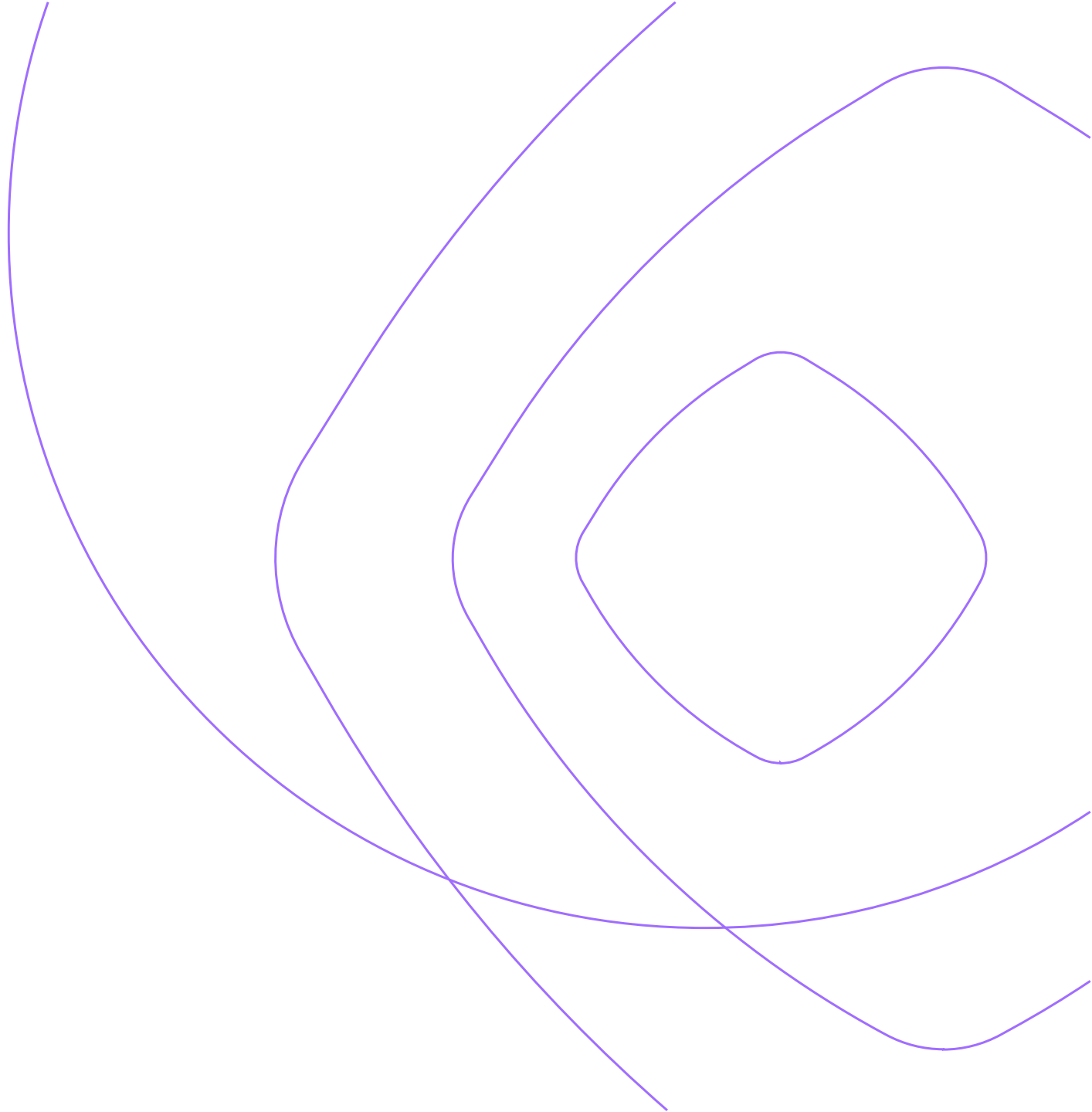




Impact assessment of Let's build a house

LG Electronics India Limited

January 2026



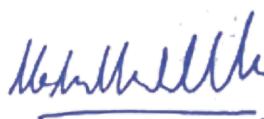

15th January 2026

To,
LG Electronics India Limited (“LG”)

LG engaged Grant Thornton Bharat LLP (“GT”) to conduct impact assessments of its CSR projects - Karein Roshni, Let’s Build a House, Life’s Good Nutrition (Mid day Meals & Daily Nutrition), and Cancer Support.

The focus of our assessment included understanding outreach and impact of the projects; gauging the perception of stakeholders; analysing perception and feedback about the projects/ processes followed; and providing any relevant way forward. We followed a four-stage methodology which included, kick off call with the client to understand the project and its scope; review of all project related documents; stakeholder interactions to map their perspective; and analysis and reporting of key findings. GTBL confirms completion of all tasks within the scope of work as detailed in the engagement letter dated 15th September 2025 signed between both parties.

This report is with restrictive circulation and has been prepared exclusively for LG. Information collected for this study is through field visits, meeting with various stakeholders, information shared by respondents and backend data provided by the client. We have relied on the information shared by these sources. The scope of work here does not constitute an audit or due diligence of the information shared. This report should not be considered as an expression of opinion on any form of assurance on the financial statements of or on its financials or other information. GTBL holds no responsibility on accuracy or sanctity, or authenticity of information provided by company or implementing partner or stakeholders covered or any other party involved, and results / references drawn basis the same. We shall not take responsibility for the consequences resulting from decisions based on information included in the report.

Abhishek Tripathi
Partner – ESG & Risk Consulting
Grant Thornton Bharat LLP

Notice to the reader

- This report has been prepared exclusively for LG Electronics India Limited. Grant Thornton Bharat LLP does not accept or assume any responsibility or liability, nor owes any duty of care, to any party other than LGEIL for any consequences arising from reliance on this report.
- The information collected for this study is through field visits, interactions with the project team, interviews with stakeholders, facilitated by LGEIL and its Partners. We have relied on the information shared by these sources.
- The scope of work here does not constitute an audit or due diligence of the information shared, hence information received from the various sources was believed to be accurate.
- The recommendations provided as part of the assessment exercise may be implemented after an analysis of prioritization. The decision to implement the recommendations is the responsibility of the management of LGEIL.
- Field visits were conducted in cognizance with LGEIL's prior acceptance on approach, methodology, coverage plan, tools and indicators.
- Owing to communication gap and the inherent human instinct to report everything as above-expectations and glitch-free, it was challenging to make interviewees understand the purpose of the survey and ensure that correct data was accordingly gathered.
- Grant Thornton Bharat LLP holds no responsibility on accuracy or sanctity, or authenticity of information provided by LGEIL or implementing partner or stakeholders covered or any other party involved, and results / references drawn basis the same.
- This report should not be considered as an expression of opinion on any form of assurance on the financial statements of or on its financial or other information.
- This Report has been prepared solely to address issues specific to the Client and may not have addressed issues of relevance to any other person or entity. Any person or entity that is not a party to our engagement letter with the Client shall have no right to enforce any of its terms against us.

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01

Introduction and background



About LG Electronics India

LG Electronics India (LGEIL), the Indian subsidiary of LG Electronics, established in 1997. It is one of the most formidable brands in consumer electronics - Home Entertainment, home appliances, HVAC, IT hardware. In India, LG Electronics has earned a premium brand positioning and is an acknowledged trendsetter in the industry.

LGEIL's manufacturing unit at Greater Noida is one of the most eco-friendly units among all LG manufacturing plants in the world. The second Greenfield facility is located at Ranjangaon Pune which manufacture LED TVs, air conditioners, commercial air conditioning systems, washing machines, refrigerators, and monitors.

Key CSR focus areas in alignment with the Schedule VII:



Eradicating hunger, poverty and mal-nutrition, promoting preventive health care and sanitation



Promoting education, including special education and employment enhancing vocation skills



Measures for the benefit of armed forces veterans, war widows and their dependents.



Ensuring environmental sustainability, ecological balance, and protection of flora and fauna

Rationale

Housing is one of the basic human needs, alongside food and livelihood. The development and well-being of individuals are deeply influenced by the extent to which these needs are met. In India, a large proportion of the population reside in rural areas with marginal to low levels of economic development, housing continues to pose significant challenges. As per NFHS-5 (2019-21) data, India's multidimensionally poor population stands at 14.96%. Key challenges include –



Inadequacy of Capital - Limited financial resources prevent families from constructing durable homes, often resulting in non-cemented or *kuccha* houses. As per NFHS 5, 79.5% of rural households live in pucca houses, meaning around 20% still reside in semi-pucca or *kuccha* structures made of mud, thatch, or temporary materials.



Use of Temporary Materials - Many rural houses suffer from sagging foundations and use of temporary materials for roofing. Structural weaknesses make these homes unsafe and vulnerable to environmental hazards.



Housing Deficit and Health Risks - The shortage of safe and secure housing has become even more evident during crises such as the COVID-19 pandemic.

The absence of proper housing and sanitation infrastructure perpetuates intergenerational poverty, as families struggle with health-related expenses, reduced productivity, and limited educational opportunities. Addressing these gaps is essential for improving health outcomes, dignity, and quality of life, and for fostering inclusive rural development.

About the project

Habitat For Humanity India (HFHI) with support from LGEIL implemented Integrated Community Development Program (Housing and Sanitation) project in Uttar Pradesh and Maharashtra. The project aimed at providing decent housing and sanitation facilities to marginalized families in Ghaziabad, Uttar Pradesh and Khed block in Pune district of Maharashtra. Both location are close to the plant site of LGEIL hence, the objective of this initiative is to secure housing needs of the people residing close to the plants.

The project included following activities:

Construction of New Houses

The activity aimed at providing safe & decent dwelling for the identified families who did not have proper housing. Under this initiative, 34 houses were constructed in Khed (18) and Ghaziabad (16).

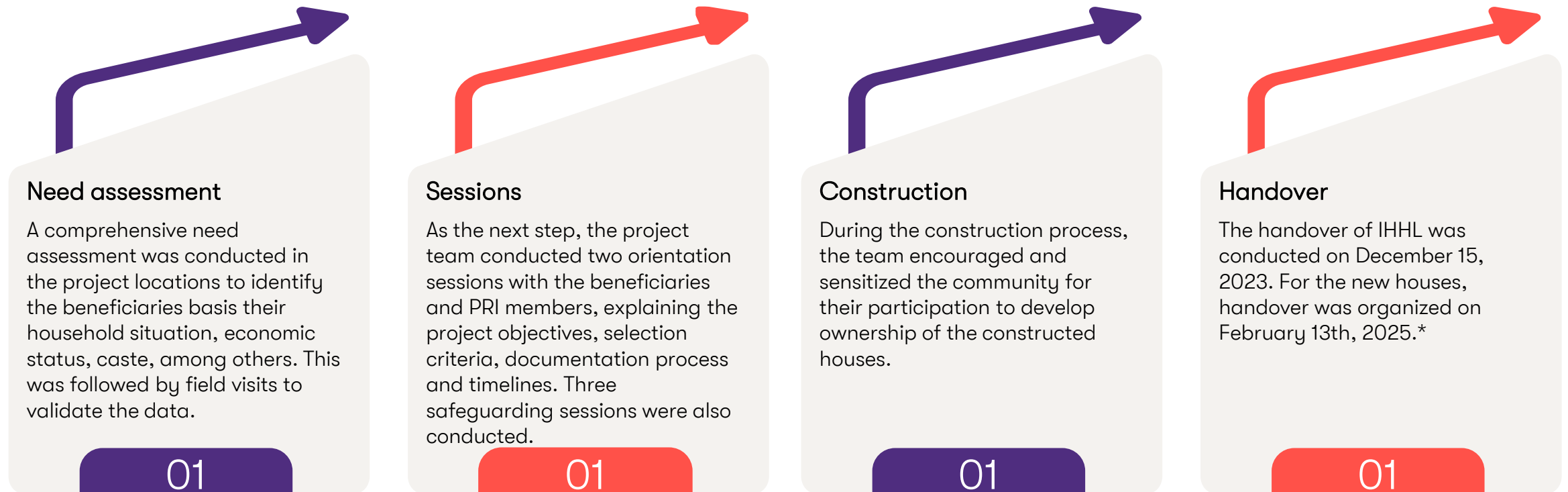
Construction of Individual Household

Sanitation: This activity focused on providing families with clean sanitation units in their homes with the aim of reducing health risks associated with open defecation. Under the initiative, 80 household toilets were constructed in Khed (40) and Ghaziabad (40).



Beneficiaries were from low-income families and were living in Kutcha or Semi-Pukka houses. The selection was done according to priority areas set by HFHI that includes, income criteria, women headed households, households with disabled family member, among others.

Process flow

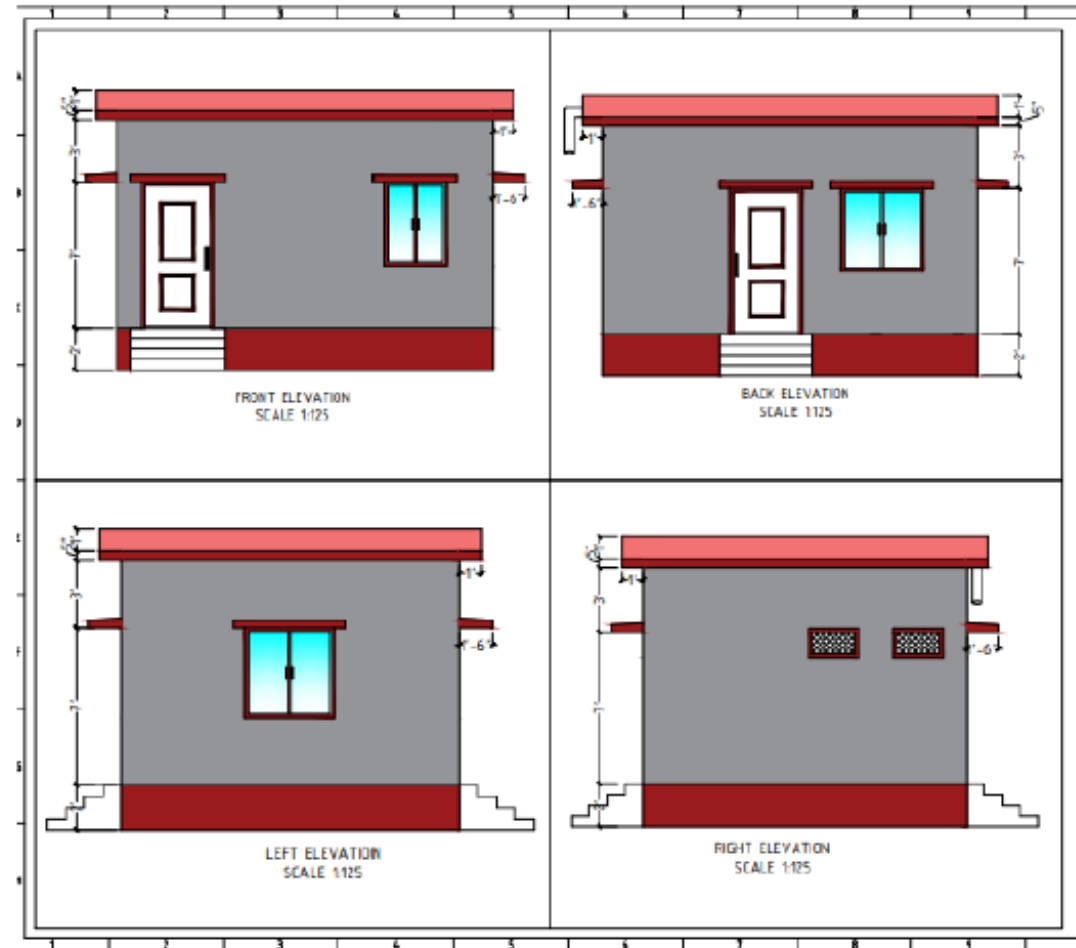


***Note** - The handover process was conducted with a goal to not only facilitate the efficient transfer of responsibilities but to also sustain the positive impact of the initiative within the community. During the event, local stakeholders and beneficiaries were present, highlighting the collective effort invested in the initiative. Additionally, practical guidance was offered on showcasing the positive changes these facilities bring to individuals' lives.

Safeguarding measures followed

As part of the project the following safety measures were followed:

- Orientation of all stakeholders on safeguarding policy, code of conduct and standards.
- Safeguarding policies are signed by all the contractors, vendors, service providers along with agreements.
- Informative material on safeguarding messages is displayed at work/construction/project/activity sites and project site on ethics, code of conduct and whistle blowing.

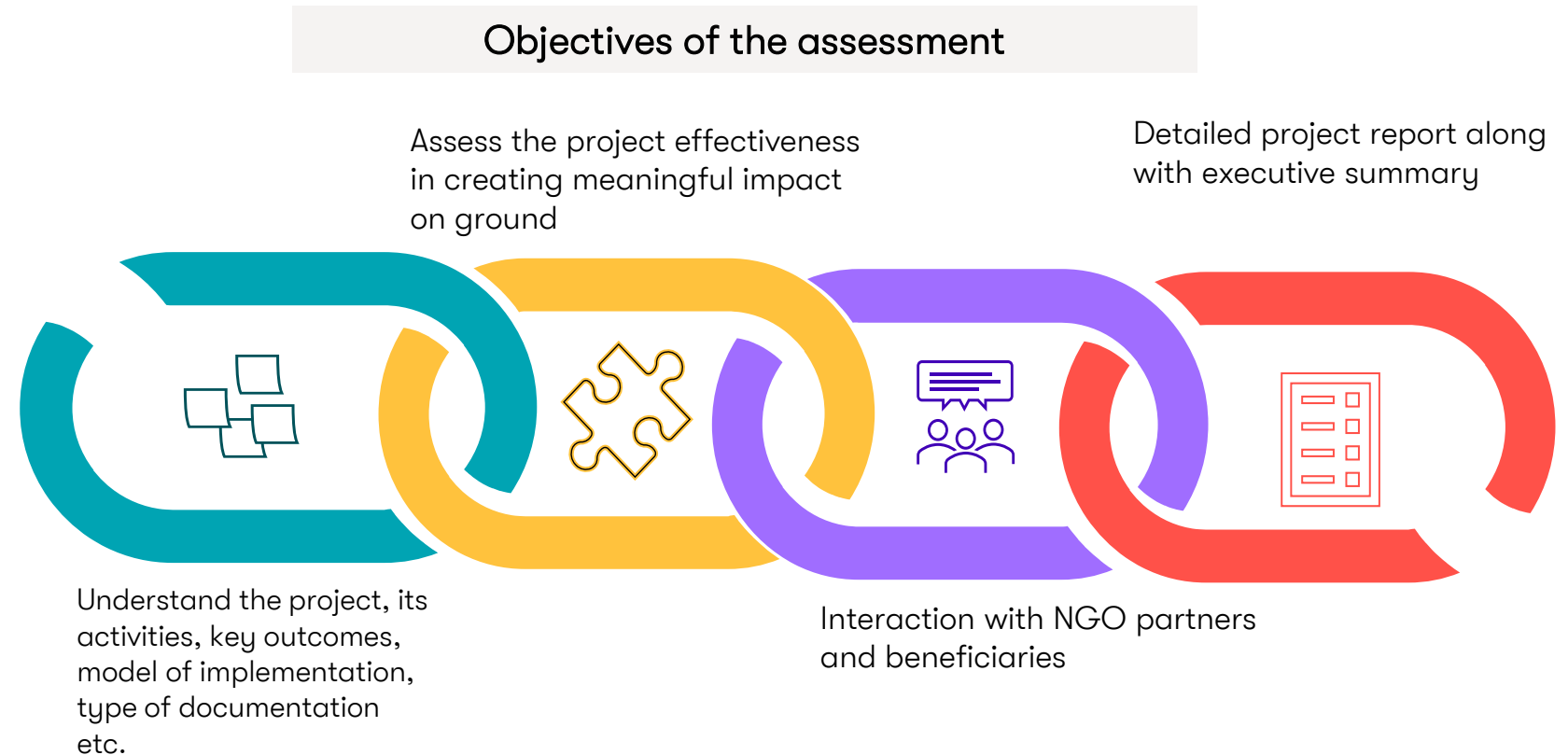


Sample house plan

Scope of work

Grant Thornton Bharat LLP was appointed by LGEIL to conduct an impact assessment of the Let's Build a House Project for the year 2022-24. The partner of the project was

- Habitat for Humanity India Trist – INR 2,65,97,492



02

Approach and methodology



Our framework

Based on the principals of OECD DAC, the APICS evaluation framework for social development projects helps evaluate projects holistically.



Accessibility

- Were the newly constructed houses and sanitation units easily accessible to all intended beneficiaries?
- Did the location and design of the houses and toilets meet the needs of the families?



Importance

- How significant is the improvement in living conditions of the beneficiaries?
- Do beneficiaries perceive housing and sanitation as their top priority needs being addressed?



Sustainability

- Are beneficiaries able to maintain the houses and sanitation units without external support?
- Has the project fostered community ownership and local capacity for future housing and sanitation improvements?



Performance

- Are the houses and sanitation units functioning as intended?
- Have the interventions reduced health risks?



Coherence

- Assessing the alignment of the project with Schedule VII of the Companies Act and Sustainable Development Goals.

Our methodology

01

Kick off and scoping

- Inception meeting with LGEIL team to discuss scope and project details
- Discussion with the HFHI team to understand the project.
- Review of secondary data to understand coverage in terms of beneficiary profiles, relevance etc.

03

Beneficiary interaction

- In-depth interactions with the project team to understand the relevance, effectiveness, efficiency, impact and sustainability of the program
- Quantitative and qualitative interactions with the beneficiaries from Ghaziabad and Pune.

02

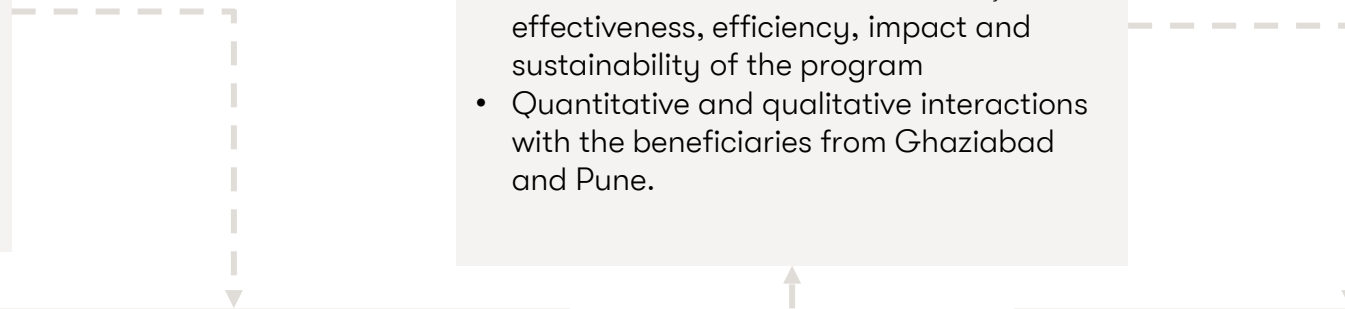
Desk review

- Review of data and documents maintained by the partner
- Mapping key areas of enquiry as per the objectives of the study.

04

Analysis and reporting

- Thorough analysis of the data collected through the quantitative survey and interaction with the team.
- Preparation of draft and final report post incorporating the inputs from LGEIL



03

Coverage



Coverage

Location	Sample target (Quantitative)	Sample covered (Quantitative)
Ghaziabad – New houses	08	08
Ghaziabad – IHHL	20	16
Pune – New houses	09	12
Pune - IHHL	20	19

Note –

- Date of the visits were: 15th October 2025 (Ghaziabad) and 4th November 2025 (Pune).
- In addition to quantitative survey, four beneficiaries in each location (total 8) were also covered for the qualitative survey to get a deeper understanding of the initiative.
- Target could not be met in Ghaziabad as only limited beneficiaries were available during the visit.

Areas of enquiries:

New houses:

- Demographic details
- Previous housing condition
- Current house quality.
- Perceived safety, privacy, and comfort in the new house.
- Participation in planning and construction process.
- Safety concerns addressed

Individual Household Latrines:

- Beneficiary details
- Access and usage of the new toilet facility.
- Improvement in hygiene and sense of safety
- Maintenance of toilets

04

Analysis
and findings



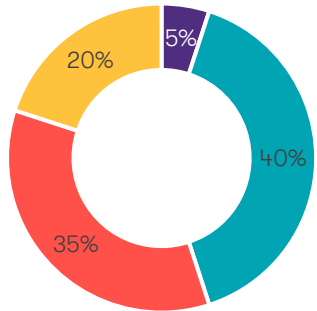
Housing support



Accessibility and inclusion



35% respondents belong to joint families and 65% to nuclear families.



40% respondents belong to the OBC category, 35% are Scheduled caste and 20% are Scheduled Tribes. Remaining 5% belong to general category.

■ General ■ OBC ■ SC ■ ST



For 35% respondents, the primary source of livelihood was agriculture and same percentage were involved as daily wage labourers. 25% were self employed.

Eligibility for Beneficiaries as per project model

1. Economic Condition: Families below the poverty line as per Government guidelines.

2. Vulnerable & Marginalized Groups: SC/ST, OBC, single women, women-headed households, persons with disabilities, elderly without support, disaster-affected families.

3. Housing-Specific Criteria

- Inadequate housing or homelessness.
- Must have **land ownership or ability to contribute** (cash/kind/sweat equity).
- Family size and geographic location considered.

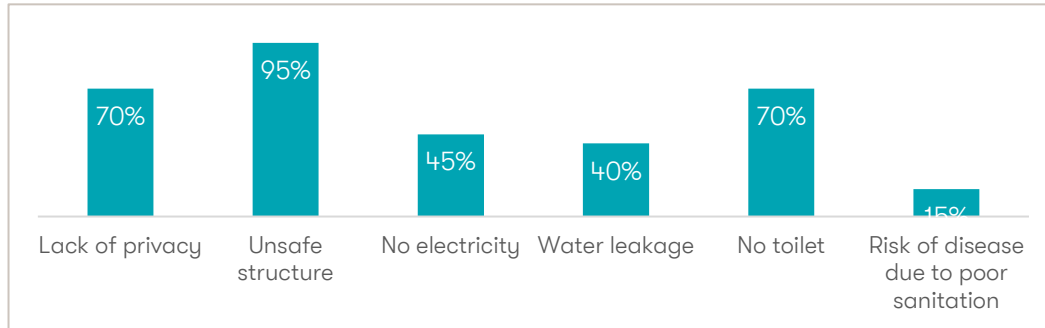
Most families are nuclear and come from socially disadvantaged groups like OBC, SC, and ST. Livelihoods are mainly agriculture and daily wage work, showing limited and unstable income. This highlights that the project focused on ensuring that the support is provided to the relevant groups.

Before and after intervention – Infrastructure and safety

Before the intervention:

90% respondents were living in Kaccha houses and 10% were homeless.

Challenges faced -



95% of respondents faced the challenge of unsafe structures, while 70% each reported lack of privacy and absence of toilets. Additionally, 45% had no electricity, and 40% experienced water leakage issues. (Multiple responses)

After the intervention:



100% respondents live in pucca (cemented) houses.



100% respondents have toilets in their houses.



100% respondents mentioned that they feel safer in their new house.

Earlier, we lived with my brother-in-law in a kaccha house, where 14 people shared one room. Moving into our new home in February gave us a sense of security and dignity.

- Rubina, Ghaziabad

It can be inferred that the intervention aimed to bridge critical gaps in housing and sanitation. Families have moved from unsafe, inadequate living conditions to secure pucca houses with toilets, resulting in improved safety, dignity, and health.

Feedback on quality of house

The respondents were asked to rate a few parameters regarding the house on a scale of 1 to 5 (1 being the lowest and 5 being the highest).

The house has adequate air ventilation

All respondents confirmed that their new houses have proper air circulation, which is essential for health, comfort, and prevention of dampness or respiratory issues. This reflects good design and construction standards.

100% rated 5

The drainage system is adequate

Respondents reported that the drainage system is well-planned, preventing water stagnation and leakage issues that were common in their previous homes. This ensures hygiene and reduces risks of waterborne diseases.

100% rated 5

The construction process was transparent and inclusive

Beneficiaries felt involved and informed throughout the construction process. This built trust and accountability, ensuring that the houses met their expectations.

100% rated 5

I was informed about my role and responsibilities during construction

Respondents acknowledged that they were clearly briefed about their responsibilities during construction, such as site preparation and monitoring. This active participation fostered a sense of ownership and pride in their new homes.

100% rated 5

100% respondents highlighted that the new house has improved their quality of life. Additionally, it was observed during the visits that –

- The houses constructed were adequately spacious, allowing families to live comfortably without overcrowding.
- Toilets were of an appropriate size, ensuring convenience and usability for all family members.
- All houses and rooms had intact doors, providing privacy and security.

Additional benefits



Improvement in health

- Previously, 80% of respondents lacked access to a proper toilet, while 5% relied on poorly maintained community toilets. After gaining attached toilets in their homes, **respondents reported a significant improvement in overall health and hygiene.**
- They also highlighted that earlier they lived in kuccha houses without concrete walls or structures, making monsoon and winter seasons particularly challenging and detrimental to health. With better housing and sanitation facilities, respondents have observed a noticeable **positive impact on their health and well-being.**



Durability and maintenance of the house

- Discussions with respondents revealed that they were **extremely satisfied with the quality of the houses.** They shared that the structures are sturdy and adequate for their families.
- The houses were **well-maintained.** Some respondents noted that their inclusion during the initial stage through awareness sessions and active participation in the construction process helped create a sense of ownership.
- It was also highlighted that the team **conducted follow-up visits** after the handover, ensuring continued support.



Sence of confidence and societal inclusion

- Discussions revealed that **99% of respondents feel more included in the community after receiving housing support.**
- Many shared that they had **no other means to construct a house,** as most had exhausted their savings during the pandemic.
- Respondents emphasized that having a secure home has given them a **strong sense of safety,** confidence, and dignity. It has also improved their social standing within the community.

Case study 1



Gulaabshah, Ghaziabad

Gulaabshah, a 40-year-old woman from Ghaziabad, is a housewife, while her husband works as a painter with irregular income and no fixed monthly earnings. They have two daughters, both enrolled in the village school.

Previously, the family lived in a kuccha house with no proper walls. For privacy, they used metal sheets, cloth, and wood to cover the area. There was no washroom, forcing them to defecate in the open as community toilets were often unavailable. Monsoons were particularly challenging as the cloth would get soaked, and tin sheets frequently blew away due to strong winds.

Being selected for the housing intervention was a huge relief for the family. Construction took approximately six months, and today they live in a new home with two rooms and an attached bathroom. The children shared that they fall sick less often and no longer miss school as frequently. Gulaabshah expressed that she now feels safe, secure, and proud to have a proper home.

Case study 2



Chandrabhaga, Pune

Chandrabhaga Kishan Ogale, a 50-year-old woman from the Scheduled Tribe community, works as a daily wage laborer to support her family of six. For many years, life was full of hardships.

The family lived in a small mud house with no proper flooring or protection. During the rainy season, snakes often entered the house, causing constant fear for the safety of the children. There were times when the family could not sleep peacefully at night.

Things changed when Chandrabhaga received support through the housing initiative. With this assistance, the family was able to build a pucca house with proper flooring and sanitation facilities. The new home provides safety from snakes and other dangers. Today, the family lives with peace and dignity.

Chandrabhaga shared that they are truly happy and thankful for the support that brought stability and hope into their lives.

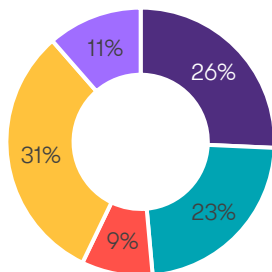
Individual Household Latrine support



Accessibility and inclusion



23% respondents belong to joint families and 77% to nuclear families.



23% respondents belonged to the OBC category, 9% were Scheduled caste and 31% were Scheduled Tribes. Additionally, 26% were from the general category and 11% did not reveal.

■ General ■ OBC ■ SC ■ ST ■ Prefer to not reveal



For 66% respondents, primary source of livelihood as agriculture and 23% were involved as daily wage labourers. 9% were self employed whereas 3% were housewives.



77% respondents were females and remaining 23% were males.

Eligibility for Beneficiaries

Prerequisite – did not have household toilets

1. Economic Condition: Families below the poverty line as per Government guidelines.

2. Vulnerable & Marginalized Groups: SC/ST, OBC, single women, women-headed households, persons with disabilities, elderly without support, disaster-affected families.

Most families are nuclear and come from socially disadvantaged groups. Livelihoods are mainly agriculture and daily wage work, showing limited and unstable income. Most respondents resorted to open defecation before the intervention. This highlights that the project focused on ensuring that the support is provided to the relevant groups.

Before and after intervention – Infrastructure and safety

Before the intervention:

100% respondents were used to defecate openly in the fields prior to the intervention.

Challenges faced -

Discussion with the beneficiaries highlighted the following challenges they faced:

- Lack of privacy leading to psychological stress and discomfort
- Safety concerns, specially during the night
- Increased exposure to waterborne and sanitation-related diseases
- Discomfort during menstruation
- Contamination of soil and water sources
- Creates unhygienic surroundings, attracting flies and pests.

After the intervention:



100% respondents now have household toilets.



89% respondents revealed that all family members use the household toilets.



94% respondents highlighted that women and girls feel safer using the new toilet

Earlier, I had no option but to defecate openly sometimes. The community washrooms are not always accessible that left us with no option. Now I feel much safer and more protected after having a toilet in the house.

- Shantabai, Pune

The intervention has shifted sanitation practices from open defecation to safe, in-home facilities, significantly improving privacy, safety, and hygiene. The high adoption rate indicates towards better understanding regarding sanitation and community acceptance, especially among women and girls. These improvements if continued will support in reducing health risks, enhance dignity, and contribute to better living conditions for marginalized families.

Feedback on quality of toilet

The respondents were asked to respond to some statements regarding the toilets with “Agree”, “Neutral” and “Disagree”.

The toilet has improved our family’s hygiene

100% Agreed

100% agreement indicates that the intervention has helped beneficiaries enhance hygiene standards. This suggests a strong correlation between access to household toilets and improved health practices within families.

The toilet has reduced the risk of disease in our household

91% Agreed

A high percentage of respondents agreed to the perceived health benefits, implying that the intervention is contributing to reduced incidence of sanitation-related illnesses. This also reflects growing awareness among beneficiaries about the link between sanitation and health.

The drainage of the toilets is adequate

86% Agreed

While most respondents are satisfied, the remaining 14% face drainage issues, indicating a need for periodic monitoring and maintenance support to ensure long-term functionality.

The construction process was clear and inclusive

97% Agreed

A majority of respondents agreed to the statement, highlighting effective transparency during implementation, fostering trust and ownership among beneficiaries.

Qualitative discussions with the respondents revealed that having a toilet helped them **develop better hygiene practices** such as washing hands, **ensuring cleanliness**, etc. It has also impacted the overall health of the family in a positive manner. Specially women beneficiaries highlighted that having a toilet in the house is a **great relief and makes them feel much safer**.

Additional impact and challenges

Beyond the intended outcomes of improved sanitation infrastructure, the initiative has fostered notable social and health benefits.

- During the qualitative discussions, families highlighted an **improvement in overall hygiene** and a reduction in illness.
- Women expressed a heightened sense of **security and dignity**.
- Additionally, it was observed that the presence of household toilets has **enhanced social acceptance** and boosted confidence among marginalized families.

These qualitative insights underscore that the project has not only addressed physical infrastructure gaps but also contributed to enhancing quality of life and social empowerment.

Challenges:

- Physical inspection of some household toilets revealed that the doors were no longer intact, highlighting that the beneficiaries were facing challenges to maintain it.
- It was also observed that in some families, family members continue to defecate open.

Way forward:

Strengthening beneficiary awareness on the health and safety benefits of consistent toilet use through targeted behavior change sessions. Additionally, **introducing periodic maintenance checks** and providing **guidance on simple repairs** to ensure functionality and privacy. Community-led monitoring can help sustain usage and upkeep over time.

Testimonials

Earlier, we had no toilet at home and had to go to the fields, which was unsafe and uncomfortable, especially for women and children. During monsoons, it was even more difficult and unhygienic. Now, with an attached toilet, we feel secure and maintain better hygiene. It has brought dignity and convenience to our lives.

- Anita burse, Pune

Before, we depended on community toilets that were often dirty and far away. Sometimes, we had to wait for long hours or go in the open. Having our own toilet has changed everything as it saves time, ensures privacy, and keeps our surroundings clean. Our family feels healthier and more respected in the community.

- Rajbiri, Ghaziabad



Ratings – New houses

Parameters	Rating	Remarks
Accessibility	●●●●●	The intervention ensured that only eligible families those below the poverty line, socially disadvantaged, and owning land were selected. This targeted approach guaranteed that the most vulnerable households benefited .
Performance	●●●●●	The houses are structurally sound, well-ventilated, and equipped with proper drainage. Beneficiaries reported improved health, safety, and comfort, confirming that the houses function as intended .
Importance	●●●●●	Safe housing addresses a fundamental human need , reducing vulnerability to environmental hazards and improving dignity, health, and social inclusion.
Coherence	●●●●●	The initiative aligns with SDG 11 (Sustainable Cities and Communities) and SDG 3 (Good Health and Well-being). It also falls under Schedule VII, Clause (iii) promoting gender equality, empowering women, setting up homes and hostels for women and orphans; setting up old age homes, day care centres and such other facilities for senior citizens and measures for reducing inequalities faced by socially and economically backward groups;
Sustainability	●●●●●	Beneficiaries demonstrated ownership and ability to maintain houses without external support. Durable structures and inclusive construction processes foster long-term usability.

Ratings – Individual household Latrines

Parameters	Rating	Remarks
Accessibility	●●●●●	Toilets were provided to households with no prior access , addressing a critical need for privacy and hygiene. Beneficiaries were selected based on vulnerability and economic criteria.
Performance	●●●●	Significant health and hygiene benefits reported; however, some families still practice open defecation due to behavioral habits, and minor maintenance issues were observed.
Importance	●●●●●	Essential for health, safety, and dignity, especially for women and girls. Reduces disease risk and enhances privacy.
Coherence	●●●●●	The intervention supports SDG 6 (Clean Water and Sanitation) and SDG 3 (Good Health and Well-being), and aligns with Schedule VII, Clause (i): Promoting health care and sanitation .
Sustainability	●●●●	While most toilets are functional, maintenance challenges and continued open defecation in some cases indicate the need for ongoing awareness and support.

05

Conclusion



The project aimed to address two critical gaps of safe housing and access to sanitation both of which are fundamental to improving health, dignity, and quality of life for marginalized families.

The construction of new houses has significantly enhanced living conditions, providing security, protection from environmental hazards, and a sense of ownership. Families reported improved health outcomes, reduced vulnerability during monsoons, and greater confidence and societal inclusion.

Similarly, the construction of Individual Household Latrines (IHHL) has brought visible benefits in terms of hygiene, privacy, and safety, particularly for women and girls. Respondents highlighted positive changes in health and adoption of hygienic practices and feeling safe.

However, challenges remain in ensuring sustained usage and maintenance of the household toilets. Overall, the interventions have made a meaningful impact on the lives of beneficiaries, aligning with national priorities and Sustainable Development Goals.

To ensure long-term success, it is recommended to strengthen awareness and behavioral change initiatives around sanitation practices and toilet maintenance, alongside periodic follow-up support. This will help address the remaining gaps and ensure that the benefits of the IHHL initiative are fully realized.

Annexures

List of beneficiaries – Khed

(as provided by the NGO partner)

List of Home Partners for new houses

Sr. No	Name of Beneficiaries	Address	Adhar Card No	Identified For
1	Rambhau (Ramdas) Pandurang Kedari	At- Bursewadi Post- Bibi Tal- Khed District- Pune	659647667455	New House
2	Surekha Vijay Kadale	At- Bursewadi Post- Bibi Tal- Khed District- Pune	614991568667	New House
3	Neeta Sanjay Shinde	At- Gundalwadi Post- Tiwai hills Tal- Khed District- Pune	896279509476	New House
4	Asha Anant Wavare	At- Gundalwadi Bibi Tal- Khed District- Pune	778693943248	New House
5	Kamal Vijay Sawant	At- Gundalwadi Tal- Khed District- Pune	382744206209	New House
6	Chandrabhaga Kisan Ugale	A/P Bursewadi Tal- Khed District- Pune	855817966358	New House
7	Sayarabanu Jafar Pathan	At- Gundalwadi Tal- Khed District- Pune	230715639654	New House
8	Pramila Santosh Bhange	At- Bursewadi Post- Tiwai hills Tal- Khed District- Pune	824931176839	New House
9	Lakshman Shripati Burse	At- Bursewadi Post- Bibi Tal- Khed District- Pune	507074892827	New House
10	Sachin Bajirav Pacharne	At- Gundalwadi Post- Tiwai hills Tal- Khed District- Pune	309016339488	New House
11	Vaibhav Paraji Valunj	At- Gundalwadi Tal- Khed District- Pune	401014744423	New House
12	Manisha Vitthal Dongre	At- Gundalwadi Post- Tiwai hills Tal- Khed District- Pune	680057246982	New House
13	Ashok Rambhau Ghule	At- Gundalwadi Post- Tiwai hills Tal- Khed District- Pune	312881625346	New House
14	Pallavi Ganesh Tanpure	At Bursewadi Tal- Khed District- Pune	815780643516	New House
15	Kantabai Prabhakar Tanpure	At- Bursewadi Post- Bibi Tal- Khed District- Pune	854873853908	New House
16	Sushma Dipak Bhor	At- Gundalwadi Post- Tiwai hills Tal- Khed District- Pune	588444638491	New House
17	Rajashri Santosh Rakhunde	At- Gundalwadi Bibi Tal- Khed District- Pune	869511831363	New House
18	Asha Prabhakar Rode	At- Bursewadi Post- Tiwai hills Tal- Khed District- Pune	927010953903	New House

List of Home partners for supporting of IHHL

Sr. No	Name of the Beneficiaries	Village	Adhar Card No	Identified For
1	Pintu Appa Bhange	At- Gundalwadi Post- Tiwai hills Tal- Khed District- Pune	864577085190	IHHL
2	Suvarna Dnyaneshwar Shinde	At- Gundalwadi Post- Tiwai hills Tal- Khed District- Pune	9937781588969	IHHL
3	Kaluram (Sandip) Baban Bengade	At- Gundalwadi Post- Tiwai hills Tal- Khed District- Pune	437936621722	IHHL
4	Sanjay Sitaram Bengade	At- Gundalwadi Post- Tiwai hills Tal- Khed District- Pune	747865934896	IHHL
5	Manda Laxman Rakshe	At- Gundalwadi Post- Tiwai hills Tal- Khed District- Pune	592573580246	IHHL
6	Bapu Genu Bhor	At- Gundalwadi Post- Tiwai hills Tal- Khed District- Pune	685130489832	IHHL
7	Chintaman Yashwant Tarvate	At- Gundalwadi Post- Tiwai hills Tal- Khed District- Pune	247004744480	IHHL
8	Seetabai Dhondubhau Mose	At- Bursewadi Post- Bibi Tal- Khed District- Pune	226638696606	IHHL
9	Tulsabai Suresh Madage	At- Bursewadi Post- Bibi Tal- Khed District- Pune	685627082490	IHHL

10	Shaila Vithal Kadam	At- Bursewadi Post- Bibi Tal- Khed District- Pune	423411363090	IHHL
11	Ushatai Nagraj Burse	At- Bursewadi Post- Bibi Tal- Khed District- Pune	705521244480	IHHL
12	Usha Yogesh Burse (Husband Adhar no)	At- Bursewadi Post- Bibi Tal- Khed District- Pune	273126669725	IHHL
13	Rekha Vikram Burse	At- Bursewadi Post- Bibi Tal- Khed District- Pune	428430259241	IHHL
14	Fasabai Pandit Burse	At- Bursewadi Post- Bibi Tal- Khed District- Pune	336539370438	IHHL
15	Savita Anand Burse	At- Bursewadi Post- Bibi Tal- Khed District- Pune	610910922657	IHHL
16	Mina Dyaneshwar Ghule	At- Bursewadi Post- Bibi Tal- Khed District- Pune	891744237789	IHHL
17	Gitabai Savaleram Borse	At- Bursewadi Post- Bibi Tal- Khed District- Pune	652751853907	IHHL
18	Mangal Sanjay Burse	At- Bursewadi Post- Bibi Tal- Khed District- Pune	588352754560	IHHL
19	Shantabai Rohidas Burse	At- Bursewadi Post- Bibi Tal- Khed District- Pune	866674143165	IHHL
20	Anita Ananta Burse	At- Bursewadi Post- Bibi Tal- Khed District- Pune	775276885274	IHHL
21	Gauri Vaibhav Gawari	At- Bursewadi Post- Bibi Tal- Khed District- Pune	335926410417	IHHL
22	Sangita Machindra Madage	At- Bursewadi Post- Bibi Tal- Khed District- Pune	855147987753	IHHL
23	Vaishali Ganesh Madage	At- Bursewadi Post- Bibi Tal- Khed District- Pune	365710595690	IHHL
24	Shakuntala Chandrakant Burse	At- Bursewadi Post- Bibi Tal- Khed District- Pune	962734475168	IHHL
25	Anita Sagar Madage	At- Bursewadi Post- Bibi Tal- Khed District- Pune	488765665951	IHHL
26	Sonal Kisan Tanpure	At- Bursewadi Post- Bibi Tal- Khed District- Pune	807232887823	IHHL
27	Sunita Janardan Burse	At- Bursewadi Post- Bibi Tal- Khed District- Pune	238197307102	IHHL
28	Barsabai Baban shinde	At- Bursewadi Post- Bibi Tal- Khed District- Pune	416891101684	IHHL
29	Dattatray Laxman Gawade	At- Bursewadi Post- Bibi Tal- Khed District- Pune	884912599802	IHHL
30	Dyaneshwar Laxman Gawade	At- Bursewadi Post- Bibi Tal- Khed District- Pune	429412977440	IHHL
31	Sunil Chandrakant Paradhi	At- Bursewadi Post- Bibi Tal- Khed District- Pune	663266215405	IHHL
32	Tanaji Vitthal Paradhi	At- Bursewadi Post- Bibi Tal- Khed District- Pune	613122160848	IHHL
33	Manjabai Bhaguji Mengade	At- Bursewadi Post- Bibi Tal- Khed District- Pune	955803546326	IHHL
34	Savita Jalindar Burse	At- Bursewadi Post- Bibi Tal- Khed District- Pune	241200259456	IHHL
35	Suvarna Sarjerao Bhor	At- Bursewadi Post- Bibi Tal- Khed District- Pune	711033777618	IHHL
36	Dinkar Shankar jaid	At- Gundalwadi Post- Tiwai hills Tal- Khed District- Pune	295114011144	IHHL
37	Sahebrav Sitaram Bhor	At- Bursewadi Post- Bibi Tal- Khed District- Pune	606761860100	IHHL
38	Suntra Jalindar Pardhi	At- Bursewadi Post- Bibi Tal- Khed District- Pune	836056421971	IHHL
39	Shital Shankar Bhange	At- Bursewadi Post- Bibi Tal- Khed District- Pune	797137664783	IHHL
40	Parvati Yashwant Solse	At- Bursewadi Post- Bibi Tal- Khed District- Pune	496147676986	IHHL

List of beneficiaries – Ghaziabad

(as provided by the NGO partner)

List of Beneficiaries with Khasra no. and ID number
LG Project IN23406

Sr. No:	Name (as per Aadhar)	Address (As per Aadhar)	Aadhar no.
1	Mohseena Khatun	Bhojpur, Ghaziabad, 245304	689732027975
2	Pushpa	281, Bisokhar, Modi Nagar, Ghaziabad, 201204 UP	912131583217
3	Madhubala	55 Bisokhar, Modi Nagar, Ghaziabad, 201204 UP	629116940054
4	Maya Devi	313/1 Gali no. 10 Santpura, Modi Nagar Ghaziabad 201204 UP	998042176331
5	Jyoti	Gali no. 1, Manavtapuri, Modi Nagar, Ghaziabad 201204, UP	375575746985
6	Lalita	110/1 Govindpuri, Modi Nagar, Ghaziabad, 201204	404740725834
7	Sanno	Sara, Ghaziabad, UP 201201	657571395387
8	Nafisa	164, Sara, Govindpuri, Ghaziabad 201201 UP	357817568776
9	Rubeena	171, Sara, Ghaziabad, 201201 UP	387406711349
10	Gulafsa	262, Sara, Modi Nagar, Ghaziabad 201201 UP	556017269304
11	Nasreen	262 Sara/4, Modi Nagar, Ghaziabad 201201 UP	546161568229
12	Shalu	C-43, Nai colony, Devenderpuri, Modi Nagar, Ghaziabad, 201204 UP	881058986303
13	Kavita Sharma	529, Gali no. 6 before church, Santpura, Modi Nagar, Ghaziabad 201204 UP	235226610425
14	Gudliya	6 Santpura, Modi nagar Ghaziabad, 201204 UP	335110710045
15	Bimlesh	Rori, Govindpuri, Ghaziabad, 201201 UP	400941220619
16	Rameshwari	111, Sara, Govindpuri, Modi Nagar, Ghaziabad 201204 UP	870854002503
1	Ajay	Rori, Ghaziabad, 201201 UP	622036335631
2	Anita	Rori, Ghaziabad, 201201 UP	944018326132
3	Brijesh	Rori, Govindpuri Ghaziabad, 201201 UP	609786138069
4	Geeta	288, Rori, Govindpuri Ghaziabad, 201201 UP	844178438568
5	Kusum	283, Rori, Ghaziabad, 201201 UP	862782003562
6	Leelawati	Rori, Ghaziabad, 201201 UP	345379035715
7	Mamta	Rori, Ghaziabad, 201201 UP	421242918813
8	Mamta	Rori, Ghaziabad, 201201 UP	451202310785
9	Manisha	Rori, Ghaziabad, 201201 UP	922876585580
10	Monika	Rori, Ghaziabad, 201201 UP	212913584750
11	Munesh	281, Rori, Modi nagar 201204	202056796184
12	Munni	Rori, Ghaziabad, 201201 UP	896074630255
13	Munni Devi	Rori, Ghaziabad 201201	771941867443
14	Neelam	277, Vijay nagar, Rori, Ghaziabad, UP 201201	703159026072

List of Beneficiaries with Khasra no. and ID number
LG Project IN23406

15	Neelam	Rori, Ghaziabad, 201201 UP	527551129704
16	Neeraj	Rori, Ghaziabad, 201201 UP	458518304401
17	Pooja	Rori, Ghaziabad, 201201 UP	992720258124
18	Prakashi Devi	281, Rori Modi nagar, Ghaziabad, 201201 UP	56274949521
19	Rajbiri	H No. 584 Gali no. 06 Vijay Nai Rori, Modinagar Ghaziabad	389623204166
20	Rama Devi	Modi nagar, Rori, Ghaziabad UP 201201	214398754747
21	Rampal	549 Rori, Ghaziabad, 201201 UP	389623204166
22	Ravi	536, Rori, Ghaziabad, 201201 UP	732869111252
23	Reema	Rori, Ghaziabad, 201201 UP	958962950257
24	Reshma	Rori, Ghaziabad, 201201 UP	997846116994
25	Sangeeta	Rori, Govindpuri, Ghaziabad UP 201201	619807926113
26	Sanoj	Rori, Ghaziabad, 201201 UP	624239070837
27	Sarda	Rori, Ghaziabad, 201201 UP	881307831220
28	Sanita	Rori, Ghaziabad, 201201 UP	500403067225
29	Saroj	Rori, Govindpuri Modinagar, Ghaziabad UP 201201	898904615870
30	Satyawati	Rori, Ghaziabad, 201201 UP	437626425894
31	Shashi	Rori, Ghaziabad, UP 201201	300386225567
32	Sudesh	Rori, Ghaziabad, 201201 UP	09090018037000100141003
33	Suman Devi	Rori, Ghaziabad, 201201 UP	734419312776
34	Suman	Rori, Ghaziabad, 201201 UP	780812184200
35	Sudha	Rori, Ghaziabad, 201201 UP	538309876181
36	Sunita	Rori, Ghaziabad, 201201 UP	333909659468
37	Sunita	Rori, Ghaziabad, 201201 UP	591105359578
38	Veena	Rori, Ghaziabad, 201201 UP	516448916633
39	Vidya	Rori, Ghaziabad, 201201 UP	641896137871
40	Vinod	Rori, Ghaziabad, 201201 UP	896779416618

Quantitative tool – Build a House

Type of support

- Housing
- Individual Household Latrine

Section A: Beneficiary Profile (common section)

1. Name of the respondent: _____
2. Gender:
 - Male
 - Female
 - Other
3. Age group:
 - 18–30
 - 31–45
 - 46–60
 - Above 60
4. Location:
 - Pune
 - Ghaziabad
5. Caste category:
 - SC
 - ST
 - OBC
 - General
 - Prefer to not reveal
6. Type of family:
 - Nuclear
 - Joint
7. Family size (number of members):
 - 1–3
 - 4–6
 - 7–9
 - 10+
8. Primary source of livelihood:
 - Agriculture
 - Daily wage labour
 - Self-employed

Section D: Perception Statements (Housing support)

Please indicate your level of agreement with the following statements:

Statement	Agree	Neutral	Disagree
The new house has improved our quality of life.			
The house has adequate air ventilation.			
The drainage system is adequate			
The construction process was transparent and inclusive.			
I was informed about my role and responsibilities during construction.			
I am satisfied with the quality of the house.			
I feel more included in the community after receiving housing support.			

Section B: Situation Before the Project (IHHL)

1. Did your previous house have a toilet?
 - Yes
 - No
2. If No:
 - 2a. Where did your family members go for defecation?
 - Own toilet
 - Open field
 - Community toilet
 - Neighbour's toilet
 - Other: _____
3. Did women and girls in your family face safety concerns due to lack of toilet?
 - Yes
 - No
 - Not applicable
4. If yes, can you explain the concern –

Section C: Situation After the Project (IHHL)

1. Do you now have a toilet in your house?
 - Yes

Qualitative tool – housing support

Q1. Can you describe your previous housing situation and the challenges your family faced?
(Probe: Structure, safety, space, privacy, weather-related issues)

Q2. How has your life changed after receiving the new house?
(Probe: Physical comfort, emotional well-being, health, social inclusion)

Q3. What does having a permanent house mean to you and your family?
(Probe: Sense of security, dignity, future aspirations)

Q4. Were you involved in any way during the construction process? How did you feel about your participation?
(Probe: Orientation sessions, labor contribution, decision-making)

Q5. Have you noticed any changes in how your family interacts with the community after receiving the house?
(Probe: Participation, respect, inclusion)

Q6. What suggestions would you give to improve such housing support projects in the future?
(Probe: Design, process, communication, support)

Qualitative tool – IHHL

Q1. Before receiving the toilet, how did your family manage sanitation needs? What challenges did you face?
(Probe: Open defecation, privacy, safety, health concerns)

Q2. How has the availability of a toilet at home changed your daily life?
(Probe: Convenience, hygiene, dignity, especially for women and children)

Q3. What impact has the toilet had on your family's health and hygiene practices?
(Probe: Illness reduction, handwashing, cleanliness)

Q4. Were you informed or involved during the construction of the toilet? How was your experience?
(Probe: Orientation, documentation, labor contribution)

Q5. Do you feel safer and more comfortable using the toilet compared to before?
(Probe: Privacy, safety, especially for women and girls)

Q6. What suggestions would you give to improve sanitation support projects in the future?
(Probe: Design, awareness, maintenance, community engagement)

Photos from field



End



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