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Hindalco Industries Limited
One International Center, Tower 4, 21st Floor, Senapati Bapat Marg
Prabhadevi, Mumbai-400013

Date: 6th July 2026

Subject: Final Impact Assessment report of Healthcare Infrastructure CSR Programme for Hindalco Industries Limited (HIL) in units: Renukoot, Renusagar, Lohardaga, Samri and Belagavi

Dear Mr Avijit,

This refers to our [engagement letter/engagement contract] dated 2nd December, 2025 with Hindalco Industries Limited(“you”) (‘the Contract’).

We appreciate the opportunity to assist Hindalco Industries Limited in providing Impact assessment services to Hindalco Industries Limited for their CSR programmes in units: Renukoot, Renusagar, Lohardaga, Samri and Belagavi

This is our final impact assessment report of the project Healthcare Infrastructure CSR Programme supported by HIL. The performance of our Services and the report issued to you pursuant to the Services are based on and subject to the terms of the Contract.

This report is solely for your benefit and information and is not to be referred to in communications with or distributed or disclosed for any purpose to any third party without our prior written consent. We have been engaged by you for the Services and to the fullest extent permitted by law, we will not accept responsibility or liability to any other party in respect of our Services or the report.

It has been our privilege to work with you, and we look forward to continuing our relationship with you.

Yours sincerely


Full Signature
Jignesh Thakkar
Partner – ESG, KPMG India
KPMG Assurance and Consulting Services LLP

Impact Assessment Report

Theme: Healthcare

**Name of Project: Healthcare
Infrastructure Program**

Hindalco Industries Limited

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2026



Notice to readers

- Our report shall be prepared solely for Hindalco Industries Limited. KPMG does not accept or assume any liability, responsibility, or duty of care for any use of or reliance on this report by anyone, other than our Client, to the extent agreed in the Agreement.
- Impact assessment is limited to the projects allocated by Hindalco Industries Limited.
- OECD DAC framework has been used in preparing the report as detailed herein. No professional assurance standards ex. ISAE, SSAE etc. have been applied while preparing this report and accordingly the rigors applicable under such standards are not applicable for the scope covered by our report.
- Procedures, analysis and recommendations, if any, are advisory in nature basis the information collected from various sources both publicly and those provided by the client.
- Our observations represent our understanding and interpretation of the facts based on reporting of beneficiaries and stakeholders.
- Our report, by its very nature, may involve numerous assumptions, inherent risks, and uncertainties, both general and specific. The conclusions drawn shall be based on the information available with us at the time of preparing the report.
- We shall not perform an audit and shall not express an opinion or any other form of assurance. Further, comments in our report are not and shall not be intended, nor should they be interpreted to be legal advice or opinion. Client shall be fully and solely responsible for applying independent judgment, with respect to the findings included in the report, to make appropriate decisions in relation to future course of action, if any. We shall not take responsibility for the consequences resulting from decisions based on information included in the report.
- While information obtained from the public domain or external sources has not been verified for authenticity, accuracy, or completeness, we have obtained information, as far as possible, from sources generally considered to be reliable. However, it must be noted that some of these websites/third party sources may not be updated regularly. We assume no responsibility for the reliability and credibility of such information.
- Our work shall be limited to the specific procedures described in this Engagement Letter and shall be based only on the information and analysis of the data obtained through interviews of beneficiaries supported under the programme, selected as sample respondents and discussions with Hindalco Industries Limited team and stakeholders of the programme. Accordingly, changes in circumstances or information available after the review could affect the findings outlined in our report.
- In no circumstances shall we be liable, for any loss or damage, of whatsoever nature, arising from information material to our work being withheld or concealed from us or misrepresented to us by any person to whom we make information requests.
- In accordance with its policy, KPMG advises that neither it nor any of its partner, director or employee undertakes any responsibility arising in any way whatsoever, to any person other than Client in respect of the matters dealt with in this report, including any errors or omissions therein, arising through negligence or otherwise, howsoever caused.
- In connection with our report or any part thereof, KPMG does not owe duty of care (whether in contract or in tort or under statute or otherwise) to any person or party to whom the report is circulated to and KPMG shall not be liable to any party who uses or relies on this report. KPMG thus disclaims all responsibility or liability for any costs, damages, losses, liabilities, expenses incurred by such third party arising out of or in connection with the report or any part thereof.
- By reading our report, the reader of the report shall be deemed to have accepted the terms mentioned hereinabove.

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Abbreviations

AAY	Antyodaya Anna Yojana
ANM	Auxiliary Nurse Midwife
ASHA	Accredited Social Health Activist
BPL	Below Poverty Line
CHC	Community Health Centre
CSR	Corporate Social Responsibility
DPDP	Digital Personal Data Protection Act
FGD	Focus Group Discussion
IDI	In-Depth Interview
HIL	Hindalco Industries Limited
KII	Key Informant Interview
MO	Medical Officer
NCD	Non- Communicable Diseases
OECD DAC	Organisation for Economic Cooperation and Development - Development Assistance Committee
PHC	Primary Health Centre
ToC	Theory of Change
WaSH	Water, Sanitation and Hygiene
UN-SDG	United Nations - Sustainable Development Goals

About Hindalco Industries Limited

About Hindalco Industries Limited

Hindalco, part of the Aditya Birla Group, ranks among the world’s largest aluminium rolling and recycling companies. It is a global leader in copper and a key player in specialty alumina and hydrates. With a presence in 10 countries and 48 manufacturing facilities, Hindalco is India’s leading copper producer.

Corporate Social Responsibility (CSR) at Hindalco

HIL’s top priority is to empower individuals within our communities and deliver meaningful

value to them. Through their CSR programs, they have positively impacted over 2.5 million lives across India, implementing projects in five key areas: Education, Healthcare, Sustainable Livelihood, Infrastructure Development, and Social Change.



HIL’s CSR Areas

Education

Initiatives work to empower children from economically weaker backgrounds and focus on:

- Pre-school education
- Educational support programme
- Vocational and technical education training
- Adult literacy programme
- School infrastructure development

Healthcare

Improving access to healthcare and building a strong healthcare infrastructure in and around local communities with a focus on:

- Preventive healthcare
- Curative healthcare
- Mother and child-care
- Quality/support programmes
- Healthcare infrastructure

Sustainable Livelihood

Developing interventions that help create sustainable and long-lasting livelihood for the communities with a focus on:

- Vocational trainings
- Trainings on technical skills with a special focus on women and farmers.
- Watershed development & irrigation projects

Infrastructure Development

Facilitating all-round development of communities with a focus on:

- Roads
- Community halls/kitchens
- Sports and recreation centres

Social Change

Countering social evils such as exploitation, inequality and trafficking in remote corners with a focus on:

- Social Welfare, Inclusion & Community Development
- Culture, Heritage & Nation-Building
- Health, Sports, Fitness & Safety

Executive Summary

KPMG has been appointed as an impact evaluation agency by Hindalco Industries Limited to assess the impact of their Healthcare Infrastructure Program. In this report, KPMG India is evaluating the progress of the program across CSR units over the year 2022-23 and understand its relevance, coherence, effectiveness, efficiency, impact, and sustainability.

The study employed a cross-sectional research design utilizing a mixed-method framework for data collection. Quantitative and qualitative data were gathered through surveys and focus group discussions (FGD) during discussions with participants.



Respondents from 12 villages across 4 CSR units were covered under this study



A total of 74 respondents, along with institutional stakeholders, were reached through in-person interactions.



3 IDIs were conducted with medical staff, village sarpanch and AB RTP staff.

Below are the key insights from the impact assessment



91%

Reported improved healthcare service delivery



75%

Respondents reported enhanced patient safety as a key outcome



78%

Reported a reduction in time spent to fetch water



100%

Reported their complete satisfaction with the water purification system



61%

Shared reduced expenditure on healthcare



84%

Mentioned fewer instances of water-borne infections

Executive Summary

OECD DAC Evaluation

The various components/outcomes of the program were evaluated using the OECD DAC criteria, which include relevance, effectiveness, efficiency, impact, and sustainability. The findings of the study are categorized as follows:

OECD-DAC evaluation
framework

Relevance

Highly relevant to underserved communities, where limited healthcare infrastructure and inadequate access to safe drinking water remain key challenges. The programme addresses both healthcare service delivery and WASH-related needs through facility upgrades, sanitation, and water interventions. Outcomes such as 64% improved water access and 91% improved healthcare services validate alignment with community priorities.

Effectiveness

The programme has generated strong outcomes, with 91% reporting improved healthcare service delivery, 64% improved access to potable water, and 84% reporting fewer water-borne infections. However, results vary across units, with Belagavi demonstrating consistently stronger outcomes than Renukoot. Effectiveness is highest where interventions are delivered comprehensively.

Sustainability

The programme has established durable community assets through facility renovation, water systems, and sanitation infrastructure. However, long-term sustainability depends on regular maintenance, water-quality monitoring, and community ownership mechanisms. Strengthened partnerships with local institutions can further enhance sustainability.

Impact

The programme has contributed to improved healthcare access, safer drinking water, lower healthcare expenditure, and improved girls' school attendance. A reduction in water-borne infections reported by 84% of respondents demonstrates meaningful health impact. Impact is strongest in locations where healthcare, sanitation, and water interventions were implemented together.

Efficiency

The programme achieved significant outreach, benefitting over 2.24 lakh individuals through healthcare and water infrastructure interventions. Water-fetch time reduced by 83%, demonstrating efficient conversion of infrastructure investments into user benefits. However, uneven utilisation and outcome achievement across locations indicate opportunities for improved resource optimisation.

Coherence

The programme aligns well with national priorities related to rural healthcare, safe drinking water, and sanitation. It complements initiatives such as Jal Jeevan Mission and public health strengthening efforts. Internal coherence is strongest where water, sanitation, and healthcare infrastructure interventions are implemented in an integrated manner.



Does not meet expectation



Partially meet expectations



Meet expectations

The program evaluation above on OECD-DAC parameters effectively communicate the program's strengths and areas for improvement, providing a comprehensive overview for stakeholders and decision-makers.

UN-SDG Alignment

The Healthcare Infrastructure Programme contributes directly to SDG 3 (Good Health & Well-Being) by strengthening healthcare infrastructure, improving healthcare service delivery, and reducing the incidence of water-borne diseases through better access to safe drinking water and sanitation facilities. The programme advances SDG 6 (Clean Water & Sanitation) through the creation and maintenance of drinking water systems, water purification units, and household sanitation infrastructure. By improving access to essential services in underserved rural communities, the

programme supports SDG 10 (Reduced Inequalities). Investments in public infrastructure such as healthcare facilities, water systems, and sanitation assets contribute to SDG 9 (Industry, Innovation & Infrastructure) and SDG 11 (Sustainable Cities & Communities) by creating resilient community infrastructure. Through collaboration with local governments, healthcare institutions, village committees, and community stakeholders, the programme also supports SDG 17 (Partnerships for the Goals).

SDG	Alignment with Programme
SDG 3 – Good Health & Well-Being	Strengthening PHCs/CHCs through renovation and maintenance, improving healthcare service delivery, patient safety, cleanliness, hygiene standards, and reducing water-borne infections through safe drinking water interventions.
SDG 6 – Clean Water & Sanitation	Creation and maintenance of drinking water sources, operation of water supply systems, installation of water purification units, construction of individual toilets, and improved access to safe and reliable drinking water.
SDG 9 – Industry, Innovation & Infrastructure	Development and strengthening of healthcare, water, and sanitation infrastructure through renovation of healthcare facilities, drinking water systems, water storage facilities, pipelines, and purification infrastructure.
SDG 10 – Reduced Inequalities	Improved access to quality healthcare services, safe drinking water, and sanitation for underserved rural communities, reducing disparities in access to essential services.
SDG 11 – Sustainable Cities & Communities	Creation of resilient community assets including healthcare facilities, water infrastructure, and sanitation systems that improve community well-being and long-term quality of life.
SDG 17 – Partnerships for the Goals	Collaboration with Panchayats, Municipal Corporations, healthcare institutions, village sanitation committees, water user groups, and local stakeholders to strengthen implementation and sustainability.

Impact Assessment: Approach & Methodology

Study Objectives:

The purpose of this study is to assess the impact of Hindalco's CSR project, **Healthcare Infrastructure Program**, across their 4 units: Renusagar, Renukoot, Samri & Belagavi implemented during FY 2022-23.

The primary objectives are:

- i. **Assess improvements in healthcare infrastructure and service delivery:** To evaluate the effectiveness of healthcare facility renovation and infrastructure strengthening interventions in improving service quality, cleanliness, patient safety, and healthcare delivery.
- ii. **Evaluate access to safe drinking water and sanitation:** To assess the extent to which drinking water and sanitation interventions have improved access to safe water, reduced water-related hardships, and enhanced hygiene practices.
- iii. **Measure health, social, and economic outcomes:** To assess the programme's contribution towards reducing water-borne illnesses, lowering healthcare expenditure, improving wellbeing, and supporting community development outcomes.
- iv. **Assess utilisation and effectiveness of infrastructure investments:** To evaluate community utilisation, perceived benefits, and effectiveness of renovated healthcare facilities, drinking water systems, purification units, and sanitation infrastructure
- v. **Evaluate programme performance and sustainability:** To assess programme performance across CSR units using the OECD-DAC framework and identify key factors influencing effectiveness, impact, efficiency, and long-term sustainability.
- vi. **Inform future CSR strategy and sustainability:** To generate insights that guide programme refinement, long-term sustainability, and potential scale-up or replication.

Study Approach:

The key steps in the approach are as below:

Consultation and Scoping

- An initial scoping and inception meeting was held with Hindalco team to establish the parameters and objectives of the engagement.
- A comprehensive project plan was subsequently formulated to guide the overall programme of work.
- Mapping of internal and external stakeholders, was undertaken to identify an appropriate sample for consultation.
- A review of secondary data was conducted to contextualise Hindalco's strategic contributions within its wider CSR framework.

Study design:

- A mixed approach, consisting of both quantitative and qualitative methods, was adopted for the assessment to provide a more comprehensive understanding of the project impact across multiple time points.
- A theory of change-based impact framework was developed to articulate the intended outcomes and impact parameters.

Study tools:

Semi-structured survey tools were developed, grounded in the research questions and objectives of the assessment, designed to capture both quantitative and qualitative data were developed. All tools were finalised after consultation with Hindalco team. Tools for the study included:

- One-to-one surveys
- Focus Group Discussion
- Key Informant Interviews

Stakeholder Consultation:

Data was collected during field visits to all 5 study locations.

Impact Assessment: Approach & Methodology

Sampling:

A mix of stratified random and purposive sampling method was employed to ensure a structured, representative sample reflective of the target geography.

Data Analysis:

The data collected through stakeholder consultations was subjected to both qualitative and quantitative analyses. Triangulation of data was done through:

- Comparing quantitative findings with other data sources such as qualitative interviews or focus group discussions.
- The OECD-DAC evaluation framework has been applied to assess the programme's impact, encompassing dimensions such as design, planning, implementation, monitoring, and evaluation.

Report Preparation

- The results of the study are compiled in a detailed final report, encompassing key findings and actionable recommendations for improving future research and practices.
- The report has been structured in accordance with the OECD-DAC framework to ensure consistency and rigour in evaluation.

has adhered to ethical considerations for data privacy:

- I. Informed Consent: All participants were briefed about the purpose of data collection and asked for consent before participating.
- II. Confidentiality: Personal identifiers were removed or anonymized to protect participants' identity.
- III. Secure Data Storage: All collected data has been stored in secure, access-controlled environments to prevent unauthorized access.
- IV. Limited Access: Only authorized personnel involved in the project have access to the project data.
- V. Use of Data: Data is used solely for research and program evaluation purposes, in line with the consent provided by participants.

Ethical Considerations for Data Privacy

KPMG has followed the guidelines outlined as per the latest Digital Personal Data Protection (DPDP) Act guidelines by implementing robust data governance frameworks, conducting internal compliance reviews and ensuring protection of data.

For the data collection process, KPMG

Key Assumptions & Limitations of the Study

Assumptions:

1. The analysis is based on the assumption that responses provided by beneficiaries and stakeholders reflect their actual experiences and outcomes.
2. Data collected through surveys and interviews is assumed to be accurate, consistent, and representative of broader programme impact.
3. Findings rely on the premise that programme design and implementation were carried out as intended and that observed changes can be reasonably linked to interventions.
4. External data and secondary sources used in the study are considered reliable, though not independently verified.
5. The theory of change framework assumes a logical linkage between inputs, outputs, outcomes, and long-term impact.
5. External sources and publicly available data were not independently validated, which may affect reliability in certain cases.
6. The study involves assumptions and inherent uncertainties, and results should be interpreted within these constraints.

These considerations should be taken into account when interpreting the findings and applying them for decision-making or future programme design.

Limitations:

1. The assessment is restricted to selected programmes and sample respondents, and may not fully capture the impact across all beneficiaries or locations.
2. Findings are based on self-reported data, which may be subject to recall bias or respondent perception.
3. The study does not constitute an audit or formal assurance exercise, and conclusions are indicative rather than definitive.
4. Outcomes are assessed based on information available at the time of the study, and may change with evolving programme implementation.

About the project: Healthcare Infrastructure Program

Project Rationale:

Communities surrounding Hindalco's operational areas face persistent challenges related to inadequate healthcare infrastructure, limited access to safe drinking water, and poor sanitation facilities. Long travel distances for healthcare, unreliable water sources, and water-quality issues contribute to higher disease risk and reduced quality of life. Hindalco's Healthcare Infrastructure Programme addresses these gaps through healthcare facility renovation, drinking water infrastructure development, water purification systems, and sanitation interventions, with the aim of improving service delivery, health outcomes, and community wellbeing. Together, these interventions aim to create safe, functional, and health-enabling environments that improve quality of life and support sustainable healthcare access in rural communities.

Introduction to Hindalco's program:

Against this backdrop, Hindalco's **Healthcare Infrastructure Programme** aims to bridge critical gaps in access, affordability, and quality of healthcare. The programmes are thoughtfully designed to provide affordable and high-quality medical services to underserved communities across its areas of operation.

FY 2022-23

Implementation year under
Impact Assessment study

FY 2025-26

Assessment year

4 CSR units

Study locations:
Renusagar, Renukoot,
Samri & Belagavi

2,24,350

Project beneficiaries
across study locations

Stakeholders



Community

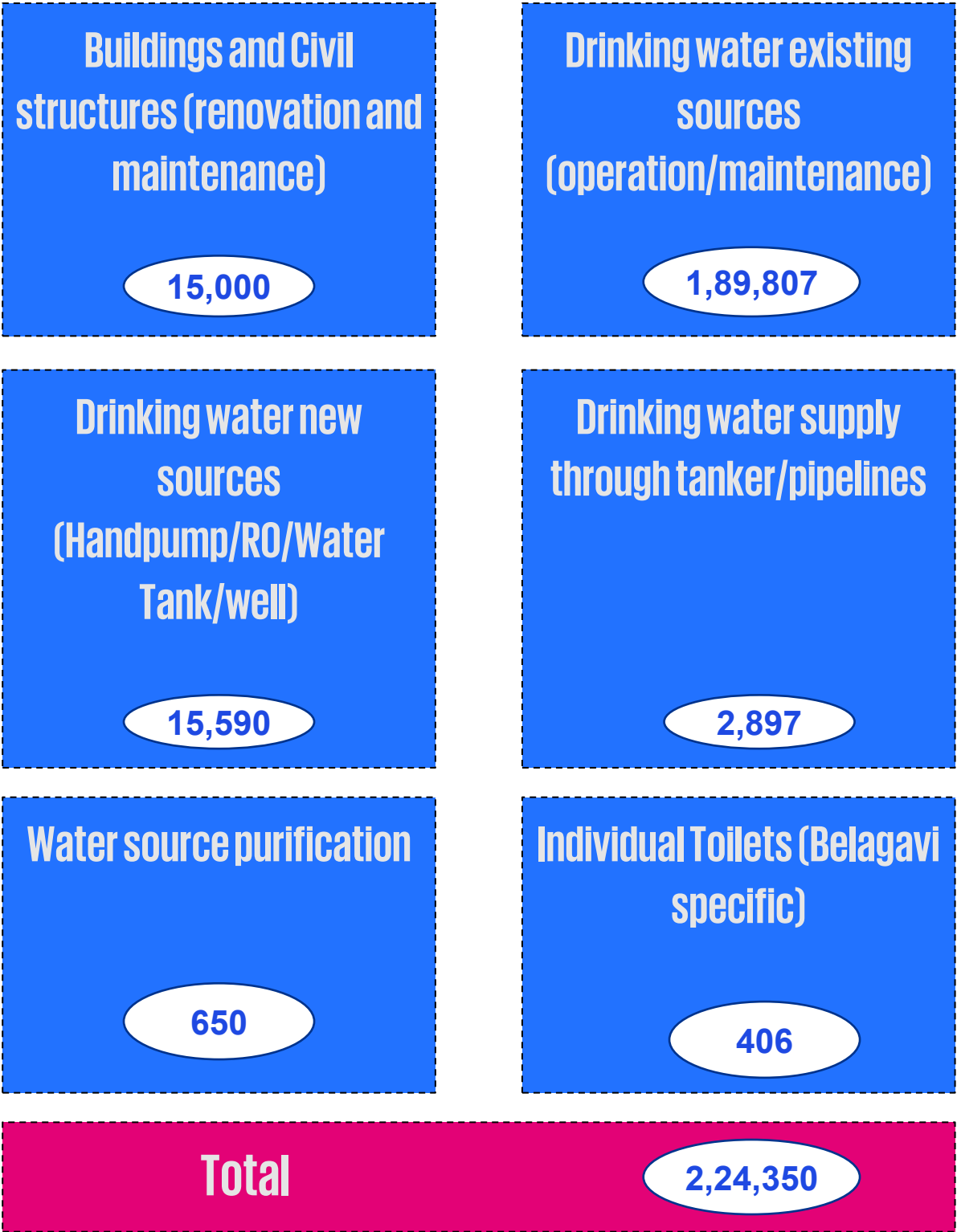


Healthcare officials/
ASHA/ANM



Healthcare centres

Program Activities and Outreach (FY 2022–23)



Project's Theory of Change

Table 1: Theory of change of the project

Stakeholders	Strategic planning		The effects		
	Intervention	Activities	Output	Outcomes	Impact
Contractors and Civil Engineers Local Community Panchayat/ Municipal Corporation Village sanitation committees Technicians Water use groups	Buildings and Civil structures (renovation and maintenance)	Renovation and maintenance of existing health units and hospitals (updating electrical and plumbing systems, refurbishing patient, and operational areas, and maintaining cleanliness and hygiene standards)	Number of buildings/structures renovated 15,000 beneficiaries reached through healthcare facility renovation and maintenance Number of facilities made functional	Improved public health infrastructure and quality of healthcare service delivery	Resilient community infrastructure supporting health, education, and livelihoods
	Village Community Sanitation (toilets/drainage)	Construct community toilets and improve drainage system	Number of community toilets constructed Coverage of drainage network (in km)	Enhanced sanitation at the community level	Decreased disease burden (diarrheal, vector-borne); cleaner public spaces; dignity and safety (esp. women/children),
	Individual Toilets	Construct toilets in households	Number of individual toilets constructed 406 beneficiaries covered through individual toilet construction	Improved access to sanitation facility and better personal hygiene	Open defecation-free regions and improved sanitation
	Drinking water new sources (Handpump/RO/Water Tank/well)	Create new sources for safe drinking water such as handpump, RO, water tank, well	15,590 beneficiaries reached through new handpumps, RO units, wells, and water tanks Number of households benefitted	Improved access to clean drinking water Improved quality of water and sustained availability Prevention of water scarcity during critical periods Improved access to clean and safe drinking water	Better health; increased productivity; resilience to seasonal shortages
	Drinking water existing sources (operation/maintenance)	Repair and maintain existing water sources (Reverse Osmosis (RO) plants, hand pumps, and water pipelines)	Number of water sources repaired 189,807 beneficiaries supported through operation and maintenance of existing water systems		
	Drinking water supply through tanker/pipelines	Deployment of water tankers and the installation of pipelines to ensure a continuous and reliable supply of clean drinking water directly to households and community access points.	2,897 beneficiaries reached through tanker and pipeline-based water supply Number of households benefitted		
	Water source purification	Install water purification system	650 beneficiaries covered through water source purification interventions Number of households covered Average volume of purified water supplied daily		

Study Outreach

The table below presents the number of beneficiaries engaged under each intervention and project activity. Since several respondents participated in multiple interventions, there is an overlap in beneficiary counts across activities. To ensure accurate representation and avoid duplication, a unique beneficiary count has also been provided.

Table 2: Study outreach for the impact assessment study

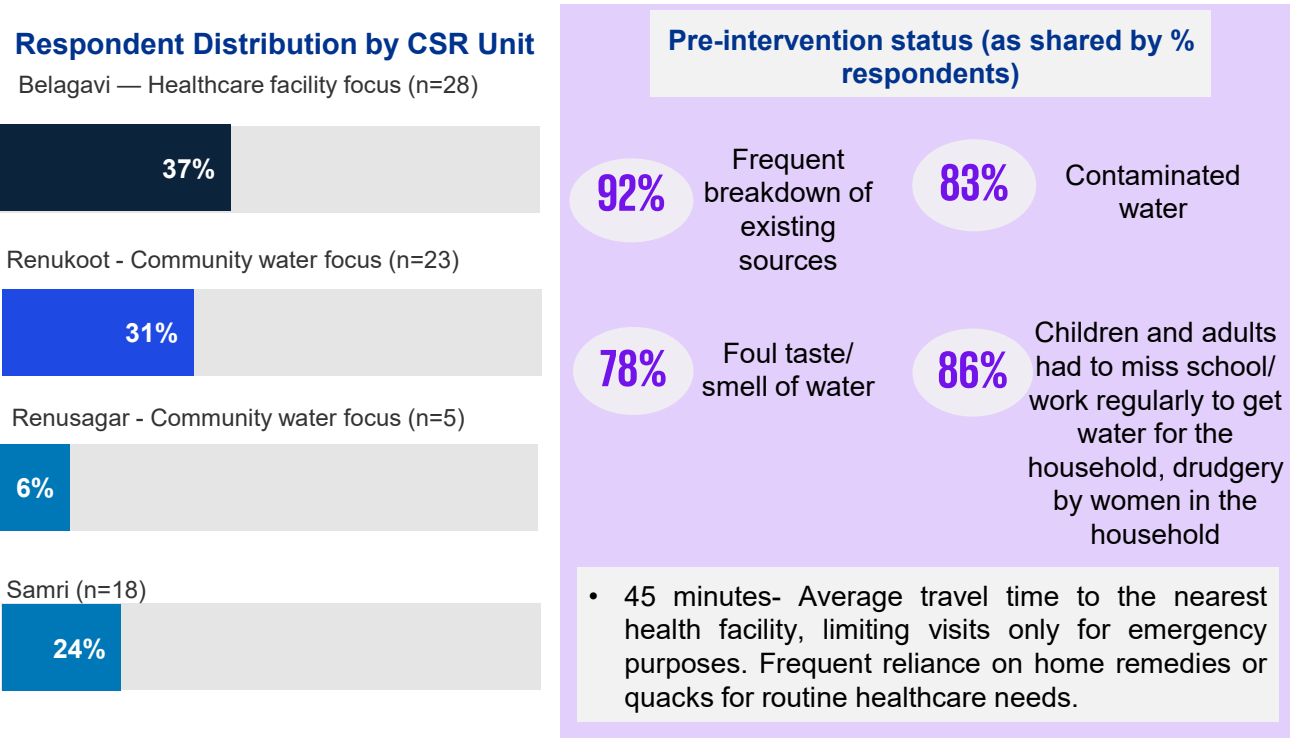
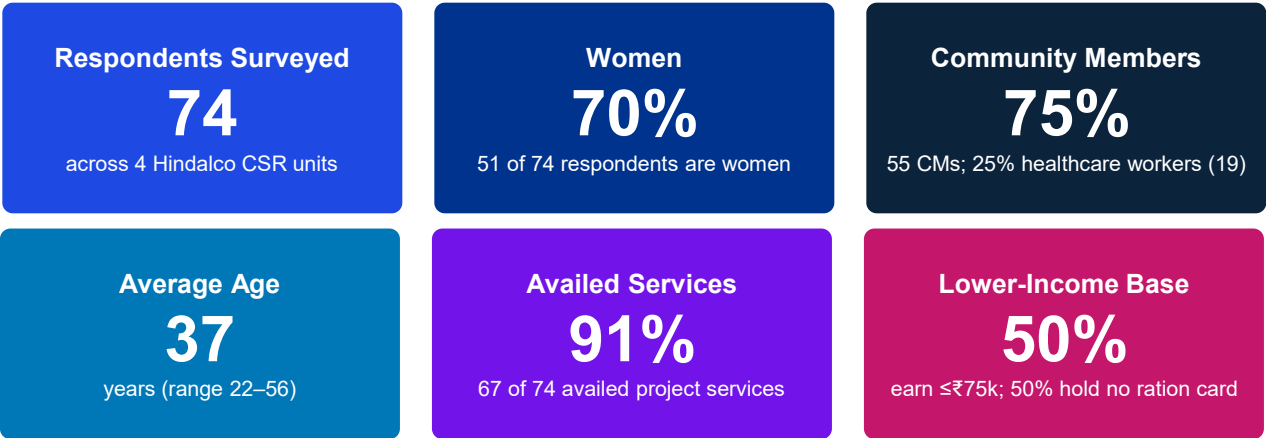
Intervention	Renusagar	Renukoot	Samri	Belagavi	Total
Buildings and Civil Structures	0	23	0	16	39
Drinking water existing sources (operation/maintenance)	5	3	15	12	35
Drinking water new sources (Handpump, RO, Water tank, well)	4	3	18	10	35
Drinking water supply through tanker/pipelines	1	1	0	0	2
Water source purification	2	2	0	5	7
Individual toilets (construction)	Intervention done in Belagavi only			7	7
Total	12	32	33	50	125
Unique Respondents	5	23	18	28	74
Grand Total	125 surveys (74 respondents) + 3 IDI (77 respondents)				

Note: Study outreach has been mentioned for those CSR units where the intervention has been performed.

IDIs were conducted with 1 village sarpanch, 1 Medical Officer and 1 staff from AB RTP.

Respondent Profile

The Health Infrastructure impact study covered 74 respondents across four Hindalco CSR units, Belagavi, Renukoot, Samri and Renusagar. The sample blends healthcare workers (who assess facility-level upgrades) and community members (who report household water and sanitation outcomes), enabling a 360-degree view of the Theory of Change.

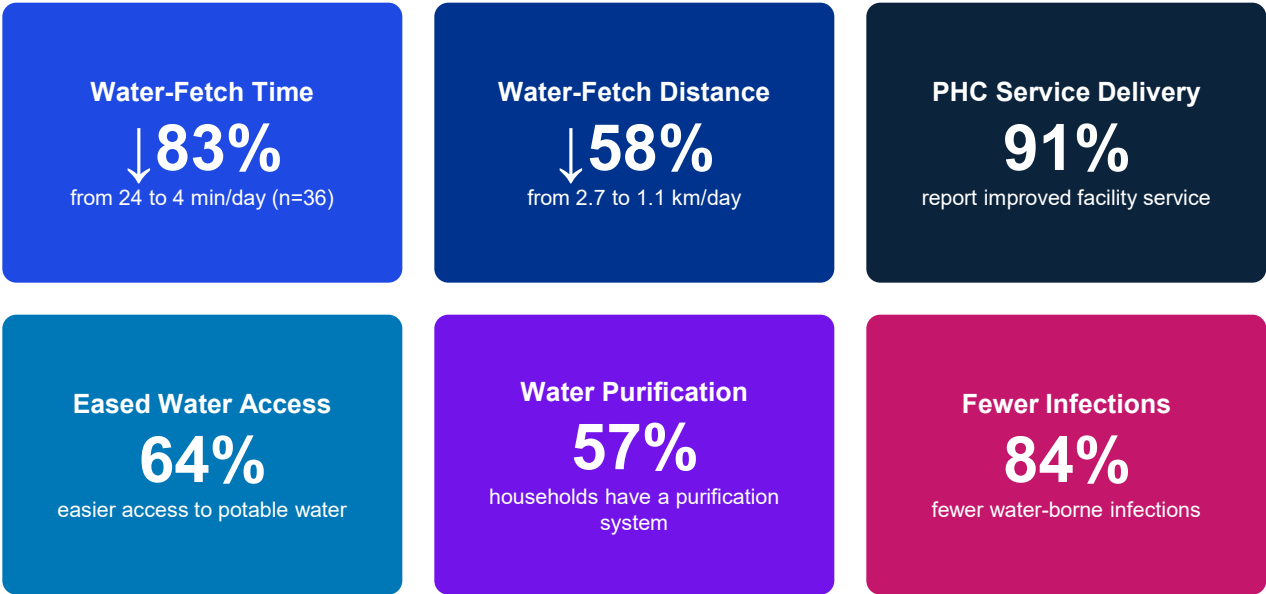


Profile Insight:

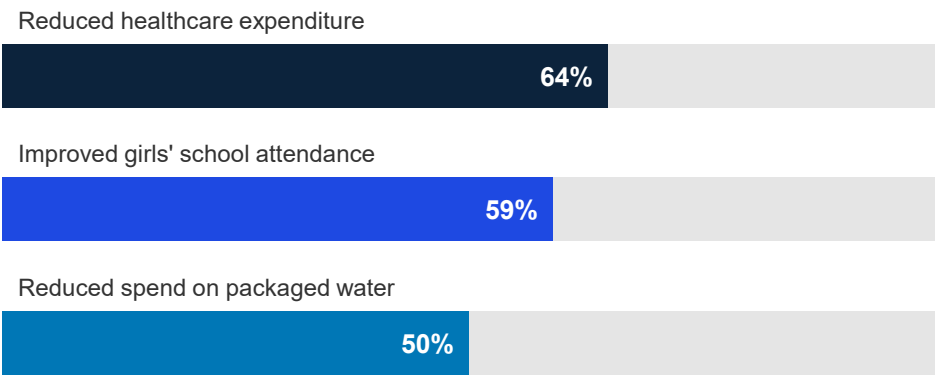
The respondent base skews female (70%) and lower-income - half earn under ₹75,000 a year and half hold no ration cards - confirming the program reaches an economically vulnerable population. Belagavi accounts for about 40% of the sample and is surveyed largely through healthcare workers, so its responses reflect PHC/CHC facility improvements; Renukoot and Renusagar are surveyed through community members and reflect household-level drinking-water outcomes. With 91% having availed services, the sample is well-positioned to assess impact across the full Theory of Change.

Key Outcome Indicators

Across the three units, the program delivered measurable gains in water access, facility quality and downstream health outcomes. The indicators below summarise the headline results reported by beneficiaries; unit-level variation is examined on the following slides.



Reported Community & Health Impact



Key Insight:

Water access improved dramatically - daily fetch time fell 83% and distance 58%. Facility renovations lifted PHC service delivery to 91%, while new sources and household purification drove downstream benefits: 84% report fewer water-borne infections, 61% lower healthcare spending and 59% better girls' school attendance. These aggregate gains, however, mask sharp unit-level divergence - explored next.

Buildings and Civil Structures

The Buildings and Civil Structures (Renovation and Maintenance) Project focuses on upgrading and sustaining the infrastructure of existing health units and hospitals to ensure safer, cleaner, and more efficient healthcare environments. The project includes comprehensive renovation works such as updating and modernizing electrical and plumbing systems, refurbishing patient care and operational areas, and improving structural functionality. In addition, the project emphasizes maintaining high standards of cleanliness, hygiene, and facility upkeep to support better service delivery and enhance overall patient experience. Through these improvements, the project aims to strengthen healthcare infrastructure and contribute to more reliable and accessible medical services for communities.

Improvement in services at PHCs/CHCs

The renovation and maintenance of PHCs/CHCs along with expansion of available services has reduced time, money, and distance required to avail quality healthcare services.

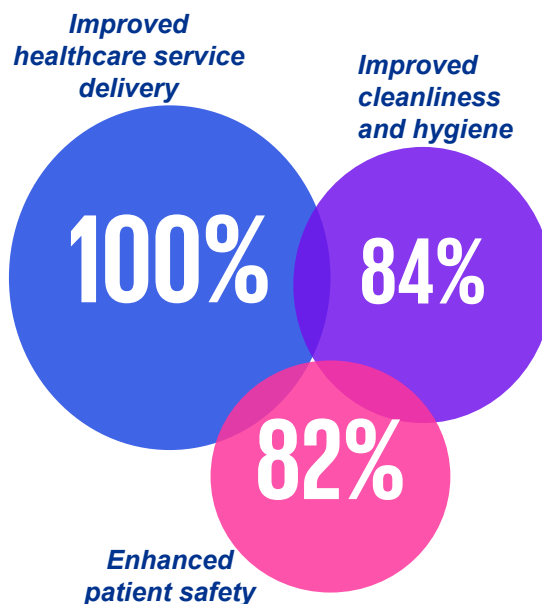


Figure 1: Free health check camp at Belagavi



Figure 2: Interaction with PHC staff at Urban Family Health Centre, Belagavi

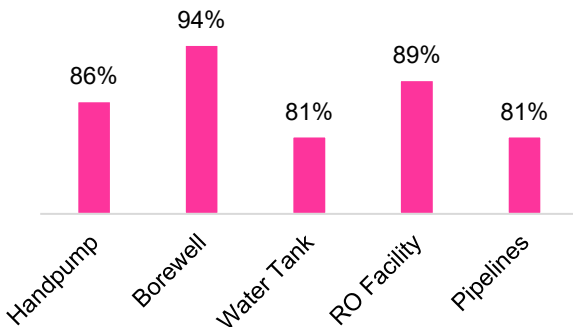
Drinking water sources

The Healthcare Drinking Water Access and Infrastructure Project aims to ensure safe, reliable, and uninterrupted drinking water supply for communities by strengthening both existing and new water systems. The project focuses on the operation and maintenance of current drinking water sources while also developing new facilities such as handpumps, RO units, water tanks, and wells to expand access. In areas where permanent infrastructure is limited or water scarcity is seasonal, the project also supports drinking water distribution through tankers and pipeline networks. By improving water availability and quality, the initiative enhances community health outcomes, reduces water-borne disease risks, and supports a more resilient and equitable public health environment.

□ Development of new drinking water sources and renovation of old sources

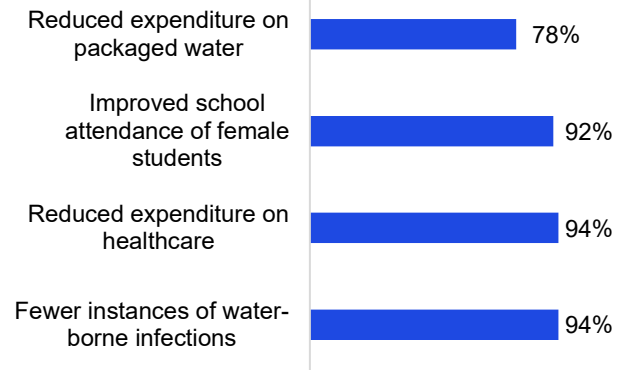
Respondents mentioned the provision of different types of water sources including handpump, borewell, water tanks, RO facilities and pipelines. 90% shared that this water is fit to use and does not require any purification to be done before use.

Respondents mentioning the various water sources developed under the intervention



□ Improved Water Access Leading to Better Community Health

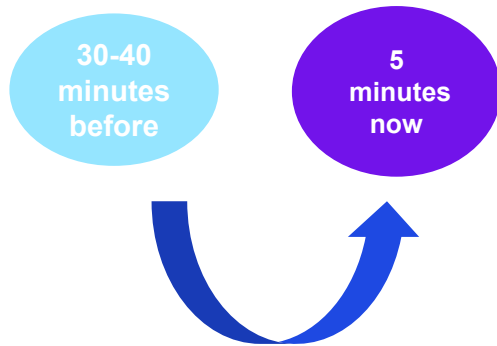
Impact due to provision of clean drinking water



The improved water facility has helped reduce water-borne diseases and made the community healthier. People now have access to clean drinking water, which has decreased stomach infections, diarrhea, and skin problems. Overall, the community feels safer and healthier because the water is clean and easily available.

Drinking water sources

Reduction in time spent to fetch water



Findings indicate that about 78% respondents shared that their time spent to fetch water has reduced. Respondents were not found to be spending money to buy packaged water before the project, which remained consistent post-project as well.



Figure 3: Community water tap structure observed in Belagavi

Water source purification

The Water Purification Intervention Project focuses on improving community health by ensuring access to safe, clean, and reliable drinking water through the installation of modern purification systems. By deploying appropriately designed filtration and treatment units in areas facing water quality challenges, the project aims to reduce contamination risks, prevent water-borne diseases, and enhance overall well-being. The intervention supports continuous operation of these systems, community awareness on safe water practices, and long-term sustainability, ultimately strengthening local health outcomes and ensuring that households have consistent access to purified drinking water.

Provision of water purification system at home

100% respondents who were provided with the purification system shared the following outcomes:

- Water can be used for drinking directly
- Time saved by not having to purify water
- Lesser instances of water-borne infections in the family

Individual toilets (construction)

The Toilet Construction Project aims to improve sanitation infrastructure and promote healthier living conditions by building safe, durable, and accessible toilets for households and community spaces. By addressing gaps in sanitation facilities, the project seeks to reduce open defecation, prevent the spread of water-borne diseases, and enhance overall hygiene standards. The initiative focuses on constructing user-friendly units, promoting proper waste management practices, and raising community awareness on sanitation and cleanliness.

Through these efforts, the project supports improved public health outcomes and contributes to a cleaner, more dignified living environment for all.

Provision of toilet in households at Belagavi

Respondents shared that the provision of toilets inside their homes has improved accessibility and family members, especially females, now feel safer using them.

Impact Experienced by Community

1

Improved Safety and Quality of Drinking Water

- Repairing and constructing drinking water sources has ensured that patients, attendants, and staff have reliable access to clean water throughout the day.
- Purification systems have reduced contamination risks, creating a safer environment and lowering the likelihood of water-borne illnesses within the facility.

2

Increased Community Trust in Health Facilities

- Visible improvements in basic utilities like water supply signal a commitment to better healthcare standards, boosting community confidence.
- More households are willing to seek timely treatment due to improved facility conditions.

3

Decline in Complaints of Stomach Infections

- Health workers mentioned observing fewer OPD cases related to diarrhoea, gastric discomfort, and mild infections among regular visitors. While not quantified formally, staff felt that access to safe drinking water inside the facility had contributed to this decline.

4

Increased Usage of the Water Points by the Local Community

- In some locations, villagers mentioned they stop briefly at the facility during travel to refill bottles because the water is “clean and dependable.”
- This shows spillover benefits beyond the patient population.

5

Strengthened Hygiene Practices Across the Facility

- Observations during field visits showed more staff and patients using the hand-wash points, largely because improved water pressure makes them functional throughout the day. Cleaner surroundings and better water access have indirectly encouraged more habitual hand-washing among patients.

Comparative Analysis by Hindalco CSR Unit

Table 3: Comparative Analysis by Hindalco CSR Unit

Indicator	Belagavi (N=28)	Renukoot (N=23)	Renusagar (N=5)	Samri (N=18)	Overall (N=74)
PHC service delivery improved	100%	100%	NA	80%	91%
Cleanliness & hygiene improved	100%	65%	NA	62%	77%
Patient safety enhanced	100%	61%	NA	61%	75%
Eased access to potable water	100%	13%	100%	59%	64%
New water source installed	100%	13%	80%	60%	62%
Water purification system	100%	9%	40%	71%	57%
Fewer water-borne infections	100%	72%	82%	85%	84%
Improved girls' school attendance	100%	14%	80%	71%	59%

*NA: These units did not have applicable responses for enrolment awareness campaigns. Green = Strong (80%+), Yellow = Moderate (13%-80%), Red = Weak (<13%). Gray = Not Applicable.

Key Takeaways

- Belagavi is the benchmark - 100% across every indicator, reflecting completed facility renovation, water purification and toilet coverage.
- Renukoot lags sharply on water outcomes (13% eased access, 9% purification) despite high facility-service ratings.
- Renusagar, though small (n=5), shows strong household health impact - and improved girls' attendance. 82% report fewer infections
- Overall indicators (57–91%) are buoyed by Belagavi and dragged by Renukoot; the averages mask genuine unit-level divergence.

Narrative Interpretation: Unit-Level Divergence

Belagavi (n=28): Facility-Led Transformation

All Belagavi respondents are healthcare workers reporting on renovated PHC/CHC facilities, so the unit captures facility-level change directly. Every indicator scores 100% - improved service delivery, cleanliness and hygiene, patient safety, water purification and individual household toilets, which are fully installed and used by all members, with women reporting they feel safer. Daily water-fetch time fell from 30 to 5 minutes and distance to near zero. Beneficiaries now seek care mainly at Hindalco clinics and mobile health units, with many diagnostics and minor surgeries provided free. Belagavi represents the program's complete-intervention model, where facility, sanitation and water-safety components were delivered together and reinforced one another.

Renusagar (n=5): Small but Effective

Renusagar has the smallest sample but the clearest community-level success. All respondents report eased access to potable water, and 80% report fewer water-borne infections, lower healthcare spending and improved girls' school attendance. Handpumps, borewells and RO facilities were installed, and households now draw water closer to home. Although the small base warrants caution in generalising, the results show that when the community-water model is fully delivered it produces the same downstream health and education benefits seen at Belagavi - pointing to execution, not concept, as the variable that matters most.

Renukoot (n=23): Lagging Water Access

Renukoot is surveyed mainly through community members, so it reflects household rather than facility experience. While facility-service ratings remain high, drinking-water outcomes are markedly weaker: only 13% report eased access to potable water, 9% have a purification system. New water sources are sparse - no handpumps or pipelines were recorded and only a handful of borewells and RO units. Most respondents say their water situation is largely unchanged. The pattern suggests the water-infrastructure component was either incompletely rolled out or poorly communicated, leaving the largest community cohort under-served despite the unit's strong facility scores.

Samri (n=18) : Moderate but Health-Oriented Impact

Samri demonstrates moderate performance across most infrastructure indicators, with particularly strong outcomes in reducing water-borne infections (85%) and improving girls' school attendance (71%). While a majority of respondents reported benefits from water purification systems (71%) and new water sources (60%), gains in access to potable water (59%) and facility hygiene (62%) remain less pronounced. The findings suggest that the programme has generated tangible household health benefits, but infrastructure coverage and service quality may not yet be comprehensive enough to produce the transformative outcomes observed in Belagavi. The unit reflects a partially effective delivery model, where health outcomes are outpacing infrastructure improvements.

Cross-Unit Synthesis

Four distinct implementation patterns emerge. Belagavi represents a fully integrated model with consistently strong outcomes across all indicators. Renusagar demonstrates that targeted community-water interventions can deliver meaningful household benefits even at a small scale. Samri reflects a moderately effective model where health gains are evident, but infrastructure improvements remain uneven. Renukoot, despite strong facility-level outcomes, shows the weakest household water-access indicators, highlighting gaps in reach and utilisation. Overall, the findings suggest that execution quality, coverage, and integration of infrastructure and community-level interventions are the primary drivers of impact, rather than programme design alone.

Mapping to Theory of Change

Table 4: Mapping Outcomes to Theory of Change

Intervention	Outcome (Theory of Change)	Finding from Study	Assessment
Buildings & Civil Structures (PHC/CHC renovation)	Improved health infrastructure & service delivery	91% report improved PHC service delivery (Belagavi 100%); cleanliness 77%, patient safety 75%.	Meets Expectations
Individual Household Toilets	Improved sanitation access; dignity & safety for women	Belagavi: 100% have toilets, all members use them and all women feel safer. Confined to one unit.	Meets Expectations
New Drinking-Water Sources	Improved access to clean, safe drinking water	62% report new sources - Belagavi 100%, Renusagar 80%, Samri 60%-but Renukoot only 13%.	Partially Meets
Repair of Existing Sources & Supply	Sustained availability of drinking water	64% report eased access and sufficient water; fetch time down 83%, distance down 58%. Renukoot lags (13%).	Partially Meets
Water-Source Purification	Safe, directly-drinkable water	57% have a purification system and drink water directly; Belagavi 100% vs Renukoot 9%.	Partially Meets
Downstream Health & Economic Impact	Decreased disease burden; higher productivity	84% report fewer water-borne infections, 61% lower health spend, 59% better girls' attendance.	Partially Meets
Community Sanitation (toilets & drainage)	Enhanced sanitation & hygiene; ODF villages	Not separately captured by the survey instrument beyond individual toilets.	Not Assessed

Recommendations to Strengthen the Program

01 Close the Renukoot Water-Access Gap

Priority: *Renukoot (largest under-served cohort)*

Only 13% of Renukoot respondents report eased access and 9% have purification - far below Belagavi. Fast-track new sources (handpumps, pipelines) and household purification, with awareness drives so beneficiaries use what is available. This is the single largest lever to lift overall outcomes.

02 Replicate the Belagavi Integrated Model

Priority: *All units*

Belagavi scores 100% on every indicator because renovation, sanitation and purification were delivered together. Codify this complete-intervention package and roll it out unit-by-unit, rather than deploying components in isolation.

03 Expand Water-Purification Coverage

Priority: *Renukoot & Renusagar*

Only 57% of households have a purification system (Renukoot 9%, Renusagar 40%). Scale RO and community purification units linked to new sources so water is safe at the point of use, sustaining the fewer-infections outcome.

04 Strengthen Source Sustainability & O&M

Priority: *All units*

Sustained availability depends on upkeep. Establish village water committees, preventive-maintenance schedules and simple functionality tracking so access gains (fetch time down 83%) are not eroded by breakdowns over time.

05 Extend Sanitation Beyond Belagavi

Priority: *Renukoot & Renusagar*

Toilet outcomes (100% use, women safer) are documented only for Belagavi. Extend household and community sanitation, with drainage, to the other units to progress toward ODF villages and capture the dignity-and-safety impact for women.

06 Build a Unified Outcome-Tracking MIS

Priority: *Data quality & M&E*

Uniform 100% responses at Belagavi and gaps elsewhere point to inconsistent measurement. Introduce a standardised baseline-endline MIS with gender-disaggregated indicators for credible cross-unit benchmarking and evidence-based iteration.

Cross-Cutting Recommendations

- Convergence with Government Schemes:** Align drinking-water work with the Jal Jeevan Mission (Har Ghar Jal) and sanitation with the Swachh Bharat Mission, and link facility upgrades to Ayushman Bharat-Health & Wellness Centres to multiply reach and sustainability.
- Gender-Sensitive Programming:** 70% of respondents are women and water drudgery falls largely on them. Track women's time saved, girls' school attendance and women's safety as core indicators, and disaggregate all outcome data by gender.
- Sustainability & Community Ownership:** Institutionalise community committees, local maintenance capacity and periodic water-quality testing so infrastructure stays functional and outcomes endure beyond the program period.

Glimpses from the ground

The health centre in **Muirpur**, located within the **Aditya Birla Rural Technology Park (Renukoot)** was reported to be well-equipped, staffed by competent healthcare workers, and highly appreciated by beneficiaries. Community members noted that the centre offers comprehensive services, ranging from regular OPD consultations to essential diagnostic tests, ensuring that most healthcare needs are addressed under one roof. Beneficiaries shared that the availability of such facilities within close proximity has greatly improved their access to timely and reliable medical care. The centre's ability to provide consistent, organized, and complete healthcare support has strengthened trust among the local population and enhanced their overall healthcare seeking experience.



Figure 4: Interaction with Medical Officer in Aditya Birla Rural Technology Park, Renukoot



Figure 5: Visit to Family Welfare Centre in AB RTP, Renukoot

Glimpses from the ground



Figure 6 & 7: Interaction with community members regarding healthcare and drinking water interventions

The project has brought meaningful improvements to the community. People have become **more aware of health, hygiene, and safe water practices**. Access to healthcare services through the MHU, health camps, and improved facilities has **made treatment easier and reduced expenses**. The installation of better water sources has **improved community health and reduced water-borne diseases**. Families now experience **more convenience, safety, and confidence** in using health and sanitation facilities. Overall, the interventions have led to positive changes in daily life, **improved well-being, and better access to essential services**.

Thank you

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