



Impact Assessment Report

Accessibility & Freedom – Empowering wheelchair users with inclusive solutions – mobility assistive devices

Project No.: 10460

Project Name: Accessibility & Freedom – Empowering wheelchair users with inclusive solutions – mobility assistive devices

Implementation Partner: Round Table India Trust (RTIT)

Technical Partner/Vendor: NeoMotion

Funder: Bajaj General Insurance Company

Project Duration: 1st May 2022 – 31st July 2023

Impact Assessment Conducted by: Renalysis Consultants Pvt Ltd (CSRBOX)

Contents

Table of Figures	2
List of Tables.....	3
List of Images.....	3
List of Abbreviations.....	4
Chapter 1: Introduction	6
1.1 Project Background and Context.....	6
1.2 Programme overview	7
1.3 Purpose and Scope of Evaluation	7
1.4 Geographic Coverage of the Programme	8
1.5 Alignment with Schedule VII.....	9
1.6 Alignment with SDG Goals	10
1.7 Alignment with ESG Principles	11
1.8 Alignment with National Priorities	11
Chapter 2: Analysis of Key Programme Activities.....	13
2.1 Beneficiary selection and assessment	13
2.2 Device Distribution and User Training	18
2.3 Post-Delivery support and service camps.....	20
Chapter 3: Impact Findings.....	25
3.1 Socio-Demographic Profile of the Beneficiary	26
3.2 Physical Well-Being.....	30
3.3 Material Well-Being	33
3.4 Emotional Well-Being.....	35
3.5 Interpersonal Relations	39
3.6 Personal Development.....	40
3.7 Self-Determination	42
3.8 Social Inclusion	44
3.9 Rights and Advocacy.....	45
3.10 Overall Impact.....	46
3.11 Impact Stories	47
4. Recommendations	50
Chapter 5: Benchmarking	52
Annexures	54
6.1 Scope and Methodology	54
6.2. Theory of Change.....	55

6.3 Sampling Strategy	56
6.4 Challenges in Data Collection.....	57
6.5 Ethical Considerations	57
6.6 Acknowledgement.....	58
6.7 Disclaimer for the Impact Assessment Report.....	58

Table of Figures

Figure 1: Geographic coverage of the Programme.....	8
Figure 2: Beneficiary Participation in Clinical Assessment.....	14
Figure 3: Distance of Assessment Venue from Place of Residence.....	15
Figure 4: Mode of Travel to Assessment Venue.....	15
Figure 5: Facilities Available at the Assessment Location.....	16
Figure 7: Understanding of Beneficiary Needs	17
Figure 8: Challenges Faced During Clinical Assessment Process	18
Figure 9: Time Taken to Receive NeoBolt After Physical Assessment.....	19
Figure 10: Topics Covered During NeoBolt Device Demonstration	19
Figure 11: Issues Faced with NeoBolt Device Since Receiving It.....	20
Figure 12: Support or Servicing Received for NeoBolt Device.....	21
Figure 13: Satisfaction with Support Provided at Service Camp.....	21
Figure 14: Type of Support Received from NeoMotion Team Over Call	22
Figure 15: Beneficiary Opinion on Planning Regular Servicing for NeoBolt Users.....	23
Figure 16: Age-Wise Beneficiary Distribution	26
Figure 17: Gender-Wise Beneficiary Distribution.....	26
Figure 18: Primary Earning Member of Beneficiaries' House.....	27
Figure 19: Beneficiaries Receiving Disability-Related Government Benefits	28
Figure 20: Mobility Device Used Before Receiving NeoBolt	28
Figure 21: Approximate Cost of Self-Purchased Wheelchair.....	29
Figure 22: Comfort Rating of Previous Mobility Device	30
Figure 23: Physical Comfort While Travelling Outdoors After Using NeoBolt.....	30
Figure 24: Frequency of Outdoor Travel Before Receiving NeoBolt.....	31
Figure 25: Frequency of Outdoor Travel After Receiving NeoBolt	31
Figure 26: Improvement in Independent Indoor Mobility	32
Figure 27: Current Occupation of the Beneficiaries	33
Figure 28: Ability to Perform Various Activities Independently	34
Figure 29: Improved Travel for work-related activities	35
Figure 30: Confidence to Travel Independently Before Using NeoBolt	36
Figure 31: Confidence to Travel Independently After Using NeoBolt.....	36
Figure 32: Frequency of Anxiety or Stress Due to Limited Mobility Before Using NeoBolt	37
Figure 33: Reduction in Anxiety or Stress Due to Mobility Limitations After Using NeoBolt.....	37
Figure 34: Challenges Faced in Public Places Before Using NeoBolt	38
Figure 35: Positive Changes Experienced in Public Spaces After Using NeoBolt.....	38
Figure 36: Improvement in Social Engagement After Using NeoBolt	39
Figure 37: Engagement in New Learning Opportunities After Receiving NeoBolt.....	40
Figure 38: Ability to Engage in Personal Interests after Receiving NeoBolt	41

Figure 39: Level of Dependence on Others for Daily Activities Pre Intervention.....	42
Figure 40: Impact on Mobility for Daily Activity.....	42
Figure 41: Greater Control Over Life Decisions and Choices.....	43
Figure 42: Ability to Access Community Spaces Before Receiving NeoBolt.....	44
Figure 43: Improvement in Access to Community Spaces After Using NeoBolt.....	44
Figure 44: Beneficiaries Receiving Disability-Related Government Benefits.....	45
Figure 45: Type of Disability-Related Support Received from Government.....	45
Figure 46: Improvement in Overall QoL.....	46
Figure 47: Overall Beneficiary Experience.....	47

List of Tables

Table 1: Alignment with Schedule VII.....	9
Table 2: Alignment with SDG Goals.....	10
Table 3: Alignment with ESG Principles.....	11
Table 4: Alignment with National Priorities.....	11
Table 5: Recommendations.....	50
Table 6: Benchmarking.....	52
Table 7: Theory of Change.....	56
Table 8: Quantitative Sampling.....	56
Table 9: Qualitative Sampling.....	57

List of Images

Image 1: Household beneficiary survey in Pune.....	17
Image 2: Household beneficiary survey in Mumbai.....	22
Image 3: Household Beneficiary Survey in Mumbai.....	35
Image 4: Household beneficiary survey in Pune.....	48

List of Abbreviations

Abbreviation	Full Form
BAGIC	Bajaj Allianz General Insurance Company Ltd.
CSR	Corporate Social Responsibility
RTIT	Round Table India Trust
NGO	Non-Governmental Organisation
PwD	Persons with Disabilities
QoL	Quality of Life
SDG	Sustainable Development Goals
ESG	Environmental, Social, and Governance
NSDM	National Skill Development Mission
DDRS	Deendayal Disabled Rehabilitation Scheme
MoU	Memorandum of Understanding
IDI	In-Depth Interview
KII	Key Informant Interview

Chapter 1

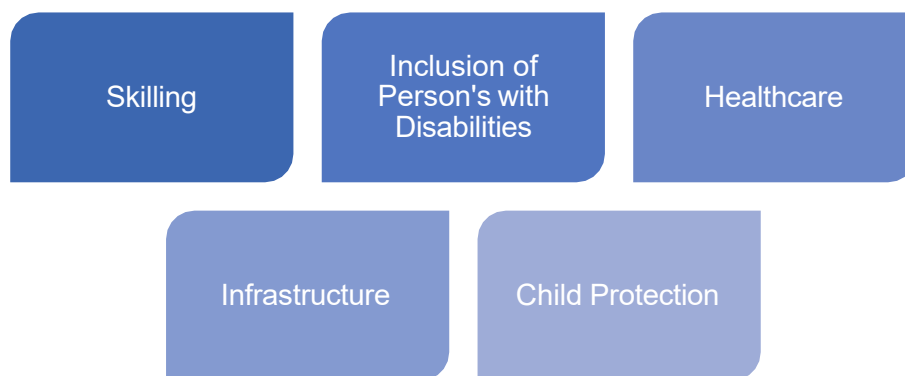
Introduction



Chapter 1: Introduction

1.1 Project Background and Context

Bajaj Allianz General Insurance Company Ltd. (BAGIC) strategically invests in the area of inclusion and accessibility for persons with disabilities by supporting impactful interventions that enhance independence, dignity, and quality of life. It collaborates with several not-for-profit organisations, governments, hospitals, institutions, and training partners to implement programmes and drive ground-level interventions. Along with specific projects, BAGIC also collaborates closely with key partners on long-term initiatives to create a more profound impact.



Mobility impairment remains a major barrier for persons with disabilities in India, impacting their health, inclusion, and everyday life, with evidence showing profound limitations in opportunities and quality of life. Locomotor disability accounts for about 45% of all disabilities in India, and nearly 5% of households have at least one person with a disability, as revealed by the National Family Health Survey. Despite progress in policy and schemes, the need for assistive technologies is critically unmet: research shows affordability and limited supply are leading barriers, and studies estimate that at least 37% of potential users cannot afford appropriate assistive devices and must pay out-of-pocket.¹ Government programmes have distributed assistive devices across the country, including wheelchairs and tricycles. However, the scale of distribution remains modest compared to the vast need.²

These gaps underscore the urgent need for targeted provision and integration of assistive technology, which research consistently links to improved independence, health, and participation for persons with disabilities in India.

¹ <https://pmc.ncbi.nlm.nih.gov/articles/PMC10009251/>

² <https://www.who.int/news-room/fact-sheets/detail/assistive-technology>

1.2 Programme overview

Persons with locomotor disabilities often face significant challenges in mobility, limiting their independence, participation in education, employment, and social life. To address this need, **Bajaj Allianz General Insurance Company Ltd. (BAGIC), in partnership with Round Table India Trust (RTIT)**, implemented the “**Accessibility & Freedom**” project in the financial year 2022-23, aimed at empowering 200 low-income persons with locomotor disabilities. Under the project, beneficiaries were provided with customised NeoBolt mobility devices, designed by NeoMotion, which enabled safer and more independent outdoor mobility.

The key objectives of the project were to:

1. **Enhance mobility:** Improve indoor and outdoor movement for persons with locomotor disabilities through the provision of customised, assistive mobility devices.
2. **Promote independence:** Reduce caregiver dependence by enabling safe and self-directed travel.
3. **Increase the participation:** Support greater engagement in education, employment, and social activities for persons with disabilities.
4. **Ensure sustained usage:** Facilitate long-term device use through user training, personalisation, and accessible post-delivery technical support.

1.3 Purpose and Scope of Evaluation

CSRBOX conducted an impact assessment in the year 2024-25 for BAGIC’s “Accessibility & Freedom – Empowering Individuals with Inclusive Mobility Solutions” project, which was implemented by Round Table India Trust (RTIT) in collaboration with NeoMotion. The study aimed to evaluate the initiative’s contribution to improving the quality of life of persons with locomotor disabilities.

The key activities under the work scope encompassed:

Evaluation of the effectiveness and efficacy of the intervention in improving mobility, independence, and overall quality of life among beneficiaries.

Assessment of the sustainability of project outcomes, including continued use, maintenance, and long-term benefits of the NeoBolt mobility device.

Examination of the impact of the intervention on beneficiaries’ physical, emotional, social, and economic well-being.

Evaluation of user experience and satisfaction, with focus on device customisation, accessibility of services, and barriers or challenges faced during implementation.

1.4 Geographic Coverage of the Programme

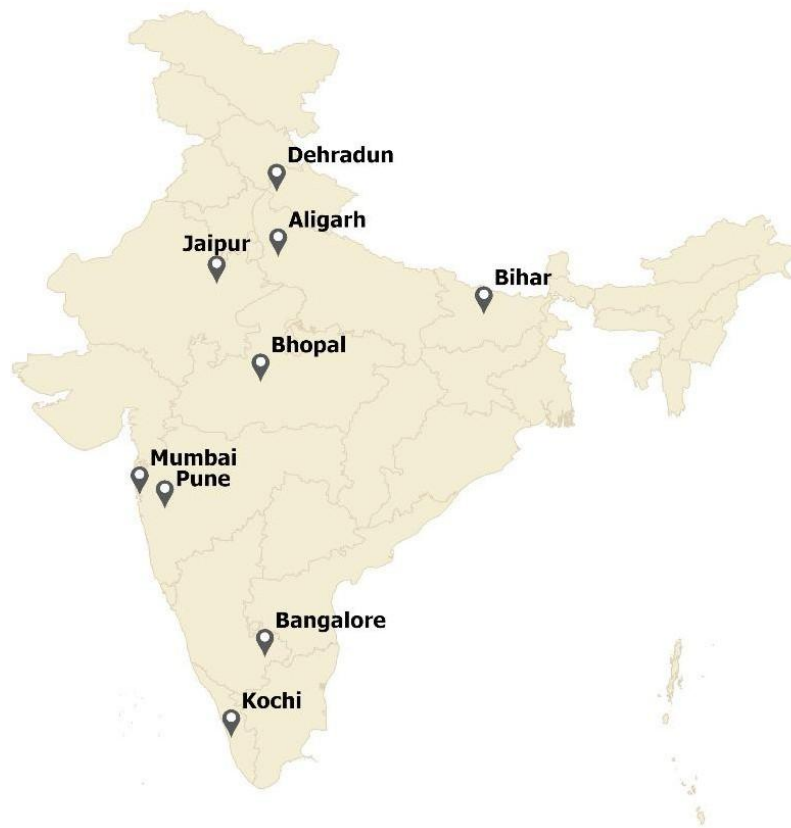


Figure 1: Geographic coverage of the Programme

1.5 Alignment with Schedule VII

Schedule VII (Section 135) of the Companies Act, 2013 specifies the list of activities that may be included by the company in its CSR Policy. The table below indicates the activities supported by Bajaj Allianz General Insurance Company Ltd. (BAGIC) through this project:

Sub-Section	Activities	Alignment with the Project CSR Programme
(i)	Promoting health care including preventive health care and sanitation and making available safe drinking water	The project contributed to improved mobility for persons with locomotor disabilities, which in turn supported better access to health facilities and promoted overall well-being.
(ii)	Promoting education, including special education and employment-enhancing vocational skills especially among children, women, the elderly, and the differently-abled, and livelihood enhancement projects	The project empowers persons with locomotor disabilities (including students and working-age adults) to access schools, colleges, training centres, and workplaces independently, indirectly supporting education and livelihood enhancement.
(vii)	Training to promote rural sports, nationally recognised sports, Paralympic sports, and Olympic sports	The mobility support provided through the project helped create avenues for participation in community and recreational activities.
(ix)(a)	Contribution to incubators or research and development projects in the field of science, technology, engineering and medicine, aimed at promoting SDGs	The project supports the scaling and deployment of NeoBolt, an indigenous innovation developed through research and design for mobility and inclusion of persons with disabilities.
(x)	Rural development projects	Beneficiaries from rural and semi-urban areas also benefit, as the project improves their ability to access health services, markets, and social spaces in rural settings.

Table 1: Alignment with Schedule VII

1.6 Alignment with SDG Goals


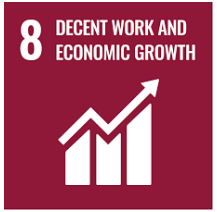

SDG Goals	Targets	Alignment with the Project
<p>SDG 3: Good Health & Well-Being</p> 	<p>By 2030, ensure healthy lives and promote well-being for all at all ages</p>	<p>The project supported healthier living for persons with locomotor disabilities by enabling greater independence in daily life, thereby contributing to both physical and mental well-being.</p>
<p>SDG 8: Decent Work and Economic Growth</p> 	<p>Promote full and productive employment and decent work for all, including persons with disabilities</p>	<p>By enhancing mobility, the project created opportunities for beneficiaries to reach workplaces, markets, and skill-building avenues more easily, contributing to livelihood prospects.</p>
<p>SDG 10: Reduced Inequalities</p> 	<p>Empower and promote the social, economic, and political inclusion of all</p>	<p>The project increased the participation of persons with disabilities in community, social, and economic life by enhancing their mobility and independence.</p>

Table 2: Alignment with SDG Goals

1.7 Alignment with ESG Principles

ESG Principle	Project Alignment / Activities
Principle 4 – Businesses should respect the interests of and be responsive to all stakeholders	<ul style="list-style-type: none"> • Collaboration with multiple stakeholders including beneficiaries, caregivers, local NGOs, hospitals, and device vendors.
Principle 5 – Businesses should respect and promote human rights	<ul style="list-style-type: none"> • Enhancing mobility, independence, and dignity for persons with disabilities while reducing caregiver dependency, thereby promoting personal autonomy and well-being.
Principle 8 – Businesses should promote inclusive growth and equitable development	<ul style="list-style-type: none"> • Targeted support for economically disadvantaged persons with locomotor disabilities.

Table 3: Alignment with ESG Principles

1.8 Alignment with National Priorities

Name of Policy/Scheme	Description	Level of Alignment with Project	Project Activities that Align
Sugamya Bharat Abhiyan (Accessible India Campaign)	National initiative to improve accessibility for persons with disabilities in public spaces, transportation, and services.	Complete	Enhancing accessibility through customised NeoBolt mobility devices, user training, service camps, and post-delivery support.
Deendayal Disabled Rehabilitation Scheme (DDRS)	Government programme for rehabilitation, skill development, and empowerment of persons with disabilities.	Partial	Promoting autonomy and empowerment of persons with locomotor disabilities through training, livelihood access, and reduced caregiver dependency.
National Skill Development Mission (NSDM)	Promotes skill development and employability for inclusive growth.	Partial	Enhancing mobility that enables access to education, marketplaces, and income-generating opportunities.
Accessible Health & Well-being Initiatives (National Disability Programmes)	Focus on healthcare, emotional well-being, and quality of life for PWDs.	Partial	Improving the physical and emotional well-being of beneficiaries and caregivers through mobility, training, and continuous support.

Table 4: Alignment with National Priorities

Chapter 2

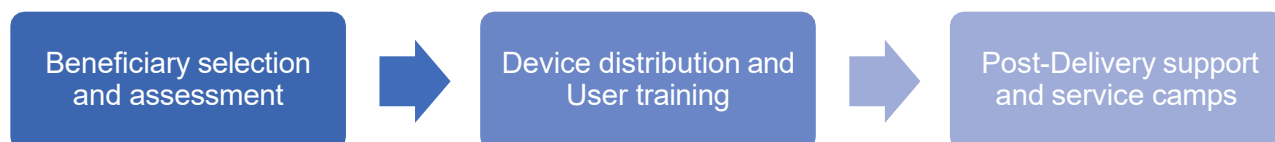
Analysis of Key Programme Activities



Chapter 2: Analysis of Key Programme Activities

This chapter provides a detailed analysis of the key programme activities initiated under the project. It captures insights gathered from interactions with the primary and secondary stakeholders of the project.

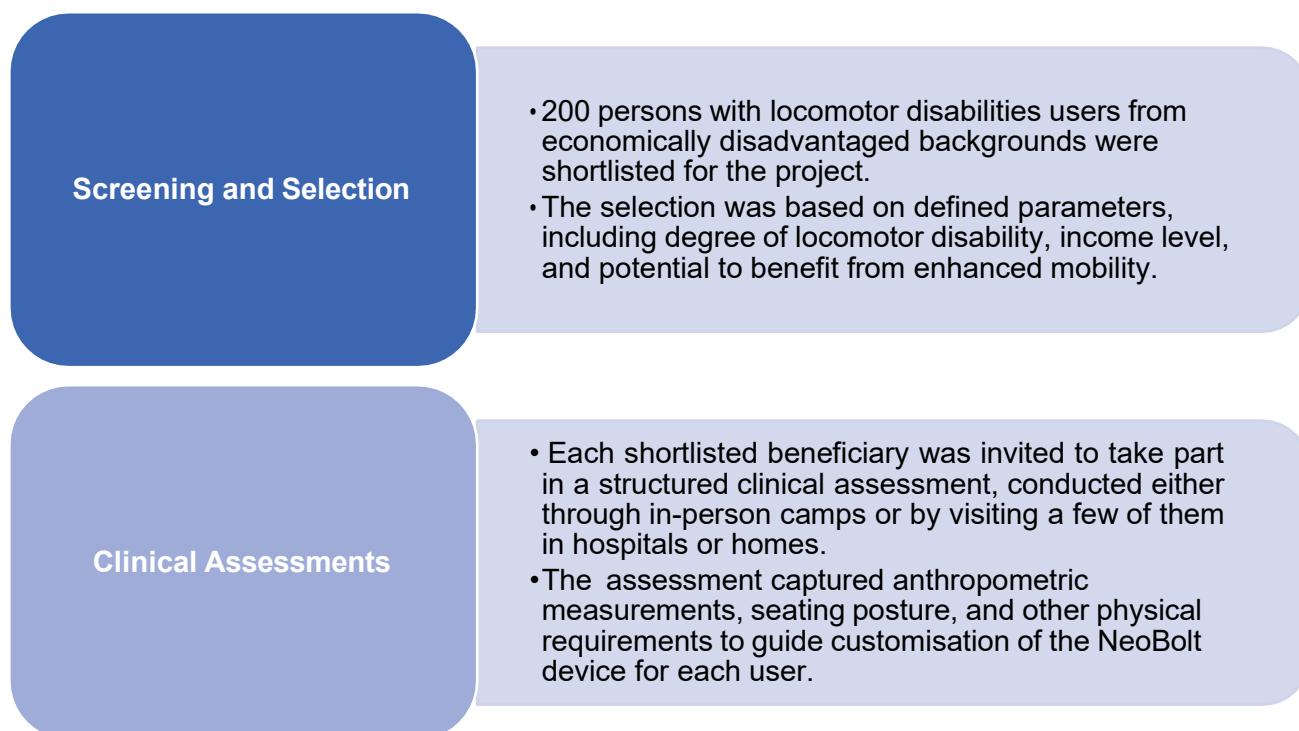
The project's activities are primarily structured around the following areas:



2.1 Beneficiary selection and assessment

To ensure that the right beneficiaries were selected and that each device was tailored to their physical needs, a structured clinical assessment process was carried out before distribution. Beneficiary identification and clinical assessment thus formed the foundation of the project implementation process. The project aimed to provide 200 customised NeoBolt mobility devices to persons with locomotor disabilities from low-income backgrounds across eight locations – Mumbai, Pune, Bangalore, Aligarh, Patna, Jaipur, Bhopal, and Dehradun.

The beneficiary identification process involved the following steps –



To understand beneficiaries' experience during this stage, a structured set of questions was administered across three sample locations - Bangalore, Mumbai, and Pune. The key findings are presented below.

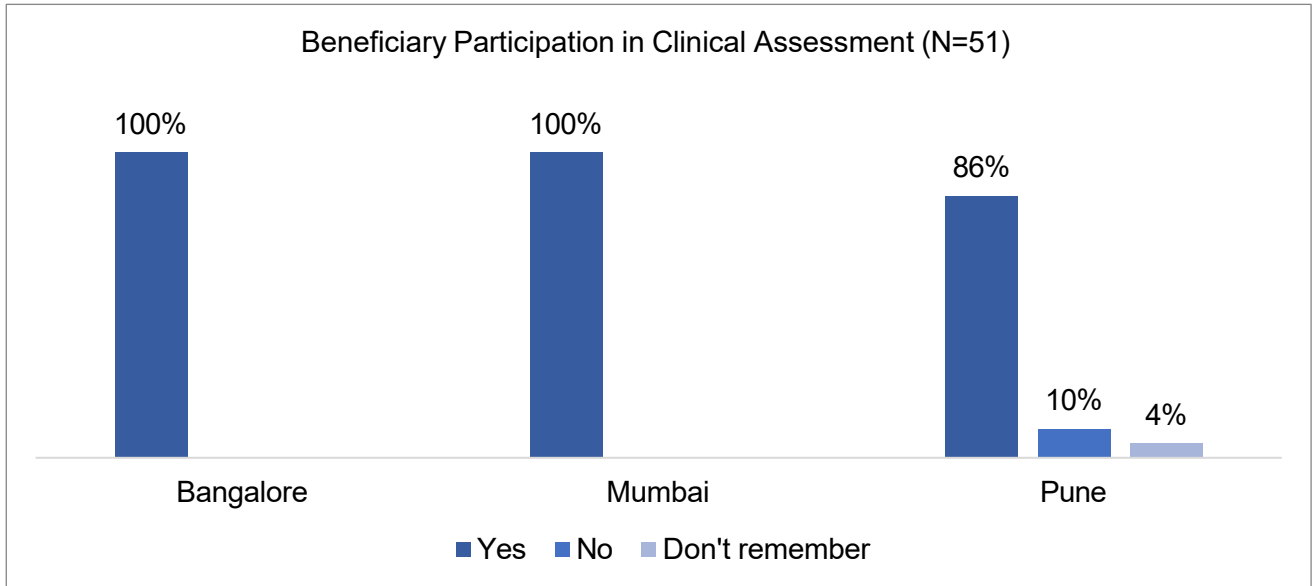


Figure 2: Beneficiary Participation in Clinical Assessment

Nearly all beneficiaries in **Bangalore and Mumbai (100%)** confirmed their participation in the clinical assessment, while **Pune recorded slightly lower participation at 86%**. Qualitative accounts revealed that some assessments were carried out at hospitals or during physiotherapy sessions, reinforcing the project's responsiveness to individual needs. The process was therefore not just a procedural step, but a crucial foundation for tailoring the NeoBolt devices to users' physical conditions, validating the intervention's focus on personalisation and long-term usability.

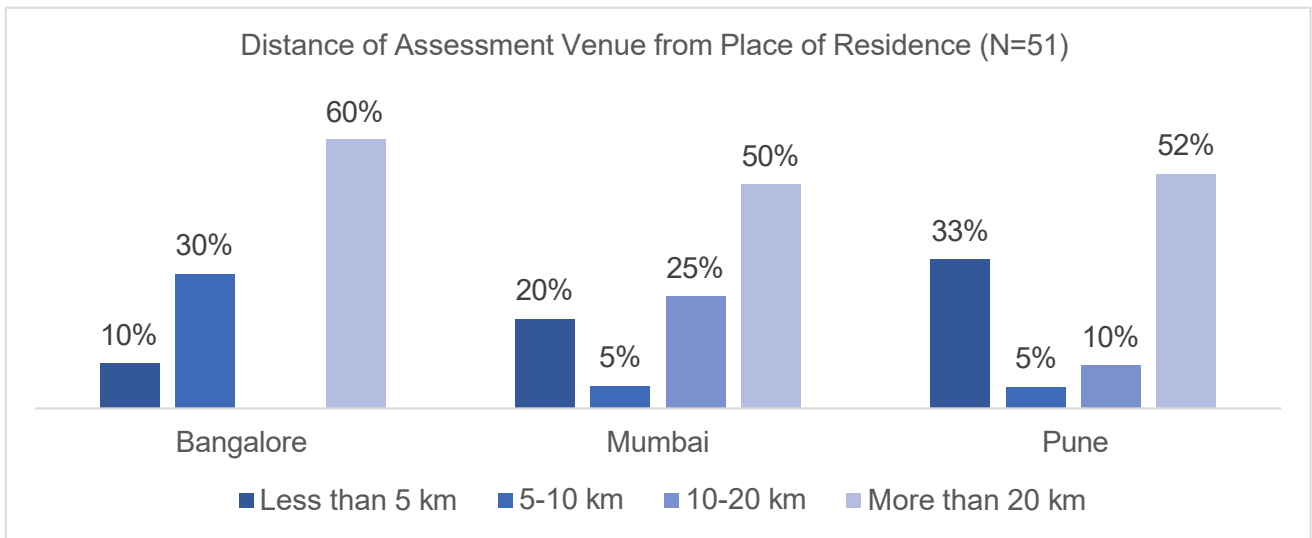


Figure 3: Distance of Assessment Venue from Place of Residence

For persons with locomotor disabilities, the accessibility and proximity of assessment venues are critical in enabling smooth participation without undue strain. More than half of the beneficiaries (53%) reported that the venue was located more than 20 km away, with Bangalore showing the highest proportion (60%) of long-distance travel. In contrast, Mumbai and Pune beneficiaries had relatively better proximity, with around 25–33% reporting venues within 5 km. This indicates that, while centralised venues (hospitals or camp locations) were necessary for logistics and clinical convenience, they also imposed a travel burden for many participants a factor that needs to be considered for future planning, perhaps by conducting more decentralised assessment camps or offering transport assistance.

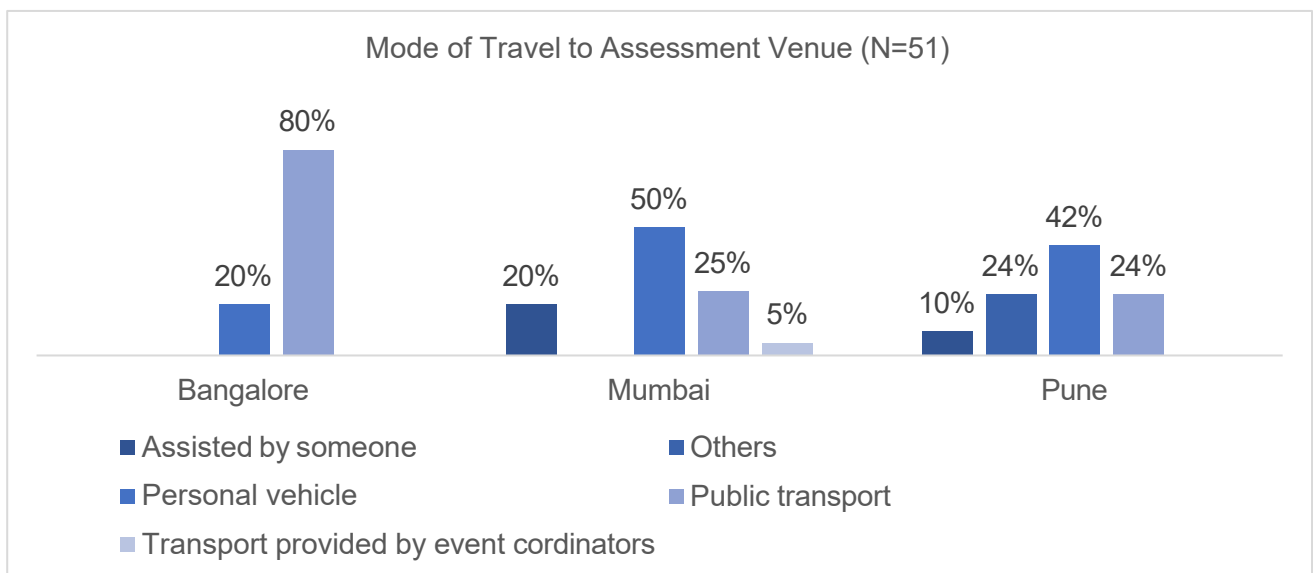


Figure 4: Mode of Travel to Assessment Venue

Ensuring accessible transportation for participants with disabilities was a key consideration during the assessments. Travel modes varied across locations, reflecting differences in available transport infrastructure and socio-economic conditions. In Bangalore, public transport was the most common mode (80%), showing that the project enabled participation even through mainstream options. In Mumbai, a higher reliance on personal vehicles (50%) or caregiver assistance (20%) suggested that

several families could mobilise resources, while also highlighting strong family support systems. Pune displayed a mix of approaches, with 42% using personal vehicles and 24% reporting “others” including assessments conducted directly at hospitals or through special arrangements such as Army transport. This flexibility illustrates the project’s responsiveness in adapting assessment methods to local contexts, ensuring that no beneficiary was excluded due to mobility barriers.

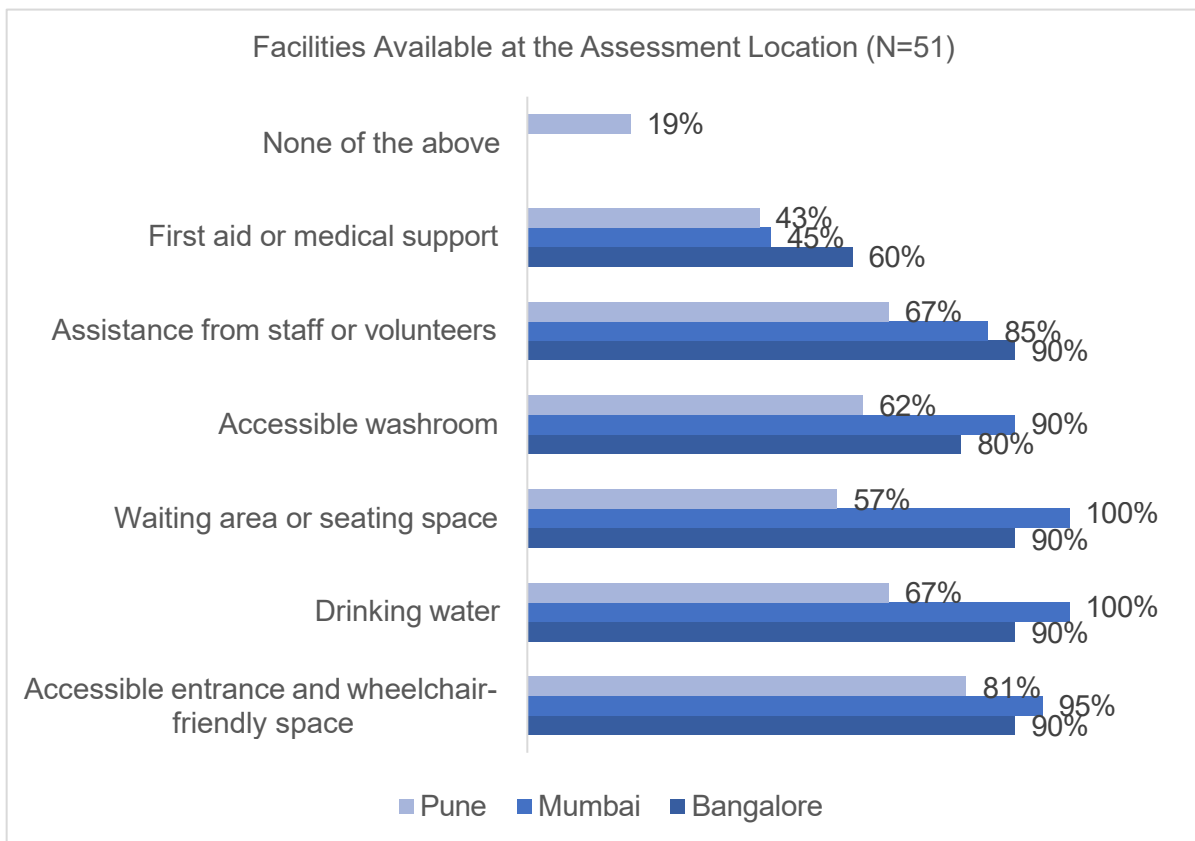


Figure 5: Facilities Available at the Assessment Location

Facilities at the assessment locations were generally good, ensuring accessibility and comfort. For some beneficiaries, assessments took place at event venues, while for others they were conducted within hospitals where they were receiving treatment. **Mumbai consistently reported 90–100% availability of key facilities** such as drinking water, waiting areas, and accessible entrances. **In Bangalore, at least 80% of respondents confirmed access to essential infrastructure.** Pune reported lower availability, with only 57% indicating a waiting area, 67% noting staff assistance, and 19% mentioning that none of the facilities were available. This variation underscores the importance of standardising facility provisions at assessment sites to ensure a consistent and accessible experience across locations.



Image 1: Household beneficiary survey in Pune

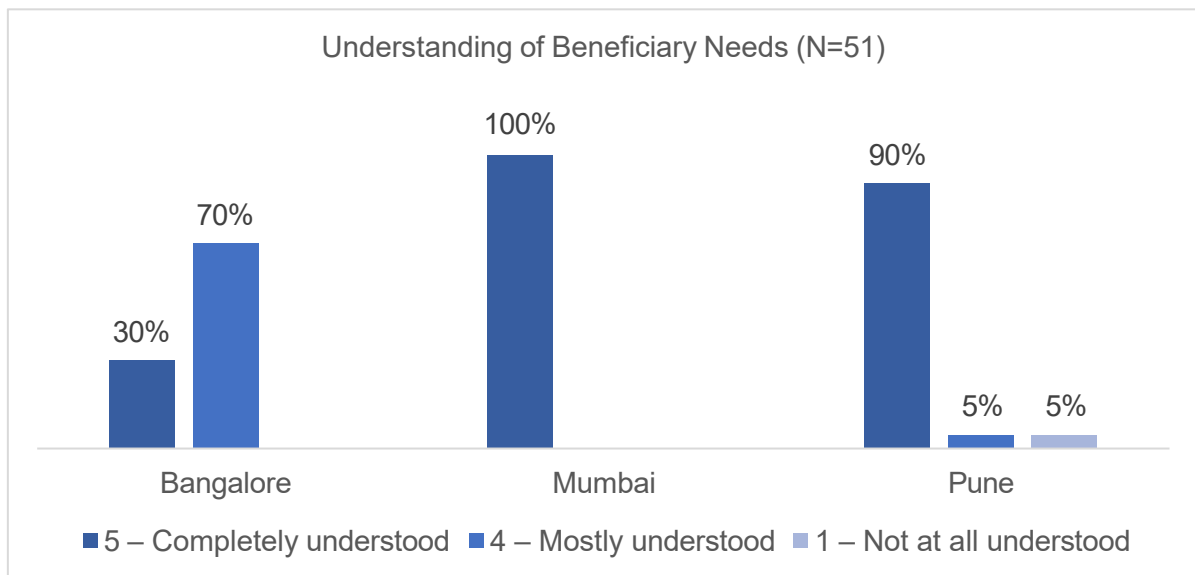


Figure 6: Understanding of Beneficiary Needs

The clinical assessment was conducted to ensure that each beneficiary’s wheelchair could be appropriately modified to meet their specific needs. Beneficiaries across all locations reported that their needs and preferences were well understood by the assessment team. **Mumbai recorded as all the beneficiaries** ‘completely understood,’ while **Bangalore and Pune showed a mix between ‘completely’ and ‘mostly’ understood**, with very few reporting a lack of understanding. This finding indicates that the teams were largely successful in engaging with beneficiaries and ensuring that customisation decisions were user-centred, aligning with the project’s emphasis on self-determination and informed choice.

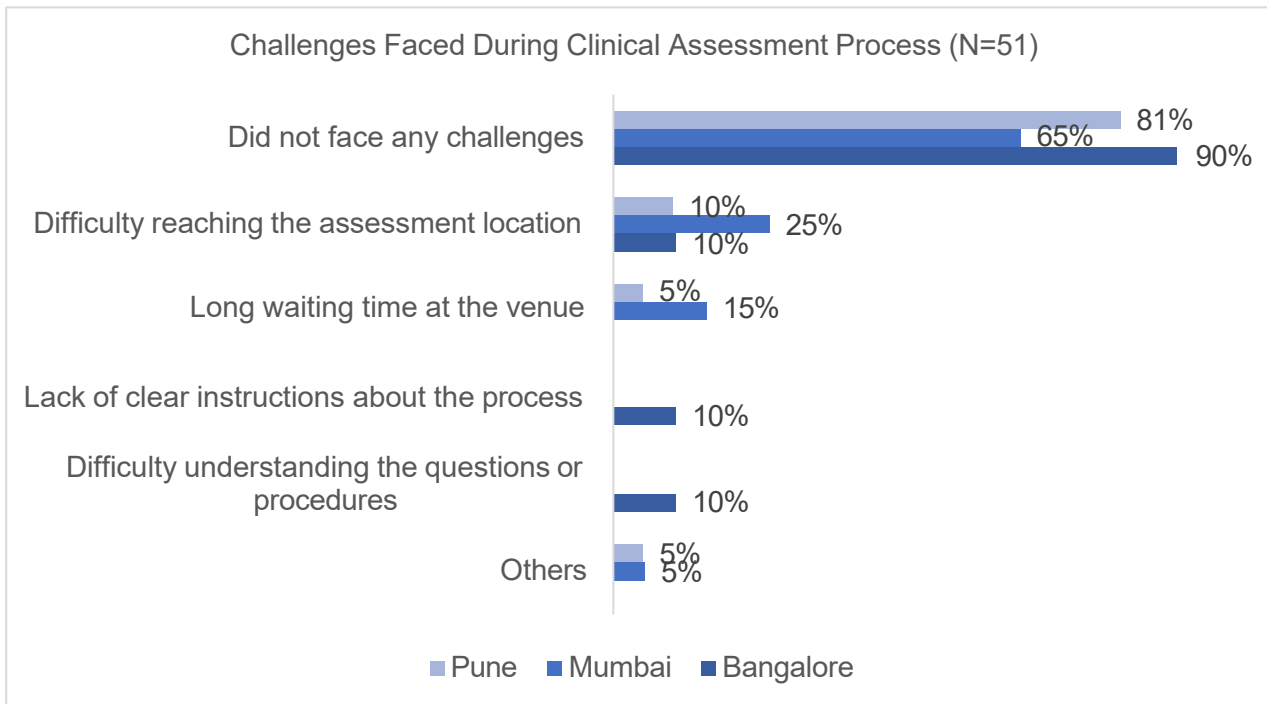


Figure 7: Challenges Faced During Clinical Assessment Process

For people with locomotor disabilities, it is essential that clinical assessments are conducted with care and sensitivity, especially since some beneficiaries were still in hospitals or undergoing physiotherapy at the time. The project ensured that this process was managed smoothly, **a majority of beneficiaries (76%) reported facing no challenges**, with Bangalore recording the highest share of positive experiences (90%). Where challenges were noted, they were limited to travel-related difficulties or occasional waiting times, while very few reported any lack of clarity or understanding. These results reflect the project’s success in making assessments largely accessible and beneficiary-friendly, while also offering learnings for future initiatives to further ease travel and scheduling requirements.

2.2 Device Distribution and User Training

The NeoBolt devices were distributed through dedicated handover events conducted across multiple project locations. During these events, NeoBolt units were provided to the beneficiaries, with the quality and condition of each device carefully verified at the time of distribution. Alongside the handover, beneficiaries received hands-on training in local languages, including demonstrations and practical trials, ensuring they could safely operate and maintain their devices. The key findings from these activities are listed below -

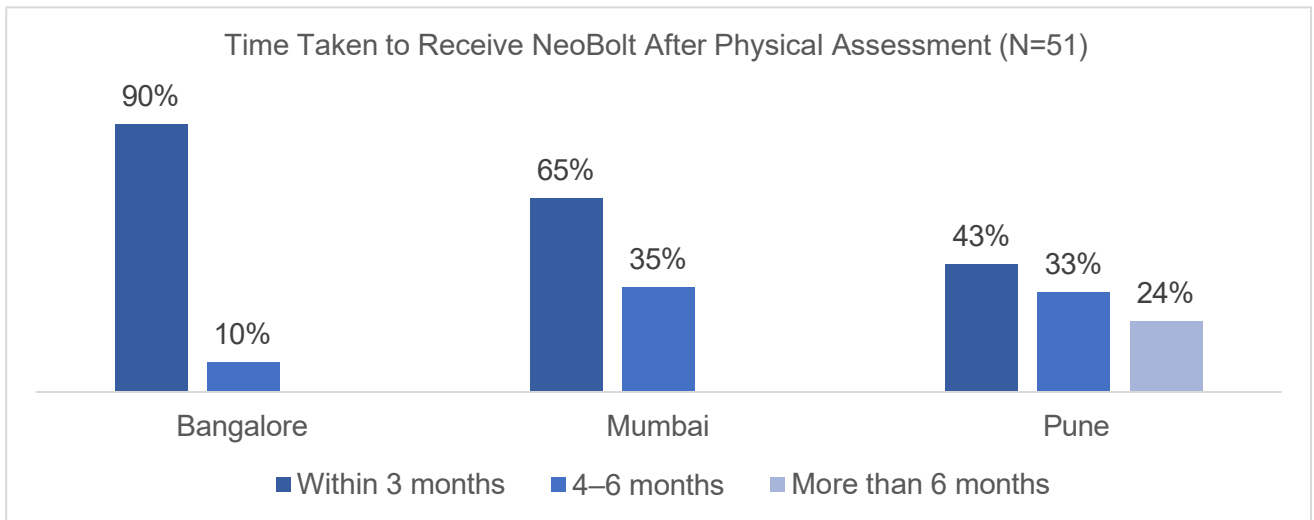


Figure 8: Time Taken to Receive NeoBolt After Physical Assessment

For persons with locomotor disabilities, timely access to customised mobility solutions is essential to restoring independence and improving daily functioning. The project ensured that the majority of beneficiaries received their NeoBolt device within a short period after clinical assessment, reflecting strong coordination between partners and the vendor. Overall, **60% received the device within 3 months, 29% within 4–6 months**, and only 9% waited longer. **Bangalore recorded the fastest turnaround, with 90% receiving their device within 3 months**, while Mumbai (65%) and Pune (43%) also demonstrated steady delivery timelines. By facilitating quick access to the NeoBolt, the project enabled beneficiaries to begin experiencing improvements in mobility, independence, and participation in work, education, and social life without long delays.

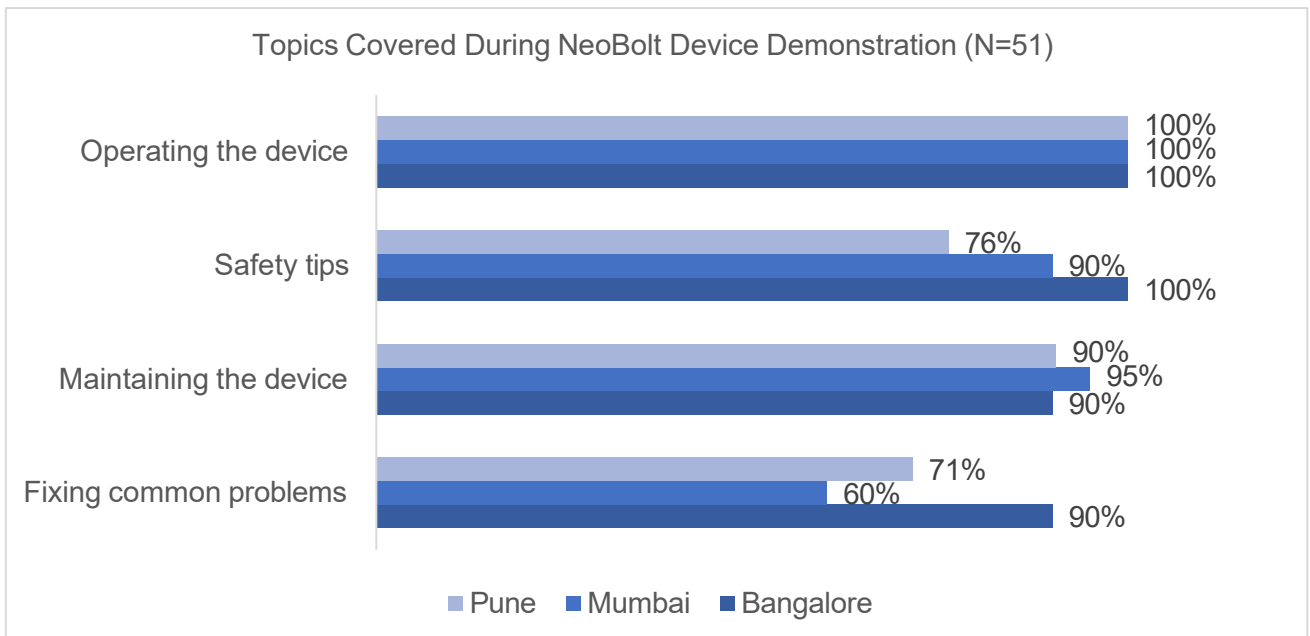


Figure 9: Topics Covered During NeoBolt Device Demonstration

Receiving a mobility device is most impactful when accompanied by proper training that builds user confidence and ensures long-term usability. As part of the distribution process, the project provided

comprehensive hands-on demonstrations to all beneficiaries. **Every participant (100%) was trained in basic operation of the device, while 76–100% were guided on essential safety practices.** This structured training ensured that beneficiaries not only received the NeoBolt but were also empowered to use it safely, independently, and effectively in their daily lives. The focus on practical learning highlights the project’s commitment to sustainable usage and reducing dependency on external support.

2.3 Post-Delivery support and service camps

To ensure sustained and reliable usage, post-delivery support was provided through a combination of service camps and a dedicated helpline. Service camps were conducted, allowing beneficiaries to receive maintenance, repairs, and guidance on device use. For those unable to attend the camps, NeoMotion provided support through a helpline, enabling users to access technical assistance and after-sales services. The key findings from post-delivery support and service camps are listed below

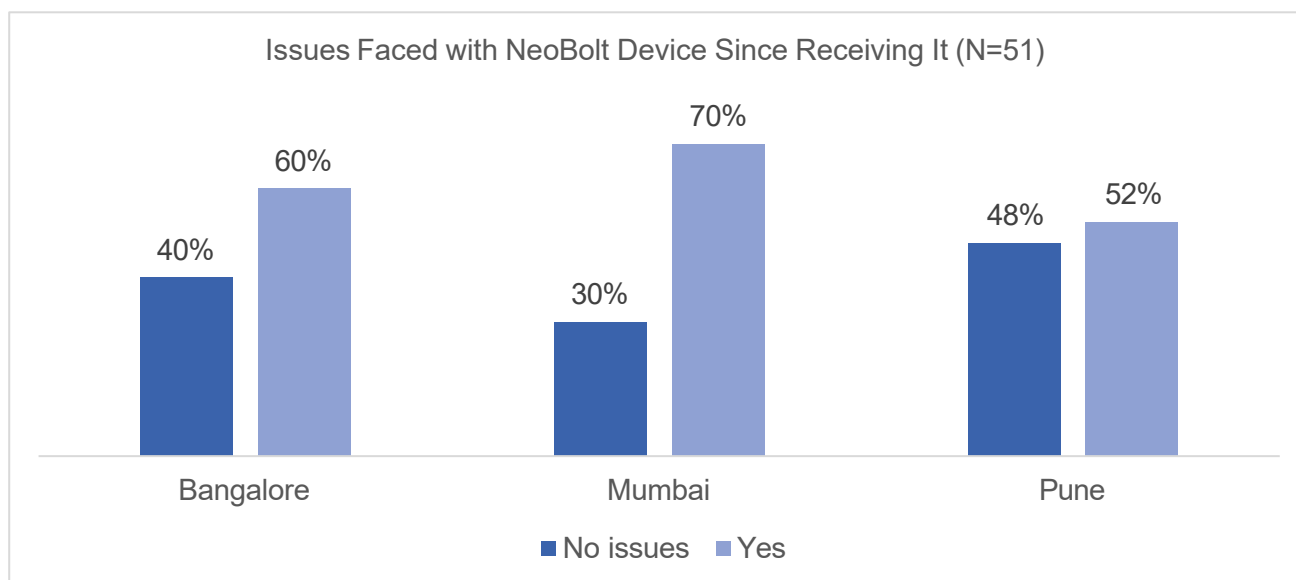


Figure 10: Issues Faced with NeoBolt Device Since Receiving It

Following receipt of the NeoBolt device, **60% of users reported encountering issues, with Mumbai recording the highest incidence (70%), followed by Bangalore (60%) and Pune (52%).** Common challenges identified through interactions with beneficiaries and the implementation partner included battery-related problems and their replacements were costly for users. There were also instances where the device did not consistently deliver the expected 25 km range on a single charge. Additionally, for major repairs in some cases, Neomotion advised sending devices to Chennai, but beneficiaries often could not afford the transportation costs. These findings highlight the importance of accessible after-sales support, affordable maintenance solutions, and timely technical interventions to ensure sustained usage and user satisfaction.

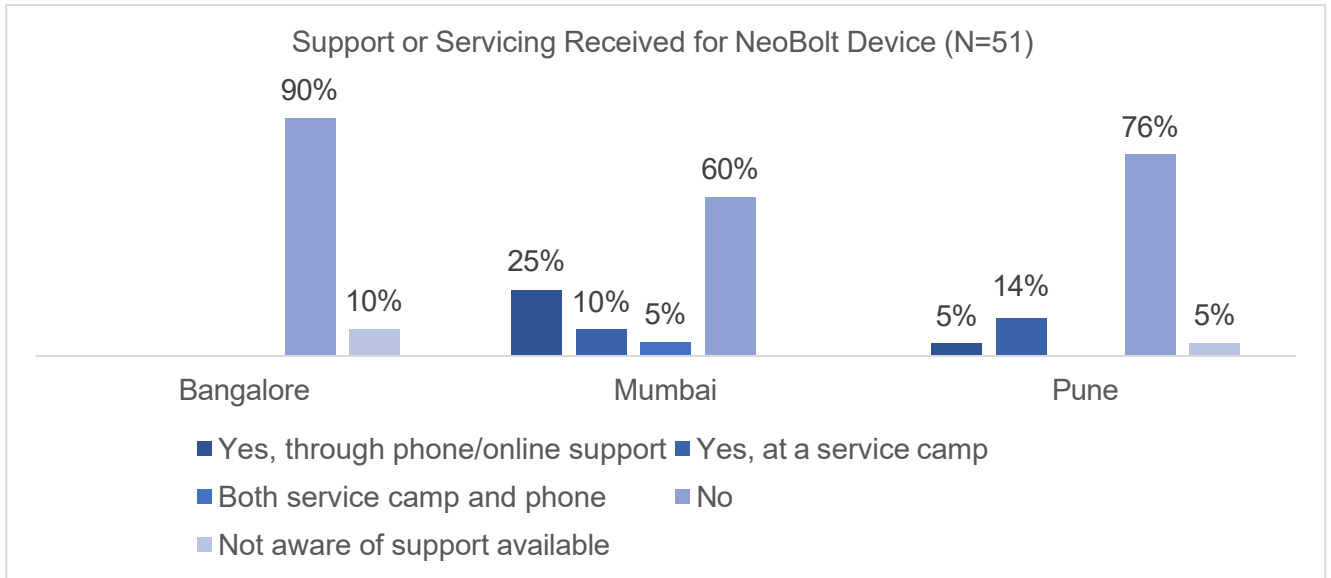


Figure 11: Support or Servicing Received for NeoBolt Device

Support and servicing for NeoBolt users remains limited, compounding challenges many faced with the device. Common issues reported included battery problems, inconsistent range, and high repair costs. Despite this, **the majority of beneficiaries (76%) had not received any assistance** since receiving their device, with only a small proportion accessing phone or online support or service camps.

City-level data highlights gaps in outreach and service delivery: while Mumbai had relatively higher support access, in Bangalore and Pune most users reported receiving no assistance. These findings underscore the need to strengthen post-distribution support, improve awareness of available services, and ensure timely, accessible repair mechanisms to enhance device usability and long-term impact.

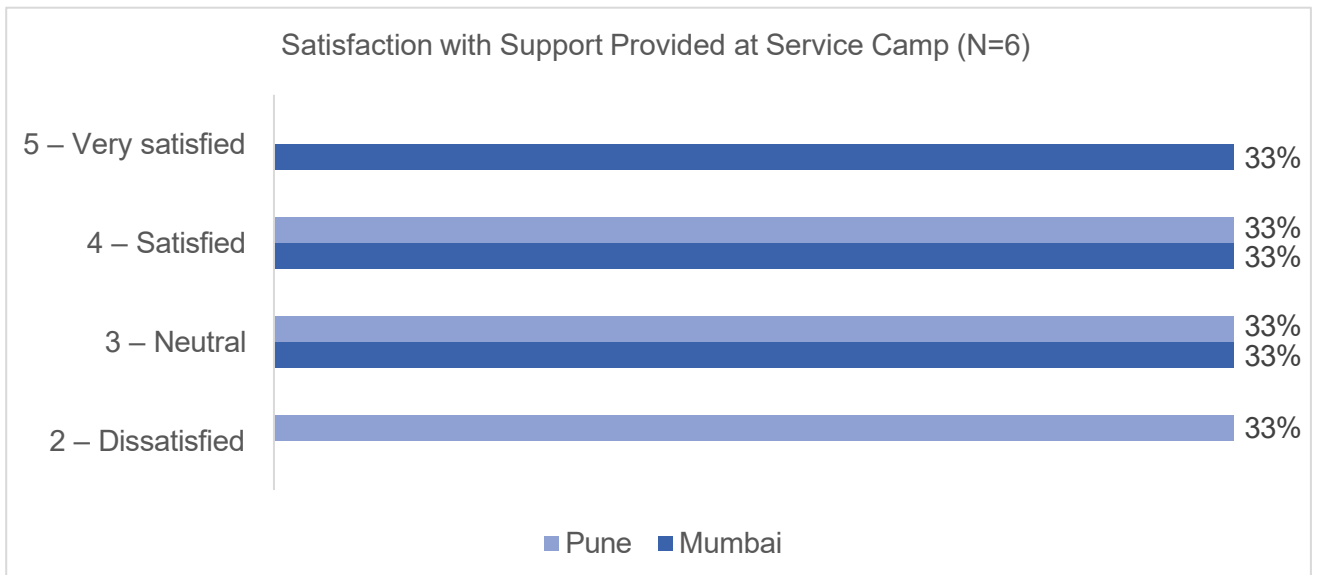


Figure 12: Satisfaction with Support Provided at Service Camp

Among beneficiaries who attended service camps, feedback on support services highlighted mixed experiences across cities. In Mumbai, satisfaction was evenly distributed, with 33% of respondents reporting neutral, satisfied, and very satisfied experiences, indicating that support met expectations for

most users. In Pune, 33% of respondents were dissatisfied, while the remaining 66% were evenly split between neutral and satisfied, with no respondents reporting being very satisfied.

During qualitative interactions, some beneficiaries also noted that the service camp locations were too far for them to travel, limiting their access to support. These findings suggest that while support mechanisms were effective in certain regions, gaps in accessibility and consistency remain. Strengthening timely, accessible, and user-friendly support could help improve satisfaction, particularly in areas where dissatisfaction persists.



Image 2: Household beneficiary survey in Mumbai

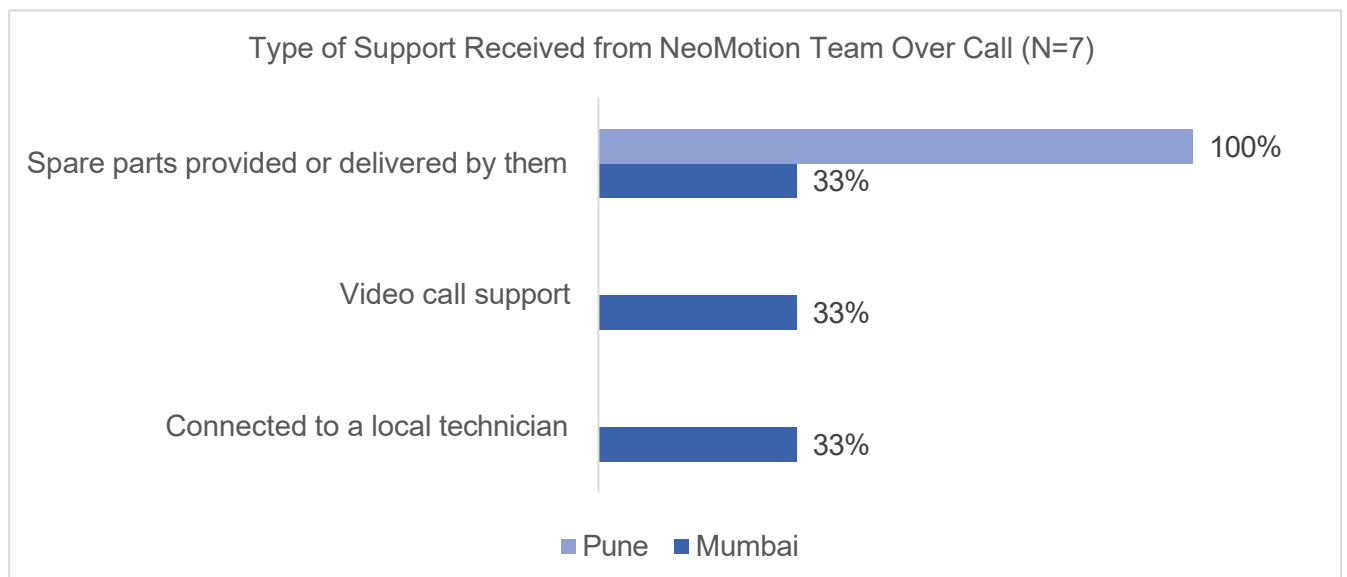


Figure 13: Type of Support Received from NeoMotion Team Over Call

When issues arose, the type of support received by beneficiaries over the call varied by location. In **Mumbai**, assistance was diversified **33% of users reported being connected to a local technician**, another **33% received video call guidance**, and the remaining **33% had spare parts delivered**. In

Pune, however, support was more limited, with **100% of beneficiaries stating they only received spare parts delivery**.

This indicates that while online/telephonic support is being used effectively in some locations like Mumbai, its availability remains inconsistent across cities. During interactions, one beneficiary from Mumbai shared that he had called the support number but did not receive a response for a month. Hence, access to such remote support is significant, and there is a need to improve service reach and ensure timely issue resolution for all users.

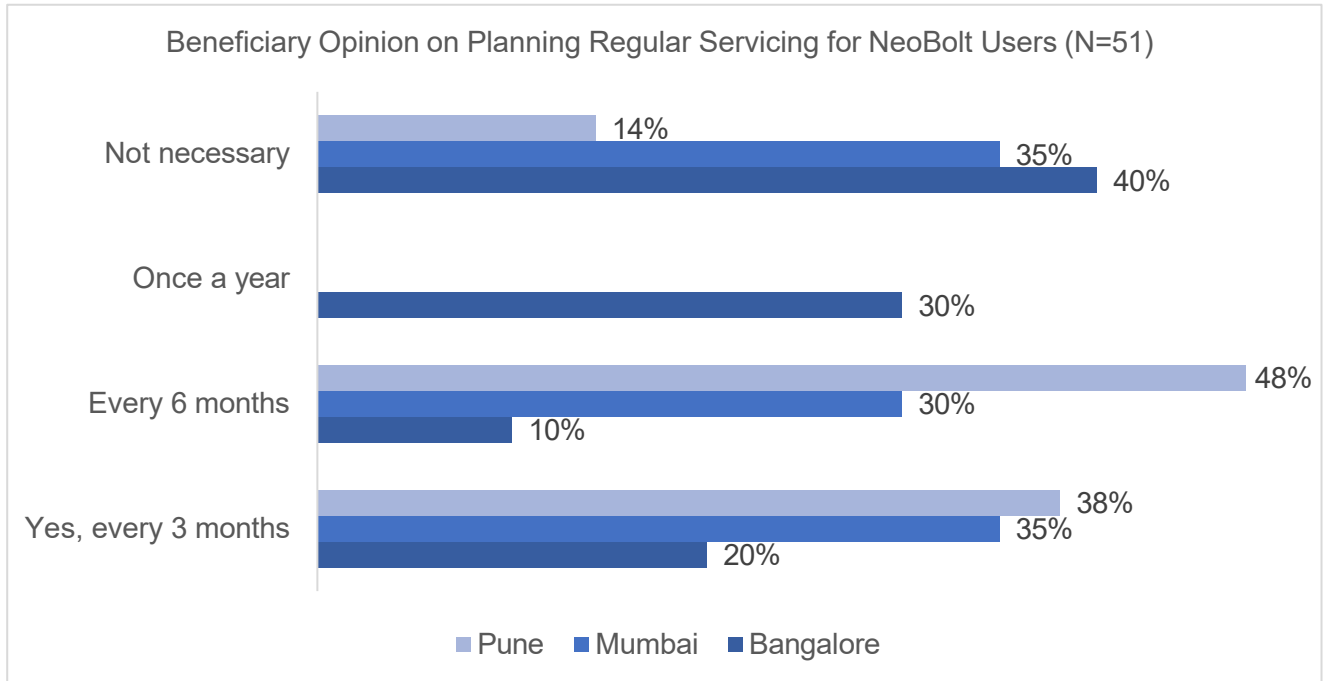


Figure 14: Beneficiary Opinion on Planning Regular Servicing for NeoBolt Users

The need for structured servicing arises from recurring issues reported by beneficiaries, including battery problems, inconsistent range, and the high cost of repairs. Regular servicing can help identify and address such issues proactively, ensuring optimal device performance, extending the device lifespan, and enhancing user confidence. Hence, beneficiaries were asked about their expectations regarding the frequency of NeoBolt servicing. **In Bangalore, 20% felt servicing was needed every three months and 40% felt regular servicing was not necessary. In Mumbai, 35% preferred quarterly servicing**, while in Pune, expectations leaned towards more regular support, **with 38% suggesting servicing every three months** and nearly half. These findings indicate that while many users trust the durability of NeoBolt, a significant proportion, particularly in Pune and Mumbai, anticipates structured, periodic support to maintain device functionality and usability.

Chapter 3

Impact Findings



Chapter 3: Impact Findings

This chapter presents an assessment of the impact created through the Programme. In alignment with the programme's aim to enhance the lived experiences of persons with locomotor disabilities, the impact assessment adopted the **Quality of Life (QoL) Framework**. Adapted from internationally accepted standards, including those developed by Schalock & Verdugo (2008), this framework guided the design of data collection tools and the overall analysis. It enabled an assessment of how the mobility intervention, through the provision of NeoBolt devices, influenced outcomes across eight core dimensions of quality of life.

The QoL framework offered a holistic and multidimensional perspective for evaluating the ways in which the intervention shaped beneficiaries' lives. Unlike approaches focused solely on physical or economic aspects, it captured the broader experience of **well-being and inclusion**. This proved particularly suited for disability-focused programmes, where improvements in independence, social participation, and emotional health were as critical as mobility gains.

The Quality of Life (QoL) framework hinges on the following dimensions:

Physical Well-being - Health Status, mobility, and access to healthcare

Material Well-being - Financial Security, employment, and access to essential resources

Emotional Well-being - Mental Health, stress levels and psychological support

Interpersonal Relations - Social support, friendships, and family connections

Personal Development - Access to education, skill development, and career growth

Self determination - Autonomy, decision-making ability, and independence

Social Inclusion - Participation in community activities, accessibility in public spaces, and societal acceptance

Rights & Advocacy - Legal protections, policy implementation, and individual rights

3.1 Socio-Demographic Profile of the Beneficiary

This section provides an overview of the socio-demographic characteristics of the beneficiaries. Understanding these profiles helps contextualise the impact of the NeoBolt intervention and highlights the diverse backgrounds of individuals benefiting from the project.

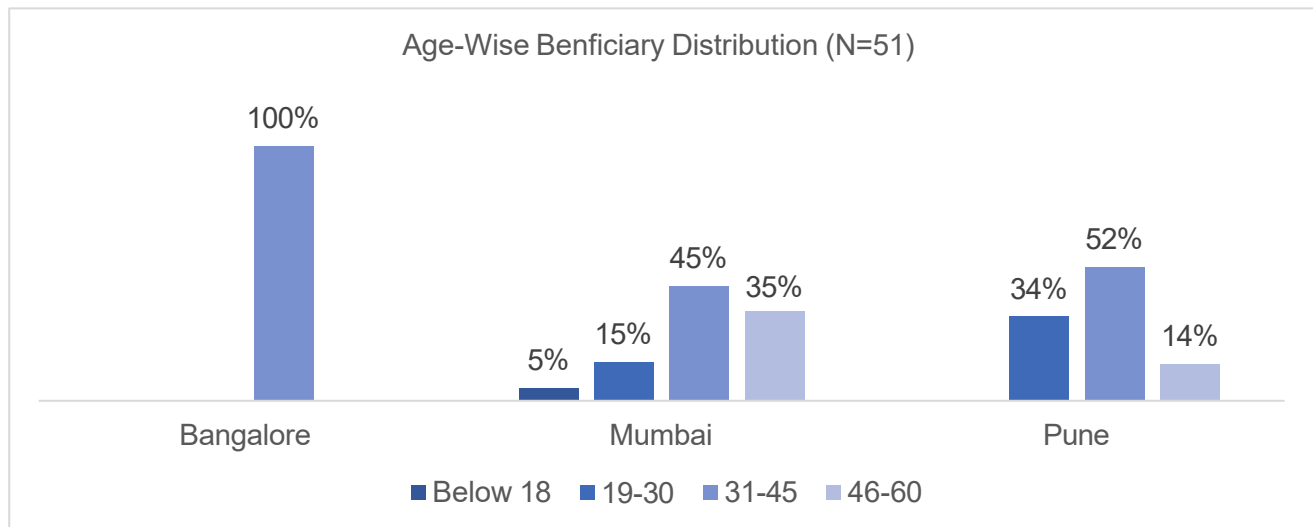


Figure 15: Age-Wise Beneficiary Distribution

The majority of beneficiaries fell within the 31–45 age group, followed by a significant proportion in the 46–60 bracket, indicating that the intervention primarily reached adults in their working and middle ages. Younger beneficiaries, below 18 and 19–30, formed a relatively small share of the sample. Most beneficiaries therefore fall within the working-age population, for whom mobility is often essential to sustain livelihoods and fulfill professional responsibilities. Across locations, Mumbai and Pune showed a broader age distribution, while Bangalore beneficiaries were concentrated entirely in the 31–45 category. Qualitative feedback suggested that individuals in these age groups particularly valued NeoBolt for enabling them to commute for work, manage family and social responsibilities, and engage in income-generating activities with greater ease.

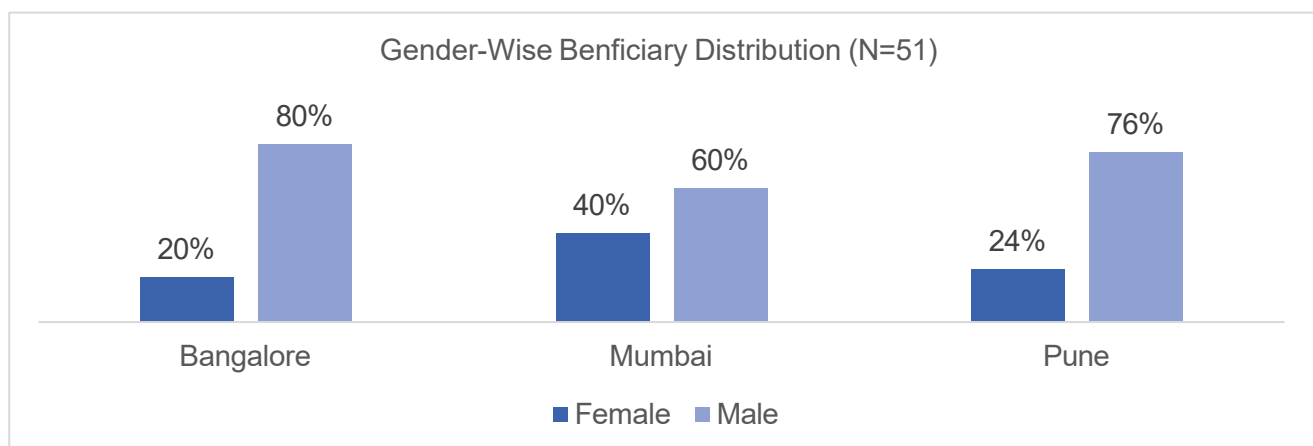


Figure 16: Gender-Wise Beneficiary Distribution

Across the three locations, male respondents formed the majority of beneficiaries at **72%**, while **females accounted for 28%**. Bangalore had the highest proportion of males at 80%, whereas Mumbai showed a comparatively balanced gender profile with 60% males and 40% females. Pune's respondents were predominantly male at 76%. This distribution indicates that while the intervention successfully reached both genders, a larger share of participants were male, underscoring the need for targeted efforts to enhance female engagement in future activities.

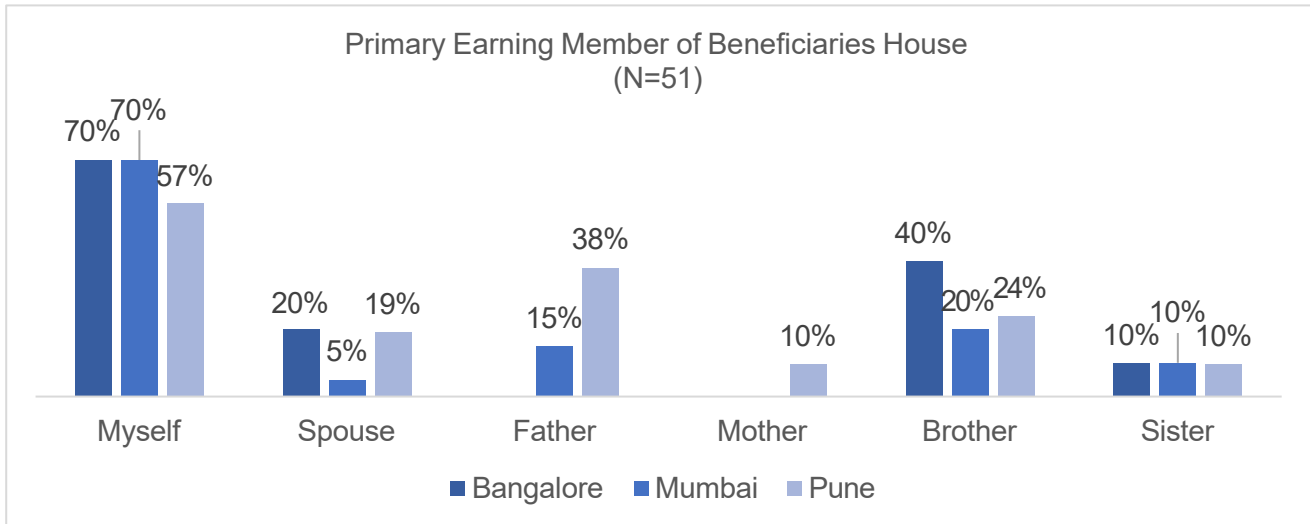


Figure 17: Primary Earning Member of Beneficiaries' House

The assessment revealed that a significant majority of beneficiaries across all locations are themselves the main earners in their households, with 70% in Bangalore and Mumbai and 57% **in Pune reporting self-earning status**. This underscores the critical role mobility plays in their economic participation and daily independence. By providing customised NeoBolt devices, the project enabled these primary earners to move outdoors safely and efficiently, facilitating access to workplaces, markets, and other income-generating opportunities. Beneficiaries highlighted that improved mobility reduced their dependence on others and made it easier to sustain employment or business activities.

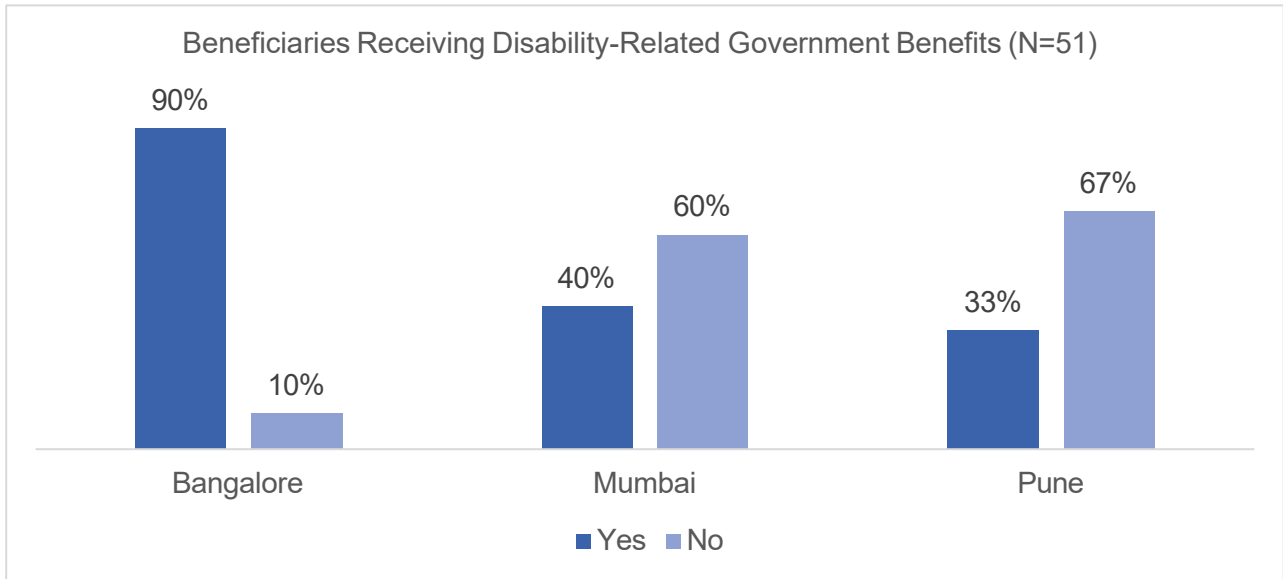


Figure 18: Beneficiaries Receiving Disability-Related Government Benefits

Almost half of the beneficiaries reported receiving disability-related benefits such as pensions, assistive devices, or travel concessions. Bangalore showed the highest coverage at 90%, while Mumbai and Pune reported lower access at 40% and 33%, respectively. Many beneficiaries, particularly in Mumbai and Pune, remain without government support. Some noted that limited awareness prevented them from availing available schemes, highlighting the importance of information support alongside mobility solutions. Future interventions can focus on providing beneficiaries with clear guidance on eligibility and application procedures for such benefits, ensuring that more users are able to access government support and maximize the impact of mobility interventions.

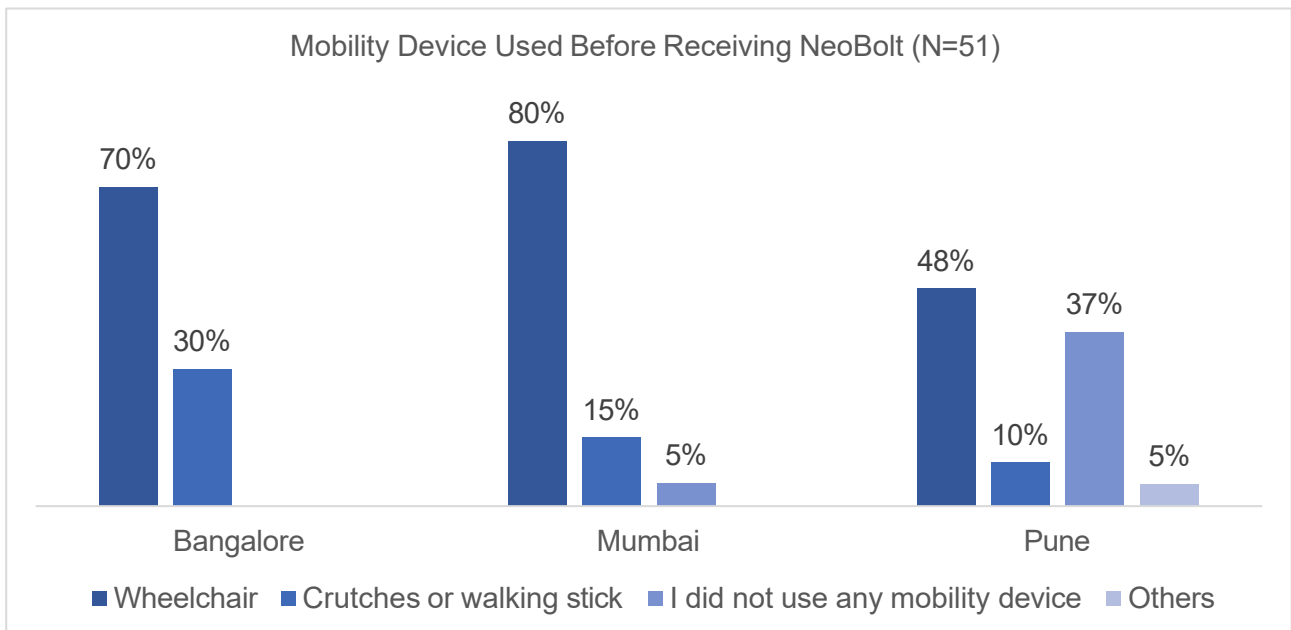


Figure 19: Mobility Device Used Before Receiving NeoBolt

Before receiving NeoBolt, most beneficiaries relied on traditional mobility aids, with 65% using wheelchairs and 16% using crutches or walking sticks. In Pune, 37% did not use any device, reflecting

limited access to assistive technologies. Several participants reported that previous devices were prone to breakage or caused strain, whereas NeoBolt enabled longer, more comfortable travel. For some beneficiaries, NeoBolt was their first mobility device after an accident, helping them regain independence and daily functioning.

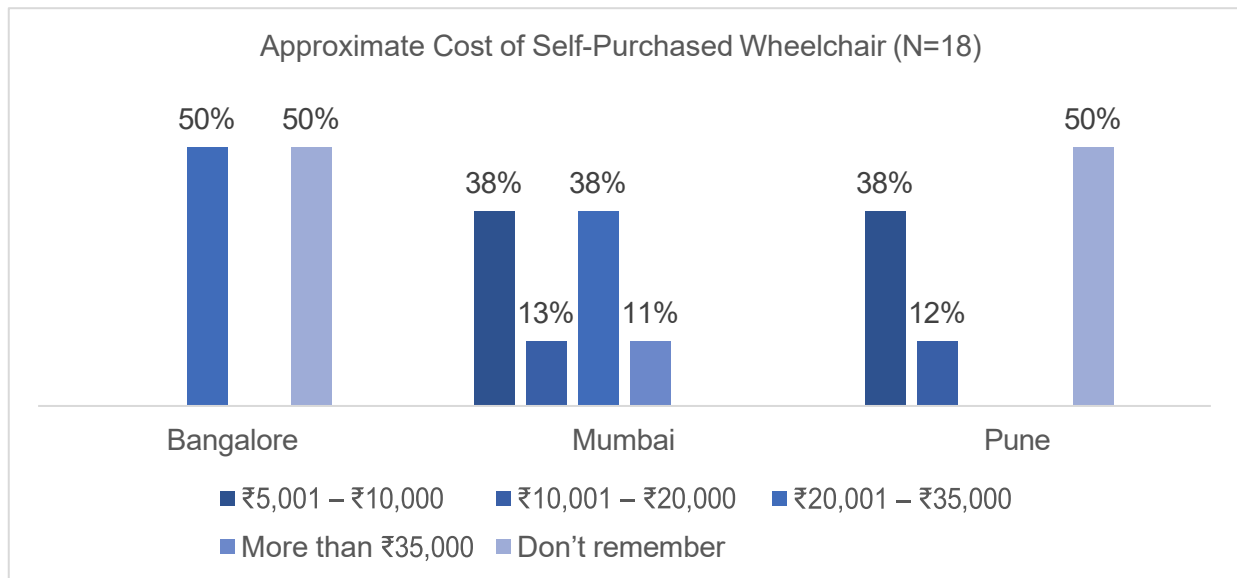


Figure 20: Approximate Cost of Self-Purchased Wheelchair

Prior to receiving NeoBolt, around 55% of beneficiaries had purchased their previous wheelchairs on their own, while 45% received them through government schemes or NGOs. This trend varied by location: in Pune, 80% of users bought their wheelchairs independently, compared with 50% in Mumbai and 29% in Bangalore. These findings highlight both the financial burden of self-procured mobility devices and the importance of the intervention in providing affordable, customised, and accessible solutions. Beneficiaries emphasised that without such support, the high costs of mobility devices would have remained a major barrier to independence.

3.2 Physical Well-Being

This section examines changes in beneficiaries' physical mobility, comfort, and ease of movement following the intervention. It captures the extent to which the NeoBolt device reduced physical strain, improved indoor and outdoor mobility, and enhanced overall physical independence. The findings are detailed below -

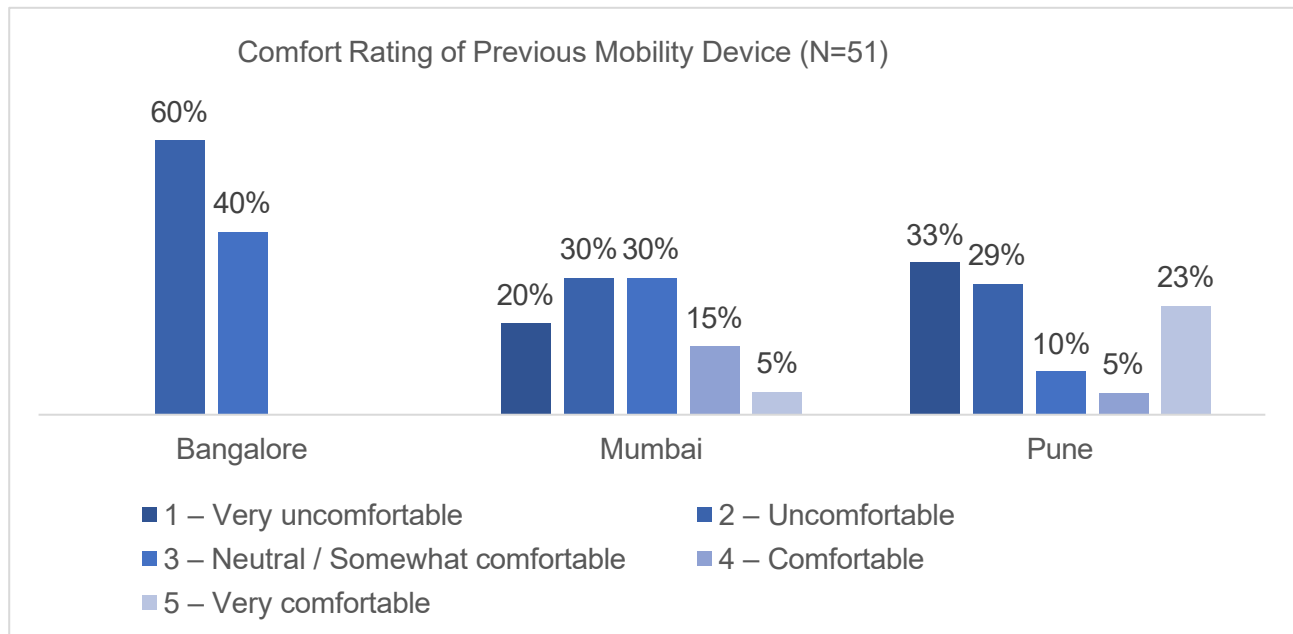


Figure 21: Comfort Rating of Previous Mobility Device

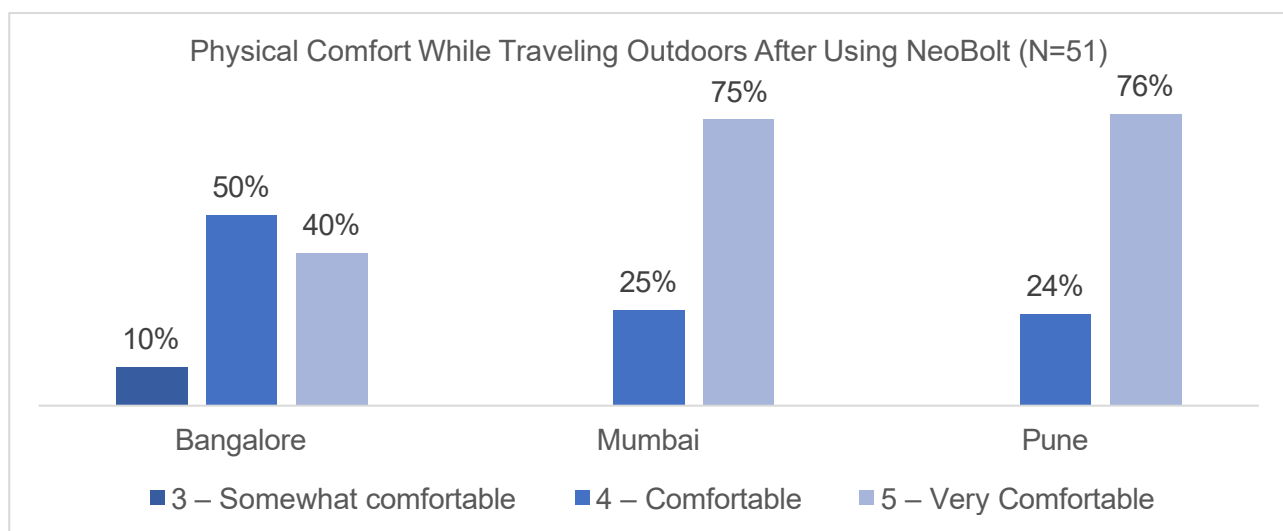


Figure 22: Physical Comfort While Travelling Outdoors After Using NeoBolt

Physical comfort is a critical aspect of mobility, as discomfort or strain can limit travel, reduce independence, and negatively affect overall well-being. Before receiving NeoBolt, over **57% of respondents rated their previous mobility devices as uncomfortable**, with very few describing them as comfortable. After the intervention, **nearly 98% reported feeling comfortable or very comfortable while travelling outdoors**, with Pune and Mumbai recording the highest proportion of

beneficiaries rating their experience as “very comfortable.” Qualitative feedback further revealed that users appreciated smoother rides, reduced fatigue, and relief from spinal pain. These findings demonstrate how NeoBolt’s has significantly reduced physical strain, made outdoor travel more manageable, and enhanced the overall physical well-being of beneficiaries.

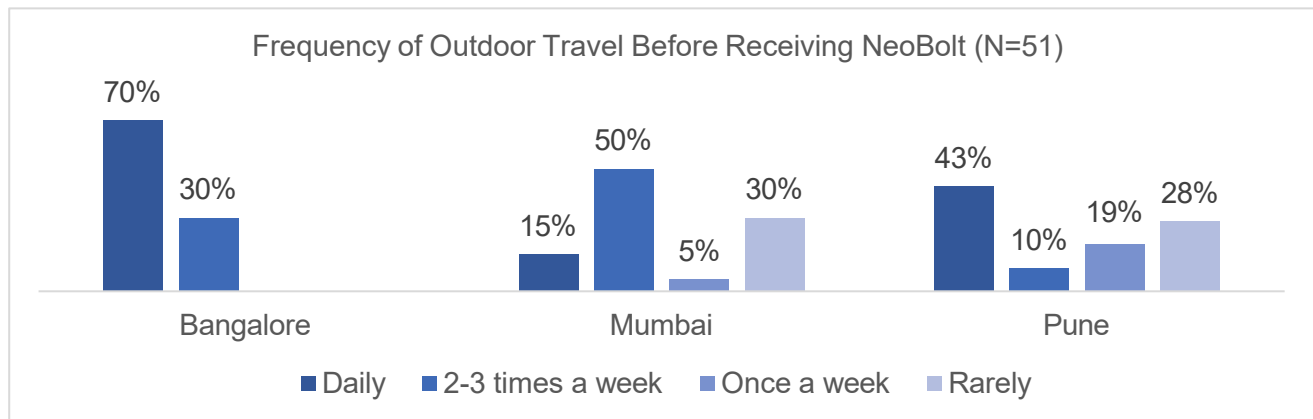


Figure 23: Frequency of Outdoor Travel Before Receiving NeoBolt

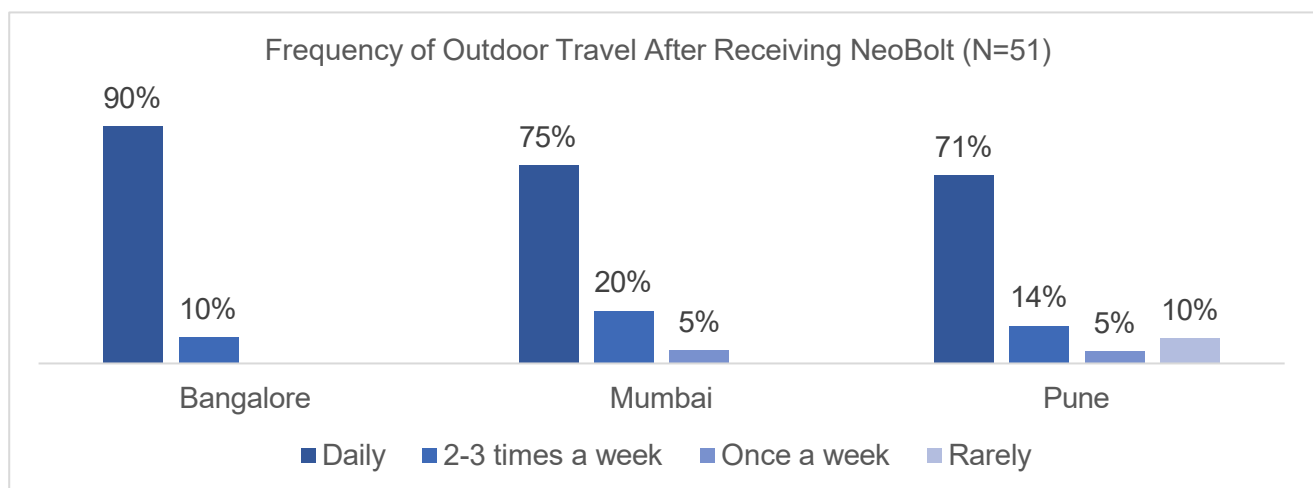


Figure 24: Frequency of Outdoor Travel After Receiving NeoBolt

Daily travel among beneficiaries increased substantially **from 37% before the intervention to 76% after**. At the city level, Bangalore consistently recorded the highest daily travel, rising from 70 % before the intervention to 90 % after. Mumbai showed the most dramatic improvement, while Pune also reflected notable progress, rising from 43 % to 71 %.

Beneficiaries reported that NeoBolt enabled them to travel more frequently to workplaces, markets, and social spaces, thereby increasing their independence, enhancing community participation, and reducing feelings of isolation. One beneficiary explained that earlier it was very difficult to meet friends, and outings happened only once or twice a month, whereas now weekly outings had become possible. This shift illustrates how the device not only enhanced mobility but also strengthened social inclusion and overall quality of life.

“For years, we watched our son depend on others for even the smallest tasks. Because of this programme, he moves on his own, and we see a new spark of confidence in him. It has changed our entire family’s outlook.”

-Caregiver, Pune

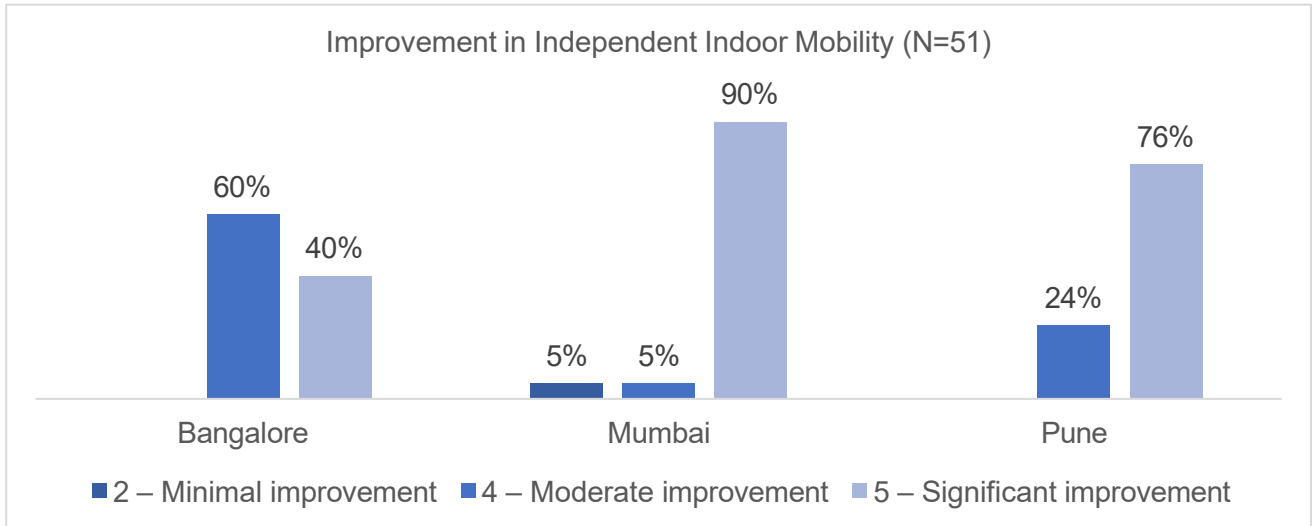


Figure 25: Improvement in Independent Indoor Mobility

After using NeoBolt, most beneficiaries experienced substantial improvement in indoor mobility, with 74% reporting significant gains. City-wise, Mumbai showed the highest improvement at 90%, followed by Pune at 76% and Bangalore at 40%. Enhanced in-home mobility directly contributes to physical well-being by increasing independence, reducing reliance on caregivers, and enabling safer, more confident movement in daily routines. One beneficiary noted that improved mobility within the home had significantly reduced his dependence on the caregiver, allowing him to manage everyday tasks more independently.

3.3 Material Well-Being

This section analyses the intervention’s effect on beneficiaries’ economic and livelihood outcomes. It includes insights on employment, access to income-generating activities, and improved engagement with markets or workspaces enabled by the enhanced mobility provided through NeoBolt.

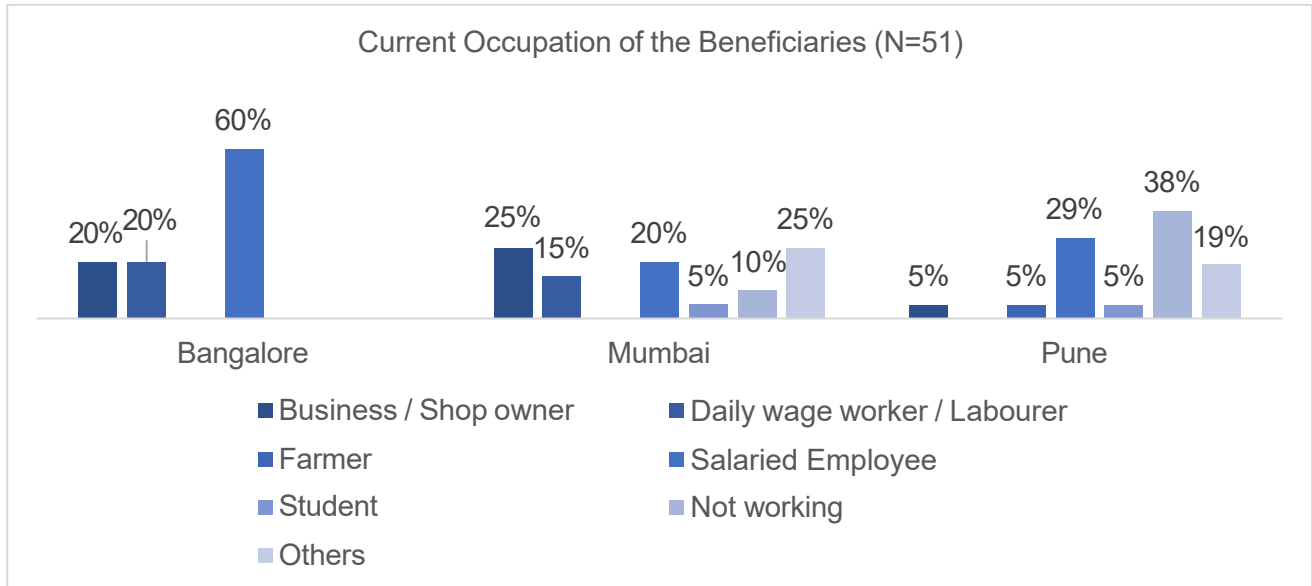


Figure 26: Current Occupation of the Beneficiaries

The graph shows the occupational distribution of NeoBolt beneficiaries across Bangalore, Mumbai, and Pune. In Bangalore, a majority (60%) are salaried employees, while smaller proportions are engaged in business/shop ownership and daily wage work. In Mumbai, beneficiaries show a more even distribution across business/shop ownership, daily wage work, salaried employment, and students, with a notable share not working. Pune displays a higher percentage of beneficiaries categorised as “not working” (38%), followed by salaried employees and business/shop owners.

Qualitative feedback indicated that several beneficiaries who were previously not working have now engaged in work or informal occupations such as food delivery, trading, social work, or sports-related roles. This reflects enhanced economic participation and increased independence following the intervention.

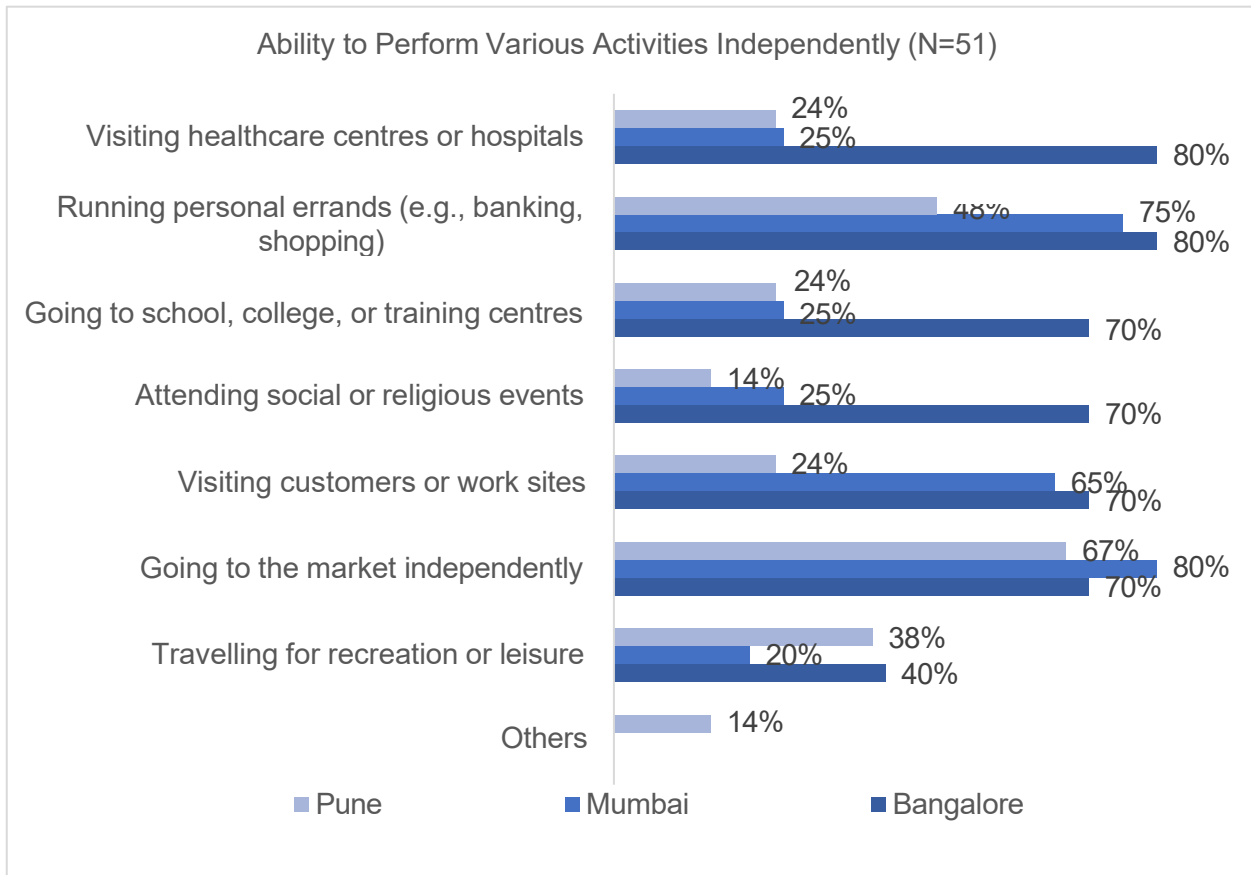


Figure 27: Ability to Perform Various Activities Independently

The NeoBolt device has significantly enhanced beneficiaries' ability to participate independently in income-generating and skill-building activities. A considerable proportion of users reported being able to visit customers or work sites without assistance **70% in Bangalore, 65% in Mumbai, and 24% in Pune** directly supporting their business and employment pursuits. Beyond economic participation, during qualitative interactions, beneficiaries across age groups also reported improved access to tuitions or classes, more frequent opportunities to meet friends and relatives, and greater confidence in managing daily chores. These outcomes demonstrate how enhanced mobility through NeoBolt contributes not only to livelihood opportunities but also to broader social inclusion and self-reliance.

“Earlier, my husband would avoid going out because of his old wheelchair. Now, because of this programme, he enjoys visiting friends and even going to the market by himself. It has given him freedom, and us, peace of mind.”

-Family Member, Mumbai

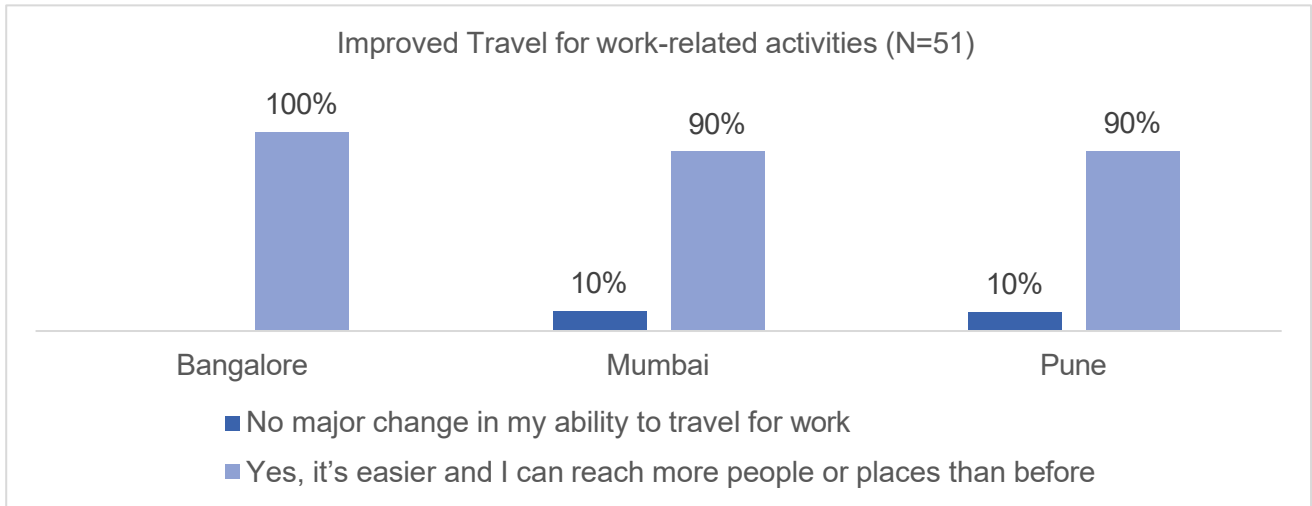


Figure 28: Improved Travel for work-related activities

Using NeoBolt has markedly improved beneficiaries' ability to travel for work-related activities. Overall, 92% reported that reaching customers, workplaces, or markets is easier than before, while only 8% saw no major change. In Bangalore, all beneficiaries (100%) experienced this improvement, and in Mumbai and Pune, 90% reported increased ease of travel. Qualitative insights highlighted that reduced physical strain and smoother mobility allowed beneficiaries to expand their work opportunities. For instance, during interactions, one beneficiary shared that while his family continues with the physical tasks of farming, NeoBolt has enabled him to contribute by taking up supervisory responsibilities and exploring related opportunities, thereby staying actively involved in the family's livelihood.

3.4 Emotional Well-Being

This section explores the impact of the project on beneficiaries' confidence, stress levels, and emotional comfort, including their sense of security while moving independently. The findings are detailed below -



Image 3: Household Beneficiary Survey in Mumbai

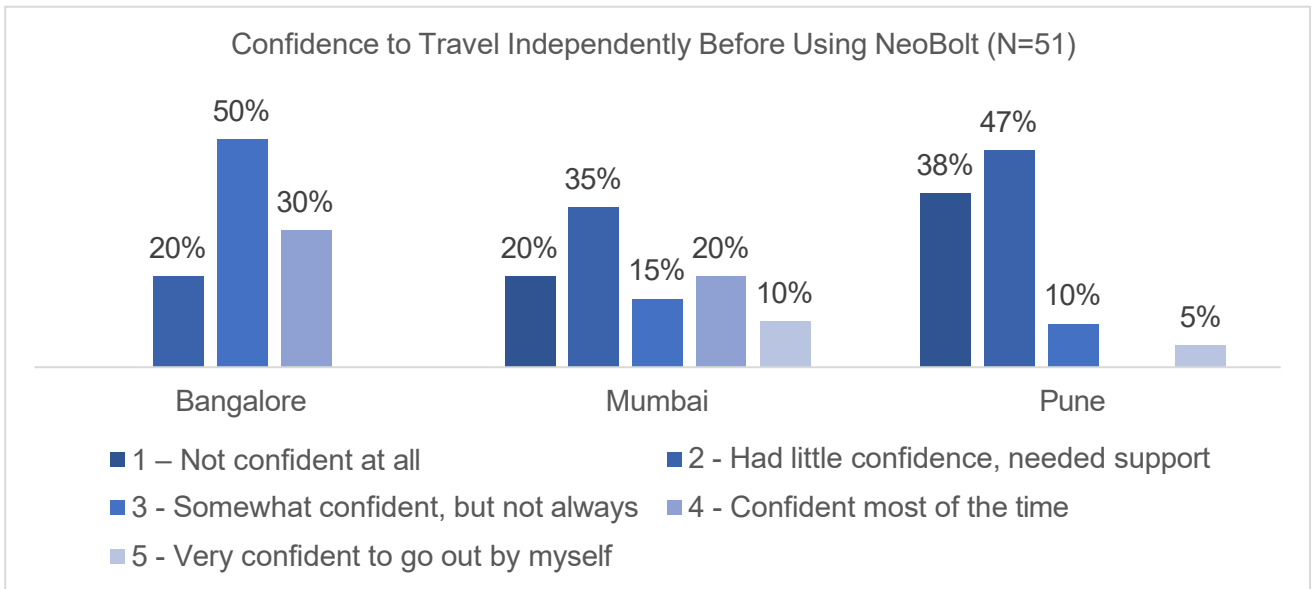


Figure 29: Confidence to Travel Independently Before Using NeoBolt

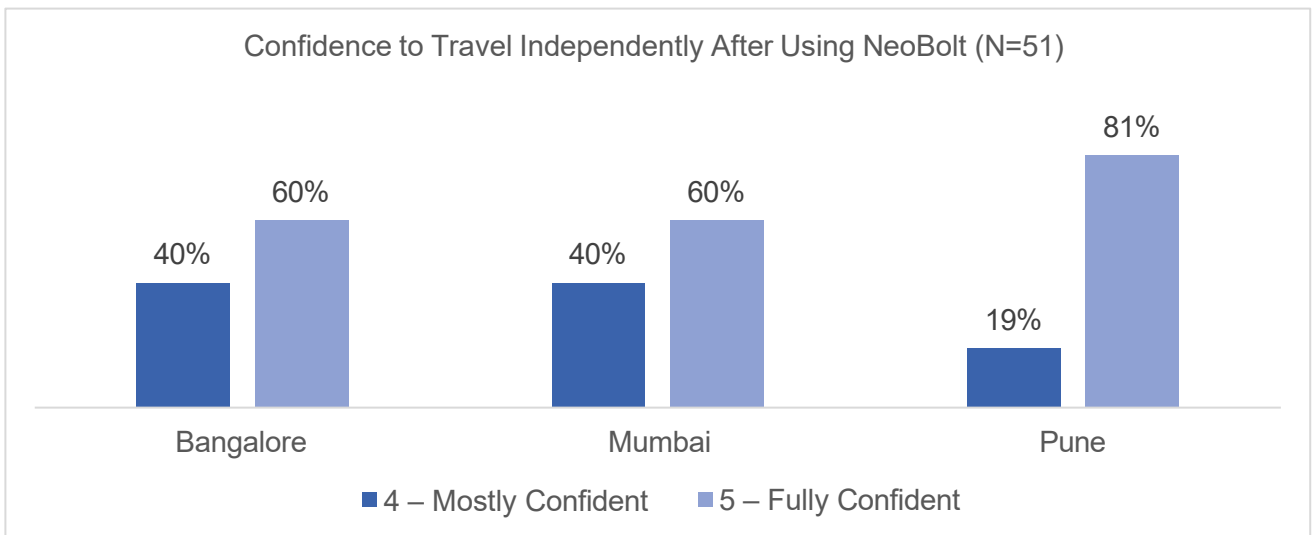


Figure 30: Confidence to Travel Independently After Using NeoBolt

The NeoBolt device has significantly boosted beneficiaries' confidence and emotional well-being. Before using NeoBolt, many respondents reported low confidence or needing support to go out. After receiving the device, 67% are now fully confident to go out independently. Qualitative accounts revealed that many beneficiaries felt "freer" and "less dependent." For another beneficiary who lost mobility after an accident, NeoBolt was his very first assistive device, enabling him to regain mobility and rebuild confidence.

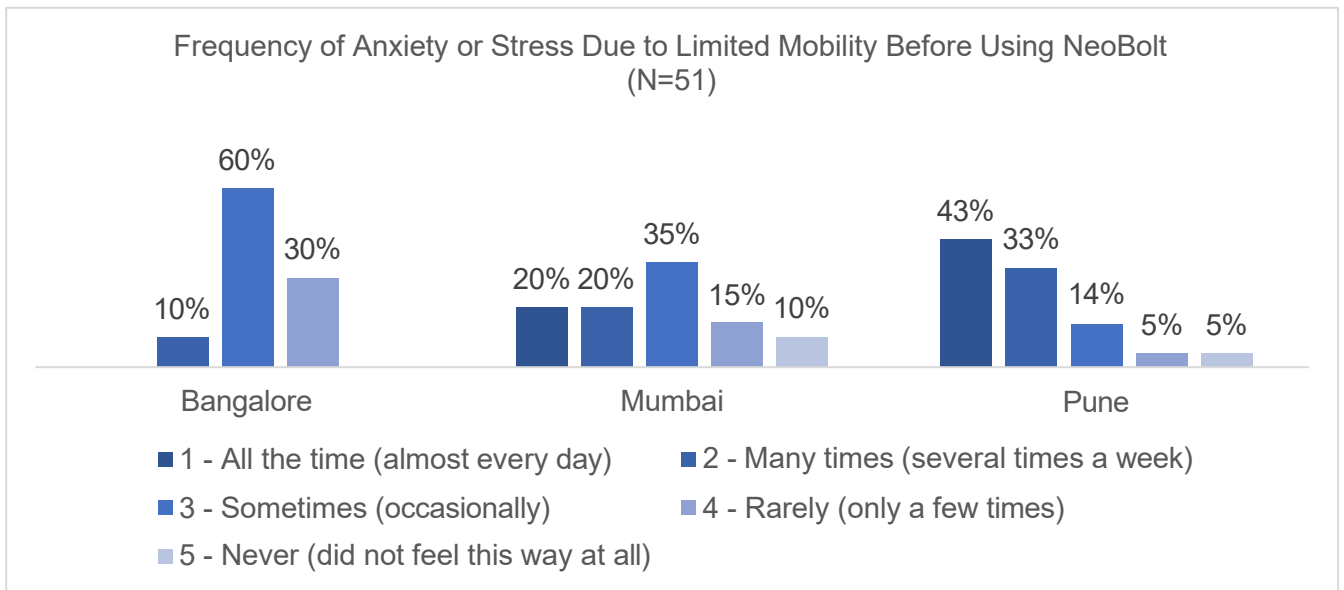


Figure 31: Frequency of Anxiety or Stress Due to Limited Mobility Before Using NeoBolt

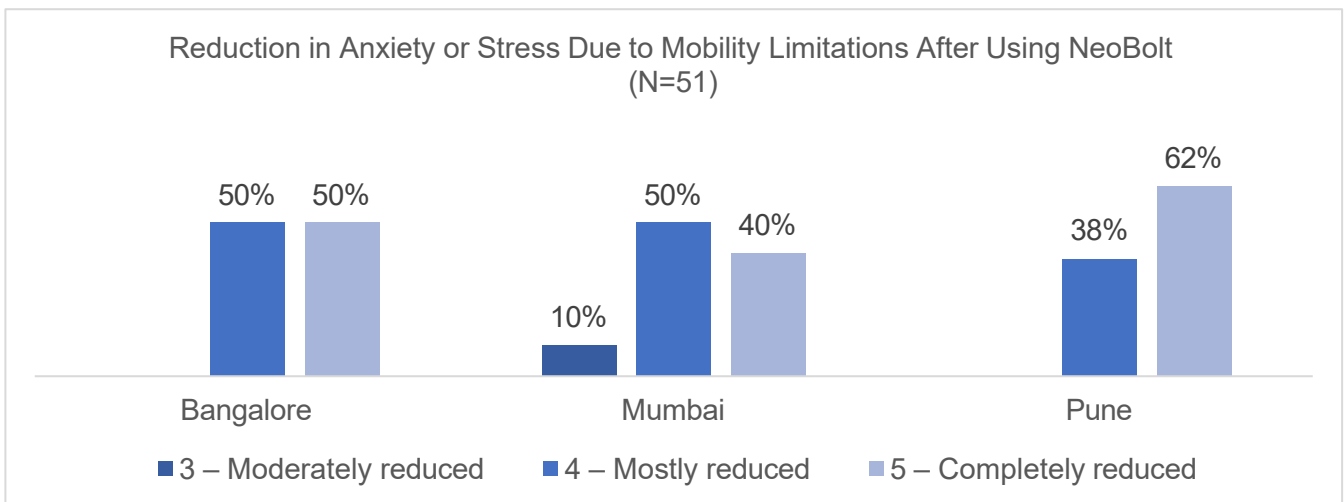


Figure 32: Reduction in Anxiety or Stress Due to Mobility Limitations After Using NeoBolt

Persons with locomotor disabilities often experience heightened stress and anxiety due to limited mobility, dependence on caregivers for daily tasks, safety concerns while travelling, and restricted opportunities for social and economic participation. These challenges can negatively affect mental health, confidence, and overall emotional security.

The introduction of NeoBolt has had a substantial positive impact in this regard. Before the intervention, many **respondents reported experiencing anxiety either “all the time” (24%) or “many times a week,” (38%) with Pune recording the highest levels of distress.** After receiving the device, **51 % of beneficiaries reported that their stress had been completely reduced.** This marked reduction in mobility-related anxiety has improved beneficiaries’ mental health and confidence significantly.

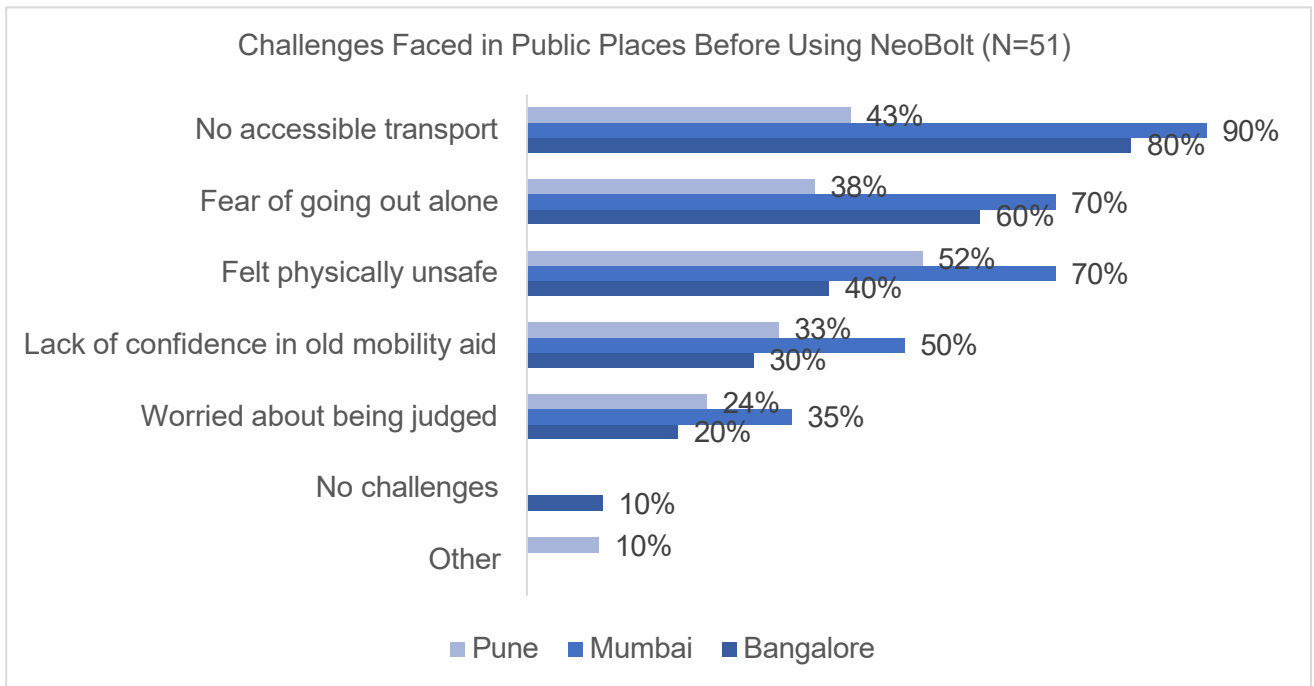


Figure 33: Challenges Faced in Public Places Before Using NeoBolt

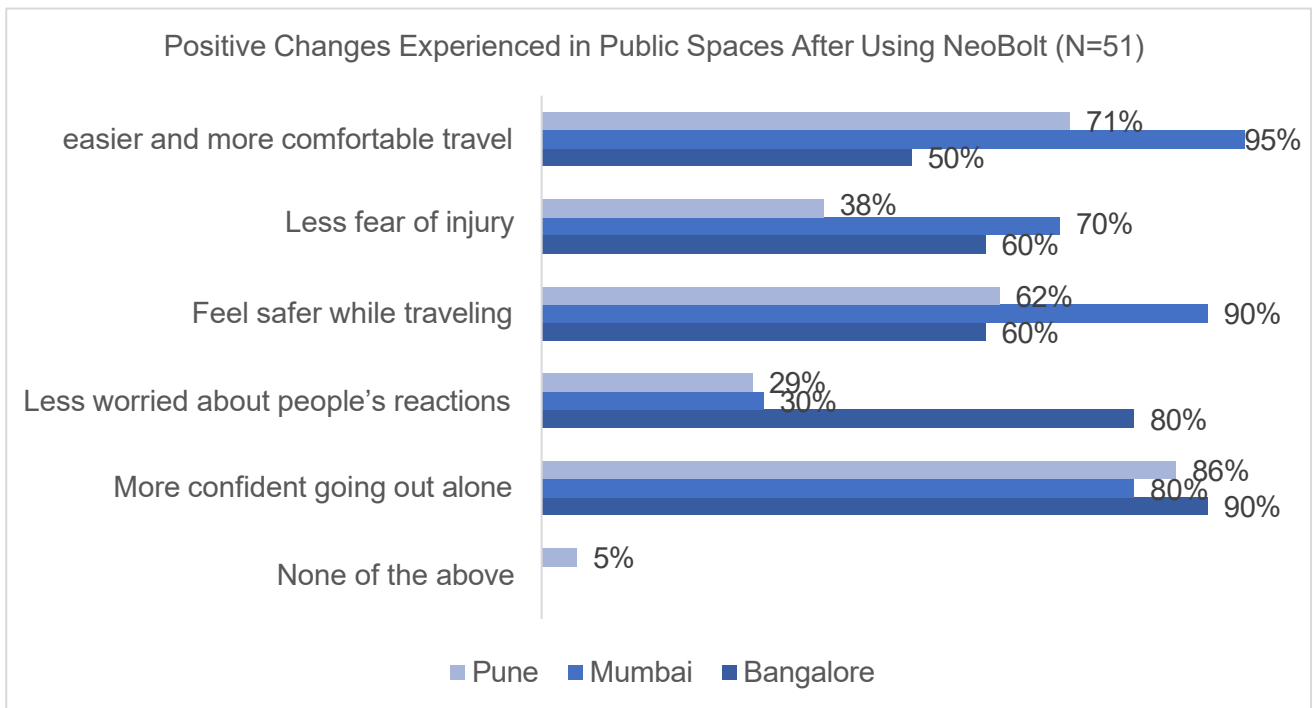


Figure 34: Positive Changes Experienced in Public Spaces After Using NeoBolt

Accessing public spaces can be particularly challenging for persons with locomotor disabilities due to inaccessible transport systems, physical barriers in infrastructure, and the constant fear of travelling alone.

The introduction of NeoBolt has helped address several of these challenges. Beneficiaries reported feeling safer and more comfortable outdoors, with greater confidence to travel independently. The

device improved comfort and ease of movement, reducing both physical strain and emotional hesitation, while also lessening concerns about social judgment. However, during interactions, some beneficiaries highlighted practical difficulties in using public transport, as the device is non-foldable and must be lifted manually. This indicates that while mobility and independence have significantly improved, certain structural and practical barriers remain.

“We’ve worked with people who have been bedridden for years and couldn’t afford a wheelchair. This project helped them stand tall with mobility and dignity. The change in their confidence is truly inspiring.”

-Friends Foundation, Mumbai

3.5 Interpersonal Relations

This section assesses how beneficiaries’ social interactions and relationships with family, friends, and community members were influenced by improved mobility. It focuses on the frequency and quality of social engagement post-intervention.

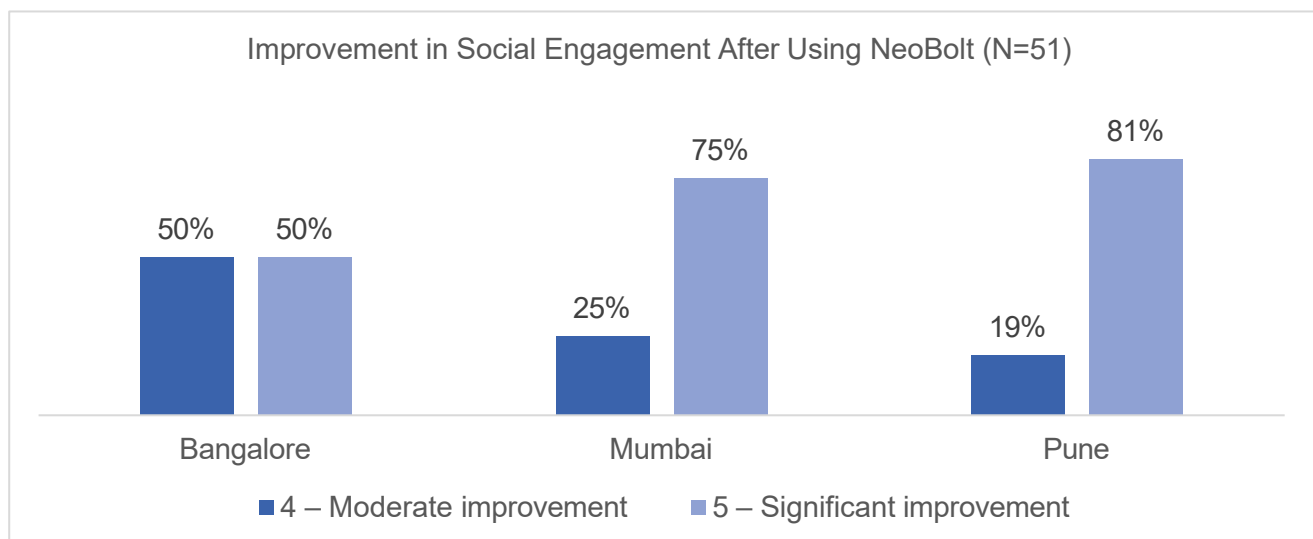


Figure 35: Improvement in Social Engagement After Using NeoBolt

Since using the NeoBolt device, beneficiaries’ ability to visit friends and relatives has improved substantially, thereby strengthening interpersonal relationships and social connectedness. Overall, **69% reported significant improvement, while 31% experienced moderate improvement.** In Pune and Mumbai, more than 75 % of users reported significant gains, while Bangalore showed an even split between moderate and significant improvement. Beneficiaries who were earlier unable to step out without depending on caregivers shared that they can now independently visit friends, reducing feelings of restriction and dependency. This enhanced mobility has translated into greater social

engagement, reduced isolation, and stronger family and community ties, contributing positively to overall interpersonal well-being.

3.6 Personal Development

This section highlights how improved mobility has enabled individuals to pursue learning opportunities and personal growth, reflecting broader developmental benefits of the intervention.

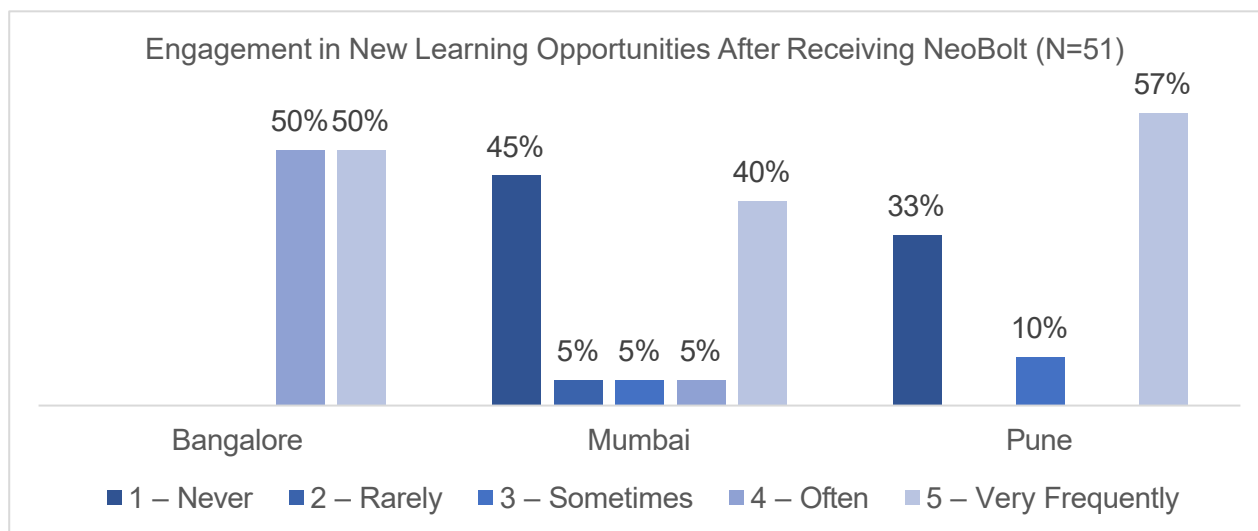


Figure 36: Engagement in New Learning Opportunities After Receiving NeoBolt

Mobility plays a critical role in enhancing access to educational and skill-building opportunities, enabling individuals to participate more actively in learning, training, and personal development activities. The NeoBolt device has significantly supported beneficiaries in this regard. Overall, **nearly half of the users (49%)** reported participating very frequently in such activities. **In Bangalore, all beneficiaries were highly active, with 50% attending often and 50% very frequently.** Pune showed a strong shift toward frequent participation, while Mumbai exhibited a more varied pattern. These findings indicate that improved mobility facilitates access to learning and training opportunities, fostering skill acquisition, confidence, and overall personal growth.

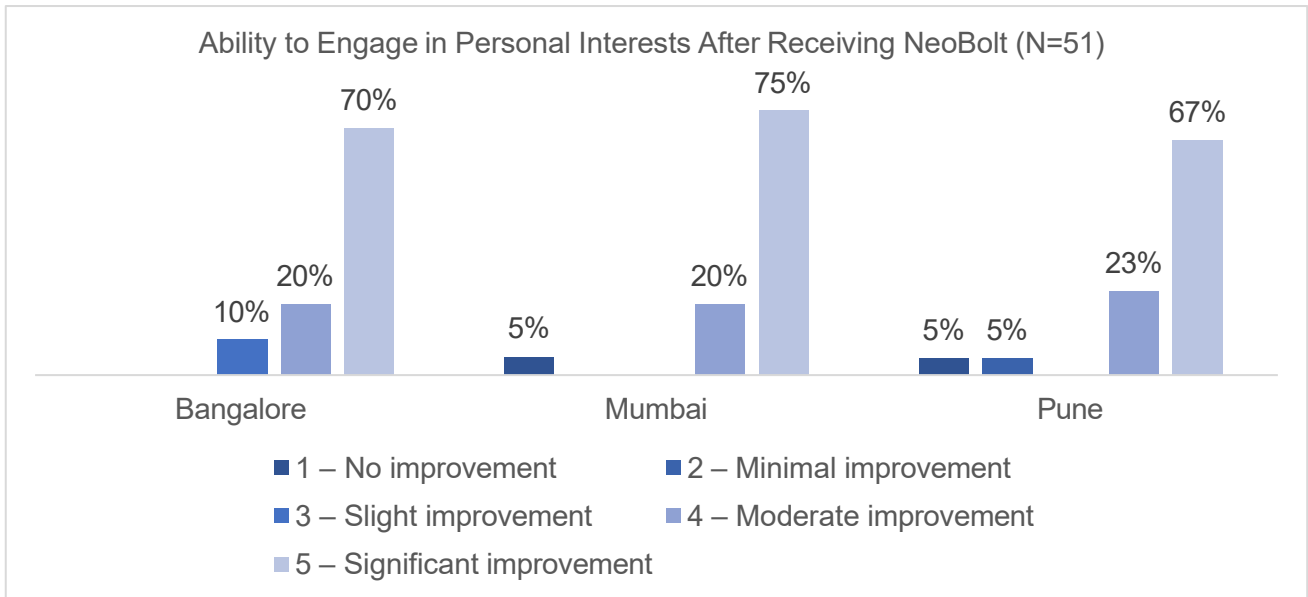


Figure 37: Ability to Engage in Personal Interests after Receiving NeoBolt

Enhanced mobility can significantly improve an individual’s capacity to pursue hobbies and personal interests, which contributes to personal development, life satisfaction, and overall mental well-being. Following the introduction of the NeoBolt device, beneficiaries have reported substantial improvements in this regard, with **71% across all cities noting significant gains**. City-wise, **70 % of beneficiaries in Bangalore, 75% in Mumbai, and 67% in Pune** experienced marked improvements. This increased ability to engage in personal interests demonstrates enhanced autonomy and confidence, enabling beneficiaries to participate in meaningful activities beyond essential daily tasks and thereby improving overall quality of life.

3.7 Self-Determination

This section examines beneficiaries' ability to exercise control over their own lives and make independent choices. It explores how the intervention has enhanced their capacity to manage daily routines, pursue personal goals, and assert greater autonomy.

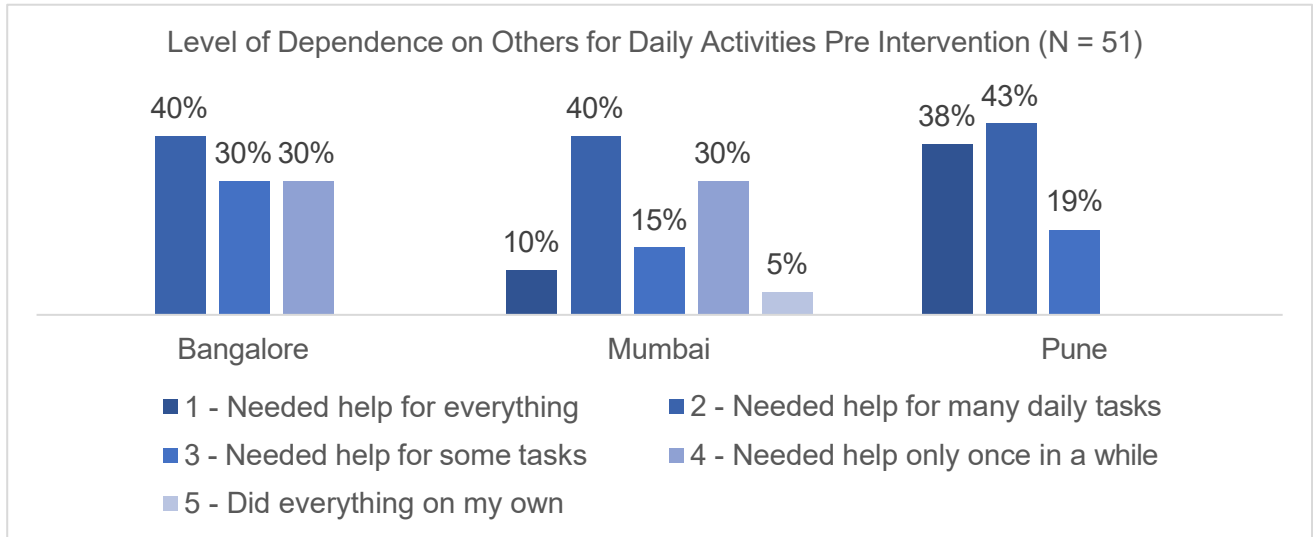


Figure 38: Level of Dependence on Others for Daily Activities Pre Intervention

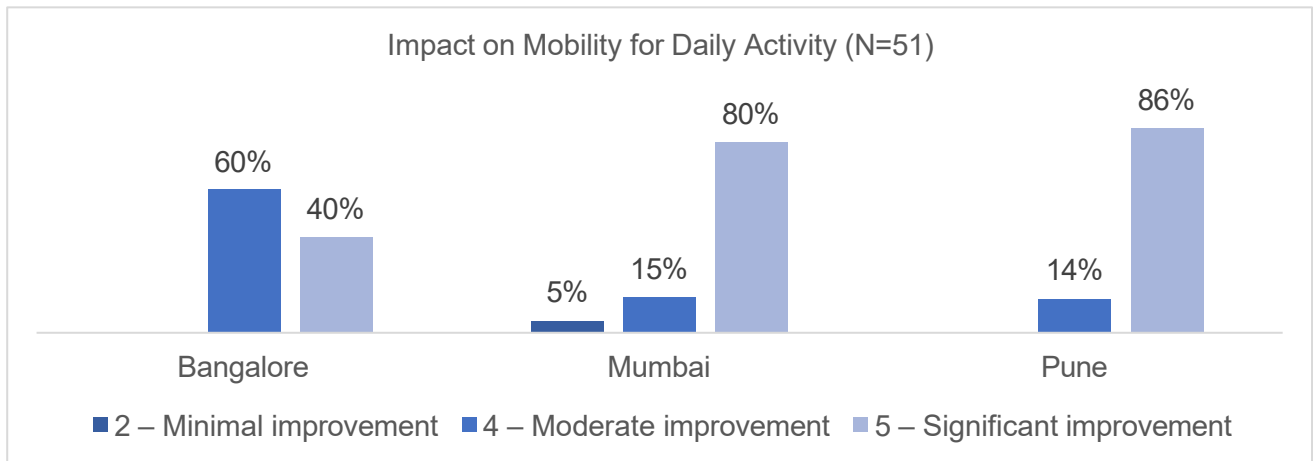


Figure 39: Impact on Mobility for Daily Activity

Before receiving the NeoBolt device, **a majority of beneficiaries relied on others for at least some daily tasks**. After using NeoBolt, **69% report significant improvement in managing daily activities independently**. Mumbai and Pune show the strongest gains, with 80–86% reporting significant improvement. This shift reflects a major boost in self-determination, allowing beneficiaries to make decisions, carry out routines without constant assistance, and regain control over their lives. Qualitative interaction with one of the beneficiaries also shared that she has experienced reduced bed sores as she can now sit and move on the NeoBolt more comfortably which reflects an important health-related outcome alongside greater confidence, autonomy, and quality of life.

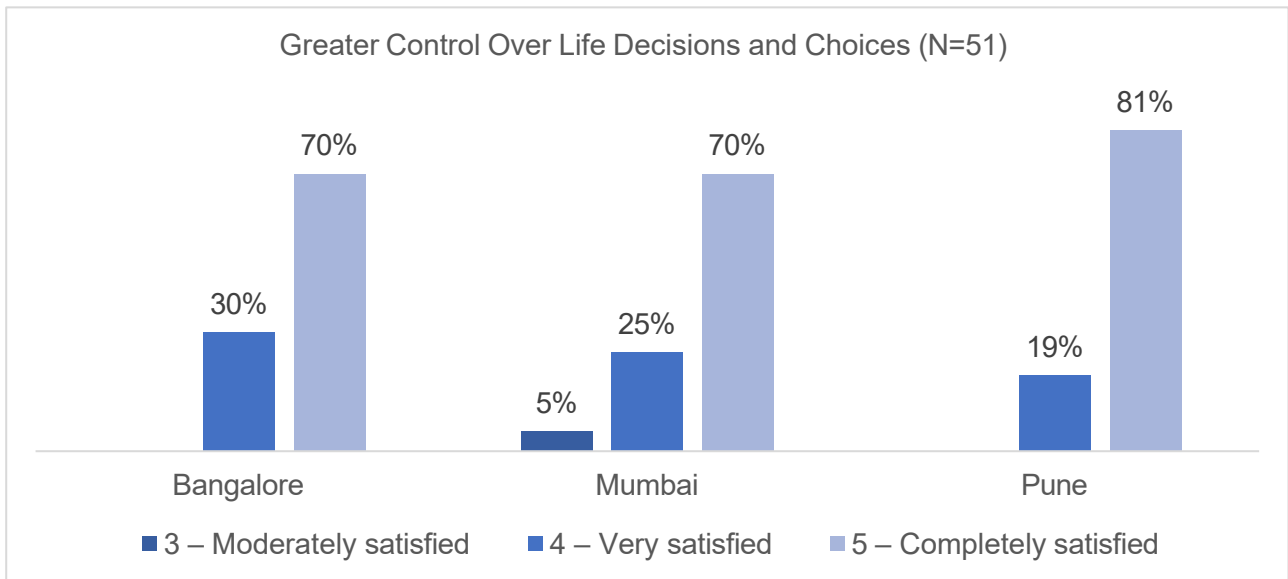


Figure 40: Greater Control Over Life Decisions and Choices

For persons with locomotor disabilities, mobility is a critical enabler of autonomy, allowing them to make independent decisions, manage daily routines, and participate more fully in personal, social, and economic life. The NeoBolt device has played an important role in enhancing such autonomy among beneficiaries. Following the intervention, beneficiaries reported high levels of satisfaction with the control they now have over their daily routines and life decisions. Overall, **74% are completely satisfied and 25% very satisfied, 5% reporting only moderate satisfaction. City-wise, Pune shows the highest proportion of completely satisfied users (81%), followed by Bangalore and Mumbai at 70% each.** These findings demonstrate that improved mobility has translated into greater empowerment, self-determination, and overall psychological well-being, key dimensions of quality of life.

“Partnering on this initiative has shown us how impactful mobility can be. Seeing beneficiaries regain independence has been one of the most fulfilling outcomes of our work.”

-Round Table India Trust (RTIT)

3.8 Social Inclusion

This section examines beneficiaries' engagement in community and public life and their ability to participate in social and recreational activities. It highlights how improved mobility has supported greater inclusion and access to public spaces.

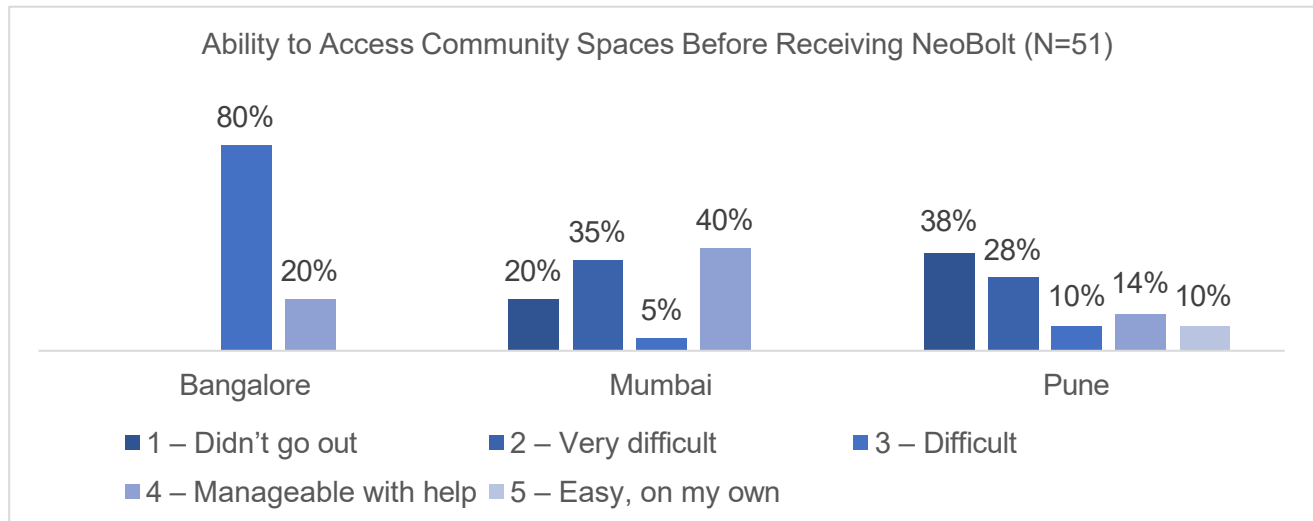


Figure 41: Ability to Access Community Spaces Before Receiving NeoBolt

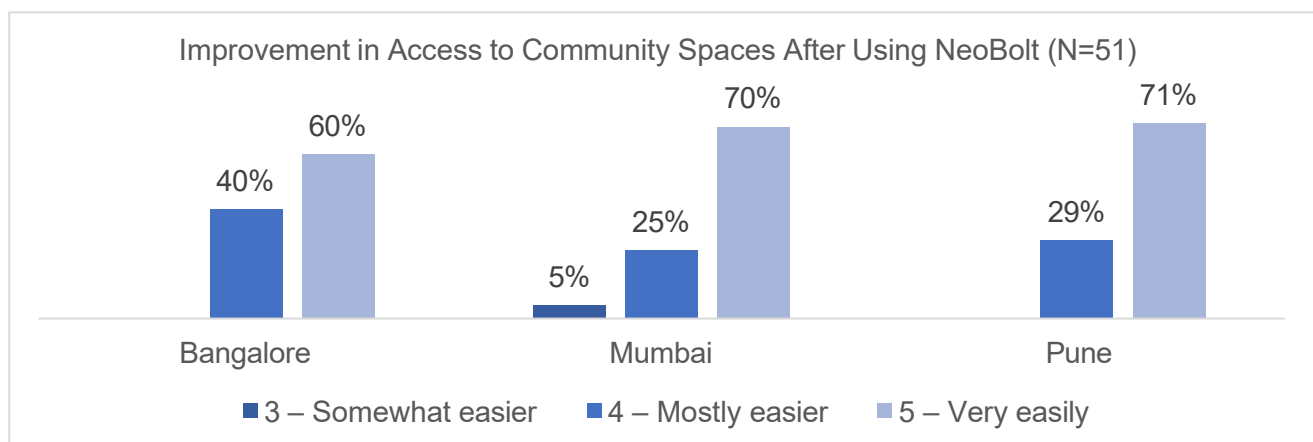


Figure 42: Improvement in Access to Community Spaces After Using NeoBolt

People with locomotor disabilities often face barriers to accessing community spaces, which can lead to social exclusion, isolation, and limited participation in public life. Before receiving the NeoBolt device, beneficiaries reported that they did not go out or found it very difficult to do so, while another consistently faced challenges, restricting their engagement with the community. Following the intervention, **67% of beneficiaries reported being able to access community spaces very easily, and 31% mostly easily**, reflecting a dramatic improvement in independent mobility. Cities such as **Bangalore and Mumbai showed the greatest gains, with over 60% of beneficiaries navigating public spaces independently**. This enhanced access has strengthened social inclusion by enabling beneficiaries to participate in community events, interact with peers, and feel more connected and integrated within their communities.

3.9 Rights and Advocacy

This section explores beneficiaries' awareness of their rights and access to relevant information or support systems. It highlights how the intervention has helped individuals understand and utilise opportunities available to them.

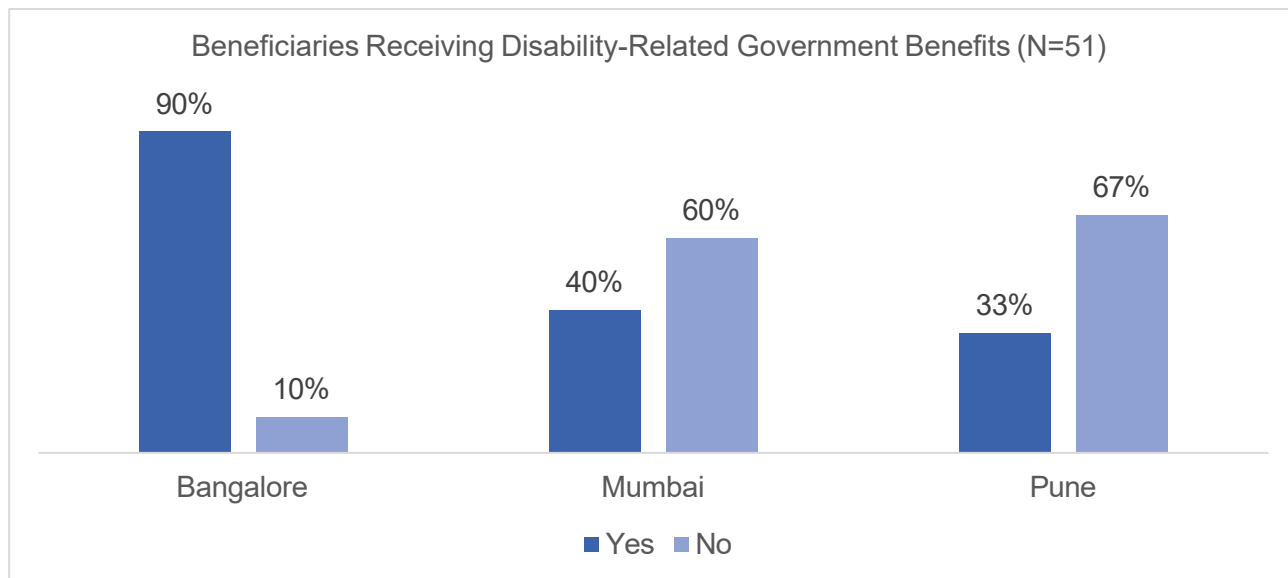


Figure 43: Beneficiaries Receiving Disability-Related Government Benefits

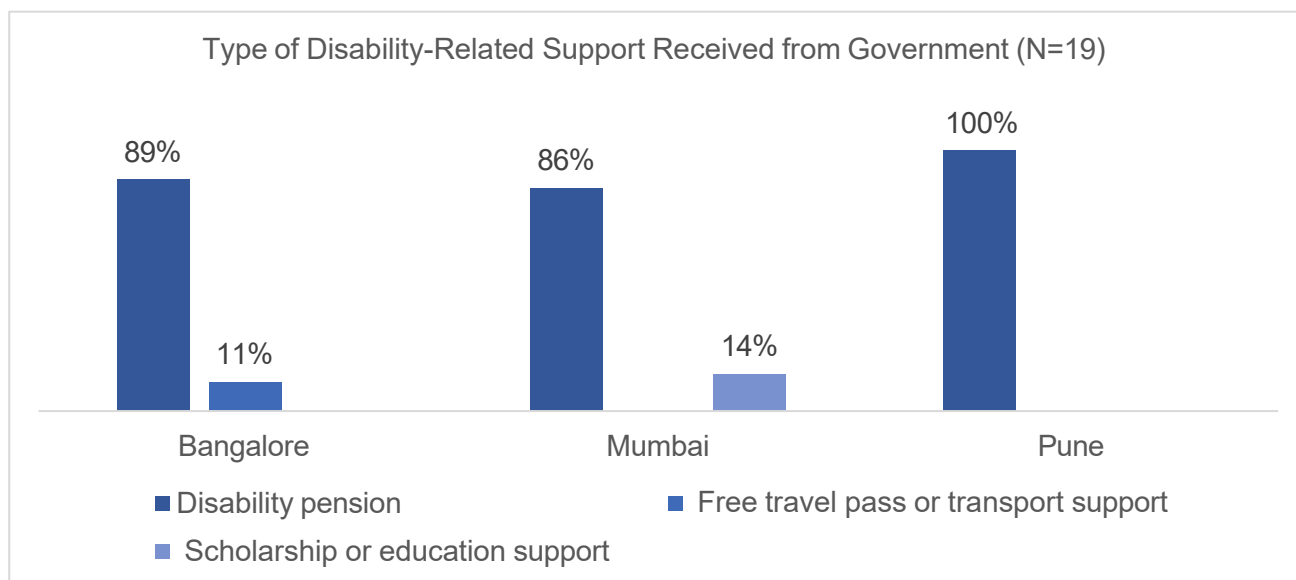


Figure 44: Type of Disability-Related Support Received from Government

Access to disability-related benefits and awareness of entitlements are critical for people with disabilities, as they support financial security and social participation. The data reflects both the level of access to disability-related benefits and beneficiaries' awareness of their rights. While 90% of respondents in Bangalore report receiving government support, awareness appears lower in Mumbai

(40%) and Pune (33%), suggesting gaps in knowledge or access. Most beneficiaries receiving benefits rely on disability pensions, with few accessing free travel passes or educational support. This highlights the need for rights-based awareness initiatives to inform people with disabilities about their entitlements, empowering them to claim benefits, participate more fully in society, and advocate for their own inclusion and support.

3.10 Overall Impact

This section provides an overview of the intervention’s overall impact on beneficiaries’ quality of life and their satisfaction with the programme.

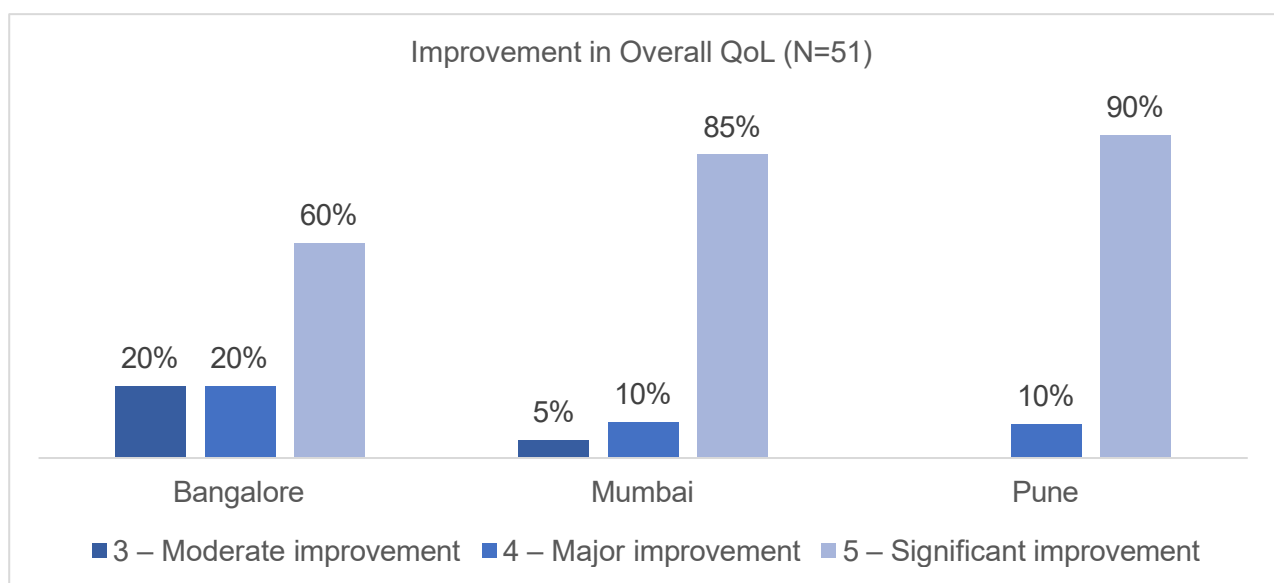


Figure 45: Improvement in Overall QoL

For persons with locomotor disabilities, limited mobility can restrict access to essential activities, social participation, and overall independence, significantly impacting quality of life. The NeoBolt device has had a substantial positive impact on beneficiaries’ overall quality of life. Across all cities, 78% report significant improvement. **Pune and Mumbai show the highest gains, with 90% and 85% experiencing significant improvement**, respectively, while **Bangalore reports 60%**. These results indicate that enhanced mobility, independence, and access to social, educational, and economic activities have collectively transformed daily living, contributing to better physical, emotional, and social well-being, as well as greater autonomy and overall life satisfaction.

“Many of our players struggled to commute independently. With NeoBolt, they now reach practice on their own, saving time and energy. It has given them confidence not just in mobility but also in pursuing sports actively.”

-Divyaang Myithri Sports Academy

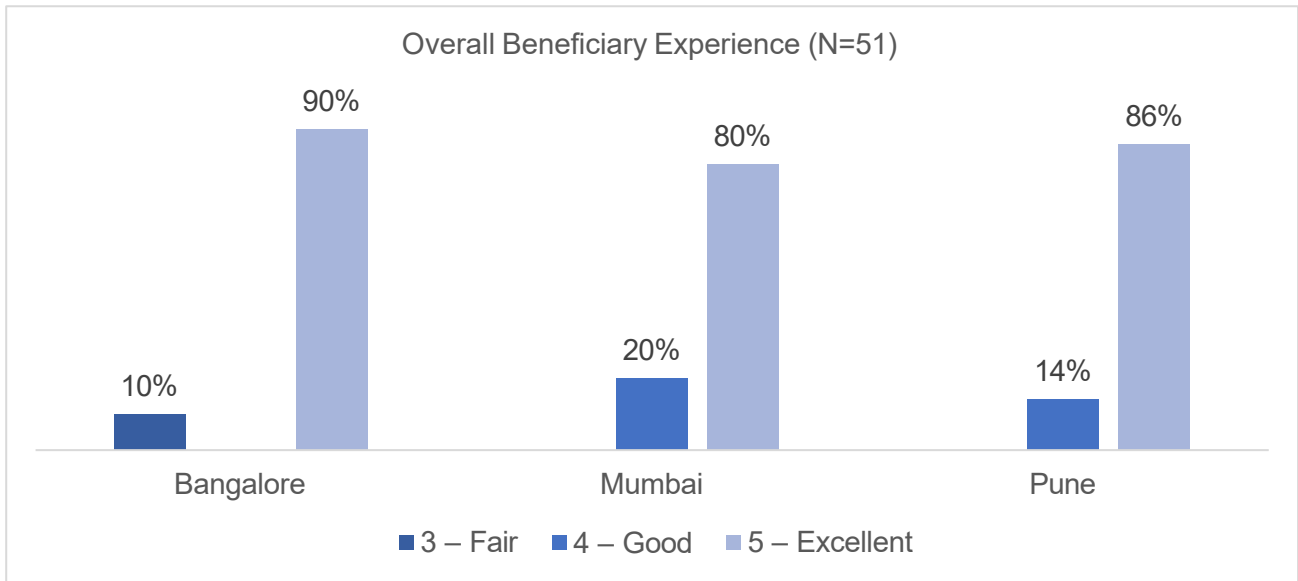


Figure 46: Overall Beneficiary Experience

Reliable and effective mobility aids are essential for independence, participation, and overall well-being for disabled people. Beneficiaries overwhelmingly rate their experience with the NeoBolt device positively. Overall, 85% consider it excellent, 11% good. City-wise, **Bangalore shows the highest satisfaction with 90% rating it excellent, followed by Pune at 86% and Mumbai at 80%**. These high satisfaction levels reflect the device’s effectiveness in enhancing mobility, independence, social participation, and overall quality of life, demonstrating its strong impact on users’ daily experiences.

3.11 Impact Stories

Impact Story 1: A Sportsperson’s Journey with Mobility

“I have always been passionate about cricket and play actively. Earlier, my old wheelchair often broke while I was diving to catch the ball or moving quickly on the field. It was frustrating because it not only limited my performance but also affected my confidence. Through this programme, I received a new wheelchair designed to support my mobility needs. Now, I can play freely without the constant worry of the chair breaking down. It has allowed me to focus on the game and enjoy the sport I love, while also giving me the confidence to push my limits as an athlete.”

- Beneficiary, Mumbai

Impact Story 2: A Young Student's Comfort and Independence

"I am a schoolgirl, and for a long time I suffered from severe spine and back pain because of my old wheelchair. Sitting for long hours in it was uncomfortable, and it affected both my studies and daily life. After receiving the new wheelchair through this programme, all that pain has gone. I feel very comfortable now, and it has made a big difference in how I manage my day. I can even go to my tuitions on my own without depending on anyone, which makes me feel independent and confident about my future."

- Beneficiary, Pune

Impact Story 3: Regaining Confidence at 54

"I am 54 years old, and for many years, I had accepted that my mobility and independence would remain limited. But through the support of Bajaj, I received a motorised wheelchair, and it has truly changed my life. This chair is equipped with all the features one could hope for, making my daily travel easier and more comfortable. More importantly, it has restored my confidence, I can now meet my friends and relatives without hesitation and move around independently. To regain this sense of freedom and self-assurance at this stage in life feels like a second chance, and I am deeply grateful for it."

- Beneficiary, Mumbai



Image 4: Household Beneficiary Survey, Pune

Chapter 4

Recommendations



4. Recommendations

S. No.	Current Scenario	Recommendations
1	Beneficiaries report improved mobility but lack awareness of routine maintenance and service camps happen only in major hubs.	Improve communication with beneficiaries on basic upkeep through simple guides ensuring long-term sustainability of the device.
2	Spare parts are not easily available in the local market, and prices are perceived as too high.	Provide clear information on authorised spare parts, prices, and the ordering process to manage expectations and ensure smoother access.
3	Users face delays in response to queries. Some report that calls are returned only after 3–4 days.	Enhance responsiveness within the current system by setting up regular follow-ups, reducing delays in addressing user concerns.
4	Difficulties were faced in transporting the wheelchairs from Chennai to multiple distribution locations and storing them until handover during implementation, mainly due to high logistics and storage costs	During implementation, partner with NGOs to use their existing office/storage spaces as regional hubs, reducing long-haul logistics.

Table 5: Recommendations

Chapter 5

Benchmarking



Chapter 5: Benchmarking

Parameters	Muthoot Snehasancharini Project	Manappuram Foundation	BHEL Trichy – Mobility & Physical Aid CSR
Funder	Muthoot Finance Ltd.	Manappuram Finance Ltd.	BHEL Trichy
Implementation Year	2019	2024	2025
Types of Programmes	Fully automated electric wheelchairs, distribution events, mobility support for financially weaker sections, expansion to southern India	Electric wheelchairs donated to persons with disabilities, mobility support, beneficiary-focused CSR events	Customised mobility & physical aids: wheelchairs, callipers, artificial limbs, special furniture; for muscular dystrophy, cerebral palsy, polio; skill development & community welfare initiatives
Geography	Kerala (Ernakulam, Trivandrum), Karnataka (Bengaluru), planned expansion to other southern states	Kerala (Thrissur, Ernakulam)	Trichy district, Tamil Nadu

Table 6: Benchmarking

Annexures



Annexures

6.1 Scope and Methodology

In alignment with the project's aim to enhance the lived experiences of persons with locomotor disabilities, the impact assessment adopted the Quality of Life (QoL) Framework. This framework provided a holistic and multidimensional lens for evaluating how the intervention influenced various aspects of life for the beneficiaries.

The QoL approach was particularly appropriate for disability-focused programmes, as it considered not just physical or economic conditions, but also social, emotional, and psychological factors that contributed to an individual's ability to lead a fulfilling and independent life. It shifted the focus from basic service delivery to the broader experience of well-being, empowerment, and inclusion.

Adapted from internationally accepted standards, including those developed by Schalock & Verdugo (Schalock, 2008), this framework guided the design of data collection tools and analysis. It helped assess how the mobility intervention, through the provision of NeoBolt devices, influenced outcomes across eight core dimensions of quality of life.

The Quality of Life (QoL) framework hinged on the following dimensions:

Physical Well-being - Health Status, mobility, and access to healthcare

Material Well-being - Financial Security, employment, and access to essential resources

Emotional Well-being - Mental Health, stress levels and psychological support

Interpersonal Relations - Social support, friendships, and family connections

Personal Development - Access to education, skill development, and career growth

Self determination - Autonomy, decision-making ability, and independence

Social Inclusion - Participation in community activities, accessibility in public spaces, and societal acceptance

Rights & Advocacy - Legal protections, policy implementation, and individual rights

6.2. Theory of Change

Theory of Change				
Programme Objectives	Activities	Output	Outcome	Impact
Beneficiary Identification and Clinical Assessment	200 persons with locomotor disabilities were identified and selected.	<ul style="list-style-type: none"> • 200 persons with locomotor disabilities successfully identified and verified through a structured selection and clinical assessment process. 	<ul style="list-style-type: none"> • Increased access to personalised assistive mobility devices customised to beneficiaries' physical needs. • Improved confidence in device usage and maintenance through hands-on training and visual aids. 	<ul style="list-style-type: none"> • Empowered beneficiaries with long-term mobility and independence. • Improved access to opportunities for employment, education, and social participation for beneficiaries. • Enhanced Quality of life through increased confidence, social connection, and independence.
Purchase Order to the vendor for mobility equipment	Purchase orders were placed, and customisation was done based on clinical assessment.	<ul style="list-style-type: none"> • 200 customised NeoBolt devices produced and dispatched. • Quality assurance checks are completed before dispatch to ensure device functionality and safety. 	<ul style="list-style-type: none"> • Increased functionality of mobility devices due to responsive after-sales service and accessible helpline support. 	<ul style="list-style-type: none"> • Enabled sustainable use of mobility devices through ongoing support and maintenance services.
Device Handover	Handover events were conducted at multiple locations to distribute NeoBolt devices to beneficiaries.	<ul style="list-style-type: none"> • 200 NeoBolt units distributed among the beneficiaries. • Device quality and condition verified at time of distribution. 	<ul style="list-style-type: none"> • Enhanced user satisfaction with the quality and usability of the NeoBolt device. • Reduction in caregiver dependency, especially for outdoor mobility and daily commuting. 	<ul style="list-style-type: none"> • Reduced dependence on caregivers.
Beneficiary Training	Training sessions are delivered during handover in local languages with demonstrations and practical trials.	<ul style="list-style-type: none"> • 200 beneficiaries trained on safe usage, maintenance, and controls of the device. • Visual aids and videos shared for continued learning. 	<ul style="list-style-type: none"> • Strengthened ability to navigate public spaces, healthcare centres, and social environments. 	
Post training support	<ul style="list-style-type: none"> • Service camp for locations Kochin, Mumbai, Pune and 	<ul style="list-style-type: none"> • Service camps conducted • Dedicated helpline for 	<ul style="list-style-type: none"> • Greater 	

	Bangalore completed.	ongoing technical support.	participation in work, education, and social life due to improved mobility access.	
--	----------------------	----------------------------	--	--

Table 7: Theory of Change

6.3 Sampling Strategy

A comprehensive approach involving the collection of qualitative data from both primary and secondary sources was employed. This methodology gathered valuable insights into the impact from a holistic, 360-degree perspective, incorporating all relevant stakeholders essential to the study. The figure below outlines the study approach used for data collection.



Primary data was gathered directly from the field. The qualitative data collection process utilised interview guides to conduct in-depth interviews (IDIs) and Key Informant Interviews (KIIs).

In addition to gathering primary data, various project documents were also analysed to extract information on activities, processes, the number of beneficiaries reached, and budget allocation and expenditure across various budget categories. These included the Project Proposal, baseline data, Project activity report, and other relevant variables. Project implementation documents were also.

Sampling

Quantitative Sampling

A simple random sampling approach was adopted to ensure the sample's representativeness, encompassing beneficiaries across all socio-economic strata. The sampling was conducted with a Confidence Level of 90% and a 10% Margin of Error for the project.

Stakeholder	Mode of Data Collection	Universe	Location	Sample
Wheelchair Users	Survey	200	Pune	21
			Mumbai	20
			Bangalore	10
Total				51

Table 8: Quantitative Sampling

** Due to operational constraints the sample proposed to be covered in Jaipur was substituted in Pune, ensuring completeness of the sample size.*

Qualitative Sampling

In addition to the primary beneficiary survey, discussions were held with other stakeholders of the project, whose direct or indirect contributions supported the execution of the intervention. These discussions were conducted through in-depth interviews (IDIs) and Key Informant Interviews (KIIs), which helped analyse the status of the programme and capture stakeholder perspectives on the intervention.

Sl.No.	Secondary Stakeholder	Mode of Data Collection	No.of Interactions	Mode of Interaction	Location
1	Caregivers & Family Members	IDI	4	Physical	Mumbai, Pune, Bangalore
2	Device Vendor - NeoMotion	IDI	1	Physical	
3	Divyaang Myithri Sports Academy	KII	1	Physical	Bangalore
4	Friends Foundation	KII	1	Physical	Mumbai
5	Round Table India Trust	KII	1	Virtual	
Total			8		

Table 9: Qualitative Sampling

6.4 Challenges in Data Collection

- Initially, beneficiary addresses were not available, which made physical data collection difficult. Individually contacting beneficiaries, collecting updated addresses, and subsequently conducting the household surveys, resulted in significant delays in the data collection process.
- Additionally, beneficiaries were dispersed across multiple districts rather than concentrated in central city locations, which posed logistical challenges in locating nearby households for the survey and added complexity to the data collection process.
- The sample for Jaipur could not be collected as the listed beneficiaries were either unreachable or no longer available. This gap was addressed by increasing the sample coverage in Pune.

6.5 Ethical Considerations

- Informed consent was obtained from all participants before both physical and virtual data collection, with the study's purpose and expected outcomes clearly explained.
- Team members were gender-sensitised and oriented on child protection issues to ensure a safe, respectful, and non-judgmental environment.
- Confidentiality of respondents' personal information was strictly maintained, and all data was used solely for research purposes.
- Interviews were conducted in private and comfortable settings (in-person) or with verbal assurances (virtual) to safeguard privacy.
- Participation was voluntary, and respondents had the right to skip questions or withdraw at any point without consequence.

6.6 Acknowledgement

CSRBOX conducted the Impact Assessment of the Accessibility & Freedom – Empowering wheelchair users with an inclusive solution–mobility assistive devices Project, which aimed to enhance mobility and quality of life for persons with locomotor disabilities implemented by Round Table India Trust, with funding support from Bajaj Allianz General Insurance Company (BAGIC). We extend our sincere gratitude to Bajaj Allianz General Insurance Company for their continuous support and guidance throughout the assessment process. We also deeply appreciate the cooperation of the implementing and vendor partner in facilitating a smooth data collection process. Finally, we thank all beneficiaries and stakeholders who participated in interviews and shared their experiences. Their insights were invaluable in understanding the ground-level impact and overall effectiveness of the project.

6.7 Disclaimer for the Impact Assessment Report

This report has been prepared solely for the purpose set out in the Memorandum of Understanding (MoU) signed between Reanalysis Consultants Pvt. Ltd. (CSRBOX) and Bajaj Allianz General Insurance Company to undertake the Impact Assessment of their CSR programme. This impact assessment is under the Companies (Corporate Social Responsibility Policy) Amendment Rules 2021, notification dated 22nd January 2021.

- This report shall be disclosed to those authorised in its entirety only without removing the disclaimers.
- CSRBOX has not performed an audit and does not express an opinion or any other form of assurance. Further, comments in our report are not intended, nor should they be interpreted to be legal advice or opinion.
- This report contains an analysis by CSRBOX considering the publications available from secondary sources and inputs gathered through interactions with the leadership team of BAGIC, project beneficiaries, and various knowledge partners. While the information obtained from the public domain has not been verified for authenticity, CSRBOX has taken due care to obtain information from sources generally considered to be reliable.
- With Specific to the Impact Assessment of the ‘Accessibility & Freedom – Empowering wheelchair users with inclusiveness solution–mobility assistive devices Project’, whose funding came from BAGIC, CSRBOX has used and relied on data shared by the BAGIC’s CSR team, implementing agencies, secondary research through the internet, research reports, and project target beneficiaries.
- CSRBOX has neither conducted an audit nor due diligence nor validated the financial statements and projections provided by the BAGIC team.
- Wherever information was not available in the public domain, suitable assumptions were made to extrapolate values for the same.
- CSRBOX must emphasise that the realisation of the benefits/improvements accruing out of the recommendations set out within this report (based on secondary sources) is dependent on the continuing validity of the assumptions on which it is based. The assumptions will need to be reviewed and revised to reflect such changes in business trends, regulatory requirements, or the direction of the business as further clarity emerges. CSRBOX accepts no responsibility for the realisation of the projected benefits.



Doing Good In a Better Way

CSRBOX & NGOBOX

Swati Trinity, Applewood Township,
A-404, Shela, Sarkhej-Okaf,
Gujarat 380058