Impact Assessment Report – Utthan

Prepared for - Apcotex Industries Limited

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Empowerment through Dignity: Women's Leadership under the Utthan WASH Programme

"I never want another woman to suffer the indignity I once did," says Vibhaben Pawar, a community leader from Naldhari village.

Vibhaben grew up facing early marriage, denial of education, and the daily humiliation of open defecation. ***"When dignity is taken away every day, you either accept it or decide to change it," she says.*** Vibhaben chose change, so that no woman or girl would grow up believing indignity is normal.

During Utthan's WASH intervention (2019–20), Vibhaben emerged as a local change maker. As a leader of the Sakhi Mandal and Pani Samiti, she mobilized households for toilet construction and hosted community screenings of Toilet: *Ek Prem Katha,* helping break the silence around sanitation and dignity. "Talking about toilets was once shameful. Now we talk about dignity," she reflects.

Along with other women, Vibhaben began monitoring open-defecation practices and challenging long-held norms. Her leadership soon extended to governance. "When we stood up in the Gram Sabha, we were nervous, but we did not give up," she recalls. For the first time, 35 women participated, raising civic issues despite resistance.

"This initiative gave us more than toilets," she says. "It gave us the courage to speak." Vibhaben's story brings to life how the Utthan WASH Programme translated infrastructure into empowerment. The same principles of dignity, inclusion, and community leadership guided the programme's design and implementation across Valia Block.

About the Utthan WASH Programme

In the tribal villages of Valia Block, Bharuch District, limited access to safe water, sanitation, and hygiene posed daily challenges, disproportionately affecting women, adolescent girls, persons with disabilities, and marginalised households. Open defecation, stagnant wastewater, health risks, and lack of privacy were prevalent, driven by low awareness and weak community systems.

To address these challenges, a gender-responsive WASH programme was implemented across six villages: Dungri, Naldhari, Dodwada, Ghoda, Jolly, and Shiludi through a partnership between Apcotex Industries Ltd., EdelGive Foundation, and Utthan. Apcotex provided sustained CSR support, EdelGive strengthened programme design and monitoring, and Utthan led on-ground implementation, leveraging four decades of experience in community-led, gender-equitable development.

The programme began with listening to and understanding local needs through baseline assessments and household consultations. Inclusive Village WASH Committees were formed to ensure the participation of women and marginalised groups in planning and decision-making. Awareness activities in villages and schools promoted hygiene, menstrual health, and disease prevention, with children and adolescents emerging as key change agents.

This foundation enabled the creation of safe and dignified sanitation infrastructure, including 311 toilets constructed/renovated, 209 soak pits, and 315 washing platforms, along with school sanitation repairs, accessibility support, and pilot rainwater harvesting and borewell recharge structures. These interventions improved health, cleanliness, and household privacy.

Constructed

311 toilets

Renovated

209 **Soak pits**

315 **washing platforms**

11 Mahila Mandals

Formed | across six villages

Today, the six villages demonstrate cleaner surroundings, functional sanitation facilities, healthier practices, and confident women leaders in public forums. The Valia Block WASH Programme exemplifies a replicable and sustainable model in which infrastructure, behaviour change, and empowered governance together ensure long-term water and sanitation security.

Executive Summary

The WASH Programme implemented by Utthan across six tribal villages in Valia Block, Bharuch District, demonstrates how a gender-responsive, community-led approach can transform infrastructure investments into lasting social, health, and governance outcomes. Supported by Apcotex Industries Ltd. through CSR and facilitated by EdelGive Foundation, Utthan led on-ground implementation, drawing on four decades of experience in community-led, gender-equitable development.

The programme addressed chronic gaps in water access, sanitation, hygiene, and community institutions, which disproportionately affected women, adolescent girls, persons with disabilities, and marginalised households. Initially, communities faced widespread open defecation, stagnant wastewater, a high incidence of water and vector-borne diseases, low hygiene awareness, and weak governance systems.

Through participatory planning, baseline assessments, and sustained engagement, the programme deliberately went beyond building physical assets to focus on behaviour change, institutional strengthening, and women's leadership. As one community member noted, "When women began to speak, sanitation became everyone's responsibility."

The intervention enabled access to functional sanitation facilities, reducing open defecation and improving village cleanliness through the construction of soak pits, washing platforms, and school sanitation repairs. Hygiene practices including handwashing and menstrual health improved markedly. Water security was strengthened through household connections, conservation practices, and borewell recharge pilots, reducing the physical burden of water collection and supporting early groundwater replenishment.

Village WASH Committees, Pani Samitis, and Mahila Mandals empowered women to assume leadership roles in local governance, actively participate in Gram Sabhas, and influence broader civic issues. Health and socio-economic benefits included reduced illness, lower medical expenses, improved safety and privacy, and enhanced dignity.

Through on-ground implementation by Utthan, the programme strengthened women's leadership, improved hygiene and sanitation practices, enhanced water security, and delivered tangible health and socio-economic benefits, leaving communities empowered to sustain these gains over the long term.

Impact Study Highlights

Highlights observed from the program implemented by Utthan & Edelgive Foundation

Utthan WASH Programme Impact

100%
household toilet access

95%
enabled via Utthan WASH intervention

Hygiene Behaviour Outcome

100% of participants consistently practice proper handwashing

- After using toilets
- Before eating meals

Open Defecation Reduction

91%
of respondents report a significant decrease in open defecation in their villages

Improved Water Availability

97% of respondents report better access to water following the intervention

Water Conservation Awareness & Adoption

76%
of respondents are aware of rainwater harvesting

70%
have adopted water conservation practices

Social Return on Investment (SROI)

1.5 SROI for a two-year period

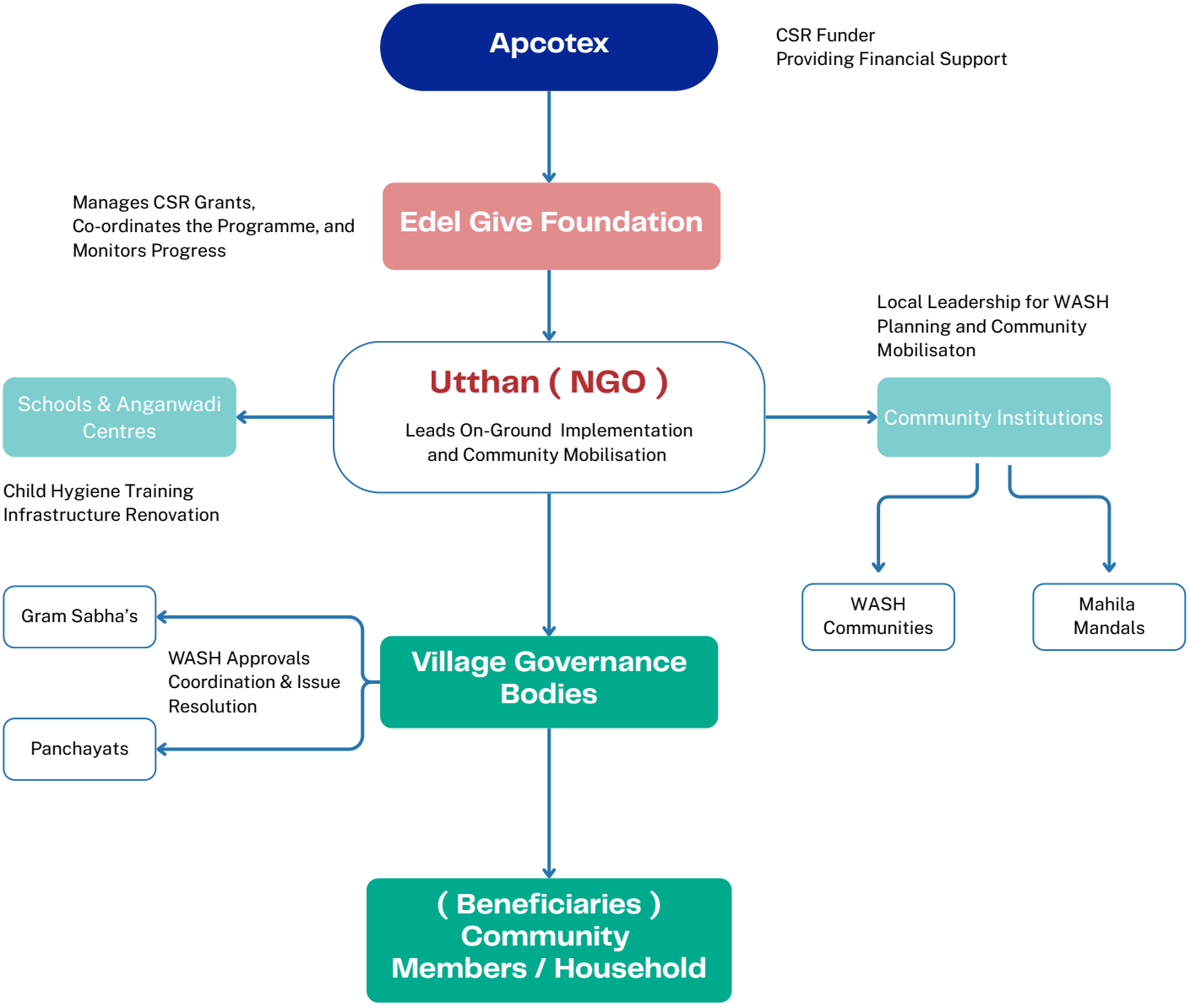
3.99 SROI for a five-year period

Menstrual Hygiene Awareness & Adoption

72%
participation in awareness sessions

97%
improvement among participants

Stakeholder Engagement in the Utthan **WASH** Programme



Stakeholders

Utthan (NGO) – The Implementing Partner

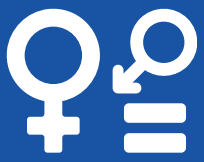
Founded in 1981, Utthan is a Gujarat-based grassroots non-profit organisation with over four decades of experience in advancing gender justice, community leadership, and sustainable development. Working closely with marginalised rural communities, Utthan focuses on enabling people — especially women and girls — to exercise agency, access resources, and participate meaningfully in decision-making processes that affect their lives.

Utthan's vision is of a society rooted in equity, dignity, peace, and shared well-being, and its mission centres on empowering women through knowledge, skills, institutional access, and leadership opportunities. The organisation believes that lasting development outcomes emerge when communities themselves lead change, supported by strong local institutions and inclusive governance systems.

Utthan works across multiple, interconnected thematic areas, including:

Water Security, Sanitation & Hygiene (WASH):

Community-led water governance, gender-responsive sanitation, hygiene and menstrual health education, and sustainable water conservation practices.



Gender Equity & Women's Empowerment:

Formation of women's collectives, leadership development, and strengthened participation of women in local governance and planning.

Natural Resource Management & Sustainable Agriculture:

Soil and water conservation, climate-resilient agriculture, and livelihood security linked to environmental sustainability.

Institution Building & Community Mobilisation:

Strengthening village institutions, Panchayat engagement, and participatory planning platforms for long-term ownership.

Entrepreneurship & Livelihood Development:

Supporting women-led economic initiatives and income-generation opportunities.

Disaster Response and Recovery:

Community-based preparedness, resilience building, and post-disaster recovery support.

For the Valia block WASH Programme, Utthan served as the on-ground implementing partner, translating programme design into tangible outcomes through its deep contextual understanding, strong grassroots networks, and technical expertise. Utthan enabled communities to improve access to safe water, sanitation, and hygiene while strengthening women's leadership and community institutions to sustain impact beyond the project period.

EdelGive Foundation – Program Facilitator

Established in **2008**

EdelGive Foundation
An Edelweiss Initiative

Established in 2008 as the philanthropic initiative of the **Edelweiss Group**, EdelGive Foundation works to enable lasting, community-led change across India by strengthening grassroots organisations. Over time, it has evolved into a strategic philanthropy institution that mobilises resources from corporates, foundations, and individual donors, and channels them to high-impact nonprofits working in underserved regions.

EdelGive partners closely with organisations, providing not only funding but also mentoring, leadership development, and capacity-building support across governance, systems, and impact measurement. Over the past 13 years, it has supported 150+ grassroots organisations, helping them deliver stronger programmes and build resilient communities.

Guided by its theory of change centred on Educated Children, Empowered Women, and Resilient Communities, EdelGive works across thematic areas including education, women's empowerment, livelihoods, and climate-responsive community development. Its portfolio includes collaborative and flagship initiatives such as UdyamStree and the Coalition for Women Empowerment, which aim to advance gender equity, strengthen women's leadership, and influence systemic change through multi-stakeholder partnerships.

For the Valia WASH Programme, EdelGive played a facilitating role by bringing together Apcotex Limited as the CSR funder and Utthan as the implementing partner, supporting programme design, implementation, and long-term sustainability to ensure a community-led, gender-responsive approach with lasting impact.

Grassroots Impact (13 Years)

150+

grassroots organisations supported

Apcotex Industries Ltd– CSR Funder

Apcotex Industries Ltd is one of India's leading specialty chemicals manufacturers, with over four decades of experience in the production of synthetic rubber and synthetic latex. Its product portfolio includes nitrile butadiene rubber (NBR), high-styrene rubber (HSR), styrene-butadiene latex, vinyl-pyridine (VP) latex, nitrile latex, and other specialty polymers serving sectors such as automotive, construction, footwear, textiles, and medical and industrial gloves. The company operates advanced manufacturing facilities in Valia, Gujarat, and Taloja, Maharashtra.

Apcotex's operations are guided by strong commitments to quality, safety, and environmental responsibility. Its facilities are certified under internationally recognised standards, including ISO 14001 for environmental management and ISO 45001 for occupational health and safety, reflecting a focus on responsible manufacturing, operational excellence, and minimising environmental impact. The company prioritises workplace safety, adopts renewable energy solutions to reduce its carbon footprint, and operates advanced effluent treatment systems.

Beyond its industrial operations, Apcotex follows a purposeful approach to corporate social responsibility, recognising the link between industrial growth and community wellbeing. Its CSR initiatives focus on water and sanitation, education and skill development, healthcare and childcare, women's empowerment, environmental sustainability, and disaster and emergency response.

In partnership with grassroots organisations, Apcotex supports initiatives such as water and sanitation programmes with Utthan, COVID-19 relief efforts, Zero Waste Village initiatives, recycling and waste management projects, healthcare support, educational assistance for women, skill-building and certification programmes, and childcare services through organisations such as St. Jude India ChildCare Centres. Through these integrated efforts, Apcotex demonstrates its commitment to responsible corporate citizenship and sustainable, community-centred development.

Schools & Anganwadi centres – Implementation Sites

- Serve as key venues for child hygiene education, awareness sessions, and training programs.
- Provide access to improved sanitation and water facilities for children and staff.
- Help nurture healthy hygiene habits among children, who then carry these practices home positively influencing their families and extending the programme's impact across the wider community.

Community Institutions – Local Leadership & Governance

These local bodies provide leadership, oversight, and sustainability for WASH activities:

WASH Committees:

Plan, implement, and monitor local WASH initiatives, ensuring proper usage and maintenance of facilities.

Mahila Mandals:

Mobilise women to promote hygiene awareness, safe water usage, and sanitation practices within households.

Gram Sabhas:

Participate in decision making, approve initiatives, and help address WASH related issues at the village level.

Village Governance Bodies:

Approve and supervise WASH activities, resolve conflicts, and facilitate coordination between committees and the community.

Panchayats:

Provide broader coordination and governance support, ensuring alignment with village development plans.

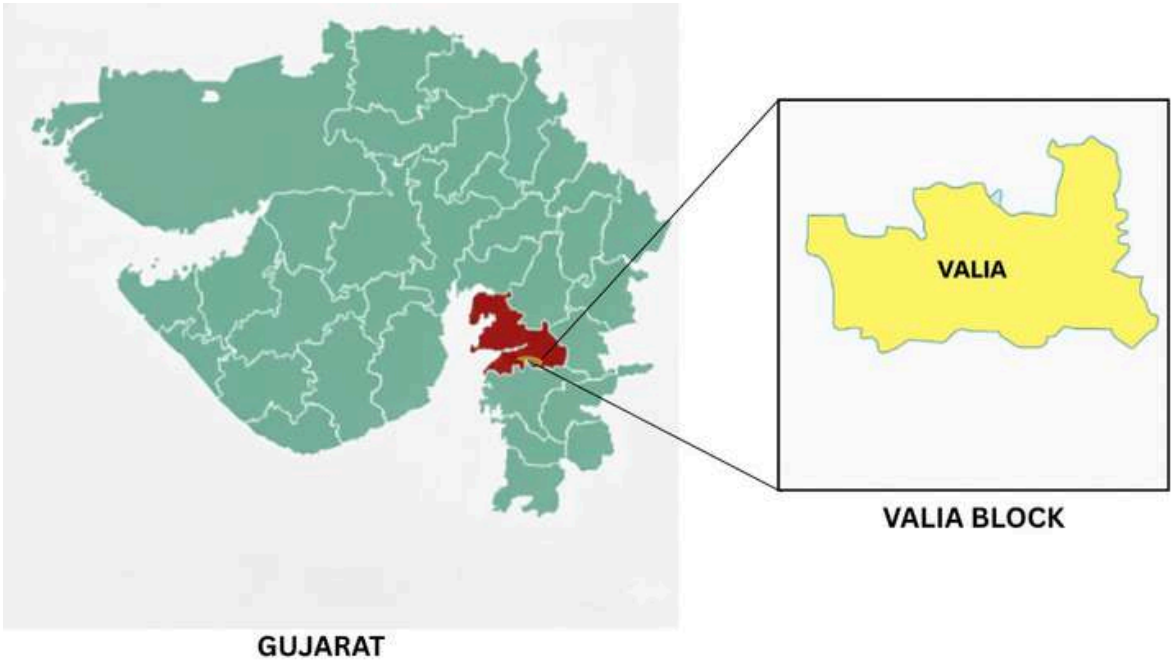
Beneficiaries – Community Members/Households

- Actively receive hygiene education and gain access to improved water and sanitation facilities.
- Adopt healthy sanitation and hygiene behaviors, ensuring the program achieves long-term Behavioural Change and sustainability.

Details about the Program:

Location:

The WASH Programme was implemented in Gujarat's Bharuch district, Valia Block, covering six villages: Ghoda, Shiludi, Dodwada, Dungri, Naldhari, and Jolly.



Focus area:

Safe drinking water access, Improved sanitation facilities, Hygiene awareness and education , Behavioural Change Promotion, Community participation and engagement , Capacity building of local stakeholders.

Impact Study Objectives

Impact assessment aims to review the implementation and outcomes of the Utthan–EdelGive Foundation initiative, supported by Apcotex Industries Ltd. The initiative is designed to enhance gender-equitable access to water, sanitation, and hygiene (WASH) across six villages in Valia Block, Bharuch District, Gujarat.

1 Assessment of Programme Implementation

Assess the effectiveness, reach, and quality of interventions across key components, including toilet construction, soak pit systems, solid waste management, awareness generation, and behaviour change activities.

2 Evaluation of Local Leadership and Institutional Capacity

Evaluate the programme's success in strengthening local leadership and institutional capacity, particularly through WASH Committees and Mahila Mandals, to support sustained, community-led action.

3 Inclusivity and Engagement of Marginalized Groups

Understand the engagement of marginalised groups, including women, adolescent girls, persons with disabilities, and minority communities, in shaping and benefiting from the WASH interventions.

4 Measurement of Behaviour and Governance Outcomes

Examine the impact of the programme in terms of hygiene behaviour change, improved sanitation access, and strengthened local governance.

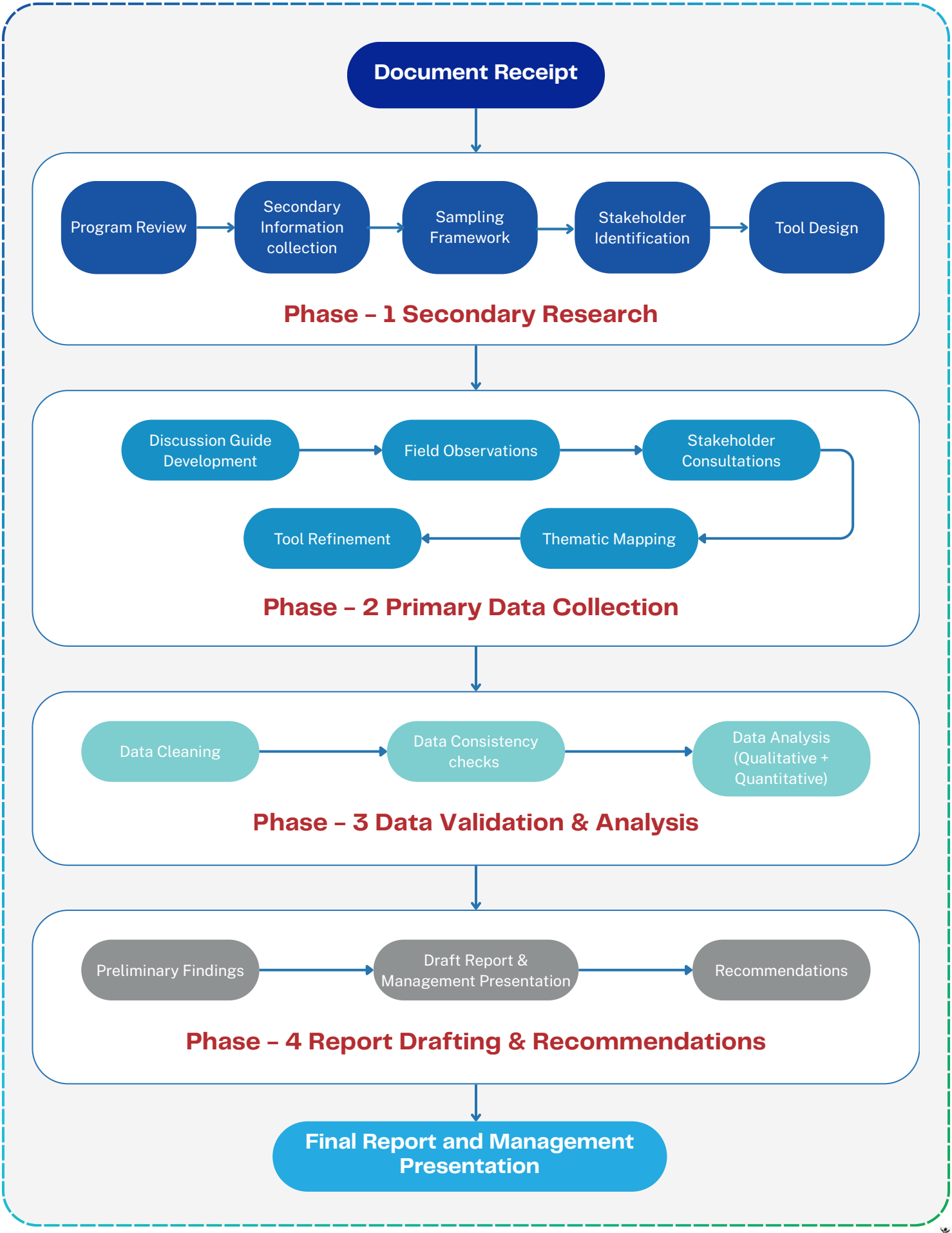
5 Identification of Challenges and Best Practices

Identify operational challenges, adaptations, and best practices to inform the long-term sustainability, replication potential, and strategic partnerships of the programme.

6 Sustainability Assessment

To determine the extent to which the programme's outcomes reflect sustainability, including the continued use of sanitation structures, community-led governance, and long-term behaviour change.

Methodology of the Study



1. Secondary Research

The study commenced with a review of programme documents, MIS data, and infrastructure records to understand planned interventions, identify key focus areas, and map relevant stakeholders.

2. Impact Toolkit Design

A comprehensive set of tools was developed to capture both quantitative and qualitative information. Household surveys measured sanitation access, facility usage, and hygiene practices, while FGDs, key informant interviews, and field observations provided deeper insights into community experiences, behaviour change, and institutional functioning.

3. Qualitative Data Collection

Focus group discussions were conducted with women, adolescent girls, WASH committees, and broader community groups. Key informant interviews with Panchayat leaders, school authorities, frontline workers, and NGO staff, alongside field observations of sanitation infrastructure, offered insights into implementation processes and facility utilization.

4. Quantitative Data Collection

Structured household surveys captured data on sanitation access, facility functionality, awareness of hygiene practices, and perceived improvements in living conditions, ensuring representative coverage across demographics and social categories.

5. Technology-Enabled Data Capture

All data was collected digitally via the Prabhaav platform, enabling real-time monitoring, reducing errors, and ensuring secure and organised storage.

6. Data Validation and Cleaning

Collected datasets were systematically checked for completeness, consistency, and accuracy. Triangulation across multiple methods reinforced the reliability of findings.

7. Data Analysis

Quantitative data was analysed to identify trends in sanitation, hygiene practices, and community engagement, while qualitative data provided insights into behaviour change, inclusivity, local leadership, and operational challenges, offering a holistic understanding of programme outcomes.

8. Reporting and Recommendations

The findings were brought together into a clear, coherent narrative combining numbers with real-life insights. Visualisations, direct quotes, thematic summaries, and village-level stories were included to give a complete picture. Based on the evidence, practical recommendations were developed to support programme sustainability, guide future interventions, and explore opportunities for scaling up.

Study Outreach :

Stakeholder	Qualitative Discussions	
	Focused Group Discussions (FGD)	Key Informant Interviews (KII)
Adolescent Girls (excluding a school visit)	6	-
Mahila Mandal Members	-	2
Panchayat Leaders	-	4
School & Health Workers	-	3
Utthan Staff	5	-
Women and WASH Committee Members	44	6
Total Qualitative Interviews	70	
Quantitative Interviews		
Household Surveys	109	

The sample size has been determined based on the Slovin's Formula with a 90% confidence interval.

Limitations of the Study

The assessment followed a structured methodology, but certain constraints influenced how deeply and broadly we could capture findings. Data collection depended on the availability and willingness of respondents across the six villages. In some cases, households were unavailable during visits or chose not to participate, which may have limited representation of some demographic groups. Despite follow up efforts, the study relied on participants' memory and self-reported behaviors, which can sometimes introduce bias especially around toilet use, hygiene practices, and involvement in community activities.

Qualitative methods, such as focus group discussions and key informant interviews, were shaped by local group dynamics and community hierarchies. Some participants especially women, adolescents, and members of vulnerable groups may not have felt entirely at ease sharing their concerns when influential community members were present. Similarly, institutional stakeholders' responses may have leaned toward socially desirable answers, rather than fully reflecting the real operational challenges on the ground.

Infrastructure assessments were conducted through observations at a specific point in time. Because usage patterns, maintenance, and water availability can fluctuate, the recorded condition of toilets, soak pits, platforms, and school sanitation units may not fully reflect everyday realities. The study combined field observations with information from respondents and was not designed to independently verify long-term usage trends.

The baseline numbers used in the report for comparative analysis of a few metrics have been adopted from the third party Evaluation Report submitted by EdelGive Foundation.

Observations from the study:

The findings from Utthan's WASH interventions in the six villages of Valia Block Dungri, Naldhari, Dodwada, Ghoda, Jolly, and Shiludi show significant advancements in sanitation infrastructure, public health, water availability, institutional capacity, and community-driven behavioural change.

I. Sanitation Infrastructure and Usage

A key outcome of the programme has been the shift from widespread open defecation and poorly functioning sanitation infrastructure to high levels of toilet access, functionality, and regular usage. During the reporting period, 141 toilets were constructed or renovated in 2023–24, followed by 170 toilets (target 150) in 2024–25 across the villages of Ghoda, Jolly, Shiludi, and Dodwada, bringing the cumulative total to 311 toilets, exceeding the overall target of 300. All completed sites reported full utilization of the facilities.

The proportion of households with functional Individual Household Latrines (IHHLs) increased significantly from 30% at baseline* to 100% at endline, indicating near-universal functional coverage and a substantial reduction in open defecation across the intervention villages. To promote inclusivity and ensure dignity for vulnerable groups, 20 specially designed toilet chairs and stools were provided for elderly persons, pregnant women, and individuals with disabilities.

School sanitation infrastructure was also strengthened through targeted repairs, including the sanitation unit at Ratangarh Primary School in the Dungri hamlet, and a sanitation unit in Jolly Village, benefiting the students.

**As per the baseline number for 2020 mentioned in the Third Party Evaluation report.*

II. Liquid and Solid Waste Management

The programme has achieved notable success in greywater management, while also laying the groundwork for solid waste management initiatives. A total of 209 soak pits and 315 washing platforms (chokdis) were constructed to enable effective liquid waste disposal. These interventions significantly reduced wastewater stagnation in streets and open areas, helping resolve long-standing disputes caused by wastewater flowing into adjacent plots. Improved drainage systems have also supported the establishment of 60 kitchen gardens, promoting the productive reuse of treated greywater for cultivation.

Progress in solid waste management was constrained by continuous and heavy rainfall, which limited large-scale infrastructure development. Nevertheless, targeted demonstrations at schools and Anganwadi centres encouraged the use of designated waste bins, resulting in noticeably cleaner village roads. Despite these efforts, only 10% of households currently practice waste segregation, highlighting the need for sustained community engagement and behavioural change initiatives.

III. Health, Hygiene, and Safety Impacts

The intervention has resulted in significant improvements in public health outcomes, hygiene practices, and personal safety. The prevalence of water- and vector-borne diseases—such as stomach ailments, malaria, typhoid, and vomiting—fell sharply. Community members in Dungri also reported a notable decline in monthly clinic visits, which previously ranged between 25 and 30. As a result, the percentage of households reporting no major medical expenses increased significantly, rising from 29% to 78%. This change reflects a substantial reduction in health-related financial burdens.

Hygiene practices improved considerably, with all surveyed households reporting regular use of soap for handwashing. The frequency of handwashing increased at key times, including before cooking, after household or farm work, and before feeding children. Furthermore, the elimination of open defecation has greatly enhanced personal safety, particularly for women, who previously faced serious risks from snakes and frequent leopard encounters in villages such as Ghoda and Shiludi, located near sugarcane fields and forested areas.

IV. Water Resource Management and Access

Interventions aimed at improving water access and ensuring long-term water security have yielded significant positive outcomes. Increased water availability has substantially reduced the burden associated with water collection. Following the intervention, 34% of households reported experiencing no burden in fetching water, compared to none at baseline. Additionally, the proportion of households spending 1–2 hours daily on water collection decreased to 14%, whereas previously, the majority devoted considerably more time to this activity.

To address concerns related to declining groundwater levels and water quality, borewell recharge units were piloted in the villages of Dungri and Naldhari as a measure to enhance sustainability. Efforts to promote rooftop rainwater harvesting, however, faced limitations, as many households perceived their existing drinking water supply to be sufficient. This underscores the ongoing need for sustained awareness and sensitization on long-term water security and resource conservation.

V. Institutional Strengthening and Women's Empowerment

Strengthening local governance institutions with a strong emphasis on women's participation has emerged as a defining pillar of the programme. New Water and Sanitation Committees (Pani Samitis) were established in Shiludi, Dodwada, Ghoda, and Jolly, while existing committees in Dungri and Naldhari were reactivated. These committees comprise approximately 70% women and are widely recognised for their active and responsive functioning.

Participation in these institutional platforms has led to a marked increase in women's confidence and civic engagement. A significant milestone was achieved in Naldhari, where 35 women and 3 men participated in the Gram Sabha for the first time and raised key civic concerns, including delays in certification and non-functional streetlights. Overall, 95% of respondents perceived a substantial increase in women's participation in local decision-making processes.

To strengthen adolescent awareness, a total of 12 menstrual health and hygiene training sessions were conducted in Naldhari, Shiludi, and Dodwada, reaching 281 teenage girls. These sessions provided safe spaces to address culturally sensitive issues and contributed significantly to improving knowledge, confidence, and healthy practices among participants.

Analysis of Findings

The WASH programme's impact has been assessed across six key pillars, each representing a critical dimension of community development and programme effectiveness. These pillars offer a structured framework for evaluating both tangible and intangible outcomes, spanning access to clean water and improved sanitation, as well as community empowerment, governance, and sustainable behaviour change.

The table below summarizes each pillar, along with its focus and objectives, highlighting the assessment's multi-dimensional approach.

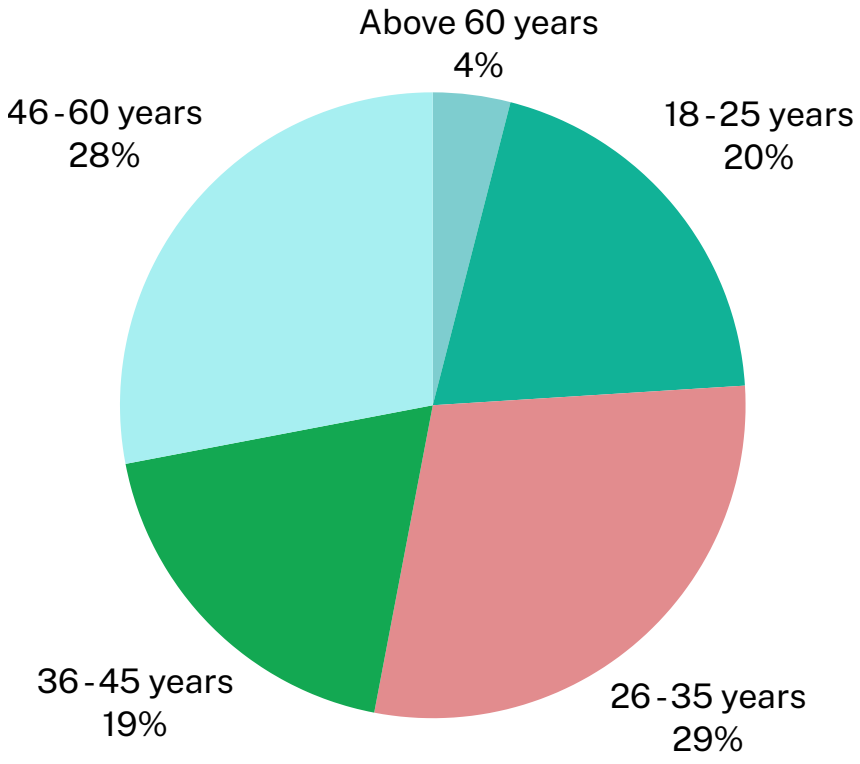
Pillars	
Pillar 1: Demographic Profile	This pillar examines key population characteristics including age, gender, household structure, social groups, education, and occupation to evaluate the programme's inclusivity and reach.
Pillar 2: Water Security and Environmental Sustainability	This pillar emphasizes providing reliable access to clean water through infrastructure, encouraging sustainable water conservation, and protecting local water resources.
Pillar 3: Health, Hygiene, and Sanitation Transformation	This pillar evaluates the progress in attaining Open Defecation Free (ODF) status and embedding sustainable hygiene practices, contributing to better public health.
Pillar 4:Community Empowerment and Governance	This pillar showcases how strengthening local governance structures, such as WASH Committees and Gram Sabha's, has empowered women boosting their confidence, encouraging them to take on leadership roles, and giving them a stronger voice in community decision-making
Pillar 5: Socio-Economic Impact and Quality of Life	This pillar reflects how improved WASH facilities have positively impacted daily life reducing health costs, saving time, and enhancing overall well-being demonstrating the true value of the investment for communities.
Pillar 6: Institutionalisation, Sustained Behaviour, and Ownership	This pillar showcases how communities are preparing for the future, with empowered local leaders, supportive institutions especially schools and a shared determination to sustain the positive changes achieved.

Pillar 1: Demographic Profile

To gain a deeper understanding of the underlying root causes of the observed impact, we have mapped key demographic indicators of the beneficiaries. Before reviewing the study's findings, it is important to first consider the background profile of the participants.

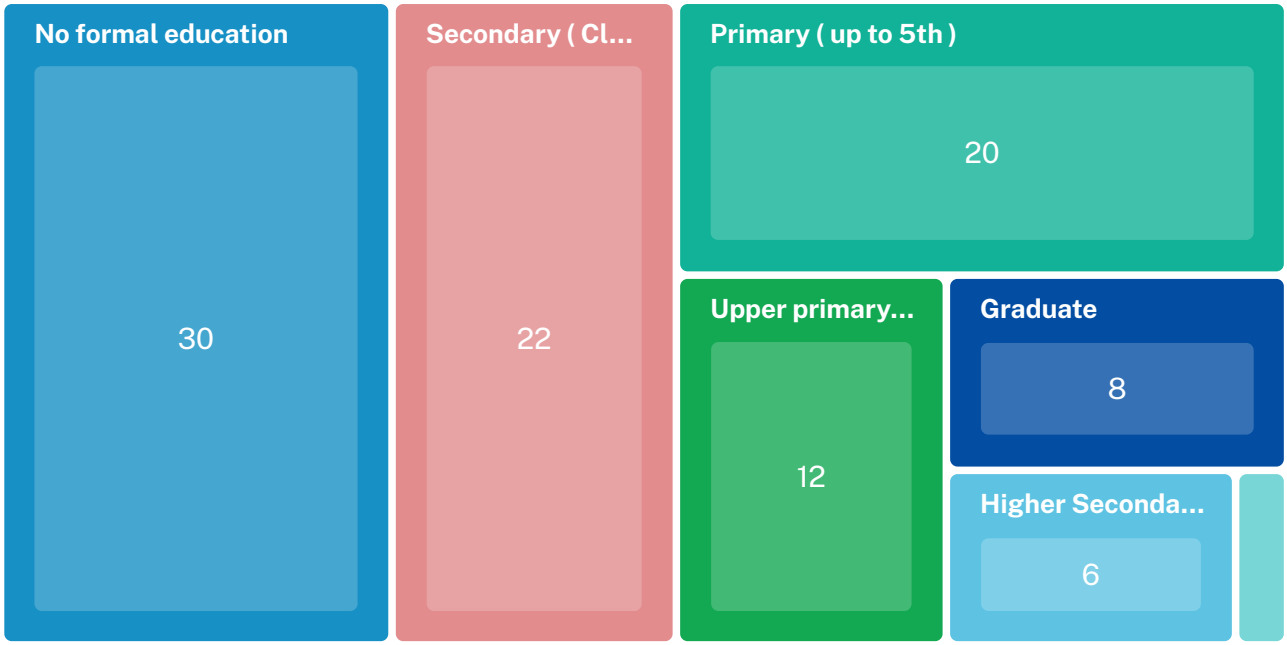
The age profile reflects a largely working-age population, with most respondents in the 26–35 years (29%) and 46–60 years (28%) groups, indicating strong involvement of key household decision-makers. The presence of younger adults (18–25 years) 20%) and mid-aged groups (36–45 years)19% reflects opportunities to encourage healthy behaviours across generations, while the smaller proportion of elderly respondents (4%) highlights the need to ensure WASH facilities remain accessible and supportive of age-specific needs.

Age distribution



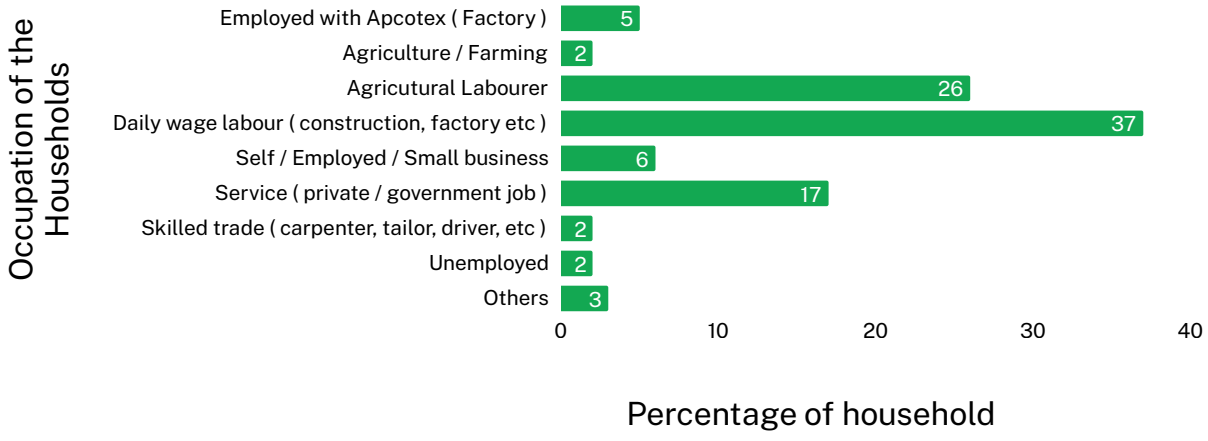
Education profile :

The education profile of respondents reflects a diverse yet functional level of literacy. While 30% have no formal education, a significant proportion have completed schooling, including primary (20%), upper primary (12%), secondary (22%), and higher secondary education (6%). Additionally, 9% have pursued higher education, comprising graduates (8%) and postgraduates or above (1%). The presence of respondents with secondary and higher education provides a strong foundation for WASH awareness and supports peer-led behaviour change within the community.



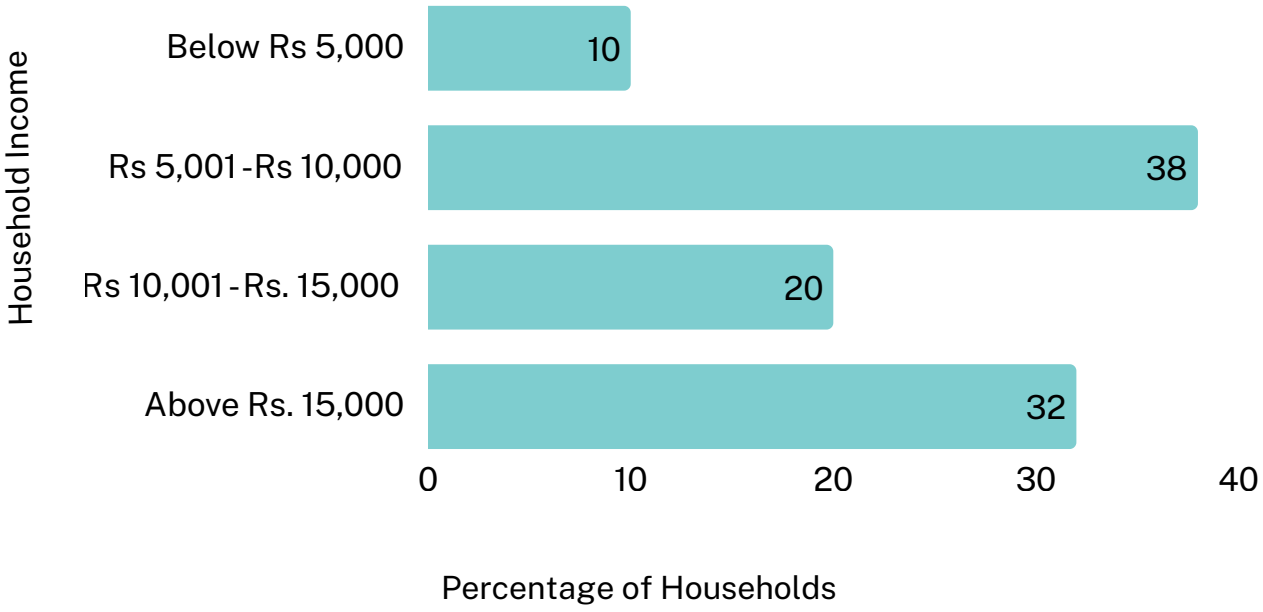
Main occupation of the household:

Most respondents depend on daily wage labour (37%) or agricultural work (26%), underscoring the financial challenges they face and the importance of accessible, low-maintenance WASH solutions. Meanwhile, households involved in service-sector work (17%), self-employment (6%), or factory jobs (5%) show some livelihood diversity, providing a strong foundation for sustaining improved hygiene practices over time.



Monthly Household Income:

Household incomes in the community vary widely: 38% earn between ₹5,001 and ₹10,000 per month, 20% fall in the ₹10,001 to ₹15,000 range, and around 32% earn more than ₹15,000. Only 10% of households earn below ₹5,000 monthly. This income diversity emphasizes the need for WASH solutions that are both affordable and sustainable, particularly for households with limited financial means.



Pillar 2 : Water Access, Conservation & Resource Security

"I was the first person in the village to learn about rainwater harvesting. Now, I teach that to everyone, and we are also implementing that in our household in the next year"

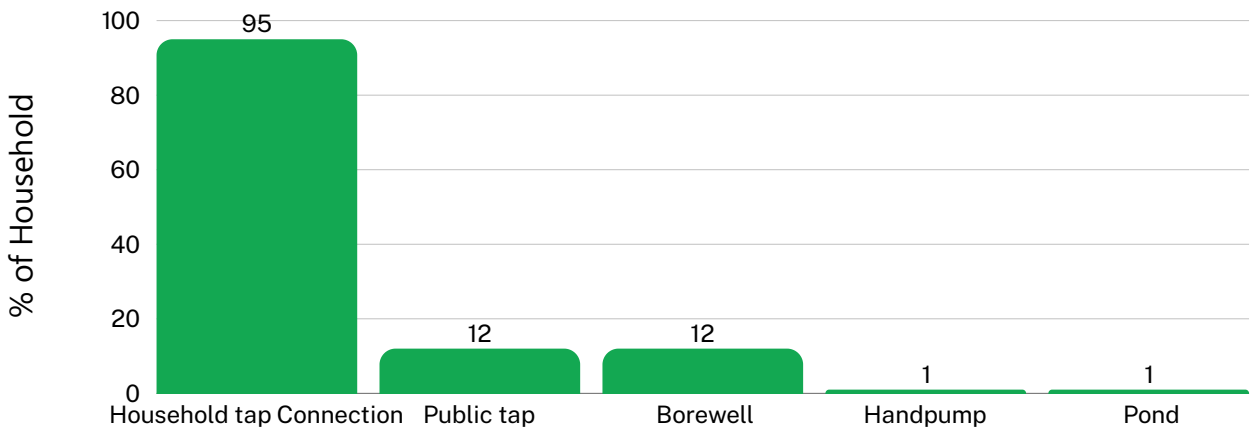
Household member (Dodhwada)

This pillar aims to ensure that every community has dependable access to clean and safe water. It promotes responsible water use and conservation, while safeguarding local water resources for the future. By linking improved infrastructure with practical water management practices, the initiative supports communities in becoming healthier, more resilient, and truly water-secure.

Drinking Water Sources:

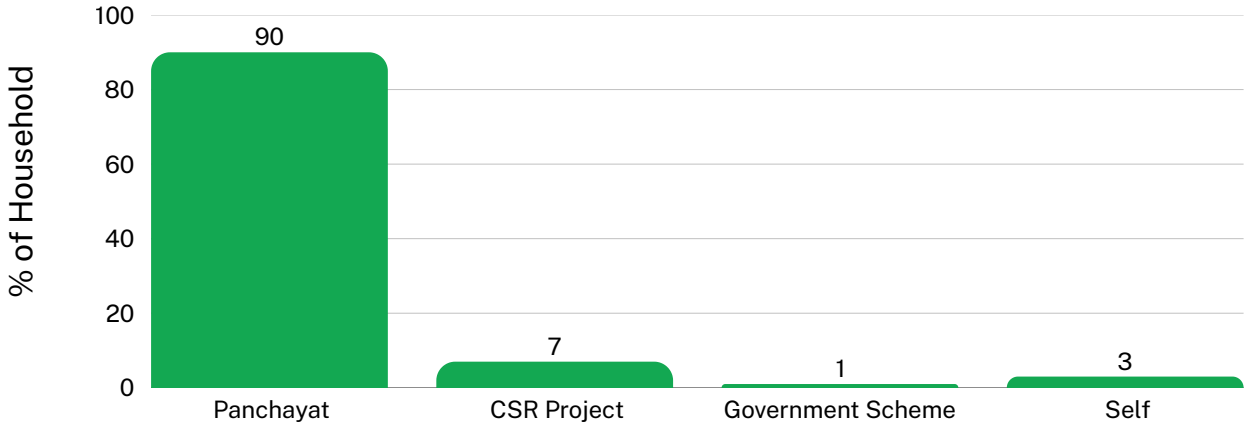
Note: This was a multi-select question, so respondents could choose more than one water source; as a result, percentages may sum to more than 100%.

Most households (95%) now have a tap connection at their doorstep, reflecting strengthened local water infrastructure. The Panchayat played a key role in providing and maintaining these facilities, supporting regular toilet use and improved hygiene. Some households still rely on public taps (12%) or borewells (12%), while very few use handpumps (1%) or ponds (1%), marking a clear shift away from unsafe or seasonal water sources.



Individual Household Tap Connection Facilitation:

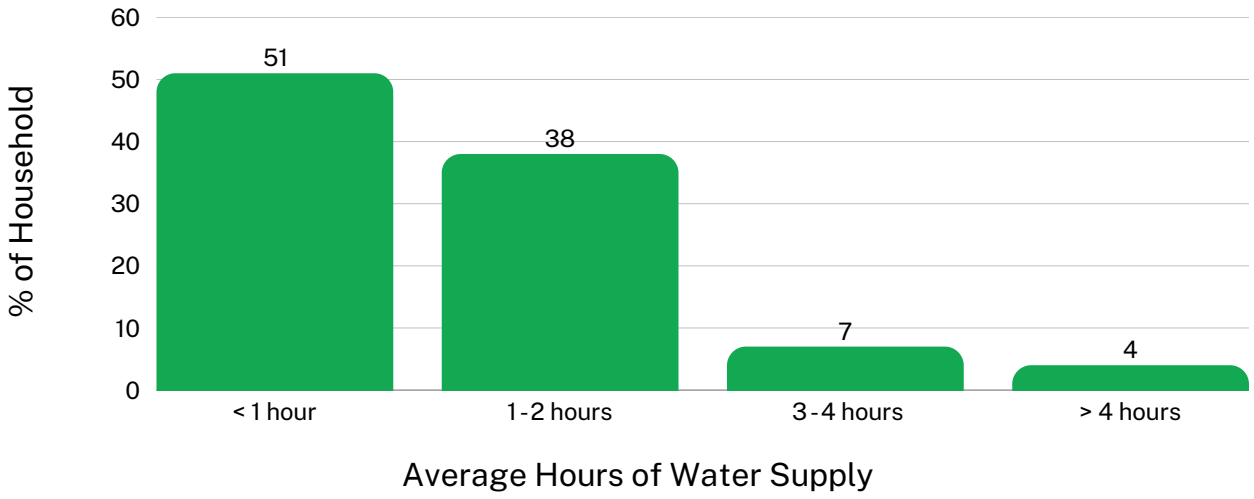
Among households with a tap connection, the majority (90%) reported that it was provided by the Panchayat, reflecting strong local governance support. A smaller proportion of households received their connection through CSR initiatives (7%) or arranged it at their own expense (3%). Only a very few households (1%) benefited from a government scheme. These findings highlight the critical role of local authorities, community efforts, and corporate interventions in improving access to safe and reliable water.



Average Hours of Water Supply:

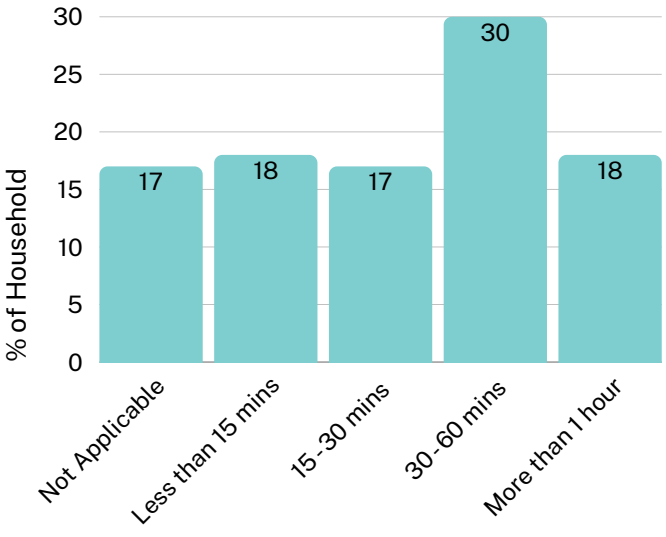
All respondents (100%) reported receiving water daily, indicating that the local water supply system is generally reliable. However, the duration of water availability is limited for many households: 51% receive water for less than 1 hour, 38% for 1–2 hours, 7% for 3–4 hours, and only 4% have access for more than 4 hours.

While daily water access is a positive development, the short supply duration can still pose challenges for households, particularly in maintaining hygiene and sanitation practices. Ensuring longer access would help families use water more effectively for drinking, cooking, cleaning, and other essential daily needs.



Average time spent on Water Collection:

35% of households ((18% spend less than 15 minutes, 17% spend 15–30 minutes) can access water within 30 minutes and 17% no longer spend time collecting it, a significant number still face long waits - 30% spend 30–60 minutes and 18% over an hour daily. Most of the improved access is due to the Panchayat's water provision, with the CSR-supported WASH interventions contributing only minimally, highlighting the need for continued support for households facing the greatest challenges.

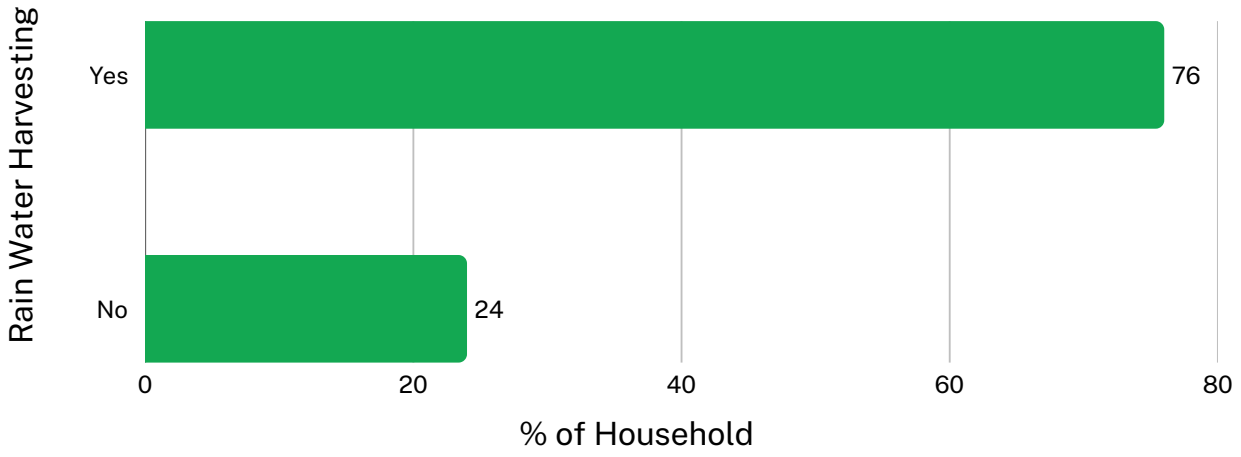


Strong Shift Toward Conservation Behaviours:

Awareness on the Rain Water Harvesting systems:

A large majority of households (76%) are aware of rainwater harvesting as an effective way to conserve water, indicating that messages around water conservation and responsible water management are reaching the community. This growing awareness reflects the positive influence of the WASH programme in building understanding and encouraging sustainable water practices at the household level.

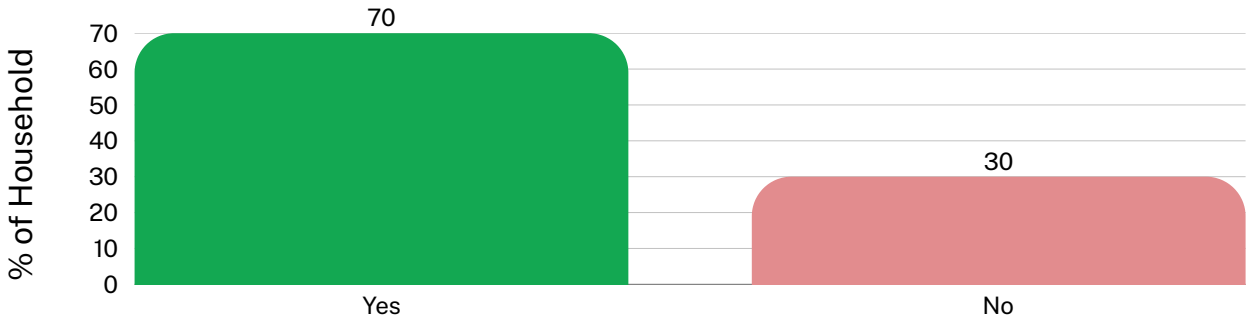
However, a small proportion of households remain unaware of rainwater harvesting systems. This highlights the need for continued dialogue, practical demonstrations, and community engagement to ensure that all families have access to this knowledge and are empowered to adopt conservation practices.



Water Conservation Practices

The majority of households (70%) have adopted simple water conservation practices such as roof tank and water reuse, showing a growing understanding of the importance of saving water in daily life. This reflects the positive influence of Utthan's WASH programme in driving a meaningful shift in household and community-level water management behaviours, laying the foundation for improved water security and long-term sustainability.

At the same time, 30% of households have not yet taken up any water conservation practices, highlighting the need for continued engagement, practical guidance, and community-led demonstrations to help more families adopt these water-saving habits.



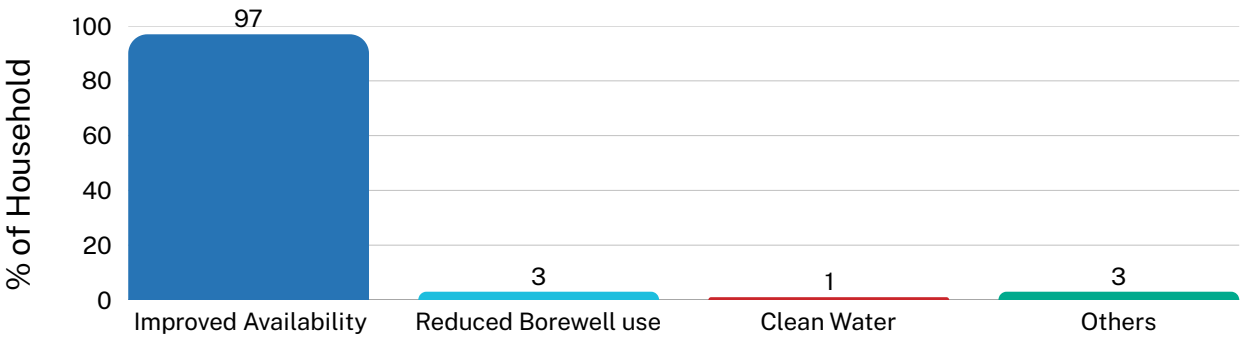
Water Conservation Practices

Benefits of Water Conservation Practices:

Note: This was a multi-select question, so respondents could choose more than one water source; as a result, percentages may sum to more than 100%.

Most households reported that adopting water conservation practices has led to improved water availability, making water access more reliable for daily use. In addition, 3% of households observed a reduction in borewell usage, while 1% noted improved access to clean water. Another 3% reported other related benefits, indicating that water conservation practices are contributing to better water security and more sustainable water use at the household level.

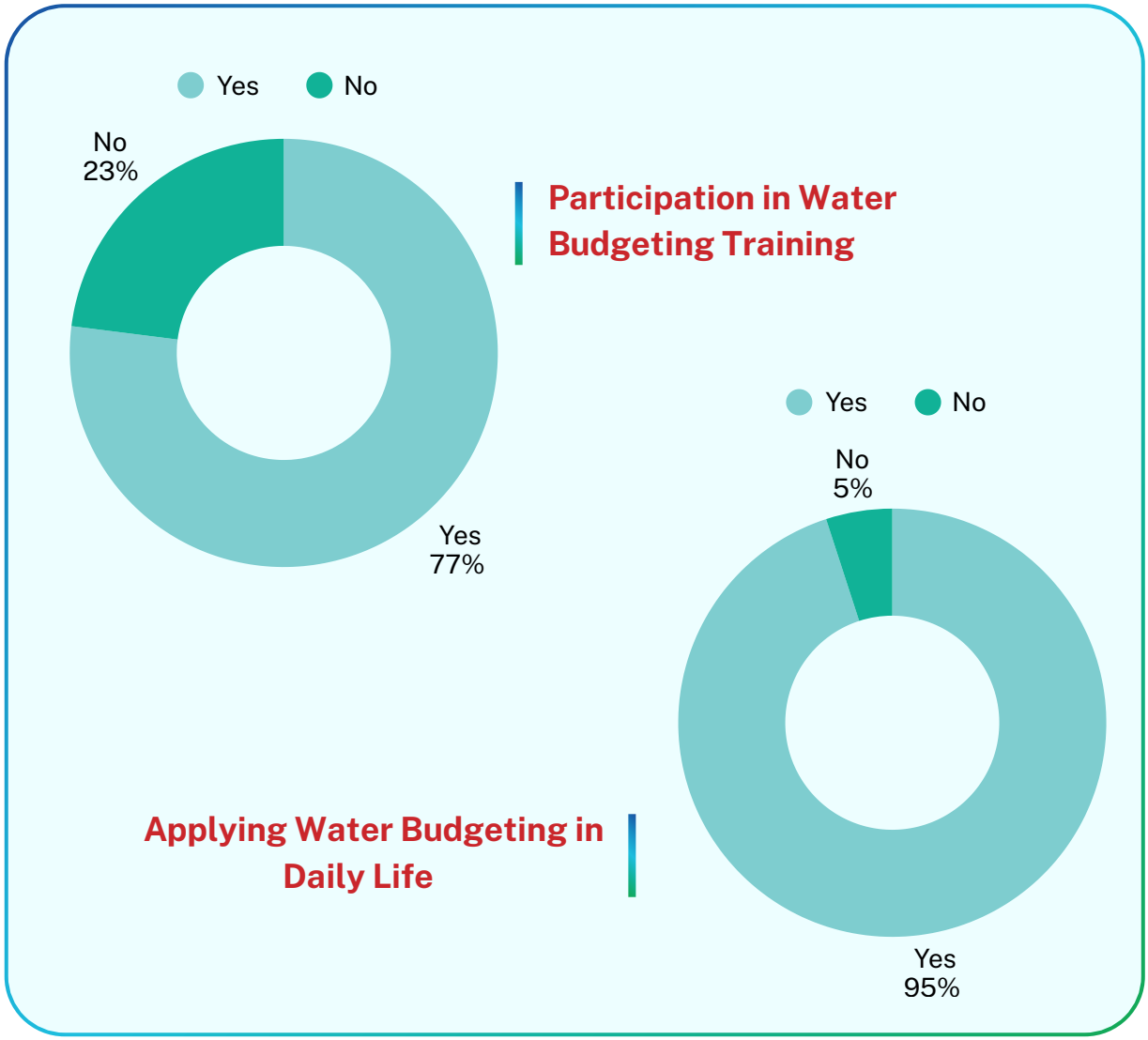
Households reported an increase in groundwater levels following the WASH programme intervention, suggesting that improved water conservation practices and sustainable water management measures are beginning to show positive environmental outcomes. This indicates that the programme is not only improving household water access but also contributing to the long-term replenishment and sustainability of local water resources.



Benefits of Adapting water Conservative Practices

Empowering Action Through Water Budgeting Training

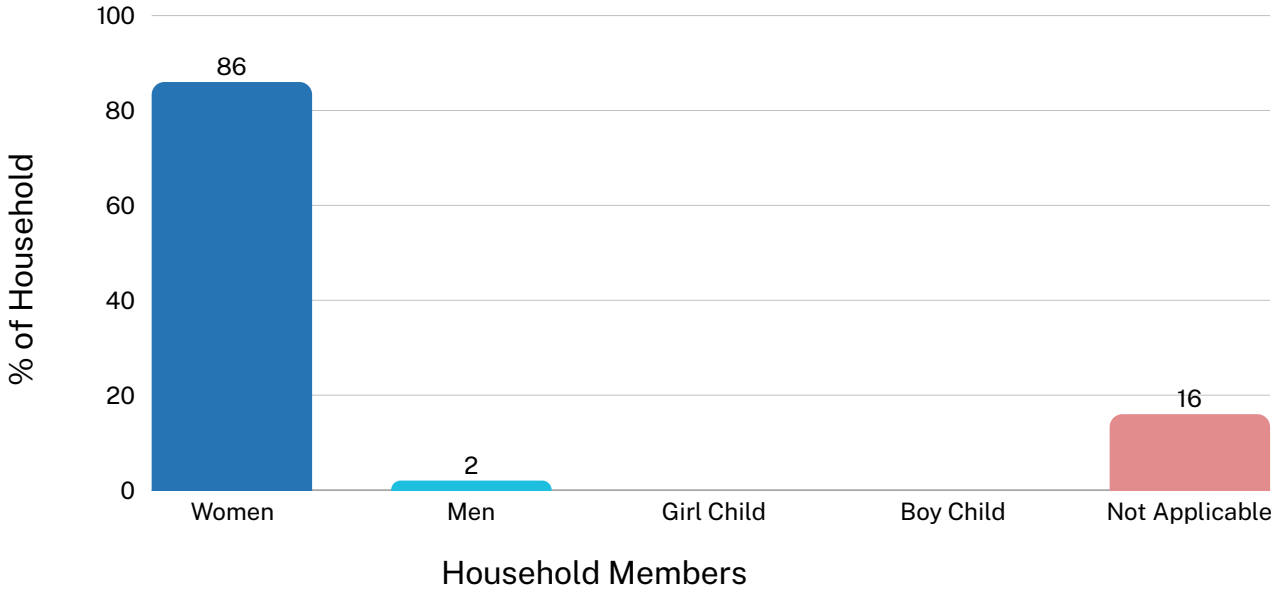
77% of community members attended training on water budgeting. Even more encouraging, 95% of those who participated have started putting what they learned into practice in their daily lives. This shows that the training is not just reaching people, it's helping them make real, positive changes in how they manage water at home, contributing to smarter and more sustainable water use in the community.

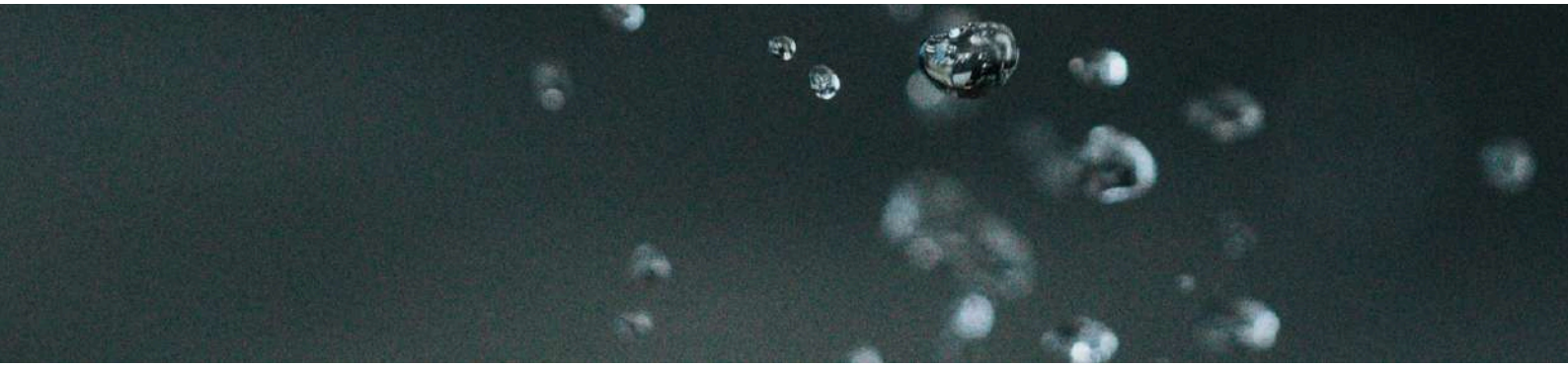


Gender-wise Challenges in Water Collection:

Note: This was a multi-select question, so respondents could choose more than one water source; as a result, percentages may sum to more than 100%.

Among the surveyed households, 86% said that water handling is primarily done by women, while men's involvement remains minimal. Even though water availability is largely ensured by the Panchayat, the everyday responsibility of managing water continues to rest with women, reflecting deeply rooted gender norms. This highlights that while access has improved, real change will require WASH efforts to go beyond infrastructure and actively encourage shared responsibility and women's leadership in water management.





Pillar 3: Health, Hygiene & Sanitation Transformation

"Before Utthan's intervention, our village practiced 100% open defecation, even though some government-built toilets existed. Poor construction and lack of awareness meant these toilets were rarely used and were often turned into bathrooms or storage spaces. Surrounded by sugarcane farms, stepping out to relieve ourselves was especially dangerous, with leopards and snakes frequently seen in the area. Women would go out only at night, living in constant fear. I still remember when an eight-month-pregnant woman encountered a leopard and fell while trying to escape — she was unharmed, but the incident captured the daily risk and insecurity we lived with before toilets became a reality. That was our reality before the Utthan intervention — no toilets in use, no sense of safety, and no dignity, especially for women."

-WASH Committee Member, Jolly

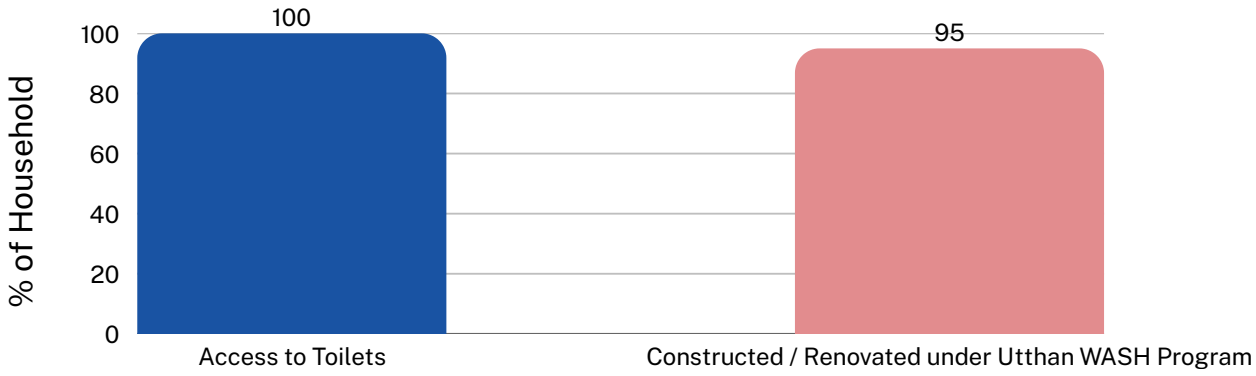
This pillar focuses on improving community health through better access to sanitation, strengthened hygiene practices, and improved waste management. By combining infrastructure support with continuous awareness and behaviour change efforts, Utthan's WASH program has reduced open defecation, promoted inclusive sanitation, and improved cleanliness at household, school, and community levels — contributing to healthier and more dignified living environments.

Sanitation Access & Infrastructure

Note: Two variables are analysed separately, and each is expressed as a percentage of 100%

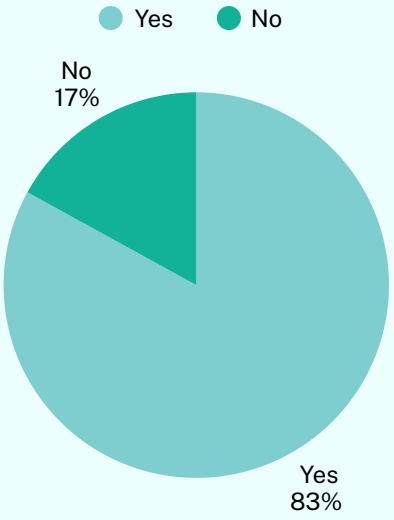
Having a toilet at home has made a real difference for families, helping reduce open defecation and improve cleanliness in the community. It has also brought greater comfort, dignity, and safety — especially for women and elderly members making everyday life healthier and more secure.

All households surveyed now have access to a toilet, showing that sanitation coverage is complete. Most of these toilets (95%) were built or upgraded with support from Utthan Gujarat, highlighting the programme's strong on-ground impact. The widespread use of twin-pit toilets reflects a practical and affordable approach to safe waste management. Encouragingly, many families shared that they plan to convert toilet waste into bio-manure in the future. This shows a growing understanding of sustainable sanitation and a willingness to adopt practices that benefit both the environment and household livelihoods.



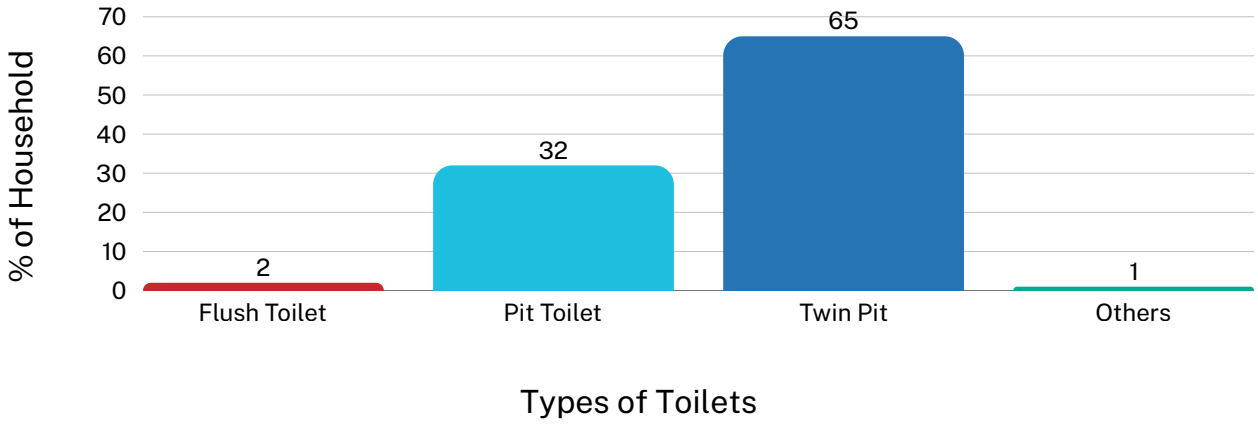
Accessibility of Toilets for Differently-Abled and Elderly

83% of respondents reported that Utthan has ensured toilet access for the elderly and persons with disabilities, reflecting the programme's commitment to inclusive sanitation that meets the needs of all age groups and vulnerable communities.



Types of Household Toilets

About 65% of households are using twin-pit toilets constructed or renovated under the Utthan WASH programme. Insights from qualitative interviews show that households clearly understand the system and its benefits. As one pit fills and use shifts to the second pit, waste in the first pit is left to decompose naturally. Many families plan to use this decomposed waste as bio-manure in their fields in future, reflecting growing awareness of safe sanitation practices and their potential to improve soil nutrition and agricultural productivity.

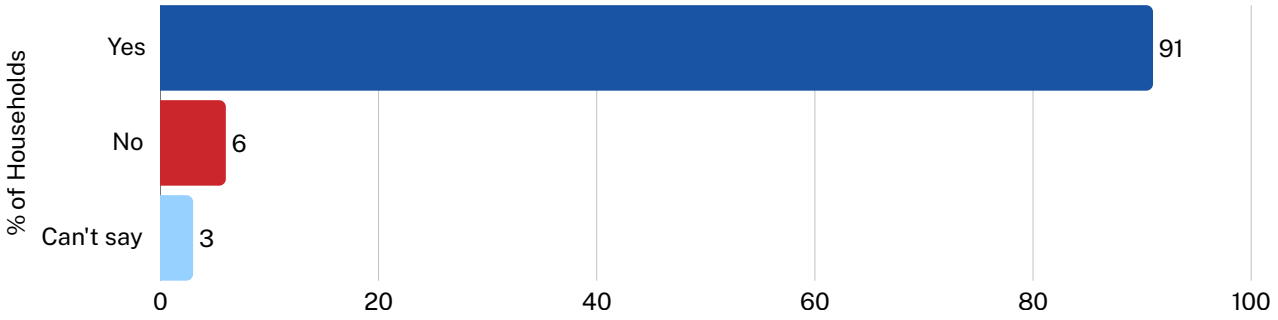


Toilet Usage Behaviour

Having a toilet is no longer just about infrastructure; it has become a natural part of daily life for every household (100%). This shift has been driven by the continuous awareness and guidance provided by Utthan through the WASH programme. As a result, families are healthier, experience fewer illnesses, and spend less on medical care demonstrating how sustained behaviour change can improve everyday well-being.

Progress in Eliminating Open Defecation

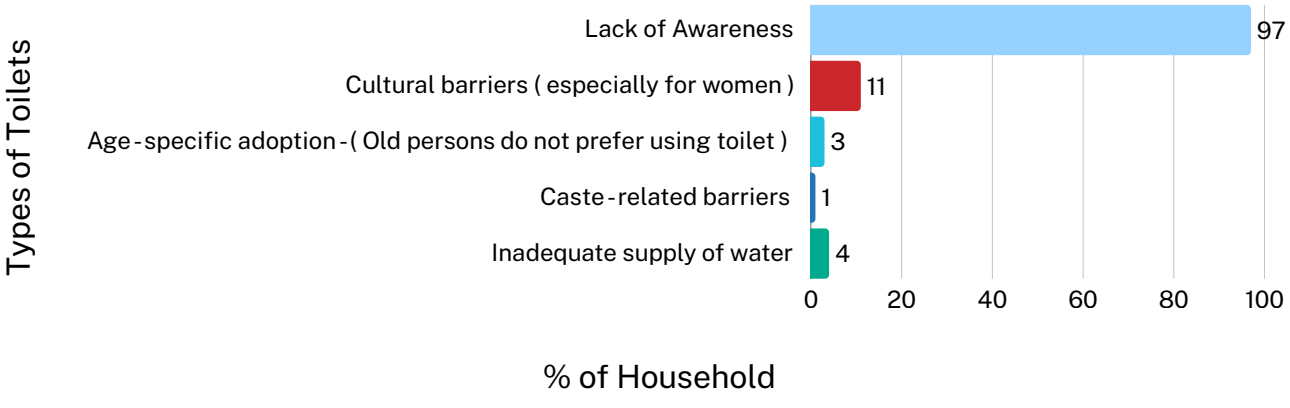
91% respondents shared that open defecation has reduced in their villages over the past five years. This change reflects how Utthan's efforts through better toilet facilities and continuous awareness have helped people adopt safer sanitation practices. Over time, using toilets has become a shared habit in the village, showing a real and lasting shift in behaviour.



Major Barriers Addressed in Reducing Open Defecation

Note: This was a multi-select question, so respondents could choose more than one barrier; as a result, percentages may sum to more than 100%.

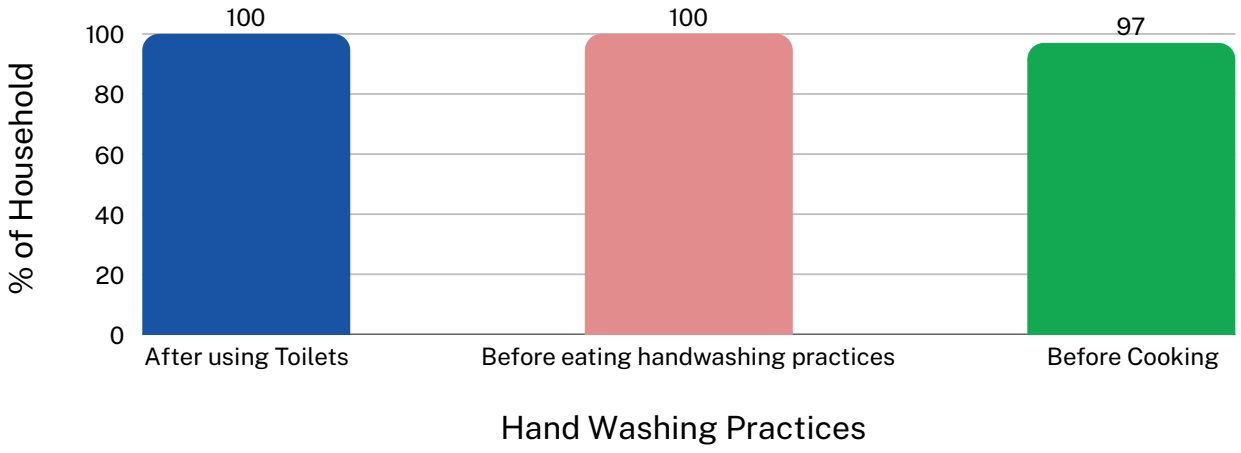
Most respondents (97%) shared that a lack of awareness remains the biggest challenge to better sanitation, while factors such as cultural norms (11%), water supply (4%), age (3%), and caste (1%) were mentioned far less often. Encouragingly, open defecation has reduced, suggesting that awareness efforts and improved facilities are starting to change everyday practices. To keep this momentum going, continued community education and culturally sensitive engagement will be essential to support lasting behaviour change.



Handwashing & Personal Hygiene Practices

Note: Three variables are analysed separately, and each is expressed as a percentage of 100%

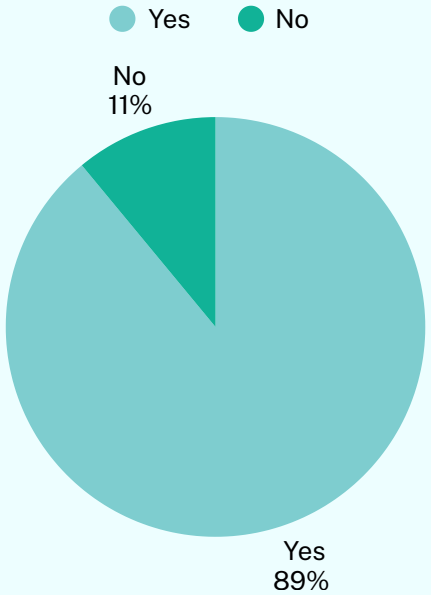
Households show strong handwashing habits, with all members washing their hands after using the toilet and before eating. Nearly everyone (97%) also washes their hands before cooking, reflecting a high level of hygiene awareness. In addition, 85% of households use soap while washing hands, indicating good practice overall, though continued encouragement — especially around handwashing before cooking — can help further protect the health of all family members.



Engagement in Sanitation Training Programs

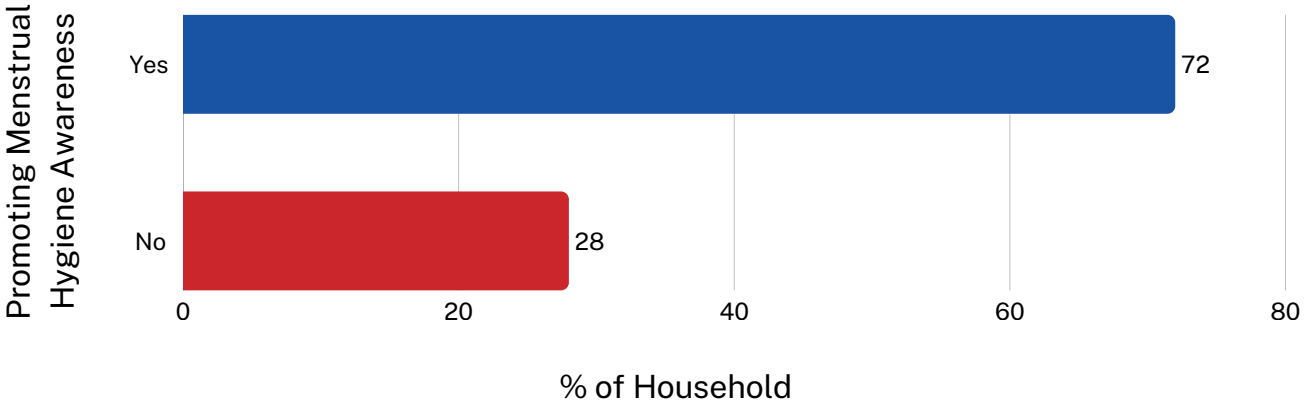
School Promotion of Handwashing and Hygiene Education

Majority (89%) of respondents reported that Utthan's school-based hygiene programs promote handwashing and sanitation awareness among children. Through these initiatives, Utthan positions schools as key platforms for reinforcing healthy habits, with students acting as health ambassadors at home. Teachers' guidance and children's reminders to families create a two-way learning loop, accelerating the adoption of proper hygiene practices across the community.



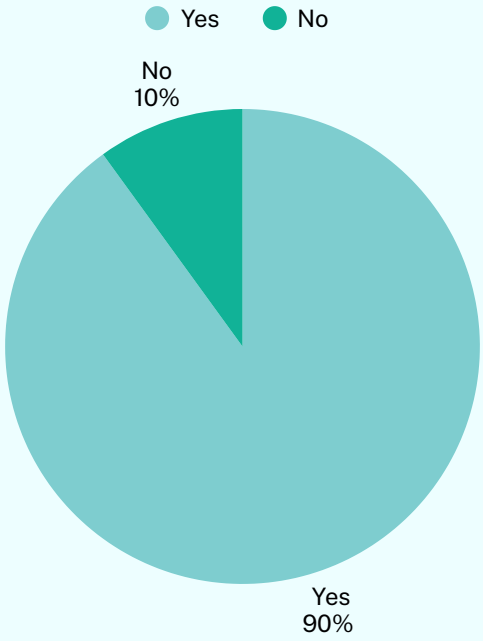
Menstrual Hygiene Management (MHM) : Menstrual Hygiene Awareness sessions

Under the WASH programme, Utthan conducted Menstrual Hygiene Awareness sessions for participating women and girls. Among these participants (72% of the surveyed sample), 97% reported that the sessions were insightful and that they applied the knowledge to improve hygiene practices at home. Beyond raising awareness, the intervention improved access to hygienic menstrual kits, contributing to better personal hygiene, increased confidence and mobility, more regular school attendance among girls, greater participation of women in household and community activities, and overall improvements in community sanitation.



Toilet Maintenance Training

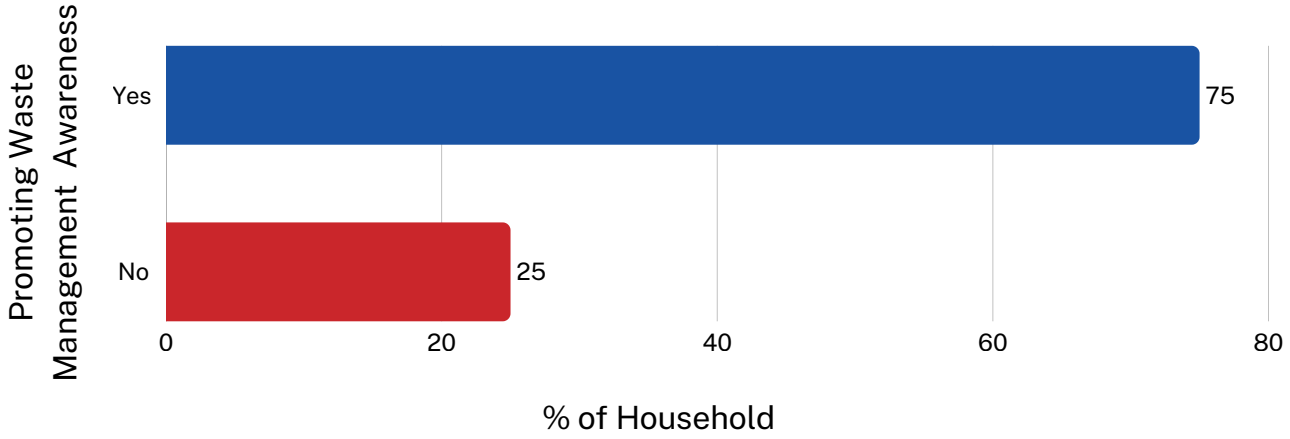
90% of respondents participated in Utthan's Toilet Maintenance training, reflecting the program's strong community engagement. This high involvement indicates that residents are actively adopting improved sanitation practices, promoting cleaner and healthier homes and public spaces.



Waste Management:

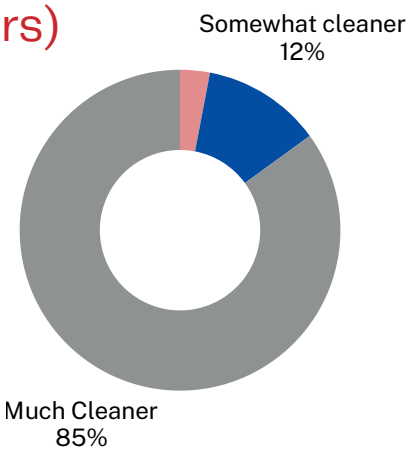
Awareness on waste management:

Three-quarters (75%) of respondents attended waste management awareness sessions, nearly all conducted by Utthan under the WASH program. People learned how to handle waste properly and separate it into wet and dry categories. Yet, some still burn waste despite segregation, showing that ongoing support and encouragement are needed to fully adopt safe and sustainable practices.

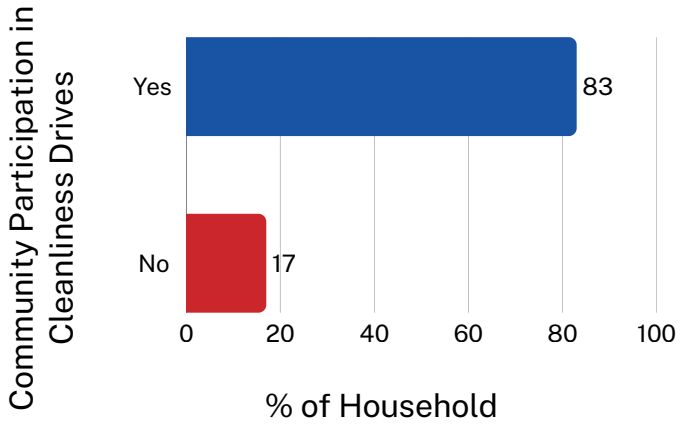


Change in Village Cleanliness (Last 5 Years)

About 85% of households observed a noticeable improvement in village cleanliness over the past five years following Utthan's intervention. The awareness created through Utthan's initiatives has helped change community behaviours, enabling households to manage and dispose of waste more responsibly.

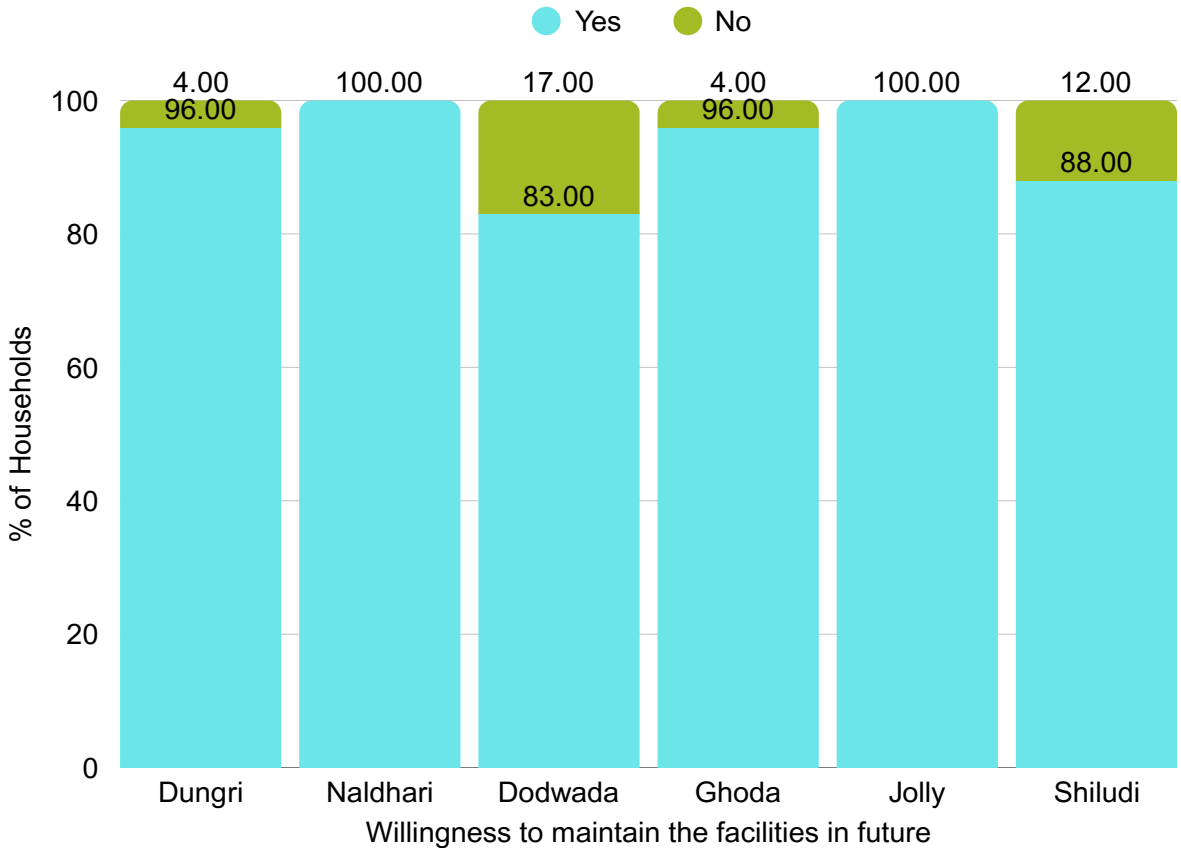


Participation in Cleanliness drives:

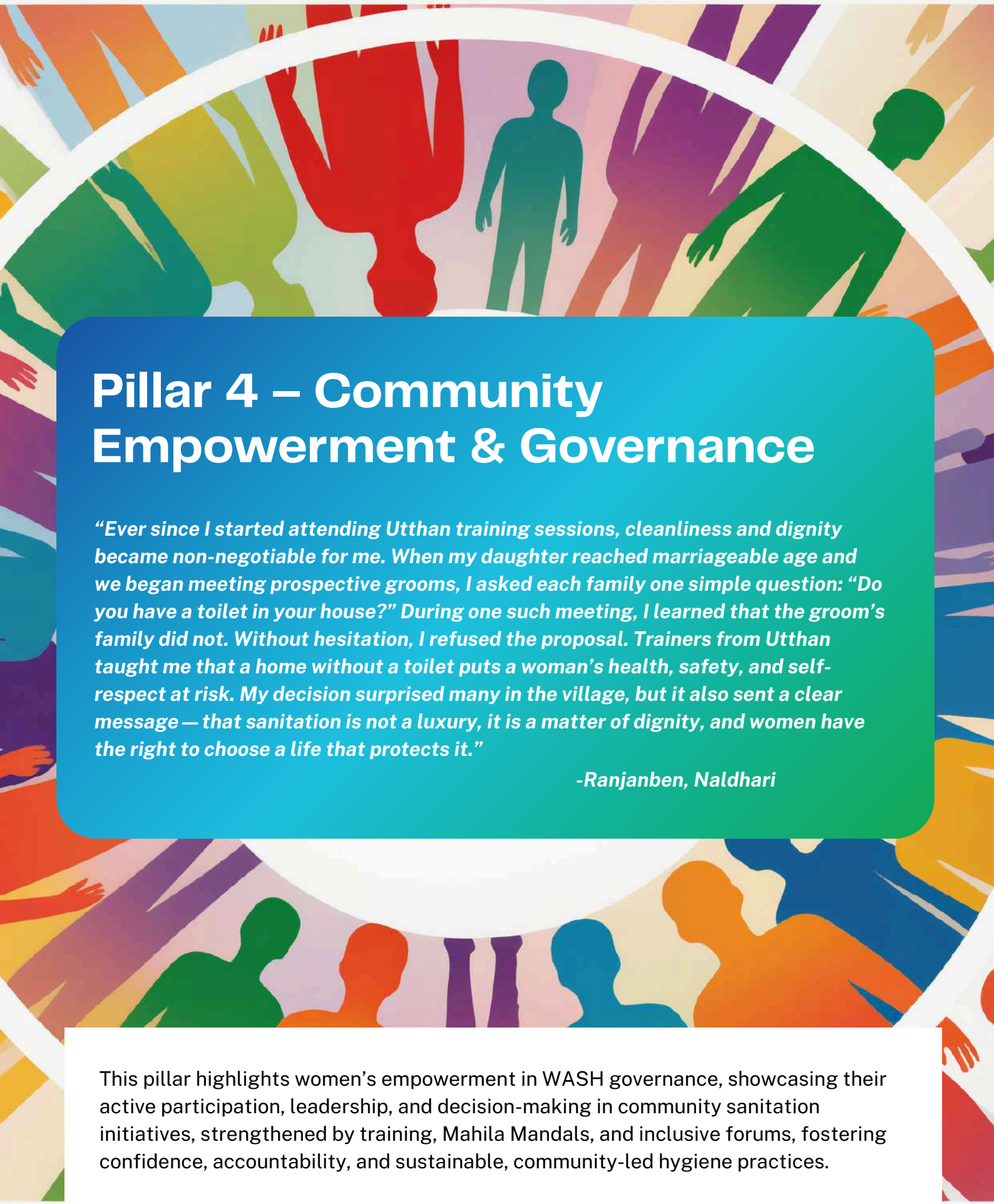


Cleanliness drives are now a regular part of community life, with 83% of households actively participating. This high engagement reflects a growing sense of shared responsibility and pride, indicating that collective action for public cleanliness is gaining momentum.

Impact of Maintaining and Contributing to the WASH Committee in the Future



The communities in Naldhari and Jolly villages have shown great enthusiasm and are committed to maintaining the facilities, as well as applying the knowledge and awareness gained through the Utthan WASH programme. However, the other villages appear relatively less interested in maintaining the facilities and implementing the learnings in the future. Utthan may be required to implement refresher trainings and run campaigns in these villages and to strengthen their efforts, particularly focusing on behavioural change.



Pillar 4 – Community Empowerment & Governance

"Ever since I started attending Utthan training sessions, cleanliness and dignity became non-negotiable for me. When my daughter reached marriageable age and we began meeting prospective grooms, I asked each family one simple question: "Do you have a toilet in your house?" During one such meeting, I learned that the groom's family did not. Without hesitation, I refused the proposal. Trainers from Utthan taught me that a home without a toilet puts a woman's health, safety, and self-respect at risk. My decision surprised many in the village, but it also sent a clear message — that sanitation is not a luxury, it is a matter of dignity, and women have the right to choose a life that protects it."

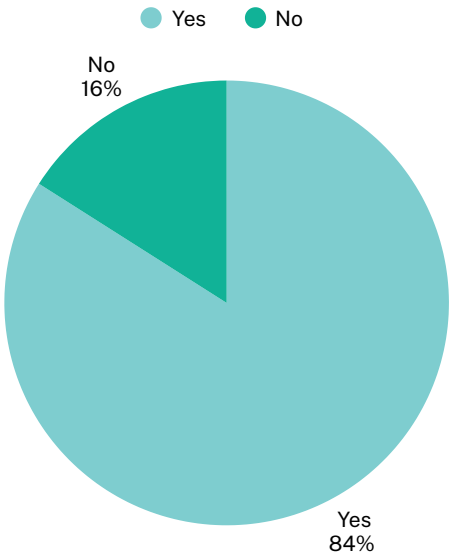
-Ranjanben, Naldhari

This pillar highlights women's empowerment in WASH governance, showcasing their active participation, leadership, and decision-making in community sanitation initiatives, strengthened by training, Mahila Mandals, and inclusive forums, fostering confidence, accountability, and sustainable, community-led hygiene practices.

Empowering Women: Leadership and Participation in Community WASH Initiatives

Aware on the Village WASH Committee:

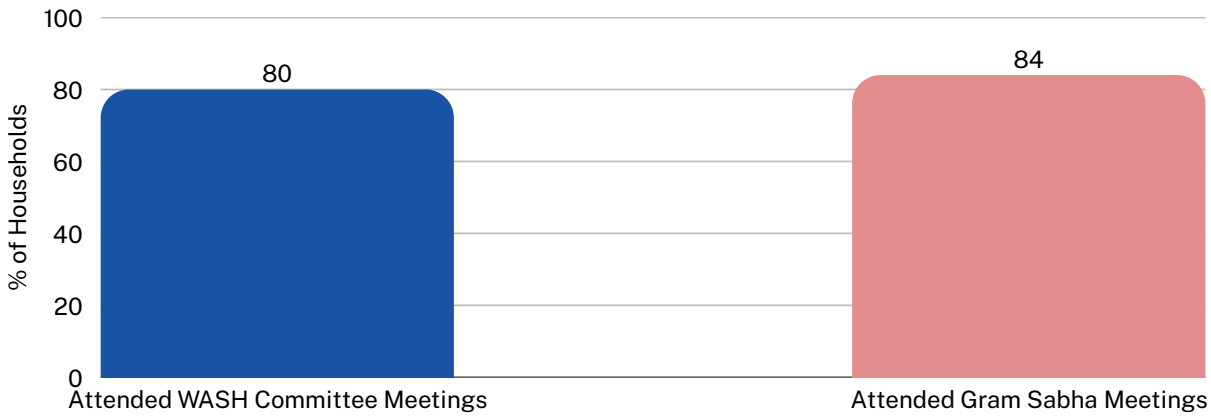
A large majority of respondents (84%) actively engage with the WASH committee, while only 16% reported not participating. Among those aware of the committee, 87% clearly know its members, reflecting frequent interaction and effective communication. This demonstrates that the program not only encourages participation but also strengthens local leadership and accountability in maintaining sanitation and hygiene practices.



Participation in WASH / Gram Sabha Meetings:

Note: Two variables are analysed separately, and each is expressed as a percentage of 100%

80% attending WASH Committee meetings and 84% attending Gram Sabha meetings. This shows that residents are actively involved in discussing everyday needs as well as broader village issues, reflecting a community that is engaged, aware, and willing to take part in local decision-making.

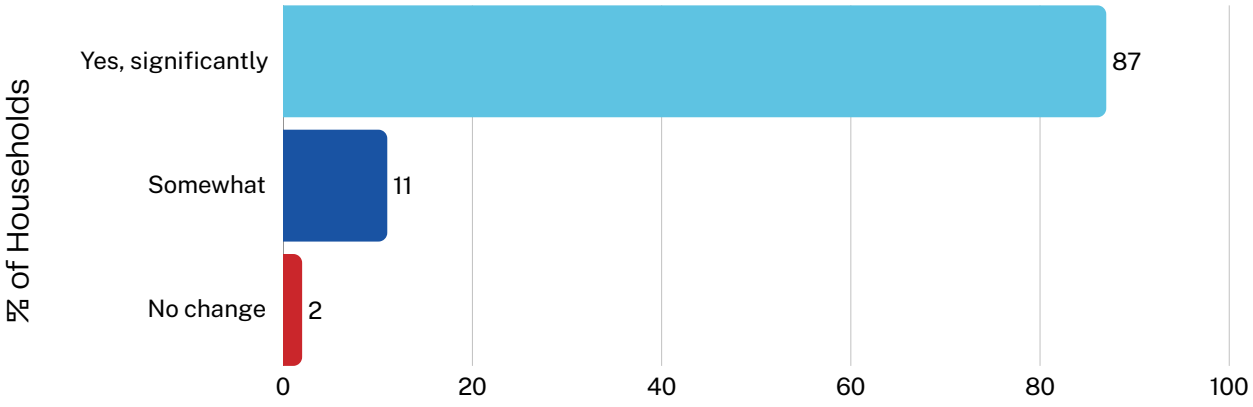


Participation in WASH/Gram Sabha Meetings

Women's Leadership in Governance

Women's Active Role in Community-Level Decisions

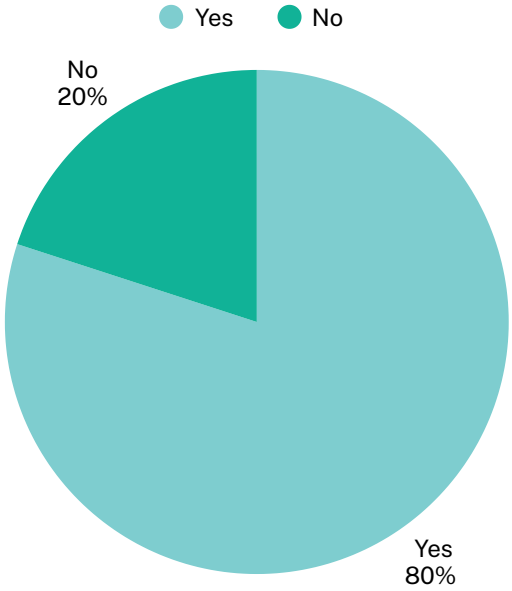
There is a strong increase in women's participation in local decision-making, with 87% of respondents reporting a significant rise. Women's growing leadership in Pani Samitis has strengthened inclusive decision-making, service reliability, and equity. Beyond these outcomes, women leaders report greater confidence, improved communication skills, and increased influence within both the community and their households, indicating a positive shift in local gender norms.



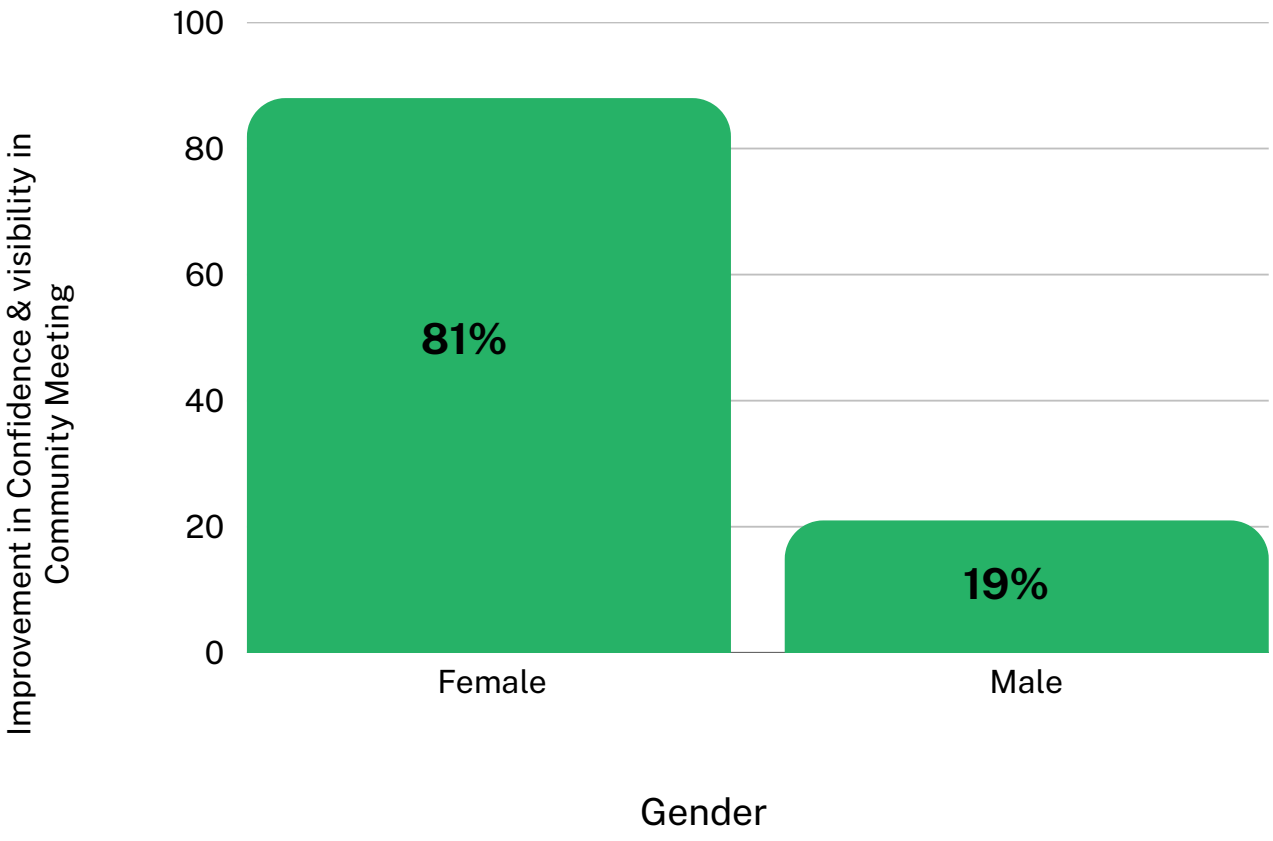
Women's Participation in local decision-making

Participation in Women-Led WASH Initiatives

Most respondents (80%) have seen or taken part in women-led WASH initiatives that show that women are clearly visible and actively leading sanitation and hygiene efforts within the community. Only a small group (20%) has not yet been involved, indicating that these initiatives are reaching the majority of households. Overall, this reflects strong community acceptance of women's leadership and underscores the important role women play in driving, implementing, and monitoring WASH activities on the ground.



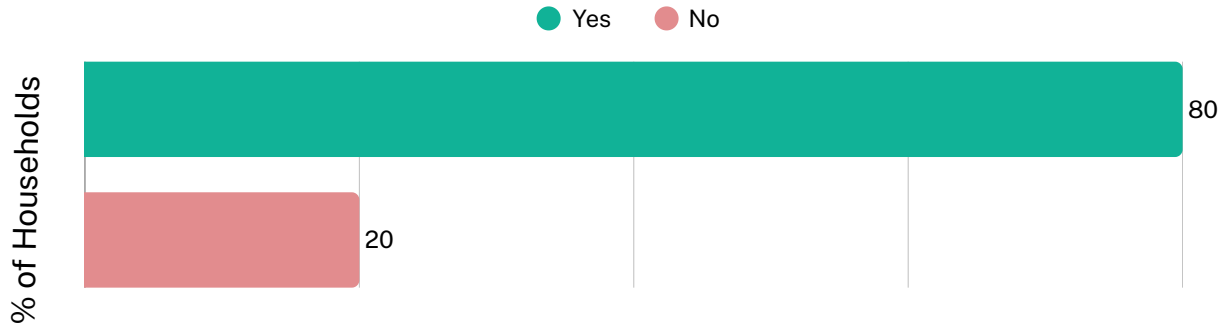
Gender-wise Improvement in Confidence and Visibility in Community Meetings



81% of the respondents who reported increased confidence and visibility in community meetings are women, while men account for only 19%. This suggests that the intervention has been pivotal in empowering women to participate more actively in decision-making at the community level.

Mahila Mandals / Women's Groups in Village–Level WASH Governance

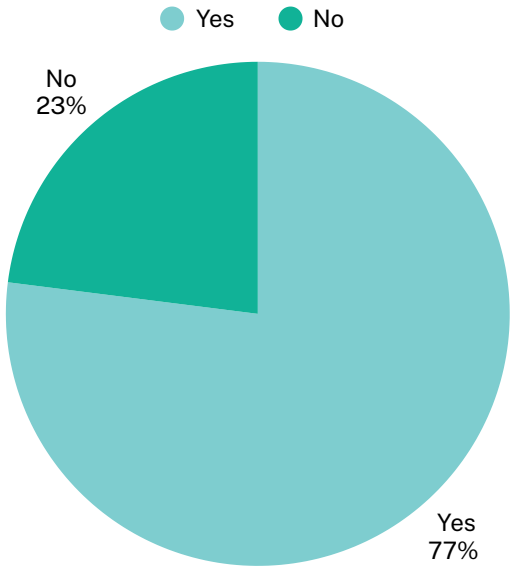
Most respondents (80%) shared that women's groups or Mahila Mandals are present in their villages, showing that women are coming together, supporting one another, and actively participating in community decision-making. Only a small number (20%) reported not having such groups. Overall, these groups provide an important space for women's empowerment, leadership, and involvement in village-level WASH activities and broader community development.



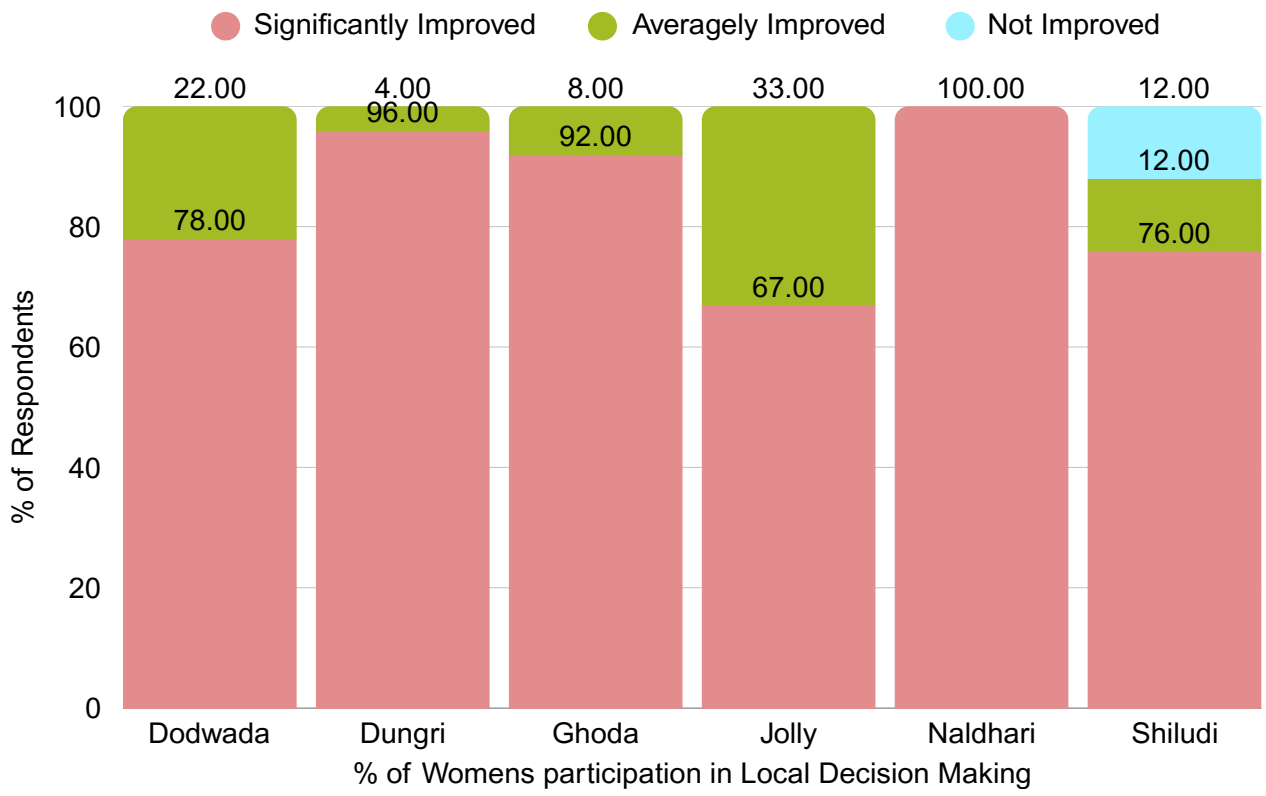
Mahila Mandals / Women's Groups in Village - level WASH Governance

Leadership / Communication Training:

A large majority of respondents (77%) participated in the communication and leadership training conducted by Utthan under the WASH programme, reflecting strong community engagement and the relevance of the training. The 23% who did not participate highlight a gap in reach, suggesting the need for more inclusive and targeted outreach. Together, these findings show that the training has played an important role in building confidence, strengthening local leadership, and encouraging active participation in WASH initiatives.



Impact of Women's Participation in Local Decision-Making Processes



In Naldhari, Dungri, and Ghoda, women are truly leading the way, shaping local decisions and creating a visible, positive impact in their communities. Dodwada and Jolly are starting to catch up, showing promising signs of progress as women begin to take more active roles. Shillud, however, is still struggling to find its footing, with women's participation not yet reaching its potential. These differences show that with focused support and encouragement, every village has the chance to empower its women and fully harness the benefits of their leadership.

Pillar 5 – Socio – Economic Impact & Quality Of Life

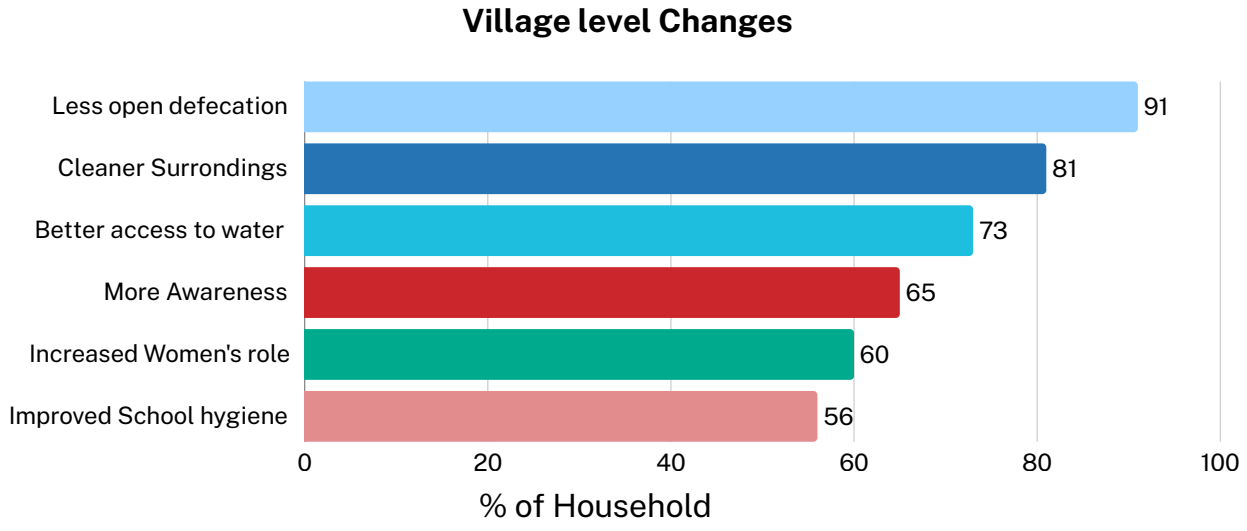
This pillar highlights the Utthan WASH program's impact on village-level hygiene, sanitation, water access, health, reduced medical expenses, gender inclusion, school hygiene, community awareness, and sustained behavior-change practices.

Community Transformations at the Village Level

Note: This was a multi-select question, so respondents could choose more than one water source; as a result, percentages may sum to more than 100%.

The analysis of respondents shows that households at the village level are experiencing positive changes. 91% of households report reduced open defecation, demonstrating the real impact of sanitation efforts. 81% of households now enjoy cleaner surroundings, indicating that hygiene and waste management practices are taking hold.

Access to better water is benefiting 73% of households, making daily life a little easier. Awareness campaigns are paying off too, with 65% of households feeling more informed, while 60% notice women stepping up in community activities, hinting at a positive shift towards gender inclusion. School hygiene improvements are seen by 56% of households, showing steady progress in caring for children's health.

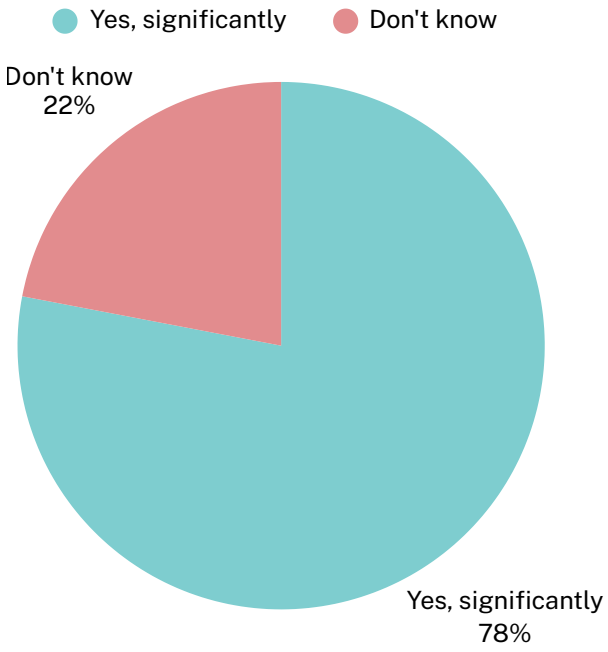


Frequency of Waterborne/Hygiene-Related Illnesses

100% Respondents shared that no one in their families experienced waterborne or hygiene-related illnesses like diarrhea, skin infections, or stomach pain over the past year. This shows that the community is practicing excellent hygiene, using water safely, and following effective sanitation measures. It also highlights that the cleanliness and health awareness efforts have truly made a positive impact, keeping households healthy and illness-free.

Medical Expenses:

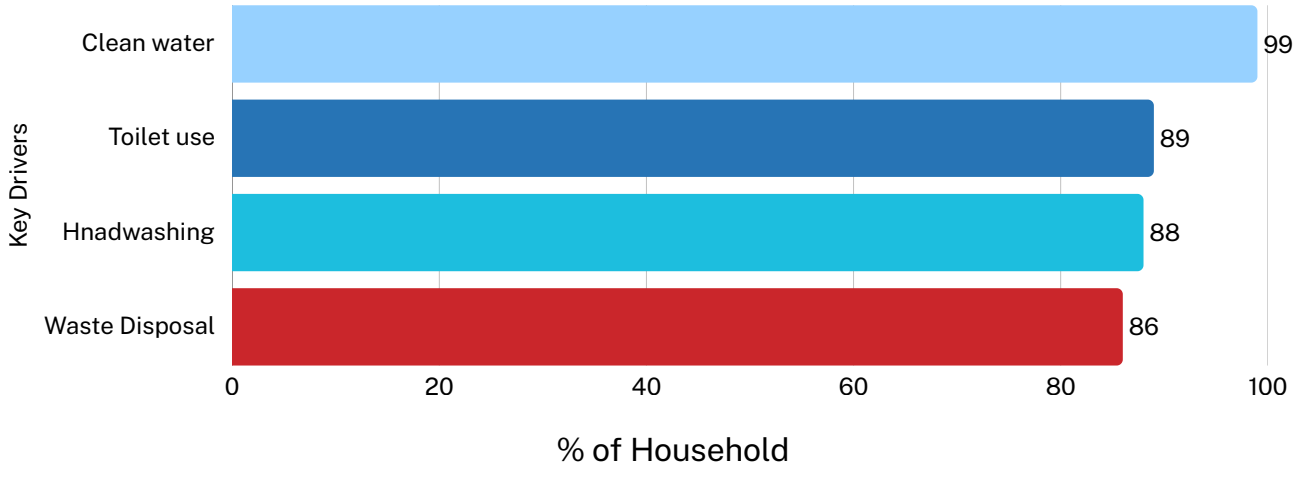
78% respondents shared that their medical expenses have come down after the Utthan WASH program was introduced. With cleaner water, better sanitation, and improved hygiene practices, families are falling sick less often and no longer need frequent visits to doctors or pharmacies. This has eased the financial burden on households, allowing them to use the saved money for everyday needs like food, children's education, and other important expenses, clearly showing how better WASH practices are improving both health and quality of life.



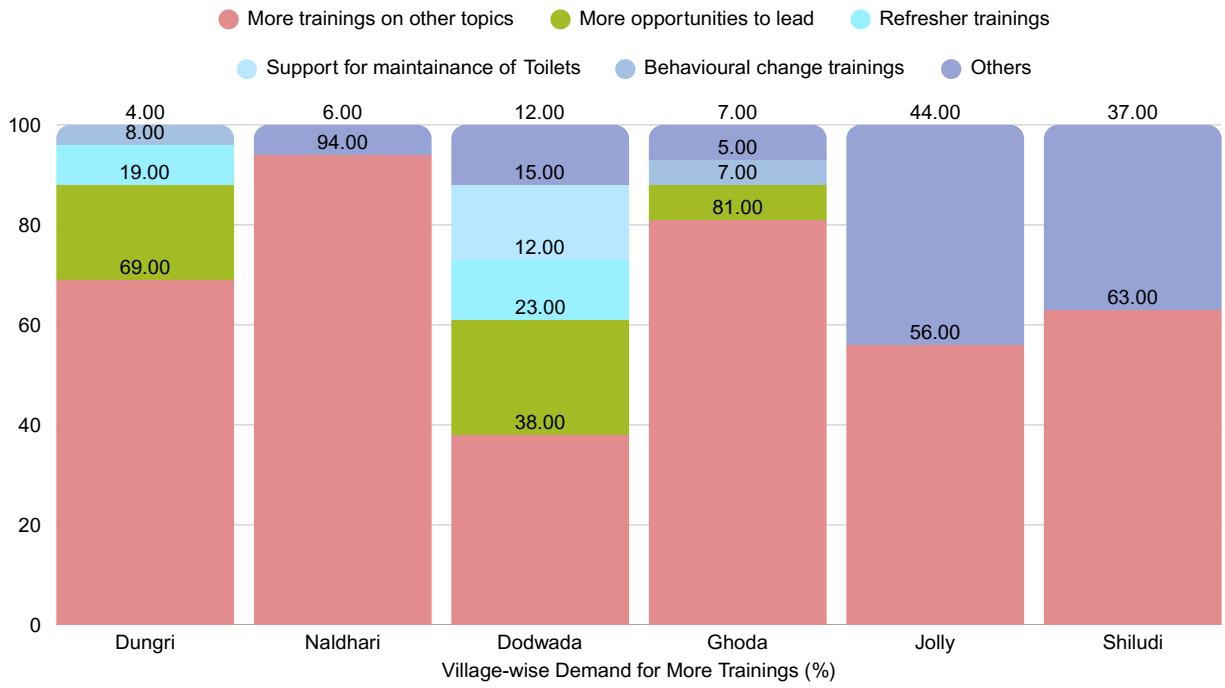
Key drivers in illness reduction

Note: This was a multi-select question, so respondents could choose more than one water source; as a result, percentages may sum to more than 100%.

Better health outcomes are driven by simple, everyday practices adopted by most households. Access to clean water leads the change, protecting families from waterborne illnesses. This is reinforced by regular toilet use and handwashing, which have become part of daily routines and help prevent the spread of infections. Proper waste disposal, though slightly lower, still reflects strong community awareness.

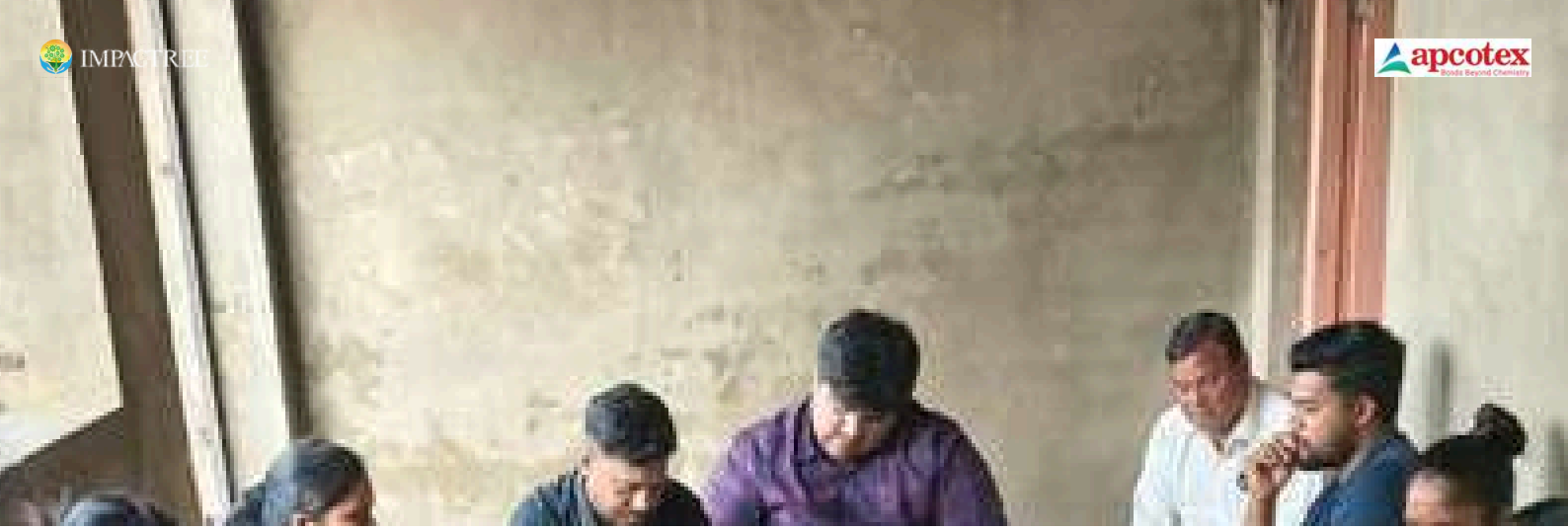


Community Perception on the Need for Further Trainings Across Villages



Across the villages, there is a clear eagerness for further learning, though the focus varies:

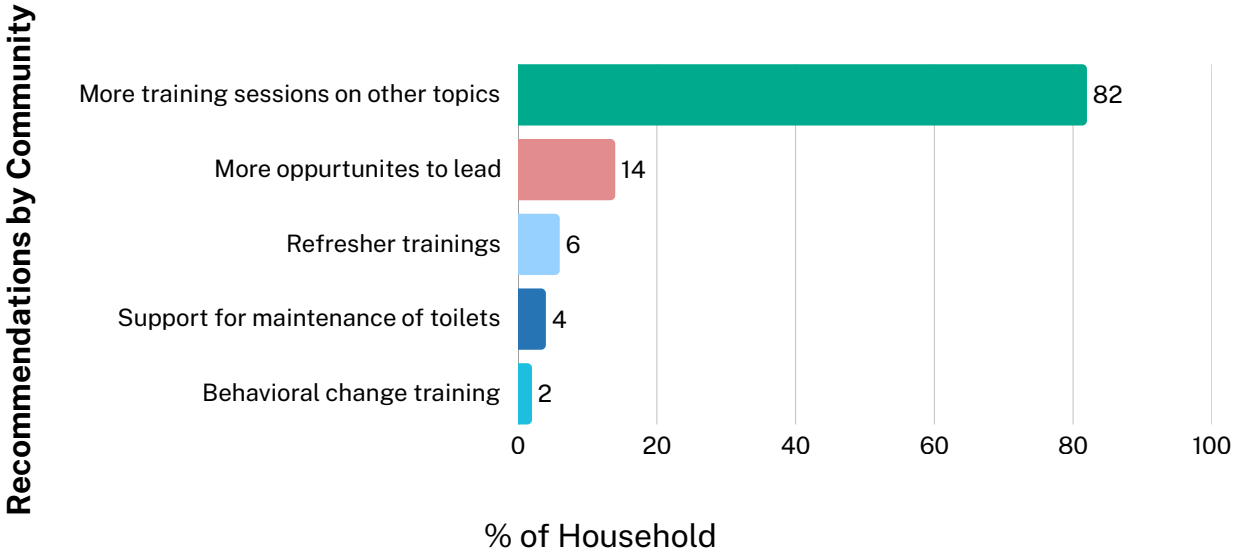
- In Dungri and Naldhari, people are mostly seeking more knowledge on new topics, showing a strong drive to learn.
- Dodwada stands out for its balanced interest in gaining leadership opportunities, refresher trainings, and behavioral change sessions, reflecting a community keen on applying what they learn.
- Ghoda is focused on expanding knowledge with some interest in practical applications.
- In Jolly and Shiludi, community needs are more varied or less clearly defined, suggesting that tailored support would help them address local challenges effectively.

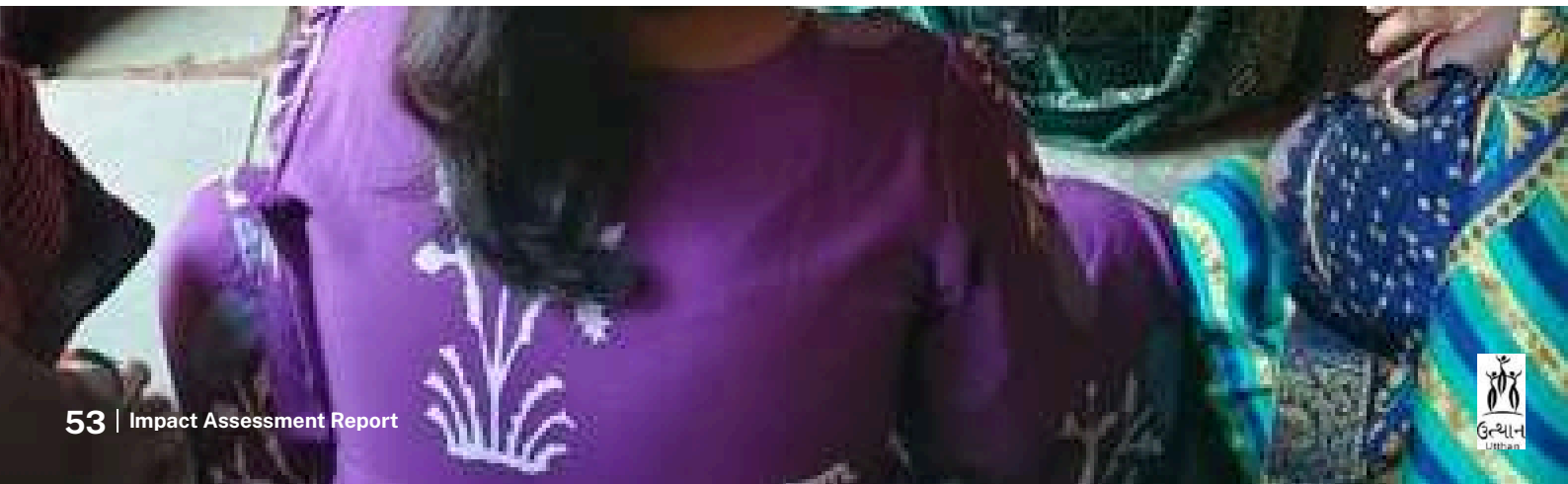


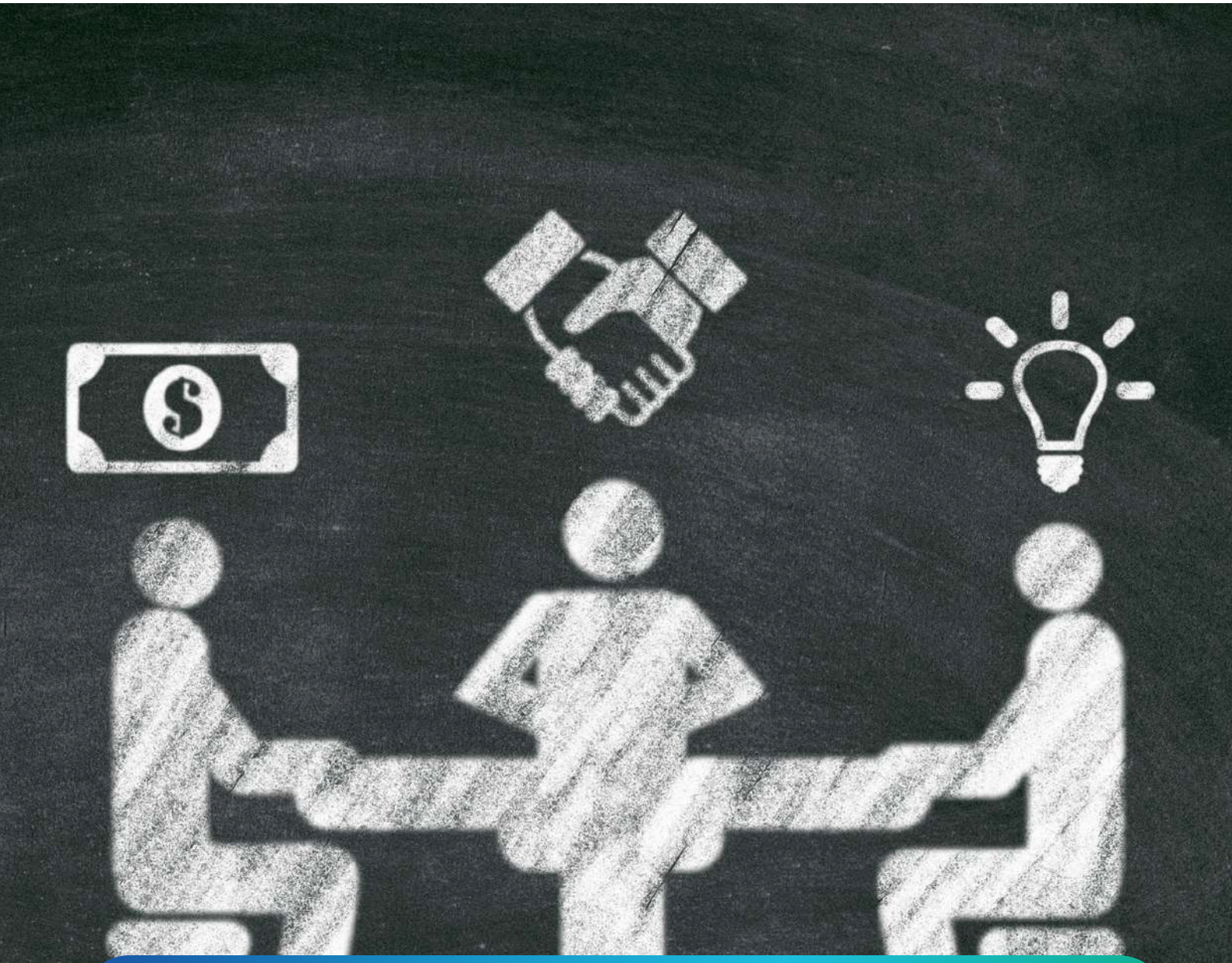
Recommendations by Community

Note: This was a multi-select question, so respondents could provide more than one recommendation; as a result, percentages may sum to more than 100%.

The feedback shows a strong desire to keep learning and growing. Most households (82%) want more training on new topics, reflecting high engagement and trust in the program. Some respondents (14%) are eager for leadership opportunities, showing increasing confidence and ownership. A smaller group mentioned the need for refresher sessions (6%) and support for toilet maintenance (4%), while very few (2%) felt additional behavior-change training was needed.





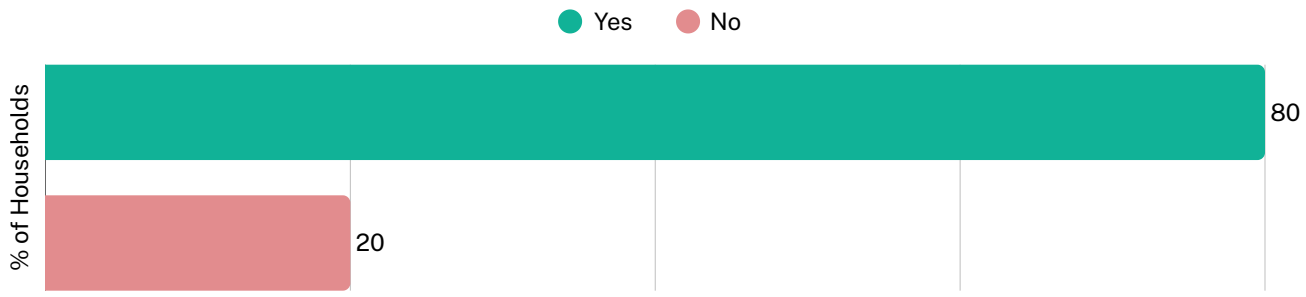


Pillar 6 – Institutionalisation, Sustained Behaviour, And Ownership

This pillar showcases how communities are preparing for the future, with empowered local leaders, supportive institutions especially schools and a shared determination to sustain the positive changes achieved.

Awareness of IEC Materials on Water & Hygiene

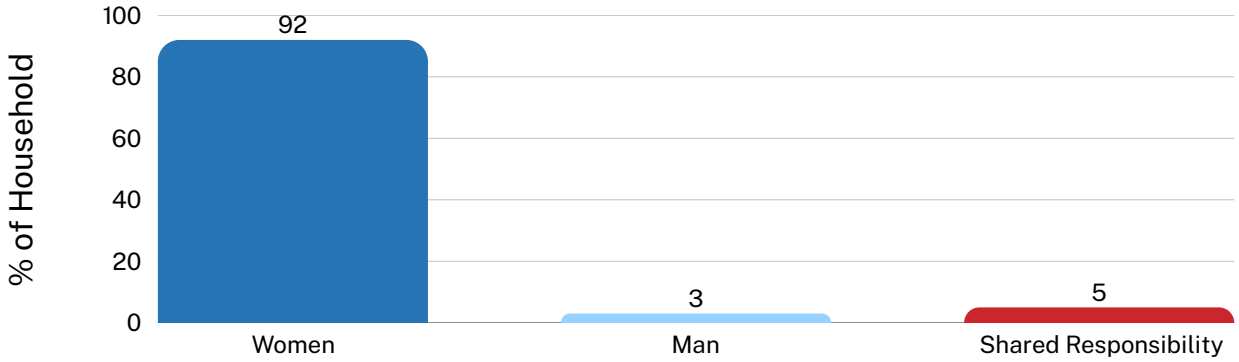
Most households (80%) have seen or used IEC materials on water conservation and hygiene, showing that the messages are reaching people well. Placing these materials in public spaces and anganwadis has made them easy to notice and helped spread awareness across the community.



Awareness of IEC Materials on Water & Hygiene (%)

Household Responsibility for Hygiene Practices

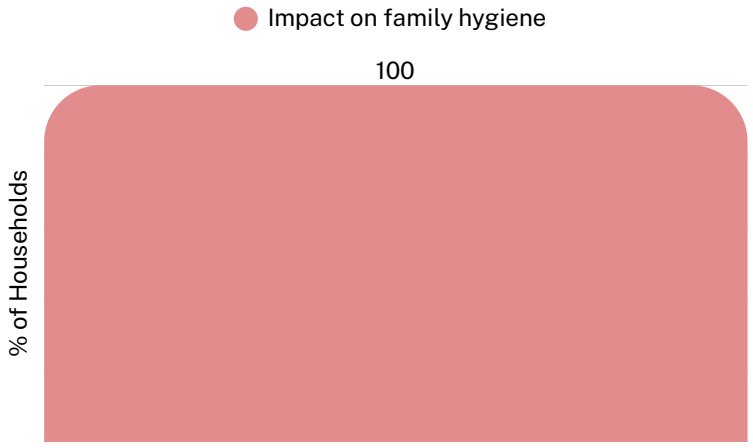
Most households (92%) report that women primarily manage hygiene, while only 3% say men are responsible, and 6% share responsibilities. This shows that hygiene practices are largely managed by women, with limited involvement from other household members. There is a need for Utthan to raise awareness and promote more equitable sharing of hygiene responsibilities across genders.



Hygiene Practices

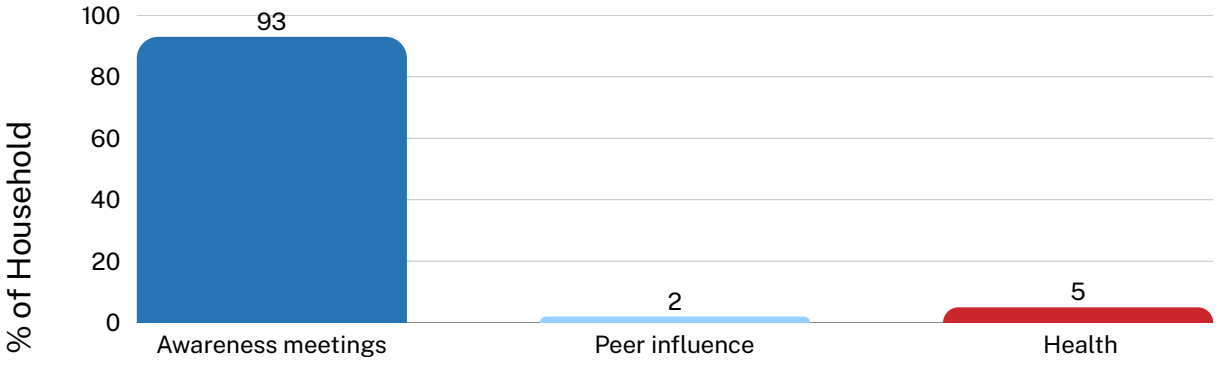
Impact of Project on Family Hygiene

After the Utthan WASH program, every household shared that their family hygiene has improved significantly. They feel healthier and more confident in their daily routines than before. This shows how the program has made a real, positive difference in people's lives, helping families adopt cleaner habits and enjoy better well-being.



Key Motivators for Hygiene Behavior Change

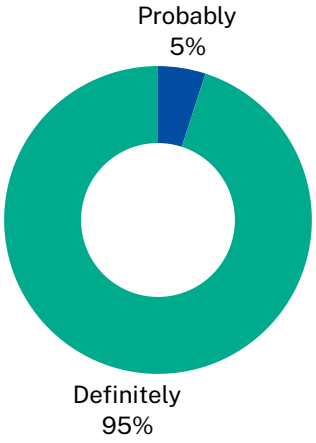
Awareness Meetings have proven to be a game-changer for the community. Almost every household 93% shared that these sessions inspired them to adopt better hygiene practices. It's clear that when people receive clear, direct guidance and have a chance to engage in discussions, it really sticks. In comparison, peer advice or general health information had very little impact, influencing only 2–5% of households. This shows that personal interaction and hands-on learning can truly spark lasting changes in behavior, helping communities embrace healthier habits together.



Reason for change in Hygiene Behaviour

Hygiene as a Shared Social Value

All respondents (100%) expressed that maintaining good hygiene is not just a personal habit but a value shared across the community. This highlights that the Utthan WASH program has helped embed hygiene as a collective responsibility, fostering a culture where families look out for each other's health and well-being.

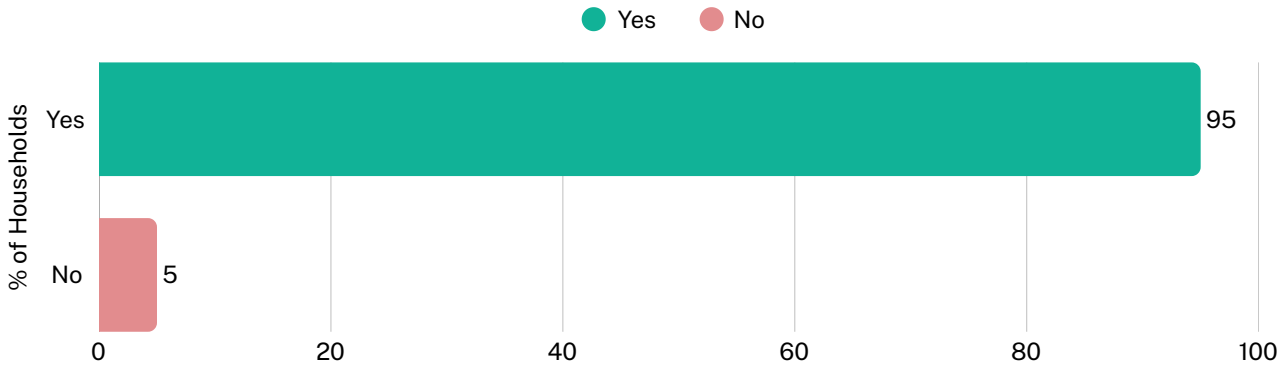


Sustainability of Hygiene Practices

95% of households expressed confidence that they will continue practicing good hygiene even after the Utthan WASH program concludes. This shows that the program has successfully empowered families to internalize healthy habits, making hygiene a lasting part of their daily lives rather than a temporary change.

Willingness to Act as Hygiene Champion

Most respondents are excited to take on the role of hygiene champions in their community. They want to encourage and inspire others to follow good hygiene practices, showing that the program has sparked a sense of pride and responsibility. This reflects how healthy habits are becoming a shared goal, not just a personal choice.



Willingness to Act as Hygiene Champion

Social Return on Investment (SROI)

Social Return on Investment (SROI) is an internationally recognised framework used to understand, measure, and value the broader social, health, environmental, and economic outcomes created by development interventions. Unlike traditional financial return metrics, SROI captures the value of changes experienced by beneficiaries and stakeholders that do not typically appear in financial accounts — such as improved health, time savings, dignity, safety, and strengthened community institutions.

For the Utthan WASH Programme, an SROI analysis was conducted to assess how investments made by Apcotex Industries Ltd., in partnership with EdelGive Foundation and Utthan, translated into measurable and meaningful social value for households, women, children, and community institutions across six villages in Valia Block, Bharuch District.

The analysis seeks to answer a central question:

How much social value was created for every rupee invested in the WASH programme?

Scope and Timeframe

The SROI assessment covers programme investments and outcomes over a five-year period (2020–2025), with an additional calculation for a two-year assessment window aligned to the impact evaluation timeframe.

Stakeholders

The analysis focuses on outcomes experienced by primary stakeholders, particularly:

- Community households
- Women and adolescent girls
- Children and schools
- Village-level WASH institutions and governance bodies

Total Investment (TI):

The Total Investment (TI) for the WASH programme supported by Utthan includes both financial and non-financial inputs that directly contributed to programme implementation and outcomes. CSR investments made towards the programme over the 5 years (2020 -2025)

Financial inputs:

- Infrastructure construction and repair costs related to water and sanitation facilities
- Staff salaries and administrative expenses directly attributable to the programme
- Training, capacity-building, and hygiene awareness programme expenses
- Monitoring and evaluation costs
- Travel, logistics, and programme operational expenses

Non–financial inputs:

- Voluntary time contributed by WASH committee members
- Community labour contributed towards toilet construction and renovation activities

All inputs were accounted for conservatively to avoid overstatement of investment value.

Outcome Identification and Valuation

Outcomes were identified through:

- Programme records and MIS data
- Household surveys and qualitative consultations
- Field observations
- Secondary research and sector benchmarks

Key outcome areas considered for SROI analysis

- Improved Access to Sanitation
- Improved Health and Well-being
- Time Savings for Households
- Strengthened Community Ownership
- Increased Participation of Women
- School-Level Hygiene Awareness
- Local Environmental Improvements

Each outcome was assigned a financial proxy using conservative estimates derived from secondary literature, government cost norms, and accepted WASH valuation benchmarks. Where precise valuation was not possible, assumptions were clearly stated and intentionally understated to maintain credibility.

Application of Discounting Factors

To ensure that only project-attributable value was captured, the following internationally accepted SROI adjustments were applied:

Deadweight accounts for outcomes that would have occurred without project intervention.

Displacement captures any shift of benefits from one group or area to another.

Drop-off recognises that benefits may reduce over time rather than remain constant.

Attribution reflects the contribution of other organisations, programmes, or contextual factors.

Discounting and Financial Adjustments Applied

In addition to outcome-level discounting factors (deadweight, displacement, drop-off, and attribution), financial discounting was applied to all monetised benefits to reflect the time value of money.

Social Value Discounting Assumption

Future social values discounted at an annual rate of 4.25%

Total Social Value

Discounted impact values

2020–2025

Net Present Value (NPV) Method

$$NPV = Y \times 1/(1+r)^t$$

Where:
Y = value of outcome
r = discount rate
t = time period

Application:
Year-wise impact valuation

Purpose:
Time-adjusted social value measurement

SROI Results

- **Five–Year SROI: 3.99 : 1**
- **Two–Year SROI: 1.5 : 1**

This means that:

- For every **₹1 invested**, the programme generated approximately **₹3.99 in social value** over **five years.**
- Over the **two-year** assessment period, every **₹1 invested** generated approximately **₹1.5 in social value**.

The higher SROI over the five-year period reflects the cumulative and sustained nature of WASH benefits, particularly those related to health improvements, behaviour change, women's leadership, and institutional strengthening, which increase in value over time.

Interpretation of Results

The positive SROI demonstrates that the Utthan WASH Programme represents a high-value social investment, delivering returns well beyond infrastructure creation alone. The findings highlight that investments in gender-responsive, community-led WASH interventions can generate sustained benefits across health, economic resilience, environmental management, and local governance.

Importantly, the SROI estimates are conservative. Several qualitative benefits — such as dignity, safety, confidence, and social cohesion — were either partially valued or excluded where robust financial proxies were unavailable. As a result, the true social value created by the programme is likely higher than reported.

Conclusion

The SROI analysis confirms that the Utthan WASH Programme has effectively translated CSR investments into meaningful, lasting social outcomes. By combining infrastructure development with behaviour change, institutional strengthening, and women's leadership, the programme has delivered strong and sustained value for communities.

The results provide a compelling case for:

- Continued investment in community-led WASH programmes
- Replication of the Utthan model in similar contexts
- Integration of gender, governance, and sustainability lenses into CSR-led infrastructure interventions

Village Wise Insights and Recommendations

Village-wise Insights

Parameter	Dodhwada	Shiludi	Jolly	Naldhari	Ghoda	Dungri
Open Defecation (OD)	OD almost eliminated; strong adoption	Fully eliminated across village	OD sharply reduced after heavy resistance	OD fully eliminated since project intervention	OD eliminated across households	OD eliminated through toilet coverage
Toilet Usage	Consistent daily use in all homes	Regular and universal usage	Usage increasing after behaviour change	High, sustained usage with ownership	Consistent, steady usage of toilets	Regular usage across households; hygiene habits improving
Toilet Infrastructure	New toilets built and well used	New toilets functional and adopted	Govt toilets restored and now used fully	All homes covered with functional toilets	Mix of private and govt toilets in use	238 toilets built across 360 households; adoption widespread
Drinking Water Access	Direct household water supply available	Borewell/tap water available but untreated	Flow limited and available for short duration	Piped supply for 1 hour daily; water quality poor, filtration needed	Water available but consumed untreated	Water available; purification rarely practiced
Water Reliability	Reliable household supply	Reliable except in some hamlets	Unreliable, low pressure	Timed but dependable supply	Available; lacks treatment	Water available; some families practice traditional purification and rainwater harvesting
Water Conservation Practices	After training on soak pits, washing platforms, and RWH, households now use water more effectively	Minimal conservation structures	Very limited water conservation practices followed	Strong adoption of soak pits & RWH, some traditional purification used	Limited conservation practices	Adoption inconsistent; purification rarely practiced at scale

Parameter	Dodhwada	Shiludi	Jolly	Naldhari	Ghoda	Dungri
Solid Waste Management	Weekly collection; segregation absent	Weekly collection; segregation absent	No waste collection system	No structured solid-waste system; roadside dumping persists;system under approval	No structured system; burning of waste is common	No organized system; open dumping and burning still common
Menstrual Waste	Pads burnt due to no disposal facility	Burning common; no safe disposal	Burning Common ; no Safe disposal system	Sanitary waste lacks safe disposal; pads often burnt	Burning widely practiced, Lacks safe disposal	Burning common; no safe option
Health Outcomes	Illnesses noticeably reduced	Fewer hygiene-related illnesses	Health improving after adoption	65% reduction in illnesses reported by CHC	Improved hygiene; waterborne risks remain	Significant drop in waterborne diseases like typhoid and diarrhea
Hygiene Behaviour	Strong practice; limited male involvement	High hygiene adoption across families	Behaviour shifting positively	Deep, sustained hygiene culture across households	Good hygiene; weak water treatment	Good hygiene awareness; monitoring needed to sustain behavior
Women's Participation	Increased participation through committees	Very limited; leadership symbolic	Low participation ; need safe livelihoods	Multiple Sakhi Mandals & Nari Shakti groups; women lead meetings and engage officials (Strong leadership through SHGs & committees)	Women participate actively but still hold limited leadership and decision-making power.	Moderate; few active members
Local Governance	Pani Samiti active and functional	No active women's platform	Weak Gram Sabha engagement	Active Water Committee continues to function; documentation remains informal	Community participation exists but committees remain weak, with only moderate and uneven engagement.	Committee functional but low attendance; active participation limited to few members
Financial Literacy	Improved Savings behaviour	High need for financial literacy	Very low financial awareness	Strong SHG savings and financial discipline	Needs stronger financial literacy	Needs improvement; skills underused
Livelihood Options	Limited opportunities for women	Major livelihood gap; high demand for livelihood trainings	High need for home-based livelihoods training	Women trained in masonry, sewing and skills but need market linkages; limited opportunities for educated women	Households need stronger financial literacy to improve resource management.	Women trained in sewing; market linkages unavailable, limiting economic impact

Parameter	Dodhwada	Shiludi	Jolly	Naldhari	Ghoda	Dungri
Community Trust	Strong trust and cooperation	Good trust and acceptance	Trust improved after initial resistance	Very strong ownership and trust	Moderate trust; mixed participation	Trust recovering after initial confusion over project funding and contribution
Education / Youth	No major concerns noted	Girls drop out after high school to continue jobs	Need academic and digital support	Adult literacy improved; youth need more vocational and community spaces; community hall required	Not significantly highlighted	Need monitoring and youth engagement
Women's Safety	Safety improved through toilet use	Night-time safety improved	Major wildlife risks reduced after toilet use	Women's dignity and safety significantly improved; men now supportive	Safety stable with toilet access	Safety improved due to sanitation facilities
Community Participation	Good participation; male engagement low	Good general participation ; women's groups absent	Growing participation after initial reluctance	Strong community mobilisation & local actions	Moderate participation levels	Moderate; few consistent volunteers

Village-wise Recommendations

Naldhari (Longer Intervention)

Naldhari has emerged as one of the strongest-performing villages under the WASH programme, characterised by sustained toilet usage, active women's leadership, and high levels of community trust. The village now stands at a stage where the emphasis must shift from behaviour adoption to system strengthening, quality enhancement, and economic deepening.

Naldhari

1. Strengthen drinking water quality to complement reliable access

While piped water is reliably available, concerns about its quality remain. Simple monitoring and community-level filtration can help families access safer drinking water, with women's groups playing a key role in managing and sustaining these systems.

2.Formalise and institutionalize community governance structures

Water Committees and SHGs in Naldhari function effectively but largely on informal norms. Strengthening documentation, financial record-keeping, and role clarity will help safeguard these institutions against leadership changes and ensure continuity beyond the project period. Formalisation will also enhance transparency and collective accountability.

3.Deepen women's livelihoods through market integration and value addition

Women in Naldhari have moved beyond initial skill acquisition and demonstrate readiness for higher-value economic activities. Supporting collective production models, improving product quality, and facilitating access to markets and buyers will enable women to convert skills into sustained income, strengthening household resilience and women's decision-making power.

4.Position Naldhari as a learning and demonstration village

Given its strong outcomes, Naldhari offers valuable lessons for replication. Systematic documentation of women-led governance, hygiene behaviour, and community mobilisation can support cross-learning across villages and enhance the overall effectiveness of Utthan's WASH programme.

Dungri (Longer Intervention)

Dungri reflects a post-implementation phase where sanitation infrastructure is largely in place, but sustaining behaviour change and community participation remain key challenges. The village requires continuous engagement to prevent fatigue and regression.

1. Sustain hygiene behaviour through regular reinforcement and monitoring

Inconsistent hygiene practices, particularly among children, highlight the need for ongoing follow-up rather than one-time interventions. Introducing periodic hygiene monitoring through village committees and schools will help reinforce positive practices and sustain gains over time.

2.Strengthen consistent adoption of drinking water purification practices

While traditional purification methods are known, they are not practised consistently. Renewed focus on routine water treatment, supported by demonstrations and affordable options, can help reduce recurring waterborne illnesses and reinforce preventive health behaviour.

3.Revitalise community institutions to broaden participation

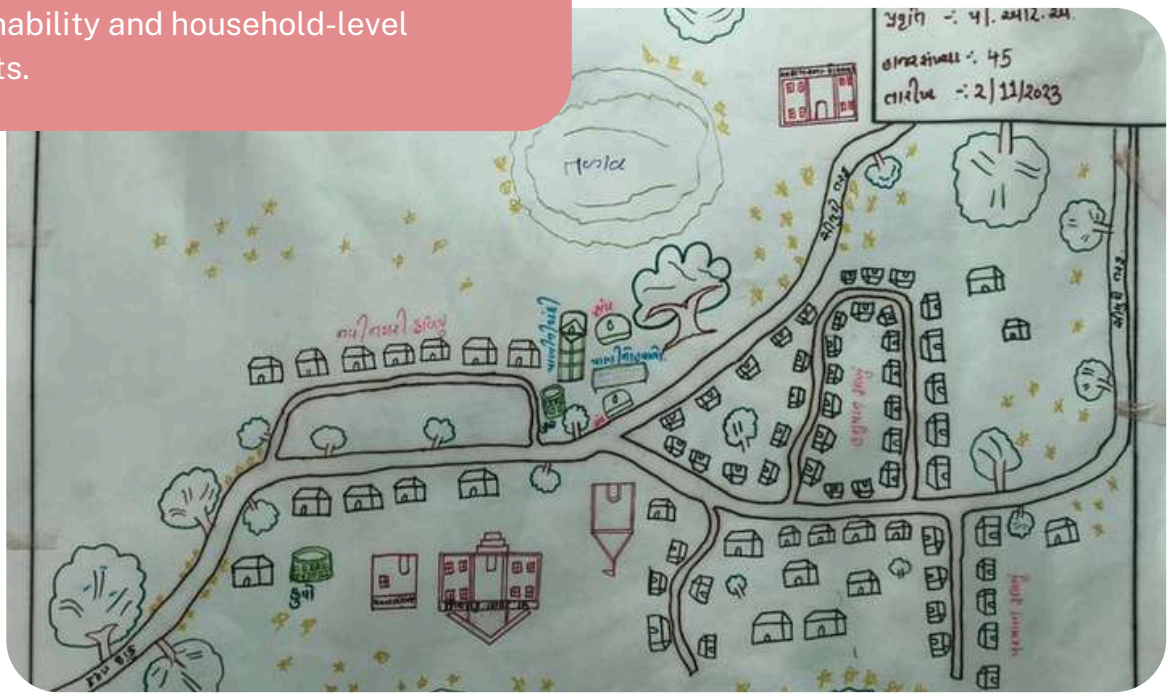
Although committees exist, participation is limited to a small group of individuals. Expanding membership, rotating responsibilities, and providing basic capacity-building can help revitalise these institutions and strengthen collective ownership of WASH outcomes.

4.Engage women and youth as long-term custodians of change

Women and youth have a critical role to play in sustaining sanitation and hygiene practices. Linking them to leadership opportunities, skill development, and livelihood pathways will help embed WASH behaviours within broader aspirations for social and economic advancement.

Dodhwada

Dodhwada has achieved stable sanitation adoption. Future interventions should build on these gains by strengthening environmental sustainability and household-level benefits.



1. Align toilet maintenance practices with long-term sustainability goals

While toilet usage is consistent, the continued use of chemical cleaners may undermine the future potential of pit-based systems, particularly as Utthan plans to transition towards twin-pit models. Gradually introducing eco-safe cleaning practices will protect soil quality, preserve future manure value, and align household behaviour with sustainable sanitation outcomes.

2.Address the sanitation–waste disconnect through structured segregation

Despite improvements in hygiene, the absence of waste segregation and ongoing burning dilute public health and environmental gains. Introducing simple household-level segregation, supported by Panchayat monitoring, can help close this gap and strengthen overall environmental health.

3.Ensure dignified menstrual waste disposal for women and girls

Improved menstrual hygiene awareness has not yet translated into safe disposal practices. Establishing decentralised disposal options will reduce unsafe burning while reinforcing dignity, safety, and privacy for women and adolescent girls.

4.Leverage strong women's participation towards income–linked activities

Dodhwada presents an opportunity to connect sanitation gains with women's economic empowerment. Skill-based activities such as tailoring or sanitation-linked micro-enterprises, supported through SHGs and local markets, can add tangible livelihood value to existing social capital.

Shiludi

Shiludi demonstrates good infrastructure uptake but continues to face challenges around women's agency, water safety, and education-linked livelihoods.

1. Translate women's representation into functional leadership

While women hold visible positions in village governance, their influence on decision-making remains limited. Focused capacity-building can help women representatives engage more confidently in planning and oversight processes, strengthening local governance outcomes.

2.Move from reactive to preventive drinking water practices

Households often treat water only during illness, leaving families vulnerable to recurring health risks. Reinforcing routine water treatment practices through awareness and affordable solutions can significantly improve public health outcomes.

3.Bridge the gap between menstrual awareness and safe disposal

Cultural acceptance of menstrual hygiene has improved, yet the lack of disposal options continues to force unsafe practices. Introducing structured disposal systems will enable women to practice safe hygiene without compromise.

4.Link education retention with livelihood pathways for women and girls

School dropouts among adolescent girls reflect economic pressures rather than lack of aspiration. Market-relevant skill training, combined with exposure to income opportunities, can help families see education as an investment rather than a trade-off.

Jolly

Jolly remains a high-vulnerability village where infrastructure constraints intersect with livelihood insecurity and limited institutional support.

1. Stabilise water access to protect sanitation gains

Inconsistent water availability directly affects toilet use and hygiene maintenance. Strengthening water reliability is essential to prevent behavioural slippage and reduce the daily burden on women.

2.Introduce foundational waste management systems

The absence of any organised solid or menstrual waste system has resulted in open dumping and burning. Establishing basic, community-managed disposal mechanisms will address an urgent environmental and health concern.

3.Livelihood Training for women

Women's mobility constraints due to migration and caregiving responsibilities require home-based livelihood options. Skills such as stitching, food processing, or handicrafts, supported by doorstep training and market access, are more likely to succeed in this context.

4.Rebalance sanitation responsibilities through youth and male engagement

Engaging men and youth in water and sanitation stewardship can reduce the disproportionate responsibility currently borne by women and strengthen collective ownership.

Ghoda

Ghoda has achieved steady sanitation adoption, but gaps in preventive health practices, waste management, and women's participation limit long-term impact. Focused reinforcement is needed to sustain social and environmental outcomes.

1. Institutionalise preventive drinking water safety practices

Water is often treated only during illness, reflecting a reactive approach to health. Promoting routine practices such as boiling or filtration, with women engaged as water safety advocates, can reduce preventable waterborne diseases.

2.Address environmental and health risks arising from waste burning

The widespread practice of burning solid and menstrual waste undermines sanitation gains and poses health risks, particularly for women. Introducing structured waste segregation and safe disposal mechanisms will help reduce environmental pollution while creating opportunities for women-led management of waste systems.

3.Strengthen women's participation from presence to influence.

While women attend meetings and community activities, their role in decision-making remains limited. Creating defined leadership roles, encouraging women-led sub-committees, and supporting confidence-building initiatives can help women engage more actively in governance and programme oversight

4.Build household financial resilience alongside health improvements

As sanitation and hygiene conditions stabilise, households are better positioned to focus on financial planning. Strengthening financial literacy particularly among women will support improved savings behaviour, better resource management, and reduced vulnerability to health-related financial shocks.

Recommendations

1. Sanitation, Waste, and Environmental Sustainability

1.1 Transition from Chemical Cleaners to Eco-Safe Toilet Maintenance

In villages such as Dodhwada, toilets are being used regularly, indicating strong behavioural adoption. However, the current practice of using chemical cleaners in pit toilets poses a long-term risk, particularly in light of Utthan's plan to convert these into twin-pit systems capable of generating manure after four to five years. Continued chemical use will contaminate the compost and reduce its agricultural value. This makes it essential to initiate a gradual behaviour shift toward eco-safe cleaning practices. Regular household engagement, practical demonstrations, and the introduction of affordable bio-cleaners can help align daily habits with the future environmental and livelihood potential of the sanitation infrastructure.

1.2 Establishing Decentralised Solid Waste Management Systems

Across all villages, solid waste management remains an unresolved challenge despite significant improvements in sanitation. While weekly waste collection is in place in several locations, segregation at source is absent, and open dumping or burning of waste continues. These practices undermine the public health and environmental gains achieved through toilet construction and hygiene awareness. Introducing household-level waste segregation using simple two-bin systems, along with community-managed composting for wet waste, can help close this gap. Anchoring these systems within Panchayat-led or committee-based structures will be critical to ensure accountability and long-term sustainability.

1.3 Safe Menstrual Waste Disposal and Menstrual Health Awareness

In villages such as Dodhwada, Shiludi, and Ghoda, menstrual hygiene practices have improved, yet disposal of sanitary pads continues to be a major concern. Pads are commonly burnt in household backyards due to the absence of disposal facilities and persistent cultural taboos. While awareness has increased, the lack of practical alternatives has limited behaviour change. Establishing safe and dignified disposal options, such as small-scale incinerators or designated burial pits, alongside facilitated discussions with women and adolescent girls, can help address this gap. Engaging men and boys in these conversations is equally important to reduce stigma and position menstrual health as a shared family and community responsibility.

2. Water Safety and Public Health

2.1 Promoting Preventive Drinking Water Treatment Practices

Although access to water has improved in most villages, safe drinking water practices remain inconsistent. In villages such as Shiludi and Ghoda, water is typically boiled only when someone falls ill, reflecting a reactive rather than preventive approach to health. This leaves households vulnerable to waterborne diseases even as sanitation conditions improve. Strengthening awareness around routine water treatment and introducing community-level water filtration units, particularly in villages like Naldhari where water quality is poor, can help institutionalise preventive practices and reduce long-term health risks.

2.2 Sustaining Hygiene Behaviour Through Monitoring and Youth Engagement

In villages like Dungri and Jolly, where toilet usage has become routine, sustaining hygiene behaviour remains a challenge, particularly among children and youth. Issues such as toilets being dirtied by children and limited water availability for cleaning highlight the need for continuous reinforcement. Introducing regular hygiene monitoring mechanisms through village committees and engaging schoolchildren and adolescents as hygiene champions can help ensure that sanitation gains are maintained over time and passed on to the next generation.

3. Gender Inclusion and Community Governance

3.1 Strengthening Women's Leadership Beyond Symbolic Representation

Several villages demonstrate increased visibility of women in governance without corresponding decision-making power. Shiludi, despite having a woman Sarpanch, continues to see leadership exercised largely by male family members. Similar patterns are observed in Ghoda and Dodhwada, where women attend meetings but remain in supportive roles. Moving beyond symbolic participation requires the formation of women-led collectives, clearer leadership roles within village institutions, and targeted capacity-building initiatives. The experience of Naldhari shows that when women are genuinely empowered, they play a central role in sustaining sanitation outcomes, strengthening governance, and fostering social cohesion.

3.2 Increasing Men's Participation in Family Health and Hygiene

In villages such as Dodhwada and Ghoda, men's engagement in household health, hygiene, and menstrual practices remains negligible. This limits the depth of behaviour change and places a disproportionate burden on women. Designing male-focused engagement sessions, facilitated by peer educators or respected community leaders, can help reframe health and hygiene as shared responsibilities. Increased male involvement is likely to strengthen household-level adoption of good practices and support long-term sustainability.

3.3 Formalising and Strengthening Community Institutions

Community institutions such as Pani Samitis have been instrumental in driving sanitation improvements, yet their effectiveness varies across villages. In Dungri and Naldhari, participation is often limited to a small group of committed members, and record-keeping remains informal. Strengthening these institutions through basic documentation, role rotation, and capacity-building will help broaden participation, improve transparency, and ensure that governance structures remain functional beyond the project lifecycle.

4. Livelihoods, Financial Inclusion, and Education

4.1 Developing Sustainable Livelihoods with Market Linkages

As sanitation outcomes stabilise, economic insecurity has emerged as a dominant concern across villages such as Shiludi, Jolly, Dungri, and Naldhari. Women are eager to participate economically but face constraints related to mobility, skills, and access to markets. This is particularly evident in interior Adivasi villages like Jolly, where women prefer home-based livelihood options due to daily wage migration patterns. Livelihood interventions must therefore integrate skill training with market linkages, cooperatives, or buyer networks, ensuring that income-generation efforts lead to sustained economic empowerment rather than one-time skill acquisition.

4.2 Strengthening Financial Literacy and Savings Behaviour

In villages like Dodhwada, early signs of financial discipline have emerged, with households beginning to save regularly. This positive trend can be strengthened through structured financial literacy programs covering banking, savings, credit, and insurance. Supporting the formation of self-help groups or Sakhi Mandals in villages where they do not yet exist will help institutionalise savings behaviour and reduce reliance on informal moneylenders.

4.3 Supporting Education Continuity and Youth Skill Development

Education, particularly for girls, remains a critical area of concern in villages such as Shiludi and Jolly, where many girls discontinue education after school or high school to take up work. This reflects both economic pressure and limited awareness of the long-term benefits of education. Community-based counselling involving parents, teachers, and local leaders can help shift perceptions, while linking girls and youth to scholarships, vocational training, and computer literacy programs—especially in villages like Jolly where there is explicit demand—can create pathways from education to employability.

In Closing

The journey so far shows that toilets built have become habits formed. Open defecation has drastically reduced, hygiene practices have improved, and women now experience greater safety, dignity, and confidence in their daily lives.

The WASH initiative has brought visible and meaningful improvements across intervention villages through the construction and regular use of toilets, soak pits, washing platforms, and improved school sanitation facilities. Households today live in cleaner surroundings, with safer spaces and healthier hygiene routines. Increased awareness around sanitation and menstrual hygiene has enabled women, adolescent girls, and families to adopt these practices with greater understanding and self-belief, turning infrastructure into lived change.

At the same time, the programme has helped nurture stronger, community-owned systems. WASH Committees, Pani Samitis, and Mahila Mandals have emerged as active local institutions, playing a key role in decision-making, maintenance, and problem-solving related to water, sanitation, and cleanliness. This collective engagement has fostered a sense of ownership and shared responsibility, while also encouraging leadership among women and groups that previously had limited opportunities to participate.

From toilets to transformation

Going forward, Utthan's focus should be deepening behaviour change, strengthening governance structures, promoting eco-safe practices, and linking sanitation gains to livelihoods, education, and water safety. Continued engagement and support for these community-led efforts will be essential to sustain the progress achieved and ensure that the improvements made today translate into long-term, resilient development outcomes for the villages.

Annexure

Village wise Outcomes

Sno	Category	All villages (summary)	Phase - 1		Phase - 2				Key takeaway
			Dungri	Naldhari	Dodwada	Ghoda	Joli	Siludi	
1	Water access & reliability	95% households have individual tap connections (mostly via Panchayat)	99% taps; 1–2 hrs/day supply.	100% taps; 1–2 hrs/day.	88% taps; 1–2 hrs/day.	100% taps; 1–2 hrs/day.	100% taps; 1–2 hrs/day.	100% taps; 1–2 hrs/day.	Universal drinking water access; some still supplement with public taps/borewells.
2	Water conservation	76% households use water-saving practices.	72% adoption.	99% adoption.	50% adoption.	79% adoption.	55% adoption.	58% adoption.	The majority practice conservation; scope to lift low-performing villages like Dodwada and Joli/Siludi.
3	Toilet access & cleanliness	100% households have toilets; 95% built by Utthan, cleaned weekly.	100% toilets; 96% by Utthan.	100% toilets; all by Utthan.	100% toilets; all by Utthan	100% toilets; 80% by Utthan.	100% toilets; all by Utthan.	100% toilets; 88% by Utthan.	Open defecation has been effectively eliminated in surveyed households.
4	Hygiene behaviour	Near-universal handwashing and soap availability; child hygiene varies by village.	100% handwash & child hygiene; 99% soap.	100% handwash; 99% child hygiene; 99% soap.	99% handwash; 83% child hygiene; 100% soap.	99% handwash; 83% child hygiene; 100% soap.	99% handwash; 83% child hygiene; 100% soap.	100% handwash; 76% child hygiene; 99% soap.	Behaviour change on adult hygiene is very great; child hygiene is the main gap.
5	Menstrual hygiene management	72% attended awareness sessions; 95% found them useful; strong practice improvement.	100% report improved MHM and kits.	93% report improved MHM and kits.	100% report improved MHM and kits.	83% report improved MHM and kits.	100% report improved MHM and kits.	100% report improved MHM and kits.	Very high impact and acceptance; only marginal room to improve in lower-percentage villages.
6	Governance & participation (WASH)	84% know the WASH Committee,80 %	100% aware; 78% attend; strong	80% aware and participating; women	75% aware; 83% attend;	89% aware; 67% attend;	100% aware; attend; women	70% aware; 64% attend;	Governance structures exist and are women-friendly; they need deeper
		households attend; 97% say women encouraged to speak.	women's voice.	encouraged.	women encouraged.	women encouraged.	encouraged.	women encouraged.	outreach to boost household participation.

Village Name	Household Tap Connection	Household Toilet	Reduced Open Defection	Waste Segregation	Waste Disposal
Dodwada	89%	100%	79%	50%	53% Open Burning 16% open Dumping
Dungri	96%	100%	92%	16%	100% Burning
Ghoda	100%	100%	91%	100%	100% Burning
Jolly	100%	100%	78%	100%	100% Burning
Naldhari	100%	100%	100%	55%	93% burning
Siludi	100%	100%	100%	70%	76% Burning

Thank You