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Infrastructure Development in Schools & Primary Health Centres

Impact Assessment Report FY 2023-24



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List of Abbreviations

CSR – Corporate Social Responsibility

DPDP – Digital Personal Data Protection

FGD – Focus Group Discussion

FY – Financial Year

HM – Headmaster / Headmistress

JJM – Jal Jeevan Mission

KII – Key Informant Interview

NHM – National Health Mission

NSNOP – Namma School Namma Ooru Palli

OECD-DAC – Organisation for Economic

Co-operation and Development –

Development Assistance Committee

OPD – Outpatient Department

PHC – Primary Health Centre

PUPS – Panchayat Union Primary School

RO – Reverse Osmosis

SBM – Swachh Bharat Mission

SDG – Sustainable Development Goals

SSA – Sarva Shiksha Abhiyan

WaSH – Water, Sanitation and Hygiene



Setting the Scene

About the Report

This report presents an independent impact assessment of Project Aakkam and Project Nalam—CSR initiatives of Coromandel International Limited implemented in FY 2023-24, focusing on infrastructure development in schools and Primary Health Centres (PHCs). The projects were implemented by United Way of Chennai and assessed by Chrysalis Services.

The assessment adopts a mixed-methods approach, combining primary data from field visits, stakeholder consultations, and observation checklists with secondary data and project documentation. It is structured using a logical framework to examine inputs, outputs, outcomes, and emerging impacts.

The study covers selected intervention sites across Pudukkottai, Ramanathapuram, and Sivagangai districts, focusing on the functionality, usage, and relevance of the infrastructure created, and how these have influenced service delivery and stakeholder experience over time.

The findings are grounded in field-based evidence and stakeholder perspectives, capturing both the current status and continued utility of the assets. The report aims to inform decision-making and strengthen the long-term effectiveness of infrastructure-focused CSR interventions.

About – Coromandel International Limited and its CSR initiatives

Coromandel International Limited is one of India's leading agri-solutions providers and a part of the Murugappa Group, a well-established business group with a strong legacy of trust and performance. Headquartered in India, the company plays a critical role in supporting the agricultural sector through a wide range of products and services, including fertilisers, crop protection solutions, bio-products, and retail services for farmers. With a strong distribution network and farmer-centric approach, Coromandel is committed to enhancing farm productivity and rural prosperity.

Aligned with its core philosophy of sustainable growth and inclusive development, Coromandel International Limited actively undertakes Corporate Social Responsibility (CSR) initiatives that focus on improving the quality of life in rural and underserved communities. The company's CSR efforts primarily focus on key thematic areas, including health and nutrition, education, sustainable agriculture, water conservation, and community development. Through these initiatives, Coromandel aims to address critical grassroots challenges while contributing to long-term socio-economic development.

A significant aspect of the company's CSR approach is its emphasis on community participation and capacity building. By working closely with local stakeholders, frontline workers, and implementing partners, Coromandel ensures that its interventions are need-based, scalable, and sustainable. Its programs often integrate awareness generation, behaviour change communication, and access to essential services, thereby creating meaningful and measurable impact at the community level.

[illegible]

Image 1: PUPS Ammappatty, Pudukottai

Project Name:

Infrastructure Development in Schools
& Primary Health Centres – Project
Aakkam, Project Nalam

Implementing Partner:

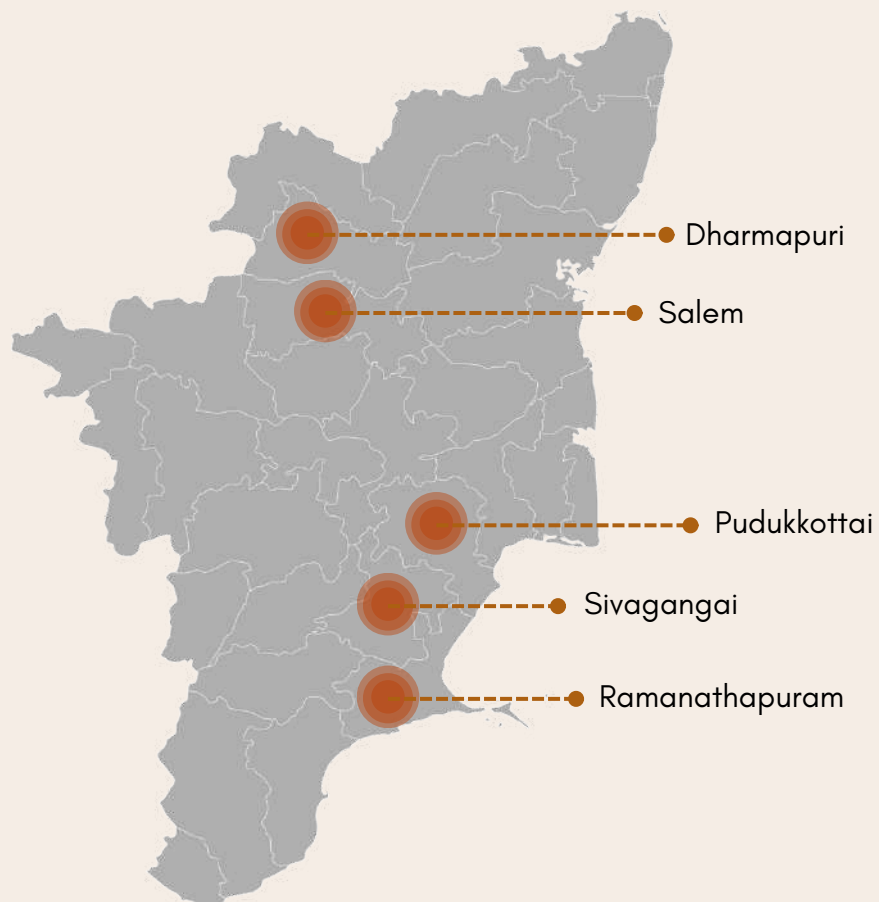
United Way of Chennai

Project Assessment Years:

FY 2023-24

Project Location:

Tamil Nadu – Dharmapuri, Salem, Pudukkottai,
Sivagangai and Ramanathapuram



Total Beneficiaries

- Coverage: 7 Government Schools and 4 Primary Health Centres across 5 districts
- Education Reach: 846 students (460 boys, 386 girls) and 35 teachers benefitted through infrastructure upgrades
- Healthcare Reach: 91,345 population covered, including 8,368 children, across PHCs
- Service Utilization: 675 patients/day accessing improved healthcare facilities

SDG Alignment



Alignment / Coherence with Policies and Programs

- Swachh Bharat Mission (SBM)
- Jal Jeevan Mission (JJM)
- Samagra Shiksha Abhiyan (SSA)
- National Health Mission (NHM)
- Namma School Namma Ooru Palli (NSNOP)

Activities



Assessment & Planning: Need assessment and baseline survey to identify infrastructure gaps.



Approvals & Procurement: Government approvals, vendor finalization, and implementation planning.



Execution: Construction, renovation, and installation of school and PHC infrastructure



Quality Assurance & Closure: Final assessment, handover to stakeholders, and endline assessment

Assessment sample

Project Nalam (PHC-Based Assessment)

- Community Members: 53 surveys
- Healthcare Staff: 6 KIs
- Government & Local Authorities: 2 KIs
- Coverage: 3 PHCs (Direct Observation)

Project Aakkam (School-Based Assessment)

- Students: 52 (Smiley Scale Surveys)
- School Staff: 6 KIs
- Coverage: 3 Schools (Direct Observation)



Image 2: Girls' Toilet, PUPS Ammappatty, Pudukottai

Performance Snapshot



Significant improvement in PHC infrastructure and service environment:

A majority of beneficiaries reported positive changes in core infrastructure, with 96% satisfaction for lighting and ventilation, 85% for building condition and overall environment, and 89% rating their overall experience as good, indicating strong improvements in facility usability and patient comfort.



Enhanced accessibility and ease of service utilisation:

91% of respondents reported no difficulty in accessing or using PHC services, suggesting that infrastructure upgrades have improved operational functionality and patient navigation within facilities.



Improved sanitation infrastructure with minor usability gaps:

While 83% rated overall cleanliness as good, the comparatively lower rating for toilet usability (77%) indicates gaps in accessibility, maintenance, or water availability. Only 4% reported issues with drinking water, but this remains critical for sustained usability.



Infrastructure improvements reinforced existing healthcare utilisation rather than transforming behaviour:

Although 91% of respondents observed improvements in the PHC environment, only 49% reported increased preference for visiting PHCs, while 51% indicated no change, suggesting that infrastructure upgrades have strengthened existing trust but have not independently driven significant behavioural shifts.



Classroom infrastructure improvements enhanced student learning conditions:

100% of students reported adequate seating space, 88% reported well-lit classrooms, and 100% confirmed that fans were functioning, indicating that overcrowding and basic infrastructure constraints have been effectively addressed. Additionally, 92% of students reported liking coming to school, reflecting improved engagement.



Strong improvements in school WASH infrastructure and hygiene practices:

Universal access to WASH facilities was reported, with 100% of students confirming availability of toilets, water, and handwashing stations, and 100% reporting no waiting time for toilet use. However, slightly lower ratings for handwash station cleanliness (83%) indicate emerging maintenance needs.



Early signs of behavioural change in hygiene practices among students:

Improved access to sanitation facilities has led to increased adoption of hygienic practices within schools, with qualitative evidence indicating spillover effects into household behaviours, particularly in rural and underserved communities.

What worked well

Enhanced service environment in PHCs:

Strengthened infrastructure has improved facility conditions, patient comfort, and overall usability of healthcare services



Improved accessibility and ease of use:

Upgraded facilities have enabled smoother access to services and better navigation within PHCs



Upgraded classroom infrastructure:

Additional classrooms and improved learning spaces have reduced overcrowding and supported more effective teaching-learning processes



Strengthened WASH facilities in schools:

Improved access to toilets, water, and handwashing infrastructure has enhanced hygiene, safety, and daily convenience for students



Reinforced trust in public systems:

Visible improvements in infrastructure have strengthened community confidence in government healthcare and education services



PROJECT DASHBOARD



Image 3: Classroom building constructed under project Aakkam, PUPS Alavayal, Pudukottai

Project Name:

Infrastructure Development in Schools & Primary Health Centres

Objective:

The project aims to strengthen education and primary healthcare systems in underserved regions by improving access to safe, functional, and inclusive infrastructure in government schools and Primary Health Centres. Through targeted interventions in sanitation, classroom capacity, and facility upgrades, the initiative seeks to enhance learning environments, promote hygiene and dignity, and improve the quality and accessibility of healthcare services for rural communities.

Thematic Areas:

Education Infrastructure | Public Health Strengthening | Water, Sanitation & Hygiene (WaSH) | Rural Community Development

Key Interventions



Assessment & Planning: Need assessment, baseline survey



Facility Enhancement: Electrical, plumbing, painting, structural repairs



Approvals & Mobilization: Government approvals, vendor finalization



Infrastructure Development: Construction of toilets, classrooms, handwashing stations, PHC upgrades



Closure & Validation: Final assessment, handover, endline assessment

Implementation Reach

- **Geographies Covered:** 5 districts (Pudukottai, Ramanathapuram, Salem, Sivagangai, Dharmapuri)
- **Institutions Covered:** 7 Schools and 4 PHCs
- **Core Interventions:** School sanitation, classroom expansion, PHC facility strengthening, WASH infrastructure

Beneficiary Profile

Education Beneficiaries:

- **Total Students:** 846 (460 boys, 386 girls)
- **Total Teachers:** 35

Healthcare Beneficiaries:

- **Total Population Covered:** 91,345 (46,130 male + 45,215 female)
- **Children Covered:** 8,368
- **Total OPD Footfall:** 675 patients/day

Total Direct Reach: 92,191 individuals



Image 4: Koppanappatty PHC , Pudukottai

RESEARCH DESIGN

ஊராட்சி ஒன்றிய
தொடக்கப்பள்ளி
அம்மாபட்டி
பொன்னமராவதி ஒன்றியம்
தேவகாண்டி மாவட்டம்-622401.

Coromandel FUTURE POSITIVE United Way of Chennai United Way

ஆக்கம் திட்டம்

இந்தப் பள்ளியின் கருத்தோத்தரணம் பள்ளிகளை
கொண்டுவரத் திட்டமிட்டதன் விளைவாக மற்றும்
புனமெட்டி சிவ அகாடமி சென்னை ஆகிய நிறுவனங்களின்
உதவி மூலமாக 2023 ஆம் ஆண்டு மேற்கொள்ளப்பட்டது

murugappa

Image 5: Toilet block constructed under Project Aakkam, PUPS Ammapatty, Pudukottai

Research Design

2.1 Our Approach

The study adopted a mixed-method approach to assess infrastructure interventions across schools and Primary Health Centres, aligned with the project's objectives of improving access, usability, and service delivery.

Both primary and secondary data were used to ensure triangulation. Primary data included surveys, interviews, focus group discussions, and observations, while secondary data comprised project documents and implementation records. The approach emphasised multi-stakeholder perspectives, covering students, community members, teachers, healthcare staff, and government representatives. Field visits enabled validation of infrastructure improvements and their usage.

2.2 Chrysalis Methodology

Research



- Stakeholder consultations and project understanding
- Review of project documents and secondary data
- Identification of key assessment indicators

Validation



- Data verification and cross-checking with stakeholders
- Triangulation with secondary data sources
- Quality checks during and post data collection

Design



- Development of research framework and tools
- Finalisation of questionnaires and checklists
- Sampling strategy and field planning

Data Analysis



- Quantitative and qualitative data analysis
- Thematic synthesis of findings
- Alignment with project objectives and indicators

Data Collection



- Field surveys with students and community members
- KIs with teachers, healthcare staff, and officials
- FGDs and on-site infrastructure observations

Reporting



- Preparation of draft report and insights
- Review and refinement of findings
- Final report submission and communication

2.3 Sampling Plan

The study was conducted across selected project locations to ensure representation from both school and healthcare interventions. Participants were identified to reflect key stakeholder groups associated with the project, enabling a balanced understanding of infrastructure usage, access, and outcomes across different contexts.

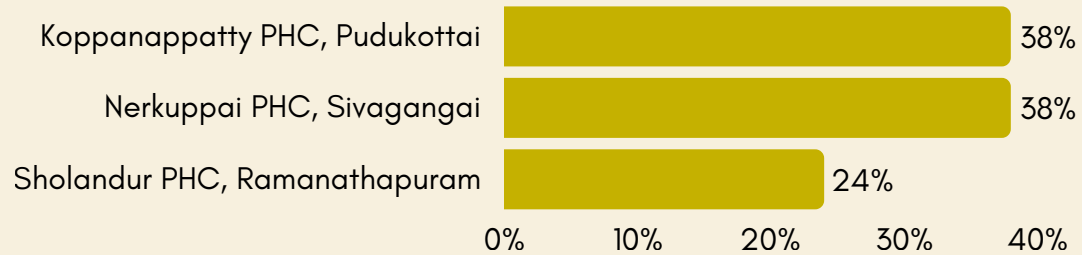
Sampling Distribution

Stakeholder	Tools of study		Sample Size	
Students (Primary Beneficiaries - Schools)	-----●	Smiley Scale Survey	-----●	52 Surveys
School Staff (Teachers, HM, non-teaching)	-----●	Key Informant Interview	-----●	6 KIIs
Community Members (Primary Beneficiaries - PHCs)	-----●	Survey	-----●	53 Surveys
Healthcare Staff (Doctors, Nurses, PHC workers)	-----●	Key Informant Interview	-----●	6 KIIs
Government & Local Authorities (Education & Health Department)	-----●	Key Informant Interview	-----●	2 KIIs
Infrastructure & Process Observation	-----●	Direct Observation	-----●	3 Schools & 3 PHCs
Implementing Partner	-----●	Key Informant Interview	-----●	1 KII

2.4 Respondent Profile

Project Nalam / PHCs (n = 53)

1. PHC-wise Distribution



Graph 1: Respondent Profile - PHC-wise distribution

2. Gender Distribution



Female

58.5%

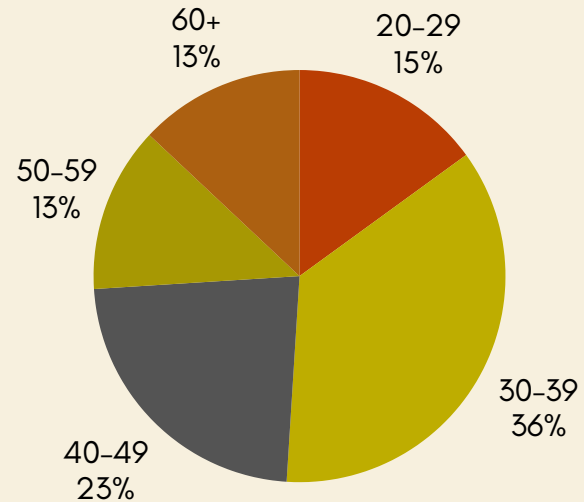


Male

41.5%

Graph 2: Respondent Profile - PHC - Gender-wise

3. Age Profile



Graph 3: Respondent Profile - PHC - Age profile

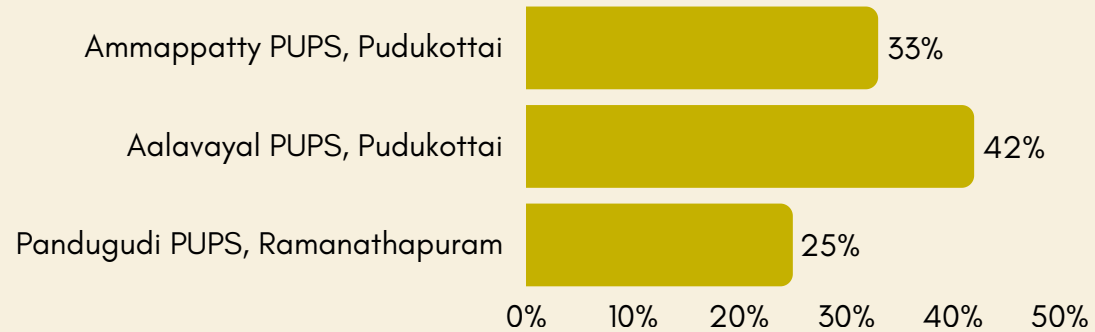
4. Visit Status



Graph 4: Respondent Profile - PHC - Visit status

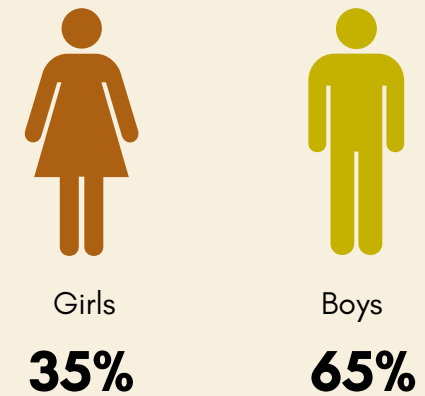
Project Aakkam / Schools (n = 52)

1. School-wise Distribution



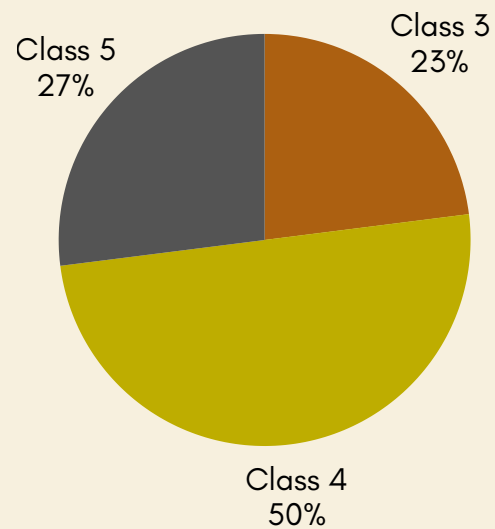
Graph 5: Respondent Profile - School-wise distribution

2. Gender Distribution



Graph 6: Respondent Profile - School - Gender-wise

3. Class-wise Distribution



Graph 7: Respondent Profile - School - Class-wise



Image 6: Classroom constructed under Project Aakkam, Alavayal PUPS, Pudukottai

2.5 Ethical Considerations

The study adhered to established ethical standards to ensure the dignity, safety, and rights of all participants, particularly children and vulnerable community members accessing public services.

- **Informed Consent:** Participants were briefed on the purpose and nature of the assessment before data collection. Consent was obtained from all respondents, and for students, interactions were conducted in the presence of school authorities. Data collection aligned with the principles of the Digital Personal Data Protection (DPDP) Act, 2023, ensuring responsible and purpose-specific use of information.
- **Confidentiality & Privacy:** All responses were anonymised and used only for assessment purposes. Any photographs or case narratives included in the report were documented with prior consent and used solely to illustrate infrastructure improvements and user experiences.
- **Voluntary Participation:** Participation was entirely voluntary, and respondents were free to decline or withdraw at any stage without any consequence.
- **Respectful Engagement:** Interactions were conducted respectfully and non-intrusively across schools and PHCs, ensuring minimal disruption to academic and healthcare activities while prioritising participant comfort and well-being.

2.6 Limitations of the Study

- The assessment was conducted across selected intervention sites due to time and logistical constraints; therefore, the findings are limited to these locations and are not fully representative of all project areas.
- Variations in local context, infrastructure conditions, and implementation timelines across sites led to uneven exposure to interventions, limiting the direct comparability of outcomes across locations.
- The assessment was carried out within a defined study period, which restricted the ability to capture long-term impacts such as sustained behavioural change and continued utilisation of facilities.
- Field visits were conducted during specific time windows, and factors such as seasonality, school schedules, and fluctuations in patient footfall directly influenced the observed usage patterns at the time of assessment.

EVALUATION RESULTS



Image 7: Koppanappaty PHC, Pudukottai - Main building

A. Primary Health Centres (Project Nalam)

3.1 Strengthened Healthcare Infrastructure Supporting Improved Service Environment and Institutional Functionality

The intervention under Project Nalam contributed to strengthening core infrastructure across Primary Health Centres (PHCs), aligning with its objective of upgrading facilities and improving service environments. The project addressed critical gaps in building condition, electrification, and patient-use spaces, thereby enhancing the overall functionality of healthcare institutions.

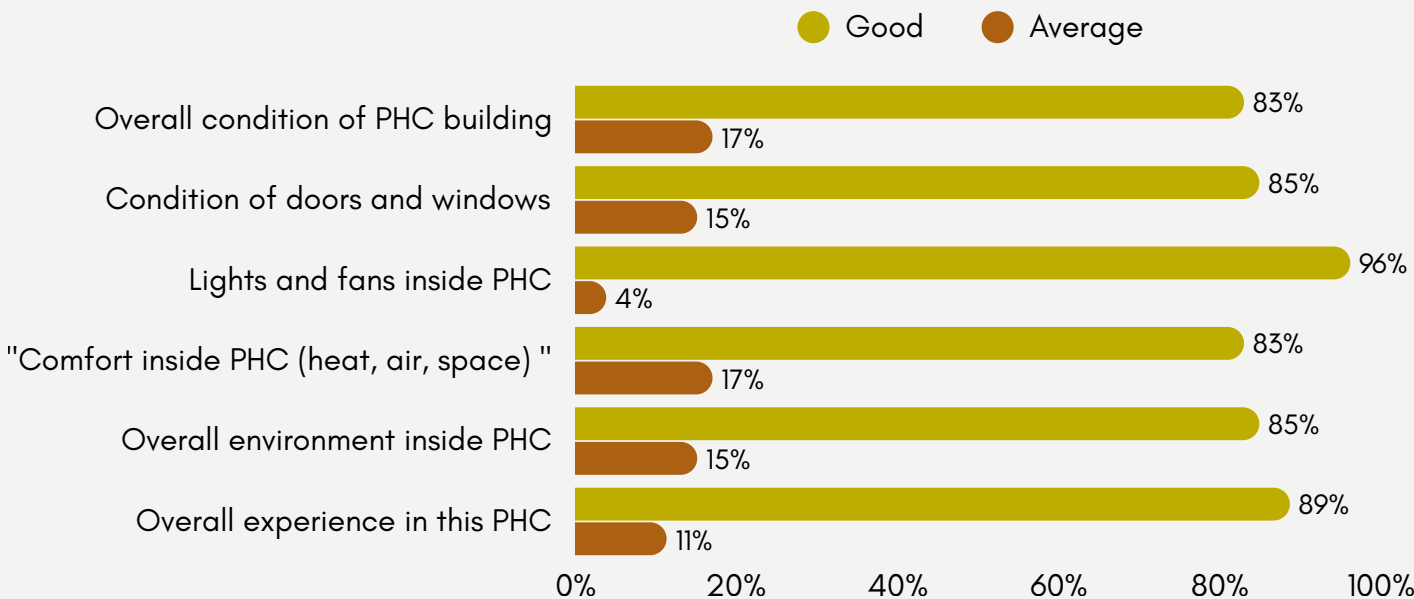
Prior to the intervention, PHCs faced infrastructure deficiencies identified through routine quality assessments, particularly under the National Quality Assurance framework, including deteriorated building conditions, inadequate maintenance of doors and windows, and limited availability of basic amenities. These gaps affected both service delivery conditions and institutional performance benchmarks.

Through the intervention, key infrastructure components were improved across PHCs, including:

- Refurbishment of buildings (repairs, painting, doors, windows)
- Installation of electrical fixtures (lights and fans)
- Creation of patient-support spaces (waiting areas and additional structures)

These improvements have resulted in a more functional and accessible healthcare environment, enhancing the usability of services.

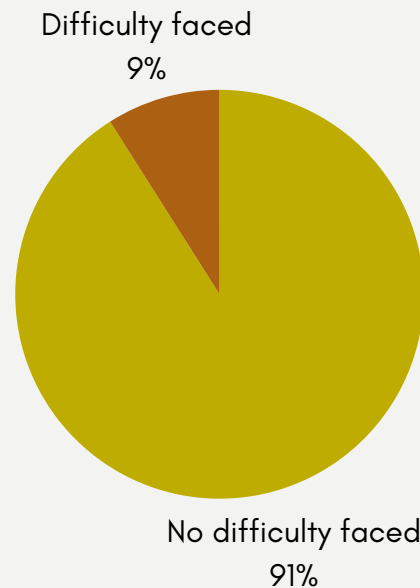
Perception on Core Infrastructure and Service Environment (n = 53)



The study findings indicate a high level of satisfaction with core infrastructure components, particularly regarding lighting, ventilation, and overall building condition. The strong rating for overall experience (88.7%) further reflects the role of improved infrastructure in shaping user perceptions of service quality.

Graph 8: Perception on Core Infrastructure and Service Environment (PHC)

Ease of Access and Usage of PHC Services (n = 53)



Graph 9: Ease of Access and Usage of PHC Services



A significant majority of respondents 91% report no difficulty in accessing or using PHC services, indicating that infrastructure improvements have enhanced operational functionality and accessibility.

Field interactions across PHC staff further corroborate these findings. Dr Ramalingam (Health Inspector, Koppanappatty PHC) noted that the intervention addressed key infrastructure gaps identified during earlier quality assessments, contributing to improved institutional readiness. Similarly, Dr Senthil (Block Medical Officer, Nerkuppai PHC) highlighted that the addition of infrastructure, such as waiting areas, has expanded available space for patient management, though its effectiveness depends on integration with service processes.

The intervention has also contributed to strengthening institutional performance. Improvements in infrastructure have helped PHCs meet quality benchmarks, with one facility reporting a notable increase in its National Quality Assessment score following the intervention.

Overall, the findings suggest that the project has been effective in strengthening foundational infrastructure within PHCs, resulting in improved service environments, enhanced accessibility, and better alignment with institutional quality standards.



Image 9: Building constructed under Project Nalam, Nerkuppai PHC, Sivagangai



Image 10: Patients' waiting hall, Nerkuppai PHC, Sivagangai

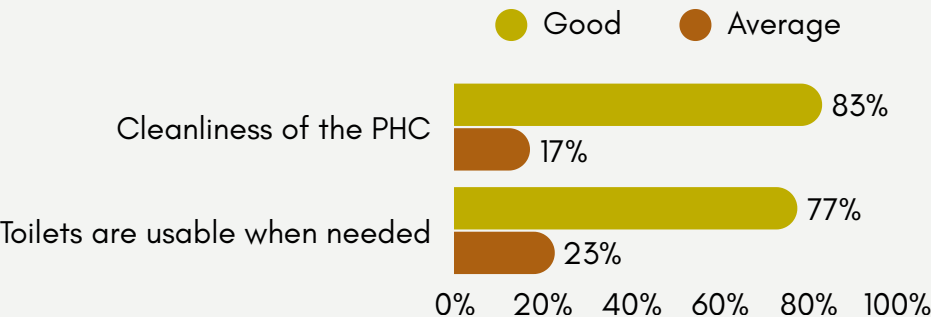
3.2 Improved Sanitation and Hygiene Infrastructure with Emerging Operational and Maintenance Considerations

The project has strengthened sanitation infrastructure across PHCs, improving access to essential hygiene facilities and supporting better infection control practices.

Prior to the intervention, sanitation infrastructure in several PHCs was inadequate relative to patient load, particularly in high-volume facilities. The limited availability of toilets and washing facilities affected patients' convenience and hygiene practices, especially for caregivers and inpatients.

The intervention enabled the construction and upgrading of toilet units, bathrooms, handwashing facilities, and water storage systems. These facilities are actively used, particularly by in-patients and caregivers, indicating that the intervention has addressed a critical service gap.

Perception on Sanitation and Cleanliness in PHCs (n = 53)



Graph 10: Perception on Sanitation and Cleanliness in PHCs

The findings indicate a generally positive perception of sanitation and cleanliness, with a majority of respondents rating both aspects as “Good”. However, compared to other infrastructure indicators, the relatively lower rating for toilet usability suggests variations in accessibility, maintenance, or supporting facilities such as water availability.

Field observations and discussions with Staff members, such as Vasantha Mani (PHC Staff, Sholandur PHC) and Ramya (PHC Staff, Sholandur PHC), indicated that the sanitation facilities are regularly used and maintained, with daily cleaning and efforts to promote hygienic use among patients and caregivers. At the same time, operational practices such as keeping toilets locked during periods of non-use were observed, primarily to prevent misuse and maintain cleanliness, which may intermittently affect accessibility.

In addition, context-specific environmental factors influence the sustainability of sanitation infrastructure. PHC staff highlighted that atmospheric salinity from the coastal region accelerates the deterioration of building materials, affecting the longevity of painted surfaces, doors, and fittings. This indicates the need for context-sensitive maintenance planning to sustain sanitation infrastructure over time.

Reported Sanitation-Related Challenges



Drinking water not always available

4%

While reported challenges are limited in scale, the availability of reliable drinking water and water supply systems remains a critical factor influencing the usability of sanitation facilities.

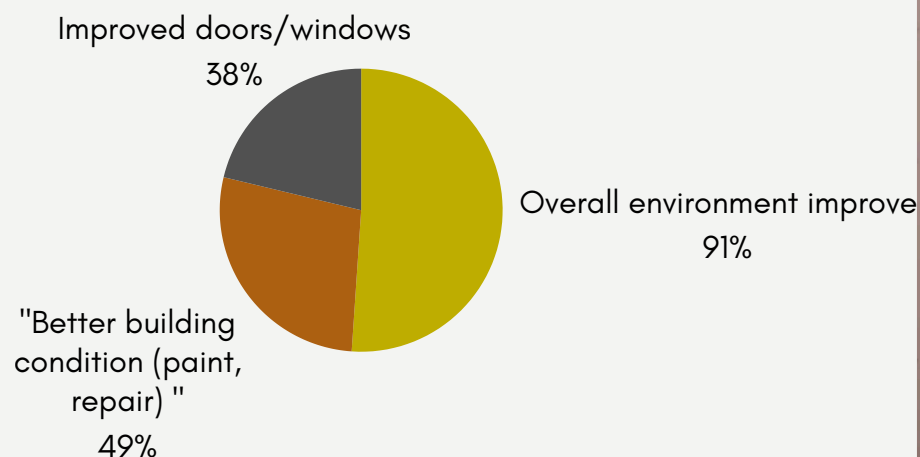
Overall, the findings suggest that the project has been effective in improving access to sanitation infrastructure within PHCs, contributing to better hygiene conditions and supporting patient dignity. At the same time, ensuring consistent water availability, accessibility, and maintenance mechanisms may help to sustain and maximise the long-term impact of the intervention.

3.3 Moderate Improvement in Service Utilization and Patient Preference, Indicating Partial Translation of Infrastructure Gains into Behavioural Outcomes

The intervention has strengthened infrastructure and improved the service environment across PHCs; however, its translation into increased service utilisation is limited. Patient preference remains moderate, indicating that infrastructure improvements alone are not necessary to drive behavioural change in healthcare-seeking patterns.

Given that all respondents (100%, n = 53) have been visiting the PHCs for the past 3–4 years, their responses provide a reliable basis for comparing changes over time.

Perceived Changes in PHC Over the Last 3–4 Years (n = 53, Multi-select)



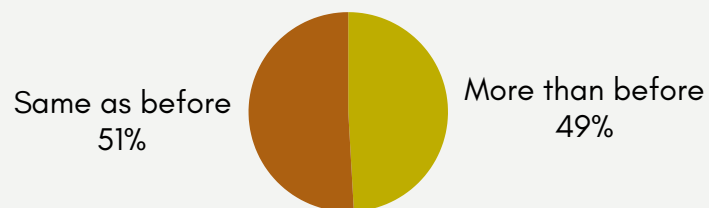
Graph 11: Perceived Changes in PHC Over the Last 3–4 Years

A significant majority of respondents (90.6%) perceive an improvement in the overall environment of PHCs, indicating that infrastructure interventions are visible and acknowledged by users.



Image 11: Toilet building constructed under Project Nalam - Sholandur PHC, Ramanathapuram

Change in Preference for Visiting PHC (n = 53)



Graph 12: Change in Preference for Visiting PHC

The PHCs had already been the primary point of care for the last 3–4 years prior to the intervention. Therefore, the “no change” in preference reflects continued reliance, while the increase among 49.1% indicates strengthened user confidence.

This divergence between perceived improvement (high) and behavioural shift (moderate) suggests that while infrastructure upgrades have enhanced the physical environment, other systemic and service-related factors continue to influence healthcare-seeking behaviour.

Field insights further substantiate this finding, during discussion with Dr. Senthil (Block Medical Officer, Nerkuppai PHC) he highlighted that infrastructure additions such as waiting halls have the potential to improve patient flow and service delivery. However, due to limitations in functional integration—such as absence of patient flow systems and incomplete utilisation of newly constructed spaces—the expected impact on service experience and patient management remains constrained.

Similarly, certain gaps in supporting services—such as availability of medicines and drinking water—were noted by respondents, indicating that service delivery quality extends beyond infrastructure provision.

Overall, the findings suggest that while the project has been successful in enhancing the physical environment and reinforcing trust in PHC services, the behavioural shift in terms of increased preference is incremental rather than transformative. This is partly because PHCs were already the first point of contact for healthcare services in these communities.

This highlights that infrastructure improvements in such contexts play a reinforcing role—strengthening existing utilisation patterns—rather than creating entirely new behaviour shifts, and should be complemented with service-level enhancements to drive further improvements in patient experience and system efficiency.



Image 12: Handwash Facility, Koppanappatty PHC, Pudukottai

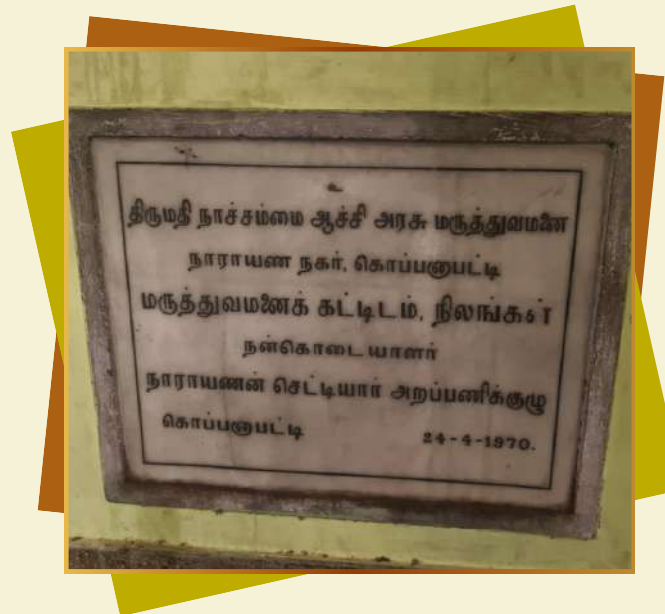
Testimonial 1

From Infrastructure Upgrade to Improved Public Health Readiness: A PHC's Journey Towards Quality Care

At the Koppanappatty Primary Health Centre (Pudukottai), the need for infrastructure improvement had long been recognised, particularly through observations made during routine quality assessments. The facility required upgrades to its building condition, sanitation systems, and basic infrastructure to meet expected healthcare standards.

With support from Project Nalam, key interventions such as building refurbishment, external painting, septic tank repair, and improvements to doors and windows were undertaken. These upgrades significantly improved the PHC's overall functionality and condition, creating a more conducive environment for both patients and healthcare providers.

"For over 2-3 years, we had been trying to address recurring observations from the PHC Quality Assessment team. The support from Coromandel and United Way of Chennai in FY 2023-24 helped resolve most of these critical gaps. This has significantly improved the condition of our facility and enabled us to perform better in quality assessments. In the recent National Quality Assessment, we achieved a score of 92 points—something that would have been difficult without the Project Nalam intervention."
— Dr. Ramalingam, Health Inspector, Koppanappatty PHC



Reflecting on these changes, the PHC team noted that the intervention directly addressed gaps identified in earlier assessments and supported the facility in strengthening its compliance with quality standards. This was evident when the PHC achieved a notable score of 92 credit points in the National Quality Assurance assessment, indicating improved institutional readiness and service quality.

Beyond compliance metrics, the improved infrastructure has contributed to a more organised and accessible healthcare environment, benefitting the large population served by the PHC. Patients visiting the facility now experience better conditions in terms of space, cleanliness, and overall service environment.

This transformation highlights how targeted infrastructure investments can strengthen public healthcare systems, not only by improving physical conditions but also by enabling institutions to perform more effectively within established quality frameworks.

B. Schools (Project Aakkam)

3.4 Improved Classroom Infrastructure Enhancing Learning Environment and Student Engagement

The intervention under Project Aakkam contributed to strengthening classroom infrastructure in select schools, particularly through the construction of new classrooms and the renovation of existing learning spaces. These efforts directly align with the objective of improving the learning environment and reducing space-related constraints within schools.

Prior to the intervention, schools such as Panchayat Union Primary School, Alavayal, and Government School, Pandukudi, faced limitations due to insufficient classroom space and inadequate learning conditions, which affected student seating arrangements and overall classroom management.

The construction of additional classrooms in these schools has significantly improved the availability of dedicated learning spaces, enabling better distribution of students across grades and supporting more structured classroom environments.

Student Perception on Classroom Environment (n = 52)

Indicator	 Good/ Yes	 Okay/ Sometimes	 Not Good/ No
Do you like coming to school?	92%	8%	0%
Do you get good space to sit?	100%	0%	0%
Is your classroom bright?	88%	12%	0%
Is the fan working?	100%	0%	0%

Student responses reflect significant improvements in classroom conditions, particularly in the availability of space and overall classroom functionality. All students (100%) reported adequate seating space, indicating that the intervention has effectively addressed overcrowding and improved classroom usability.

Further, high positive responses regarding classroom brightness (88%) and fan functionality (100%) suggest that the infrastructure has contributed to a more conducive and comfortable learning environment.

Field interactions with school leadership further validate these improvements. Headmasters from both schools reported that the new classrooms have eased the distribution of students across grades and improved overall classroom management, allowing for more structured teaching and learning processes.

Overall, the findings indicate that the intervention has been effective in enhancing classroom infrastructure, resulting in improved learning environments, better space utilisation, and increased student engagement.



Image 13: Patients visiting area, Sholandur PHC, Ramanathapuram



Image 14: Main Building - Nerkuppai PHC, Sivagangai

3.5 Strengthened WaSH Infrastructure Supporting Improved Student Hygiene, Safety, and Behavioural Change

The intervention under Project Aakkam has significantly strengthened Water, Sanitation, and Hygiene (WaSH) infrastructure in schools, aligning with its objective of improving sanitation, hygiene practices, and student well-being. The project addressed critical gaps by constructing toilet facilities, installing handwashing stations, and providing safe drinking water systems, thereby improving access to essential services on school premises.

Prior to the intervention, several schools faced limited access to functional sanitation and water facilities, which affected students' daily hygiene practices and convenience. The provision of these facilities has resulted in improved accessibility, usability, and adoption of hygiene practices among students.

Student Perception on WaSH Facilities (n = 52)

Indicator	😊 Good/Yes	😐 Okay/Sometimes	😞 Not Good/No
Can you use toilets without waiting too long?	100%	0%	0%
Are the toilets clean?	100%	0%	0%
Do you like to use the school toilets?	90%	0%	10%
Do you get water in the toilets?	100%	0%	0%
Do you have a handwash station in the school?	100%	0%	0%
Do you get water in the handwash stations?	100%	0%	0%
Is the handwash station clean?	83%	6%	11%
Do you get drinking water in the school?	100%	0%	0%
Does the drinking water taste good?	100%	0%	0%



Image 15: Pharmacy Counter, Koppanappatty PHC, Pudukottai

The findings indicate strong positive outcomes in access to WaSH facilities, with all students reporting availability of toilets, water, and handwashing infrastructure. The absence of waiting time for toilet usage further reflects adequate provisioning relative to student needs.

High positive responses on toilet cleanliness (100%) and usability (90%) suggest that the facilities are not only available but also actively used, contributing to improved hygiene practices among students. Similarly, universal access to drinking water and handwashing stations indicates that foundational hygiene infrastructure has been effectively established within schools.

Field interactions further highlight the broader behavioural and social impact of these interventions, particularly in rural contexts. As noted by the Headmaster (Panchayat Union Primary School, Ammapatti), the school caters to children from economically vulnerable backgrounds, including families engaged in daily-wage labour, agriculture, and informal-sector work. In such settings, access to structured sanitation facilities and exposure to hygienic practices remain limited, with open defecation still prevalent in certain areas.

The introduction of improved sanitation facilities, including water closets and urinals, has therefore played a role beyond the immediate provision of infrastructure. Students are increasingly adopting hygienic practices in the school environment and extending these behaviours into their households, contributing to improved community awareness.

Overall, the findings suggest that the intervention has been effective in strengthening WaSH infrastructure in schools, resulting in improved access to sanitation and water facilities, enhanced student hygiene and safety, and early signs of behavioural change extending beyond the school environment.

3.6 Strengthening Implementation and Stakeholder Engagement for Better Utilization of Infrastructure

While the project has been effective in delivering infrastructure improvements across schools and PHCs, the assessment highlights scope for strengthening planning, stakeholder engagement, and implementation processes to ensure better alignment and utilisation of the infrastructure created.

A key observation across select locations is the limited involvement of end users in the planning and execution stages. Stakeholders, particularly PHC staff, reported that project plans, estimates, and design details were not consistently shared, resulting in limited clarity on scope and expectations. In some cases, this led to mismatches between anticipated and delivered outputs.

Field interactions highlight that communication between implementation teams and institutional stakeholders was not always structured or continuous. As noted by Dr Senthil (Block Medical Officer, Nerkuppai PHC), the absence of regular consultation during implementation affected the alignment of infrastructure with operational needs, particularly in design integration and the usability of newly constructed spaces.

Further, certain implementation challenges affected the functional readiness and utilisation of infrastructure. In specific instances, delays or gaps in formal handover processes and administrative coordination created ambiguity in ownership and limited the immediate integration of assets into routine operations. Additionally, a lack of alignment on supporting provisions and auxiliary components (such as fittings, utilities, or usage-related planning) impacted the extent to which infrastructure could be fully utilised as intended.

In comparison, schools experienced relatively smoother implementation; however, minor concerns regarding the completeness of provisions and post-construction follow-up were noted, indicating the need for stronger monitoring mechanisms across all intervention sites.

Overall, these findings highlight that while infrastructure delivery has been largely successful, the effectiveness and sustainability of such interventions are closely linked to stakeholder engagement, clear planning, and complete execution. Strengthening these aspects through participatory planning, transparent communication, and structured handover processes will be essential to ensure that infrastructure investments translate into fully functional, well-integrated, and sustainably utilised assets.

Testimonial 2

Shaping Hygiene Behaviours Beyond Classrooms: A School Driving Community-Level Change

At the Panchayat Union Primary School, Ammapatti (Pudukkottai), the impact of improved sanitation infrastructure extends far beyond the school premises.

The school serves children from economically vulnerable backgrounds, many of whose families are engaged in daily-wage labour, agriculture, and informal-sector work. In such contexts, access to proper sanitation facilities and awareness of hygiene practices are often limited, with traditional practices still prevalent in surrounding communities.

Through Project Aakkam, the construction of dedicated toilet facilities for students has significantly improved access to safe, hygienic sanitation at the school. More importantly, it has created an opportunity for students to experience and adopt improved hygiene practices in their daily routine.

“All the students in our school come from rural backgrounds, and for many of them, facilities like concrete classrooms and structured sanitation systems are a new experience. I still remember how excited they were when the new toilet block was opened. They began using the facilities with care, maintaining cleanliness, using water properly, and practising better hygiene. Over time, these habits extended to their homes as well. In School Management Committee meetings, several parents shared how their children had adopted improved sanitation practices. Today, the school is not just a place for academic learning, but also a space where children learn to lead healthier and cleaner lives—and this intervention has strengthened that transformation.”

— Headmaster, PUPS Ammapatti



As observed by the Headmaster, the introduction of structured sanitation facilities—such as water closets and urinals—has exposed students to improved hygiene practices previously unfamiliar to them. Over time, students have begun to internalise these behaviours and understand their importance.

What makes this intervention particularly impactful is its ripple effect. Students are increasingly sharing these learnings at home, influencing their families and promoting better hygiene practices within the community.

This story demonstrates how school-based WaSH interventions can go beyond infrastructure to contribute to long-term social change by shaping habits, awareness, and community practices.

ANALYSIS USING EVALUATION FRAMEWORKS

4.1 OECD DAC Framework Analysis



RELEVANCE

The project demonstrates a high degree of relevance by addressing critical infrastructure deficits in government schools and Primary Health Centres (PHCs) across underserved districts of Tamil Nadu. The focus on sanitation, safe learning environments, and basic healthcare infrastructure is closely aligned with persistent gaps observed in rural public service delivery systems. The intervention's design—anchored in need assessments and government approvals prior to implementation—ensures contextual responsiveness to local institutional requirements. Furthermore, the project aligns with Tamil Nadu's broader development priorities of strengthening foundational infrastructure in education and primary healthcare, as emphasised in state-level planning and CSR facilitation frameworks.



EFFECTIVENESS

The project has been largely effective in achieving its stated objectives of improving sanitation, enhancing safety, and upgrading infrastructure across targeted institutions. The delivery of key outputs—such as construction of classrooms, toilets, handwashing facilities, and refurbishment of PHC infrastructure—has resulted in immediate and visible improvements in usability and functionality. Evidence from intervention sites indicates that assets created are operational and actively utilized by beneficiaries, suggesting strong alignment between planned outputs and actual outcomes. The standardization of intervention types across locations also contributed to consistent delivery quality.



EFFICIENCY

The project reflects a high level of operational efficiency, driven by a structured implementation model that includes need assessment, government approvals, baseline assessments, Bill of Quantities (BoQ) preparation, vendor finalisation, and post-construction quality checks prior to handover. This phased approach ensured streamlined execution and minimised delays or resource inefficiencies. Additionally, by leveraging and strengthening existing public infrastructure rather than creating parallel systems, the project demonstrates cost-effective utilisation of CSR resources while maximising outreach and utility.



COHERENCE

The project exhibits strong external coherence with national and state-level development priorities, particularly in the domains of education, sanitation, and primary healthcare. The intervention aligns with key national missions such as the Swachh Bharat Mission, the National Health Mission, and Samagra Shiksha, and demonstrates close convergence with Tamil Nadu's state-led initiatives. Notably, the project aligns with Namma School Namma Ooru Palli (NSNOP), which promotes CSR and community participation in strengthening government school infrastructure.

Further, the project reflects alignment with the Tamil Nadu State Planning Commission's CSR Handbook (November 2025), which emphasises need-based, district-aligned CSR investments in social infrastructure through convergence with government systems. The implementation approach—anchored in district-level coordination and institutional strengthening—demonstrates adherence to these guiding principles, thereby reinforcing policy coherence and avoiding duplication of efforts.



IMPACT

The project has generated tangible improvements in the physical infrastructure of schools and PHCs, thereby enhancing service delivery environments. Upgraded sanitation facilities, improved classroom infrastructure, and better-equipped healthcare centres have collectively improved safety, hygiene, and user experience for students, patients, and staff. These improvements serve as critical enablers for better educational engagement and healthcare access, particularly in resource-constrained settings. While long-term behavioural and outcome-level impacts (such as improved learning outcomes or health indicators) would require longitudinal assessment, the project has successfully established the foundational conditions necessary for such outcomes to materialise.



SUSTAINABILITY

The sustainability of the project is inherently linked to post-handover ownership and maintenance by government institutions, including school administrations and PHC authorities. As an infrastructure-driven intervention, the long-term functionality of assets depends on institutional capacity for upkeep, availability of maintenance resources, and integration into routine administrative systems.

Field observations further indicate that sustainability is influenced by geographic and environmental factors. In districts such as Ramanathapuram, high salinity and coastal climatic conditions accelerate the wear and tear of infrastructure, including buildings and sanitation facilities. This highlights the need for context-sensitive design considerations and periodic maintenance to ensure asset longevity. Overall, while the project establishes durable infrastructure, sustained impact will depend on continued institutional stewardship and adaptive maintenance practices.

4.2 Alignment to Sustainable Development Goals (SDGs)

SDG Goal	Relevant Sub-Targets	Programme Alignment
	Target 3.8: Achieve universal health coverage and access to quality essential healthcare services	Strengthening of PHC infrastructure improves accessibility, hygiene, and service delivery conditions in primary healthcare settings.
	Target 4.a: Build and upgrade education facilities that are child, disability and gender sensitive	Construction of classrooms, toilets, and WASH facilities contributes to safer, inclusive, and more effective learning environments.
	Target 6.2: Achieve access to adequate and equitable sanitation and hygiene	Development of toilets, handwashing stations, and water facilities enhances sanitation and hygiene practices in schools and PHCs.
	Target 9.1: Develop quality, reliable, sustainable infrastructure	The project strengthens foundational public infrastructure in underserved regions, supporting inclusive development.
	Target 11.1: Ensure access to adequate, safe and basic services	Improved school and healthcare infrastructure enhances access to essential services for rural communities.

4.3 Alignment with National / State Programs and Policies

Policy / Program Name	Implementing Agency / Ministry	Program Alignment / Contribution
Swachh Bharat Mission (Gramin)	Ministry of Jal Shakti	The construction of sanitation infrastructure directly contributes to improved rural sanitation coverage and hygiene practices.
National Health Mission (NHM)	Ministry of Health and Family Welfare	Upgradation of PHC infrastructure supports improved access to quality primary healthcare services.
Samagra Shiksha Abhiyan	Ministry of Education	School infrastructure development aligns with efforts to enhance learning environments and institutional capacity in government schools.
Jal Jeevan Mission	Ministry of Jal Shakti	Provision of water facilities, including RO systems, contributes to safe drinking water access in schools.
Namma School Namma Ooru Palli (NSNOP)	Department of School Education, Government of Tamil Nadu	The project strongly aligns with NSNOP's objective of mobilizing CSR and community participation to improve government school infrastructure and student well-being.
Tamil Nadu State Planning Commission - CSR Handbook	Government of Tamil Nadu	The intervention reflects the Handbook's emphasis on need-based, district-aligned CSR investments in education and healthcare infrastructure through convergence with public systems.
District-Level CSR Convergence Mechanisms	District Administration (Collectorate Offices), Government of Tamil Nadu	The project demonstrates effective alignment with district-led CSR facilitation, ensuring interventions are responsive to locally identified needs.
Directorate of Public Health and Preventive Medicine	Government of Tamil Nadu	PHC infrastructure strengthening supports the state's priorities in improving primary healthcare delivery and infection control standards.

FINAL REFLECTIONS



Image 17: Septic Tank constructed under Project Nalam, Koppanappatty PHC, Pudukottai

5.1 Recommendations



Integrate infrastructure with service delivery planning:

Establish structured processes within PHCs to improve patient flow, optimise use of new spaces (e.g., waiting areas), and ensure availability of essential services such as medicines and drinking water to enhance overall service experience



Strengthen operation and maintenance (O&M) systems:

Develop clear maintenance protocols at the facility level, including regular monitoring of sanitation facilities, assured water availability, and context-specific upkeep (e.g., coastal conditions), with defined roles for local staff and governing bodies



Institutionalise stakeholder engagement and handover processes:

Ensure active involvement of end-users (PHC staff, school authorities) during planning and execution stages, along with formal handover mechanisms and clear communication of design and usage guidelines to improve ownership and utilisation of assets.



Image 18: Building constructed under Project Nalam - Nerkuppai PHC, Sivagangai

5.2 Conclusion

What Changed

- Infrastructure strengthening across PHCs and schools has improved service environments, enhancing usability, comfort, and overall experience for beneficiaries
- Improvements in classroom and WaSH facilities have addressed critical gaps in space, sanitation, and access, creating more conducive learning environments
- Visible upgrades in public infrastructure have reinforced community trust and confidence in government service delivery systems

Why It Matters

- Improved infrastructure enhances dignity, comfort, and quality of experience, which are essential for sustained engagement with public systems
- Addressing foundational gaps strengthens the reliability and effectiveness of healthcare and education services, particularly in underserved settings
- Increased trust in public institutions supports continued reliance and long-term system strengthening

What Remains to Be Addressed

- Infrastructure improvements alone have not fully translated into behavioural shifts, highlighting the need for stronger service delivery and system-level integration
- Gaps in sanitation usability and emerging maintenance challenges require more robust operation and maintenance mechanisms
- Limited stakeholder engagement during implementation has affected alignment with on-ground needs and optimal utilisation of assets

Strategic Way Forward

- Strengthen integration between infrastructure and service delivery processes to improve functionality and user experience
- Establish structured and context-sensitive maintenance systems to ensure long-term sustainability
- Enhance stakeholder engagement through participatory planning, continuous communication, and clear handover processes

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