

Impact Assessment of Community Feeding Program



Implementation by :
The Akshaya Patra Foundation

Consultant : Pure Consultant

**ASSESSING PSYCHO_SOCIAL IMPACT OF ONE TIME MEAL FROM
COMMUNITY SERVING KITCHEN OF THE
AKSHAYA PATRA FOUNDATION
SUPPORTED BY HEG LTD MANDIDEEP**

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List of Abbreviation

(You may encounter following abbreviations in the report)

HEG	Hindustan Electro-Graphites
TAPF	The Akshaya Patra Foundation
CSR	Corporate Social Responsibility
HNB	Health and Nutritional Benefits
CSBI	Civic and Social Behavioural Improvement
IRMC.....	Improved Regularity of Menstrual Cycle
IIM	Initial Interaction Over Meal
DMM	Degree of Mingling over Meal
ISR	Improvement in Social Relations
ICN.....	Improvement in Communication with Neighbours
ISI.....	Improvement in Social Interactions
ISE	Improvement in Social Etiquettes
NCB	Nail Cutting Behaviour
RBO	Reduced Body Odour
RMO	Reduced Mouth Odour
BB	Bathing Behaviour
SCS	Status of Community Sanitation
RIASA.....	Reduced Involvement in Anti-Social Activities
HOTM	Hardships for One Time Meal
OTM.....	One Time Meal
PCA.....	Participation in Community Activities
PSCE	Participation in Social and Commercial Enterprise
POSA	Participation in Other Social Activities
PML	Presence of Meaning in Life
SML	Search of Meaning in Life
GWBS.....	General Well-Being Score

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EXECUTIVE SUMMARY

This section would summarise the entire report. HEG Ltd has been supporting TAPF as part of its CSR mandate. To know the impact of support to TAPF, the study is commissioned by Pure Consulting for conducting the impact assessment of community kitchen service from April – May 2022. The study takes into account the five dimensions a) health and nutritional improvement b) Civic and Social Behavioural Improvement (CSBI) c) Pro-social engagement of people d) Psycho-social aspect of individuals and e) General well-being of people into focus.

The impact assessment comprises three assessments. The first is of the nature of studying the nature of the intervention, associated organisations and their role and capacity. This is a context and background study which is necessary for any study. Then there are two more assessments at two different levels. The first one is to assess the claims if the community by conducting interviews of the beneficiaries. The information obtained from assessment one, has been used to conduct assessment two at respective locations where beneficiaries reside. Who are the real beneficiaries and what are their locations? Whom to include for the study etc are the questions which have been resolved during assessment one with the client i.e., HEG Ltd.

Facts and claims pertaining to health and nutritional hygiene, civic and social behavioural improvement, social engagement, psycho-social improvements (life satisfaction and meaningfulness in life) and general wellbeing etc along with any other relevant information and perceptions of others who have been observing them regularly for quite some times have been recorded with the help a total of 5 FGDs which were conducted at five different locations of beneficiaries.

For this a schedule was employed for recording the information. Further, a questionnaire containing eighteen (18) variables was designed to collect the data on dimensions of investigation. Both the tools are attached in annexure for the perusal. The survey using questionnaire was conducted among 250 beneficiaries and 250 non-beneficiaries from different locations in Bhopal city, to ascertain whether community kitchen service has any impact on the beneficiaries since it started around six months ago. We hypothesises that on all five dimensions the beneficiary group would demonstrate higher scoring thereby significantly remain in an improved state of affairs. This is third step of this impact assessment study where two groups are compared for their self-reported scores to really make sure that community kitchen has the impact as claimed by the beneficiary group during the FGDs.

Study reports that health and nutritional benefits are more in beneficiary group. For example, average weight gained by the typical person who has been eating food of community kitchen service is three times more than that of any typical person who has not been benefitted by any such service. Women experience less anaemic and their menstruation is more regular. Study suggests that regular meeting over lunch served by TAPF, makes people more social in positive way. Scores on 'initial interaction over meal', 'improved social interaction', improved communication with neighbours have improved for beneficiaries of the community kitchen

service. People across the age group reported to have improved in getting their nail cut, regular bathing, reducing body & mouth odours in particular and were found to be more aware for community sanitation.

At the same time civic and social behaviour of people increased, their involvement in anti-social activities is lesser than before, their participation in pro-social activities, commercial and social enterprise or any other social activity improved as compared to non-beneficiaries.

Finally, the study delves deep into impacts created by community kitchen service and reports that psycho-social aspects as indicated by presence & search for meaningfulness in life, and life satisfaction and general well-being are better for the beneficiary group. In the end study suggest road ahead for suture assessments and presents a SWOC of the current intervention.

Chapter 01: Introduction

01. Backdrop

During April 2022, HEG Ltd initiated the process to assess the impact of their some of interventions in the state of Madhya Pradesh and Rajasthan. HEG Ltd has been supporting The Akshaya Patra Foundation (TAPF) for the proposed intervention under consideration for almost last six months. The third-party assessment is routine, mandatory yet very insightful exercise to know the impact of any intervention.

HEG Ltd has donated to TAPF for setting up an ultra-modern kitchen which is located in Bhopal city. The kitchen has the capacity to prepare the food for almost 70,000 people on daily basis. The food prepared by kitchen follows ISO 22000: 2018 standards for food safety management system while preparing the food. The food thus prepared has strict quality controls and specific nourishment capacity in terms of calorie. The kitchens of The Akshaya Patra Foundation (TAPF) are known to serve local palatable cuisine to individuals.

During initial discussions with HEG Ltd, it was clear that issues like quality of food on various parameters, service delivery system, impact on socio-economic status of people have been studied in past quite often and justice needs to be done with the unique nature of intervention which offers one-time free meal to people. Thereby it was decided that focus of this proposed impact assessment study would be somewhere related to impact on life of people. Five dimensions a) health and nutritional improvement b) Civic and Social Behavioural Improvement (CSBI) c) Pro-social engagement of people d) Psycho-social aspect of individuals and e) General well-being of people would remain in focus. Therefore, this impact assessment is different from routine and offer insights into behaviour change issues. During these initial meetings discussion around structure and design of the study decided the impact assessment's present format and variables those have been chosen for the study.

The background of the covid 19 pandemic has impacted this intervention. Actually, this kitchen of TAPF was supposed to feed children as part of the Mid-Day Meal Programme, however because of the covid19 pandemic, the immediate need was to serve communities and kids residing there who are part of the government schools. Being socially responsible organisation HEG Ltd and TAPF decided to reach out to people in their residential area. Since November 2021, the food is being served to people in their respective locations. These locations are mentioned ahead in the results section ahead.



Pic 01: Food is being Served in the Community



Pic 02 & 03 : Girls with Food Plate

02. The Akshaya Patra Foundation (TAPF)

“No child should stay hungry within one Miles radius.”
-- AC Bhaktivedant Swami Prabhupad

The statement given above is the founding spirit of the TAPF. This is not a normal statement, but statement from which many draw inspiration in ISKCON and TAPF. Once Swamiji (AC Bhaktivedant Swami Prabhupad) was observing from his window that a young boy was very hungry and struggling to get food and was surrounded by dogs. Compassionate heart of Swamiji was filled with grief and thereby he uttered what is mentioned above. Drawing inspiration from this statement Founder of TAPF Swami Chanchalpati Das has made it a mission of his life to eradicate hunger from India specially for kids. The organisation is highly transparent and makes available not only financial information but also an intellectual property to the public. Akshaya Patra believes that there is a dire need for the school lunch programme to be replicated so that it realises the vision that “No child in India shall be deprived of education because of hunger.”

The Akshaya Patra Foundation is an NGO in India headquartered in Bengaluru. Our organization strives to eliminate classroom hunger by implementing the Mid-Day Meal Scheme in government schools and government-aided schools. Alongside, Akshaya Patra also aims at countering malnutrition and supporting the right to education for socio-economically disadvantaged children.

Since 2000, Akshaya Patra has been concerting all its efforts to provide fresh and nutritious meals to children every school day. We are continuously leveraging technology to multiply our reach. The state-of-the-art kitchens have become a subject of study and have attracted curious visitors from around the world.

Our partnership with the Government of India and various State Governments and the persistent support from corporates, individual donors, and well-wishers have helped us grow from serving just 1,500 children in 5 schools in 2000 to serving 1.8 million children.

Today, Akshaya Patra is the world's largest (not-for-profit run) Mid-Day Meal Programme serving wholesome food every school day to over 1.8 million children from 19,039 schools across 14 states & 2 Union territories of India.



Pic 04 & 05 : Glimpse of the Ultra Modern Kitchen of The Akshaya Patra Foundation (TAPF)-A



Pic 06 & 07: Glimpse of the Ultra-modern kitchen of The Akshaya Patra Foundation (TAPF)-B

03. The Growth Trajectory of TAPF

On 28 November 2001, the Supreme Court of India passed a mandate, "Cooked mid-day meal is to be provided in all the Government and Government-aided primary schools in all the states." And, Akshaya Patra was also called upon to provide testimonies to the Supreme Court. By the time the Ministry of Human Resource Development - Department of School Health and Education extended its support to the initiative in 2003, Akshaya Patra was already reaching out to 23,000 children. Today, Akshaya Patra has 60 kitchens spread across 14 states & 2 Union territories of India due to the successful partnership with the Government of India, various State Governments, and generous supporters.

The Akshaya Patra Foundation is a non-profit organization that operates on a public-private partnership (PPP) model. Since Akshaya Patra acts as an implementing partner of the Mid-Day Meal Scheme, there is firm support from the Government of India, the State Governments, and associated organizations. This has enabled Akshaya Patra's school lunch program to grow from feeding 1,500 children in the year 2000 to over 1.8 million children in 2022. On 11 February 2019, the organization commemorated the serving of 3 billion meals (cumulative). According to UNESCO Out-of-School children report (published in 2015), 17.7 million children in India are estimated to be out of school. School dropout in Uttar Pradesh leads with 1.6 million out of school children, followed by Bihar and Rajasthan. Akshaya Patra also depends on corporate funds, philanthropic donors, volunteers, and well-wishers to manage this large operation. The details of the operation include technological innovations, quality standards, delivery vehicles and interaction with various stakeholders.



Pic 08 : Food is being Served with Social Etiquette



Pic 09 : HEG Team at Work

Chapter 02: Approach and Methodology of the Study

This portion of the report is comprised of the details of the study. The objectives, methodology, variables, measures, and hypotheses. The entire logical framework, indicators, means of verification, are outlined here. The complete proposal of the study is given in this section.

01. Context

Serving communities with one or two meals a day has been a very routed practice in Indian society. Off late many professional agencies have also entered the space as welfare activity, some with specific social objectives, while others acting just as charity. TAPF is a unique initiative serving hundreds and thousands who are in need. It is apt to assess the impact of such a community serving kitchen intervention for its potential impacts on society.

Akshaya Patra has been an intervention to serve nutritious meals in selected slum areas of Bhopal through mid-day meals (MDM) and direct services. The kitchen service has been gathering space in media and is much talked about the scheme of its own kind. It has been acting as a support system for a large number of households for quite some time. It is appropriate to assess the psycho-social impacts of the intervention as many attempts to gauge socio-economic impact have been made in past.

The objective of the intervention is to support families with one meal so that they can be productive in their social and economic space.

02. Objectives of the study

- i. To understand the psycho-social impact on the participating households and individuals especially the utilization of time saved for the personal and professional engagement.
- ii. To capture the change in social practices and civic behaviour of individuals as the basic need of one meal has been taken care of.
- iii. To map the overall impact of the project due to its unique nature of intervention in society.

03. Hypothesis Testing

The statistical testing would be necessary to ascertain whether the difference in scores measured for the beneficiaries of Akshaya Patra kitchen over others are statistically significant.

H(a0): There is no difference in general well-being of beneficiaries due to Akshaya Patra community serving kitchen.

H(b0): There is no difference in overall meaningfulness of life of beneficiaries due to Akshaya Patra community serving kitchen.

H(c0): There is no difference in life satisfaction of beneficiaries due to Akshaya Patra community serving kitchen.

- H(d0): There is no difference in overall nutrition levels of beneficiaries due to Akshaypatra community serving kitchen.
- H(e0): There is no difference in personal and professional engagement of life of beneficiaries due to Akshaypatra community serving kitchen.
- H(a1): There is a significant improvement in the general-being of beneficiaries of the Akshaypatra kitchen over others.
- H(b1): There is a significant improvement in meaningfulness of life of beneficiaries of the Akshaypatra kitchen over others.
- H(c1): There is a significant improvement in life satisfaction of the beneficiaries of the Akshaypatra kitchen over others.
- H(d1): There is a significant improvement in the overall nutrition levels of the beneficiaries of Akshaypatra kitchen over others.
- H(e1): There is a significant improvement in the personal and professional engagement of beneficiaries of the Akshaypatra kitchen over others.

04. Framework for the Study

The study would assess impact in 3 broad ways: 01) study of the scheme, its nature and SWOC 02) identification of its positive impacts on beneficiary at individual and household level, and 03) relative assessment of beneficiaries to that of non-beneficiaries;

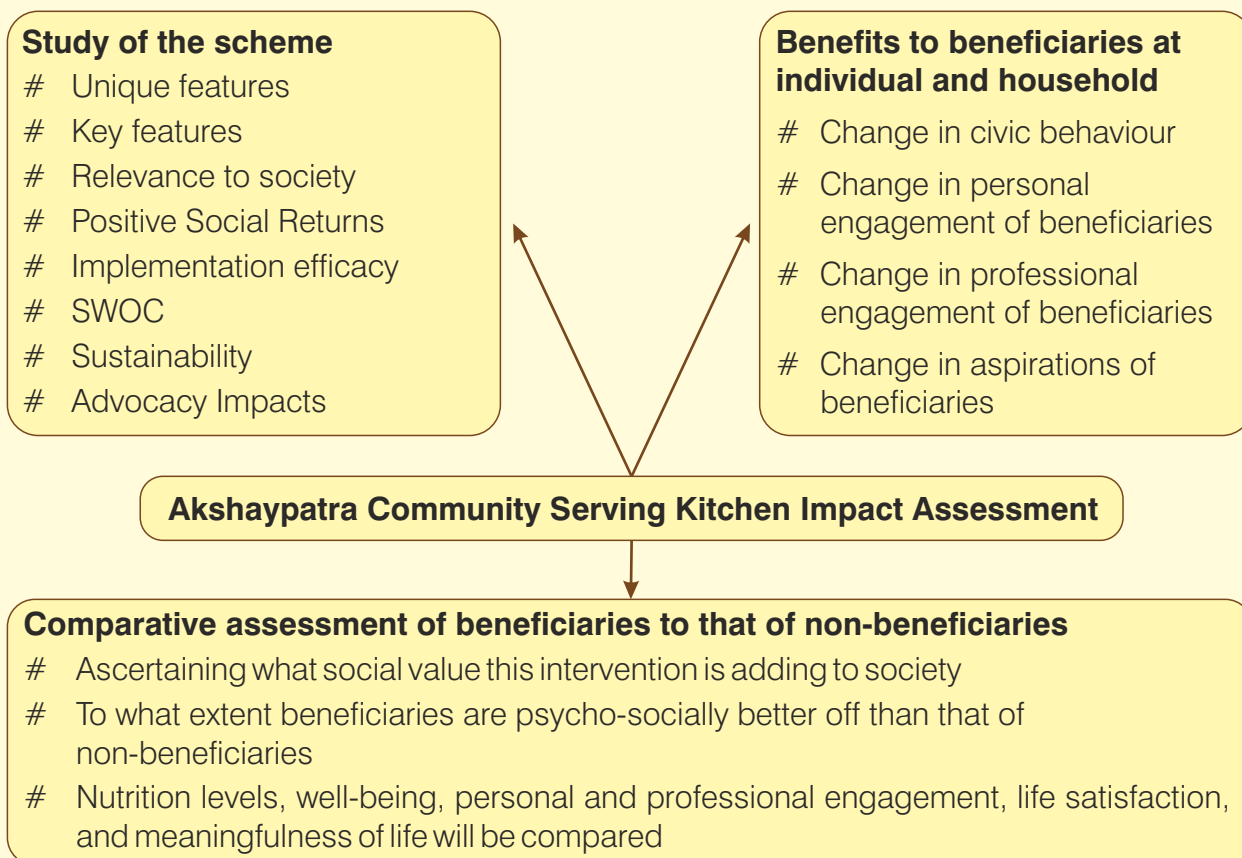


Fig 01: Framework of the study

There might be some changes in the Key Impacts Areas/Indicators (KIAs or KIIs) based on field observation.

05. Design of the Study and Key Areas of Investigation (KAIs)

The study would involve three types of assessments considering the complexities associated with the investigation. Study 01 would be to study the programme in wholesome manner to suggest further ideas. Study 02 would delve deep into perspectives of beneficiaries at individual, and community level which will generate insights for advances the programme has been able to generate compared to the situation that existed before any such intervention in the slum of Bhopal. Study 03 would investigate quantitative responses objectively the from beneficiaries to that of non-beneficiaries. Sample of 250 respondents from both the beneficiary and non-beneficiary group will be collected and will be subjected to comparative assessment.

Based on the study framework, the key areas of investigation for each impact area are presented in the following table.

Exhibit 01: Design of the Study

Study	Objectives	Outcomes
<p>Study 01 (Study of the scheme)</p> <p>Source of data: <i>Secondary data ad literature and Interviews of Key Resource Persons (KRPs)</i></p>	<p>a. To study the scheme</p> <p>b. To assess ergonomics of the community kitchen</p> <p>c. Identification of the process flow</p>	<p>a. SWOC of the scheme/programme</p> <p>b. Innovations and creativities associated with the Akshaya-Patra community kitchen</p> <p>(Right from assessment of the quantity and quality of food preparation to delivery of the food to the beneficiary)</p> <p>c. Suggestions and recommendations for making the kitchen more effective on individual, social and community level</p>
<p>Study 02 (benefits to beneficiaries at individual and household level)</p> <p>Source of data: Primary data Focused Groups Discussion and Interviews of beneficiaries at individual and households</p>	<p>a. To gather the different perspectives of beneficiaries regarding the Akshaya-Patra kitchen</p>	<p>a. Understanding of individual and community benefits of the kitchen programme</p> <p>b. To document positive/negative experiences of the beneficiaries of the kitchen</p>

Study	Objectives	Outcomes
<p>Study 03 (Comparative assessment to beneficiaries to that of non-beneficiaries)</p> <p>Source of data: Primary data Scores and measures to be taken for impact indicators from pre-designed questionnaires and standard assessment tools</p>	<p>a. To comparatively assess the individual benefits from the kitchen</p> <p>b. To ascertain the beneficiary advantages of the kitchen on selected dimensions</p>	<p>a. Conclusive evidence whether kitchen leads to ameliorate individual and community benefits on selected variables</p> <p>b. Conclusive scientific evidence on whether beneficiaries have improved situations on selected dimensions</p>

06. Logical Frame

Proposed impact indicators for the study are given below:

Exhibit 02: Logical Frame

Particulars	Outcome Indicators	Means of Verification	Risks / deviations associated
Nutritional advantage	Improved nourishment	<p>a. Height</p> <p>b. Weight</p> <p>c. Body Mass Index</p>	Other standard indicators of measuring malnourishment can be employed
Improved Civic Behaviour of the beneficiaries of the kitchen	<p>a. Social communication</p> <p>b. Personal Sanitation</p> <p>c. Reducing anti-social behaviour</p>	<p>a. Greetings</p> <p>b. Social Etiquettes</p> <p>c. Status of nails</p> <p>d. Status of odour from body and mouth</p> <p>e. Bath frequency</p> <p>f. Sense of clothing</p> <p>g. The situation of community sanitation in slums</p> <p>h. Reduced frequency of theft, begging, etc anti-social activities</p>	There can be number of other aspects of judging courtesy/behaviour

Particulars	Outcome Indicators	Means of Verification	Risks / deviations associated
Improved Social Engagement	Enhanced activities (of saved time) in socially beneficial activities	a. Participation in other community activities b. Participation in SHG / other relevant groups	There can be unpredictable and various other indicators
Improved Educational Engagement	Enhanced activities (of saved time) in educational activities	a. Enrolment in school b. Attendance in school c. Participation in school activities	Information will be either perception based or from a secondary
Advantages in health conditions	Status of general health conditions	a. Anaemia b. Regularity of periods in women c. Weight	Empirical measures
Any other immediate positive observation (random or non-random) due to the community serving kitchen			
Specifically for Study 03, scores on general well-being, meaningfulness in life and life satisfaction will also be taken to compare the two groups.			

07. Sample and Respondents

Proposed impact indicators for the study are given below:

Exhibit 03: Sample and Respondents

Assessment 01	Interviews with key stakeholders and facilitators in the community of the Akshaya-Patra Kitchen Interviews with Akshaya Patra Kitchen manager(s), HEG team members, ecosystem players and implementation team members	
Assessment 02	<p>Focused group discussion with children = 02 Focused group discussion with women = 02 FGDs will be conducted with the beneficiaries of the programme only. Additional data: Based on the results of study 02, if positive impactful insights are found that call for a further official investigation, there could be some additional data collection that may be required. This could be in form of case studies / caselets of participating households/individuals. This would be prepared to understand the psycho-social and other wellbeing impacts of the intervention.</p>	
Assessment 03	<p>Data will be taken from 250 beneficiaries in the slums where the kitchen is operating</p> <p>Break-up of the respondents: W=100 (women) S= 150 (students; 75 girls and boys each)</p>	<p>Data will be taken from 250 non-beneficiary respondents in the slums where the kitchen is not operating</p> <p>Break-up of the respondents: W=100 (women) S= 150 (students; 75 girls and boys each)</p>

Chapter 03 : Results

Part A : Results from Focused Group Discussion

This section presents the results of study which have been gathered by focused group discussions (FGDs) conducted with beneficiaries. The information on aspects pertaining to study gathered through FGDs are summarised in a tabular format. Basically, the FGD results are like claims of people presented through discussion conducted among them, and thus comparative study is an attempt to verify these claims by comparing them with the results obtained from the non-beneficiaries group.

(All the responses are processed and major thematic ones are presented here)

Exhibit 04 : Responses from FGDs

Interview	Indicate how frequently you take meal offered by Akshaya Patra in a week?	Comment on quality and regularity of the kitchen service in your community.	Indicate your social involvement in different activities because of time that you have saved by having meals offered by The Akshaya Patra Foundation.	Indicate any commercial / financial / entrepreneurial engagement resulted because of time saved as there has been a regular food service at your doorstep.	Please provide any other information that is relevant to our discussion here. Any other information which indicates that kitchen service has been socially, psychologically, economically, or politically beneficial to your household, community or any other individuals.	Describe the opinion of your friends, relatives or people from other neighbourhoods who have been observing this kitchen service but not have been beneficiary to this venture.
FGD 01	Everyday	Very good, delicious full of nutrition	More active with local school, Helping ASHA worker now,	Financial condition of the family member improved and also now we are involved in various society activities	Family is happy and enjoy time together	They are very much willing to get these services, people are more productively engaged, using their time in good things nowas TAPF people teach good things

FGD 02	Everyday	Excellent and regular	Family income has increased, I can now work with SHGs/other govt schemes	More time for home-based Income Generation Activities, crafting, weaving etc	Our society female has started a group to learn new skill which is	Enhanced personal hygiene among kids, women and even men, cleanliness in local area improved, batter rapport with government para workers
FGD 03	Everyday	Very good and regular	Joined government scheme for learning new skill, more time for kids and their education, I can do voluntary work with NGOs	Financial condition of the family member improved and also now we are involved in various society activities, I am taking tuition of kids again now,	Kids are now healthy, free of disease and going to school	School, SHG, PHC, are functioning better, TAPF beneficiaries are more active socially, increase wight, Menstrual cycles are regular and hygienic practices are adopted
FGD 04	Everyday	Good and regular	Now focusing on Swachh Bharat Abhiyan, cutting nails of children, sensitising them about personal hygiene before taking food	Taking care of local SHG, helping local Municipal workers, Helping in Swachh Bharat Abhiyan, more focused on my own shop	Female has become more work oriented	People are more connected with TAPF, Kids are smarter, women are more active, men are socializing more
FGD 05	Everyday	Excellent and regular	Hand wash campaign, personal hygiene awareness, Nasha Mukh Bharat Abhiyan engagement,	Kids are going to school, female have started work from home to support family, more time with friend circle and socializing	Kids are now healthy, free of disease and going to school	They are very much willing to get, these services

Part B : Comparative View of Both the Groups

01. Profile of the sample

(Beneficiary (B) = 250; Non-Beneficiary (NB) = 250)

Table 01: Profile of Sample

	Beneficiaries (M, SD)	Non-Beneficiaries (M, SD)
Age	(21.37,17.61)	(21.66,17.57)
Height	(4.31,0.63)	(4.44,0.74)
Weight gained	(3.03,1.1)	(0.68,0.91) s

01 A. Gender (Including Children)

	Beneficiaries	Non-Beneficiaries
Male	50	50
Female	200	200
Total	250	250

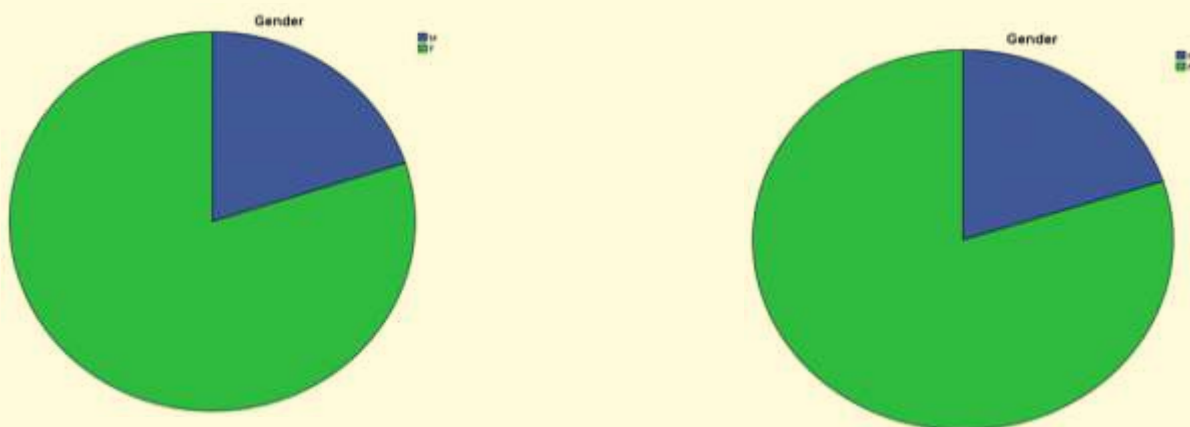


Fig 02: Gender distribution

01 B. Caste Distribution in Sample

	Beneficiaries	Non-Beneficiaries
SC	46	131
ST	15	58
OBC	161	33
GEN	28	28
Total	250	250

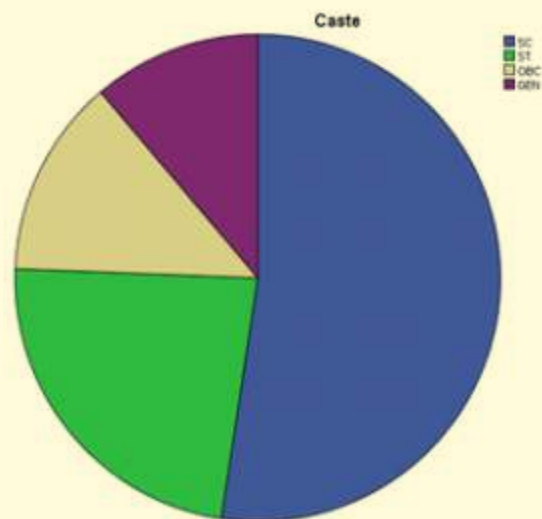
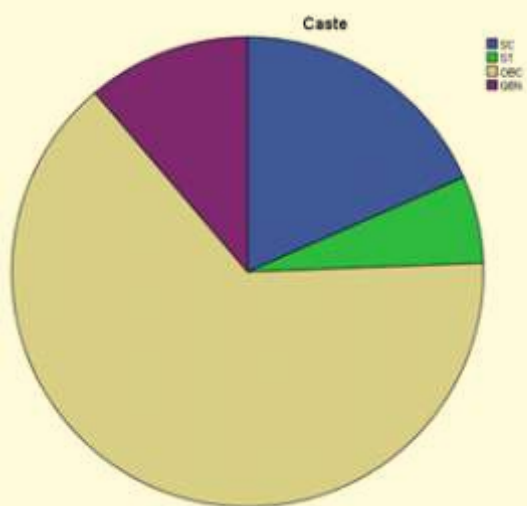


Fig 03: Caste distribution in sample

01 C. Religion Wise Distribution in Sample

	Beneficiaries	Non-Beneficiaries
Hindu	239	249
Muslim	05	01
Shikh	00	00
Christian	00	00
Buddhist	06	00
Total	250	250

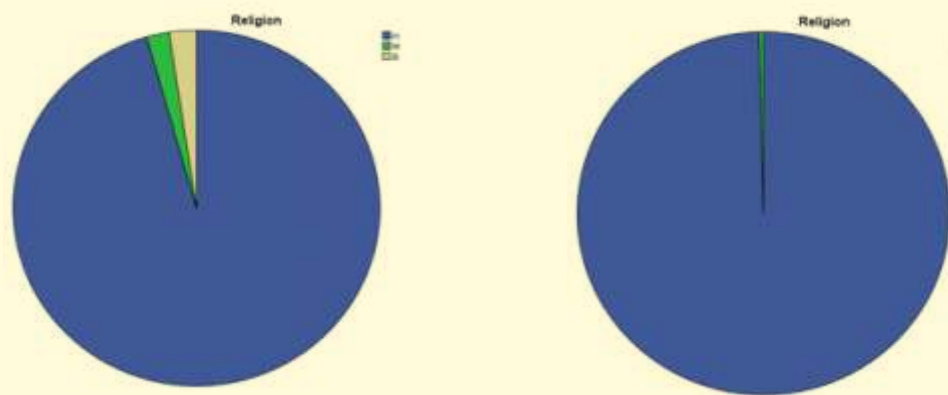


Fig 04: Religion wise distribution in sample

01 D. Different Locations of Survey

	Beneficiaries	Non-Beneficiaries
ARJUN NAGAR	00	50
BABA NAGAR	00	50
BARKHEDI	00	50
BHEEM NAGAR	00	50
PANCHSHEEL	00	50
1100 QUARTERS	06	00
ANNA NAGAR	23	00
BANJARA BASTI	09	00
DAULAT PURA	24	00
DURGESH VIHAR	17	00
NAVEEN BASTI	22	00
NAYA BASERA	08	00
NEHRU NAGAR	48	00
RADHA NAGAR	03	00
RAJEEV NAGAR	29	00
SHANI MANDIR	09	00
VIKASH NAGAR	52	00
Total	250	250

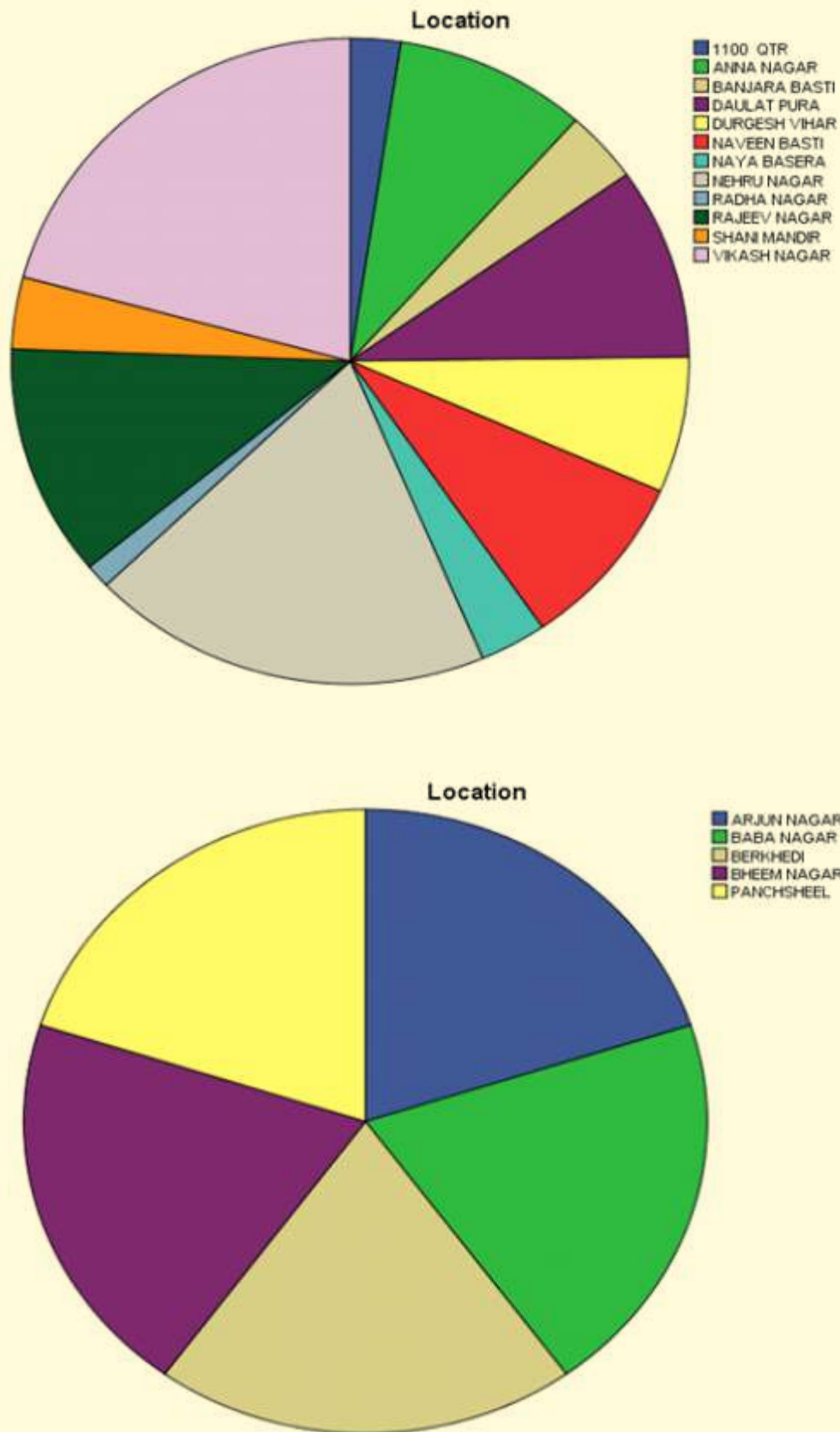


Fig 05: Different Locations of Survey

02. Health and Nutritional Improvement

Table 02 A. Improvement in Level of Anaemia

	Beneficiaries	Non-Beneficiaries
Improvement	194	04
No – Improvement	56	246
Total	250	250

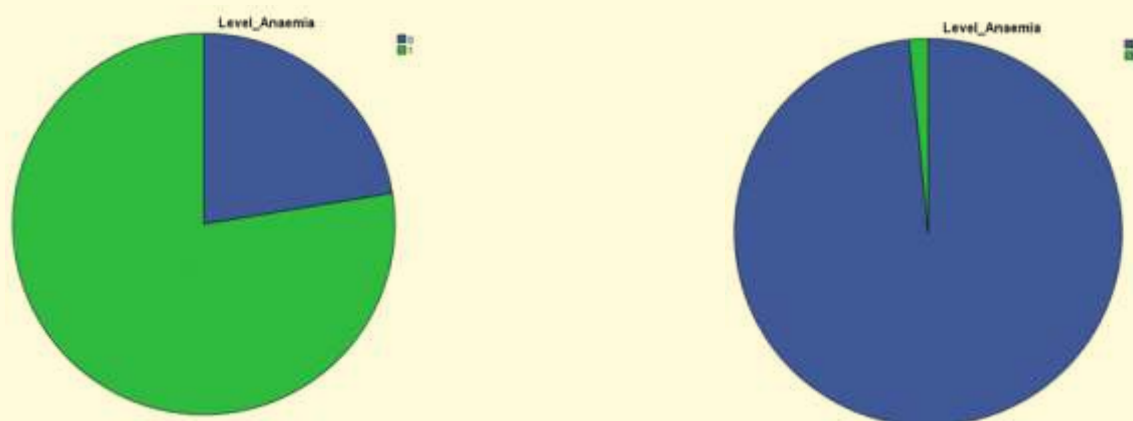


Fig 06: Perceived Level of Anaemia

02 B. Improvement in Regularity of Menstrual Cycle (IRMC)

	Beneficiaries	Non-Beneficiaries
Not Applicable (0)	50	50
No improvement (1)	130	185
Somewhat regular (2)	28	29
Quite regular than before (3)	63	14
Improvement in the flow of blood (4)	16	07
Total	250	250

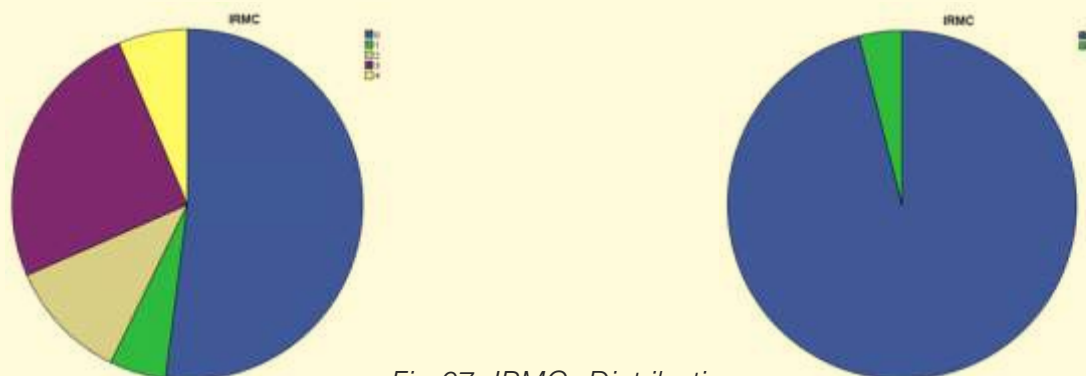


Fig 07: IRMC- Distribution

03. Civic and Social Behavioural Improvements (CSBI)*Table 03 A. Degree of Mingling over Meal (DMM)*

Beneficiaries	Frequency	Percent	Non-Beneficiaries
No difference	7	2.8	2.8
To some extent	26	10.4	13.2
To great extent	183	73.2	86.4
Extraordinary	34	13.6	100.0
Total	250	100.0	
Non – Beneficiaries	Frequency	Percent	Cumulative Percent
No difference	224	89.6	89.6
To some extent	26	10.4	100.0
Total	250	100.0	

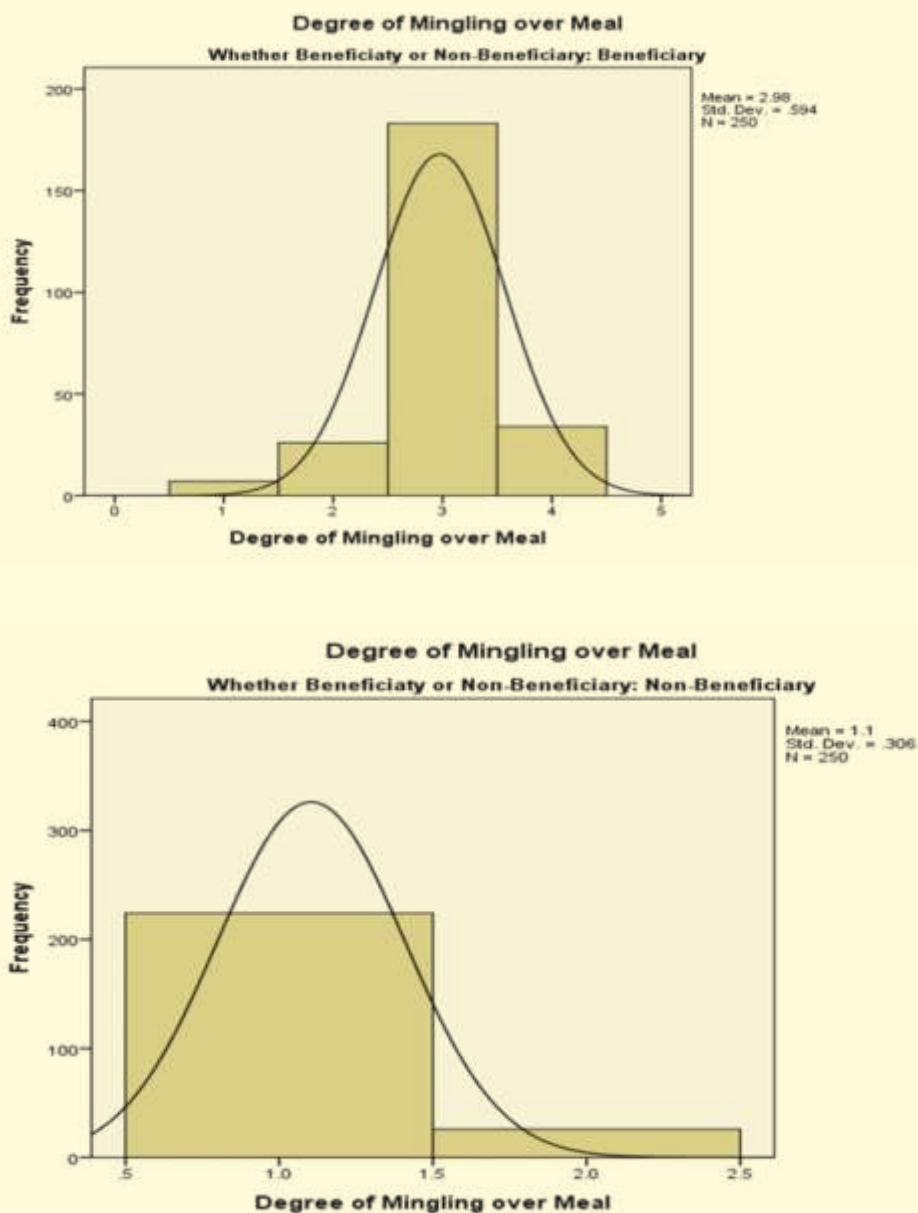


Fig 08: DMM Distribution

Table 03B. Improvement in Social Relations

Beneficiaries	Frequency	Percent	Non-Beneficiaries
No difference	13	5.2	5.2
Partially	27	10.8	16.0
To great extent	166	66.4	82.4
Very Significant Improvement	44	17.6	100.0
Total	250	100.0	

Beneficiaries	Frequency	Percent	Non-Beneficiaries
No difference	223	89.2	89.2
Partially	27	10.8	100.0
Total	250	100.0	

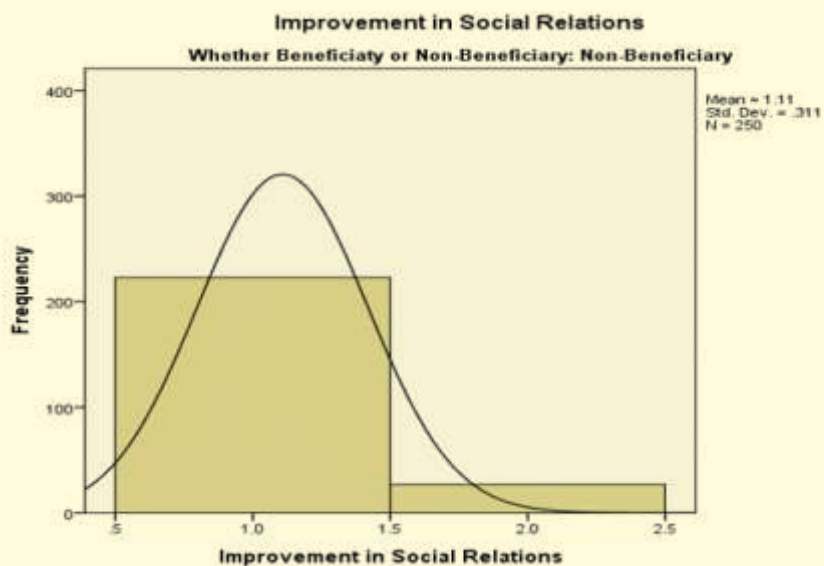
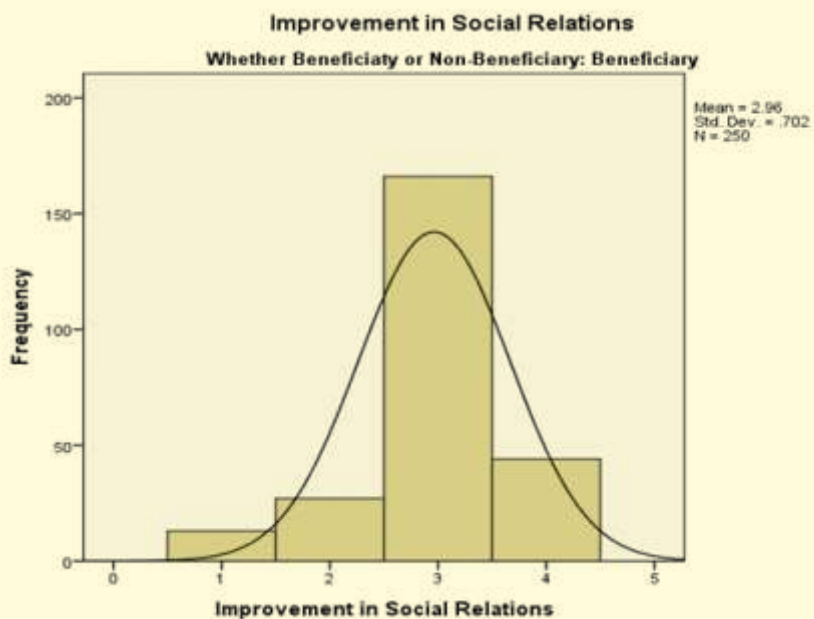


Fig 09: ISR Distribution

Table 03 C. Improvement in Communication with Neighbours

Beneficiaries	Frequency	Percent	Non-Beneficiaries
No change	2	0.8	0.8
To some extent	5	2.0	2.8
To great extent	82	32.8	35.6
Very significant improvement	161	64.4	100.0
Total	250	100.0	
Non – Beneficiaries	Frequency	Percent	Cumulative Percent
No change	245	98.0	98.0
To some extent	5	2.0	100.0
Total	250	100.0	

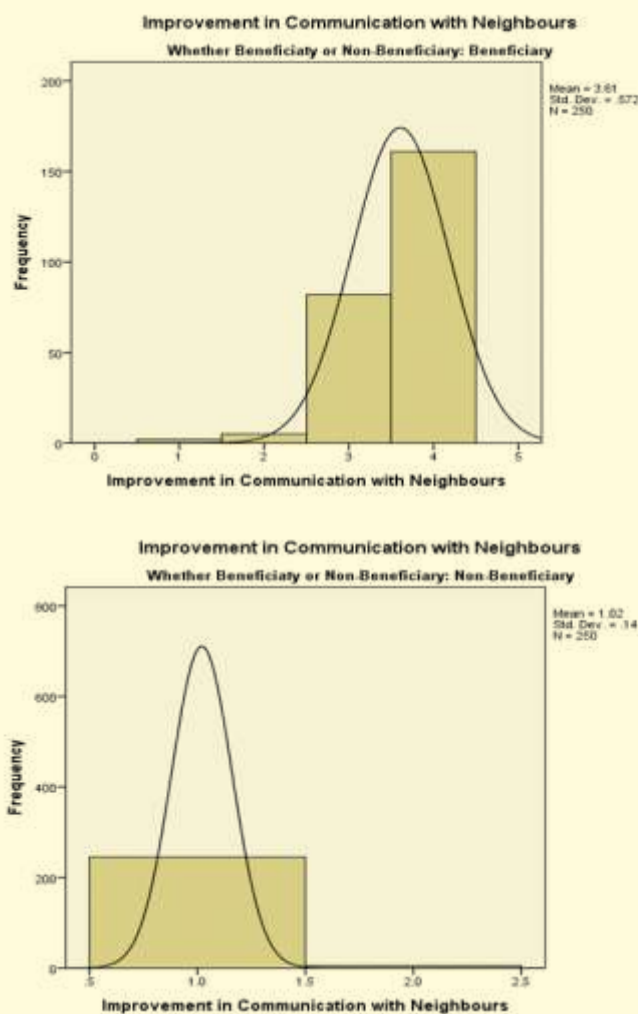


Fig 10: ICN Distribution

Table 03D. Improvement in Social Interactions

Beneficiaries	Frequency	Percent	Non-Beneficiaries
No change	23	9.2	9.2
Partial	45	18.0	27.2
Significant	139	55.6	82.8
Outstanding	43	17.2	100.0
Total	250	100.0	
Non – Beneficiaries	Frequency	Percent	Cumulative Percent
No change	205	82.0	82.0
Partial	45	18.0	100.0
Total	250	100.0	

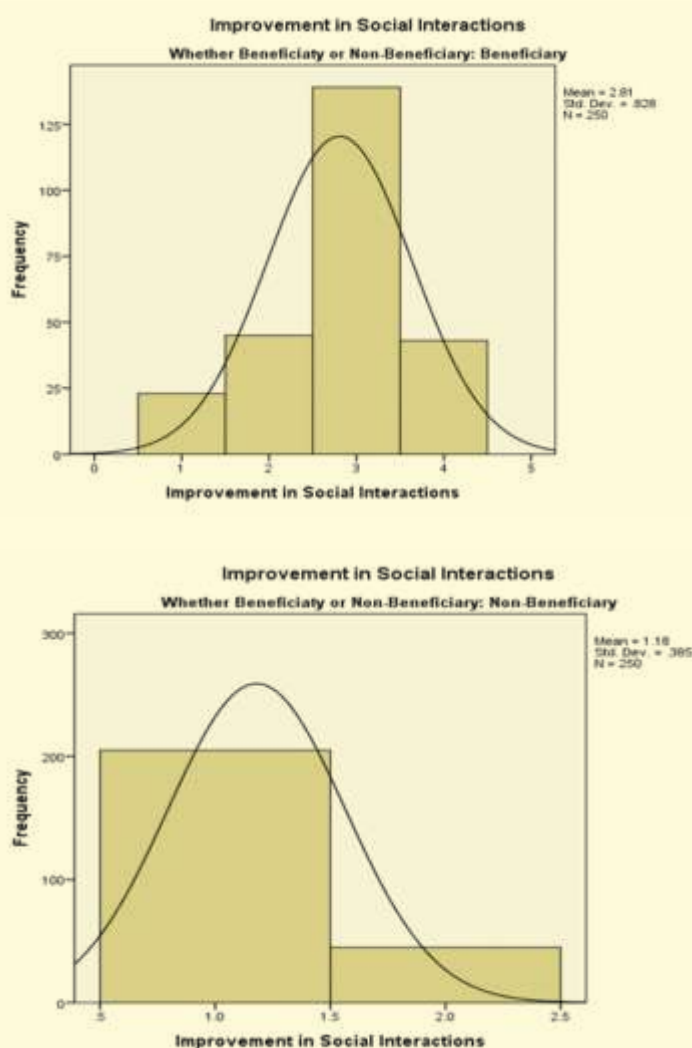


Fig 11: ISI Distribution

Table 03E. Improvement in Social Etiquettes

Beneficiaries	Frequency	Percent	Non-Beneficiaries
No change	6	2.4	2.4
Partial	60	24.0	26.4
Significant	159	63.6	90.0
Outstanding	25	10.0	100.0
Total	250	100.0	
Non – Beneficiaries	Frequency	Percent	Cumulative Percent
No change	190	76.0	76.0
Partial	60	24.0	100.0
Total	250	100.0	

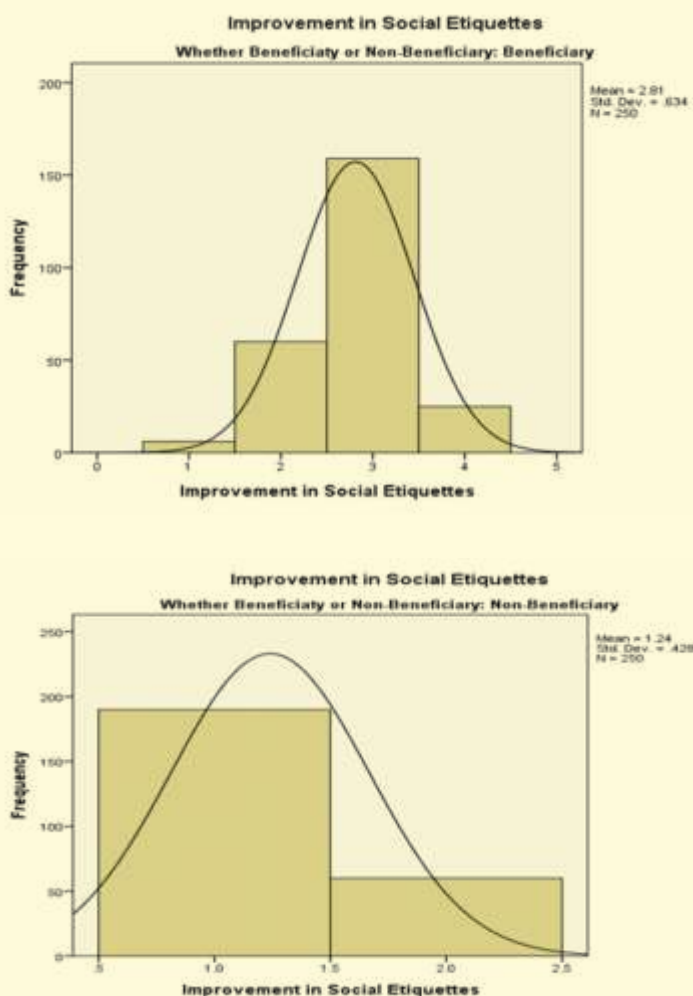


Fig 12: ISE Distribution

Table 03F. Improvement in Nail Cutting

Beneficiaries	Frequency	Percent	Non-Beneficiaries
No change	2	0.8	0.8
Partial	93	37.2	38.0
Significant	81	32.4	70.4
Outstanding	74	29.6	100.0
Total	250	100.0	
Non – Beneficiaries	Frequency	Percent	Cumulative Percent
No change	157	62.8	62.8
Partial	93	37.2	100.0
Total	250	100.0	

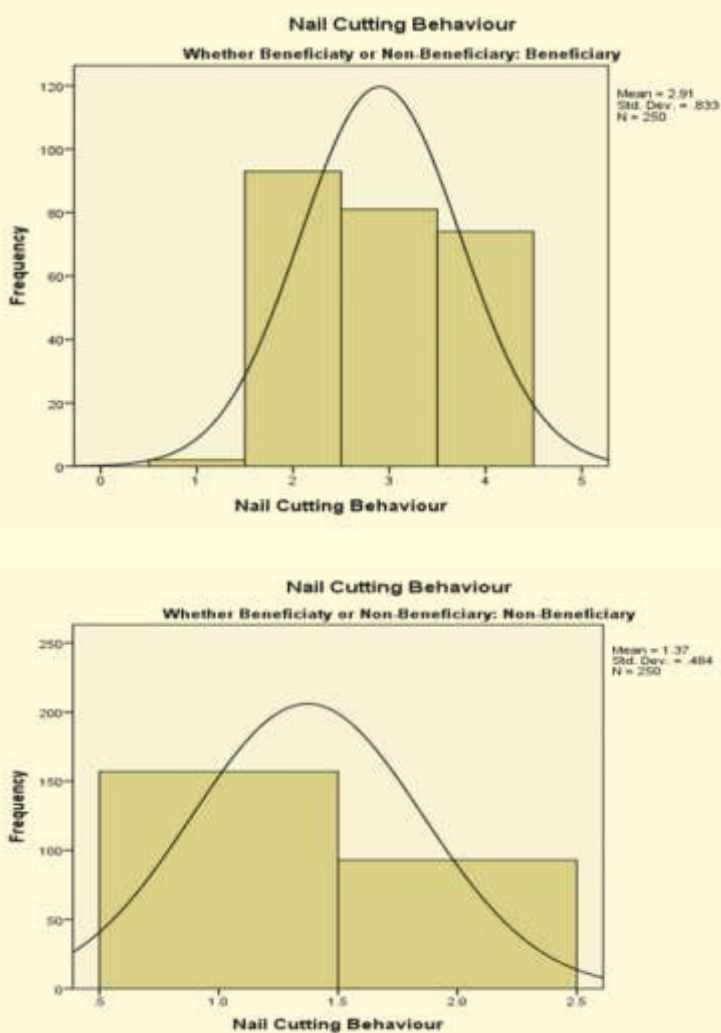


Fig 13: NCB Distribution

Table 3G. Reduced Body Odour

Beneficiaries	Frequency	Percent	Non-Beneficiaries
No change	7	2.8	2.8
Partial	18	7.2	10.0
Significant	136	54.4	64.4
Outstanding	89	35.6	100.0
Total	250	100.0	
Non – Beneficiaries	Frequency	Percent	Cumulative Percent
No change	232	92.8	92.8
Partial	18	7.2	100.0
Total	250	100.0	

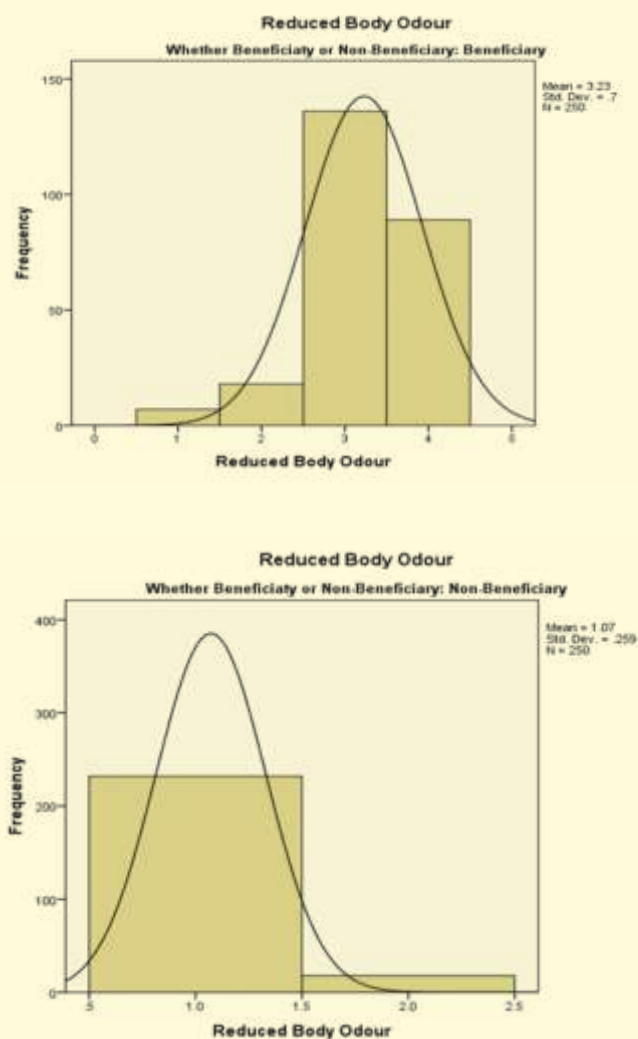


Fig 14: RBO Distribution

Table 03H. Reduced Mouth Odour

Beneficiaries	Frequency	Percent	Non-Beneficiaries
No change	6	2.4	2.4
Partial	23	9.2	11.6
Significant	126	50.4	62.0
Outstanding	95	38.0	100.0
Total	250	100.0	
Non – Beneficiaries	Frequency	Percent	Cumulative Percent
No Change	227	90.8	90.8
Partial	23	9.2	100.0
Total	250	100.0	

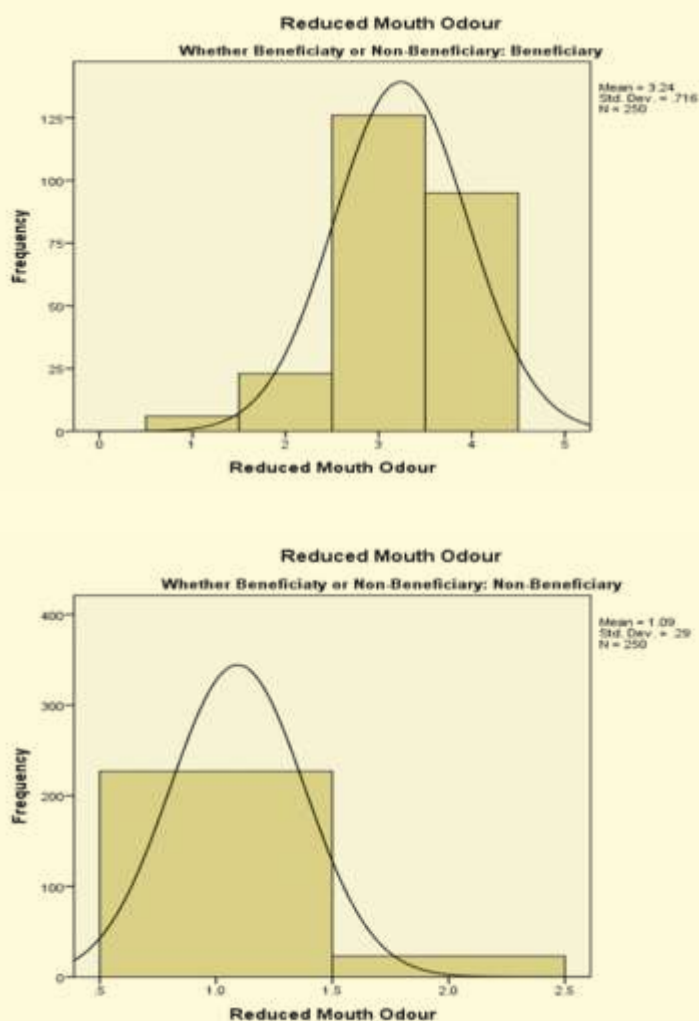


Fig 15: RMO Distribution

Table 03I. Improvement in Bathing Behaviour

Beneficiaries	Frequency	Percent	Non-Beneficiaries
Partial	15	6.0	6.0
Significant	141	56.4	62.4
Outstanding	94	37.6	100.0
Total	250	100.0	
Non – Beneficiaries	Frequency	Percent	Cumulative Percent
No Change	229	91.6	91.6
Partial	21	8.4	100.0
Total	250	100.0	

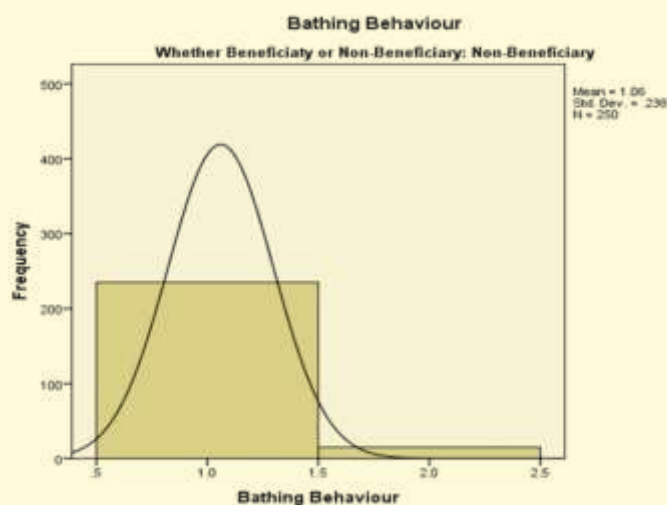
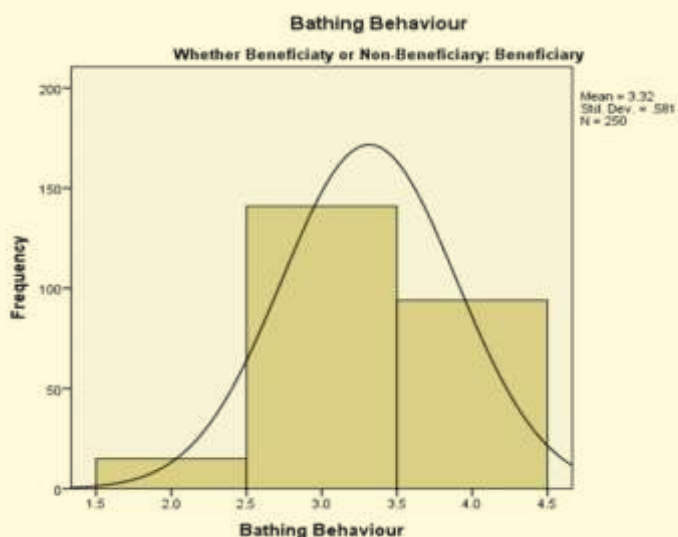


Fig 16: BB Distribution

Table 03J. Improvement in Community Sanitation

Beneficiaries	Frequency	Percent	Non-Beneficiaries
Partial	21	8.4	8.4
Significant	172	68.8	77.2
Outstanding	57	22.8	100.0
Total	250	100.0	
Non – Beneficiaries	Frequency	Percent	Cumulative Percent
No Change	235	94.0	94.0
Partial	15	6.0	100.0
Total	250	100.0	

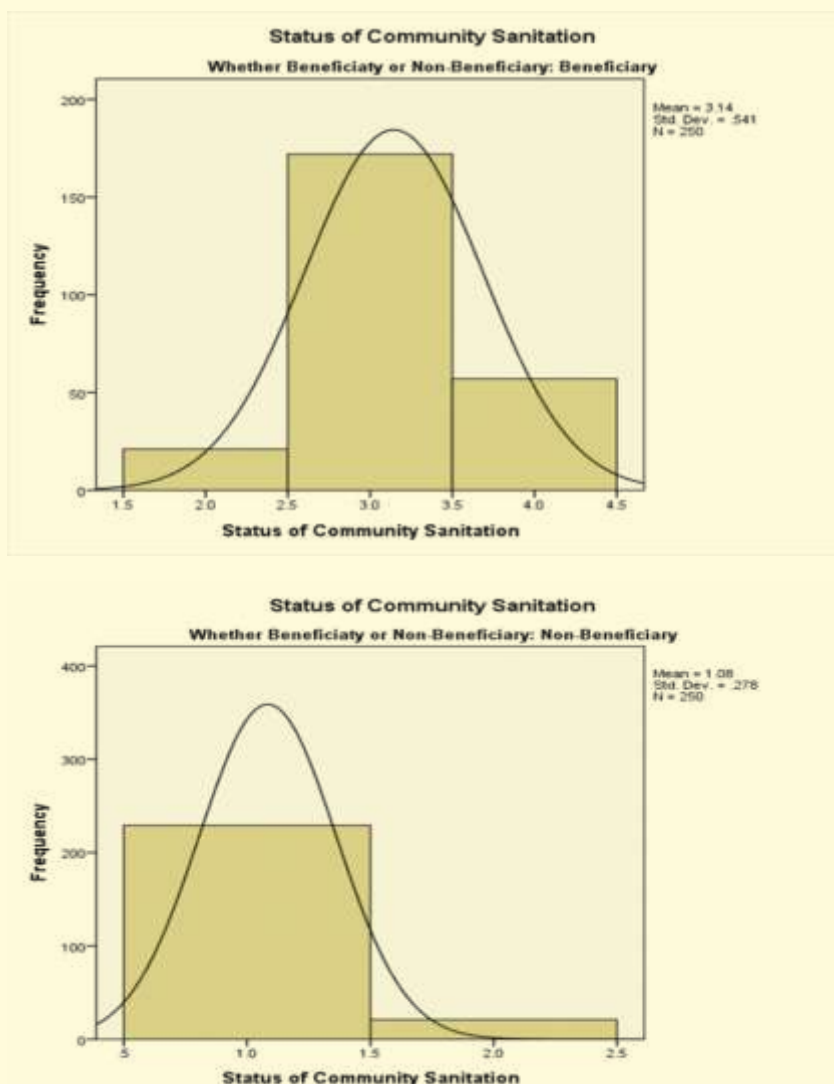


Fig 17: Status of Community Sanitation (SCS) Distribution

Table 03K. Reduced Involvement in Anti-Social Activities

Beneficiaries	Frequency	Percent	Non-Beneficiaries
No change	206	82.4	82.4
Partial	44	17.6	100.0
Total	250	100.0	
Non – Beneficiaries	Frequency	Percent	Cumulative Percent
No Change	4	1.6	1.6
Partial	44	17.6	19.2
Significant	135	54.0	73.2
Outstanding	67	26.8	100.0
Total	250	100.0	

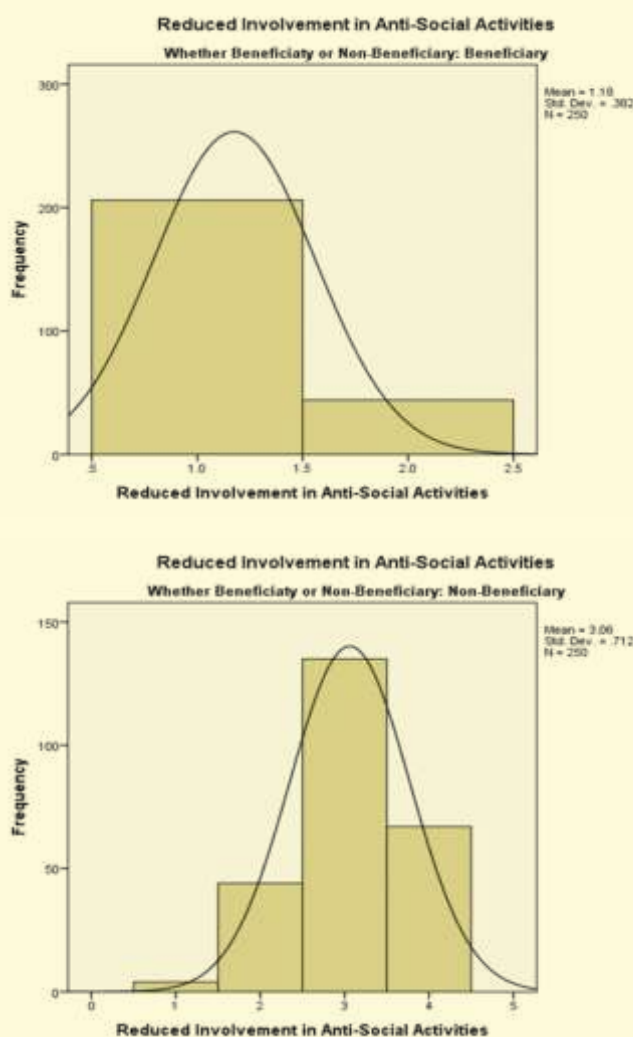


Fig 18: RIASA Distribution

Table 03L. Hardships for One Time Meal

Beneficiaries	Frequency	Percent	Non-Beneficiaries
No change	10	4.0	4.0
Partial	9	3.6	7.6
Significant	140	56.0	63.6
Outstanding	91	36.4	100.0
Total	250	100.0	
Non – Beneficiaries	Frequency	Percent	Cumulative Percent
No Change	241	96.4	96.4
Partial	9	3.6	100.0
Total	250	100.0	

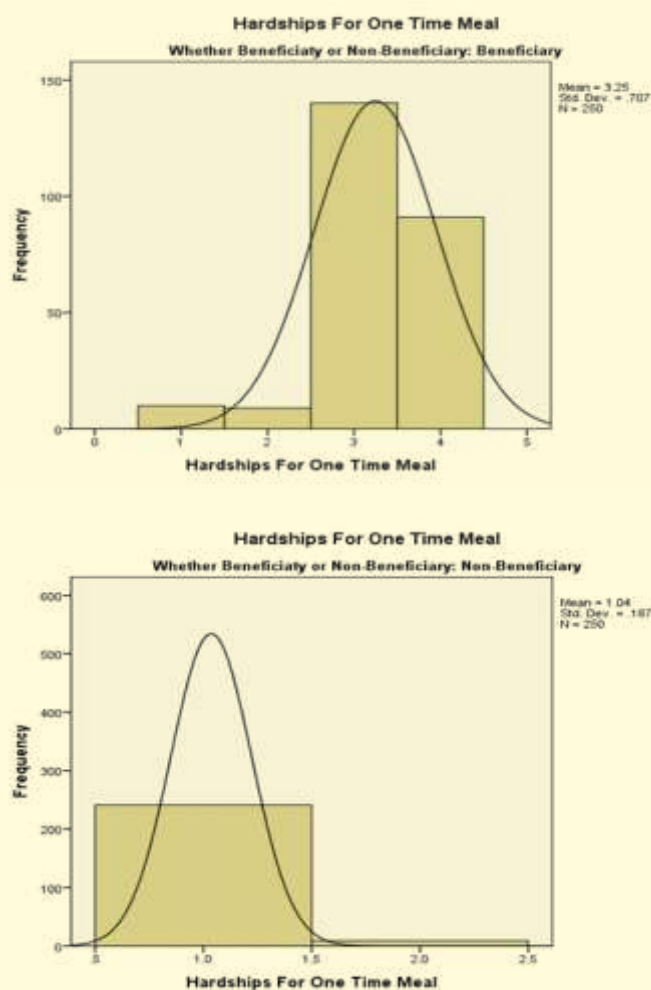


Fig 19: HOTM Distribution

Table 03M. Participation in Community Activities

Beneficiaries	Frequency	Percent	Cumulative Percent
No change	42	16.8	16.8
Minor	118	47.2	64.0
Major	66	26.4	90.4
Outreach	24	9.6	100.0
Total	250	100.0	

Non – Beneficiaries	Frequency	Percent	Cumulative Percent
No Change	132	52.8	52.8
Minor	118	47.2	100.0
Total	250	100.0	

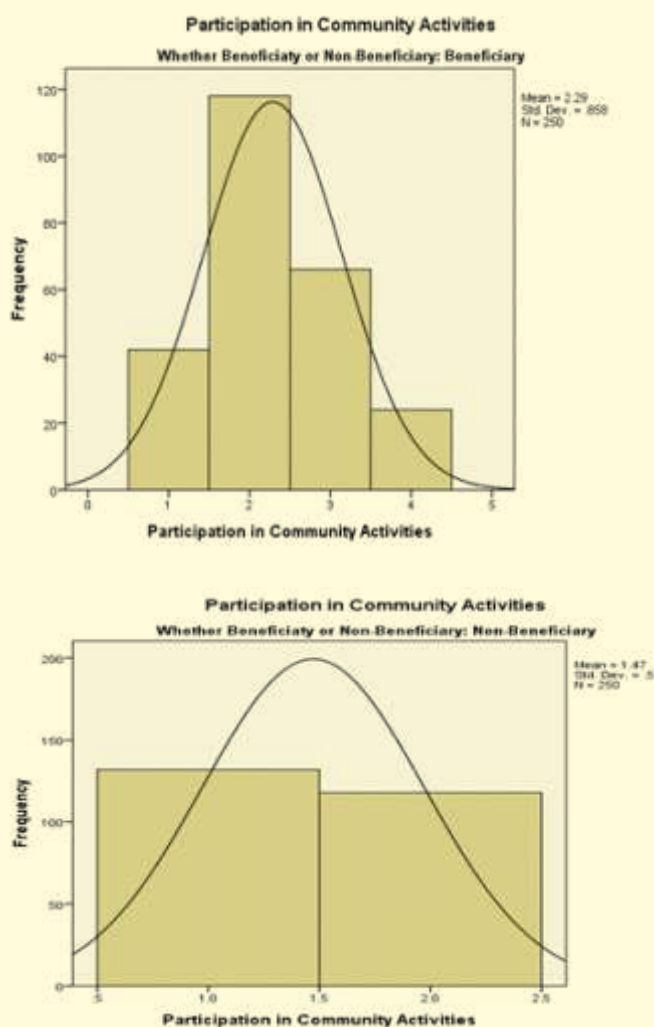


Fig 20: PLA (Participation in Community Activities) Distribution

Table 03N. Participation in Commercial and Social Enterprise

Beneficiaries	Frequency	Percent	Cumulative Percent
No change	33	13.2	13.2
Minor	71	28.4	41.6
Major	118	47.2	88.8
Outreach	28	11.2	100.0
Total	250	100.0	
Non – Beneficiaries	Frequency	Percent	Cumulative Percent
No Change	176	70.4	70.4
Minor	71	28.4	98.8
Outreach	3	1.2	100.0
Total	250	100.0	

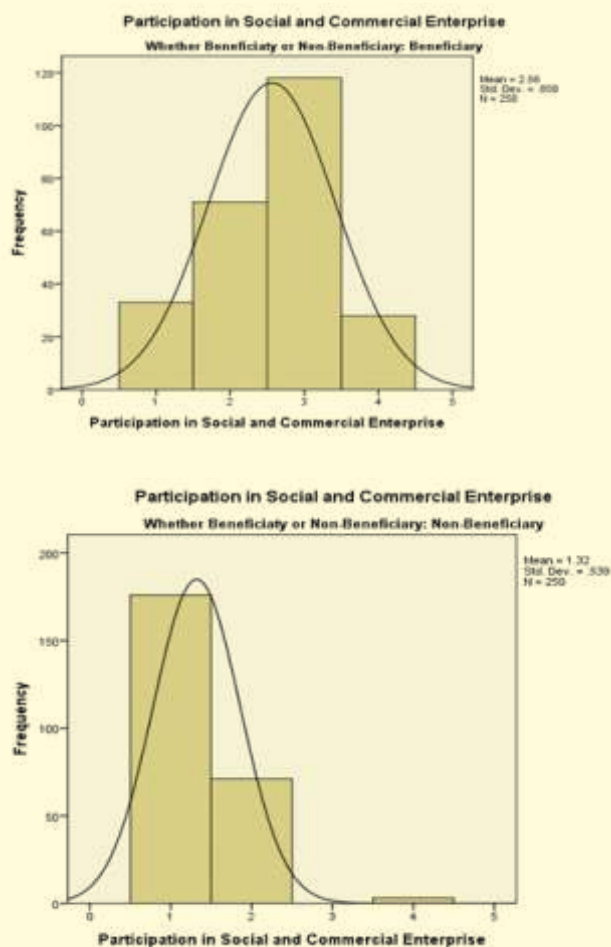


Fig 21: Participation in SCE Distribution

Table 030. Participation in Other Social Activities

Beneficiaries	Frequency	Percent	Cumulative Percent
Minor	18	7.2	7.2
Major	65	26.0	32.2
Outreach	167	66.8	100.0
Total	250	100.0	
Non – Beneficiaries	Frequency	Percent	Cumulative Percent
No Change	168	67.2	67.2
Minor	18	7.2	74.4
Major	64	25.6	100.0
Total	250	100.0	

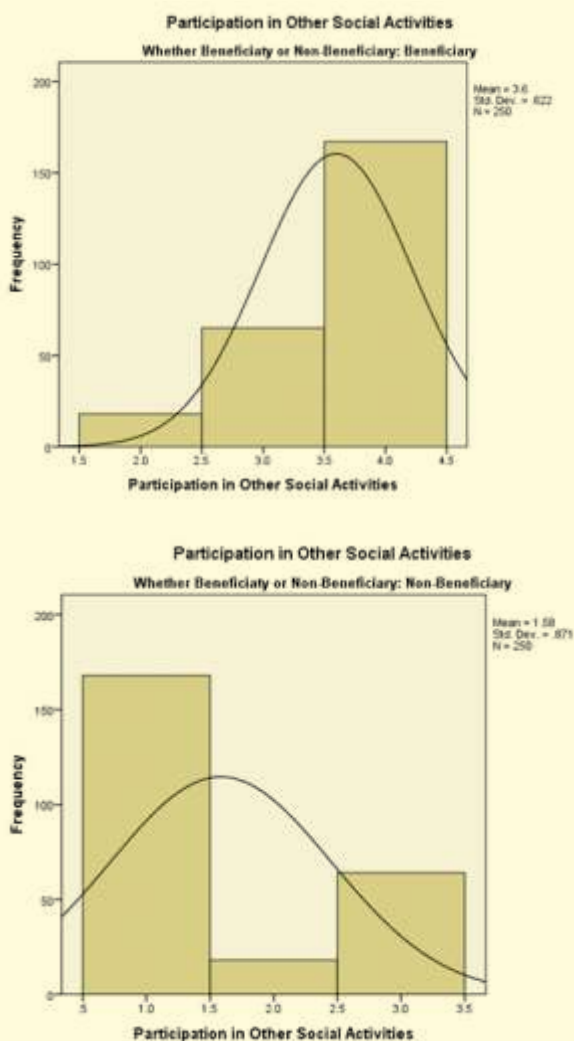


Fig 22: POSA Distribution

Table 3P. Civic and Social Behavioural Improvement (CSBI) – Descriptive A

Aspects	Beneficiary		Non-Beneficiary	
	Mean	SD	Mean	SD
IIM	1.00	0.00	0.00	0.00
Degree of mingling over Meal (DMM)	2.98	0.59	1.10	0.30
Improved Social Relations	2.96	0.70	1.11	0.31
Improved communication in the neighbourhood	3.61	0.57	1.02	0.14

Table 03 Q. Civic and Social Behavioural Improvement (CSBI) – Descriptive B

Aspects	Beneficiary		Non-Beneficiary	
	Mean	SD	Mean	SD
Initial Interaction over Meal (IIM)	2.81	0.82	1.18	3.85
Social Etiquettes	2.81	0.63	1.24	4.28
Nail Cutting	2.91	0.83	1.37	4.84
Body Odour	3.23	0.70	1.07	2.59
Mouth Odour	3.24	0.71	1.09	2.90
Regular Bathing	3.32	0.58	1.06	2.38
Community Sanitation Status	3.14	0.54	1.08	2.78
IASA	3.06	0.71	1.18	3.82
HOTM	3.25	0.70	1.04	1.87

Table 04 : Improvement of Social Engagement

Aspects	Beneficiary		Non-Beneficiary	
	Mean	SD	Mean	SD
Participation in Social Activities (Of all nature)		0.85	1.47	0.50
Participation in Social & Commercial Enterprise	2.58	0.88	1.33	0.60
Participation in Local Institutional Activities (School/PHC etc)	4.51	0.88	2.50	2.20

Table 05: Comparative View of Life Satisfaction, Meaning in life and General Wellbeing

Aspects	Beneficiary		Non-Beneficiary	
	Mean	SD	Mean	SD
Life Satisfaction (LS)	28.84	2.06	7.90	0.76
Presence of Meaning in Life (PML)	24.27	1.72	11.08	1.04
Presence of Meaning in Life (PML)	24.27	1.72	11.08	1.04
General Well-Being (GWB)	96.45	2.74	51.98	5.73

Section 03

Section 03 presents the results of all hypotheses tests performed by applying t or chi-square tests (as applicable)

There are five dimensions that are subject to test in this study, therefore at least five tables with their results and interpretations will be presented here. However, based on more indicators for certain dimensions more than one test can also be applied and reported with a table and can be discussed with results.

Table 06: Hypothesis Test (t-test Results)

H_1 to H_5 : Both the groups differ significantly which means the beneficiary group differs (N=250) on all dimensions under investigation and shows positive development significantly.

Table 06: Hypothesis Test (t-test Results)

Comparison (Between both the groups) B= Beneficiary, NB= non-Beneficiary	Mean (B-Row 1) Mean (NB-Row 2)	Std. Deviation (B-Row 1) Std. Deviation (NB-Row 2)	t- value	Sig (2 tailed)
Satisfaction With Life	28.8400	2.06092	150.58	0.000
	7.9040	0.76493		
Presence of Meaning in Life	24.2720	1.72101	103.67	0.000
	11.0800	1.04209		
Search for Meaning in Life	28.0920	1.82891	148.05	0.000
	7.1320	1.29044		
General Well-Being Score	96.45	2.746	110.62	0.000
	51.98	5.732		
Degree of Mingling over Meal	2.98	.594	44.30	0.000
	1.10	.306		
Improvement in Social Relations	2.96	.702	38.22	0.000
	1.11	.311		
Improvement in Communication with Neighbours	3.61	.572	69.43	0.000
	1.02	.140		
Improvement in Social Interactions	2.81	.828	28.18	0.000
	1.18	.385		
Improvement in Social Etiquettes	2.81	.634	32.48	0.000
	1.24	.428		
Nail Cutting Behaviour	2.91	.833	25.19	0.000
	1.37	.484		
Reduced Body Odour	3.23	.700	45.67	0.000
	1.07	.259		
Reduced Mouth Odour	3.24	.716	43.98	0.000
	1.09	.290		
Bathing Behaviour	3.32	.581	56.81	0.000
	1.06	.238		
Status of Community Sanitation	3.14	.541	53.57	0.000
	1.08	.278		
Reduced Involvement in Anti-Social Activities	1.18	.382	-36.89	0.000
	3.06	.712		
Hardships For One Time Meal	3.25	.707	47.80	0.000
	1.04	.187		
Participation in Community Activities	2.29	.858	12.99	0.000
	1.47	.500		
Participation in Social and Commercial Enterprise	2.56	.858	19.40	0.000
	1.32	.539		
Participation in Other Social Activities	3.60	.622	29.73	0.000
	1.58	.871		

Chapter 04: Key Findings, Impact and Road Ahead

01. Key Findings

The impact assessment study has several findings that lead to insight building. This study has largely focused on civic and social behavioural improvement. Whether the improvements reflect in terms of better civic and citizenship behaviour? How social relations have been influenced by this one-time meal? The previous studies done with TAPF have already established food quality and people's liking about the service delivery and food, therefore there was no point in investigating it. The socioeconomics behind this intervention was also very much understood.

The investments which are made by HEG Ltd had to be assessed for their social worth and benefits. Hence another dimension probing the degree of social and community engagement among beneficiaries was finalized. It was also the intent to measure the impact of this intervention for which a comparison between the two groups thus was conducted in order to assess the specific effect of the intervention.

1.1 Health and Nutritional Benefits (HNB)

- 01 The TAPF invention supported by HEG Ltd has several benefits pertaining to the health and nutrition of the people who benefit from this one-time service. TAPF is known for delivering 'quality and nutritious food in time'. This timely nourishing meal has naturally benefitted the people in the areas where it is served. Results clearly indicate that each beneficiary on an average gained more than 03 kgs weight, on the contrary, this figure is just below 01kg. The deviation in the data is just a bit higher ($SD=1.1$) for the beneficiary group and slight on the lower side ($SD=0.96$) for non-beneficiaries indicating greater consistency for non-beneficiaries, however, this cannot outweigh the fact that a gain in weight is much higher and significant among the beneficiary group.
- 02 The perceived level of Anaemia is also reportedly better off in beneficiary group as large number of women have indicated the condition to be better than before, whereas among non-beneficiaries the almost all (246) women have said they don't feel there in change in their levels of Anaemia. For the regularity the of menstrual cycle as well, the majority of women in the beneficiary group report on positive side as against their counterparts.

1.2 Civic and Social Behavioural Improvements

- 03 On the front of civic behaviour, we observe that beneficiary group has started mingling with each other better than their counterparts. ($Mean_B=2.96$, $Mean_NB=1.1$). Slightly higher deviation among beneficiaries show that smaller group has become very active in mixing and mingling in society among beneficiaries as compared to non-beneficiaries. Similar observations are for 'social interaction'. This meal of TAPF has facilitated the public to know each other more closely and they interact with each other quite often. A small group in the beneficiary group has become very much active.
- 04 This meal service has helped tie the knot among neighbours as well. A whopping 64.4 % of respondents from the beneficiary group along with 32.8% report that their communication with their neighbours has improved significantly and to a great extent respectively, whereas 98

% of non-beneficiaries have reported no change in the status quo in absence of TAPF meal service. The same situation is verified when we examine the data of 'social interaction'. The beneficiary group (Mean=2.81) has twice the greater interaction than the non-beneficiary group (Mean=1.18)

- 05 Social etiquettes and personal hygiene have improved to a great extent. The study observed that a majority of people in beneficiary group gradually became sensitive towards their interpersonal behaviour with others. May be because they have to demonstrate civic behaviour and courtesy while receiving food this social behaviour might have been learned more as compared to others who were never served food publicly free of cost. The other major finding in this continuation has been over a period of time during this community serving kitchen was operating, beneficiaries have become more sensitive towards their personal hygiene. Majority of beneficiary respondents reported that while they were regular for having free meal of TAPF, they adopted practices like regular nail cutting, regular bathing, regular brushing of teeth resulting in reduced body odour, mouth odour. This might be because of unique characteristics of founders of TAPF, i.e., ISKCON. Certain human values and personal hygiene is normally stressed by spiritual leaders and institutions and is if found in their mission practices. The data clearly shows the growing inclination of beneficiaries towards improving social etiquette and personal hygiene. Having mentioned this, there is conclusive evidence that serving one time meal has positive association with improvement in social etiquettes and personal hygiene.
- 06 There are implications for public hygiene also. In other words, situation of community sanitation has found to be positively associated with people having the one-time meal (OTM) given by TAPF. A whopping 68% of One-time Meal (OTM) beneficiaries were found to be reporting they have greater sensitivities towards maintaining public hygiene. OTM plays a vital role in developing these habits as people get to throw their waste at appropriate places after the meals in their area. They wash their utensils after having the food and socialising over a plate of lunch makes them learn by doing. In non-beneficiary group only 15% were inclined for such community sanitation practices. Somewhere daily OTM with hygienic instructions sensitises people and develops an attitude to keep the surrounding clean. In a way OTM helps in developing attitudes of cleanliness which is the core objective of Swachh Bharat Abhiyan (SWA).

1.3 Improvements on Social Engagements

- 07 OTM served by TAPF with the support of HEG Ltd, has another vital positive effect on society. The involvement of people in anti-social activities (pick-pocketing, soft theft etc) has reduced as per their own admission. People who were otherwise forced to earn their meal on daily basis and for want of better option they many times used to get indulged in various soft crimes and anti-social activities. But since OTM is being served by TAPF that worry has been minimal for the last few months and hence there is reported a reduction in such soft crimes and anti-social activities. It was reported by even women. Around 56% and 36% beneficiaries reported

to have experienced minor and major change in conditions of hardships for one time meal (OTM), whereas around 96% non-beneficiaries reported that hardships for food have been the same for them. Therefore, we can conclude that OTM has made lives of people easy and saved a lot of time and energy which as otherwise going into anti-social activities and criminal ventures at times for want of money which was required for daily diet as nutritious and nourishing as the one offered by TAPF.

- 08 Here is another major finding worth taking note. This study enquired about participation of people at various levels i.e., a) participation in community for any activity which shows that activeness of the person, b) participation of people particularly women in commercial and social enterprise so in activities that are economically significant and c) participation in other social activities like any social cause, pro-social activity, school, college, health centre or govt programme etc. It was found that beneficiaries of one-time meal (OTM) tend to get involved in pro-social activities, community activities and social & commercial enterprise related activities more as that of those who are not regularly getting OTM. Why this could be the case? Field observations suggest that OTM intervention saves some critical time of people which they otherwise invest in some activity to earn money that can fetch one time meal to their family. Having saved this time, beneficiaries have the opportunity to utilise this time in some other productive activity. So, those who are of hardworking nature in the society have found to be using this time in pro-social, community and entrepreneurial activities.

1.4. Improvements on Psycho-social Aspects

- 09 When we scientifically compare the means by way of testing of hypothesis that hypothesises enhanced and positive difference in beneficiaries on all these grounds of health outcomes, Civic and Social Behavioural Outcomes and Levels of Participation Outcomes, we have evidence to reject null hypotheses assuming no differences between the two groups of beneficiaries and non-beneficiaries each. The most important finding is that beneficiary groups differ from non-beneficiary group all on counts that too significantly. This actually suggests that the invention of community serving kitchen / OTM intervention is actually very impactful.

02. The Impact

The impact as indicated by these results is discussed and presented in this section. The changes and improvements that are visible between the beneficiary and non-beneficiary groups through tabular presentation.

We suggest reviewing these three questions after the study for better impact assessment.

- 1) What do these results imply for society?
- 2) What are the implications for stakeholders like TAPF and HEG?
- 3) How the efforts of TAPF supported by HEG have made an impact and contributed positively to society will be outlined on the basis of evidence from the field?

Impact is larger effect which is lasting. The OTM intervention has lasting effect on society in terms of it has given meaning to life of beneficiaries, it has established purpose in life of beneficiaries and

ensued the general well-being of the people who are currently taking the services of the kitchen.

2.1 Meaning in Life: Ultimately this is the real impact of the intervention. If some programme(s) brings hope and success in the lives of the people who are part of it and hold some stake in it, would be called impactful in real terms. Meaning in life scale that was administered measured the meaningfulness on two dimensions. First, having the meaning in life presently and looking for it actively. On both the levels beneficiary group has significantly ahead than that of non-beneficiary group. (Mean_B=24.27; Mean_NB=11.08; Presence of Meaning in Life) (Mean_B=28.09; Mean_NB=07.13; Searching for Meaning in Life). ($t = 103.67$, $t=148.05$) This difference is statically significant.

People who are having one time meal have presence of meaning and if not, presence at least looking for the meaning in life, whereas those who are deprive of it have a long way to go. This is such an impactful finding that tells volumes about the two things a) availability of nutritious food on time and b) how resourceful it makes individuals to face challenges of life ahead.

2.2 General well-being: As per the result ($t=110.62$) B (96.45, 2.74); NB (51.98,5.73), is significant at 0.00. It is evident that beneficiary groups scores very high lesser dispersion, and t value is significant. General wellbeing is established of the beneficiary group talk about larger impact of the intervention. The low rate of crime in the society where the food is being served also verifies it. People are happier there is wellbeing (Physical, emotional and spiritual) is taken care of. This finding is extra-ordinarily impactful.

It is noteworthy to observe that when food is about to reach in the slum area the beneficiaries get ready in the queue. They wait for the food as if it is the central attraction in their life. It provides us the insight that such programme should continue and should be allowed to function and operate among those who do not have enough means and resources to afford the kind of food that is served. This is one of the most effective ways of taking care of there well-being.

2.3 Ultimately life is satisfied: The results of the study clearly indicate that mean score of life satisfaction for the beneficiary group is quite higher than that of non-beneficiaries. (28.84 over 07.90; $t=150.58$) with SD (2.06 over 0.76). Ultimately the impact is visible through life satisfaction score also. More satisfied leads to peace and prosperity in the society. This study scientifically establishes the fact that beneficiary is group is more satisfied with life however with higher dispersion but they are more satisfied. This is yet another extraordinary and impactful outcome.

Based on these critical outcomes it is suggested that the programme is quite impactful and should continue to serve those who are not otherwise capable of either economically, socially or due to any other reason, having nutritious and nourishing food.

03. The Road Ahead

In this section, the futuristic view of the situation will be discussed.

- This study has adopted the self-reported measures. Normally the outcomes obtained from the self-adopted measures can be inflated and therefore a counter check with other indicators is suggested. For example, if OTM saves the time and critically reduces the involvement in anti-social activities of the people, a counter data on indicators of anti-social activities should be

collected to verify the self-reported claims. Therefore, some studies with different approach of data collection and information processing should be encouraged by the doners.

- It is suggested that Civic and Social Behavioural Improvement (CSBI) must be emphasized. This should be specifically targeted in the future and behaviour change should be on focus for assessing the impact in the future of this and similar other interventions. Corporates spending huge amounts on such initiatives must know as to what lasting change they are going to bring about in the society. If people's behaviour can be influences, this would be the greatest and lasting change in the society. Therefore, themes like Social and Behavioural Change Communication (SBCC) and Civic and Social Behavioural Improvement (CSBI) must be addressed. Behaviour of people makes the nation. If that can be positively moulded and influenced, the social space, the country would be better place to live. What more can be the contribution towards making people socially aware and responsible.
- TAPF and HEG Ltd should address certain weak and strong area of this intervention. Also, some challenges and opportunities that are confronting must be highlighted. The first thing is that intervention is very simple but has deep routed effects. There has not been realisation so far about the deep impacts of food on well-being, life satisfaction and purpose and meaning of life for underprivileged sections. Second, there is no direct bearing upon livelihood development of people. This intervention is simply food distribution which is free of cost. There are no elements of sustainability until there is a plan of making such an intervention community-based kitchen. This resource dependence of the intervention has to be addressed so that intervention is sustainable and deep impacts can actually be realised.
- Kitchens are ultra-modern and waste is minimal. However, in longer run these kitchens should be self-sustainable in terms of raw food grains and fuel.
- Finally, why such social investments are required and how they can be made effective? In Indian tradition Anna-daan¹ has been considered to be one of most auspicious daan (donation or act of kindness). Considering this philosophical grounding routed in Indian tradition, the intervention will never fall short of resources and if fund raising is paid proper attention linking it with philosophical routes of Anna-daan.

¹*Sanskrit* term meaning literally 'giving away the food'. One among very auspicious donations as per various Indian traditions

**Strengths, Weakness, Opportunities and Challenges (SWOC):
For intervention like OTM through ultra-modern kitchen:**

Exhibit 05: SWOC Analysis of the OTM Intervention

S

- Ultra-modern kitchen
- Automated Kitchen
- Minimum Wastage
- Quality Controls
- Nutritious food
- Food on time with regularity
- OTM providing opportunity to social interaction
- Enhancing Pro-social behaviour
- Reducing Anti-social behaviour
- People are sensitised about personal and public hygiene
- Time of beneficiaries is saved
- Acts like a school of social etiquettes for children
- Burden of women is reduced for one time cooking

O

- Time saved brings numerous opportunities in life
- Space for supportive interventions
- Adults and other sections of society

W

- It is just One time meal without any other formal input for income generation
- Transportation Issues
- Dependency on local supplier for raw materials
- Chaos and indiscipline at distribution cite if people aren't mature
- Fixed locations of service may make specific people habitual of this food

C

- Distribution practice is contextual
- Proper utilization of time saved
- People may become more lazy
- 'Something for nothing' may develop

Annexure A: Tool for Assessment 02**PART 02: ASSESSMENT OF BENEFITS TO THE HOUSEHOLDS
(For Assessment 02)**

Conduct the FGDs with beneficiaries of the Akshaya Patra community serving kitchen. A group can consist of five members from five different households. These interviews should be conducted to incorporate the independent views of women and children. (As well along with men). The point of inquiry here would be to investigate how people have utilized the time that was saved because of the meal service from the Akshaya Patra Foundation supported by HEG Ltd.

1. Indicate how frequently you take meal offered by Akshaya Patra in a week?

2. Comment on quality and regularity of the kitchen service in your community.

3. Indicate your social involvement in different activities because of the time that you have saved by having meals offered by Akshaya Patra Foundation.

4. Indicate any commercial/financial/entrepreneurial engagement resulting because of time saved as there has been a regular food service at your doorstep.

5. Please provide any other information that is relevant to our discussion here. Any other information which indicates that kitchen service has been socially, psychologically, economically, or politically beneficial to your household, community or any other individuals.

6. Describe the opinion of your friends, relatives or people from other neighbourhoods who have been observing this kitchen service but not have been beneficiary to this venture.

Annexure B: Tool for Assessment 03**PART 01: COMPARATIVE ASSESSMENT
(For Assessment 03)****Section A: Information of the respondent**

1. Name
2. Age
3. Gender
4. Caste
5. Religion
6. Location

Section B: Health & Nutritional Improvement

7. Height _____
8. In the last three months or since the inception of kitchen service weight gained _____
9. In the last three months improvement in the level of Anaemia (it can be a perception-based measure) Yes/ No
10. Any improvement in the menstrual cycle (For women responders)
No improvement / Somewhat regular / Quite regular than before /
Improvement in the flow of blood

Section C: Civic and other Social Behavioural Improvement

11. Have you started greeting people more often because of your frequent meetings over meals? Yes / No
12. To what extent you have started mingling with people of your locality because of regular meetings over meals? No difference / To some extent / to great extent / Extraordinary
13. As a result of frequent meetings over meals your social relations have improved.
Disagreement / Partial Agreement / Agreement / Strong Agreement
14. As a result of frequent meetings over meals your communication with your neighbours

Observed no change/ Has increased to some extent / Has increased to a great extent / It has improved like never before

Indicate the change in your family members (spouse, children etc) by marking a tick.

Observed no change/ Has increased to some extent / Has increased to a great extent / It has improved like never before

Indicate the change in your family members (spouse, children etc) by marking a tick.

Aspect	No change	Partial improvement	Significant improvement	Outstanding improvement
Social Interactions				
Social Etiquettes				
Nail cutting				
Odour from body				
Odour from mouth				
Bathing				
Community sanitation				
Involvement in anti-social activities				
Hardships for one time meal				

Section D: Improvement in Social Engagement

22. In the last three-four months (since the inception of kitchen service) indicate the improvement in the following situations: (Time saved may result in the following things)

Aspect	No change	Minor improvement in involvement	Major improvement in involvement	Outright improvement	Remarks (indicated what changes occurred e.g. more participation in SHG leading to more savings etc.)
Your participation in community or social/religious activity/ activities					
Participation in social / commercial enterprise / SHGs/ Youth Groups or clubs					
Attendance and participation in school activities					

1. Life satisfaction

Instructions: Below are five statements that you may agree or disagree with. Using the 1 -7 scale below, indicate your agreement with each item by placing the appropriate number on the line preceding that item. Please be open and honest in your response.

- 7-Strongly agree
- 6-Agree
- 5-Slightly agree
- 4-Neither agree nor disagree
- 3-Slightly disagree
- 2-Disagree
- 1-Strongly disagree

In most ways my life is close to my ideal after getting connected to this kitchen service.

The conditions of my life are excellent post the regular meals from Akshaya Patra Kitchen.

I am satisfied with my life after having food from the kitchen service.

I have started receiving the important things I want in life after the advent of this kitchen service.

If I could live my life over, I would change almost nothing in this ongoing kitchen service.

24. Meaning fulness of life

Please take a moment to think about what makes your life and existence feel important and significant to you. Please respond to the following statements as truthfully and accurately as you can, and also please remember that these are very subjective questions and that there are no right or wrong answers. Please answer according to the scale below:

- | Absolutely
Untrue | Mostly
Untrue | Somewhat
Untrue | Can't Say
True or False | Somewhat
True | Mostly
True | Absolutely
True |
|------------------------------|--------------------------|----------------------------|------------------------------------|--------------------------|------------------------|----------------------------|
| 1 | 2 | 3 | 4 | 5 | 6 | 7 |
1. I understand my life's meaning now after becoming a beneficiary of Akshaya Patra Kitchen service.
 2. I am now looking for something that makes my life feel meaningful.
 3. I am always looking to find my life's purpose.
 4. My life has a clear sense of purpose because of regular meals taken care by Akshaya Patra Foundation.
 5. I have a good sense of how Akshaya Patra Kitchen has made our life meaningful.
 6. I have discovered a satisfying life purpose now.
 7. Akshaya Patra community kitchen service is something that makes my life feel significant.
 8. Now that my hunger is taken care of, I am seeking a purpose or mission for my life.
 9. My life had no clear purpose before the advent of Akshaya Patra kitchen service in our area.
 10. I am searching for meaning in my life even now.

General well-being scale to be administered (attached separately)

Annexure C: Detailed results of the t-test for comparison between the beneficiary group and with non-beneficiary group

Independent Samples Test										
		Levene's Test for Equality of Variances		t-test for Equality of Means						
		F	Sig.	t	df	Sig. (2-tailed)	Mean Difference	Std. Error Difference	95% Confidence Interval of the Difference	
									Lower	Upper
Satisfaction With Life	Equal variances assumed	73.079	.000	150.58	498	.000	20.93600	.13903	20.66284	21.20916
	Equal variances not assumed			150.58	316.32	.000	20.93600	.13903	20.66245	21.20955
Presence of Meaning in Life	Equal variances assumed	68.844	.000	103.67	498	.000	13.19200	.12724	12.94200	13.44200
	Equal variances not assumed			103.674	409.95	.000	13.19200	.12724	12.94187	13.44213
Search for Meaning in Life	Equal variances assumed	19.012	.000	148.059	498	.000	20.96000	.14156	20.68186	21.23814
	Equal variances not assumed			148.059	447.68	.000	20.96000	.14156	20.68179	21.23821
General WellBeing Score	Equal variances assumed	132.285	.000	110.628	498	.000	44.472	.402	43.682	45.262
	Equal variances not assumed			110.628	357.57	.000	44.472	.402	43.681	45.263
Degree of Mingling over Meal	Equal variances assumed	12.953	.000	44.301	498	.000	1.872	.042	1.789	1.955
	Equal variances not assumed			44.301	372.37	.000	1.872	.042	1.789	1.955
Improvement in Social Relations	Equal variances assumed	31.678	.000	38.225	498	.000	1.856	.049	1.761	1.951
	Equal variances not assumed			38.225	343.14	.000	1.856	.049	1.760	1.952
Improvement in Communication with Neighbours	Equal variances assumed	603.506	.000	69.433	498	.000	2.588	.037	2.515	2.661
	Equal variances not assumed			69.433	278.80	.000	2.588	.037	2.515	2.661
Improvement in Social Interactions	Equal variances assumed	75.670	.000	28.185	498	.000	1.628	.058	1.515	1.741
	Equal variances not assumed			28.185	351.80	.000	1.628	.058	1.514	1.742

Improvement in Social Etiquettes	Equal variances assumed	14.009	.000	32.486	498	.000	1.572	.048	1.477	1.667
	Equal variances not assumed			32.486	436.79	.000	1.572	.048	1.477	1.667
Nail Cutting Behaviour	Equal variances assumed	68.196	.000	25.199	498	.000	1.536	.061	1.416	1.656
	Equal variances not assumed			25.199	400.00	.000	1.536	.061	1.416	1.656
Reduced Body Odour	Equal variances assumed	183.516	.000	45.674	498	.000	2.156	.047	2.063	2.249
	Equal variances not assumed			45.674	315.92	.000	2.156	.047	2.063	2.249
Reduced Mouth Odour	Equal variances assumed	180.570	.000	43.981	498	.000	2.148	.049	2.052	2.244
	Equal variances not assumed			43.981	328.38	.000	2.148	.049	2.052	2.244
Bathing Behaviour	Equal variances assumed	348.412	.000	56.819	498	.000	2.256	.040	2.178	2.334
	Equal variances not assumed			56.819	330.26	.000	2.256	.040	2.178	2.334
Status of Community Sanitation	Equal variances assumed	72.443	.000	53.570	498	.000	2.060	.038	1.984	2.136
	Equal variances not assumed			53.570	371.97	.000	2.060	.038	1.984	2.136
Reduced Involvement in Anti-Social Activities	Equal variances assumed	36.543	.000	-36.891	498	.000	-1.884	.051	-1.984	-1.784
	Equal variances not assumed			-36.891	381.25	.000	-1.884	.051	-1.984	-1.784
Hardships For One Time Meal	Equal variances assumed	248.843	.000	47.801	498	.000	2.212	.046	2.121	2.303
	Equal variances not assumed			47.801	283.50	.000	2.212	.046	2.121	2.303
Participation in Community Activities	Equal variances assumed	44.614	.000	12.992	498	.000	.816	.063	.693	.939
	Equal variances not assumed			12.992	400.76	.000	.816	.063	.693	.939
Participation in Social and Commercial Enterprise	Equal variances assumed	70.350	.000	19.403	498	.000	1.244	.064	1.118	1.370
	Equal variances not assumed			19.403	419.03	.000	1.244	.064	1.118	1.370
Participation in Other Social Activities	Equal variances assumed	64.408	.000	29.739	498	.000	2.012	.068	1.879	2.145
	Equal variances not assumed			29.739	450.48	.000	2.012	.068	1.879	2.145