

Impact Assessment Study Summary

Total 06 projects of FY 22-23 and FY 23-24 have undergone the Impact Assessment study through independent agencies.

List of projects of value more than INR 1 Cr

S. No	Project Name	Location	Implementing Partner	Project Budget
1	Providing Cochlear Implant Surgery and Sound processors to deaf children, Hyderabad	Hyderabad, Telangana	Pehel Foundation and Ashray Akruti	1,42,20,500
2	PNB Housing Finance Protsahan Scholarship Program	Pan India	Pehel Foundation and Tata Institute of Social Sciences	1,15,34,000
3	Strengthening Education in KGBVs & NSCBVs of Jharkhand through Accelerated Learning Curriculum	Jharkhand	Pehel Foundation and Care India	1,15,00,000
4	6 Ambulance support for Indian Army	Leh, Ladakh	Pehel Foundation and Rotary Club of Pune NIBM Charitable Trust	2,10,24,000
5	PEHEL WELLNESS WAGON	Bengaluru, Chandigarh, Hyderabad, Indore, Jaipur, Lucknow, Pune, Thiruvananthapuram	Pehel Foundation and Apollo Telemedicine Networking Foundation (ATNF)	2,93,86,560
6	Providing Free Primary Healthcare Through Mobile Medical Units (MMU)	Delhi, Mumbai, Chennai, and Kolkata	Pehel Foundation and Wockhardt Foundation	1,56,00,000

I. **Project Name: Providing Cochlear Implant Surgery and Sound processors to deaf children, Hyderabad**

Implementing Partner: Pehel Foundation and Ashray Akruti

Location: Hyderabad, Telangana

Project Cost: INR 1,42,20,500

Project Background: Cochlear Implant & Sound Processor Support program is a targeted healthcare intervention aimed at enabling children with severe to profound hearing impairment to achieve functional hearing, speech development, and social inclusion. The project focuses on children from underprivileged backgrounds, who otherwise lack access to high-cost medical interventions such as cochlear implant surgery and associated rehabilitation services. The program supported cochlear

implant surgeries of 10 children and provided sound processors support to 20 hearing-impaired children. The program supported new cochlear implants and also, addressed the needs of children who have previously undergone implantation but required sound processor replacement or upgrades due to various reasons like device malfunction, obsolescence, or financial constraints. It ensured the continuity of hearing and prevented regression in speech and language development.

Need: Children with hearing impairment from low-income families faces difficulty in speech, language development, learning, and later social participation. Hearing impairment in children means reduced ability to hear sounds, ranging from mild loss to complete deafness.

Key Findings & Impacts:

- **100% devices** are **functioning properly** and comfortably used by children
- **100% children improved in hearing ability** and sound recognition
- **100%** now **respond to sounds and name calls**
- **93.3%** children **speak recognizable words**
- **100%** improvement in **communication** ability
- **100%** improvement in **confidence and learning engagement**
- **80% school enrolment** among beneficiaries
- **100% caregiver satisfaction** and perceived quality of life improvement

II. Project Name: PNB Housing Finance Protsahan Scholarship Program

Implementing Partner: Pehel Foundation and Tata Institute of Social Sciences

Location: Pan India

Project Cost: INR 1,15,34,000

Project Background: PNB Housing Finance Protsahan Scholarship Program provided scholarship support to needy students from underserved and poor communities focused on construction worker's children. There are number of students who drop out due to financial challenges in the family. With this scholarship programme we aimed to look for such students those are deprived of their dreams to pursue education. The program assisted the weaker sections of the community to have access to higher and professional education by helping them with financial assistance. 421 students of undergraduate, postgraduate, BE/B Tech, Diploma, ITI and Class IX to XII were supported under the program.

Need: Many meritorious students from economically vulnerable families struggle to continue their education due to financial constraints. These barriers often lead to dropouts or limited access to higher and professional learning opportunities.

Key Findings & Impacts:

- **98% of respondents** reported that the **scholarship supported them in continuing their education.**

- **96.4% of respondents** agreed or remain neutral that **scholarship reduced risk of dropping out**, reinforcing their existing educational pathways.
- **93.9% of respondents** reported **increased motivation to study**, while the remaining respondents already possessed strong academic aspirations prior to receiving support.
- **92% of respondents** reported **improved academic performance**, while the remaining respondents benefitted from greater continuity and reduced financial disruption in education.
- **89.2% of respondents** felt **more confident about their future**, whereas the remaining respondents continued to benefit from enhanced educational access and broader career prospects.
- **53% of respondents** indicated that they **may not have continued their education without the scholarship**, whereas others viewed the support as instrumental in reducing household financial burden and improving affordability.
- Program delivery was efficient, with **100% of beneficiaries receiving the scholarship**.

III. **Project Name: Strengthening Education in KGBVs & NSCBVs of Jharkhand through Accelerated Learning Curriculum**

Implementing Partner: Pehel Foundation and Care India

Location: Jharkhand

Project Cost: INR 1,15,00,000

Project Background: CSR project, Strengthening Education in KGBVs & NSCBVs of Jharkhand through Accelerated Learning Curriculum (ALC) emphasised to develop and implement high-quality accelerated learning materials to bridge foundational learning gaps among children enrolled in KGBVs, JBAVs, and NSCBVs across Jharkhand. The intervention created a structured remedial pathway enabling students entering residential schools without basic literacy and numeracy skills to build these competencies before engaging with grade-level content.

Need: Many students entering KGBVs, JBAVs, and NSCBVs in Jharkhand lack basic literacy and numeracy, limiting their ability to engage with grade-level learning. There was a critical need for accelerated learning interventions to build foundational skills and enable effective academic progression.

Key Findings & Impacts:

- Well-designed learning materials have strengthened foundational skills, the ALC's level-based design meets students where they are, rather than where the curriculum expects them to be.
- Structured bridge curriculum improved academic readiness, teachers reported that students who completed the bridge course showed markedly better engagement with regular classroom content.
- The two-tier ALC structure ensures students begin at their actual competency level, making learning accessible and meaningful from day one.
- The ALC handbooks emphasize hands-on activities and conceptual understanding over rote learning, helping students develop genuine comprehension.

- The KGBV setting enabled stronger students to support weaker peers during evening hours, creating an organic reinforcement system.
- Leadership and life-skills development complemented academic growth. Activities like Bal Sansad and Ranchi Speaks built confidence, public speaking skills among participating students.
- System integration through JEPC (Jharkhand Education Project Council) ensures continuity, the TSU (Technical Support Unit) model created institutional pathways for the state to own and sustain the bridge curriculum beyond the project period.

IV. 6 Ambulance support for Indian Army

Implementing Partner: Pehel Foundation and Rotary Club of Pune NIBM Charitable Trust

Location: Leh, Ladakh

Project Cost: INR 2,10,24,000

Project Background: The Indian Army, its Officers and brave soldiers, have a very special place in our hearts. Their relentless services to the nation and their supreme sacrifices are un-matched. Northern Command of Indian Army is most active in the sensitive areas like J&K, Leh, Ladakh and Siachen. PNB Housing Finance Limited through its CSR arm Pehel Foundation supported 6 Advanced Life Support (ALS) Ambulances to Indian Army, deployed in sensitive areas of Northern Region like J & K, & Ladakh and are utilised for evacuation of casualties, wounded soldiers, Ex-Army personnel residing in these areas and civilians who suffer injuries due to insurgencies, natural calamities such as avalanches, landslides etc. ALS Ambulances are fitted with most modern & sophisticated Medical Equipment for immediate care during transfer to referral centres.

Need: Northern Command of the Indian Army is the most operationally active Command, not only in strengthening the defences of the country but also in providing medical support to the soldiers and the civilians, in the most sensitive areas of J & K and Ladakh. Northern Command covers a large area with varied physical terrain ranging from plains, foothills of Himalay, treacherous mountainous terrain to icy heights and glaciers of Siachen and harsh barren high-altitude regions of eastern Ladakh.

Prior to the intervention, delays in emergency medical evacuation and limited critical care transportation affected timely healthcare access during accidents, altitude-related illnesses, and operational emergencies, highlighting the need for Advanced Life Support (ALS) Ambulances in the region.

Key Findings & Impacts:

- Strengthened emergency medical evacuation in remote high-altitude regions of Leh & Eastern Ladakh.
- Supported approximately **30,000–35,000** direct and indirect beneficiaries across remote operational sectors.
- Reduced dependency on private vehicles & delayed transportation and Improved access to referral healthcare facilities.
- Emergency evacuation response time reduced by approximately **30–40 percent** across several deployment locations.
- Enhanced healthcare accessibility for civilians, Army personnel, ex-servicemen, and tourists.

- Emergency management efficiency improved in approximately **70–75 percent** of critical evacuation cases particularly within difficult terrain conditions.

V. Project Name: PEHEL WELLNESS WAGON

Implementing Partner: Apollo Telemedicine Networking Foundation (ATNF)

Location: Bengaluru, Chandigarh, Hyderabad, Indore, Jaipur, Lucknow, Pune, Thiruvananthapuram

Project Cost: 2,93,86,560

Project Background: The PEHEL Wellness Wagon Mobile Healthcare Program was implemented during FY 2024–25 by Apollo Telemedicine Networking Foundation (ATNF), with support from PNB Housing Finance Limited through PEHEL Foundation to address healthcare access challenges among construction workers. Through deployment of Mobile Medical Units (MMUs) at construction sites, the project facilitated onsite doctor consultations, non-communicable disease (NCD) screenings, medicine dispensing, and social health education services. The project aims to provide accessible healthcare services to construction workers and their families through Mobile Medical Units (MMUs), while promoting early diagnosis through regular health check-ups and screenings. It also focuses on strengthening healthcare access, improving overall well-being, and enhancing awareness of preventive healthcare and healthy lifestyle practices among beneficiaries.

Need: Over the past decade, Bengaluru, Hyderabad, Pune, Jaipur, Chandigarh, Indore, Lucknow, and Thiruvananthapuram have witnessed rapid urbanisation, infrastructure expansion, and growth in construction and real-estate activities, increasing demand for migrant construction labour across urban and peri-urban regions. Construction remains one of the largest sectors employing interstate migrant workers from economically weaker rural and semi-urban regions, with a substantial proportion engaged in informal and daily wage-based employment. To address the healthcare vulnerabilities of these workers, the PEHEL Wellness Wagon initiative was introduced by ATNF, leading the deployment and operational management of Mobile Medical Units (MMUs) that provide onsite doctor consultations, non-communicable disease (NCD) screenings, medicine distribution, and Social Health Education (SHE) sessions at project sites.

Key Findings & Impacts:

- Program reached 2,60,064 beneficiaries across healthcare services
- **88.3%** beneficiaries availed BP screening; **87.2%** received doctor consultations through MMUs.
- **22.0%** anaemia testing post intervention (up from 14.6%); 14.0% oral cancer screening (up from 7.2%).
- **97.9%** received consultations within 30 minutes (vs **69.3%** earlier with long waits at government hospitals).
- **13.0%** hypertension diagnosis/testing post intervention (up from 0.9% baseline).
- **95.5%** reported thorough doctor examinations; **93.8%** received clear medicine guidance.
- **77.7%** incurred zero healthcare expenditure during MMU visits (vs ₹1,621 average pre-programme).
- **89.3%** child vaccination coverage post intervention (up from 12.3%); child anaemia detection improved to **22.5%** (from 14.2%).
- **84.0%** now seek treatment immediately after symptoms.
- **47.2%** tobacco users showed positive cessation behaviour post intervention

- Pune (**98.4%**) and Bengaluru (**96.8%**) showed strongest immediate treatment-seeking behaviour.
- Jaipur led preventive screening uptake: **83.2%** anaemia testing, **84.0%** oral cancer screening, **76.0%** tobacco cessation.
- Bengaluru (**40.8%**) reported highest hypertension screening uptake

VI. Project Name: Providing Free Primary Healthcare Through Mobile Medical Units (MMU)

Implementing Partner: Wockhardt Foundation

Location: Delhi, Mumbai, Chennai, and Kolkata

Project Cost: 1,56,00,000

Project Background: The Mobile Medical Unit (MMU) program aims to deliver primary, preventive, and curative healthcare services to construction worker communities through the ACDR approach (Awareness, Diagnosis, Cure, and Referral). The program provides basic diagnostic services for conditions such as blood pressure, haemoglobin levels, and malaria, along with awareness on hygiene, sanitation, safe water consumption, maternal and child healthcare, and anaemia. It also ensures referral of complicated cases to specialized healthcare facilities. The program targets construction communities and their dependents areas with an aim to reach around 2,500 direct and 75,000 indirect beneficiaries per location.

Need: Construction workers and migrant labour populations remain highly vulnerable to occupational illnesses, poor living conditions, irregular healthcare access, and delayed treatment-seeking behaviour. Due to dependence on daily wages, long working hours, mobility across construction sites, and financial constraints, many workers avoid institutional healthcare services until illnesses become severe. Limited awareness regarding preventive healthcare, chronic diseases, hygiene, and occupational health risks further increases healthcare vulnerability among these populations.

Key Findings & Impacts:

- 93K+ beneficiaries reached; ~95–99% received free medicines on-site
- 70–86% now seek treatment earlier than before
- 85–91% reported positive change in health habits (hygiene, medicine adherence)
- 90–97% saw reduced healthcare expenses; 84–91% reported improved ability to work
- 97–99% said MMU services are important for their community
- Strong satisfaction & recommendation: 60–70% rated services 5/5 in Chennai & Mumbai
- Delhi reported the highest improvement in early treatment-seeking behaviour (86.5%), followed by Chennai (72.7%) and Mumbai (70.7%)
- Strongly aligned with construction workers' needs — affordability, accessibility, continuity gaps.
- 92–98% said services met their health needs; some chronic cases need longer care.
- Doorstep delivery cut travel, wage loss, and out-of-pocket costs for 90%+ beneficiaries.
- Referral linkage stronger in Delhi (51.6%)
- Better work capacity, earlier treatment-seeking, improved preventive practices across sites.
- There is continued demand for MMU services in Kolkata, indicating strong program relevance and need for mobile healthcare delivery among underserved construction worker populations.
- Strong demand; needs stronger PHC referrals, and continued outreach.