

# Impact assessment of 'Doorstep care for improving maternal, child and adolescent nutrition and awareness on NCDs for ST-SC population with special focus on Particularly Vulnerable Tribal Groups (PVTGs)

IndusInd Bank

February 2026



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The information collected for this study is through field visits, meetings with various stakeholders, information shared by respondents, secondary research and backend data provided by IndusInd Bank. We have relied on the information shared by these sources. Field visits were conducted in cognizance with IndusInd Bank and field teams with the prior acceptance of the approach, methodology, coverage plan, survey tools and indicators.

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## Executive summary

The impact assessment evaluates the “Doorstep Care for Maternal, Child & Adolescent Nutrition and NCD Awareness” project implemented by CINI in Bissamcuttack block, Odisha, with support from IndusInd Bank. The assessment examines programme performance across OECD-DAC parameters using a mixed-methods approach, including a statistically representative household survey (n=380), focus group discussions, key informant interviews, and service delivery observations. The intervention targeted ST/SC and Particularly Vulnerable Tribal Group (PVTG) populations, aiming to address systemic barriers such as geographical inaccessibility, low awareness of entitlements, service delivery fragmentation, and limited institutional accountability. The programme focused on strengthening ICDS and Health systems, improving frontline worker convergence, enhancing governance platforms, and promoting behaviour change at the household level.

### Relevance

The project design was well aligned with local health nutrition needs, particularly for PVTG communities. Awareness of nutrition entitlements was strong—IFA/Calcium (80.6%), THR (65.3%)—while maternity scheme awareness remained lower for JSY (63.8%) and JSSK (57.9%). High uptake of core services indicates that programme interventions addressed key barriers effectively. ANC4+ increased from a baseline of 43.8% among mothers of 7–24-month children to 93.6% among current PLWs (147/157). Child growth monitoring was also high, with 90.2% of Mothers of U5 reporting weighing in the last two months.

### Effectiveness

Service coverage improved substantially during the project. Among eligible PLW+MU5 respondents, THR receipt reached 91.3% and IFA/Calcium reached 96.9%, indicating robust delivery despite the block’s challenging terrain. Convergence efforts were particularly effective: joint ASHA–AWW–ANM support was reported by ≈90.3% of PVTG households, compared to ≈65.2% in non PVTG habitations, demonstrating prioritisation of remote and underserved communities. High satisfaction (≈80%) and perceived improvement in family practices (≈85%) reflect strong acceptance and relevance of programme strategies.

### Efficiency

The narrow difference between regular THR receipt (84.3%) and last month THR (88.0%) indicates predictable and continuous supply. Convergence produced significant efficiency gains: 89.0% of households with joint FLW support received both THR and IFA, compared with 31.6% without convergence—showing that multi service completion during a single contact substantially reduced fragmentation and strengthened last mile delivery.

### Impact

Compared with the baseline, the project contributed to substantial gains in service utilisation, equity, governance participation, and frontline convergence. The most notable impacts include strengthened ANC completion, improved continuity of entitlements, and markedly higher convergence and governance readiness among PVTG households. While access related indicators improved rapidly, nutrition specific behaviours require longer term investment. Overall, the programme enhanced service reliability, strengthened institutional coordination, improved household awareness, and achieved equitable reach—laying the foundation for sustained maternal, child, and adolescent health improvements in Bissamcuttack.

## Sustainability

The Governance Readiness Index (GRI)—attendance at governance meetings, issue-based agendas, and knowledge of escalation routes—stood at **58.4%** overall, with markedly higher readiness in **PVTG habitations (89.7%)**. This suggests that institutional strengthening has taken firm root in the most remote communities, creating favourable conditions for sustaining gains. Behavioural improvements were evident in hygiene: **78.6%** practiced handwashing before feeding and after toilet use, and 67.9% reported both practice adoption and perceived improvement due to the project. However, behaviours requiring deeper norm change showed limited progress: **98.8% of out of school adolescent girls** still consumed  $\leq 2$  meals/day, and only **21.9% of Mothers of U5** practiced recommended feeding during illness.

## Coherence

Governance platforms demonstrated improved functionality. High meeting attendance and discussion of health nutrition issues indicate better alignment between programme content and local governance priorities. Most respondents could identify an escalation contact (primarily FLWs), reflecting a strengthening accountability chain. However, approximately one fourth still lacked clarity on where to report delays or missing services.

## Rationale for the impact assessment

The impact assessment of CSR programmes is undertaken in accordance with the mandate of **Section 135 of the Companies Act, 2013**, read with **Rule 8(3) of the Companies (Corporate Social Responsibility Policy) Rules, 2014, as amended in 2021**. These provisions require companies with significant CSR obligations ( $\geq 10$  crore or more on average over the preceding three financial years) to conduct independent impact assessments of projects with outlays exceeding  $\geq 1$  crore, upon completion of at least one year. The primary objective of this requirement is to move beyond input- and output-level reporting towards a more outcome- and impact-oriented evaluation of CSR initiatives. By systematically assessing the effectiveness, efficiency, and sustainability of interventions, impact assessments enable companies to determine whether intended social outcomes have been achieved and whether resources have been utilised in a judicious and accountable manner.

Furthermore, the requirement strengthens transparency and governance by mandating disclosure of assessment findings in the Board's CSR report, thereby enhancing stakeholder confidence and ensuring that CSR investments create measurable and meaningful value for communities. Beyond regulatory compliance, impact assessments serve as a critical strategic tool for evidence-based decision-making, helping organisations refine programme design, improve implementation mechanisms, and scale interventions that demonstrate high social returns, while addressing gaps in underperforming areas.

In this context, the present assessment is aligned with statutory requirements as well as broader objectives of accountability, learning, and continuous improvement in CSR programme delivery.

## About IndusInd Bank Limited

IndusInd Bank, founded in 1994, derives its name from the ancient Indus Valley Civilization, symbolizing a deep cultural heritage and a progressive outlook. Over the years, the Bank has established itself as a reliable and inclusive financial institution, catering to individuals, businesses, public sector organizations, and development partners across India. It has become a preferred and reliable financial institution, serving millions of customers, including individuals, corporations, government bodies, and PSUs. The Bank is committed to expanding its customer base using advanced technologies to provide seamless, convenient, and effective banking experience.



The Bank's operations are firmly aligned with Environmental, Social, and Governance (ESG) principles, reinforcing its long-term commitment to ethical practices and societal impact. Guided by its vision "to be trusted, valued, and respected for our financial, environmental, and social performance," the Bank places inclusivity at the heart of its initiatives. It actively promotes equity by enabling access and participation for underrepresented groups, including women, persons with disabilities, and economically marginalized communities. The banks work across several thematic areas including Rural development, Sports, Water stewardship, Environment, Education, Skill development, and Livelihood.

## Method of Impact Assessment

### Assessment Framework

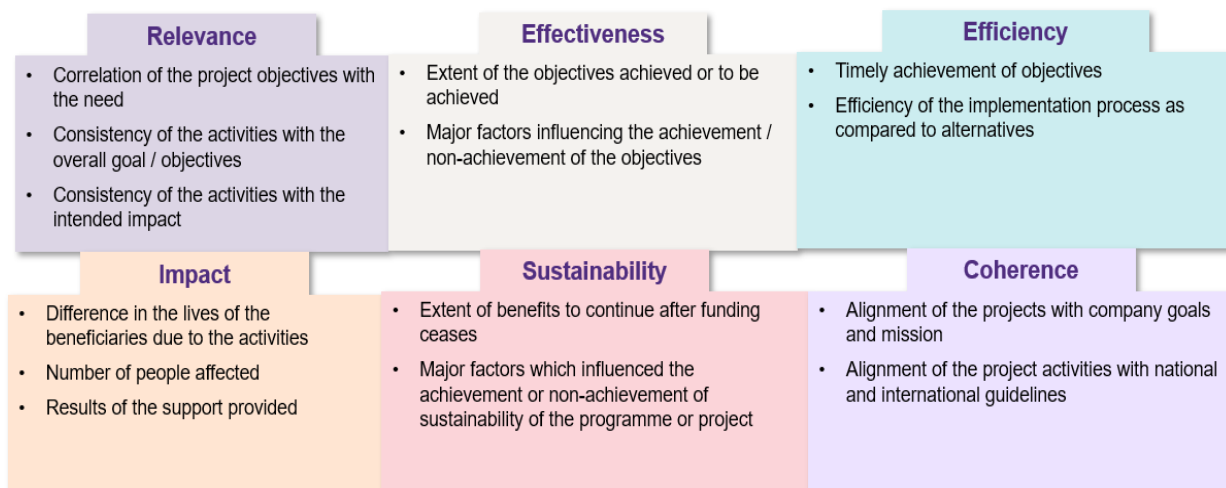
The study aimed to assess the programme's activities, outputs, and overall impact through systematic engagement with relevant stakeholders. It documented stakeholders' perceptions of programme outcomes, captured their feedback on the changes observed, and gathered their suggestions for further improvement. The assessment focused on understanding not just the results achieved but also the perspectives and experiences of beneficiaries, frontline workers, and governance actors.

The study followed a pre defined approach to examine the programme's outcomes and impact on beneficiaries. A mixed methods design was used, combining both qualitative and quantitative techniques for data collection and analysis. This enabled triangulation of evidence and provided a comprehensive understanding of programme performance across different levels of implementation.

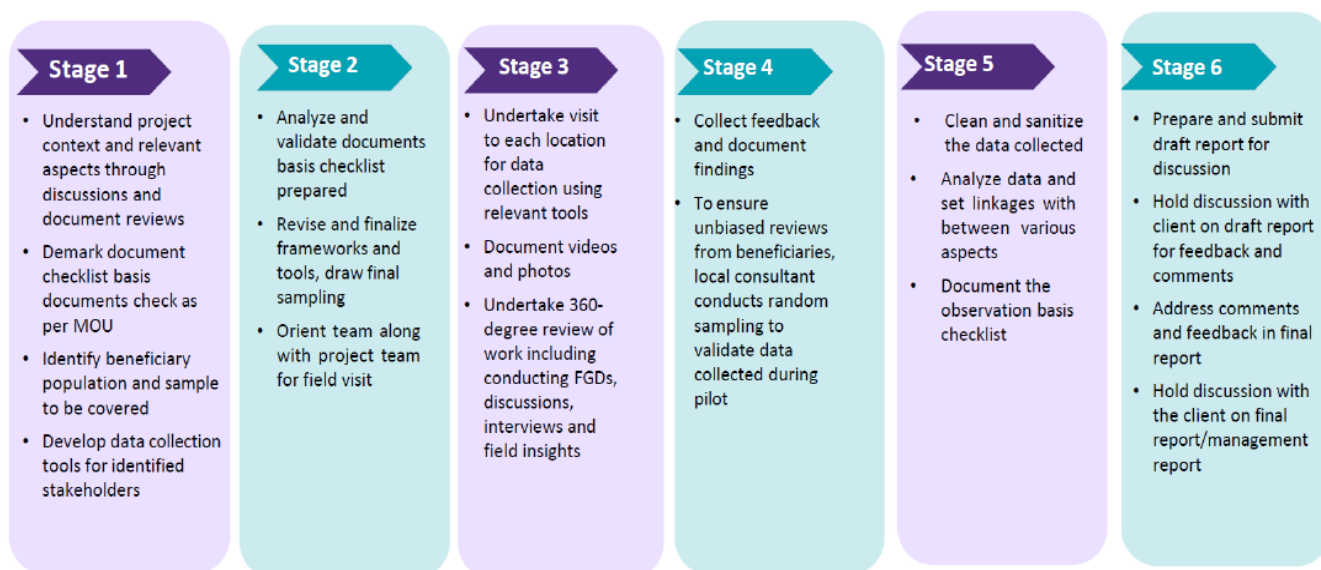
The evaluation was guided by the OECD DAC criteria, which offered a holistic and structured framework to examine the programme across six key dimensions:

- **Relevance:** Alignment of programme objectives and activities with local needs and intended impacts.
- **Effectiveness:** Extent to which planned objectives were achieved and factors influencing achievement or non achievement.
- **Efficiency:** Efficiency of activities, timeliness of outputs, and comparison of implementation processes with alternatives.

- **Impact:** Observable results of the programme, including differences made in beneficiaries’ lives and any unintended effects.
- **Sustainability:** Likelihood of benefits continuing after programme support ended, and factors influencing sustainability.
- **Coherence:** Alignment with national strategies, local development plans, regulatory frameworks, and relevant SDGs.



## Methodology for the study



### Stage 1: Understanding Programme Context and Key Aspects

In the first stage, the team focused on gaining a comprehensive understanding of the programme’s context, objectives, and operational framework. This was done through detailed discussions with the implementing team and a thorough review of relevant documents. The programme’s goals, scope, and expected outcomes were clarified, and a document checklist—based on the MoU—was used to ensure all necessary materials were reviewed. The beneficiary population was identified, the sample size was determined, and data-collection tools were developed for different stakeholder groups. This stage established the foundation for all subsequent phases of the study.

## Stage 2: Document Analysis, Validation, and Finalisation of Frameworks & Tools

During this stage, all documents gathered earlier were analysed and validated against the prepared checklist. Based on insights from the review, the frameworks and data-collection tools—survey questionnaires, FGD guides, and interview protocols—were refined and finalised to ensure alignment with the programme’s objectives. A final sampling plan was prepared to ensure representativeness. The study team was also oriented on the programme’s goals, tools, and methodologies, and a detailed field-visit plan was developed in coordination with the programme team.

## Stage 3: Field Visits and Data Collection

Field visits were carried out across all programme locations using the finalised tools. The team engaged with stakeholders to collect both quantitative and qualitative data, enabling a 360-degree review of programme activities and outcomes. Field insights were documented through photos, videos, and detailed notes to capture ground realities, implementation processes, and challenges.

## Stage 4: Feedback Collection and Data Validation

Following field activities, feedback was gathered from beneficiaries and stakeholders to document their perceptions and experiences. To strengthen credibility and reduce bias, a local consultant conducted random sampling to validate a portion of the data collected. This process helped identify gaps or discrepancies and enabled cross-checking of preliminary findings.

## Stage 5: Data Cleaning, Analysis, and Documentation

In this stage, all collected data was cleaned to correct inconsistencies and remove errors. The cleaned dataset was analysed to identify trends, patterns, and linkages across key programme components, including training quality, access to equipment, and utilisation of services. These insights informed the analytical narrative and formed the evidence base of the final report.

## Stage 6: Report Preparation and Finalisation

A draft report summarising findings, analysis, and recommendations was prepared and shared with the CSR team for review. Discussions were held with the client to clarify observations, address concerns, and incorporate feedback. The revised report was finalised after integrating all suggestions and was presented to the Bank’s CSR team, ensuring that the findings were clearly communicated, actionable, and aligned with expectations.

## Sampling Plan

The impact assessment covered households and service delivery points across the **eight Sub-centres in Bissamcuttack block**, ensuring representation of both general and vulnerable population groups. A **statistically valid household sample of 380 respondents** was planned, derived from a universe of **33,461 households**, using a **95% confidence level and 5% margin of error**. Approximately **47–48 households per Sub-centre** were allocated through a **stratified random sampling approach** to ensure proportional representation across geographic areas.

This allowed the study to capture the programme’s reach and effectiveness among highly marginalized communities residing in remote hamlets. Beyond household respondents, the study also included **additional samples from Anganwadi Centres (AWCs), VHSND sites, and frontline workers**, enabling triangulation of quantitative findings with service-level observations and provider perspectives.

The coverage also extended to **key stakeholders**, including governance platform members (VHSNCs, GKS, VCDs, and GPs), mothers’ groups, adolescents, and community representatives. This ensured that data reflected multisectoral and community-level insights essential for evaluating the programme’s relevance, effectiveness, and sustainability.

## Project Overview

As part of IndusInd Bank's health and nutrition thematic initiatives, this project focuses on improving maternal, child, and adolescent health outcomes among ST/SC and PVTG populations in Odisha through a targeted last-mile delivery approach. Implemented by Child In Need Institute (CINI) across eight sub-centres in Bissamcuttack block, the programme integrates key services such as antenatal care, growth monitoring, take-home ration distribution, and awareness on non-communicable diseases.

With a coverage of 380 households, the programme has achieved strong service uptake, including 94% ANC coverage and over 90% access to entitlements such as THR and IFA supplementation. A key strength lies in its convergence-based model involving ASHA, AWW, and ANM workers, enabling coordinated service delivery. The project also emphasises governance strengthening and community mobilisation, ensuring equitable access for vulnerable groups while building institutional capacity for sustained improvements in public health outcomes.

## Key findings

### About the Project:

The programme, implemented by **CINI in Bissamcuttack block of Odisha**, focuses on **improving maternal, child, and adolescent nutrition along with awareness on non-communicable diseases among ST, SC, and particularly vulnerable tribal groups (PVTGs)**. It strengthens last-mile service delivery through Anganwadi Centres and VHSNDs, enhances frontline worker capacities, promotes convergence between ICDS and health systems, and builds community governance structures. The initiative also empowers households with awareness of key entitlements such as THR, IFA, JSY, and JSSK. Overall, it aims to improve service uptake, nutrition outcomes, and institutional coordination in remote and underserved communities.

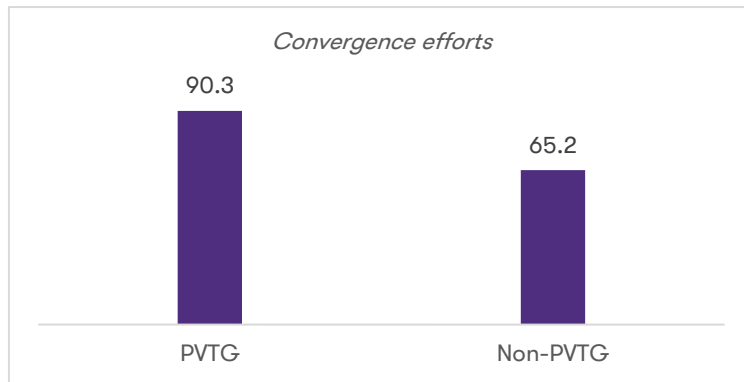
### OECD-DAC Analysis:

Presented below is the OECD-DAC Analysis of the assessment:

### Relevance:

The programme demonstrates strong alignment with maternal, child, and adolescent health needs in ST/SC and PVTG communities. It addresses critical last-mile service delivery gaps in remote and underserved regions.

1. **94%** ANC coverage among pregnant women reflects strong alignment with maternal healthcare priorities and improved health-seeking behaviour among beneficiaries. This indicates that programme interventions directly responded to critical service delivery gaps in remote tribal contexts.
2. Over **90%** access to THR and IFA supplementation highlights effective targeting of nutrition and health needs at the household level. The programme ensured that key entitlements reached vulnerable beneficiaries consistently.
3. Convergence support reached **90%** of PVTG households compared to **65%** of non-PVTGs, demonstrating prioritisation of underserved populations. This targeted approach ensured equitable service delivery in difficult-to-reach geographies. (*refer graph 1*)

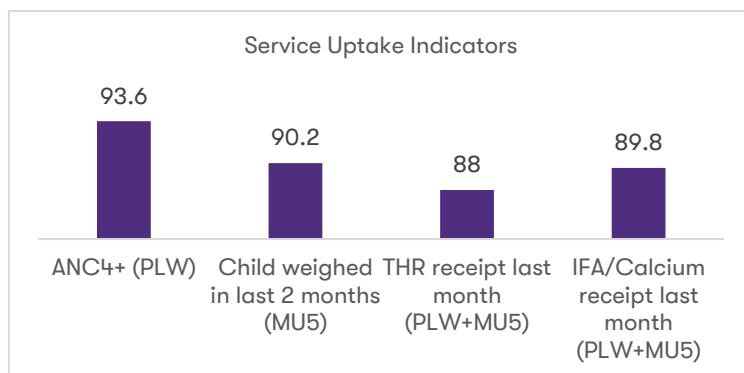


Graph 1: Convergence efforts

### Effectiveness:

The programme has been highly effective in strengthening access to maternal and child health services. It has successfully translated interventions into measurable improvements in service uptake.

1. **96%** IFA/Calcium coverage and **91%** THR receipt among beneficiaries indicate strong programme delivery across critical services. These high coverage levels demonstrate that interventions translated effectively into uptake at the community level.
2. **90%** child growth monitoring uptake reflects improved utilisation of preventive health services. This suggests **strengthened** awareness and engagement among mothers towards child health practices. (refer graph 2)
3. **80%** satisfaction and **85%** reported improvement in family practices highlight strong community acceptance. These outcomes reflect both the quality-of-service delivery and trust in frontline workers.



Graph 2: Service Uptake Indicators

### Efficiency:

The programme demonstrates strong operational efficiency through convergence-based delivery and streamlined processes. Integrated service delivery has enhanced outcomes while optimising resource utilisation.

1. **89%** of households receiving joint frontline worker support accessed both THR and IFA, compared to 32% without convergence. This demonstrates significant efficiency gains through integrated service delivery.
2. A narrow gap between **84%** regular THR receipt and **88%** last-month receipt indicates stable and predictable supply chains. This consistency reduces transaction costs and improves continuity of service delivery.

3. Effective coordination among ASHA, AWW, and ANM workers enabled multi-service delivery during single touchpoints. This enhanced efficiency at the last mile while optimising resource use.

### Impact:

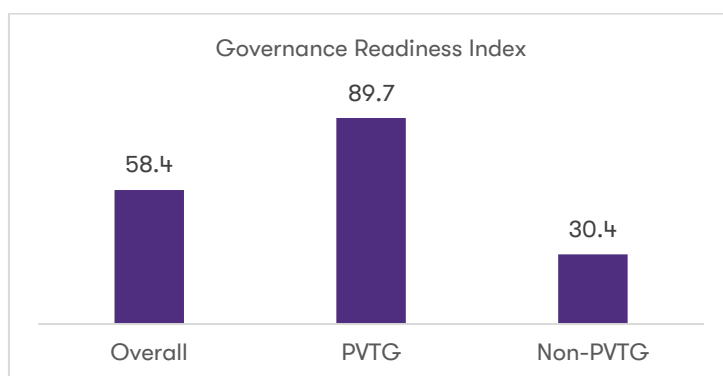
The programme has generated significant improvements in service access, equity, and household practices. It has strengthened both system performance and community-level outcomes.

1. ANC coverage improved from **44%** at baseline to **94%**, showing a substantial increase in maternal health service utilisation. This reflects strengthened service pathways and improved access.
2. **89%** completion of dual entitlements under convergence indicates improved service comprehensiveness. Beneficiaries were able to access multiple services efficiently through integrated delivery.
3. **79%** adoption of hygiene practices demonstrates improved household behaviours contributing to better health outcomes. These shifts indicate tangible improvements in daily practices.

### Sustainability

The programme shows strong sustainability through institutional strengthening and behavioural internalisation. It has built community and system-level capacity to sustain outcomes.

1. Governance Readiness Index of **58%** overall and **89.7%** among PVTG households indicates strong institutional preparedness. This reflects enhanced capacity of communities to sustain programme gains. (*refer graph 3*)
2. **79%** adoption of hygiene practices shows strong behavioural internalisation at the household level. These practices are likely to continue beyond direct programme support.
3. **68%** respondents reporting sustained improvement in practices highlights long-term behaviour change. This strengthens the likelihood of continued health and nutrition improvements.



Graph 3: Governance Readiness Index

### Coherence:

The programme demonstrates strong coherence through alignment with government systems and local governance structures. It effectively integrates multiple stakeholders and service platforms.

1. **65%** attendance in governance meetings reflects active participation of community members in programme-related discussions. This strengthens local ownership and integration with governance systems.

2. **80%** respondents reported health and nutrition issues being discussed, indicating alignment of programme priorities with governance agendas. This ensures that interventions are embedded within local planning processes.
3. **68%** awareness of escalation mechanisms demonstrates functioning accountability systems. This supports responsiveness and continuity in service delivery.

### Alignment with IndusInd Bank's CSR Priorities

The programme demonstrates strong alignment with IndusInd Bank's CSR priorities, particularly in the areas of rural development, healthcare, and community empowerment. By focusing on maternal, child, and adolescent nutrition along with NCD awareness among ST, SC, and PVTG communities, the initiative directly addresses vulnerabilities in underserved and remote regions, reinforcing the Bank's commitment to inclusivity and equitable access to essential services.

The programme's design is centred on strengthening last-mile delivery systems, frontline worker capacity, and community governance platforms reflects a system-strengthening approach, consistent with IndusInd Bank's emphasis on sustainable and scalable impact. The focus on convergence between ICDS and Health departments further aligns with the Bank's objective of driving integrated, high-impact social interventions.

### Alignment with Sustainable Development Goals

From a global development perspective, the programme contributes significantly to multiple Sustainable Development Goals (SDGs):



**SDG 2 (Zero Hunger):** Improved access to nutrition services (THR, IFA) and enhanced awareness contribute to reducing malnutrition.

**SDG 3 (Good Health and Well-being):** Increased ANC coverage (93.6%), child growth monitoring (90.2%), and NCD awareness directly strengthen health outcomes.

**SDG 5 (Gender Equality):** Focus on pregnant women, lactating mothers, and adolescent girls promotes gender-responsive healthcare and nutrition practices.

**SDG 10 (Reduced Inequalities):** Targeted interventions in PVTG communities ensure equitable reach and inclusion of the most vulnerable populations.

**SDG 17 (Partnerships for the Goals):** Strong convergence between ICDS, Health systems, and community institutions demonstrates effective multi-stakeholder collaboration.



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