

VISION UNLIMITED's

M&E REPORT

Monitoring & Evaluation of After School Club Program

Badshahpur, Gurugram · Urban Slum Intervention

By: Priya · Swastik · Kapil | July 2026



~3,500

Children
Served

5

After School
Clubs (ASCs)

ASER

Evaluation
Framework

6-Month

Assessment
Intervals



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PROGRAM AT A GLANCE

~3,500

Children Served

859

Active This Quarter

5

After School Clubs

53/47

Boys / Girls Ratio

6 Mo

Assessment Intervals

ASER

Evaluation Standard

4

Core Pillars

3

Cohort Types

SECTION 01

Executive Summary

Program reach · Academic gains · Holistic impact at a glance

Executive Summary

Vision Unlimited After School Club (ASC) Program · Badshahpur, Gurugram · June 2026



~3,500

Children Served
in 5 ASCs

859

Active This Quarter
latest data

5

After School Clubs
Badshahpur

53/47

Boys / Girls Ratio
Gender Equity

6-Months

Assessment Cycle
ASER-based

ASER

Eval. Standard
5-point scale

01

Program Reach

Comprehensive intervention for ~3,500 children in Badshahpur urban slums; 859 actively enrolled in the most recent quarter across 5 After School Clubs.

03

Academic Gains

Significant literacy improvements within the first 6 months. Nearly half the cohort achieves ASER-level 2 within one year of consistent enrollment. (Who start at ASER-level 1).

05

Marginalized Sub-groups

Girls Circle and Special Abilities Program (SAP) promote empowerment and social inclusion for adolescent girls and children with disabilities.

02

M&E Strategy

Impact evaluated via a longitudinal framework using ASER metrics; tracking foundational literacy, numeracy, and physical health indices from program entry.

04

Holistic Support

Daily nutritional meals (minimum 500 cal/8g protein via Feeding India) and monthly health screenings deliver improved BAZ and overall physical wellness.

06

Strategic Impact

The program functions as a critical bridge; integrating and retaining underprivileged students within the mainstream education system.

SECTION 02

About Vision Unlimited

Organisation profile · Foundational learning · Health & nutrition · Specialized initiatives

About Vision Unlimited

Non-Governmental Organisation dedicated to holistic development of children in underprivileged, transitional urban-slum communities

ORGANISATION PROFILE

Type:	Non-Governmental Organisation (NGO)
Location:	Badshahpur, Gurugram, Haryana
Active Since:	February, 2020
Reach:	~3,500 children across 5 ASC
Target:	Children from transitional urban-slum communities
Focus:	Holistic child development (academic, health & social)
Mission:	Bridge educational and developmental gaps for underprivileged children through structured, safe-space after-school programming

01 Foundational Learning

- Core subjects: Hindi, English, Maths, EVS
- Computer literacy: 21st-century digital skills
- Structured reading program & library access
- Daily reinforcement to help students 'catch up'
- Concept revision for enrolled government school students

03 Extracurricular Engagement

- Music sessions in partnership with Manzil Mystics
- Clay modelling, painting, theatre, and dance
- Cultural celebrations: Diwali, Independence Day
- Sports and physical coordination activities
- Self-expression and creativity as learning tools

02 Health & Nutrition

- Daily hot meal: min. 500 calories/8g protein (Feeding India)
- Monthly BAZ, height & weight monitoring for each child
- Specialist medical camps: paediatricians, physio, mental health
- Anemia, ADHD, anxiety & immunisation screenings

04 Social Inclusion

- Girls Circle: health, gender equity & leadership
- Special Abilities Program (SAP): home visits 2x/week
- Dedicated transport for children with disabilities
- Daycare Center: younger siblings cared for age 2+
- Monthly Parent-Teacher Meetings (PTM) for family engagement

SECTION 03

Background & Context

Operational setting · Target demographics · Systemic barriers to education · VU's response

Background & Context

Operational setting · Target demographics · Systemic barriers to education · VU's response



Operational Setting

Urban slums of Badshahpur, Gurugram: characterised by high poverty levels, community transitionality, and rapid seasonal migration of working families.

- High density informal housing
- Frequent community turnover
- Limited access to formal services

Target Demographics

Children of manual labourers (construction, domestic work, delivery) with illiterate home environments and high exposure to dropout risk due to family instability.

- Parents: construction / domestic / delivery workers
- Seasonal migration disrupts schooling
- Home environments lack literacy support

VU's Strategic Response

Incentivises education via school supplies, learning aids, and daily meals. Removes domestic barriers through Daycare, SAP, and Girls Circle. Creates a safe, structured safe space.

- Bridge academic Gaps and remove learning barriers
- Daily meals remove economic barrier
- SAP, Daycare & Girls Circle remove social barriers

SYSTEMIC BARRIERS TO EDUCATION TACKLED BY VISION UNLIMITED

Childminder Role

Older children miss school to care for younger siblings while parents work. VU's Daycare Center directly addresses this; freeing older students to attend their own classes.

Financial Constraints

High-quality private tutoring is unaffordable. VU provides free learning aids, school supplies, and daily hot meals to incentivise and sustain regular attendance.

Academic Lag

Students in a general setting struggle to keep pace due to lack of after-school support and illiterate home environments. The ASC bridges this gap with daily concept reinforcement.

Environmental Risks

Street play exposes children to drug use, harassment, and physical harm. The ASC provides a structured, supervised safe space that replaces dangerous unoccupied time.

SECTION 04

M&E Strategy & Framework

Objectives · ASER scale · Evaluation parameters · Key indicators

M&E Strategy (Objectives & Key Indicators)

Two objectives designed to provide actionable, longitudinal data across key developmental domains



01 Foundational Mastery (Academic Progress)

Use the standardized ASER 5-point scale to longitudinally track student movement from Beginner to Story (literacy) and from Beginner to Division (numeracy).

- Attendance-outcome correlation evidence
- Marginal Learning Gains over Time
- Cohort-level learning trajectory data

02 Physical Growth & Health Stabilization

Record and analyze monthly changes in weight, height, and BAZ to ensure children reach healthy developmental milestones through nutritional and medical interventions.

- Monthly BAZ, height & weight tracking
- Nutritional recovery for under/overweight children
- Analysing Nutritional Gains over Time

KEY INDICATORS CASCADE



M&E Framework (ASER Evaluation & WHO BAZ Scale)

Longitudinal tracking model · 6-month assessment intervals · Integrated data from ASER, health logs, attendance & PTM



M&E FRAMEWORK OVERVIEW

Longitudinal Model

Tracks holistic growth from program entry throughout a child's full ASC tenure.

- Base assessment at enrollment
- Periodic evaluation every 6 months

Periodic Evaluation

ASER assessments at 6-month intervals help visualize individual trajectories.

- Standardized ASER tool at each assessment
- Attendance logs correlated to ASER scores

Integrated Data Collection

Synthesizes ASER sheets, individual health records and attendance logs.

- 3 data source streams combined
- Quantitative and qualitative integration

Attendance-Outcome Correlation

Attendance logs quantify the link between participation and improvement.

- Band analysis: <40%, 40–60%, 60–80%, 80–100%
- Attendance-Outcome approach to gain measurement

Starting-Level Analysis

Progress relative to entry proficiency: lowest starters often show fastest gains.

- SP1 (low baseline) vs SP2 (higher baseline)
- Convergence trend over 12 months observed

ASER 5-POINT EVALUATION & WHO BAZ SCALE

LANGUAGE (Hindi & English)

5 [Story]

Reads and comprehends a full story independently

4 [Paragraph]

Can read paragraphs but not full stories

3 [Word]

Can read words but not paragraphs

2 [Letter]

Can read letters but not words

1 [Beginner]

Cannot read yet; starting point for most new entrants

MATHEMATICS ABILITY

5 [Division]

Mastery of 3-digit by 1-digit division

4 [Subtraction]

Mastery of 2-digit subtraction problems

3 [11 - 99]

Recognition and use of double-digit numbers

2 [1 - 9]

Recognition of single-digit numbers (1 - 9)

1 [Beginner]

Cannot comprehend numbers yet

BAZ (BMI-for-Age Z-score) is a WHO growth indicator that compares a child's Body Mass Index (BMI) with the BMI of healthy children of the same age and gender.

SECTION 05

Methodology

Data sources · Cohort classification · Analytical approach

Methodology: Data Sources, Cohorts & Analytical Approach

Multi-dimensional longitudinal approach integrating quantitative metrics with qualitative ethnographic insights



DATA SOURCES

ASER Assessment Sheets

Primary source for foundational literacy & numeracy data. Recorded at program entry and every 6 months thereafter to measure progression.

- Language: 5 levels: Beginner to Story
- Mathematics: 5 levels: Beginner to Division

Monthly Health Logs

Standardised registers for height, weight, and BAZ. Allow tracking of physical growth trajectories and nutritional recovery over time.

- Height & weight measured monthly
- BAZ calculated and compared to WHO norms

Attendance Registers

Daily attendance logs enabling correlation between program participation frequency and rate of academic improvement.

- Bands: <40%, 40 - 60%, 60 - 80%, 80 - 100%
- Dose-response analysis of attendance vs. gain

COHORT CLASSIFICATION

Duration-Based

0 - 6, 6 - 12, 12 - 18, 18 - 24, 24 - 30, 30 - 36, 36 - 42 months
7 time bands enabling the Plateau Effect analysis

ANALYTICAL APPROACH OVERVIEW

Comparative Longitudinal Analysis

Entry score vs 6-month intervals: percentage growth calculation across cohorts

Starting-Level Analysis

Rate of improvement relative to entry ASER proficiency: lowest starters show fastest gains

Attendance-Outcome Correlation

Daily attendance bands vs speed of ASER level progression: dose-response model

Plateau Effect Analysis

Stabilization identified after 30 - 36 months: program shifts focus from gains to retention

SECTION 06

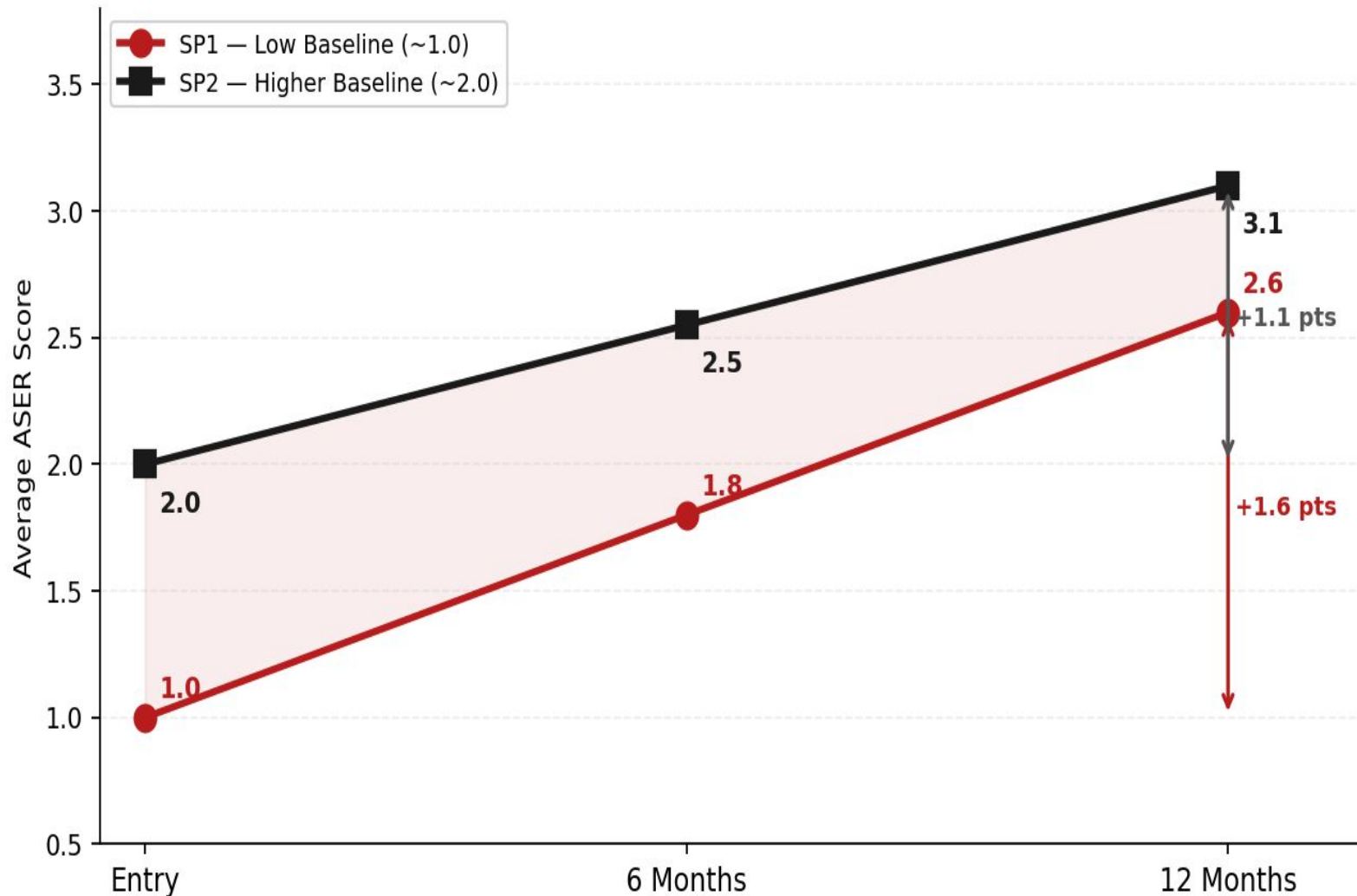
Findings & Analysis

Learning gains · Attendance outcomes · Nutritional recovery

Finding 1: Starting-Level Analysis

Both starting-level groups show consistent 12-month ASER progression · Children at lower baselines show the highest absolute gains

ASER Score Progression by Starting Level (0-12 Months)



Consistent Progress for All

Both SP1 and SP2 show consistent ASER score increases. The program delivers meaningful academic gains regardless of entry-level proficiency: no child is left behind.

Lower Starters Gain Most

SP1 improves by +1.6 pts vs +1.1 for SP2 over 12 months: the most disadvantaged children benefit most from the ASC intervention, demonstrating equity-positive impact.

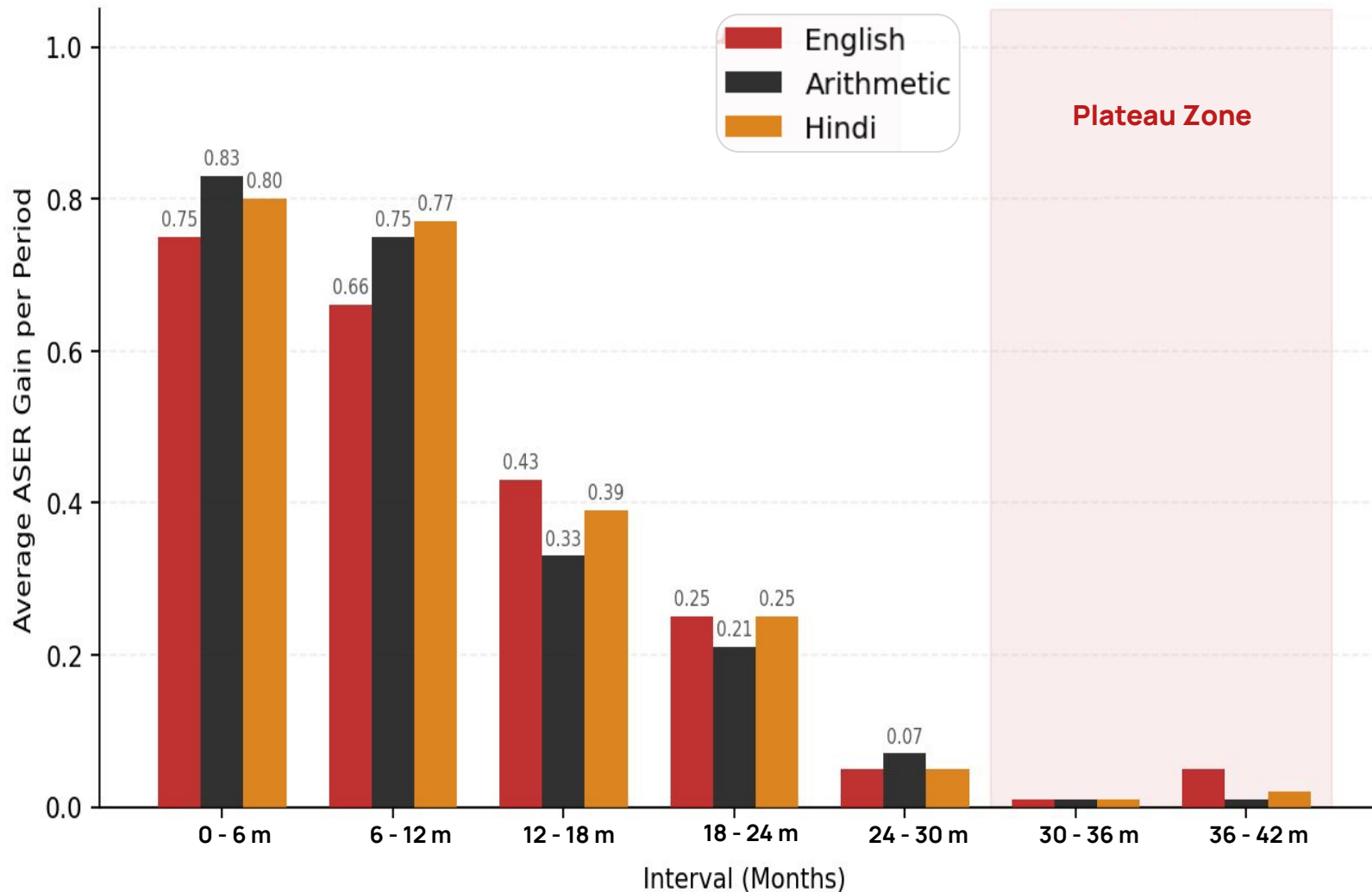
Convergence Trend Observed

The gap between the two groups narrows over time. This convergence confirms the ASC accelerates catch-up learning for children who need it most.

Finding 2: Marginal Learning Gains over Time

Average ASER gain per 6-month interval across English, Arithmetic & Hindi · Plateau effect emerges after Month 30

Marginal Learning Gains by Subject per 6-Month Period



Rapid Early Acceleration

First 12 months deliver the highest academic returns: 0.66 to 0.83 ASER points gained per 6-month period across all three subject areas.

Cross-Subject Consistency

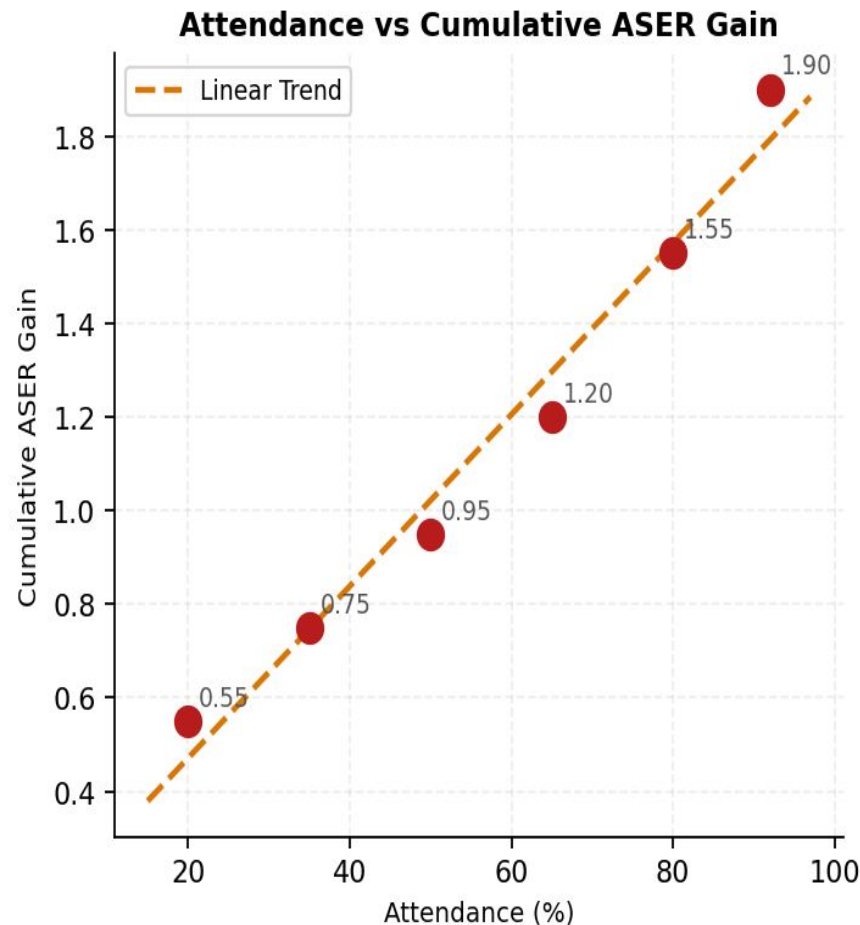
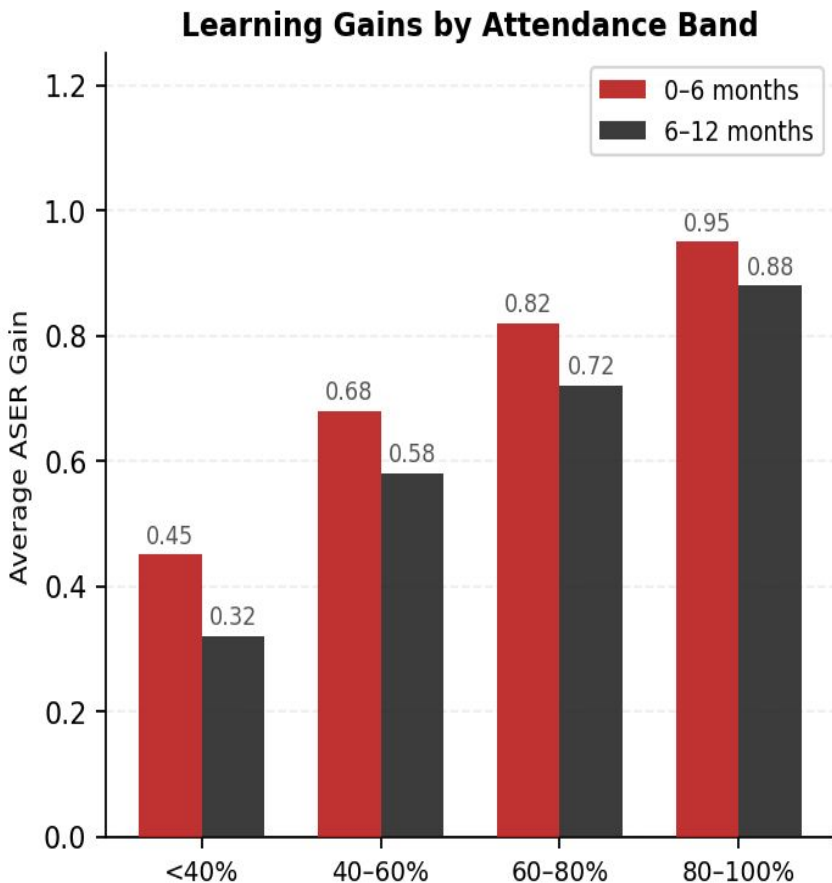
Gains are strong and balanced across English, Hindi, and Arithmetic: validating the integrated multi-subject curriculum. No single subject lags behind.

Plateau After 30 Months

Marginal gains drop sharply after Month 30. Long-term participants require advanced learning tracks and higher-order tools beyond the standard ASER 5-point scale.

Finding 3: Attendance vs. Learning Outcomes

Meaningful gains across all attendance levels · Regular attendance amplifies



Note: Sample sizes vary across attendance bands: 60 - 80% and 80 - 100% groups have smaller samples in the 0 - 6 month period.

Universal Learning Gains

Even children with <40% attendance show meaningful ASER improvements; the core ASC instruction is consistently effective regardless of frequency.

Attendance Amplifies Impact

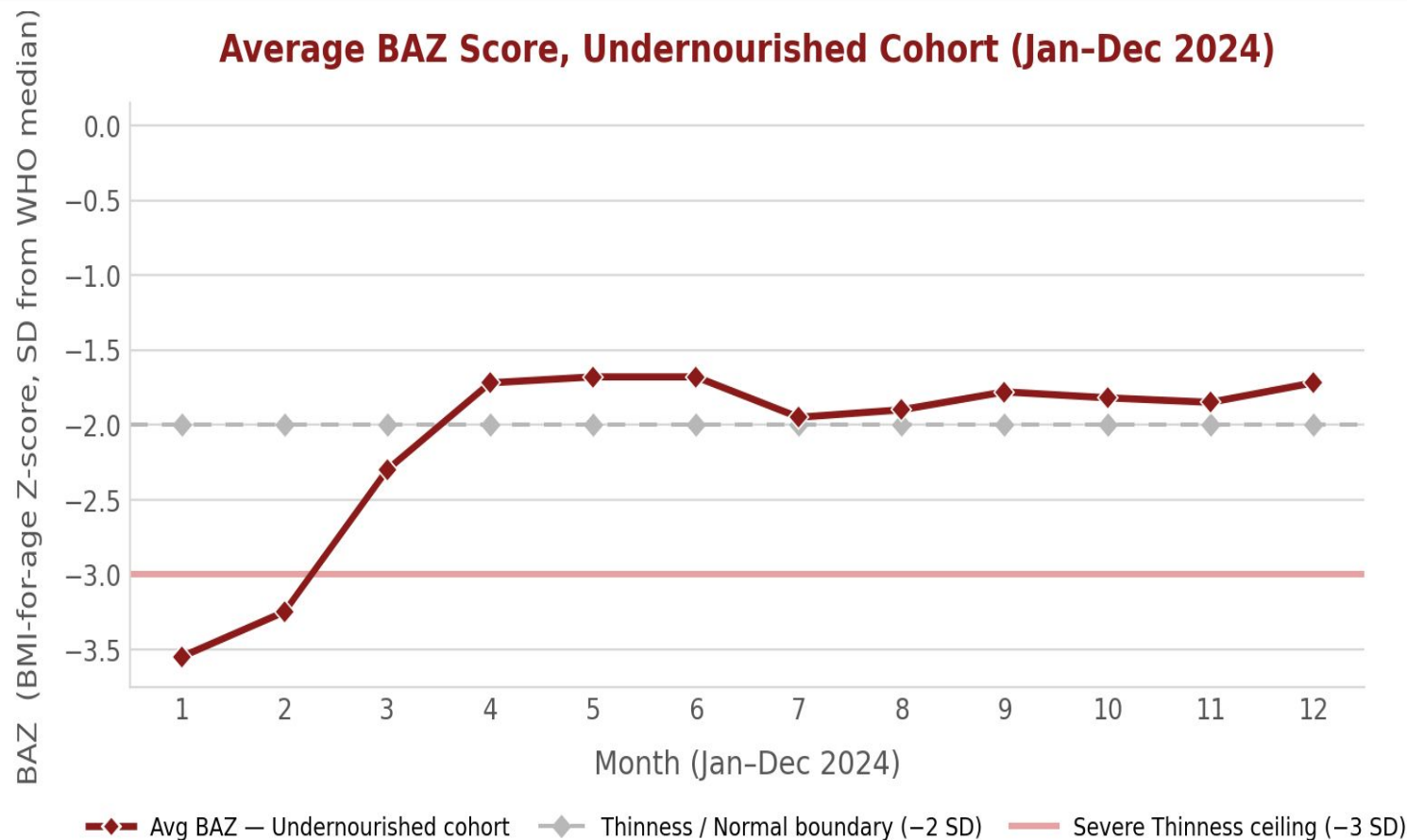
80 - 100% attendees achieve approximately 2x the cumulative ASER gain of <40% attendees. Sustained participation dramatically accelerates outcomes.

Multi-Factor Reality

There is strong correlation between attendance and gains. Other factors could be home support, school quality, and peer environment.

Trajectory: Escape from the Red Zone

Average BAZ score of children who started 2024 in the undernourished (Severe Thinness) zone · N = 148



January: Deep in the Red Zone

-3.59 avg BAZ

Cohort starts inside Severe Thinness (< -3 SD).

March: Crosses Out of Red

-2.35 avg BAZ

Moves into the Thinness band (-3 to -2 SD).

April: Enters Normal Range

-1.75 avg BAZ

Crosses -2 SD into the Normal band and stays there.

December: Holds the Gain

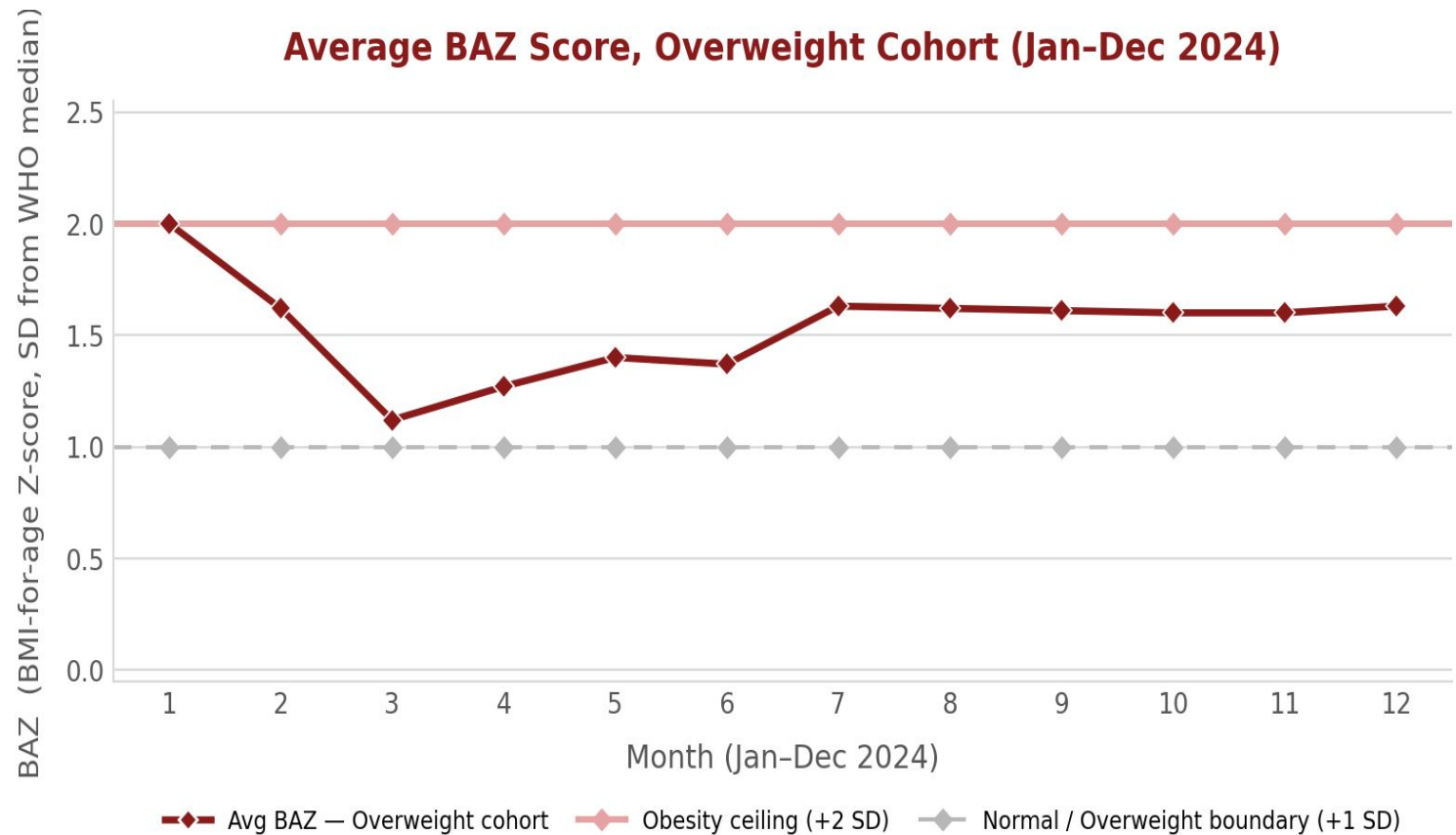
-1.71 avg BAZ

+1.88 point recovery sustained through year-end.

Reading the chart: The average undernourished child crosses two WHO BAZ thresholds within a single program year, moving from Severe Thinness through Thinness and into the Normal range by April, and holding that gain for the rest of 2024.

Trajectory: Descent from the Obesity Zone

Average BAZ score of children who started 2024 in the overweight/obesity zone · N = 36



January: In the Obesity Zone

+2.00 avg BAZ

Cohort starts at the Obesity threshold ($> +2$ SD).

February: Drops Below Obesity

+1.62 avg BAZ

Crosses $+2$ SD into the Overweight band ($+1$ to $+2$ SD).

March: Closest Approach to Normal

+1.12 avg BAZ

Lowest annual point; just above the $+1$ SD Normal line.

December: Stable in Overweight

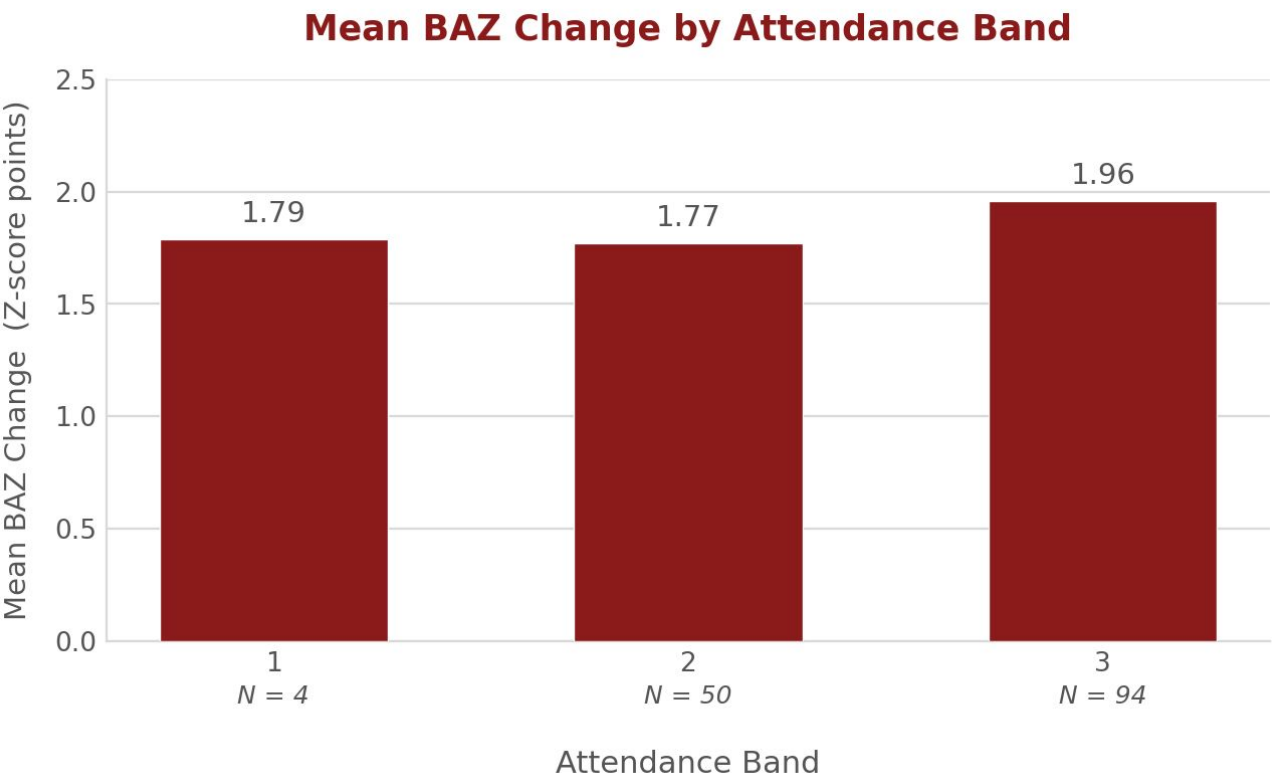
+1.63 avg BAZ

-0.38 point net change; holds in Overweight band all year.

Reading the chart: The average overweight child exits the Obesity zone by February and settles in the Overweight band for the rest of the year, dipping close to the Normal boundary in March but not sustaining that low. Unlike the undernourished cohort, this group has not yet fully normalized by year-end.

BAZ Absolute Maximum: Undernourished Children

Strongest recovery recorded by attendance band, January to December 2024 · Total N = 148



Absolute Maximum (Band Average)

+1.96 BAZ pts

75-100% attendance band · N = 94 of 148 undernourished children
The strongest average recovery toward a healthy BAZ range recorded across the three attendance bands.

Most Extreme Individual Case

+12.28 BAZ pts

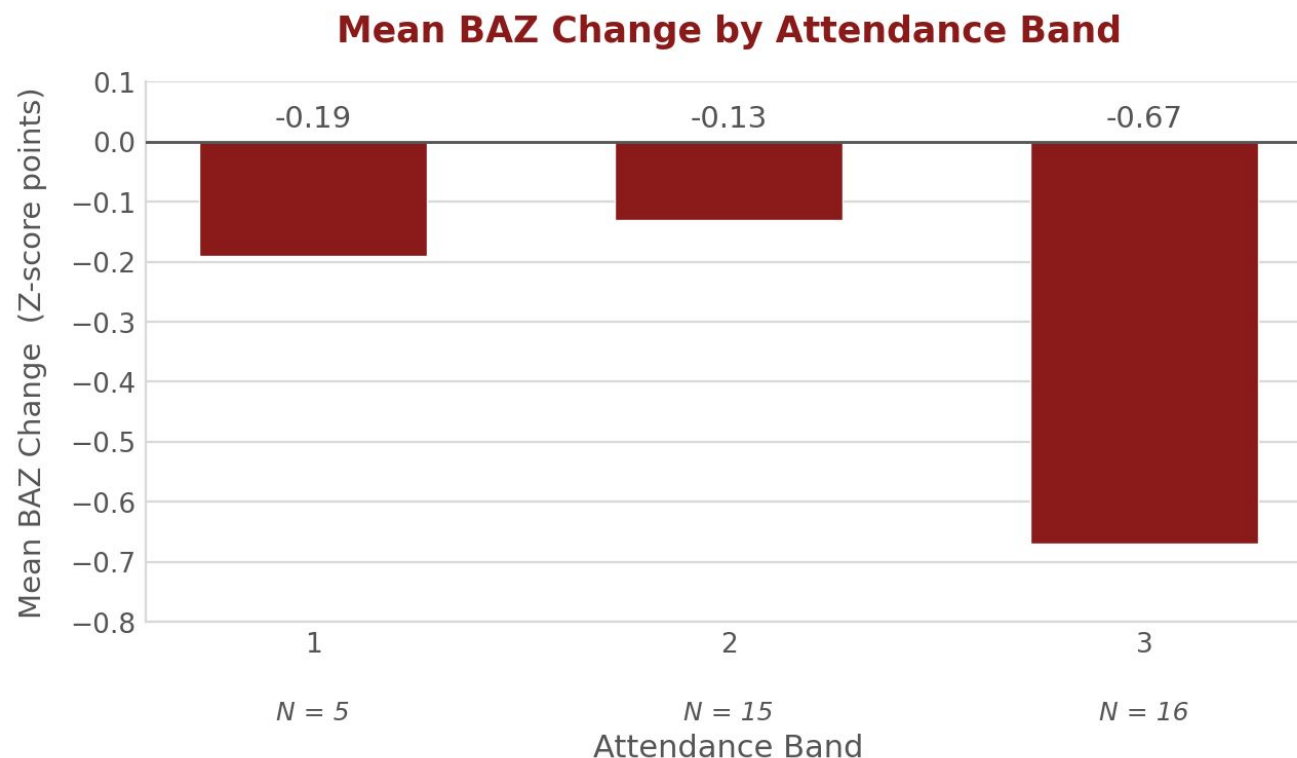
Single child, 75-100% attendance band, Roll No. 3137 (F)
Biologically implausible for one year; flagged for anthropometric data QA rather than reported as a genuine outcome.

N value and a caution:

The undernourished cohort totals 148 children with a valid Jan-Dec 2024 BAZ delta, split 4 (0-50% attendance), 50 (50-75%), and 94 (75-100%). One child in this cohort also recorded a -10.92 point drop (50-75% band), both extremes point to measurement error rather than true change, consistent with the height and weight data-quality issues already flagged for this dataset.

BAZ Absolute Minimum: Overweight Children

Strongest normalization recorded by attendance band, January to December 2024 · Total N = 36



Absolute Minimum (Band Average)

-0.67 BAZ pts

75-100% attendance band · N = 16 of 36 overweight children

The strongest average correction toward a healthy BAZ range recorded across the three attendance bands.

Most Extreme Individual Case

-2.81 BAZ pts

Single child, 75-100% attendance band, Roll No. 4085 (F)

The largest single-child BAZ reduction recorded in the overweight cohort this year.

N value:

The overweight cohort totals 36 children with a valid Jan-Dec 2024 BAZ delta, split 5 (0-50% attendance), 15 (50-75%), and 16 (75-100%). Higher attendance is associated with a larger average correction, consistent with the attendance-outcome pattern seen in the undernourished cohort.

Gender Differential in Weight Recovery

BAZ change, January to December 2024, split by gender and starting nutritional status

Undernourished Children · N = 148

Boys

+2.18 BAZ pts

N = 63

Girls

+1.68 BAZ pts

N = 85

Overweight Children · N = 36

Boys

-0.26 BAZ pts

N = 24

Girls

-0.61 BAZ pts

N = 12

Reading the split:

Among undernourished children, boys show the stronger catch-up (+2.18 vs +1.68 BAZ points). Among overweight children, the pattern reverses: girls normalize faster (-0.61 vs -0.26 BAZ points).

Positive delta = recovery toward the healthy range for undernourished children. Negative delta = normalization toward the healthy range for overweight children.

SECTION 07

Insights, Challenges & Recommendations

Key insights · Limitations · Action roadmap · Conclusion

01

Rapid literacy gain in the first 12 months

The first 12 months deliver the highest academic returns. Rapid literacy and numeracy acceleration in this window argues for intensive early-stage resource deployment.

- Gain velocity peaks at months 6 - 12
- All subjects show strong early growth
- Entry-level children benefit most

02

Plateau After 30+ Months

Marginal ASER gains decline sharply after 30 - 36 months. Long-term participants need advanced learning tracks and higher-order assessment tools.

- Gains near-zero at months 36 - 42
- Standard ASER scale inadequate at Level 5
- Advanced curriculum tracks urgently needed

03

Nutrition x Attendance = Recovery

Both undernourished and overweight children trend toward healthier BAZ ranges, with stronger gains tied to higher attendance.

- 75–100% attendance: +1.95 BAZ (under)
- 75–100% attendance: -0.66 BAZ (over)
- Daily meal is a key nutritional driver

04

Equity & Inclusion Outcomes

Program supports girl child education. Girls constitute almost half of the cohort.

- Girls Enrollment: 47% enrollment equity achieved
- Learning gap between due to starting point difference reduces
- Most disadvantaged children benefit most

The Household & Health Environment

Baseline conditions in Badshahpur slums that shape child health outcomes

Household Air Pollution

21.8% of households cook on chulhas (biomass stoves)

79.4% have no separate kitchen

Chronic smoke exposure, elevated pulmonary risk.

Dietary Risk

86.7% regularly eat low-cost fried junk food (chips)

87.6% eat vegetables fewer than three times a week

A high-calorie, low-micronutrient intake pattern.

The Breakfast Gap

69.4% of children of working mothers skip breakfast daily

15.4% for children with stay-at-home mothers

Maternal work schedules drive a large nutrition gap.

Clinical & Ocular Signs

8% show Bitot's spots, a sign of Vitamin A deficiency

1.37% myopia vs 7.5 to 21% in urban school peers

Outdoor time lowers myopia; Vitamin A gaps persist.

Gender Differential in Health & Wellbeing

Boys and girls engage equally in activity, while specific health indicators diverge

Equal Activity

1+ hr / day

Both boys and girls average over an hour of daily physical activity, spending most of their time outdoors in dense slum surroundings.

Pulmonary Function

P = 0.003

Girls show significantly better pulmonary function than boys, a gap that may reflect differential exposure to household smoke.

Psychosocial Load

21% vs 15%

Boys report a higher rate of psychosocial concerns than girls, which can affect participation and nutritional recovery.

Data gap: Gender-stratified BAZ change was not isolated this cycle. Recommend gender-disaggregated nutrition and socio-emotional tracking from the next M&E cycle to convert these signals into measurable outcomes.

Behavioral & Social Development

Parent-reported changes beyond academics and BAZ, captured through monthly PTMs



01

Personal Hygiene

Children now bathe and wash their hands independently, adopting self-driven grooming routines at home.

02

Social Conduct

Parents report more polite interactions and a marked reduction in the use of abusive language.

03

Self-Regulation

Children wake up on their own and reach school on time, without needing to be prompted.

Why it matters: These parent-reported outcomes begin to fill the behavioral-data gap flagged in this report's limitations. They strengthen the case for adopting validated socio-emotional tools such as the SDQ in the next M&E cycle to measure this change systematically.

Broader Impact: Community Vision Program

Vision Unlimited's elderly eye-care initiative · November 2024 to December 2025

Community Vision

3,700+

elderly beneficiaries screened

3,000+

presbyopia cases identified

2,350+

free spectacles distributed

Human Impact

Beneficiaries reported immediate relief from eye strain and headaches, and regained the ability to perform everyday tasks: threading needles, reading mobile phones, and cleaning grain.

Scope note: This initiative serves elderly community members, a separate beneficiary group from the child ASC program. It is included to show Vision Unlimited's broader reach and is not part of the child outcome analysis in this report.

Challenges & Limitations

Methodological constraints · Data quality gaps · Attribution challenges · Mitigations identified

1 No Control Group

Improvements cannot be fully attributed to the intervention alone. Without a control cohort, isolating the program's causal impact from home support and school quality is challenging.

Mitigation:

Use attendance-stratified analysis as a partial dose-response proxy; strengthen qualitative data capture through enhanced PTM structure.

2 Ceiling Effect in ASER

Many children reach ASER Level 5 (Story/Division), making further academic progress impossible to capture with the standard 5-point scale alone.

Mitigation:

Introduce higher-order assessments; reading comprehension, critical thinking, multi-step numeracy; for children in the program 30+ months.

3 Anthropometric Data Quality

Declining height records and missing longitudinal health data affect nutritional outcome accuracy; some BAZ trends may reflect measurement error.

Mitigation:

Train staff on standardized anthropometric protocols; introduce dual-measurement validation checks at each monthly log recording.

Recommendations: Action Roadmap

Four actions to deepen impact and strengthen the M&E system · Short · Medium · Ongoing horizons



R1 Reinforce Attendance & Retention

Strengthen follow-up systems to ensure complete longitudinal records across each child's full tenure at the ASC. Flag at-risk dropout students by name each quarter for targeted outreach.

- Follow-up protocol for migrant families
- At-risk student list reviewed quarterly
- Deepen parent engagement through incentivised PTMs

Long-term

R2 Enhance Health Measurement Quality

Train staff on standardized anthropometric protocols. Introduce dual-measurement validation checks for more reliable BAZ, height, and weight tracking at each monthly health log.

- Staff training on measurement protocols
- Dual-check system for validation
- Flagging system for outlier data points

Short-term

R3 Introduce Advanced Learning Pathways

Design higher-level curriculum tracks and assessment tools beyond ASER Level 5 to capture and sustain progress for children plateauing at 30+ months in the program.

- Level 6+ assessment framework
- Advanced literacy: comprehension & writing
- Advanced numeracy: multi-step problem solving

Long-term

CONCLUSION

Vision Unlimited M&E Report

The findings indicate that Vision Unlimited is effectively accelerating foundational learning and supporting healthier nutritional outcomes among children in Badshahpur. Early gains are strong and sustained engagement amplifies impact across academic, health, and social dimensions. Strengthening data systems and advancing support for long-term learners will further deepen and scale the program's transformative impact.

GGI x Vision Unlimited · June 2026

Strong Early Gains

Literacy & numeracy improve significantly within the first 12 months of enrollment

Sustained Engagement Amplifies

Higher attendance consistently amplifies academic and nutritional outcomes

Nutritional Recovery

Both undernourished & overweight children trend toward healthier BAZ ranges

Equity Programs Work

Girls Circle, SAP & Daycare Center enable access for the most marginalised children

Scale Opportunity

Robust data infrastructure and advanced learning tracks needed to replicate at new sites