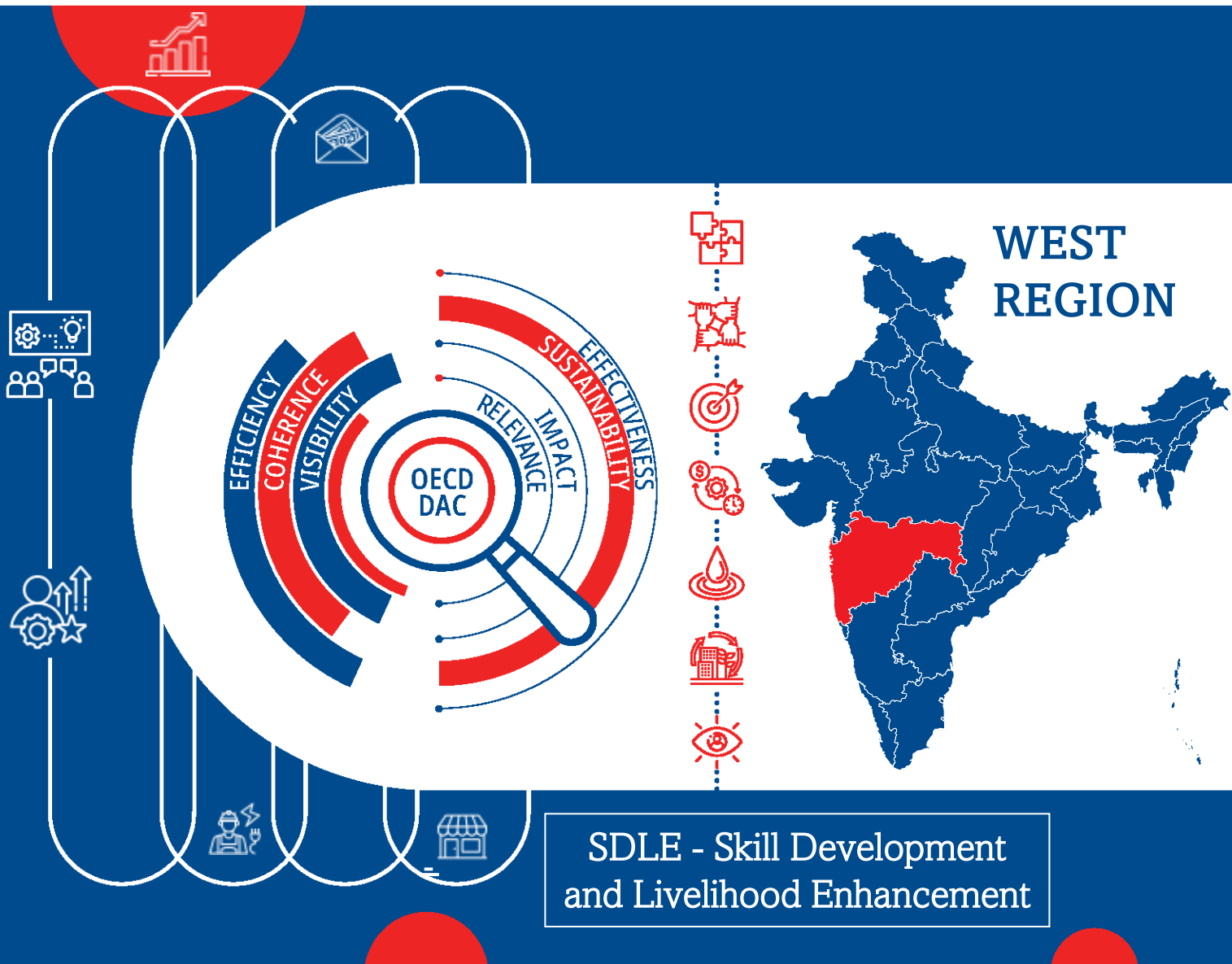




IMPACT ASSESSMENT REPORT

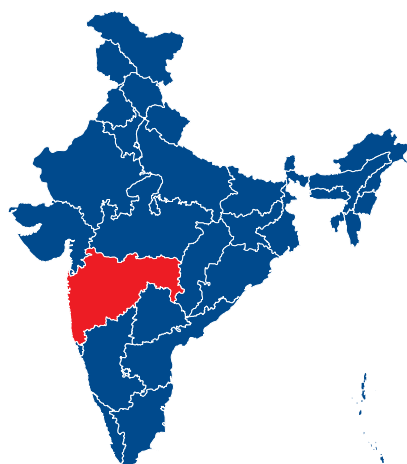
Towards A Better Tomorrow

FY 2025-26
(DECEMBER)

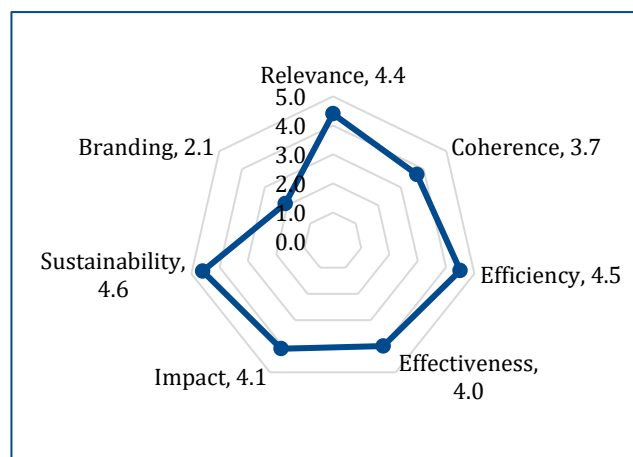
Submitted By

1. Project Summary

Brief Project Profile



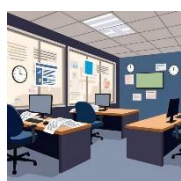
Project Code: P0459
Implementing Agency: AILSG
Location: Mumbai
Region: West
Implementation Period: Oct 2021 – Sept 2024
Theme: Skilling for Youth
Key Sectors: Patient Care Assistant and Child Care, DTP and Digital Marketing



4.1

Overall Project Score
Good

Impact and Key Evidence of Change



46.7%

transitioned into economic activity



69%

of employed youth earned ₹10K+ per month



77.7%

reported moderate-to-high confidence



68.2%

reported industry exposure



64%

indicated increased employment & income



46.7%

regular- or self-employment



₹12K

monthly median income



7.9%

drop-out rate

What Worked Well and What Did Not

Worked Well

- Six-month PCA training with hospital exposure strengthened employability.
- Community-based centres improved mobilisation and attendance.
- DTP skills enabled freelance and business use.

Did Not Worked Well

- Initial centre location constrained mobilisation.
- Communication skills gaps in healthcare trainees.
- Weak entrepreneurship support for DTP.
- Low employer awareness of the funding partner.

Recommendations

- Integrate workplace communication training in healthcare courses
- Create structured entrepreneurship support for DTP trainees.
- Formalise employer feedback during hospital postings.
- Introduce home-care specialisation modules to improve employability.
- Track alumni progression and strengthen employer engagement.

2. Findings

Project Profile

The project was implemented by the **All India Institute of Local Self-Government (AIIILSG)**, a development organisation established in 1926 that works on capacity building and livelihood initiatives for disadvantaged communities across India.

Training under the project covered **Patient Care Assistant and Child Care, along with DTP and Digital Marketing**, preparing youth for entry-level employment and freelance opportunities.

OECD DAC Criteria

Relevance

(4.4)

- Beneficiary need alignment is strong in both trades: PCA responded to post-pandemic urban care demand; DTP aligned with youth interest in design and freelance pathways.
- The programme targeted youth at the appropriate labour market entry stage, with **62.4% of participants aged 21–29**, aligning with early workforce integration.
- Educational profiles indicate suitability for vocational skilling: **40.08% completed 12th standard** and **27.27% were graduates**, supporting uptake of healthcare and digital trades.
- Course entry required explicit counselling for PCA due to the social nature of caregiving tasks, reflecting contextual sensitivity.
- Employer feedback indicates communication skills require reinforcement, suggesting partial but not full workplace alignment.

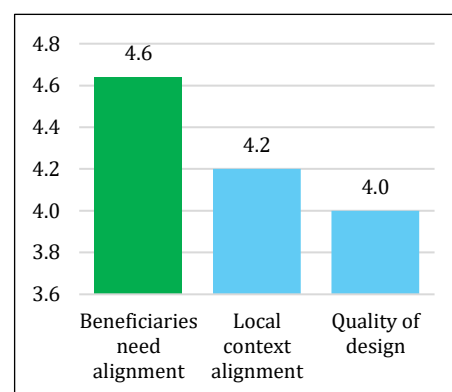


Figure 1: Relevance Indicator Scores

Coherence

(3.7)

- The project remained aligned with HDFC's SDLE mandate, focusing on wage-linked urban employability through PCA and DTP trades without thematic drift.
- By retaining compulsory hospital postings, the programme positioned itself against short-duration alternatives on quality rather than speed, avoiding duplication in the skilling ecosystem.
- While partnerships embedded trainees within existing workforce systems, **formal convergence with public skill programmes remained limited**.

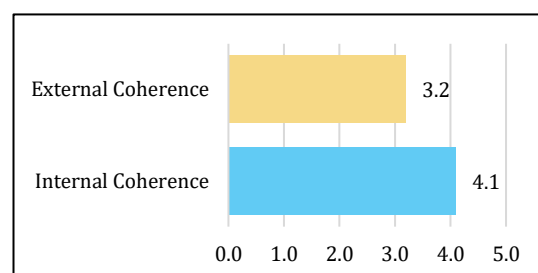


Figure 2: Coherence Indicator Scores

Efficiency

(4.5)

- Mobilisation required sustained community engagement prior to batch formation, reflecting high operational effort but improving enrolment conversion.
- Participation remained concentrated among economically active groups, with over 90% of trainees below 40 years of age, indicating efficient targeting of working-age youth.
- Placement outcomes indicate moderate operational efficiency, with 49.59% of trainees securing employment following programme completion.
- Relocating centres reduced attendance friction and improved retention stability.
- PCA infrastructure (equipment, lab setup, hospital tie-ups) increased cost intensity relative to digital trades.

- Placement coordination was timely due to existing employer networks but absence of structured alumni tracking limits post-placement efficiency monitoring.

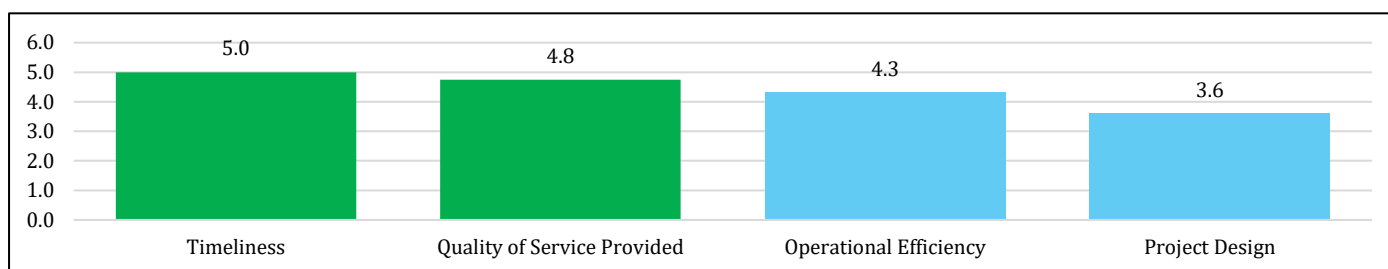


Figure 3: Efficiency Indicator Scores

Effectiveness

(4.0)

- Training outcomes show strong skill acquisition, with **83.06% reporting moderate-to-high gains in knowledge and skills**, including **60.33% reporting high improvement**.
- Hospital supervisors confirmed trainees were able to independently perform BP measurement, oxygen monitoring and nebulisation after posting period.
- Placement support mechanisms included documentation assistance and employer interviews; trainees transitioned smoothly into entry-level roles.
- Differential results observed across gender: female participation significantly higher in PCA trade; mobilisation required family counselling in certain communities.
- Adaptation over time: PCA batches retained after initial mobilisation challenges; centre strategy revised without compromising curriculum quality.

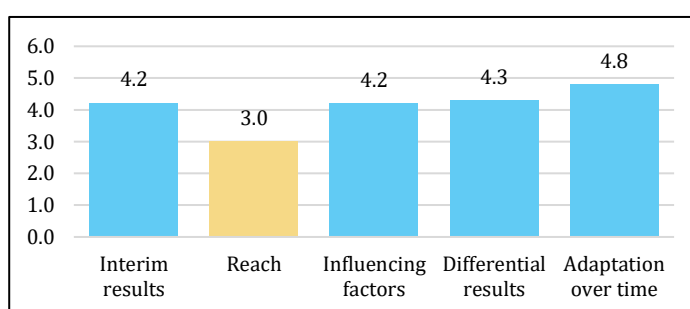


Figure 4: Effectiveness Indicator Scores

Impact

(4.1)

- Certification enabled transition from informal caregiving to recognised healthcare roles.
- 22.12% of employed participants earning ₹20,000 or more per month, indicating upward income mobility among higher-performing trainees.
- Digital trainees applied design skills in freelance assignments and small business support activities, expanding livelihood options beyond traditional wage employment, reflected in contractual (1.65%) and self-employment (2.07%) roles.
- PCA training functioned as a mobility platform for labour market entry, reflected in 42.98% participants securing regular employment.
- Impact depth was strongest at the capability level, with 77.68% reporting moderate-to-high confidence in performing job responsibilities after training.
- No material unintended negative outcomes were reported during the assessment period.

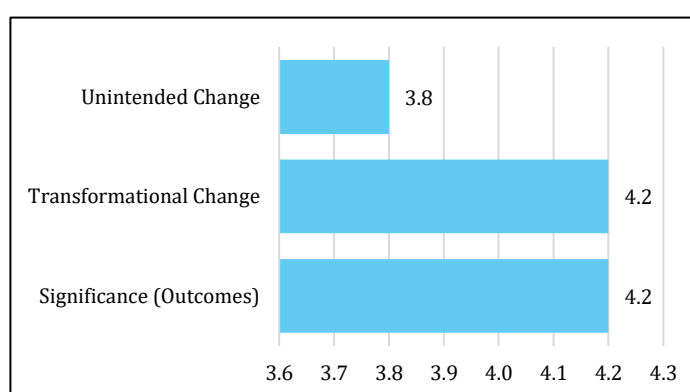


Figure 5: Impact Indicator Scores

Sustainability

(4.6)

- Alumni show willingness to pursue refresher courses, though sustained use of capacity-building inputs remains limited, with 16.12% reporting active or frequent utilisation.
- Entrepreneurship pathways remain weak due to limited access to credit, mentoring, and market linkages.
- Demand for patient care services in Mumbai remains structurally stable, supporting continued relevance of the training model
- With 55.37% reporting no continued utilisation of capacity-building support, long-term sustainability depends on stronger alumni engagement and continued mobilisation efforts.

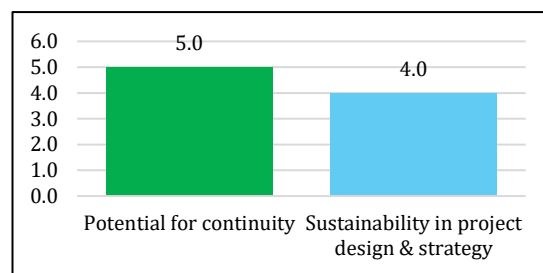


Figure 6: Sustainability Indicator Scores

Branding

(2.1)

- Beneficiary-level awareness of HDFC Parivartan was present within training centres; however, recall did not consistently extend into employment settings; most hospital HR respondents unaware of funding source
- Certification carried value, but HDFC attribution did not translate into employer recognition.
- Branding presence secondary to implementing partner identity in stakeholder recall.

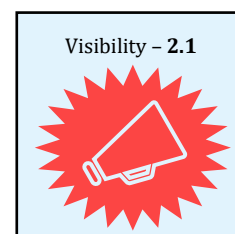


Figure 7: Branding Indicator Scores

Key Impact and Evidence of Change

Access & Infrastructure	Demand Alignment	Inclusion & Participation	Support to Employment & Placement	Support to Entrepreneurship
<ul style="list-style-type: none"> • Centre relocation to community clusters improved accessibility and attendance. • Dedicated equipment and lab setup supported healthcare simulation training. • Broad accessibility across education levels: 63.64% secondary education (10th–12th) and 27.27% graduates. 	<ul style="list-style-type: none"> • Six-month PCA training retained structured depth, despite availability of shorter alternatives. • DTP trainees applied skills in freelance and design-related work, indicating diversified livelihood pathways. 	<ul style="list-style-type: none"> • 75.62% participants came from households earning below ₹4,00,000 annually, indicating reach among lower-income groups. • Strong gender inclusion with 92.56% female participation. • Broad social inclusion: 34.71% SC and 32.64% OBC participants. 	<ul style="list-style-type: none"> • 49.59% secured placement following training. • 42.98% entered regular employment • Employers conducted live competency checks during hiring. • Documentation and interview preparation provided pre-placement. • Certification enabled access to improved and out-of-city roles 	<ul style="list-style-type: none"> • Entrepreneurial potential exists within the cohort, with 21.49% of participants from business-oriented households. • However, formal enterprise outcomes remain limited, with only 2.07% reporting self-employment, indicating scope for stronger entrepreneurship support. • Demand expressed for advanced and refresher modules.

What Worked and What Did Not Work

Retaining the six-month Patient Care Assistant structure, including compulsory hospital posting, preserved practical depth and strengthened employer confidence despite competition from shorter market alternatives.	Initial centralised centre location constrained early mobilisation and required corrective relocation.
Relocating centres into community clusters materially improved mobilisation and attendance stability, particularly for women.	Communication skills among healthcare trainees required strengthening, as indicated by employer feedback.
Advance community mobilisation and counselling (initiated months before batch launch) improved enrolment conversion and reduced dropout risk.	Entrepreneurship pathways in DTP remained informal, with no structured credit or incubation linkage.
Practical assessment by hospital staff (live competency checks) enhanced credibility beyond certificate-based signaling.	Employer-level awareness of the funding partner remained limited.
DTP curriculum translated directly into usable design capability, enabling freelance and small-business application.	

Recommendations and Way Forward

High Priority	Medium Priority	Low Priority
Integrate structured workplace communication training in healthcare trade before placement.	Formalise structured employer feedback during hospital postings.	Establish alumni progression tracking.
Develop a formal entrepreneurship pathway for DTP, including pricing, client acquisition, and funding orientation.	Introduce home-care specialisation modules to strengthen employability and readiness.	Strengthen employer-facing co-branding in placement documentation.

Recommendation Insights



Healthcare skilling uptake is shaped by social acceptance as much as labour demand; scaling such trades will require continued behavioural engagement, not just technical expansion.



Digital skilling produces entry-level income pathways, but without structured enterprise scaffolding, long-term income growth may plateau.



Urban participation is highly sensitive to micro-location; scaling into new geographies must prioritise neighbourhood accessibility over centralised infrastructure.



Employer confidence currently rests on practical validation; any reduction in real-world exposure could weaken labour market absorption.

3. Stories of Change

Certification Enabling Career Progression in Healthcare

Profile: Akkatai Shankar Devrushi | Patient Care Worker | Alumni

Akkatai had over a decade of experience working as a caretaker in hospitals but lacked formal certification. Through the programme, she received structured training in patient care procedures such as monitoring vital signs, handling medical equipment, and infection management. The certification strengthened her professional recognition and helped her transition from a caretaker role to a semi-nursing position with better career prospects.



Even if you have many years of experience, you are valued only when you have a certificate. After this training, my status at work changed.



Using Digital Design Skills to Strengthen a Small Business

Profile: Jaydeep | Wedding Planner and Freelancer | Alumni

Jaydeep enrolled in the graphic design and digital marketing course to strengthen the digital side of his wedding planning business. The training focused on practical projects and tool-based learning, helping him design promotional materials and manage digital marketing for his own work. These skills enabled him to reduce outsourcing costs and manage creative work independently.



I chose this course because I needed these skills for my event management work. Now I can handle designing and digital marketing myself.



4. Annexure

Table 1: OECD DAC Indicators Heat Map

OECD Parameter	Parameter Score	Indicator	Scores
Relevance	4.4	Beneficiaries need alignment	4.6
		Local context alignment	4.2
		Quality of design	4.0
Coherence	3.7	Internal coherence	4.1
		External coherence	3.2
Efficiency	4.5	Timeliness	5.0
		Quality of service provided	4.8
		Operational efficiency	4.3
		Project design	3.6
Effectiveness	4.0	Interim results (outputs & short-term results)	4.2
		Reach (target vs achievement)	3.0
		Influencing factors (enablers & disablers)	4.2
		Differential results (need assessment)	4.3
		Adaptation over time	4.8
Impact	4.1	Significance (outcomes)	4.2
		Transformational change	4.2
		Unintended change	3.8
Sustainability	4.6	Potential for continuity	5.0
		Sustainability in project design & strategy	4.0
Branding*	2.1	Visibility (visible / word of mouth)	2.1

Table 2: Scores Legend

>=4.6	Excellent
3.6 to 4.5	Good
2.6 to 3.5	Moderate
<=2.5	Poor

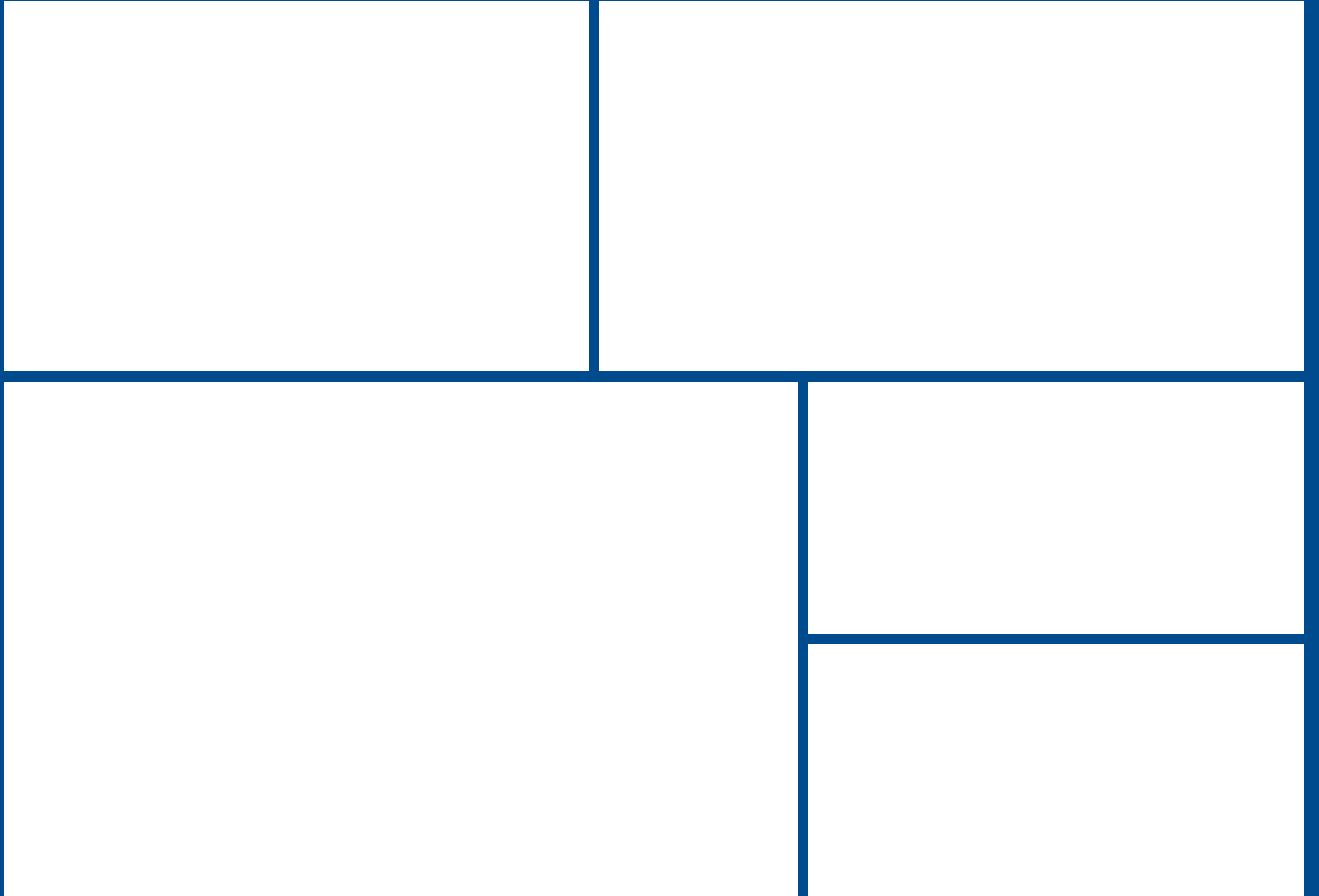
Table 3: Qualitative Data Sample Size

Stakeholder	No. of Interviews
Project Manager	1
NGO SPOC	1
Instructor	1
HR Representatives	2
Placed Alumni	3
Total Interviews	8

Methodology

A cross-sectional, mixed-methods design was adopted to generate robust, triangulated evidence on project relevance, effectiveness, impact, convergence, and sustainability using HDFC Bank CSR's DMS tool and an OECD-DAC-aligned analytical framework contextualized for Parivartan. The design integrates quantitative surveys with qualitative FGDs, IDIs/KIIs, and case studies to quantify outcomes and capture nuanced mechanisms of change across the theme of skilling.

Quantitative Data Sample Size: 242 - The sample was designed to achieve a 95% confidence level with a $\pm 5\%$ margin of error, applying finite population correction (FPC) with an assumed proportion of $p = 0.75$. A total of 242 respondents were selected through simple random sampling to ensure representative coverage of beneficiaries.



PROJECT CODES AND THEIR IMPLEMENTATION PARTNERS

PROJECT CODES	IMPLEMENTATION PARTNER	STATE
<ul style="list-style-type: none">P0459	All India Institute of Local Self-Government (AIILSG)	Maharashtra



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