, a continual engagement is needed, there is no complete exit but an optimised and minimal engagement to enable them. In other words, there is will be always a partial execution of the activities in the four objectives.

Fund raising and portfolio of SVYM

There will be always a fund requirement to manage the partial execution so it is vital to understand how SVYM raises fund and manages the risks around. The below table shows how well they raise funds and anticipate risks. The unspent money in their budgets and having multiple donors for project show that they save for rainy days and tide over the crises. In financial terms, it is called fiscal prudence which is a gold standard.

Total donation received and prediction	2017-18	2018-19	2019-20	2020-21
Individual donors (%)	16%	6%	5%	3%
CSR (%)	84%	85%	81%	78%
Philanthropists (%)	0%	9%	14%	19%
Grants within India (%)	57%	53%	41%	36%
Grants from abroad (%)	43%	47%	59%	64%
Total donation received and prediction	**2017-18**	**2018-19**	**2019-20**	**2020-21**
Donors Less than 5 Lakh INR (%)	15%	8%	7%	6%
Donors between >5Lakh to 10 Lakh INR (%)	7%	5%	2%	4%
Donors between >10Lakh to 25 Lakh INR (%)	15%	14%	7%	7%
Donors between >25 Lakh to 50 Lakh INR (%)	31%	25%	20%	14%
Donors between >50 Lakh to 1 Crore INR (%)	8%	11%	14%	16%
Donors greater than 1Cr (%)	24%	36%	50%	52%

Table 5 Donor mix of SVYM provided by SVYM Finance director

Looking at the above Table-4, the funding from CSR and Foundations (84%) and funding from international grants (64%) hold a larger portion. The major funding partners are Govt agencies, Tata Trusts, Michael Susan Dell Foundation and Corporates-Qualcomm, McCafe and much more. In the bottom side, there is an increase in donors of greater than 1 Crore and most of them seem to be from Corporates and Foundations in India. While speaking with the Finance Director, SVYM is ensuring to outreach to the Indian donors at the best to fund the existing programs, the fundraising events were generous enough to support certain causes and certain programs. On the other hand, SVYM has anticipated the risks of FCRA compliance, as it receives a significant portion from abroad for its various programs. The team is in constant communication with the ministry and bank officials, to secure the FCRA account in SBI-New Delhi and the team is vigilant to review every notification, ensures to adhere it uncompromisingly.

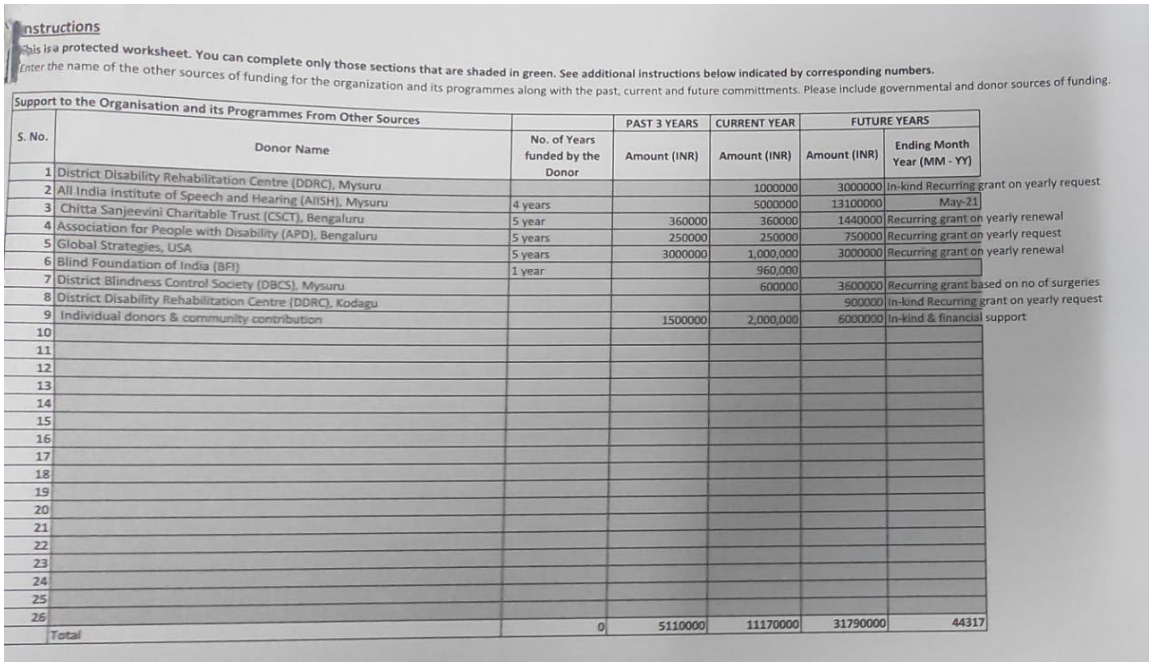
Two significant questions arise in financial sustainability after reviewing Table 5-Donors mix.

1) How much of the above information can be reviewed in the lines of the CCST program?
2) How SVYM would handle if APPI reduces the grant or exits the grant?

Azim Premji Philanthropic Initiatives

Relevance of SVYM Donors mix in CCST program

APPI's funding portion is 75% of the total program budget, as shown in the Figure 4. The remaining 25% of the funding comes from other donors. In this program the non-APPI donors, as shown in the Figure 13, the foreign donors are Global Strategies-US and a few individual donors. The other donors are from India and in-kind donation. Considering the limited funds coming from abroad, Rs10 Lakh per year coming from abroad, FCRA compliance related risk is low for this program.



Instructions

This is a protected worksheet. You can complete only those sections that are shaded in green. See additional instructions below indicated by corresponding numbers.

Enter the name of the other sources of funding for the organization and its programmes along with the past, current and future committments. Please include governmental and donor sources of funding.

Support to the Organisation and its Programmes From Other Sources

S. No.	Donor Name	No. of Years funded by the Donor	PAST 3 YEARS Amount (INR)	CURRENT YEAR Amount (INR)	FUTURE YEARS Amount (INR)	FUTURE YEARS Ending Month Year (MM - YY)
1	District Disability Rehabilitation Centre (DDRC), Mysuru			1000000	3000000	In-kind Recurring grant on yearly request
2	All India Institute of Speech and Hearing (AIISH), Mysuru	4 years		5000000	13100000	May-21
3	Chitta Sanjeevini Charitable Trust (CSCT), Bengaluru	5 year	360000	360000	1440000	Recurring grant on yearly renewal
4	Association for People with Disability (APD), Bengaluru	5 years	250000	250000	750000	Recurring grant on yearly request
5	Global Strategies, USA	5 years	3000000	1,000,000	3000000	Recurring grant on yearly renewal
6	Blind Foundation of India (BFI)	1 year		960,000		
7	District Blindness Control Society (DBCS), Mysuru			600000	3600000	Recurring grant based on no of surgeries
8	District Disability Rehabilitation Centre (DDRC), Kodagu				900000	In-kind Recurring grant on yearly request
9	Individual donors & community contribution		1500000	2,000,000	6000000	In-kind & financial support
10						
11						
12						
13						
14						
15						
16						
17						
18						
19						
20						
21						
22						
23						
24						
25						
26						
	Total	0	5110000	11170000	31790000	44317

Figure 13 Potential donors list for CCST

In the above Figure 13, on a positive case scenario, there is an annual commitment of Rs 1.11 Crore or in a worst-case scenario of Rs 51 Lakhs. In a positive case scenario, SVYM could run various components of the program with the above donor mix as it covers 40% (Rs 3.18Crores) of APPI's budget of 7.5 Crore. However, a lot of them are In-Kind contribution and a few of the commitments are covered only till May-2021. In the times of bad economic condition globally, it would be difficult for SVYM to replace a donor with a huge commitment.

2.5.2 Human Capital

This capital focusses the sustainability of SVYM's human resources in leading the project. The vision, ethics, acumens and understanding grassroot challenges are consistent and lucidly present in the governing body, senior leadership, middle management and in HFs. One of the key reasons the culture of learning and development SVYM promotes. Every employee in SVYM should spend 10% of his or her time to invest in learning and development through training.

The challenges with the frontline workforce are either in recruiting them or preventing them from quitting. It is difficult to hire quality workforce in an unchartered territory especially if the salary is uncompetitive to market offerings. It would be important to address this challenge, so it does not act as a barrier to progress.

2.5.3 Social Capital

Among the social capital, there are three sub-categories and each of them would be crucial to enhance sustainability.

Institutional sustainability: When 254 SHGs were formed and there are challenges, opportunity, and responsibility to lead those SHGs. Two Federations were formed, and the program should lead them to work towards a common goal and achieve success through collective bargain and support each other. Though they become federated and there are board members, it is vital to mentor the board members and support them. When two or three SHGs come from same block and lead similar livelihood program then it could lead to conflict between the SHGs. It is important to take care of them in terms of avoiding conflict of interests, pursue capacity building and providing market linkages through collaboration with various partners. The grading system pursued by SVYM is a significant step and the transformations after understanding them would be a significant challenge and opportunity.

Did the SHGs who achieved Grade-A, can sustain on their own without any training or with a minimal input in the next 1-2 years? Did the SHGs who achieved Grade-D has the interest and potential to upgrade themselves to Grade C or B? Did the grade B or C SHGs would tumble down to D? There needs a capacity building exercise, digitalising the data captured and set up a dedicated budget and planning to march progress with the SHGs.

Knowledge sustainability: When 254 SHGs were formed and there are livelihood opportunities taken in goat rearing, mushroom cultivation, paper bag making and others, there is a definite need for knowledge transfer. In terms of providing technical training, for example on financial literacy, then there is need for the federation to create Trainer of Trainers so that the knowledge transfer can be done with their own SHG or peer SHG members. It can be custom made in local language, local context, and local examples. If 2 more federations are formed, then such ToTs would be useful enough to build capacity on managing SHGs or even pursuing the knowledge transfer. If there is a digital tool for record keeping of SHGs and virtual training tools and platforms then it could be easy to train SHGs in a larger scale, especially when there new SHGs or new SHG members.

Health and infrastructure

Among the program participants, the progress of SAIs' physical and emotional health are crucial to understand the impact within the individual, across the family and the society. There are certain neurological conditions causing disability to be it Cerebral Palsy, Multiple Sclerosis, Spinal Cord Injury, SLE, Auto immune disorders and others where the prognosis may suggest relapse.

Self-sustainable care is a significant model implemented by SVYM. It leads to improve the quality of life of SAIs and immensely reduces the carers' fatigue. This is widely appreciated by the program participants, their peers, carers, and the family members during the field visits. However, there is only a limited amount expertise and facilities a home based care can provide and it gets challenging with the prognosis and stages of medical conditions.

In other words, working with individuals on such medical conditions, it is crucial to improve the quality of life on day to day basis rather than promising longevity and guaranteeing positive outcomes. The medical community in SVYM clearly understands this, as they work in Palliative care as well. In short, working with SAIs come with a lot of externalities beyond their knowledge and control and medical condition is one such vital externality.

Infrastructure

Building facilities and infrastructure are fundamental components of the program's sustainability. The vocational learning centre in Kenchennahalli, SVYM hospital in Saragur, Rehabilitation therapy center and others are vital for the SAIs to get trained, treated and become stronger. The playground to be constructed would be a landmark to promote inclusion in the public spaces.

Development of the digital application for the CCST program is crucial. It will not only capture the individual progress and remotely enables others to see but also it would feed in the information to improve program management system.

The best form of advocacy is establishing behaviour change through numerous smaller events within the community. Strengthening community institutions and building such infrastructure would establish sustainability for the SAIs to be constantly active and achieve improvements in quality of life.

3. CONCLUSION AND RECOMMENDATIONS

There are best practices, challenges encountered and opportunities lying ahead would be presented as the way forward for APPI in the CCST program.

3.1 Strengths and best practice

The core strengths of SVYM in the CCST program for SAI commences with the groundwork on ethics, the culture of transparency and accountability. SVYM crafted a comprehensive and robust model of implementation. It is a well thought and a holistic remedy as there are intricate linkages among health conditions, inaccessibility and dependence(financial, physical and emotional), stigma, discrimination and lack of dignity, carers fatigue, lack of awareness, social and economic conditions impeding the progress of SAIs. A fundamental pillar of strength to this program is the human capital, the frontline workforce who delivers the service and support to SAIs, where there are even no roads, what exists are a feeble infrastructure and difficult living conditions.

Beyond the commitment to showcase work to donors, SVYM pursues the culture of monitoring and evaluation and reporting as a willingness to learn from their mistakes and course correct them. Among all other best practices, with all due respect and due diligence, SVYM as an organisation and in the CCST program, they collaborate with numerous partners who are not only like-minded and expert in their fields but also brings a strategic and long term partners-Govt agencies, Peer NGOs, Corporates, individual experts and beyond.

The spirit of resilience in the work force lies beyond the salaries received. The efforts and risk their foot soldiers and entire SVYM workforce took are visibly evident in the numbers achieved and the positive feedback captured in the lean survey and personal field visits. They could be the nurses from SVYM, HFs and the team which delivered services and support through during the floods in the past two years and in the midst of COVID-19 pandemic. The radio is an effective communication tool to bridge the experts' inputs and community's needs, handle COVID-19 and promote awareness about the needs of SAIs, success stories and opportunities ahead.

3.2 Challenges and recommendations

The key challenges in the CCST model that could limit the impact or affect the scalability were briefly seen in the lenses of REEIS framework. The traditional way of paper-based record keeping and reporting the cumulative data for RF has its own merits but the ability to trace the individualistic progress or details of a program participant needs and activities becomes difficult. SVYM understood the bottleneck and it is developing a digital application. The absence of such a digital application affects even the program management.

3.2.1 Quality of Life Index

One significant change recommended is the need for ***an index measuring the improvement in Quality of Life for SAIs***. This can be customised according to the components of human capital, social capital, type of disability, percentage of disability, financial conditions, family support, prognosis of health conditions, minimum expectations on improvement in health and others. In

theory of change, outcomes are defined as the next level of change happen after the intervention. In this program, they could be the following tangible or intangible changes as per the intervention.

1) SAIs who become employed or earning a regular income after training
2) Access to The Rights for Persons With Disabilities Act, 2016- inclusions and entitlements
3) Improvement in mobility and reduction in dependency of carers of family members
4) Health improvements-emotional well-being and physical health (SAI and the family members)-Quality Adjusted Life Years and Disability Adjusted Life Years can be used here with the SAIs inputs and perspectives.
5) Personality development-self-confidence, leadership qualities and skills acquired

3.2.2 Social worker and digital alternative

In the existing system, a HF must cover 8 to 10 villages, perform his engagements with the SAIs and complete his reporting and for the supervisor to review the HFs activity. The Supervisors and Program managers would do a follow up visits to review the visit of HFs and there are chances they may not be able to visit all. The challenge is not just the time delay of supervisor visits, but it is the absence of SAIs in managing their needs and inputs in the program management. It is understandable that there is logistical challenge that SAIs may not be digitally literate, may not have a smart phone and might even live in a remote location without mobile network but there is a need for a democratic and SAIs input driven programme management system with a limited work load on HF.

There are specific programmatic recommendations for SVYM in the Annexure, which could be shared with them.

3.2.2 Way forward for APPI

We strongly recommend APPI should continue funding for the CCST program without any reduction in the commitment. In this case, APPI should work within the same cohort in the taluks of Mysore and Kodagu but work with the different form of budget allocations ***to promote vertical scalability***.

Firstly, APPI should invest to create community groups and strengthen community institutions or groups. This begins with SHGs, its federations and they could create carers group for adults and children or mothers' group, children's group, and youth welfare group among the SAIs. In alignment with core objectives, there can be specific objectives and activities designed for these groups. Accordingly, they could plan an annual calendar of events promoting awareness about SAIs, sports and cultural events discovering the hidden talents among the SAIs-children, adults-boys, and girls. Besides the above there must be a continual support capacity building and market linkages for SHGs and federations to become enterprising.

Secondly, APPI should invest in inclusion for education, capacity building for actors in their ecosystem, especially the government functionaries-school teachers, bank officials, post-office staff, bus conductors and drivers and other key stakeholders. It will optimise the role of SVYM to be a platform and be a mentor or a parent, where and when needed.

Thirdly, APPI should invest in Digital infrastructure of the CCST program. The digital application developed needs enhancement to capture feedbacks from SAIs. For example, an IVRS type of short lean surveys on Residential Carers training or aids and appliances provide can be regularly rolled out on a quarterly basis. It will create active stakeholder engagement, course correcting the program design and make it a participatory and bottom up model of M&E. As a program management system, it is a boon for the middle management to authenticate data, identify challenges at the earlier stages and trouble shoot.

In my personal experience, such program management tools and M&E tools for the NGOs in disability space are almost non-existent. APPI can strengthen its M&E efficiency, especially if the QALYs and Quality of Life index gets incorporated in the tool. This tool can used as RF and M&E platform with other PWD grants. APPI can bring its expertise on system thinking to create it as user enabled platform. It could empower the SAIs to choose specific training and activity in the calendar to be part of it whether it is chosen digitally or through calls or visits. APPI can think of either keeping it as an open source tool or monetising it with a social enterprising model.

Some of the SAIs in HD Kote and Saragur, may not have extensive needs as they might have been fulfilled. It is important to build inclusive infrastructure in the vital places for the SAIs to become more mobile and independent where SAIs live, work and visit in Mysore especially. It could be ramps and Wheelchair friendly toilets in their houses or vital institutions they frequently visit (Banks, DDWO, District Collectorate and others), a braille and audiobook library and others

In short, if APPI funds the same amount for the next three years only in Mysore and Kodagu then the quality of life of SAIs, financial prosperity of community institutions and individuals, community ownership, outreach of SVYM, inclusion and, maturity of partnerships with government agencies shall get amplified the impact 2X to 3X (with the 2020 baseline data). On the other hand, if APPI exits in 2024-2025, there shall be a minimal or no detrimental impact because of the SVYM's fund raising abilities and sustainability and maturity of the program. If APPI wants to scale up or replicate the model in different locations then with the lessons learnt, the investments can be made, strategically and outcome appropriate.

There is a similar need across other locations in Karnataka where SVYM operates. With the workmanship of SVYM and their ethics, APPI may expand its commitment. If APPI expand then we would recommend the additional financial commitment can be minimal, it shall be 2.5 Crores for 3 years (meeting salary, field visits, capacity building of government functionaries and organisational core activities). It should be the location where SVYM has a wider outreach, community engagement and ground staff/HFs, it will be a greater advantage if they had worked in healthcare interventions. It would be vital to invest in non-infrastructure activities, enabling SAIs to obtain entitlements, conduct screenings and camps, providing vocational and livelihood training, forming SHGs and capacity building for carers and the family members of SAIs.

In summary, the investments of APPI in CCST program has fetched positive outcomes in most of its set targets and we would recommend funding the program for the coming years.