

EXECUTIVE SUMMARY

IMPACT ASSESSMENT

CSR PROGRAMME

ALEMBIC GROUP OF COMPANIES

2025-26





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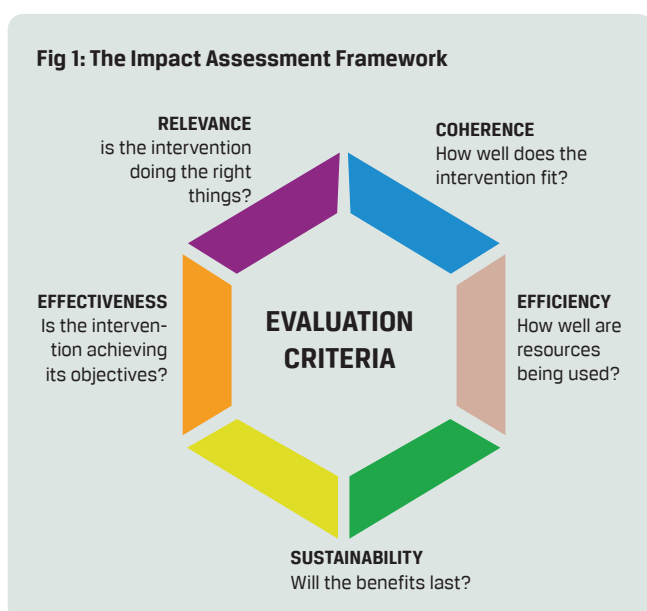
STUDY CONDUCTED BY
3DM DATAWORKS
KOLKATA

1. Object of the Impact Assessment Study

This impact assessment study evaluates the execution of CSR project activities during the 2025-26 period and assesses their effectiveness in meeting established objectives. The assessment focused on the quality of technical support, process efficiency, and attribution to inform inferences about successful strategies and operational shortcomings. These findings serve as a roadmap for refining program quality and scaling the model in the future. 3DM Dataworks was retained to conduct the assessment study. .

2. Methodology

This study utilized an adapted version of the OECD evaluation framework to measure project performance. To ensure a robust evidence base, the research team employed a multi-pronged data collection strategy, including semi-structured interviews, case studies, field observations, learning outcome surveys, and focus groups, supplemented by secondary data. Each initiative was qualitatively rated across the five OECD pillars—coherence, relevance, effectiveness, efficiency, and sustainability. To maintain objectivity and minimize researcher bias, findings were subjected to senior-level review and rigorous data triangulation.



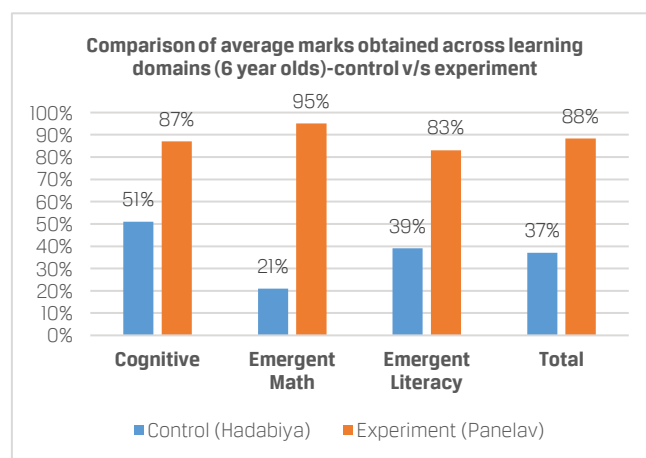
3. Projectwise Summary of Findings

3.1 SUPOSHAN

SUPOSHAN project is implemented in 53 ICDS Centers and 39 schools. It has a footprint across the 26 villages within the ACSRF catchment area. It is designed to strengthen the Early Childhood Care and Education (ECCE) provided at ICDS centers to children aged 3-5 years and to improve the health outcomes of pregnant women, lactating mothers, adolescent girls, and school students.

Component 1: Making children enrolled at ICDS centers school-ready

Pre-School learning outcomes excellent: The SUPOSHAN team assists the ICDS worker in delivering the recommended activity-based learning to children (3-5 years old) through storytelling, rhymes, games, low-cost learning tools, etc. The focus is on emergent literacy, emergent math, and cognitive skills. A controlled study was conducted in which a standardized test was administered to students in the experimental group (6-year-olds who attended the project ICDS) and the control group (6-year-olds who attended a non-project ICDS). It was found that children in the experimental group scored significantly higher across all three domains than those in the control group. It may however be mentioned that despite overall good performance, the experiment group children scored relatively low in the Piagetian task of number conservation (a critical preschool skill that develops into higher numerical ability at school) and recognition of English alphabets.

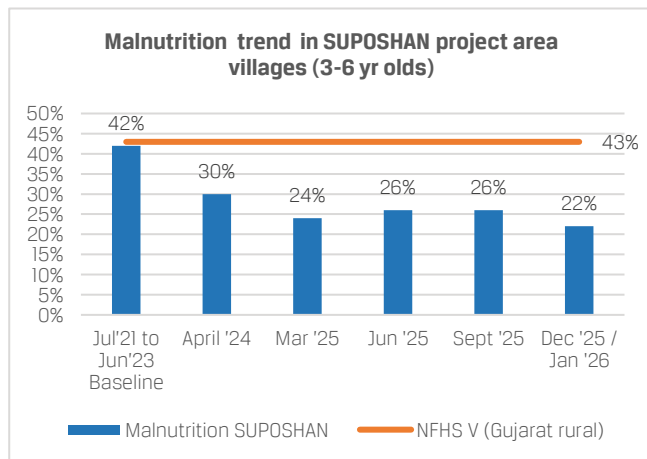


Summary of Findings

Project	Coherence	Relevance	Effectiveness	Efficiency	Sustainability	Overall
A. NUTRITION						
SUPOSHAN	High	High	High	High	Moderate	High
B. CHILD PROTECTION						
Specialized Adoption Agency (SAA)	High	High	High	High	High	High
Group Foster Care	High	High	High	High	High	High
C. LIVELIHOOD + EDUCATION						
Direct Family Empowerment	High	High	Moderate	High	High	High
D. EDUCATION						
Vikas School	High	High	Moderate	High	High	High
Distribution of Medical Books	High	High	High	High	High	High
E. HEALTH						
Blood Transfusion Programme	HIGH	HIGH	HIGH	HIGH	HIGH	HIGH

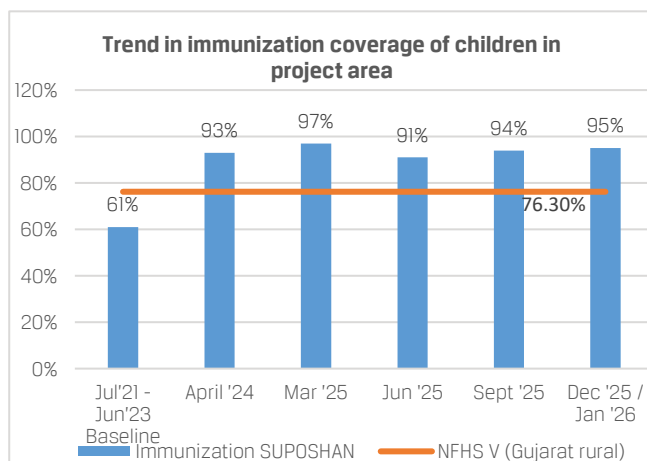
Component 2: Child health- Reducing malnutrition & improving immunization rates

A. Significant reduction in malnutrition: The program has put in place a robust monthly growth monitoring mechanism to identify and track moderately and severely malnourished children. Such children are provided with monthly checkup by paediatrician, prescribed dose of IFA, multi-vitamin, counseling to care giver on nutrition and hygiene, home visit for parental counseling, ensure that take home ration is collected and consumed, recipe demonstration (including millet snacks) to care givers, support POSHAN Vatika(kitchen garden) and referral to Nutrition Rehabilitation Center (NRC) at the Community Health Centre (CHC). Malnutrition levels(under weight) have shown a steady decline to 22% which is much lower than the Gujarat rural average(43%), and district average (Panchmahal rural - 52%, Vadodara rural- 36%).



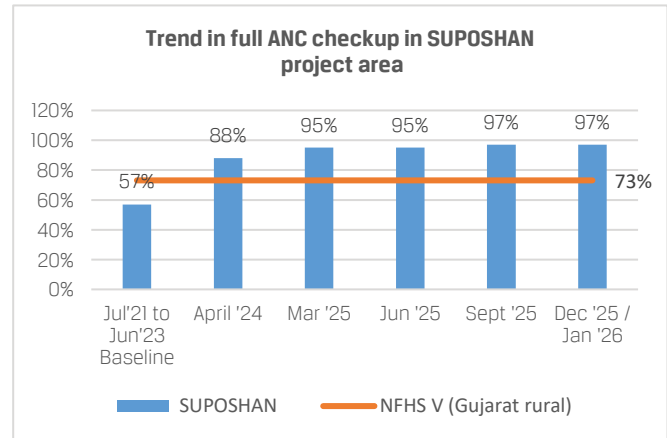
Another important input towards reducing malnutrition has been the effort by the project staff to improve **children's attendance at project ICDS centers**. Presence in the ICDS center ensures that a large number of children are benefitting from services provided including the child partaking of nutritious breakfast and lunch, as well as jaggery and gram, supported by ACSRF. Attendance has improved from 50% at baseline (Jun 21-Jun 23) to 87% as of Jan 26.

B. Immunization rates have improved: This has been made possible by regular preparation of the due list, home visits by SUPOSHAN facilitators to ensure attendance at Mamta Diwas vaccination camps, and counseling caregivers on the immunization schedule and its importance. The immunization rate (95%) of children in project villages is much higher than the state average (76%), and district average (Panchmahal rural - 74%, Vadodara rural - 78%).

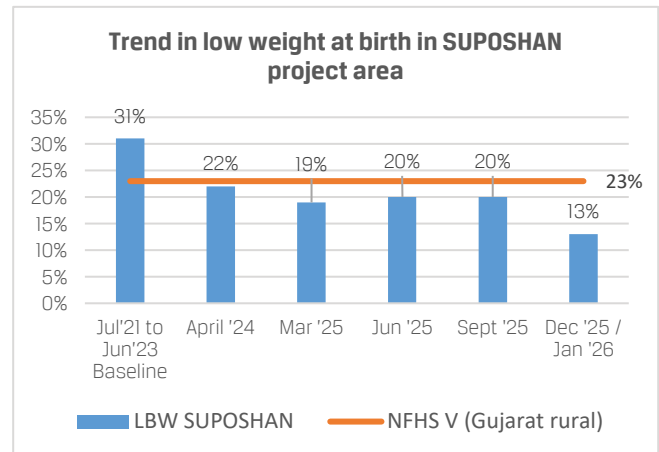


Component 3: Women health- Pregnant & lactating women

A. ANC rates have improved and sustained: The project has been able to ensure early registration of pregnancy, organized bi-monthly checkups of pregnant women by a gynecologist, providing protein mix, IFA tablets, and counseling on effective pregnancy care. Regular tracking and follow-up by SUPOSHAN staff ensure that ANCs are not missed. Full ANC in the project area (97%) is significantly higher than the Gujarat rural average (73%), and district average (Panchmahal rural - 56%, Vadodara rural - 70%).



B. Incidence of Low Birth Weight (LBW) has declined: Outcome of regular ANC, appropriate medication and supplements, pregnancy care, and nutritional advice has led to a significant decline in Low Birth Weight at birth. The project has effectively countered the causes of LBW, namely maternal anemia, low maternal BMI (<18.5), and lack of iron supplementation. The LBW rate (13%) in project villages is much lower than the state average (23%), and district average (Panchmahal rural - 23.5%, Vadodara rural - 18%).



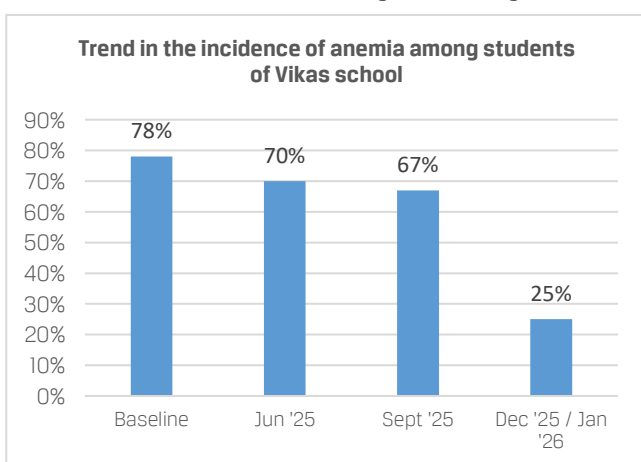
Component 4: Health Awareness in Schools

A. Students displayed a high degree of awareness and adoption of desired health behavior: SUPOSHAN project staff regularly conduct health awareness sessions in project schools. A sample of students at Vikas School (Panelav) was surveyed regarding their knowledge and adoption of handwashing and menstrual hygiene. The results demonstrate that a vast majority of the students are aware of the critical moments for handwash (93%), understand the importance of hand washing (100%), know of the recommended duration of 40-60 secs to properly wash hands with soap and water (90%), know of the risk of disease if hands not washed, and could demonstrate the World Health Organization (WHO) recommended 6-step hand

hygiene technique(86%). Students surveyed on menstrual hygiene reported that all (100%) used sanitary pads, including 26% of the sample who transitioned to them after attending the awareness program.

Component 5: Anemia control among adolescent school students

A. Substantial reduction in the incidence of anemia: Targeted anemia control among adolescents is being done at Vikas School (IX-XII). Anemic students were identified, and a daily dose of the recommended IFA tablet was provided under observation. From a baseline incidence of 78%, the incidence has dropped to 25% over a one-year project period. The project introduced significant innovations not typically seen in similar projects. Processes were drawn up in which the entire class of around 40 students would be administered IFA in under 10 minutes, so as not to encroach upon the school's academic timetable. Students from each class have been appointed as Anemia monitors to assist the SUPOSHAN staff in IFA administration and maintaining the tracking record.



B. Going beyond iron deficiency: Children with underlying causes of low Hb beyond iron nutritional deficiency (sickle cell, B12 or D3 deficiency, or other underlying physiological issues) were identified, and a management process was initiated.

Conformance with the DAC Assessment Framework

The **SUPOSHAN** project scores high on **coherence**, as it bridges gaps in the state-run maternal and child health programs. The project complies with the Alembic CSR policy (sec. 6.1.ii,f). The **relevance** of the project stems from the fact that poor nutrition and health status have been a bane in the project area, with some indicators dipping below district averages. In terms of **effectiveness**, the project demonstrates strong performance, substantially meeting all its key objectives. The **sustainability** of the project's significant gains is a concern, given that there are no institutional mechanisms to sustain them once ACSRF exits.

The **suggestions** include: (i) Lower the attrition of SUPOSHAN field staff which is around 20% at present, (ii) Provide nutrition kit to low weight pregnant women (Pre-pregnancy BMI < 18.5) for entire duration of pregnancy, (iii) With health camp duration reduced to once in two months, give protein powder sufficient for two month duration so it lasts till the next health camp, where it is replenished, (iv) Training of ICDS workers further strengthened, (v) Introduce pre-school assessment to track school readiness, (vi) Strengthen the Lok Sahamati initiative to encourage community contribution to ICDS centres, (vii) Reinforce Piagetian task of number conservation in ICDS pre-school class and introduce English alphabets.

3.2 Quality and Free Education- VIKAS School

Vikas School is a free Gujarati-medium secondary and higher secondary school run by the Alembic CSR Foundation at the Panelav campus in Panchmahal district, Gujarat. The school provides education from classes IX to XII and currently serves over 300 underprivileged children, mainly from nearby rural communities. Its core focus is on delivering quality education, especially by making secondary schooling accessible to rural youth, especially girls and students from marginalized groups, and by opening pathways to higher studies or employment.

1. Learning outcome comparable to regional and state benchmarks, but there is scope for improvement: To assess the adequacy of learning outcomes of Vikas School students, the PARAKH assessment tool¹ developed by NCERT was administered by the assessment team to X-grade students in Vikas School (experiment group) and Karkhadi High School (control group). An inter-school comparison was conducted, along with comparisons with state and national benchmarks.

	Vikas School (Control)	Karkhadi High (Experiment)	Gujarat Parakh Rural	India Parakh Rural	Punjab Parakh Rural
Gujarati	57%	50%	47%	51%	72%
Math	40%	49%	30%	36%	56%
Social Science	46%	46%	36%	39%	56%
Science	34%	38%	36%	39%	58%

Punjab scored the best in PARAKH IX test-2024. The language test for Punjab was in Gurmukhi.

Vikas School fares better than the control school in language and is at par in social sciences. However, its performance is slightly lower in math and science. The school rates well against state and national benchmarks (except in Science), but falls short of Punjab in all subjects, which is the best-performing state in the PARAKH-2024 assessment conducted by the NCERT. In a nutshell, while the learning outcomes of Vikas school students are largely satisfactory, there remains significant scope for improvement, especially in math and science.

2. The Vikas school is well aligned with the requirements of the National Education Policy 2020 : The Assessment used the School Quality Assessment and Assurance Framework (SQAAF)² to test the fit of Vikas school with the NEP 2020 across four core domains - **Administration** (leadership, governance and management practices of a school), **Curriculum & Pedagogy** (school's curriculum alignment with national standards), **Assessment** (assessment practices, covering both academic and non-academic evaluations), and **Infrastructure** (school's physical and technological resources)³. **At an aggregate level, Vikas school scores an impressive 68%, indicating significant conformance with the**

¹ PARAKH Rashtriya Sarvekshan (formerly NAS): A nationwide survey (last held Dec 4, 2024) evaluating students in Grades 3, 6, and 9 across subjects like Language, Mathematics, Social Science and Science.

² The School Quality Assessment and Assurance Framework (SQAAF) is a comprehensive set of standards developed by the NCERT to foster institutional excellence and continuous improvement in schools. Aligned with the National Education Policy (NEP) 2020, it shifts the focus from traditional inspection to evidence-based self-evaluation.

³ The school was scored against 255 parameters, to arrive at domain specific and aggregate score

requirements of the New Education Policy (NEP) 2024 for secondary school education. The school scores very high in the administration and infrastructure domains. The scores for the Assessment and Curriculum & Pedagogy domains are relatively low, indicating that, while overall performance is impressive, there remain areas for improvement.

SQAFF Domain ratings for Vikas School	
Domain	Score (in %age)
Administration	82%
Curriculum & Pedagogy	64%
Assessment	55%
Infrastructure	72%
Aggregate	68%

The scoring of each parameter under SQAFF and the justification for the same is given in detail in the main report.

Some of the areas where Vikas school can consider improvement to better its SQAFF score include - (i) Communication and Stakeholder Engagement, (ii) Student-Centered Learning Approaches, (iii) Multidisciplinary and Interdisciplinary Learning, (iv) Professional Engagement and External Expertise, (v) Holistic Progress Cards (HPC), (vi) Library Usage and Learning Resources, (vii) Laboratory usage, and (viii) Competency-Based Assessment in alignment with National Curriculum Framework (NCF).

Conformance with the DAC Assessment Framework
The VIKAS SCHOOL scores high on **coherence**, as it aligns with the national imperative to provide quality secondary education. The initiative aligns with the Alembic CSR policy (sec. 6.1.iii.g). The project scores well on **relevance** criteria, as it addresses gaps in secondary school infrastructure in the host community, especially for girls and students from marginalized groups, opening pathways to higher education or employment. The school scores moderate in terms of **effectiveness** primarily because of mixed learning outcomes. Students fare relatively well in language and social science, while there remains scope for substantial improvement in math and science. The school scores high on **efficiency** given its impressive score (68%) under the SQAAF, an indicator that it is in substantial conformance with the expectation of New Education Policy (NEP) 2024 for secondary school education. The school rates highly in **sustainability**, given its reputation for providing affordable, wholesome education, a fact reiterated by students and parents. This will help maintain a steady flow of admission seekers.
 The **suggestions** include: (i) The school needs to make a concerted effort to improve science and math teaching, and (ii) plug the gaps that have got highlighted under the SQAAF assessment, further aligning the school with the NEP 2024.

3.3 DIRECT FAMILY EMPOWERMENT

Direct Family Empowerment relies on strategies and interventions that shift control, resources, and decision-making power directly into the hands of vulnerable family units so that they can take better care of their children. Implemented by SoS Children's villages, the project has three drivers - (i) Direct Conditional Cash Transfers for supporting livelihood of caregivers and organising them into SHGs.

(ii) Education support to school children through tuition classes, (iii) Develop capacities for strong social support systems for children and families. Implemented in two slum clusters of Vadodara (Kalyan Nagar) and Kapurai, the project benefits 300 caregivers and 500 children.

Component 1: Conditional cash transfer/formation of SHGs

Based on the primary survey⁴ of a sample of IGA beneficiaries, there appears to be a significant improvement in the earnings of the beneficiary households.

1. Substantial amounts have been infused in the community:

The total money infused in the community through IGA support is Rs. 24,75,000 (on average, 165 beneficiaries received IGA support of Rs. 15000).

2. Improvement in beneficiary household income:

There has been an increase of about 49% in household income of the sampled beneficiaries,

Impact on income of IGA households		
	Monthly income of beneficiary hh (n=101)	%age increase
Baseline (June 2024)	Rs. 6.475	
Midline (Jan 2026)	Rs. 12.836	
Increase in income	Rs. 6,091	49% increase in income

Source Primary Survey

3. High return on investment: The annualized RoI on the grant provided to IGA beneficiaries is 262%.

4. A wide variety of vocations supported: The project has supported income-generation activities across a wide range of vocations, an indicator that the funding has been provided in line with the felt needs and abilities of the beneficiaries, rather than restricted to handpicked, low-risk options.

5. Shifted a number of beneficiaries from being home makers to self employed: About 30% of the women funded through IGA were previously home-makers and now have an independent vocation.

6. Increase in savings: As of date, 90% of the caregivers are members of the seventeen SHGs set up under the project. The members save regularly, ranging from Rs. 100 to Rs. 200 per month. This form of micro-saving was not prevalent, since there was no institutional mechanism available.

7. The SHG groups have accumulated significant corpus: As of date, each SHG on average has Rs. 1.2 lakhs in corpus.

8. Availability of support group: Beyond finance, SHG members offer social support, resolving conflicts through mutual dialogue, sharing burdens, and providing a safety net during crises.

Component 2: Education support through tuition classes

1. After school tuition classes can deliver better: The project provides after-school tuition classes for primary and middle school students and subsidizes tuition fees at commercial tuition institutes for secondary and senior secondary students. The assessment of students' learning outcomes was conducted using PARAKH (NCERT) and ASER tools.

⁴ A survey of a sample of 101 beneficiaries (of a total of 165 beneficiaries supported under IGA as on date) . The survey was conducted in last week of Jan 2026. The beneficiaries included in the survey have got the IGA benefit about 1 year to 8 month prior from the date of the survey. The survey was conducted by SoS field staff.

1.A Secondary and Middle classes- there is significant

scope for improvement: As a rule of thumb, the PARAKH test guidelines state that an aggregate score below 50% indicates learning gaps. In both middle and secondary classes, the students scored below the cutoff and also lower than most of the state and national benchmarks.

Grade IX-X: Performance of project beneficiary students in PARAKH Test					
	Project	Gujarat Parakh Agg	Gujarat Parakh Urban	National Agg	Punjab Agg#
Vernacular	41%	50%	55%	54%	69%
Math	40%	32%	35%	37%	52%
Social Science	32%	37%	41%	40%	52%
Science	27%	38%	42%	40%	54%

(#) Punjab is the best performing state in PARAKH 2024 for middle grades

Grade VI-VIII: Performance of project beneficiary students in PARAKH Test					
	Project	Gujarat Parakh Agg	Gujarat Parakh Urban	National Agg	(Kerala Agg)#
Vernacular	35%	51%	53%	57%	76%
Math	35%	40%	42%	46%	60%
World Around Us	33%	45%	47%	49%	66%

(#) Kerala is the best performing state in PARAKH 2024 for middle grades

1.B. Primary classes (III-IV)- Scope for improvement : The FLN test scores, obtained using a modified ASER tool, reveal that significant work is needed to strengthen language and higher-order numeracy skills, such as multiplication and division.

2. Eye testing camps organised and children with vision issues corrected enabling proficient academic pursuit:

The project organized an eye-testing camp at both project locations, where 333 children were tested; 41 were identified with refractive errors, and spectacles were provided.

Component 3: Develop capacities for strong social support

1. Bal Sansad established and operational: In each of the project habitation clusters, a twenty-member Bal Sansad (student club) has been established. The groups meet once a month and take up cleaning drives, plant watering, organizing children's competitions in the community, and doing legwork for project animators as required, amongst other activities. Bal Sansad was found to be a good mechanism for children to support the project and also cultivates leadership skills, curiosity, and the ability to solve problems systematically within their local community.

2. Beneficiaries could recall behavioral change and social impact messaging under the project: The project has organized several capacity building sessions, including (i) awareness on parenting skills, (ii) child safeguarding, (iii) child marriage, (iv) child rights, (v) leadership skills, (vi) domestic violence, etc. The beneficiaries could relate to the assessment team the key learnings from these sessions.

Conformance with the DAC Assessment Framework

The **DIRECT FAMILY EMPOWERMENT** project aligns with India's policy shift from a welfare-based model to women-led development and family-strengthening frameworks. The project focuses on the "female caregiver" as a primary vehicle for uplifting the entire family unit. Given this context, the project scores high in **coherence**. The initiative conforms with the Alembic CSR policy (sec. 6.1.iii.c). The target slum community is characterized by low income, reduced human capital, low earning potential, and is prone to natural calamities, resulting in an economic condition termed by economists as the 'vicious cycle of poverty'. Breaking the cycle typically requires significant external intervention. The Direct Family Empowerment project provides beneficiaries with the necessary financial and human resources to break the poverty cycle and is therefore scored high on the **relevance** criteria. The project is rated moderate for **effectiveness**. While the livelihood and capacity for strong social support components have performed exceedingly well, the education component of the project could have done better. The project is scored highly on **sustainability** since it has helped create viable community institutions (Self-Help Groups) built on transparent leadership, financial discipline (regular savings/internal lending), an impressive corpus, and strong community trust.

The **suggestions** include: (i) Linking the project SHGs with Gujarat Urban Livelihood Mission (GULM) and Gujarat Livelihood Promotion Company (GLPC), (ii) Capacity building towards micro-entrepreneurship, and (iii) Strengthening tuition classes.

3.4 SUPPORT TO SPECIALISED ADOPTION AGENCY (SAA)

ACS RF supports a safe and nurturing home for abandoned children, below the age of six. Located in Vadodara, the agency is operated in partnership with the Gujarat State Child Protection Society. The adoption center operates under the Juvenile Justice (Care and Protection of Children) Act and the Adoption Regulation Act to care for children in need and facilitate their adoption into stable families. Currently, the facility provides care to 12 children. ACS RF assistance is in the form of additional staffing, material support (food, educational materials, etc.), maintenance of infrastructure and physical facilities, logistics (including transport), and a performance incentive for government-contracted staff running the SAA.

1. The additional staff provided to SAA has enabled improved services to the children: ACS RF has provided five additional staff - Ayah (1 no.), Cook (1 no.), Sweeper (1 no.), Peon cum Security (1 no.), Tuition teacher (1 no.). The existing staff of six ayahs, who are the primary caregivers to the children 24 x 7 across three shifts, are also expected to clean, cook, teach, and provide "motherly" care for infants and toddlers. Overburdening the ayah can lead to children being left unattended, increasing risks of accidents, inadequate feeding, or missing medical warning signs. The enhanced staffing helps the Ayahs concentrate on caregiving.

2. Material, maintenance, and logistical support ensure comfort and safety for children and caregivers: The maintenance grant provided by the government to the SAA is Rs. 2,500 per child per month. This grant is intended to cover basic needs, including food, clothing, medicine, and day-to-day expenses for children living within these institutions. The grant is often not enough to entirely cover for special diets

of babies/toddlers, baby food, fruits, toiletries, medical tests, medicine not available at government hospital, specialised medical consultation, school uniform, school transport, books, attendant if a child is hospitalised, emergency medical transport, repair of critical infrastructure like washing machine, RO water filter and electrical fitting etc. The support from ACSRF bridges this gap.

3. Performance incentive to staff: The government staff at the SAA are contractual and paid in accordance with the norms of Mission Vatsalya, the umbrella scheme of the Government of India dedicated to the protection, welfare, and holistic development of children. Given that the salaries of SAA staff are low⁵ ACSRF provides a performance incentive to all government staff, amounting to around 15% of salary.

4. Improvement in nutrition status of children: The Height and Weight of every child at SAA is regularly monitored. Almost all children have shown improvement in their Weight-for-height z-score (WHZ). In 2025-26, of the ten children identified malnourished at the time they were on-boarded at the SAA, seven have shown improvement in their WHZ score.

Conformance with the DAC Assessment Framework

Support to **SPECIALIZED ADOPTION AGENCY (SAA)** helps the SAA comply with the requirements under the Juvenile Justice (Care and Protection of Children) Act, 2015 (amended in 2021), and the Adoption Regulations, 2022. These policies mandate that only government-recognized Specialized Adoption Agencies (SAAs) can process legal adoptions and are responsible for the child's physical, emotional, and psychological well-being, preparing them for family life, and conducting post-adoption follow-ups. The initiative aligns with the Alembic CSR policy (sec. 6.1.iii.L). The alignment of the project with the national policy on adoption makes the project rank high on **coherence**. The project is rated high on the **relevance** criteria since it supplements the inadequate maintenance grant provided to SAAs (@ Rs. 2,500 per child per month) and augments the insufficient staffing. The project scores high on **effectiveness**, as it contributes positively to creating an enabling environment through financial and human resource contributions. The support is flexible and not tied to pre-decided expense heads. In addition the maintenance and logistics support is prompt through dedicated vendors appointed by ACSRF. These elements contribute to the project's **efficiency**. The **sustainability** of the project is reflected in its ability to facilitate a quality care environment, which leads to successful adoptions. Post-adoption tracking of children from SAA Vadodara confirms this success. .

3.5 BLOOD TRANSFUSION PROGRAMME

Free Blood Transfusion Centre established in collaboration with Bhailal Amin General Hospital (BAGH) in Vadodara, Gujarat, primarily to support Thalassemia Major patients who require regular blood transfusions as part of their treatment. Launched on World Thalassemia Day in 2017, the centre provides a range of free services including medical consultations, monthly and quarterly tests, donor arrangements, and blood transfusions for those in need.. Currently 51 patients are supported.

⁵ As of April 2026, minimum wages in Vadodara (Zone I/II) range from approximately Rs.13,039 to Rs.13,585 per month for unskilled to semi-skilled, An ayah at SAA is paid Rs.11,350/- per month

1. Blood availability assured: The Blood Transfusion Center uses a prior-appointment system to ensure blood is ready upon arrival of the patient. This reliability is vital for patients who require transfusions every 15–20 days, as it eliminates the common burdens of finding replacement donors or of inventory delays..

2. Blood quality rated very good: The use of advanced filtration and leukocyte-depleted blood bags has eliminated common complications, such as fever and infections, reported at other facilities.

3. Significant saving of time: Service is available 6 days a week which is not the case at some of the other alternate facilities. Further, the average time required for the entire process is around 4-5 hours at the Alembic facility, compared to 1-2 days at large tertiary hospitals.

4. Six month checkup as per guidelines done and report is provided free of cost: Based on standard guidelines for the management of transfusion-dependent thalassemia (TDT), a 6-month review to track treatment efficacy, manage iron overload, and address complications is recommended. The Alembic supported Blood Transfusion Center at Bhailal Amin Hospital is the only facility in Vadodara that mandates a 6-month checkup, and it is free of cost..

5. Trained and experienced staff improve efficiency of the procedure: Unlike at the Alembic supported Blood Transfusion Center at Bhailal Amin Hospital, in government hospitals, an intern doctor/nurse may assist in the procedure. Beneficiaries reported instances in which inexperienced hands performed 3-4 vein punctures for transfusion.

6. Cost savings: While blood availability to thalassemia patients from government or private blood banks is free, private hospitals charge up to Rs 1000 per transfusion. This adds to a substantial amount for those requiring frequent transfusions.

7. Blood collection camps organised: To replenish the blood bank at Bhailal Amin Hospital, which supplies blood for transfusion to beneficiaries, ACSRF organizes monthly blood donation camps at Alembic units, making the operations sustainable.

Conformance with the DAC Assessment Framework

The **BLOOD TRANSFUSION CENTER** at Bhailal Amin Hospital demonstrates high **coherence** and **relevance** by aligning with India's Thalassemia Control Program and Alembic's CSR policy to address Gujarat's high carrier rate (5–10%). The initiative aligns with the Alembic CSR policy (sec. 6.1.ii.f). The project scores high on **efficiency** given it leverages tertiary hospital expertise, highly sophisticated blood bank, the use of the latest technology, trained personnel, and adherence to guidelines for the management of transfusion-dependent thalassemia (TDT), thereby minimizing post-transfusion complications. In terms of **efficiency**, the project provides a dedicated coordinator at the transfusion facility and backup for responding to any transfusion reaction episodes. The monthly blood donation camps organised under the project by ACSRF helps replenish the blood bank and contributes to the **sustainability** of the project.

It is **suggested** that the project may transition from management to curative care by facilitating collaborations for HLA testing and Bone Marrow Transplants (BMT). It is also recommended that the project consider supporting blood stem cell donor registries through HLA typing sponsorship, organizing donor drives, and conducting awareness campaigns.

3.6 GROUP FOSTER CARE

For over three years, the Alembic CSR Foundation has operated a Group Foster Care home in Vadodara, with capacity to support 21 boys. By utilizing 'The Teaching-Family Model (TFM)', the initiative moves away from traditional institutionalization to provide a stable, family-like environment where children feel a genuine sense of belonging. The program focuses on holistic development, ensuring each child receives personalized care alongside high-quality education, nutrition, healthcare, and diverse extracurricular opportunities.

1. Very high satisfaction rates among children: Children were unanimous about the good quality care provided. Unlike typical institutional dormitories, the facility offers semi-private 2-3 seater rooms and prioritizes academic excellence by enrolling children in private schools supplemented by after-school tutoring. The center avoids a rigid, regimented atmosphere, instead fostering personal growth through specialist agency support and a high quality of life that includes quality and variety in dining, individual birthday celebrations, and regular recreational outings to malls, cinema or theme parks. These unique features collectively offer a level of individualized attention and exposure rarely found in analogous facilities.

2. There is scope for improvement in the learning outcomes of Group Foster Care children in middle and secondary grades: The foster home provides schooling and tuition facilities to the students. The assessment of the learning outcomes of the children was done using the PARAKH and ASER tools.

- **IX-X : Poor Performance-** The aggregate project student score for vernacular (39%), math (32%), social science (38%), and science (23%) is below the Gujarat aggregate PARAKH-2024 score.
- **VI-VIII: Poor Performance-**The aggregate project student score for vernacular (36%), Math (27%), and General awareness (34%), is below the Gujarat aggregate PARAKH-2024 scores.
- **FLN (IV-V): Good Performance:** More than 85% of the children could read a class II text, while the corresponding figure for ASER is 42%. In numeracy, almost all the children can add, subtract, and multiply single digits. They have moderate skills in double-digit subtraction (60%) and relatively less proficiency in double-digit multiplication (20%), single-digit (40%), and double-digit division (20%). The children are well equipped with FLN skills, with reinforcement required in higher-order multiplication and division.

3. The facilities and infrastructure largely conforms with the 'Fit Facility' norm: The specifications for group foster care facilities are primarily governed by the Gujarat Juvenile Justice (Care and Protection of Children) Rules, 2019, and the national Mission Vatsalya guidelines. Except for the availability of a library and a designated counseling room, the Alembic Group Foster care home meets all other requirements.

Conformance with the DAC Assessment Framework

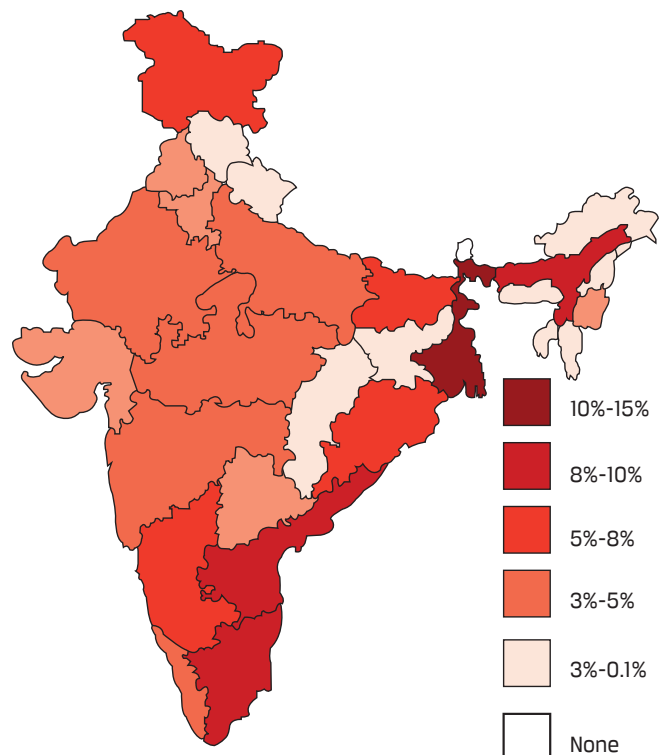
The **GROUP FOSTER CARE HOME** gets a high **coherence** score given that it is a 'Fit Facility' nested in the guidelines of the Juvenile Justice (Care and Protection of Children) Act, 2015 (amended 2021), and the Model Foster Care Guidelines, 2024. The initiative aligns with the Alembic CSR policy (sec. 6.1.iii.L). Over 3600 children are in institutional care in Gujarat, a minuscule number of whom stay in non-institutional care (group foster care). The project addresses this gap and has therefore received a high **relevance** score. The children residing at the Group Foster Home rated the care environment as excellent, resulting in a high **effectiveness** rating. The facility meets almost all the criteria for a 'Fit Facility' as per government standards and was highly rated for **efficiency**. A high **sustainability** rating is characterized by low staff turnover, which ensures continuity of care and zero runaway incidents, a significant occurrence at the Child Care Institutions (CCIs) in India.

The **suggestions** include : (i) Maintaining a library and subscribing to a newspaper to improve general awareness and inculcate reading habit, and (ii) Have a mechanism for aftercare- the transitional support and services provided to "care leavers"—young adults (18 years+), who are aging out of the group foster care home.

3.7 DISTRIBUTION OF MEDICAL BOOKS

Medical books were distributed to medical college libraries and health institutions. The initiative is designed to provide the latest medical know-how to medical students, doctors, and medical college faculty.

1. National Footprint: A total of 1428 medical books were distributed to medical colleges across all states(except Sikkim) in the country. The highest recipients of the books was West Bengal (13%), followed by Assam (9%) and Andhra Pradesh (8%).



2. A wide spectrum of medical specialties covered: The books distributed to medical college libraries spanned more than 20 medical specialties. Cardiology accounted for 32% of the total books distributed, followed by medicine (31%). The titles that were requested the most include the following

Titles most requested by medical college libraries		
S.No.	Title	Nos.
1	Harrison's Principles of Internal Medicine Latest Edition	212
2	Braunwald's Heart Disease, 2 Vol Set	117
3	Current Medical Diagnosis & Treatment 2024	76
4	Sleisenger And Fordtran's Gastrointestinal And Liver Disease- 2 Volume Set	63
5	Campbell-Walsh-Wein Urology, 13th Edition	37
6	William text book of Endocrinology	37
7	Davidson's Principles and Practice of Medicine	36
8	Clinical Advances In Gastrointestinal Endoscopy	34
9	API Textbook of Medicine (2 Volumes)	31
10	Hinman's Atlas of Urologic Surgery	26

3. A large number of medical colleges were covered: Approximately 275 institutions received medical books.

Conformance with the DAC Assessment Framework

The **DISTRIBUTION OF MEDICAL BOOKS** conforms with the recommendation of the National Education Policy (NEP) 2024 of transforming higher education libraries into knowledge hubs. The project strengthens the medical college libraries by infusing knowledge resources through the distribution of latest medical book editions. This is reflected in the project's high **coherence** score. The initiative aligns with the Alembic CSR policy (sec. 6.1.iii.g). Medical libraries in India face a critical shortage of physical books and current editions, largely due to rising costs and budgetary constraints. Many students find that libraries lack enough copies of standard textbooks. The project addresses this issue and is therefore rated high on **relevance**. The project has a national footprint, has reached more than 275 medical colleges/institutions, covered more than 20 medical specialties and distributed 1428 books. These characteristics give the project a high **effectiveness** score. The selection of the titles was demand-driven, depending on the list provided by specialists and the head of the department of medical colleges. Alembic Pharmaceuticals' marketing team leveraged its reach to approach medical institutions nationwide. The **efficiency** of the process ensured relevant titles are selected and a large number of medical colleges are reached. The project is **sustainable** in its impact given the books distributed are placed in medical college/hospital libraries, thereby serving a large number of students and faculty until new editions become available.

It is **suggested** that the project track the books distributed by International Standard Book Number (ISBN). Currently, the record of books distributed is maintained by title and author, making tracking, inventory management, and distribution difficult. In addition, the project may consider providing electronic resources (e-books, online journals, databases) and minimize the physical distribution of books. This would be in line with the trend in medical college libraries toward a transition from physical, print-heavy collections to 'digital-first' resource-sharing models.





Alembic

CSR FOUNDATION

1st Floor, Marketing Building
c/o Shreno Limited (Glass division)
Gorwa, Vadodara- 390003
alembic.foundation@alembic.co.in