



Voltas Limited

IMPACT ASSESSMENT REPORT

Integrated Sanitation Programme

March 2023

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List of Abbreviations

BPL	Below Poverty Line
CSPC	Coastline Salinity Prevention Cell
CSR	Corporate Social Responsibility
FGD	Focus Group Discussion
GeM	Government e-Marketplace
IDI	In-depth Interview
IRECS	Inclusiveness, Relevance, Efficiency, Convergence and Sustainability
KPI	Key Performance Indicator
MHM	Menstrual Health Management
NRLM	National Rural Livelihoods Mission
ODF	Open Defecation Free
PW	Price Waterhouse Chartered Accountants LLP
PwD	People with Disabilities
SBCC	Social and Behavioural Change Communication
SASB	Swachh Aadat, Swachh Bharat
SC	Scheduled Caste
SHG	Self Help Group
ST	Scheduled Tribe
Voltas	Voltas Limited
WASH	Water Sanitation and Hygiene



Executive Summary

Executive Summary

The Integrated Sanitation Programme by Voltas Limited (Voltas) provides Water, Sanitation and Hygiene (WASH) intervention in 10 villages of the Waghodia district of Gujarat. This programme is a four (4) year programme, implemented since December 2019 by the Coastline Salinity Prevention Cell (CSPC). These interventions include construction of toilets, menstrual hygiene management training for women, water-connectivity support for daily chores of households, WASH infrastructural support for Anganwadis and Schools, and provision of soak pits and vermicomposting beds. The Voltas Waghodia plant officials and volunteers played a pivotal role in shaping up the project through regular ideation and support in implementing and monitoring the programme. The Voltas Waghodia plant officials and volunteers helped the project through regular ideation and support in implementing and monitoring the programme.

The aim of this study is to assess the overall impact of these interventions and provide forward looking recommendations for future improvements in impact delivery of the programme. This impact assessment is purely qualitative in nature and uses a gender lens to analyse gendered impact of programmatic interventions. For this study a sample size of 144 beneficiaries was collected in total through – **20 Focus Group Discussions (FGDs) with 120 beneficiaries and In-depth Interviews (IDIs) with 24 beneficiaries.** Additionally, **41 physical visits** through purposive sampling for constructed toilets, soak pits, vermicompost units and WASH support provided to Anganwadis and Schools were conducted.

The highest number of beneficiaries as a part of the study belonged to the Scheduled Tribe (ST) category, while the lowest percentage belonged to the General category. 67% of individuals belong to Scheduled Caste (SC) and ST category contributing towards the Affirmative Action principal of Voltas.¹ A larger percentage of men and women (41.5%) were not employed/working, followed by agriculture (32.9%).

Key findings:

Toilet construction: Beneficiaries of this intervention were provided with constructed toilets in their homes, to help solve the problem of open defecation faced by the villages. As a part of this initiative, the users provided a nominal part of the construction costs such as INR 3,000/- to - 3,500/-, while the rest of the costs and construction materials were borne by Voltas. Individuals were also provided an option to either pay in instalments or pay INR 1,500/- and provide labour in the form of digging the pit in case they couldn't afford to pay the amount. In certain cases, such as ultra-poor households, the beneficiaries were also provided toilets for free.

- Prior to the intervention, the beneficiaries were defecating in the open, often in nearby fields, forests, or areas for grazing cattle. The average distance travelled for defecation was over 1 km, with the highest reported travel of 3 kms and lowest being under 100 metres.
- Respondents stated that often the defecation areas would either smell too much or would have rodents, snakes or other animals which would make it more difficult for them to go out in the open. This was met with further difficulties such as the rainy season when open spaces would fill with water and feces would float in the open making it an extremely unpleasant experience, making them more vulnerable to diseases and mosquito bites.
- Having toilets also impacted the women more predominantly since now they could use the toilet during pregnancy or even during the day of their periods without having to worry of infections.

Menstrual Health Management (MHM) awareness: The MHM awareness activity entailed conducting workshops with women across different age groups on around 4 modules pertaining to the human body, different available menstrual hygiene products and their disposal, as well as overall health, hygiene practices and myths around menstruation.

- Women including older women highlighted that they did not know about their own body, why they experience menstruation, about the monthly cycle etc. and were confused or unprepared for their menstruation. When CSPC approached them with the intention of providing them information on this

¹ Voltas focuses on Affirmative Action, a common thread for all the Corporate Social Responsibility (CSR) initiatives of Voltas, where projects actively work towards inclusion of SC and ST communities, Women and People with Disabilities (PwD).

otherwise taboo topic, they felt intrigued to know more about it. After receiving the training, 100% respondents were satisfied with it, and suggested that in fact the material covered taught them something new that they didn't know of, for example, about pregnancy, the female body, myths around periods, etc.

- Majority of women in these interviewed villages were using sanitary pads, or a mix of sanitary pads and reusable cotton cloth pads, depending on whether they had to go out in the day or depending on their period flow. Over 33% of the women claimed that they switched to more hygienic menstrual products after receiving the MHM awareness training. However, women who did not switch were also in large numbers already either using a sanitary napkin or cotton cloth pad.
- Only 8.3% (N=60) women responded that they still believe in myths around periods and have not let go of any traditional practices which would restrain them from conducting their daily activities. The remaining 91.7% women stated that they have either let go of myths either partially but continue to believe in some myths such as not going to the temple during periods or have let go of myths completely.

Water-connectivity support: As a part of this activity, Voltas provided beneficiaries with water-connectivity to give them water directly at their homes which would help them in their regular household chores.

- The highest relief was with respect to not having to travel long distances multiple times in a day. The respondents also reported reduced levels of seasonal infections such as flu, stomach related ailments and overall stress of having to travel, especially during illnesses or in the case of women, during periods or pregnancy.
- It was reported that in majority households it is the women who would travel to fill the water. While only 15% of the households reported where men and women would share the load of filling water together.
- The individuals are now reporting better hygiene, such as taking bath regularly, and even washing hands more frequently. 35% respondents agreed that they are now aware of the benefits of hygiene and consuming clean water.
- The beneficiaries have turned this water-connectivity intervention into a self-sustaining community activity which is run entirely by them through a community contribution of INR 50/- per household. A Pani (Water) Committee has been appointed from within the village who solve maintenance related issues, and ensure households receive water daily. This initiative is women led

Other findings from physical visits:

- All (100%) of the toilets were constructed, had painted walls, and had a functional toilet. However, families often struggled with clogging of the toilet pit, or water-connectivity.
- Anganwadi centres and schools selected for provision of WASH support were either in the form of drinking water facilities, helped with repair/ construction of toilets or overall beautification of the institution. These facilities translated into an aid for the Anganwadi centre and schools in running these institutions better.
- Vermicomposting units provided beneficiaries with better quality of produce, increased quantity and in some cases even additional income from excess vermicompost produced.
- Soak pits provided households with a means to drain away excess water used by the household as a part of the daily chores - which would otherwise either stand and create unsanitary conditions or become a breeding ground for mosquitoes. The beneficiaries had working knowledge of the working/ making of the soak pit.

Recommendations:

Project specific solutions catering to issues mapped on the field:

- **Mitigating risk of quick wear and tear of the infrastructure constructed:** Adequate measures should be taken to carry out periodic monitoring of the construction process and checks on the quality of the material used.
- **Increasing feedback loop during construction of the infrastructure:** Issues of the surrounding area should be acknowledged and addressed as a part of the construction process, considering feedback from community members / institution heads such as school principal or Anganwadi worker.
- **Scaling of MHM awareness:** Provision of awareness not only to women but also the elderly and the men of the community.

- **Building a network of change agents within the school children and the community**

Forward looking strategic solutions mapped from similar WASH programmes in the country:

- **Scale through partnerships:** Leverage support and partnerships from / with the government to further scale their interventions.
- **Expanding on Communication:** Voltas could also consider expanding on its Social and Behaviour Change Communication (SBCC) interventions through content such as shows and events.
- **Building community volunteers:** Creating a cadre of on-ground community volunteers who continue to sustainably run the programme on the ground.

A detailed analysis of the assessed impact of all the interventions can be found in the [Findings of the Study](#) section, and recommendations can be found in the section titled [Recommendations](#) in the report.

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VOLTAS
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 **CSPC**
Coastal Salinity prevention Cell

 **TATA WATER
MISSION**



સ્વાચ્છ જળને સુરક્ષિત
પાણી, જીવન માં લાવે
તંદુરસ્તી તાણી.



જમતા પહેલા,
શીયાંકિયા બાદ,
ઘોઈશું અમે સાબુથી હાથ.



સુખી જીવનની કરો,
શરૂઆત શીયાલય ન
ઉપયોગ ની સાથ.

1.

About the Study

1. About the Study

1.1. Integrated Sanitation Programme by Voltas Limited (Voltas)

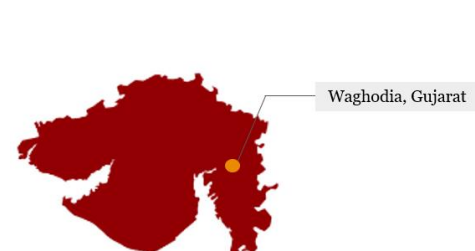
Voltas identified the need for an on-ground WASH intervention in Gujarat and launched the Integrated Sanitation Programme. This programme is being implemented by CSPC since December 2019 with the aim to improve the quality of life of its beneficiaries with support across WASH awareness and infrastructural activities in 10 villages around the Voltas - Waghodia Plant in Gujarat. This four (4) year programme² is driven by community participation and convergence with Government programmes and schemes. The overall objectives of the programme are as follows:

Programme objectives:

S. No.	Objectives
1.	Secure access to safe drinking water for 100% households in select project villages ³
2.	Facilitate process of making the 10 project villages ODF (Open Defecation Free) through construction of toilets and inculcate sustainable sanitation practices among the residents of the 10 project villages
3.	Provision of drinking water and sanitation facilities at villages schools
4.	Sustainability of outcomes through capacity building of members of villages institutions for water and sanitation facilities for operation and management
5.	Adoption of safe MHM practices by women and adolescent girls

Source: As per MOU document with CSPC

Project location and activities:



The programme implemented in Waghodia block of Vadodara district in Central Gujarat included a varied list of activities which were distributed across the 10 selected villages. The villages were within a 15 km radius of the Voltas Waghodia Plant in Gujarat. Beneficiaries were provided with constructed toilets, water-connectivity for daily water consumption, soak pits and/ or vermicompost units. Additionally, women were provided with informational workshops on menstrual hygiene and management, while Anganwadis and schools were provided support through renovation of their toilet/ drinking water facilities.

² The programme was initiated in December 2019. After about 7 months of initial entry point activities, the work progressed at a slower pace due to frequent lockdowns due to the pandemic. However, a considerable number of infrastructure and training related activities have been completed by the end of FY 21-22. The 4-year programme will conclude in March 2023 with a year's extension due to the loss of time in the pandemic.

³ As per MoU the objective is to provide safe drinking water in 10 project villages, but the activity has happened only in one village as per agreement with Voltas Limited

Key project indicators:

Table 1: Key indicators of the programme

Key Indicators	FY 22-23 ⁴	FY 21-22	FY 20-21	FY 19-20	Total
Number of villages selected for WASH initiatives	10	10	10	10	10 ⁵
Number of toilets constructed	97	119	84	-	300
Number of soak pits constructed	152	35	0	0	187
Number of community soak pits	7	0	0	0	7
Number of schools upgraded in terms of WASH infrastructure	0	0	8	0	8
Number of Anganwadis upgraded in terms of WASH infrastructure	0	8	0	0	8
Number of vermicomposting units initiated	58	42	0	0	100
Number of households provided with safe drinking water facility	30	52	0	0	82
Number of trainings conducted regarding toilet usage and maintenance	35	30	25	12	102
Number of people trained in toilet usage and maintenance	467	552	457	360	1836
Number of trainings conducted regarding menstrual health and hygiene	164	176	576	0	916
Number of women/adolescent girls trained in menstrual health and hygiene	559	519	1728	0	2806

⁴ For this impact assessment the period of review was FY 2019-2022, FY 2022-23 was not considered as a part of the assessment.

⁵ Initiative was run across the same 10 villages

A village wise split of activities has been provided below:

Table 2: Villages and activities covered as a part of this intervention

S. No.	Village	Toilet construction	MHM awareness	Water-connectivity	WASH support to Anganwadis and Schools	Soak Pit provision	Vermicom post support
1.	Devaliya						
2.	Gogaliyapura						
3.	Kamplapura						
4.	Madodhar						
5.	Mastupura						
6.	Narmada Versahat						
7.	Nava Ajva						
8.	Piparkui						
9.	Rajnagar						
10.	Umarva						

1.2. About Voltas Limited

Incorporated in 1954, Voltas Limited⁶ is a part of the Indian multinational conglomerate, the TATA Group. It is India's largest air conditioning company, with a strong presence offering leading engineering solutions across Air Conditioning and Cooling Products (Unitary Products), Engineering Projects and Engineering Products & Services.⁷ Impacting lives positively is deeply rooted in the philosophy of Voltas Limited. Over the decades Voltas Limited has put in place numerous programmes, with a focused approach to Engage, Equip and Empower - building people's participation, equipping them to work towards social development and bringing in ownership.⁸ Voltas also focuses on Affirmative Action, a common thread for all the Corporate Social Responsibility (CSR) initiatives of Voltas, where projects actively work towards inclusion of SC and ST communities, Women and People with Disabilities (PwD).⁹ One of Voltas CSR programmes is the Integrated Sanitation Programme, providing WASH support to villages. As a part of this intervention Voltas plays the following role:

⁶ <https://www.voltas.com/>

⁷ https://www.voltas.in/file-uploads/investor-toolkit/ABOUT_VOLTAS-23-05-2022.pdf

⁸ <https://www.voltas.in/sustainability/sustainability-overview/>

⁹ As per details shared by Voltas

S. No.	Role
1.	Funding support for programme activities, operations, and implementation
2.	Strategy building support with guiding inputs and suggestion on the programme to enhance its efficacy on the ground
3.	Monitoring and review of the programme on mutually aligned intervals, and guidance on programme implementation and activities

1.3. About Coastal Salinity Prevention Cell (CSPC)

CSPC¹⁰ is a strategic institutional intervention attempting to combine comparative advantages of resources (financial and human) of Government and civil society organisations to address complexity and the multi-faceted nature of the problems arising due to salinity ingress. In this response CSPC has been working since 2008 with the vision to evolve sustainable approaches for prevention and mitigation of salinity ingress while enhancing the livelihood resilience of about 1.25 lakh families affected by salinity in around 1500 coastal villages across 12 districts of Gujarat.¹¹

Over these years they have worked on a myriad of interventions in thematic areas including WASH, by catalysing community-based groups, such as women's Self-Help Group(s) (SHG), Village water and sanitation committees, etc. and concentrated work on both infrastructure and behavioural change. They are the implementation partner in the project to carry out the programme activities as agreed with Voltas Ltd.

1.4. Scope of work of the impact assessment

The key objective of the engagement was to assess and present an overview of the impact of the activities conducted as a part of the Integrated Sanitation Programme implemented by CSPC in 10 villages of Waghodia, Gujarat.

PW had been engaged to conduct an independent Impact Assessment study of the Integrated Sanitation Programme. The scope of work included understanding the project implementation plan and process followed and reviewing the Key Performance Indicators (KPIs) as defined by the Management under the framework for implementing the project (for the outputs, outcomes and impact of the project). Framework used for the purpose of this study was the Inclusiveness, Relevance, Efficiency, Convergence and Sustainability (IRECS) framework which helped provide recommendations on the project performance for Management's evaluation.

1.5. Limitations

- Due to limited availability of men in the village due to their prior work engagements equal representation of men and women intervention beneficiaries could not be possible. However, the interventions are focused towards benefitting women, therefore, there is no impact of less men being covered as part of the study.
- While Focus Group Discussions (FGDs) were conducted with beneficiaries of constructed toilets across all villages where the activity was implemented, for few beneficiaries their toilets were still under construction. As a result of this they were unable to provide inputs on the impact felt after the construction of the toilet.
- While MHM activities do have an impact on men and households at large, the impact was assessed only through women as they were the sole receivers of the MHM training modules.

¹⁰ <https://cspc.org.in/>

¹¹ As per details shared by Voltas



2.

Methodology for Impact Assessment

2. Methodology for Impact Assessment

2.1. IRECS Framework

The impact of the programme was assessed using the IRECS framework. IRECS helped in providing overall feedback on the efficacy of implementation as well as its efficiency in terms of achievement of the desired project outputs with reference to inputs. IRECS framework measured the performance of the programme on five parameters – Inclusiveness, Relevance, Effectiveness, Convergence and Sustainability.

Overview of areas assessed under each of these five parameters is provided below:



2.2. Approach for the study

Methodology

A qualitative research methodology was used in consultation with Voltas to understand in detail the overall impact on the beneficiaries lives through the interventions of the programme. In addition to the qualitative research techniques used such as FGDs and In-depth Interviews (IDIs), on-site verification visits were also conducted as a tool to validate the status of the infrastructure provided in the project and understand and assess the experiences of beneficiaries in the programme who have been supported with constructed toilets, water-connectivity facilities, soak pits and vermicomposting units. The implementation approach of the impact assessment had been divided into five phases, described as follows:









01	Inception	<ul style="list-style-type: none"> The core objective of this phase of the implementation plan was to align on modalities of the scope of work and thoroughly navigate through the programme documents and understand the progress till date as represented by the implementing agency. There were multiple rounds of conversations with Voltas and the implementing agency to deepen the know-how of the programme functionalities.
02	Finalizing Evaluation framework	<ul style="list-style-type: none"> The evaluation framework was prepared as a part of this phase, defining the sample size and target group of beneficiaries to be interviewed to best represent the programme activities and their impact through the impact assessment exercise. This was followed by a detailed secondary data collection and research on the locational spread which would help in preparing a sampling plan and field visits.
03	Finalizing data collection tools	<ul style="list-style-type: none"> This part built upon the progress made within phase 2, to craft broad research questions and align on the expected modalities on the field and curate risk mitigation strategies for the same, in alignment with Voltas. The crucial part of this phase was to build and close on data collection tools for finalised sample beneficiaries along with a field plan for the villages to be visited as a part of the study.
04	Data collection & analysis	<ul style="list-style-type: none"> The team was oriented with respect to the interview process and sensitised on gender issues for a smooth field visit. The PWCALLP team collected the data in the form of FGDs, IDIs, and physical visits across the 10 villages, post which data was cleaned and analysed for drafting the report.
05	Reporting	<ul style="list-style-type: none"> Basis the analysis, the team at PWCALLP prepared the first cut of the report which was internally reviewed by the leadership at the organisation and then shared with Voltas for their feedback. The final phase incorporated rounds of review and discussion with Voltas to align on their views and suggestions. After incorporation of the feedback, the final report was shared with Voltas for their perusal.

Analytical analysis and insight generation

The research team reviewed the documentation provided by Voltas & CSPC and additionally used primary data collected from the field as the crux of the impact assessment process and analysis. The study also deployed a gendered lens to the analysis to capture the differences between impact, perspective and behavioural changes experienced by men and women. This added layer of impact is nuanced under the key findings of the report.

2.3. Coverage and sample selection

All 10 villages were covered under the study. **144 beneficiaries** were covered as part of the FGDs and IDIs. **20 FGDs with 120 beneficiaries, 24 IDIs and 41 physical visits** were conducted. The stakeholder sampling was done in consultation with Voltas team.

	Implementing agency
	Panchayati Raj Institution (PRI) members
	Supported Anganwadi centres and schools
	Beneficiaries of toilet construction intervention
	Beneficiaries of MHM awareness intervention
	Beneficiaries of water-pipeline
	Beneficiaries of soak pits
	Beneficiaries of vermicompost units

FGDs were conducted across all villages where toilet construction, MHM awareness, and water-connectivity support was provided. IDIs were conducted with PRI members and the implementing agency. Additionally, physical visits were conducted to check the status of the construction of toilets, soak pits, vermicompost units and WASH support provided to Anganwadis and schools. These interactions with the beneficiaries helped assess the impact of the programme activities by reviewing the situation of the beneficiary prior to the intervention vis-a-vis post intervention situation. It also helped understand the changes experienced by the individual and the households at large

The break-up of the sample size as per intervention activities is provided below:

Table 3: Physical visits

Physical visits		
Type of tool	Stakeholder	Sample
Checklist and IDIs	Beneficiaries of toilets	20
	Anganwadis and schools with WASH interventions	12
	Beneficiaries of vermicompost units	5
	Beneficiaries of soak pits	4
	Total	41

Table 4: Qualitative sample

Qualitative sample		
Type of tool	Stakeholder	Sample
FGD	Beneficiaries of toilet	60
FGD	Beneficiaries of MHM awareness	60
FGD	Beneficiaries of water-connectivity	20
IDI	PRI members	2
IDI	Implementing agency (CSPC)	2
Total		144

The break-up of the sample size as per villages is provided below:

Table 5: Sample size as per village

Village	Stakeholders and tool	Sample
Devaliya	• FGD with beneficiaries of toilet	6
	• FGD with beneficiaries of MHM awareness	6
	• Physical visit of toilets	2
	Total beneficiary sample	12
	Total number of physical visits	2
Gogaliyapura	• FGD with beneficiaries of toilet	12
	• FGD with beneficiaries of MHM awareness	6
	• Physical visit of toilets	4
	• Physical visit to WASH supported Anganwadi and school	2
	• Physical visit of soak pit	1
	Total beneficiary sample	18
	Total number of physical visits	7
Kamplapura	• FGD with beneficiaries of toilet	12
	• FGD with beneficiaries of MHM awareness	6
	• Physical visit of toilets	4
	• Physical visit to WASH supported Anganwadi and school	2
	• Physical visit of vermicompost units	2
	Total beneficiary sample	18
	Total number of physical visits	8
Madodhar	• FGD with beneficiaries of toilet	6
	• FGD with beneficiaries of MHM awareness	6
	• Physical visit to WASH supported Anganwadi and school	2
	• Physical visit of soak pit	1
	Total beneficiary sample	12
	Total number of physical visits	3
Mastupura	• FGD with beneficiaries of MHM awareness	6
	Total beneficiary sample	6

Village	Stakeholders and tool	Sample
Narmada Versahat	• FGD with beneficiaries of toilet	6
	• FGD with beneficiaries of MHM awareness	6
	• Physical visit of toilets	3
	• Physical visit to WASH supported school	1
	Total beneficiary sample	12
	Total sample	4
Nava Ajva	• FGD with beneficiaries of toilet	12
	• FGD with beneficiaries of MHM awareness	6
	• Physical visit of toilets	4
	• Physical visit to WASH supported Anganwadi	1
	• Physical visit of soak pit	2
	• Physical visit of vermicompost units	2
	Total beneficiary sample	18
	Total sample	9
Piparkui	• FGD with beneficiaries of MHM awareness	6
	• Physical visit to WASH supported Anganwadi	1
	Total beneficiary sample	6
	Total sample	1
Rajnagar	• FGD with water-connectivity intervention beneficiaries	20
	• FGD with beneficiaries of toilet	6
	• FGD with beneficiaries of MHM awareness	6
	• Physical visit of toilets	3
	• Physical visit to WASH supported Anganwadi and school	2
	• Physical visit of vermicompost units	1
	Total beneficiary sample	32
	Total sample	6
Umarva	• FGD with beneficiaries of MHM awareness	6
	• Physical visit to WASH supported school	1
	Total beneficiary sample	6
	Total sample	1



3.

Findings of the study

3. Findings of the study

This section of the report highlights the key findings of the impact assessment study as per each of the programmatic activities and interventions. It provides a basis for recommendations for the programme.

3.1. Beneficiary profile

The beneficiary profile largely entails women, owing to the nature of the interventions. MHM interventions were purely delivered to women and hence the larger group of beneficiaries/ stakeholders for this study is women. The larger group of stakeholders were from the 30-39 age range with the least from above 60 years of age. None of the respondents were under 10 years of age.

Figure 1: Gender and age range of beneficiaries

N=152¹²

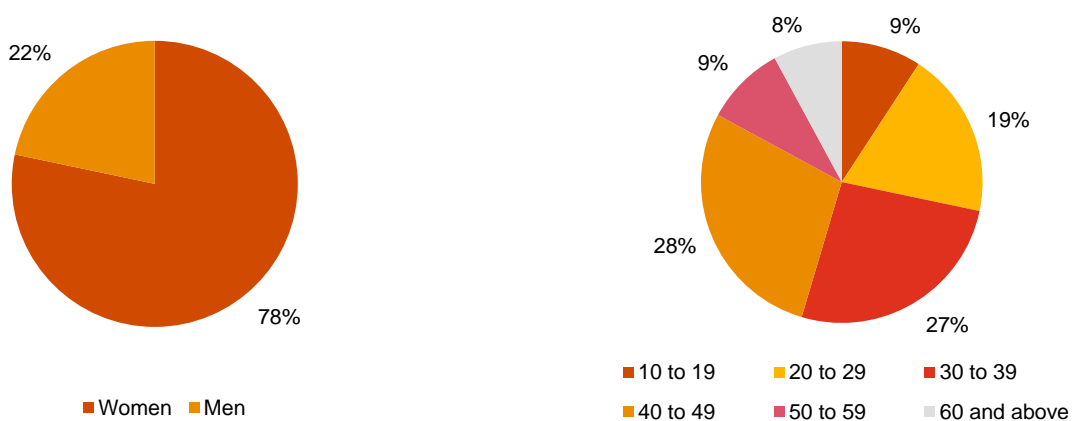
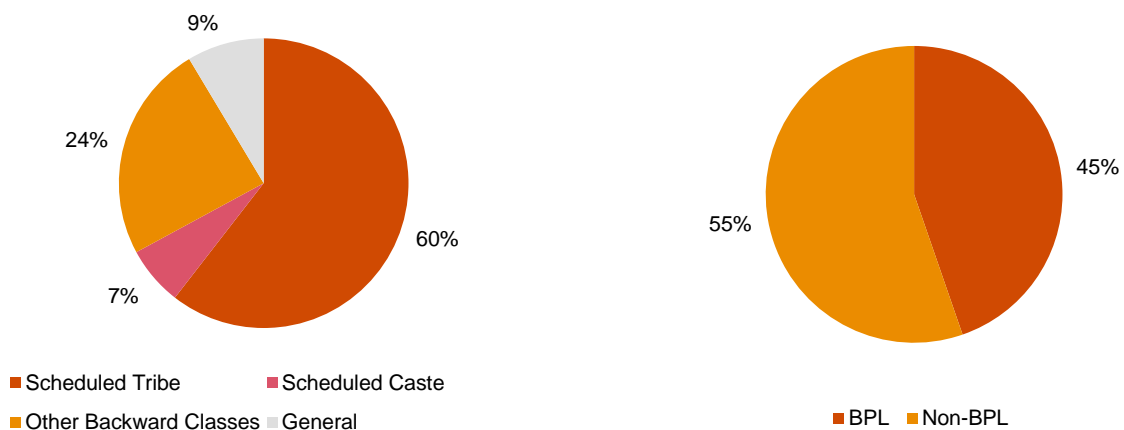


Figure 2: Caste and Below Poverty Line (BPL) status of the respondents

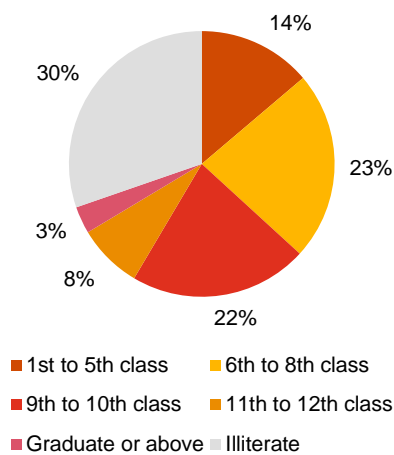
N=152



¹² N here corresponds to beneficiaries covered as a part of the toilet construction, MHM awareness, water-connectivity intervention FGDs, and physical visits for toilets, soak pits and vermicomposting units. This amounts to 169 beneficiaries in total for whom this profiling was conducted. However, since a beneficiary could receive multiple benefits from the programme activities at a given time, there were 17 such cases of overlap which had been subtracted from N, which gives us N to be 152.

Figure 3: Education background of the respondents

N=152

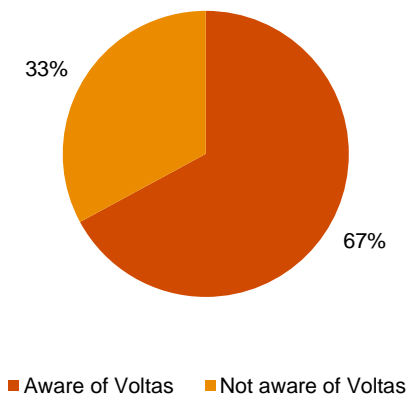


The highest number of beneficiaries as a part of the study belonged to the Scheduled Tribe (ST) category, while the lowest percentage belonged to the General category. A larger percentage of men and women (41.5%) were not employed/working, followed by agriculture (32.9%). Within others, beneficiaries were either employed as house help, cleaners in private organisations, marriage band players or Anganwadi workers; or even run their own businesses such as shops, pani-puri stalls, etc.

Awareness of Voltas Limited: Branding and visibility

Figure 4: Distribution of brand awareness

N=152



Majority respondents in the study were aware of Voltas Limited or would either refer to it as a 'Tata entity' or the 'cooler company'. They were also aware of the name of CSPC.

During interviews with beneficiaries, it was reported that the highest level of unawareness of the entity was within beneficiaries of constructed toilets, wherein participants were unable to recall Voltas Limited, while women who received the MHM training were more aware about the organisers of the sessions.

3.2. Toilet construction

About the intervention

Beneficiaries of this intervention were provided with constructed toilets in their homes, to help solve the problem of open defecation faced by the villages. While 90% of the respondents had ready toilets which they were already using, 10% of the respondent's toilets were still under construction. The section of beneficiaries who were yet to receive the toilets were looking forward to the completion of the toilet to end the discomforts experienced by them due to open defecation. 100% of the beneficiaries of the constructed toilets reported that they were using the toilet provided to them.

As a part of this initiative, the users provided a nominal part of the construction costs such as INR 3,000/- to - 3,500/-, while the rest of the costs and construction materials were borne by Voltas. Individuals were also provided an option to either pay in instalments, or pay INR 1,500/- and provide labour in the form of digging the pit in case they couldn't afford to pay the amount. In certain cases, such as ultra-poor households, the beneficiaries were also provided toilets for free.

Intervention impact



Prior to the intervention, the beneficiaries were defecating in the open, often in nearby fields, forests, or areas for grazing cattle. The average distance travelled for defecation was over 1 km, with the highest reported travel of 3 kms and lowest being under 100 metres. Men stated that often they would travel even farther, so that women could go to nearby defecation spaces.

“We need to take care of the respect of our women and young girls...we do that by defecating in separate areas than women and usually our areas are farther ahead of them so that they do not need to travel as much”, said an elderly male during an FGD.

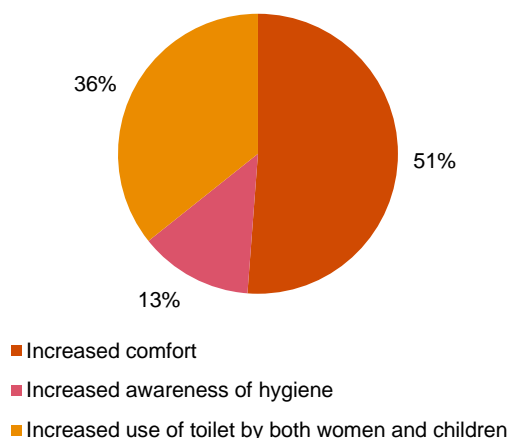
However, open defecation for women meant not only travelling outside of their homes when they themselves had to defecate, but also accompanying their children when they needed to defecate which would lead to a lot of their time in the day going into travel. This was especially tiresome in days of menstruation or pregnancy, rain, or extreme summer.

Image 1: Constructed toilet of beneficiary

Women stated that the entire experience of openly defecating was dishonouring, which was echoed by the men interviewed in the study. A man stated how it felt shameful to see their young daughters going out in the open to defecate. *“We don’t want our daughters to go out like this, it is a question of the respect of our daughters and daughters-in-law,”* he said. 100% of the respondents claimed that every household should have a toilet, and that not only women require a toilet, but it is also the men who need a toilet. As a practice, they condemned the practice of open defecation.

Figure 5: Perceptual changes experienced by beneficiaries of constructed toilets

N=60



When asked how their behaviour and overall life has been impacted, the highest number of responses were with respect to ease of defecating and increased comfort of having a toilet in their homes. Respondents stated that often the defecation areas would either smell too much or would have rodents, snakes or other animals which would make it more difficult for them to go out in the open. This was met with further difficulties such as the rainy season when open spaces would fill with water and faeces would float in the open making it an extremely unpleasant experience and more vulnerable to diseases and mosquito bites.

Provision of toilets also impacted the women more predominantly since now they could use the toilet during pregnancy or even during the day of their menstruation without having to worry of infections. Elderly beneficiaries of the households also claimed how during sickness they would find it extremely painful to walk a distance to defecate. “My foot is swollen now that I am old, my knee also hurts, having to walk even small distances is painful, and going multiple times in a day to defecate became difficult for me”, said an elderly woman.

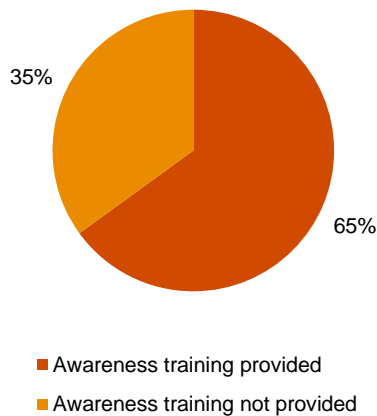
When talking of perceptual changes, multiple beneficiaries responded that they now feel more hygienic. For example, if they would go out in the open, there is only a limited amount of water that they could carry with them and in that case ensuring washing hands with soap was out of the question. They also said how they fall sick less frequently owing to the benefits of a toilet in their home, for example, individuals reported falling sick less frequently or less than twice or thrice a year since using the toilet.

During the **visits** the status of the infrastructural nature of the constructed toilet around the amenities provided as a part of the agreed arrangement of the toilet support provided under the project was also observed. 20 visits of constructed toilets were conducted as a part of this study, wherein all (100%) of the toilets were constructed, had painted walls, and had functional toilet seats. The average time of construction of a toilet was 10-15 days, sometimes going over to a month owing to delays such as holidays of workers.

While a tap outlet was provided for water, households said they often struggled with water since either the water pipe connecting the water to the tap was broken, or that they did not have a water motor to help the water fill in the tank. In certain cases, the beneficiaries had removed the tank from the top of the constructed toilet to the ground or had voluntarily chosen not to get a tank fitted in the toilet. Certain beneficiaries also claimed that the toilet pit based on the design as per Swachh Bharat Abhiyan guidelines, even though functional, would choke quickly since the depth of the pit would not be enough. Often it was observed that toilets would also not have enough ventilation, light, an accessible washbasin/area for washing hands or the facility of a soap. However, these amenities were not a part of the project support provided by Voltas.

Figure 6: WASH awareness training received by beneficiaries of constructed toilets

N=60



In terms of WASH awareness, most of the respondents suggested having received training on the benefits of washing hands and maintaining overall sanitation hygiene. However, those who reported to not have received any such training stated that issues of hygiene and general WASH practices were discussed as a part of early meetings with CSPC when they were discussing construction of toilets. They stated that even though no formal trainings were conducted, they were aware of WASH practices and felt impacted by them. Respondents reported that they were often told of the importance of hygiene and sanitation by CSPC, and that has affected their overall approach towards cleanliness and their way of conducting daily activities.

Intervention sustainability

100% beneficiaries claimed to clean the toilet daily and ensure that hygiene is maintained. They use acid or other cleaning agents to clean the toilet with brushes and brooms. However, users suggested that due to high wear and tear of the toilets, material used such as tiles tend to break within a couple of months. Maintenance is the responsibility of the user and while some beneficiaries would fix the issues on their own swiftly, often if maintenance issues arise, the user delays the expense of fixing the toilet and continues using it as is which leads to more damages to the toilet constructions.

3.3. MHM awareness

About the intervention

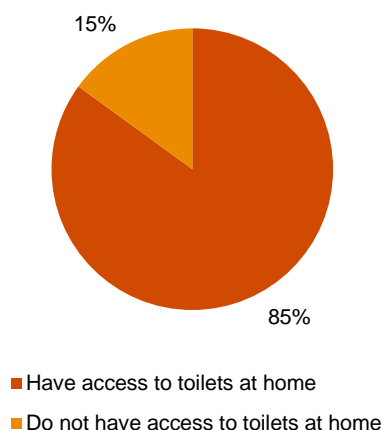
The MHM awareness activity entailed conducting workshops with women across different age groups on around 4 modules pertaining to the human body, different available menstrual hygiene products and their disposal, as well as overall health, hygiene practices and myths around menstruation. These modules were delivered across 4 different meetings with groups of women, usually not more than 10 at a time, split by age groups. The average time for the meetings was around an hour to an hour and a half, scheduled as per the availability of the women beneficiaries.

Women including older women highlighted that they did not know about their own body, why they experience menstruation, about the monthly cycle etc. and were confused or unprepared for their menstruation. When CSPC approached them with the intention of providing them information on this otherwise taboo topic, they felt intrigued to know more about it. After receiving the training, 100% respondents were satisfied with it, and suggested that in fact the material covered taught them something new that they didn't know of, for example, about pregnancy, the female body, myths around periods, etc.

Impact of the intervention

Figure 7: Women with access to toilets at home

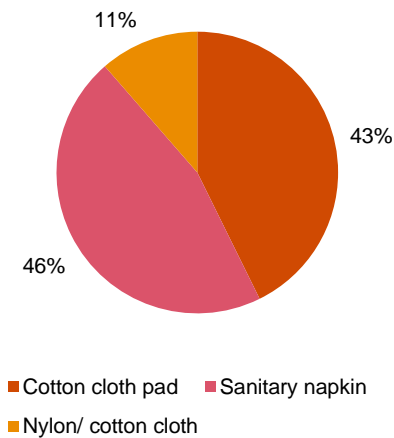
N=60



A certain proportion of the respondents did not have access to a toilet in their home which in their opinion exacerbated their problems during periods. Their issues ranged from walking in discomfort for long stretches, changing pads in the open, and being more prone to infections by defecating in the open. These women felt that the MHM awareness trainings provided them with additional understanding on how they can save themselves from added risk of infections by not using hygienic menstrual products, not consulting the doctor when required or even not changing the menstrual product, such as a cotton cloth pad or sanitary napkin regularly in the day.

Figure 8: Split of women using different menstrual hygiene products

N=60



Majority of women in these interviewed villages were using sanitary pads, or a mix of sanitary pads and reusable cotton cloth pads, depending on whether they had to go out in the day or depending on their period flow. Over 33% of the women claimed that they switched to more hygienic menstrual products after receiving the MHM awareness training. However, women who were already either using a sanitary napkin or cotton cloth pad, were intrigued to know about how they should use them to better their personal health during periods. For example, many women stated that they did not know that they should change their pad multiple times in a day, or how it could lead to more hygienic management of their periods.

The reasons why women preferred sanitary pads included the comfort, hygiene, its leak-proof nature, and the fact that they did not need to wash it after use. The women who used cotton cloth pads suggested that either they preferred it out of habit, or that they were reusable and more affordable. Some women also found them to be softer and easier to use.

Women who were concerned about pricing, or were using old cloth, nylon cloth pieces out of habit were advised to switch to cotton cloth pads since they are reusable and more reasonably priced than sanitary napkins.

Image 2: Matka incinerator used by women to dispose sanitary napkins



“While I respect my mother-in-law’s beliefs, I do not believe in them anymore”, she said. This was also echoed by the other women that myths are often passed generationally, but they should not be passed on any longer. “I will not do this to my daughter and daughter-in-law, this needs to end”, said a respondent.

Beneficiaries of this intervention claimed to have garnered knowledge especially in the following three areas:

- **Using sanitary napkins/ reusing sanitary napkins and their safe disposal:** While the beneficiaries learn more about hygienic menstrual products, 100% of the women burnt their napkins after use. It is only after the training that some women said that they have begun using the matka incinerator as a method for disposing of their sanitary waste, and not burning in the open after washing the pad. Matka incinerators are earthen pots wherein napkins are put inside them and burnt with a lid upon them without causing any smell or environmental damage.
- **Understanding the importance of maintaining overall health and hygiene:** As reported by these beneficiaries, they were unaware of what to eat and not to eat during periods. They said that they did not realise the value of eating healthy during this time. They also were unaware of when to approach a doctor, for example, for reasons related to colour of discharge, blood, and usual flow or what is the period cycle as per the calendar. A woman claimed how she felt confident now in going to a doctor and talking about the issues she is facing during her menses.

- **Busting myths around periods:** One of the most spoken of impacts in the discussions was how women felt more liberated after knowing that period blood is not bad, and that there is no need for a woman to be ashamed of it. One of the respondents claimed how her mother-in-law does not like to touch her during periods and if she touched anyone or their food or water, she would cause “ill-luck”.
- **Understanding the female human body:** The women highlighted that they no longer feel burdened by the sex of the child while they are pregnant as they now understand that the determination of what sex the child will be of is not dependent completely on the female genes

Only 8.3% (N=60) women responded that they still believe in myths around period and have not let go of any traditional practices which would restrain them from conducting their daily activities. The remaining 91.7% women stated that they have either let go of myths either partially but continue to believe in some myths such as not going to the temple during periods or have let go of myths completely. Out of the interviewed women, 30% (N=60) women stated that they continue to do their activities as per usual routine even during their periods, but the remaining women said that they either prefer to rest voluntarily or do not work or do household chores out of the beliefs of their household elders. Only 3%(N=60) stated that they prefer to isolate themselves during periods, while all the others agreed that they continue to go out and meet their friends and family and have stopped following myths as rigidly as it was experienced by previous generations.

Intervention sustainability and suggestions by the respondents

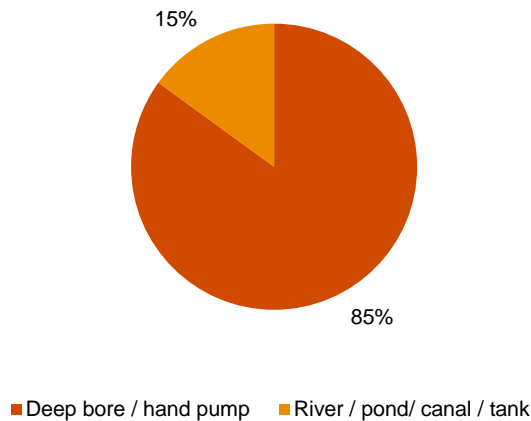
While all beneficiaries were satisfied with the training process, they felt that as the next step the training must continue in the future for their daughters as well. Hence Voltas trained 13 women across all 10 villages to become community-based master trainers and be the point of contact for village women on MHM related information. Additionally, workshops were conducted with ASHA workers from the entire block to provide them with adequate knowledge on menstruation and menstrual hygiene, along with books on MHM so they could pass this information to women in their respective villages. When asked if they would like to learn something new, most women responded that they trust what they would get to learn through the programme and they do not mind learning more about the different avenues of earning an income - such as manufacturing sanitary napkins. Women from an SHG in Waghodia, for example, were provided training on making sanitary napkins, and have been successfully running a sanitary napkin unit since October 2022.

Respondents also stated how men in the community should also be given such training to help them understand their own body as well as the female anatomy, it is only then that they will understand and help all progress. However, not all groups agreed with that. Discussions also brought forth that those women felt uncomfortable with others providing information and explaining these things to their husbands. *“It is a matter between us, and I can tell my husband about my body and my periods, I can pass the information myself,”* said a woman.

3.4. Water-connectivity

Figure 9: Split of where individuals got their daily supply of water for daily chores

N=20



About the intervention

As a part of this activity, Voltas provided beneficiaries with a water-connectivity to give them water directly at their homes which would help them in their regular household chores. This intervention was undertaken in Rajnagar village only, and the N for this intervention analysis is 20.

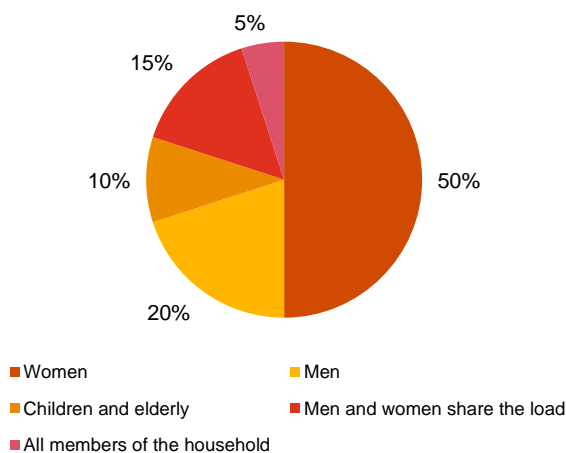
Programme impact

Prior to the intervention, the respondents reported that they were receiving water majorly from the deep bore/ hand pump near their homes. However, now they are not required to travel and can access water in their homes.

The average time taken for an individual to fill water and travel to and fro from their homes to the location prior to the intervention was over 60 minutes, with an average travel to close to 600 metres (with lowest being 100 metres and longest travel being over 1 km)

Figure 10: Individuals assigned to fill water

N=20



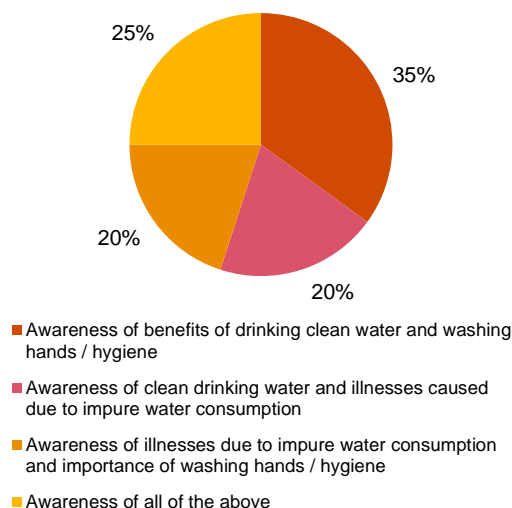
It was reported that in majority households it is the women who would travel to fill the water. While only 15% of the households reported that men and women share the load of filling water together. On an average, the individuals would have to travel over 2-4 times in a day to collect water, wherein this water is collected either in matkas made of steel or in covered containers such as drums, to help them fill larger quantities of water in one instance in turn saving their time. 100% of the respondents claimed that the water-connectivity has helped them in their daily lives.

“This has helped my wife more I think, now she can do her daily chores on time, get the children to school and send me to work, she can also find some time to rest in the day or use it for some other work in the house”, said a male respondent.

The highest relief was with respect to not having to travel long distances multiple times in a day. The respondents also reported reduced levels of seasonal infections such as flu, stomach related ailments and overall stress of having to travel, especially during illnesses or in the case of women, during periods or pregnancy. Women stated how this intervention has brought peace into their homes, where they don't have to ask their husband, children or in-laws (in some cases) to fill the water when they are unwell. Having to travel long distances during pregnancy with swollen feet was not feasible. Women also reported how their life has been simplified with availability of water for washing clothes, utensils, and cleaning from the comfort of their homes. Men especially stated how they can now reach work on time. They reported that having to fill water or wait for their wife to return with water which would make them late for work. Another respondent stated how using the hand-pump was another time taking and strenuous activity which would make them tired just early in the day.

Figure 11: Perceptual changes of respondents

N=20



Additionally, the individuals are now reporting better hygiene, such as taking bath regularly, and even washing hands more frequently. 35% respondents agreed that they are now aware of the benefits of hygiene and benefits of clean water. Respondents suggested that they use the water-connectivity for drinking purposes as well but only after boiling it, as per the awareness sessions provided to them by CSPC in the awareness sessions. They also stated how illnesses have reduced, as they would fall ill frequently and have stomach related issues such as diarrhea, but now they fall sick less than twice a year. Most individuals stated how they don't fall sick at all anymore and how the water quality has improved and is significantly better than before.

Intervention sustainability

The beneficiaries have turned this water-connectivity intervention into a self-sustaining community activity which is run entirely by them through a community contribution of INR 50/- per household. A Pani (Water) Committee has been appointed from within the village who solve maintenance related issues, and ensure households receive water daily. This initiative is women led, wherein women from the community are a part of the committee, who manage the smooth water distribution and functioning of the water-connectivity intervention across households. While certain households did have issues with respect to paying a fee for maintenance, they too started supporting it since the benefits they were receiving were much higher than the cost to be contributed.

3.5. WASH support to select Anganwadi centres and schools



Anganwadi centres and schools selected for provision of WASH support were either in the form of drinking water facilities or helped with repair/ construction of toilets. These facilities helped the children of the villages as well the Anganwadi centre and schools in running these institutions better.

Problems of these institutions ranged from either low budget for repair or no budgets at all, lower retention of students due to lack of facilities or wasted time of students to either use the toilets or drinking-water facilities outside the Anganwadi or school. For instance, an Angawadi worker quoted how she had to fill water ahead of the children coming in so they would not have a problem. A school teacher quoted how the girl children would not be able to use the toilet since it did not have proper infrastructure. Voltas also provided hand washstand posts for certain schools, so children could easily wash their hands, especially ahead of their mid-day meals. Additionally, the programme also aided these institutions with their beautification, such as wall paintings, to help make them more attractive to students and make it a more interactive learning space for them.

Image 3: Drinking water facility provided by Voltas Limited in an Anganwadi



However, schools in certain instances claimed that the material used for the construction of the toilets could have been of better quality. According to them less material was used for construction because of which the wear and tear of the construction was higher, and costs of maintenance was increased. In one case, the Anganwadi shared how her opinion on keeping the water-pipe hidden was not taken into consideration. This eventually led to the monkeys breaking the water-pipelines outside, and the entire repair work done by Voltas went to waste.

The support by Voltas, however, was appreciated by both Anganwadis and schools. This support was helpful to them primarily since they had little to no budget for such additional beautification, repair, or infrastructural construction.

Image 4: Voltas branding on an Anganwadi in a village

3.6. Support in undertaking vermicomposting



Voltas and CSPC provided a vermicompost bed to the beneficiaries along with guidance on how to undertake the process. As a part of the activities, CSPC held 2-3 meetings and in some cases as many as 6-7 meetings with the villagers to help them navigate the benefits of vermicomposting and help them understand how it works. It was noted how certain individuals too were trying to spread the practice based on their positive experience from the activity.

Impact of this activity was such that farmers could witness better quality of produce, increased quantity and in some cases even additional income from excess vermicompost produced.

Image 5: Vermicomposting bed provided by Voltas

- One of them stated how her income increased due to an increase in production of her crop. While earlier she sold rice for INR. 30,000/- to INR 32,000/- in a year, after using vermicompost she sold her rice for INR 42,000/-. Additionally, she also saved on the money she would have spent on chemical fertilisers, which would amount to as high as INR 3,000/- or even more in a year.
- Another beneficiary on the other hand reported to have sold vermicompost worth INR 6,000/- in a year and experienced better pricing for her crops since the quality of her produce was enhanced by using the compost. She also saved nearly as much as INR 6,000/- in manure yearly.
- Nearly taking 45 days to make, another beneficiary claimed to use no external manure, which he would use as much as 750 kgs of earlier in a year. He also inspired other beneficiaries to take up this practice and reap the benefits of better crops.

All interviewed beneficiaries highlighted the need for leveraging word of mouth publicity of how vermicomposting is beneficial for farmers. They also stated how vermicomposting is useful if the individual also owns cattle since cow-dung, etc. can be used in making the vermicompost. Awareness in their opinion is key to scaling this practice across villages.

3.7. Support in construction of soak pits



Soak pits are constructed in villages to solve the problems of excess water overflowing onto the roads and outside spaces after the household wash utensils or use water for daily purposes such as washing hands, etc. As a part of the intervention, no money was taken from the beneficiaries, but they were asked to provide a Shramdaan (labour) and dig the soak pit as guided by CSPC. Once done, the other construction related requirements were fulfilled by CSPC and the pit was ready for their use. All beneficiaries interviewed had working knowledge of how the soak pit is built and how to maintain it.

Image 6: Soak pit material provided by Voltas

Noted issues solved through this intervention include:



Flooding of surrounding areas

- Overflowing water across areas causing flooded roads and backyards where the individuals would use water, this would be especially painful during the rainy season when water would continue to stand for long stretches of time.



Foul smell and unhygienic environment

- Overflowing water mixed with cow dung and other garbage on the road, led to smell and unhygienic environment for those living in the house and the surrounding neighbourhood.



Added risk of illnesses:

- Standing water would often become a breeding ground for mosquitoes. Water used to stand in the area where they would have their source of water for example, water would stand in the area near the tap or the bucket where the household would keep their water, which led to unsanitary conditions for them whenever they would want to use water the next time. In case this water would run off outside of the household, often individuals complained of increase in diseases due to the dirty standing water.

3.8. IRECS Analysis

Based on the interactions with the key stakeholders and desk review of the documents, the impact of the project was evaluated on 'IRECS framework'. The IRECS analysis summary has been presented in below table:

Parameter	Assessment from the study
Inclusiveness	<ul style="list-style-type: none"> Beneficiaries from across castes have been provided with a larger proportion of beneficiaries being from the scheduled tribe (60.5%) hence inclusive in its approach. The intervention is also gendered in its approach, with MHM being provided to women and toilets being built in the name of the female of the house.
Relevance	<ul style="list-style-type: none"> The programme in question had a round of needs assessment ahead of the implementation of the programme to assure that the provided intervention is relevant to the target group. Additionally, while implementing the intervention, the on-ground team of CSPC would inquire who among the target group is interested to receive the benefits of the intervention. Respondents stated that the programme was particularly relevant to them as they were waiting to be assisted with toilet construction for a while and had little to no financial means to construct their own toilets. Moreover, women who received the MHM training had no idea about their body and were intrigued to learn something new. Overall, it was moderately relevant.
Effectiveness	<ul style="list-style-type: none"> >51% beneficiaries reported to have increased comfort due to toilet construction, with a 100% reporting that they and their families use the constructed toilet. Only 8.3% women reported to still believe in myths, with the majority suggesting that they no longer put off their daily chores and continue to lead their lives with confidence. Additionally, activities such as vermicomposting added to incomes of households, and even helped increase their savings. Hence it was effective in addressing the gaps.
Convergence	<ul style="list-style-type: none"> The Voltas Waghodia plant officials and volunteers played a pivotal role in shaping up the project through regular ideation and support in implementing and monitoring the programme. Convergence with Swachh Bharat Abhiyan had been made clear since the beginning of the engagement since the programme follows the guidelines as per the government initiative. Additionally, MHM trainings have been provided to the cadre of ASHA and Anganwadi workers MHM training sessions was conducted in district level programme for the adolescent girls under the programme named " Ujas Bhani".
Sustainability	<ul style="list-style-type: none"> Sustainability of the programme interventions has been thought through - for example, beneficiaries of water-connectivity intervention are running the programme within the community through a Pani Committee representing a self-sustaining model for the future. While the Gram Panchayat provided permissions for providing water-connectivity to the beneficiaries, they also paid the electricity bills for the structure supporting water-connectivity, such as the water motor, etc. Beneficiaries of constructed toilets had been provided with orientation and training on WASH and maintaining their toilets. However, beneficiaries provided with these constructed toilets or WASH infrastructural support reported that they are unable to maintain them, especially due to lack of funding which questions the future usability of the infrastructure in case it is not maintained properly.



4.

Recommendations

4. Recommendations

Project specific solutions catering to issues mapped on the field:

- **Mitigating risk of quick wear and tear of the infrastructure constructed:** Adequate measures should be taken to carry out periodic monitoring of the construction process and checks on the quality of the material used. As reported by beneficiaries, tougher materials which last longer should be leveraged for construction purposes, to reduce post construction maintenance costs for the user. This will not only help the process to be completed in a timely manner but also help the user to continue the use of the toilet.
- **Increasing feedback loop during construction of the infrastructure:** Issues of the surrounding area should be acknowledged and addressed as a part of the construction process such as the problem of monkeys breaking the water-pipelines, or neighbouring children breaking into schools/ Anganwadis due to lack of boundary walls. Once these issues are kept in mind, the design of construction should be tweaked accordingly. Motors should be installed, or a tank should not be a part of the construction design as in certain cases, the water was not filling into the tank due to lack of water pressure.
- **Scaling of MHM awareness:** Provision of awareness not only to women but also the elderly and the men of the community. It was noted that while women have had a change in attitude towards myths around periods, their progress is limited by the traditional mindsets of their previous generation. Additionally, the support of men would help women make their case and educate the entire household and consequently the community on MHM.
 - While women do have awareness, their monetary means remain limited to purchase hygienic sanitary products such as sanitary napkins. As a suggestion, it might be recommended to provide women with either the skills to make their own cotton cloth pads, or provide women with cheaper, safer alternatives.
 - It might also be useful to provide women with the knowledge on creating their own cotton cloth pads, which could help lessen their monetary burden of purchasing sanitary pads.
- **Using word of mouth and impact stories to scale the vermicomposting activity:** Vermicompost users felt that a higher impact could be achieved through word of mouth. If individuals using vermicompost units could present to other farmers on how they and other farmers and owners of cattle are benefiting from vermicomposting, it could help inspire other farmers to use vermicompost units.
- **Building a network of change agents within the school children and the community:** There is a need for creating a network of change agents within the children and/ or the community who can continue to take the learnings from more engaging awareness sessions to the rest of the community.

Forward looking strategic solutions mapped from similar WASH programmes in the country:

- **Scale through partnerships:** WASH programmes by TATA Trust¹³ leverage support and partnerships from/ with the government to further scale their interventions. At Voltas, the same model can be used.
 - For example, currently the Voltas programme connects with the Panchayat for permissions, but in the future, it can consider partnering with the local administration to integrate more 'need-based' elements for the community into the interventions, basis responses from the local administration.
 - As also shared by the implementing partner, the sanitary-napkin unit has been recognised by the National Rural Livelihoods Mission (NRLM), similarly this programme can be further scaled to converge with NRLM. In the future, products (sanitary napkins) manufactured by the SHG can also be sold on the Government e-Marketplace (GeM) portal, which is a government owned national public procurement portal.¹⁴
- **Expanding on Communication:** Voltas could also consider expanding on its Social and Behaviour Change Communication (SBCC) interventions that will generate awareness on water management, sanitation, and hygiene, to inculcate desired WASH habits. For example, the TATA Trust has created

¹³ <https://www.tatatrusts.org/our-work/water-sanitation-and-hygiene>

¹⁴ <https://gem.gov.in/>

content for shows, campaigns and events that help educate the community on healthier practices. It has proven to encourage practices such as conservation of rainwater and in influencing water consumption patterns at the household, domestic, agricultural and industry level.¹⁵

- **Building community volunteers:** From the perspective of sustainability, the WASH programme by Voltas can further its interventions by creating a cadre of on-ground community volunteers who continue to run the programme on the ground. For example, the 'Swachh Aadat, Swachh Bharat (SASB)' programme by Hindustan Unilever Limited to promote good health and hygiene practices, runs a Swachhata Doot (Messenger of Cleanliness) volunteering intervention as a part of its programme. This intervention enables any person to become a change agent in his / her community. More than 4,000 of the Company's employees across their 25 factories in India have embraced a new role as agents of change (Swachhata Doot) to educate and motivate their communities to adopt better WASH habits.¹⁶

¹⁵ <https://www.tatatrusts.org/our-work/water-sanitation-and-hygiene>

¹⁶ https://csrbox.org/India_CSR_news_Top-10-Water,-Sanitation-and-Hygiene-based-Projects-Though-CSR-in-India_1335

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