

# Social Impact Assessment of CSR programs undertaken by SJVN in the

states of Himachal Pradesh, Uttarakhand, Bihar,  
Maharashtra and Arunachal Pradesh having  
value of 50 lakhs to 1 crore







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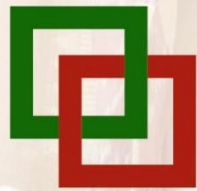


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**SATLUJ JAL VIDYUT NIGAM LTD.**



**NABCONS**

**NABARD CONSULTANCY SERVICES (NABCONS)**



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## LIST OF ABBREVIATIONS

<b>APL</b>	Above Poverty Line
<b>BPL</b>	Below Poverty Line
<b>BRO</b>	Border Roads Organisation
<b>CHC</b>	Community Health Centre
<b>CPSE</b>	Central Public Sector Enterprise
<b>CSR</b>	Corporate Social Responsibility
<b>FGD</b>	Focus Group Discussions
<b>GOHP</b>	Government of Himachal Pradesh
<b>GP</b>	Gram Panchayat
<b>HP</b>	Himachal Pradesh
<b>IDI</b>	In depth Interviews
<b>IGMC</b>	Indira Gandhi Medical College
<b>IMR</b>	Infant Mortality Rate
<b>ITI</b>	Industrial Training Institute
<b>MMR</b>	Maternal Mortality Rate
<b>MMUs</b>	Mobile Medical Units
<b>NABCONS</b>	NABARD Consultancy Services
<b>NHM</b>	National Health Mission
<b>OBC</b>	Other Backward Caste
<b>PHC</b>	Primary Health Centre
<b>SDMA</b>	State Disaster Management Authority
<b>SC</b>	Scheduled Caste
<b>SJVN</b>	Satluj Jal Vidyut Nigam

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# Executive Summary

## EXECUTIVE SUMMARY

### Introduction

The impact assessment study has been conducted with a view to help in documenting the CSR projects undertaken and provide due recognition to the company through highlighting the CSR efforts by SJVN in consonance with the Government of India's mandate. The study aims to identify the gaps in the project implementation which are essentially required for corrective measures. Impact assessment of all CSR Programs/Projects/Activities having value of more than Rs.50 lakh and upto Rs.1 crore and which have been completed not less than one year before undertaking the impact study (i.e. FY, 2021 -22).

### Project Achievements and Impact

In FY 2021 there were 7 projects completed with the budget size of more than Rs.50 lakhs upto Rs. 1 crore. The cumulative budget for these projects was Rs. 550.6 lakhs. The highest budget proportion was for health & hygiene, which was Rs.193.5 lakh (35%) having two projects. This is followed by infrastructure & community development with two projects having a total budget of 163.7 lakhs(30%) and education & skill development with 1 project and a budget of Rs.86 lakhs(16%), one project under Sustainable development with a size of 57.4 lakh (10%) and Assistance during natural disasters having one project of Rs.50 lakhs (9%).

### Running of a Mobile Medical Units (MMU) in Himachal Pradesh through HelpAge, India

SJVN is operating Mobile Medical Units (MMU) in Kinnaur District in Himachal Pradesh where it is serving people in remote village with HelpAge India as its implementing partner. One of the major benefit as a result of MMU has been that the beneficiaries do not have to travel long distance to see medical help. In absence of the MMU, many residents of these villages may not seek any medical help due to the long distance required and with MMU they are saved a lot of inconvenience and reduced the cost greatly.

### Setting up of 18 Libraries in Aspirational district, Chamba (HP)

With an intent of contributing to the improvement in access to learning and education in the remote areas, SJVN has supported district administration to set up 18 libraries in the Chamba district. The libraries have helped to provide congenial environment to study and are addressing a felt and an unmet need of the students. About 1592 students have used the library facilities since inception and 111 have passed competitive examination. But it was reported that there was also a lack of proper maintenance and upkeep of library in some cases.

### Construction of multipurpose medium height check dam at Gount Khad, Distt.-Nahan (HP)

SJVN has provided funding support to Jal Shakti Vibhag, Nahan For the construction of a medium height check dam at Gount Khad with a total catchment area of about 17.5 sqkm. This dam has significantly helped in improving the drinking water supply and improvement in water availability for irrigation. The total piped drinking water supply increased from 0.78 Lakh KL before the intervention to 1.21 Lakh KL, after the intervention. It was observed that the water user committee was active and aware of its responsibilities.

### Financial support for construction of a floor at Rotary Ashray Building, IGMCC, Shimla

SJVN has provided financial support to Rotary club for the construction of a 3<sup>rd</sup> floor of the residential building providing boarding and lodging support to cancer patients and their attendants. Rotary Ashray plays a vital role in ensuring that cancer patients who actually need affordable residential facility during their treatment get a proper place with all the required facilities. In the 1<sup>st</sup> and 2<sup>nd</sup> year 8541 and 9307 people stayed at the Rotary Ashray. The places offer financial relief, emotional support, and a conducive environment for patients to focus on their recovery while minimizing the logistical challenges associated with cancer treatment.

### Strengthening of cold chain infrastructure in State Health Training Institute Complex, Parimahal, Kasumpti, Shimla (HP)

SJVN Foundation pitched in to support the government efforts during COVID pandemic by providing funds for setting up cold chain infrastructure for the COVID vaccines at State Health Training Institute Complex, Parimahal, Kasumpti, and Shimla. The cold chain facilities have been helpful in increasing the permanent capacity for storing vaccines and with the cold chain infrastructure like ILR-deep freezer available even at the PHCs, people from the village did not have to travel to hospital to get the vaccine shot.

### Financial support for construction of shops near Sujampur Bus Stand, Distt. Hamirpur (HP)

SJVN has provided financial support for construction of 37 permanent shops near Sujampur bus stand in Hamirpur district. While the construction of the shops has greatly benefited the street vendors by providing them a permanent place to do business and increase their income.



### Financial support to Uttarakhand State Disaster Management Authority

Uttarakhand was affected by an earthquake in October 2021. Rising upto the occasion, SJVN decided to provide financial support to Uttarakhand State Disaster Management Authority (SDMA) in order to supplement their efforts in providing relief to those affected by the earthquake. . Uttarakhand SDMA provided funding to various schools in different districts for the same. One of the district where the support was provided was Chamoli. SJVN Foundation provided a funding of Rs.50 lakh to the Uttarakhand SDMA for its utilisation. In Chamoli a total amount of Rs.82.82 lakhs was disbursed and an amount of Rs.81.37 lakh has been utilised.

### **Conclusion and way forward**

SJVN has undertaken CSR project under diverse set of thematic areas including health & hygiene, education & skill development, sustainable development, infrastructure and community asset development and assistance during natural disasters. These projects have greatly benefited the intended project beneficiaries. While the beneficiaries have been largely appreciative of the efforts and outcomes from the project but despite the best efforts there is always some scope for improvement. Suggestions for some projects have been in the main report.



# 1. INTRODUCTION

## 1. INTRODUCTION

### 1.1. ABOUT SJVN

SJVN Limited, a Mini Ratna, Category-I and Schedule –‘A’ CPSE under administrative control of Ministry of Power, Govt. of India, was incorporated on May 24, 1988 as a joint venture of the Government of India (GOI) and the Government of Himachal Pradesh (GOHP). SJVN is now a listed Company having shareholders pattern of 55.00 % with Govt. of India, 26.85% with Govt. of Himachal Pradesh and rest of 18.15 % with Public. The present paid up capital and authorized capital of SJVN is Rs. 3,929.80 Crore and Rs. 7,000 Crore respectively. The Net Worth as on 31.03.2023 is Rs.13821.97 Crore.

Beginning with a single project and single State operation (i.e. India’s largest 1500 MW Nathpa Jhakri Hydro Power Station in Himachal Pradesh), the Company has commissioned eight projects totalling 2666.5 MW of installed capacity and 86 km 400 KV Transmission Line. SJVN is presently implementing or operating power projects in Himachal Pradesh, Uttarakhand, Bihar, Maharashtra, Uttar Pradesh, Punjab, Gujarat, Arunachal Pradesh, Rajasthan, Assam, Odisha, Mizoram and Madhya Pradesh in India besides neighbouring country of Nepal.

## 1.2. CSR Initiative by SJVN Ltd

The CSR Policy of SJVN has been evolved on the basis of CSR guidelines issued by the Ministry of Corporate Affairs and the Ministry of Heavy Industries and Public Enterprises, GOI and the Companies Act, 2013. SJVN is committed to the concerns of its stakeholder and strives to maintain good standard of Corporate Social Responsibility (CSR) in its business activities. To meet this commitment, SJVN respects the rule of law, local communities and societies at large and is making conscious efforts to enhance the quality of life through its CSR programs.

Hydroelectric Power Projects form the backbone of SJVN. These are located in far reaches of mountainous regions which are scarce in infrastructural facilities and where the populace is socioeconomically backward. SJVN being a responsible corporate citizen drive to bring about overall positive impact of societies living in such regions. SJVN has empannelled credible civil society organizations to carry out the CSR projects in its project affected areas since 2009. The Vision and mission of SJVN as per its CSR policy is as follows:

### Vision



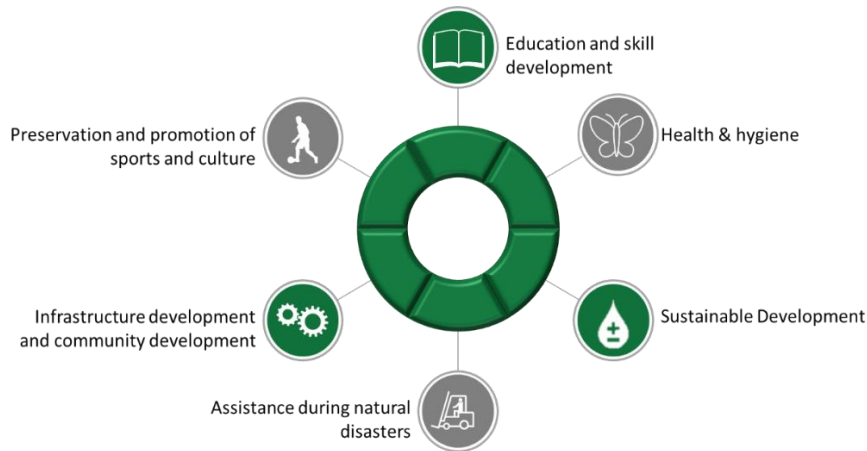
To make people and earth partners in our growth

### Mission



SJVN is pledged to fulfill its social and environmental commitments, because we know that our growth is meaningful when we share it with society

With the above vision and mission, SJVN has been implementing its CSR activities under different thematic areas and in different parts of the country. The CSR programs are undertaken by SJVN in the states of Himachal Pradesh, Uttarakhand, Bihar, Maharashtra, Gujarat and Arunachal Pradesh in following verticals as envisaged under Schedule-VII of the Companies Act, 2013 which are as follows:



### Health and hygiene

With an objective of providing health and medical facilities to people in and around its area of operation, SJVN started with various initiatives under this vertical. Many sections of the society do not have access to proper medical facilities and are not able to afford the same. Through its interventions in this area SJVN has reached out to many disadvantages sections and provided access to good quality medical facilities and treatment. Some of the initiatives undertaken by SJVN are running of Mobile Medical Units (MMUs) for rural



population, specialised health camps, ayurvedic health awareness program, and support to Indian Association of Muscular Dystrophy, construction of rotary Ashray Cancer Sarai and so on.

### **Education and skill development**

One of the key determinants for sustainable growth and development of any society and nation is access to good quality education and skill development. Realising this SJVN has been working towards providing good quality and affordable education to communities in remote and far flung area in which it works. It has been working in many other areas as well apart from this. Some of the CSR activities under the education and skill development vertical implemented by SJVN, are sponsoring youth in government ITIs, DDU SJVN Krishi Kaudhal Yojna, SJVN Merit Reward scheme for students and sportspersons of district Kinnaur and Lahaul and Spiti, skill development program for local youth, SJVN Silver Jubilee Merit Scholarship Scheme and so on.

### **Sustainable Development**

While progressing on the path of development, it is equally important to ensure that the development has the component of sustainability. SJVN through its CSR activities is also working towards creating sustainable environment and society. It has undertaken many initiative under this vertical which have helped towards improving sustainability at local and community level. Some important initiatives undertaken by SJVN include construction of multipurpose checkdam, restoration of water bodies, installation of solar street lights, awareness on energy conservation, construction, survey and maintenance of toilets constructed under Swachh Vidyalaya Abhiyan and others.

### **Infrastructure development and community asset development**

Proper and adequate infrastructure is one of the key pillar for effective and long lasting growth and development of any country. SJVN has also been contributing to this area through its various initiatives over the past many years. These initiatives have played an important role in providing the local communities access to crucial infrastructure facilities. SJVN has completed construction of many community assets, shops and pavilion near bus stand, retaining wall for a school, roads, parks, community hall, ambulance link road, school-cum home for special children, research and rehabilitation centre Chetna and others.

### **Preservation and promotion of culture and sports**

The local culture of any community is one of the most important part of its identity and its preservation helps in maintaining the cultural diversity in a country like India. SJVN has taken several initiative for this like renovation and restoration of temples and facilities in and around temples and pilgrim sites, development of four cultural heritage sites in Himachal Pradesh, construction of tourist shelter and support to cultural events. Developing and support a vibrant sports ecosystem has also been one of the important focus areas which SJVN has done through activities such as providing funds for kabaddi and wrestling mat, construction of badminton court, installation of electronic target system in shooting range, support to National Ice Hockey Camp and Championship and so on.

### **Assistance during natural disasters**

Occurrence of natural disasters adversely affects the communities and has a negative impact on their livelihood, health and well-being. SJVN has provided support to the affected communities in many ways such as providing relief measures during Bihar floods, assistance during landslides in Kinnaur, relief to fire victims in Kinnaur, and financial support to department of disaster management and rehabilitation, Uttarakhand among others.



## 2. OBJECTIVES AND SCOPE OF THE STUDY

### 2. OBJECTIVES AND SCOPE OF THE STUDY

SJVN has undertaken a plethora of CSR activities under the above areas. However, the ultimate test of the success of any CSR and Sustainability are measured as the impact which the CSR interventions cast upon the society and environment. Every such activity is planned and implemented with some anticipated impact on society or environment.

As per the Companies CSR Amendment Rules 2021, all CSR interventions of more than Rupees 1.00 Cr. and completed not less than one year of time, should be assessed for its impact. Therefore, the public sector companies are required to conduct an assessment of the social, economic and environmental impact of their CSR and Sustainability activities. However, on minute's examination it is observed that SJVN implement a number of programs, which are of value of more than Rs.50 Lakh. With a view to assess the CSR interventions broadly it is necessary to have impact assessment of such monetary valued programs. From the point of view of SJVN, impact assessment will help in documenting the CSR projects undertaken and provide due recognition to the company through highlighting its CSR efforts. The study aims to identifying the gaps in the project implementation which are essentially required for corrective measures.

### Scope of the Impact Assessment Study:

The study is aimed to be learning document for SJVN to introspect on both its goal and achievement in CSR programs and suggests steps for its better implementation. The document will be used by SJVN for both internal and external purpose

The study will cover the following:

- i) Impact assessment of all CSR Programs/Projects/Activities having value of Rs.50.00 lakh or more completed in FY, 2021-22 is to be carried out

S. No.	Name of the project	Thematic area	Budget (In Rs. Lakhs)
1	JTPHEP-Running of 01 MMU in project areas through HelpAge, India	Health & hygiene	98.9
2	Strengthening of cold chain infrastructure in State Health Training Institute Complex, Parimahal, Kasumpti, Shimla (HP)	Health & hygiene	94.5
3	Setting up of 18 Libraries in Aspirational district, Chamba (HP)	Education & skill development	86.0
4	Construction of multipurpose medium height check dam at Gount Khad, Distt.-Nahan (HP)	Sustainable Development	57.4
5	Construction of 3rd Floor of Rotary Ashray Building, IGMCC, Shimla	Infrastructure and community asset development	96.8
6	Financial support for construction of shops near Sujampur Bus Stand, Distt. Hamirpur (HP)	Infrastructure and community asset development	66.9
7	Financial support to Uttarakhand State Disaster Management Authority	Assistance during natural disasters	50.0
<b>Total</b>			<b>550.6</b>



# 3. APPROACH AND METHODOLOGY

## 3. APPROACH AND METHODOLOGY

This section provide details of the overall approach that was used for the execution of the assignment including the work-steps, sampling plan, project wise stakeholders coverage

### 3.1. Project work-steps

The approach and methodology adopted for the study indicating the work steps, sampling plan and details of project wise stakeholder interactions have been explained in this section-

#### 1. Project inception

The first step for the execution of the assignment was formation of the team which was responsible for handling and completing the assignment. An initial discussion was held with SJVN team after the signing of contract, in order to understand expectations from the assignment. This was important so that the final report is aligned with SJVN's expectations and their views are duly taken into consideration.

## 2. Secondary data collection and review

The NABCONS team has subsequently interacted with the implementing partners/coordinating officers and sought secondary documents related to the project. The interaction and the secondary review of the documents helped in developing a better understanding of the context of the project and its objectives. This was useful while developing the data collection tools so that relevant indicators to be captured could be inserted in the data collection tools.

## 3. Development of Data collection tools

Based on desk review of secondary documents, NABCONS has developed research tools for data collection. These data collection tools were to obtain the required information from the various stakeholders including qualitative research tools and quantitative research tools. The necessary modification were made based on the SJVN's feedback to finalize the tools.

## 4. Field visit

Once the data collection tools were finalised, the NABCONS team consisting of experienced field surveyors, data enumerators and field researchers made the field visit. The field visit was important to get first-hand information from the beneficiaries, implementing partners and other stakeholders for the various CSR project activities implemented by SJVN. A mixed method of data collection was adopted where field visit was conducted to collect information from stakeholders by administering the quantitative and qualitative research tools. The details have been given as follows-

1. **Quantitative data collection:** Quantitative data collection were undertaken with beneficiaries of certain projects. Structured questionnaires were developed for the quantitative data collection and were used for obtaining the required data points from the beneficiaries.
2. **Qualitative data collection:** NABCONS team also undertook qualitative research through conducting Focus Group Discussions (FDG), In-depth Interviews (IDI) with relevant stakeholders of different projects. This was important to derive qualitative insights relating to different projects. In case of some projects these were used independently in order to ascertain the benefits, outcomes and impact of the project and in other cases it was used in conjunction with the quantitative data to derive outcome and impact insights.

There was a delay in the field visit to Himachal Pradesh and Uttarakhand due to unfortunate event of flooding during the planned field visit dates. However the study team tried to expedite all other processes in order to complete the field visit in a timely and safe manner.

**Figure 1: Beneficiary interaction at MMU in Himachal Pradesh**



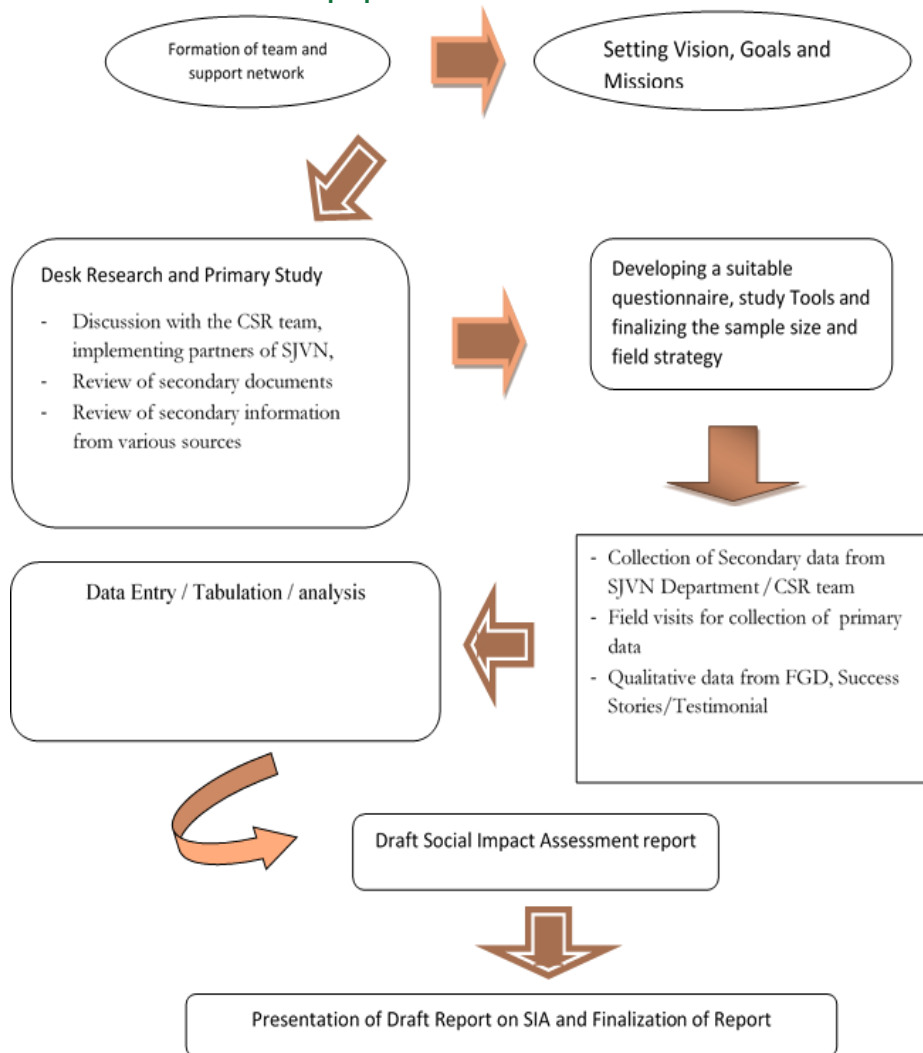
## **5. Data analysis and report Preparation**

After the field visit was completed all the data was collated in the pre-defined format and analysed as per the study framework. The information gathered was reviewed thoroughly by the study team to check the accuracy of general information and technical accuracy of information. Subsequent to this then triangulation of data was performed. For projects where quantitative data was also collected, the same was triangulated with the qualitative information gained from the various stakeholders during the field visit and secondary data available in order to derive insights for report preparation. In other cases the detailed qualitative insights gathered from various stakeholders during the field visit interactions and the secondary data available was triangulated.

Based on the triangulation and analysis of data details insights against different parameters and indicators were derived for each project and a comprehensive impact assessment report was prepared. The draft report was shared with SJVN for feedback and comments. After incorporating the same SJVN the final report will be shared.

The approach and the work-steps have been summarised in the figure given below-

**Figure 2: Approach - Flow Chart for above purposes are as under**



### 3.2. Sampling Plan for Quantitative surveys

For the impact assessment study both quantitative surveys and qualitative interactions was conducted. There are a total of 7 projects with the budget of above 50 lakh and less than 1 crore and as per the study design agreed upon with SJVN quantitative survey was conducted for 1 projects which is operation of Mobile Medical Units (MMU) in Himachal Pradesh. The sampling plan for the selection and survey of beneficiaries for the quantitative surveys is as follows-

#### 1. Running of 01 Mobile Medical Unit (MMU) in project areas in Jangi Thopan, Himachal Pradesh

One MMU in Himachal Pradesh is running in Jangi Thopan in Kinnaur district. A total number of 50 beneficiaries were surveyed under the project implemented here. Random sampling was used for the selection of the beneficiaries where the beneficiaries were surveyed in 2 village in the project area<sup>1</sup>. The

<sup>1</sup> Initially 3 sites were suggested but the sites were changed as there were challenges in making the field visits to certain villages where the project was not operational.

50 beneficiaries were equally distributed in each of the 2 villages and then random selection was done from the list of beneficiaries (who availed services/treatment in FY 2021-22). Additionally, male and female beneficiaries were selected for the survey based on the availability. The sampling plan has been given as follows-

**Table 1: Sampling plan for MMU Project in Kinnaur, Himachal Pradesh**

State and district	Village	Sample size		
		Male	Female	Total
Kinnaur district in Himachal Pradesh	Purbani	16	9	25
	Powari	15	10	25
<b>Total</b>		<b>31</b>	<b>19</b>	<b>50</b>

### 3.3 Project wise details of qualitative interactions

Apart from conducting quantitative surveys for certain projects, qualitative interactions were also held for majority of the projects in order to draw relevant insights related to the project and assess the benefits and impact as a result of the project. The qualitative interactions were conducted by way of Key Informant Interview, Focused Group discussion and case story interaction for obtaining insights to be suitably incorporated in the report. Details of the qualitative interactions conducted for project with budget above Rs. 50 lakh and less than Rs.1 crore have been given in the table below:-

**Table 2: Project wise qualitative interaction details**

S. No.	Project Name	Name of stakeholder	Number of Interactions	Type of interaction
1	Running of 01 MMU in project areas through HelpAge, India	Project Beneficiaries	5	Success story
2	Strengthening of cold chain infrastructure in State Health Training Institute Complex, Parimahal, Kasumpti, Shimla (HP)	Admin/management staff at state health training institute complex	1	Key informant interview
		Admin/ management staff	2	Success Story
3	Setting up of 18 Libraries in Aspirational district, Chamba (HP)	Library Management committee at Village level	1	Key informant interview
		Users of library	1	Focussed group discussion
		Users of Library	2	Success story
4	Construction of multipurpose medium height check dam at Gount Khad, Distt.-Nahan (HP)	Beneficiary from the village	1	Focussed group discussion
		Sarpanch of the village	1	Key informant interview
		Village residents	2	Success story
5	Construction of 3rd Floor of Rotary Ashray Building, IGMCI, Shimla	Patients/their relatives having stayed at the rotary Ashray building	2	Key informant interview
		Patients/their relatives having stayed at the rotary Ashray building	2	Success stories
6	Financial support for construction of shops near Sujanpur Bus Stand, Distt. Hamirpur (HP)	Beneficiaries	2	In-depth Interview
		Beneficiaries	2	Success stories
7	Financial support to Uttarakhand State Disaster Management Authority	Official at SDMA	1	Collection of secondary documents



# 4. PROJECT ACHIEVEMENTS AND IMPACTS

## 4. PROJECT ACHIEVEMENTS AND IMPACT

### 4.1 CSR Project Budget Analysis (50 Lakh to 1 crore)

In FY 2021 there were 7 projects with the budget size of more than Rs.50 lakhs upto Rs. 1 crore. The cumulative budget for these projects was Rs. 550.6 lakhs. These projects in five different thematic areas are Health & hygiene, education & skill development, infrastructure & community asset development sustainable development and assistance during natural disasters. Details of the number of projects and budget size in each thematic area has been given below-

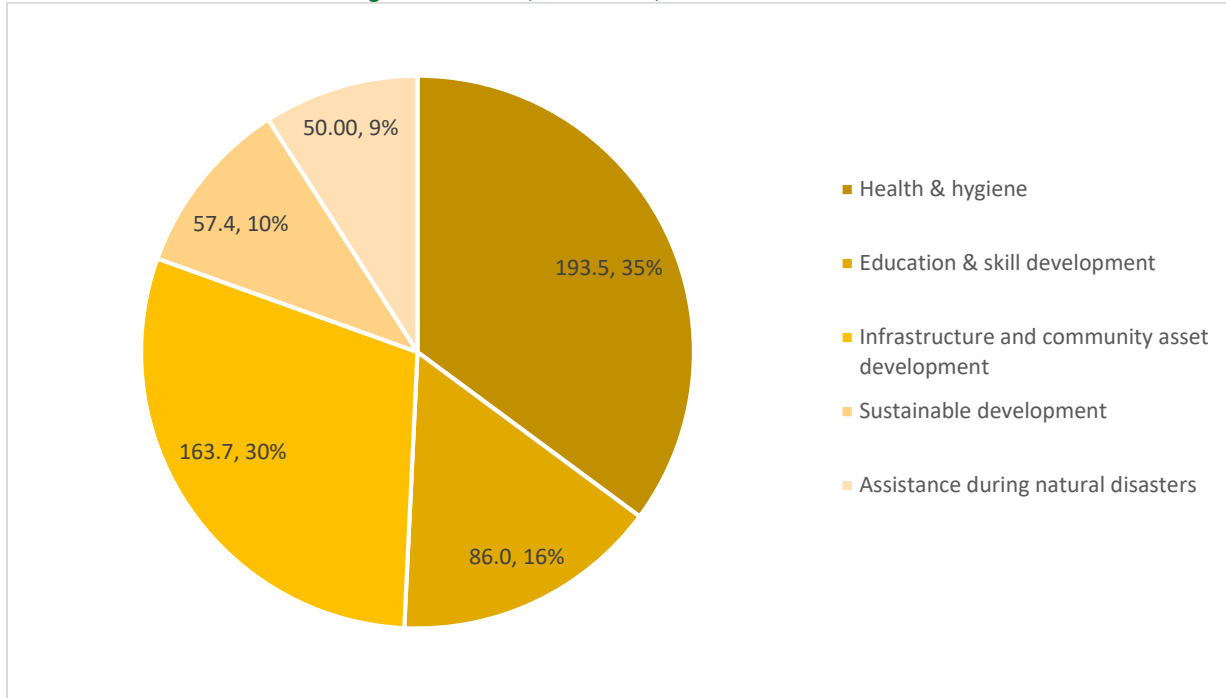
**Table 3: Thematic area wise budget distribution**

Activity	Number of Projects	Amount (In Rs. Lakhs)
Health & hygiene	2	193.5
Infrastructure and community asset development	2	163.7
Education & skill development	1	86.0
Sustainable development	1	57.4
Assistance during natural disasters	1	50.00
<b>Total</b>	<b>7</b>	<b>550.6</b>

(Source: SJVN database)

The highest budget proportion was for health & hygiene, which was Rs.193.5 lakh. Two projects were executed under this thematic area. This is followed by infrastructure & community development with 2 projects having a total budget of 163.7 lakhs and education & skill development with 1 project and a budget of Rs.86 lakhs. The complete details of the thematic area wise projects with budget have been given in the annexure.

**Table 4: Thematic area wise budget allocation (In Rs. Lakh)**



(Source: SJVN database)

## 4.2 Running of Mobile Medical Units (MMU) in Himachal Pradesh through HelpAge, India

### 4.2.1 Project background

India over the past several decades and years has been making investment in its public health infrastructure in order to provide good quality and affordable health care services to all its citizens. Over these years it has also made some notable achievements. Life expectancy at birth increased to 69.6 years in 2020, from expected 47.7 years in 1970. Maternal Mortality Rate (MMR) declined from 301 to 130 per 100 000 live births between 2003 and 2014-16, and Infant Mortality Rate (IMR) declined from 68 in the year 2000 to 24 per 1000 live births in 2016. However the progress is uneven across different geographies, especially in remote and rural areas of the country.

**Figure 3: NABCONS Team with the MMU staff at Himachal Pradesh**



As envisaged in the National Health Mission (NHM), the country is trying to move towards universal health coverage and in order to achieve the same it is important to reach out and serve people living in remote, inaccessible, un-served and underserved areas. One of the most effective ways of reaching out and providing basic healthcare services to these areas is the Mobile Health Care unit or the Mobile Medical Unit (MMU) as termed by the National Health Mission (NHM).

#### **4.2.2 Project concept & design**

Since SJVN has many of its plants in remote areas, it decided to implement and operate Mobile Medical Units (MMU) in some of the areas that it works in. One such area where it is operating MMU is in Kinnaur District in Himachal Pradesh. Here the MMU is being operated in Jangi Thopan which is under the Jangi Thopan Powari Hydro Electric Project (JTPHEP). In order to operate the MMU and serve the population in this area SJVN has partnered with HelpAge India under the project name Satluj Sanjeevani Sewa (3S).

Under NHM, States/UTs have been given flexibility to deploy Mobile Medical Units (MMUs) to provide a range of health care services for the populations particularly living in remote, inaccessible, un-served and underserved areas, as per the needs identified by the respective states/UT.

The villages are located in far reaching and remote areas and most of them do not have a government run Primary Health Centre (PHC) within the village. Due to this majority of the people have to travel long distances to get access to even basic healthcare services.

SJVN has been running the MMU in Jangi Thopan for the last 3-4 years. Jangi Thopan covers a total of 9 sites/villages across two blocks of Kinnaur district i.e. Pooh and Kalpa.

**Table 5: Village & gender wise patient treatment data**

Village	2019-20			2020-21			2021-22		
	Male	Female	Total	Male	Female	Total	Male	Female	Total
Kanam							272	250	522
Moorang	147	139	286	303	288	591	482	431	913
Powari				454	460	914	392	313	705
Purbani	148	293	441	391	667	1058	473	522	995
Reckong Peo/MHU Office	23	42	65	62	44	106	77	64	141
Ribba	361	463	824	601	817	1418	163	225	388
Spillow	160	73	233	318	486	804	252	259	511
Others	7	10	17						
<b>Total</b>	<b>846</b>	<b>1020</b>	<b>1866</b>	<b>2129</b>	<b>2762</b>	<b>4891</b>	<b>2111</b>	<b>2064</b>	<b>4175</b>

(Source: HelpAge database)

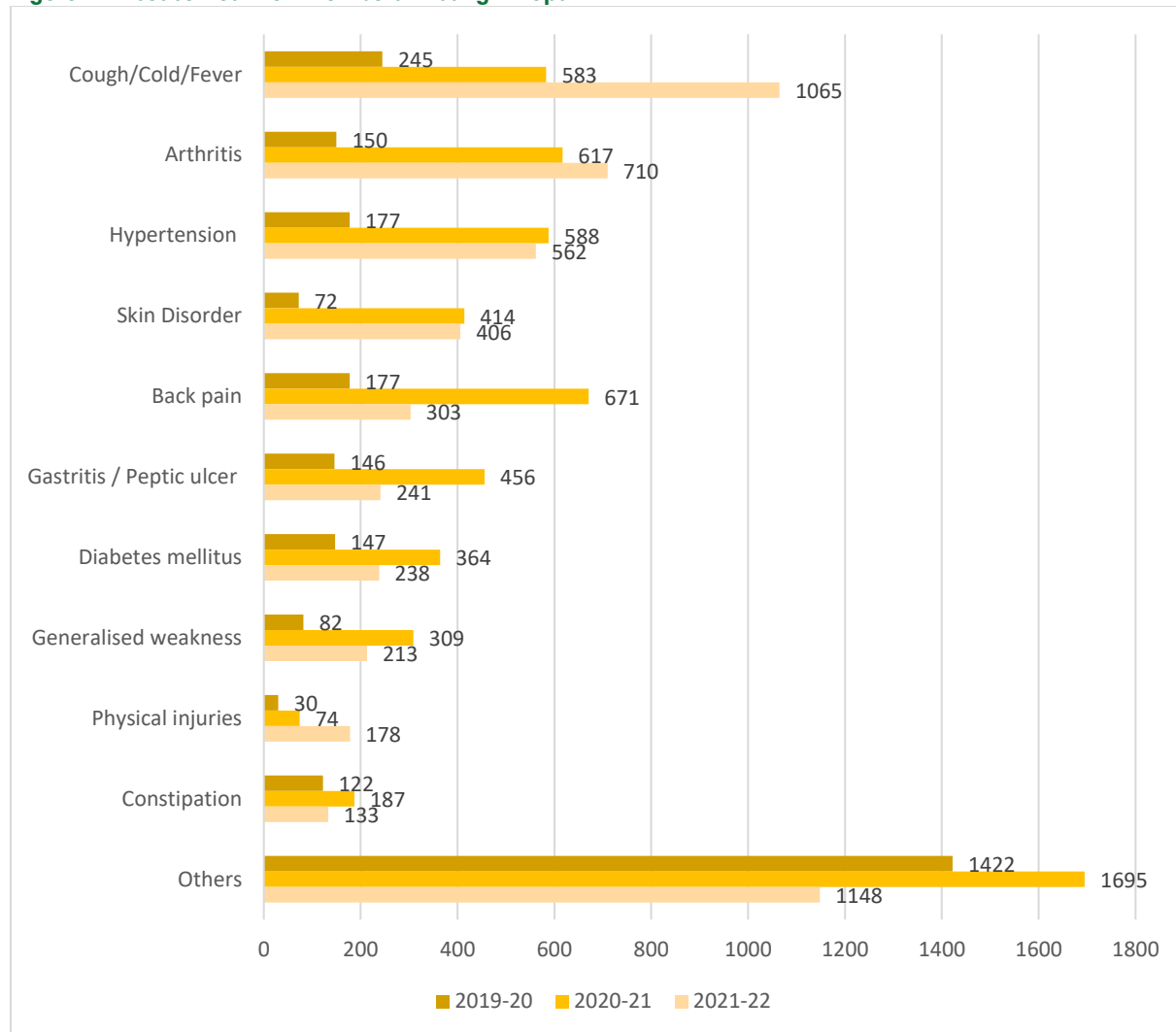
There has been an increase in the number of patients availing treatment at the MMU over the three year period from 2019-20 to 2021-22. This increase is indicative of the good quality of service provided by the MMU and trust shown by the people. In 2019-20 a total of 1866 people were treated at the MMU which increased to 4891 in 2020-21 and in 2021-22 the number of people treated was 4175. In FY 2019-20 the MMU services were provided across 6 village/sites as shown in the table above and out of the total people having availed treatment 55% were female beneficiaries and rest 45% were male beneficiaries. The highest number of treatments were in Ribba village followed by Purbani and Moorang. In 2020-21, the MMU services were provided in 6 villages and the highest number was reported again in Ribba village followed by Purbani, Powari and Spillow. In 2020-21 about 56% beneficiaries were female and 44% beneficiaries were male.

In the financial year 2021-22, MMU provided free treatment services to 4175 patients, across the 7 villages. Out of the total 4175 patients, 2064 were female patients and rest 2111 were male patients, showing an almost equal proportion of service availment from both the genders. Purbani village reported the highest number of patients availing treatment from the MMU i.e. 995, followed by Moorang village where 913 patients availed treatment. It was at Reckong Peo near the MMU office that the lowest number of patients availed the treatment. The number of patients having availed the treatment gender wise and village wise has been given in the graph above.

### Disease profile

Beneficiaries come to MMU to avail treatment for a wide variety of ailments. Most of these are minor ailments which require primary treatment and can be effectively treated at the MMU itself. The disease analysis shows that people have visited the MMU and got treatment most frequently for cough/cold/fever, arthritis, hypertension and back pain. Other disease reported were conjunctivitis, constipation, dental caries, asthma, anaemia and so on. The year wise figures for the treatment varies but the overall trend remains similar. The disease wise treatment number for each of the three years has been given in the figure given below-

**Figure 4: Disease treatment numbers in Jangi Thopan**



(Source: HelpAge database)

### 1. Mobile Medical Unit-

Under the Satjul Sanjeevani Sewa (3S) initiative, one Mobile Medical Unit (MMU) is being operated in the Jangi Thopan area and covers multiple villages in the area. Mobile Medical Unit is a mobile health van which provides basic health care services such as medical consultation, basic diagnostics, medicines and tests to people at a common place in their village itself. The schedule and the timing of the visits by the MMU to the villages is fixed and the people in the villages are aware of the same, which enables them to avail the services at the pre-designated time and place.

The Mobile Medical Unit (MMU) is manned by a staff of four people which comprises of a social protection officer, medical consultant, pharmacist and driver, with each having its role clearly defined. These details of their roles have been given below-

- a) **Social Protection Officer:** The social protection officer is responsible for leading the team. The officer coordinates all the social and health awareness aspects of the MMU and looks after all the administrative

works of the MMU. Organising health camps at various locations is also the responsibility of the social protection officer along with the rest of the team.

- b) **Medical Consultant:** The medical consultant/doctor is the prime person responsible for the health activities of the MMU. Medical consultation and diagnosis is conducted by the doctor, based on which the medicines will be prescribed. The doctor may also recommends if a test is required at the MMU.
- c) **Pharmacist:** Based on the doctor's prescription the pharmacist issues medicines to the patient free of cost. The pharmacist also explains the dosage and side effects of the medicines to the patient. In case a certain medicine is not stocked at the MMU, the patient can take it from a chemist. However such cases are fairly limited.
- d) **Driver:** The driver is responsible for driving van to the pre-decided sites and also manages the patient registration and community mobilisation. (for community mobilisation does the driver also make a round of the village to inform the residents) The day to day upkeep of the vehicle is also the responsibility of the driver.

Figure 5: Mobile van at Himachal Pradesh



Staffed with four people the MMU provides the following services to the village residents-

- i. **Free Treatment-** The MMU offers free medical consultation and treatment to the patients. The doctor diagnoses the diseases based on the symptoms shared by the patient and based on the same prescribes the required medicine to the patient. Here the doctor primarily offers curative health service which includes treatment of minor ailments
- ii. **Free Medicines-** The MMU services also provides medicines which are prescribed by the doctor. Since most of the patients the MMU serves come from economically weaker section, the medicines are also provided free of cost. The responsibility of dispensing the medicines and explaining the dosages of the medicines is with the pharmacist. The MMU stocks medicines for all common ailments treated at the MMU.
- iii. **Diagnostic services-** The MMU also provides basic diagnostic services to the community. It has diagnostic equipment such as stethoscope, BP apparatus, thermometer, weighing machine, and glucometer.
- iv. **Home visits by doctor-** Though many patients are able to come to the MMU's place of visit in the village, but there are some patients who are bed-ridden due to their age, because of which they are not able to visit the MMU. For such patients MMU provides the service of home visits where the doctors and paramedic team conduct regular visits. Based on the examination and clinical diagnosis by the doctor, the medicines and other measures for care are prescribed.

## 2. Awareness session

Apart from providing the regular basic health services, the MMU also conducts awareness sessions at regular intervals on various health related topics such as diabetes, hyper-tension, anaemia, arthritis, asthma, tuberculosis and so on. These sessions aim to create awareness on general diseases and health related problems and measures that can be taken for the prevention of these diseases, or proper care in case a person already has the disease. Under the project, HelpAge India has conducted a total of 85 awareness camps on various topics across locations in Jangi Thopan area in three years. Some of the topics on which awareness camps were conducted are sanitation, COVID-19, asthma, hypertension and so on. The details of the type of awareness sessions conducted have been given below-

**Figure 6: Awareness camps details**

Topic	2019-20		2020-21		2021-22	
	No. of camps	No. of Participants	No. of camps	No. of Participants	No. of camps	No. of Participants
Sanitation			1	29	19	464
COVID-19			15	373	14	375
Asthma					6	185
Diabetes			3	65	6	129
Hyper-Tension			1	33	5	141
Arthritis					4	81
Anaemia					1	41
TB	1	26	1	36	1	21
HIV	1	42				
Other	1	41	2	66	3	110
<b>Total</b>	<b>3</b>	<b>109</b>	<b>23</b>	<b>602</b>	<b>59</b>	<b>1547</b>

(Source: HelpAge database)

In 2019-20, 3 awareness sessions were conducted covering 109. This has increased to 23 sessions in 2020-21 covering 602 beneficiaries and 59 sessions covering 1547 beneficiaries in 2021-22. Since COVID-19 pandemic was ongoing in the FY 2020-21 and 2021-22, hence creating awareness about COVID was important. During the awareness sessions, beneficiaries were informed about the COVID appropriate behaviour to be followed such as social distancing, regular hand wash, and use of masks in public places and so on. They were also informed about the symptoms of COVID-19 and how to take care and get tested and protocols to be followed after observing the symptoms and testing positive such as social distancing and taking medicines as per doctor's prescription. During the awareness camps on sanitation they were informed about avoiding practices of open defecation, use of toilets, practice of washing hands and use of soap. In 2020-21 the highest attendance was reported for COVID-19 camps followed by diabetes camps. In 2021-22, the highest attendance was for sanitation camp i.e. 464, followed by COVID-19 awareness camp which was attended by 375 people. The other awareness camps covered information on different types of chronic diseases such as asthma, diabetes, TB and Anaemia.

## 3. Specialised health camps-

Under the project specialised health camps are also organised by HelpAge India. Under these check-up is conducted by qualified medical consultants for the community members. Two specialised health camps were conducted in Jangi Thopan. One was conducted in 2019-20 and the other in 2021-22. In 2019-20 the camp was attended by 65 people and in 2021-22 the camp was attended by 318 people. In 2019-20 the camp

was conducted at the Skill Development training centre and in 2021-22 the camp was conducted at the Primary Health Centre in Spillo village.

### 4.2.3 Impact findings from the quantitative analysis

To understand the benefits of the project for the intended beneficiaries and to measure the changes that have occurred as a result of the project for them, a quantitative survey was conducted to obtain their response. This survey was conducted with a total of 50 beneficiaries which aimed at capturing their response with regards to the benefits they availed, feedback on the quality of services offered by the Mobile Medical Unit (MMU) and their overall satisfaction level. The results from the survey have been presented in this section.

#### Demographic Profile

##### Geographic distribution of sample

As per the scope of the study the survey was conducted in area around Jangi Thopan. Response was obtained from 50 beneficiaries in two village- Powari and Purbani in Kalpa block of Kinnaur district. The village wise break-up of the respondent numbers has been given in the table below-

**Table 6: Village wise number of respondents**

District	Block	Village	Number of respondents
Kinnaur	Kalpa	Powari	25
		Purbani	25
<b>Total</b>			<b>50</b>

(Source: NABCONS quantitative survey)

##### Gender distribution

Out of the total 50 respondents 31 were female (62%) and 19 were male (38%). The village wise pattern was also similar to the overall pattern. The gender wise distribution of the sample has been illustrated in the figure given below-

**Figure 7: Gender wise distribution of the sample**

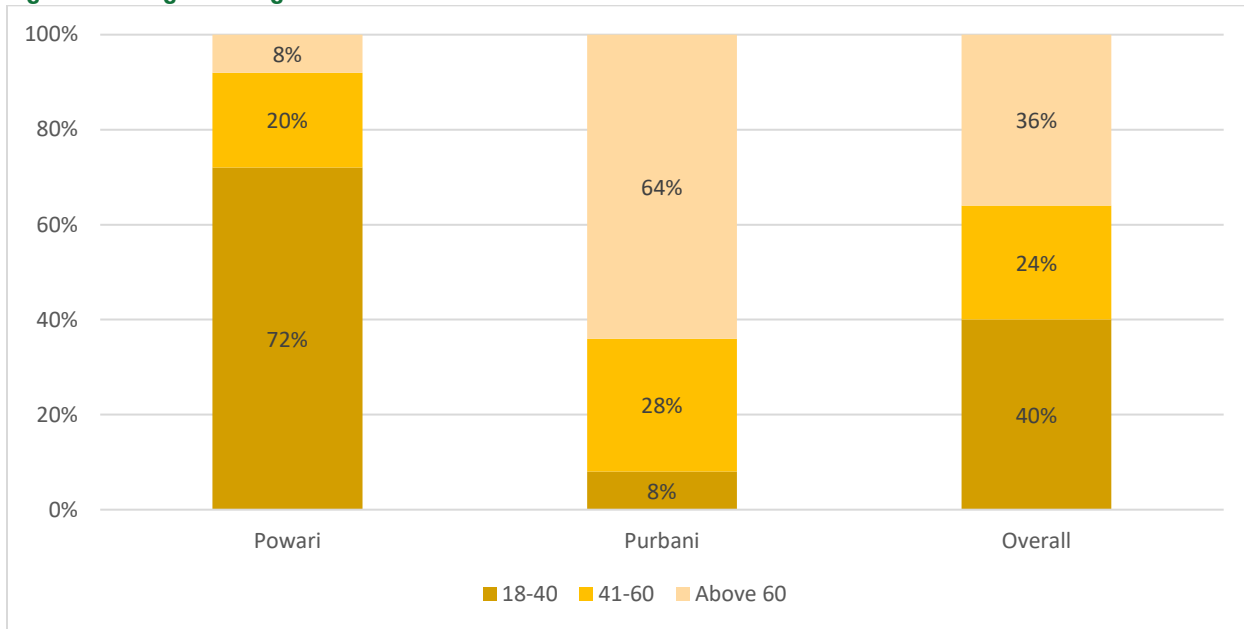


(Source: NABCONS quantitative survey)

**Age distribution**

The survey data shows that overall 40% respondents belonged to the age group of 18-40, 24% belonged to the group 41-60 years and the remaining 36% were aged above 60 years. There was a variance in the village wise distribution where the a large majority of the respondents in the Purbai village belonged to the age group of 60 years and above(64%) whereas in Powari village the proportion of respondents in the age group 18-40 were the highest comprising of 72% of the sample from the village. The village wise age distribution has been given in the figure below:

**Figure 8: Village wise age distribution**

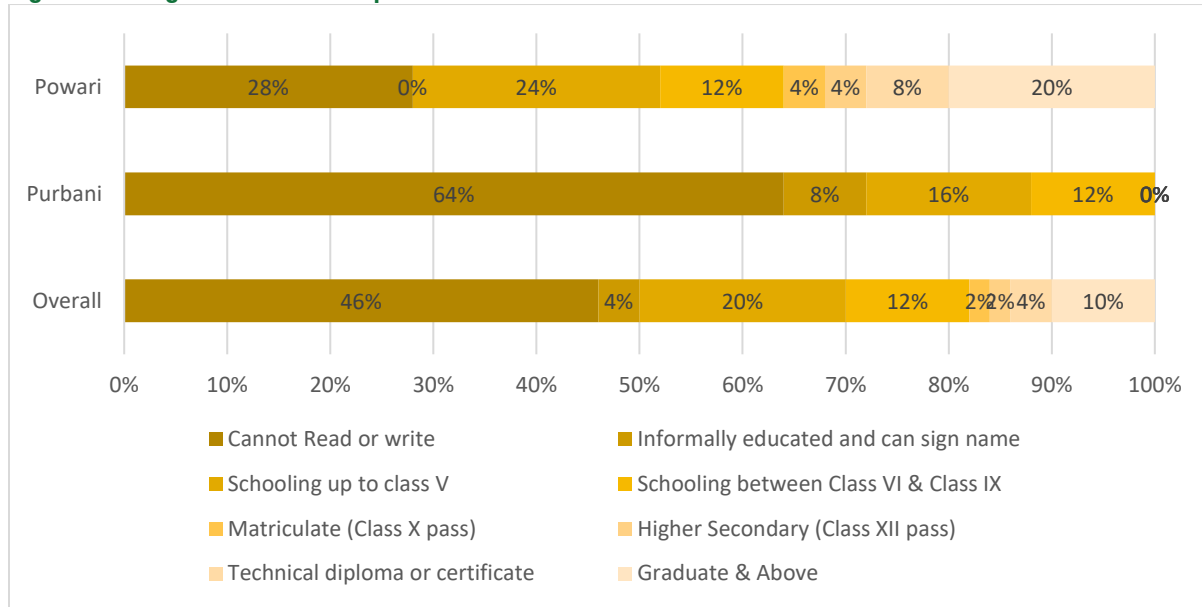


(Source: NABCONS quantitative survey)

**Education profile**

As per the survey results, half the respondents have not received any formal education, of which 46% cannot read or write and the remaining 4% are not formally educated but can at-least sign their name. Overall only about 16% respondents have completed their schooling with 10% having completed their graduation and 4% having done a technical diploma or certificate. There are some inter village difference in pattern with a higher proportion of respondents in Purabani village not having attended school. The proportion of such respondents was 72% of which 64% could not read or write and 8% could at-least sign their name. In Purbani village none of the remaining 28% respondents had completed their schooling. In Powari village only 28% respondents did not attend school and 32% had completed their schooling with 20% also having completed their graduation. The comparatively low level of education in Purbani is because of the remoteness of the village. The village wise education profile has been given in the graph below-

**Figure 9: Village wise education profile**



(Source: NABCONS quantitative survey)

Economic category

The quantitative data shows that majority of the families belong to the APL category but despite this majority did not belong to affluent families. Overall there were 10% respondents belonging to BPL category. In Purbani village all the respondents were from the APL category whereas in case of Powari 20% respondents were from BPL category. The graph depicting the economic category profile has been given below-

**Figure 10: Economic category**

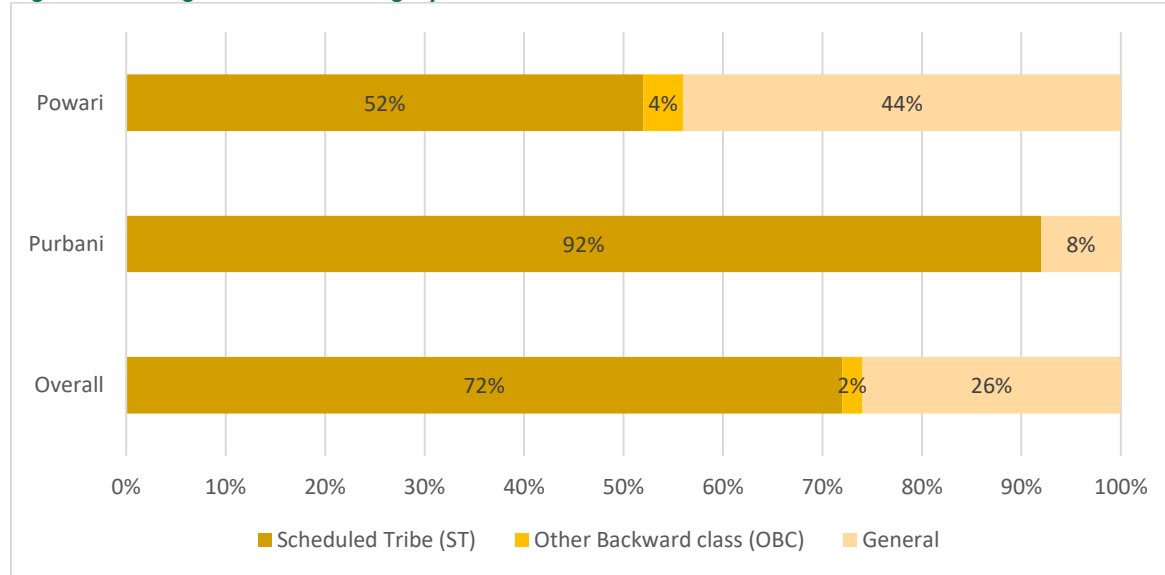


(Source: NABCONS quantitative survey)

**Social category**

The survey respondents majorly belonged to either the Schedule Tribe (ST) category or general category with only a few belonging to the Other Backward Class (OBC) category. Overall 72% respondents were from the ST category, 26% from the general category and 2% from the OBC category. In Purbani village there were no OBC respondents and more than 90% respondents belonged to the ST category. The proportions were more evenly distributed with 52% respondents belonging to ST category, 44% to general category and remaining 4% to OBC category. The graphical representation of the social category has been given below

**Figure 11: Village wise social category distribution**

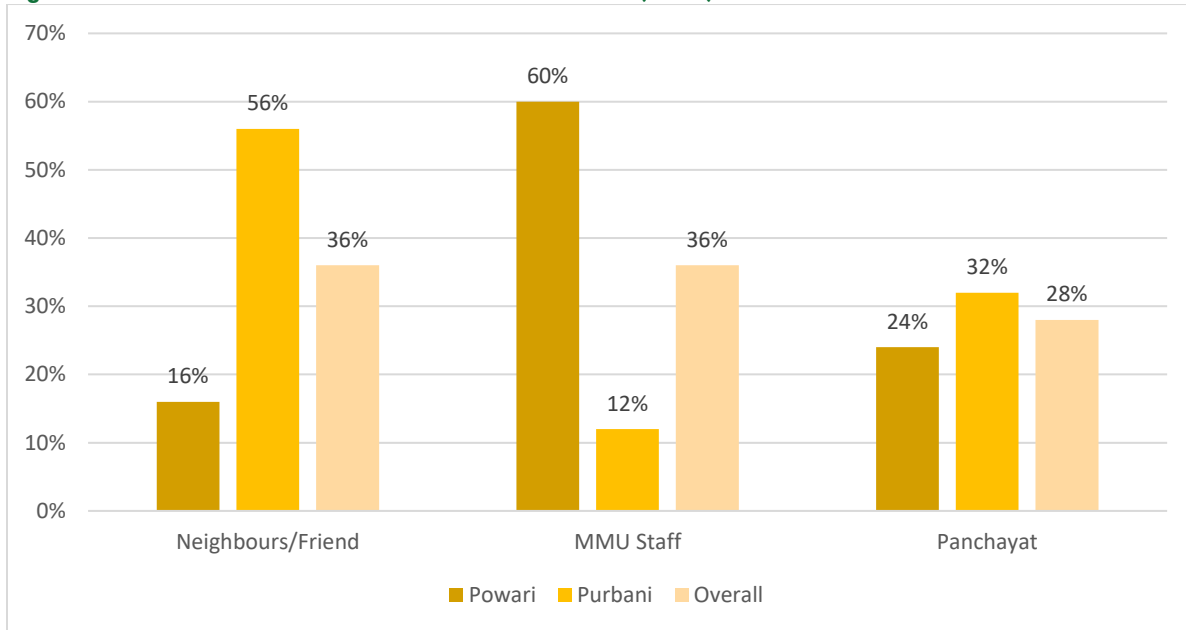


(Source: NABCONS quantitative survey)

**Awareness about Mobile Medical Unit (MMU)**

All the respondents who a part of the survey were aware about the MMU operations in their village. The primary source through which the beneficiaries got to know about the MMU vans running in their district were MMU staff, neighbours/friends and panchayat. Overall 36% beneficiaries got to know about the intervention from the MMU staff and neighbours/friends each, followed by 28% from the panchayat. The village wise analysis shows that in Purbani neighbours and friends were the major source of information at 56% and in Powari MMU staff was the main source of information. Panchayat was the second main source of information in both the villages. The village wise details on how the beneficiaries got to know about the MMU have been given in the graph below-

**Figure 12: Source of information for Mobile Medical Unit (MMU)**



(Source: NABCONS quantitative survey)

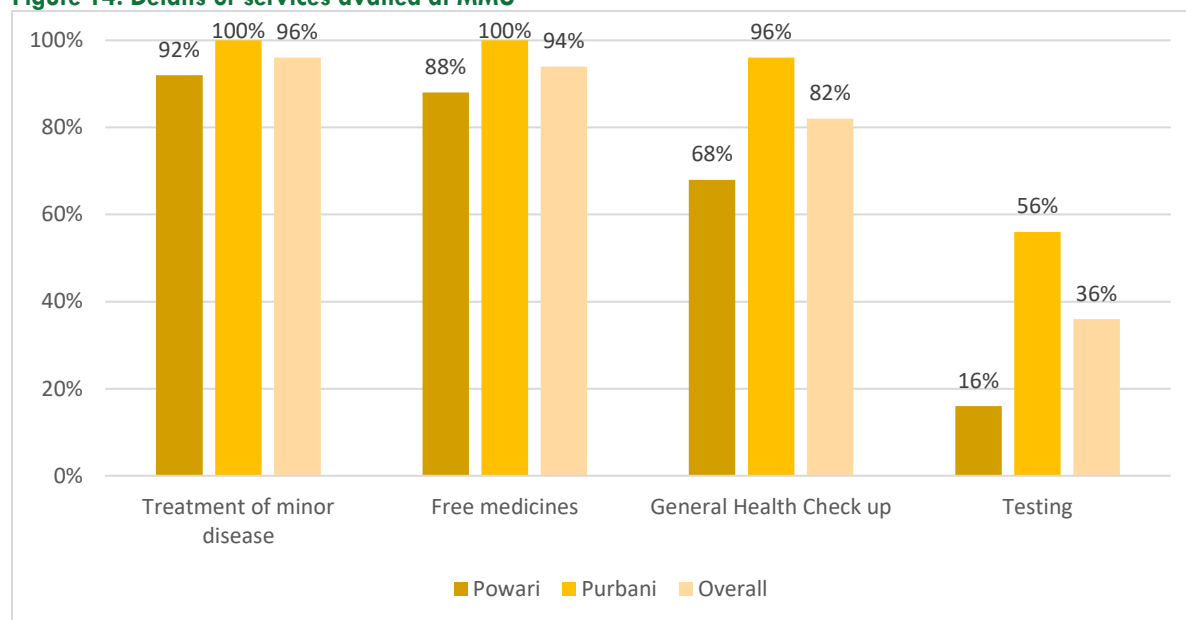
**Figure 13: Beneficiary at MMU in Jangi Thopan**



### Services availed at the Mobile Medical Unit

All the beneficiaries reported to have visited the MMU van for availing some service or the other. As per the survey data majority of the people visited MMU for treatment or minor diseases (96%) followed by free medicines availed by 94% beneficiaries and general health check-up by 82% beneficiaries. About 32% also availed testing facilities such as sugar/blood pressure which was available at the MMU van. The trends were also mostly similar across both the village, as can be seen in the figure given below.

**Figure 14: Details of services availed at MMU**



(Source: NABCONS quantitative survey)

Some difference which can be seen in the trend show that a higher proportion of beneficiaries in Purbani availed general health check-up and testing facilities as compared to Powari.

### Disease

Analysis of the disease pattern among the survey respondents has been given in this section. As per the data cough/cold/fever is the most prevalent disease among the beneficiaries, which was reported by 98% beneficiaries, followed by hypertension reported by 36% beneficiaries, back pain and osteoarthritis reported by 26% beneficiaries each. Details of the other diseases has been shown in the figure given below-

**Table 7: Proportion of disease occurrence and treatment at MMU**

Disease	Powari		Purbani		Overall	
	Disease occurrence	Treatment at MMU	Disease occurrence	Treatment at MMU	Disease occurrence	Treatment at MMU
Cough/Cold/Fever	100%	100%	96%	96%	98%	98%
Hypertension	20%	20%	52%	52%	36%	36%
Back pain	24%	24%	28%	28%	26%	26%
Osteoarthritis	16%	16%	36%	36%	26%	26%
Diabetes	24%	24%	16%	16%	20%	20%
Generalised weakness	12%	12%	24%	24%	18%	18%
Gastritis	16%	16%	12%	12%	14%	14%
Others	44%	44%	24%	24%	34%	34%

(Source: NABCONS quantitative survey)

Further analysis shows that prevalence of hypertension was comparatively higher in Purbani, where 52% beneficiaries reported the same as compared to Powari where it was reported by 20% beneficiaries. For other diseases the pattern was more or less similar in both the districts barring a few diseases like osteoarthritis, diabetes and generalised weakness. The same can be seen in the figure given above:

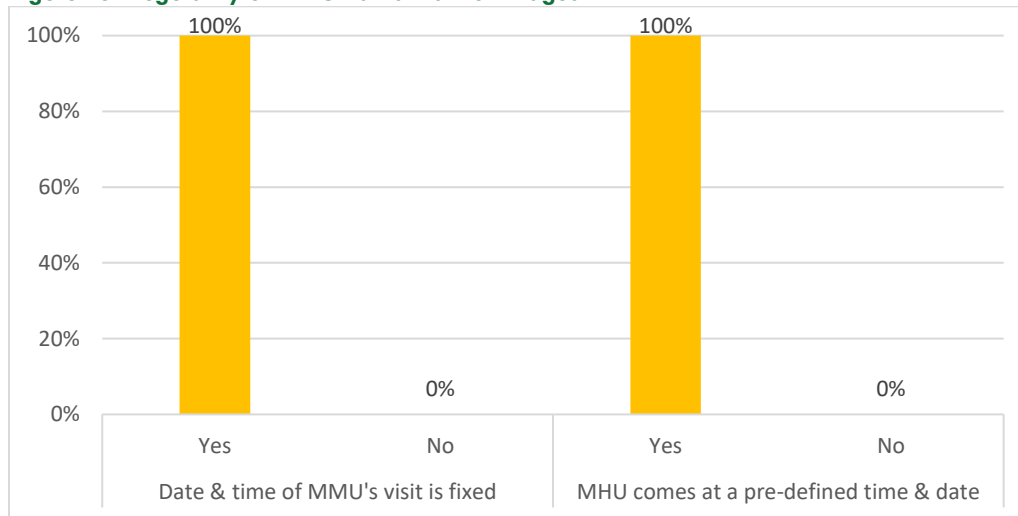
It is interesting to note that all those who have reported a disease occurrence in the family have sought treatment from MMU. This shows that MMU is turning out to be the preferred choice of medical treatment especially for minor diseases. This is true even for disease which required immediate attention indicating that the MMU come to the villages at optimal frequency and in a timely manner. The preference for the MMU over others can also attributed to affordability, good quality care, friendly staff behaviour and easy accessibility. One of the important reason for the preference for MMU is the unavailability of other options in or near the village, because of which they always go to the MMU.

**Regularity and frequency of Mobile Medical Unit's village visits**

The beneficiaries were asked if the MMU van visits their village at regular intervals and on pre-decided day and time. All beneficiaries have surveyed under the study reported that the time of date of MMU van's visit is fixed and that it comes to the village on the pre-defined time and day. The MMU visits the village at a pre-defined time once every week.

This is unlike the MMU intervention in Bihar where the frequency of MMU van's visit is low and the time and day are also not fixed. The beneficiary response on the regularity of MMU van's visit in the villages has been illustrated in the figure given below:

**Figure 15: Regularity of MMU van's visit to villages**



(Source: NABCONS quantitative survey)

In fact the beneficiaries have asked for more number of visits in a week as there is no medical facility in proximity.

**Benefits of MMU services**

The two major benefits reported by beneficiaries were reduction in travel time and savings in cost. Since most of the people were earlier dependent on the district hospital for treatment of even minor diseases, they had to travel long distance to reach their. They also had to bear the transportation cost to and from the district hospital and in case a personal vehicle is not available they had to depend on public transport. In

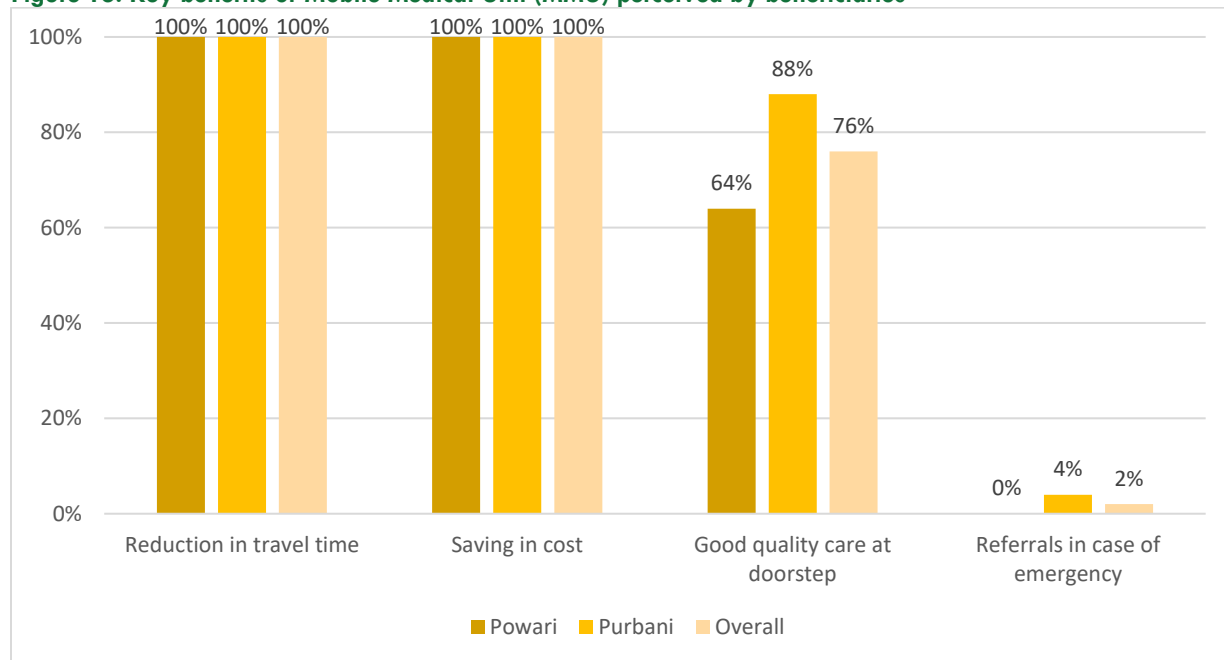
case of Purbani village even public transport was not available as the village is located in an extremely remote area and most of the residents who do not have a personal vehicle have to walk and then ask for lift. The village residents shared that a bus service was available for some time but even that became non-operational due to long distance and low passenger numbers.

Not only did it travel take a considerable time effort and money but also caused a lot of inconvenience to the people especially when the person is sick. Hence with the MMU service being available in the village itself saving in time of travel and cost are the two major benefits for the village residents.

This is followed by good quality care which was reported by 76% beneficiaries. This is the only available proper medical facility for the villages, hence a large majority of the respondents have reported that they are now able to access good quality care within their village.

Another benefit reported by the beneficiaries is the referral services provided by the MMU. This was reported by 2% respondents from the overall sample. This can be because of the lesser need of referral services by the village residents. The key benefits reported by the beneficiaries have been illustrated in the graph below-

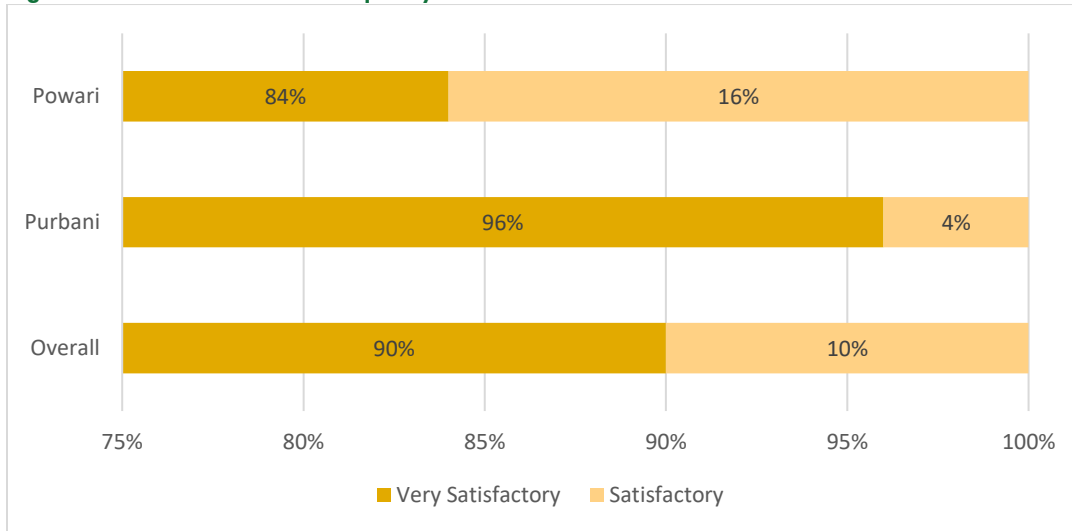
**Figure 16: Key benefits of Mobile Medical Unit (MMU) perceived by beneficiaries**



(Source: NABCONS quantitative survey)

As per the survey results, majority of the beneficiaries shared that they were satisfied with the services provided by the MMU. Overall 90% beneficiaries reported that they were very satisfied and 10% reported that they were satisfied. This can be attributed to overall timeliness, optimal frequency and good quality of care received by the beneficiaries within their village.

**Figure 17: Satisfaction with the quality of treatment**



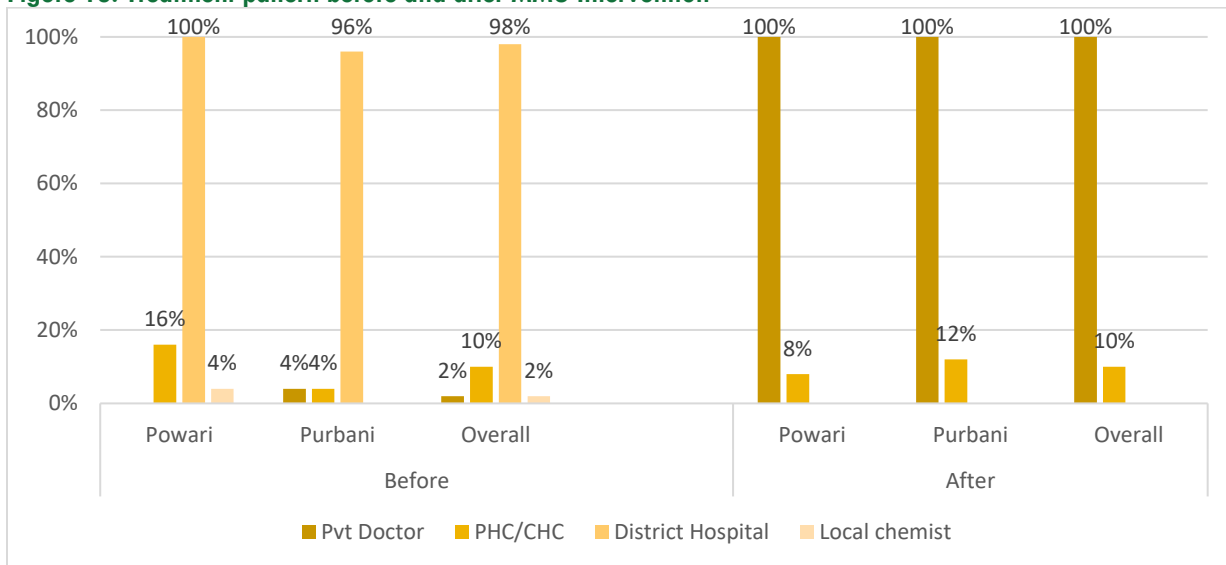
(Source: NABCONS quantitative survey)

**Change in treatment pattern**

The analysis of the change in treatment pattern after the project intervention shows a strong uptake and adoption of treatment at MMU van run with the support of SJVN. Prior to the intervention almost all the beneficiaries referred to the district hospital for any disease. Overall 98% reported going to district hospital before the intervention. After the intervention 100% respondents went to the MMU and the proportion of beneficiaries going to district hospital reduced to just 10%.

There is a clear shift in trend of preference of medical facility for minor diseases. With the start of MMU operations village residents are now able to get good quality care within their village. This also shows that they trust the MMU that it will provide good quality care to them in a safe manner. The village wise treatment pattern before and after intervention has been shown in the figure given below-

**Figure 18: Treatment pattern before and after MMU Intervention**



(Source: NABCONS quantitative survey)

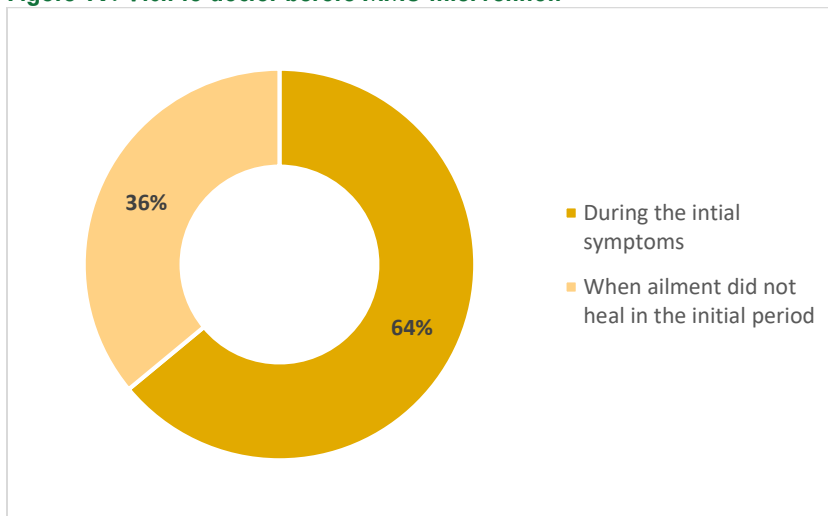
People were mostly depended on district hospital because there were no other medical facility available in the vicinity of the village even though the distance was about 10 km in case of Powari and 25-30 km in case of Purbani. Given the hilly terrain in Himachal Pradesh the time for travelling is even more. Despite the long distance, people used to prefer district hospital because they were assured of a good quality and safe care from the same. Now that they are able to get a similar quality at the village level from the MMU hence there is sharp shift in their preference.

The incidence of going to a local chemist and private doctor has been less even before the MMU intervention because of unavailability of the same in or near the village. Additionally in both the cases they have to incur a cost which in case of local chemist includes the cost of medicine and in case of private doctor also includes the consultation fees. The less preference for private doctor and chemists indicates a less inclination to spend on medical bills which can be because of their economic and income situation. But most importantly it was the distance which played a role. Hence the MHU becomes very useful to them as it provide basic health care at their doorstep i.e. within their village

It is also interesting to see that there hasn't been any dependence on local quacks even before the MHU operations were started in the area. One of the main reasons for this was the distance and their unavailability in the village. This is an intended positive consequence that even the quacks were not available locally. Given this the MHU did not have to work much on the behavioural aspects in this regards and rather focus on the operational aspects of delivering free of cost basic health facility at regular time period to people in the village.

As per the response from the beneficiaries, it was found that a certain proportion of beneficiaries referred to a doctor only after the diseases did not heal in some time. As per the data shown in the following graph the overall proportion of such respondents was 36%.

**Figure 19: Visit to doctor before MMU intervention**

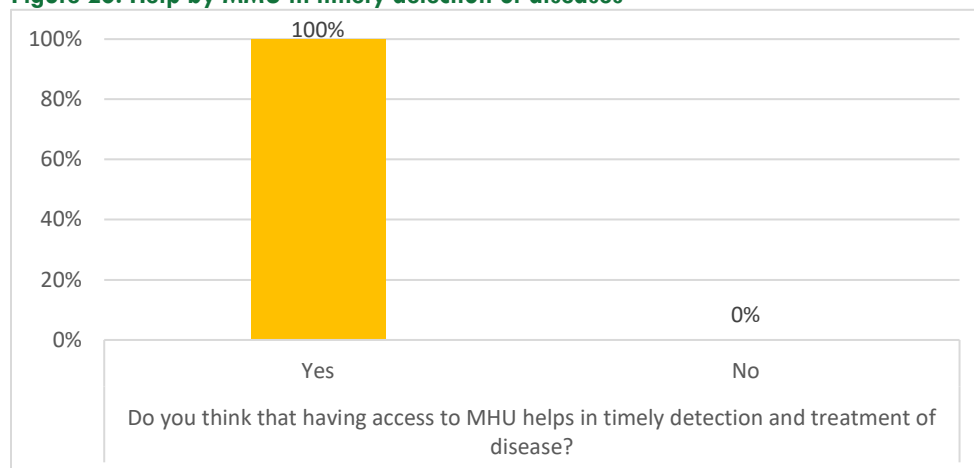


(Source: NABCONS quantitative survey)

Also the proportion of such people was high in case of Purbani (68%) as compared to Powari (4%). One of primary reasons for this was that the village residents in Purbani were required to travel long distances in order to reach a proper and well recognised medical facility. This was also reported as the major reasons why they could not visit a doctor in a timely manner. With the coming of the MMU van a major problem of distance and travel got sorted for the village residents.

This is corroborated by the fact that all the respondents have mentioned that they are now able to detect and get the diseases treated in a timely manner after MMU operations were started for their village.

**Figure 20: Help by MMU in timely detection of diseases**



(Source: NABCONS quantitative survey)

The beneficiaries were asked about to give a rating to the MMU services on different parameters on a scale of 1 to 5, where a higher rating indicates a higher level of satisfaction. The beneficiaries gave a high rating of more than 4 for all the parameters and also gave a rating of perfect 5 against many parameters. This indicates the need and appreciation for the MMU services among the beneficiaries. Even though the parameters have been already discussed in the above sections but a summary is also provided here. One of the major benefit as a result of MMU has been that the beneficiaries do not have to travel long distance to see medical help. Since the villages do not have any medical facility within or even close to the village MMU is now the only option available for the people residing in these remote villages. In absence of the MMU, many residents of these villages may not seek any medical help due to the long distance required to be travelled as travel generally cause inconvenience and has cost implications. Hence the rating on affordability, accessibility quality and effectiveness of treatment out of 5 is 5, 4.9, 4.8 and 4.9 respectively. The parameter wise rating has been given in the table below-

**Table 8: Parameter wise satisfaction rating**

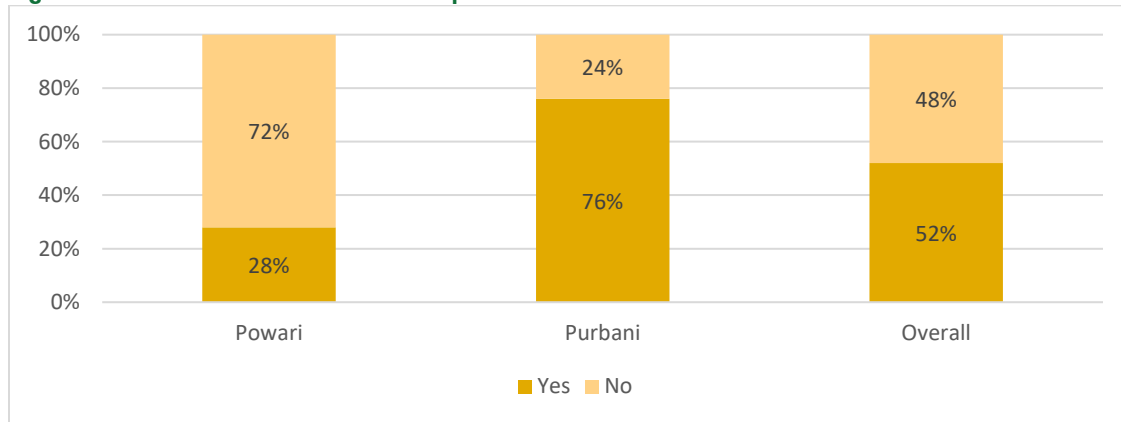
Parameter	Rating		
	Powari	Purbani	Overall
Affordability	5.0	5.0	5.0
Accessibility	4.9	4.9	4.9
Quality	4.8	4.8	4.8
Availability of Doctors	5.0	5.0	5.0
Women friendly	4.8	4.7	4.7
Diagnosis of chronic disease	4.6	4.2	4.4
Attention to patient	5.0	5.0	5.0
Timings	5.0	5.0	5.0
Effectiveness of treatment provided	5.0	4.8	4.9
Overall Rating	4.9	4.9	4.9

(Source: NABCONS quantitative survey)

### Awareness camps

Apart from the regular MMU services provided by HelpAge with financial support from SJVN Foundation, health camps are also conducted for the project beneficiaries at certain intervals. This has been discussed in more detail in the project background earlier. The respondents were asked about the awareness on health camps. There was an average level of awareness among the respondents with a little over half the respondents being aware of the health camps i.e. 52%. The village wise trend on the awareness has been given in the figure below-

**Figure 21: Awareness about health camps**

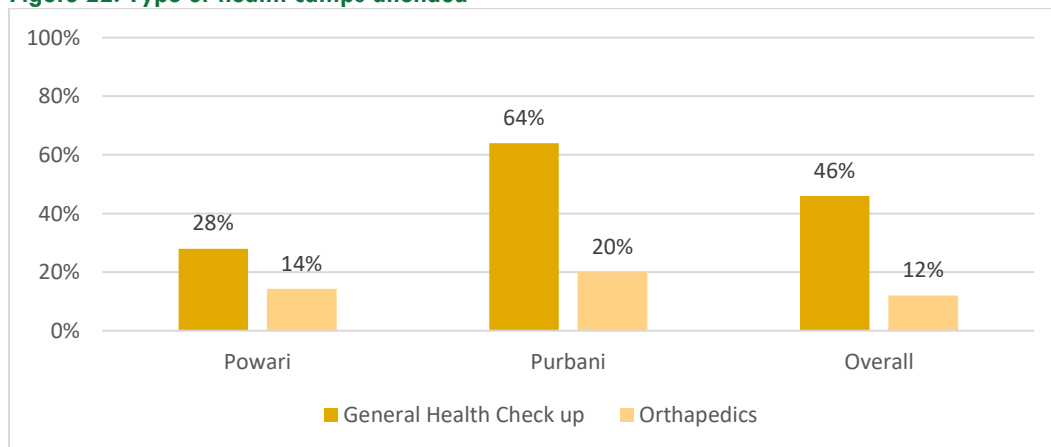


(Source: NABCONS quantitative survey)

The village wise trends shows that a greater percentage of people were aware about the health camps in Purbani village i.e.76% as compared to 28% in Powari village. One of the reasons for this was that the people in Powari village were engaged as worked with the Border Roads Organisation (BRO) and were generally on the move, because of which their awareness was also limited.

The limited awareness is one of the reasons that the health camp attendance of the residents in the Powari village is lower as compared to Purbani village. Out of the total respondents in Powari, 28% people attended the general health camp and 14% attended the orthopaedic health camp. In contrast about 64% respondents in Purbani village attended the general health camp and 20% attended the orthopaedic health camp which was comparatively higher as compared to Powari village. The village wise break-up of the health camp attendance has been given in the figure given below:

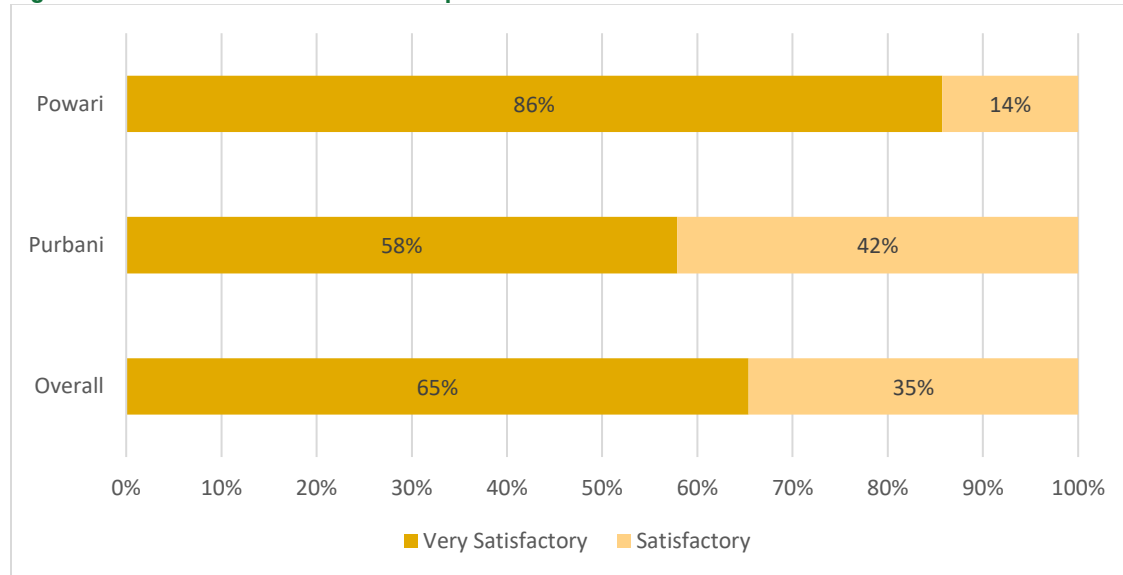
**Figure 22: Type of health camps attended**



(Source: NABCONS quantitative survey)

Of those beneficiaries who attended the health camps, most of them were satisfied with the type of care and treatment provided at the health camps. Overall 65% people found the health camp to be very satisfactory and 35 reported it to be satisfactory. The village wise trend has been shown in the figure given below.

**Figure 23: Satisfaction from health camps**



(Source: NABCONS quantitative survey)

In addition to the health camps which are already being organized the beneficiaries have asked for more type of health check-up camps such as eye check-up ear check-up, special check-ups for women. These additional check-up can be really helpful to these beneficiaries as they are residing in remote villages with limited access to even basic health facilities. A medical need assessment survey can be conducted to identify other health camps that would be relevant to them and a plan can be developed for conducting these camps and provide comprehensive health support to the people in these village.

**Table 9: Project observations for MMU project in Himachal Pradesh**

Parameter	Scale	Description
<b>Relevance</b>	High	<ul style="list-style-type: none"> <li>The project was extremely relevant for the village in Himachal Pradesh. Given the villages are located in remote areas with very limited to no presence of any health facility the MMU becomes the only health facility for basic health care available in their village.</li> <li>In absence of the MMU many people, either have to travel long distances or are unable to avail any health services. E.g. when the MMU services were put on a hold after 3 years of operation these villages had specially requested to restart the MMU operations as they didn't have access to any other health facility</li> <li>The free health services through MMU is also relevant from the economic stand point as most of the families in the villages do not have a very strong economic background hence the MMU is relevant to them</li> </ul>

Parameter	Scale	Description
<b>Effectiveness</b>	Medium	<ul style="list-style-type: none"> <li>In Jangi Thopan, the MMU is <b>operational in 7 villages and catered to 4175 patients in the FY 2021-22</b> through its MMU van.</li> <li>The beneficiaries have given an <b>average rating of 4.8 and 4.9</b> respectively on quality and effectiveness of treatment.</li> </ul>
<b>Efficiency</b>	High	<ul style="list-style-type: none"> <li>The MMUs visit at optimal frequency to the villages i.e. once every week and provide the required health care services to the village. The beneficiaries have reported that the MMUs always come on the pre-defined day and time and were satisfied with the regularity, frequency and timeliness of the visits</li> </ul>
<b>Impact (High)</b>	High	<ul style="list-style-type: none"> <li>The beneficiaries have been able to reduce the travel required for availing health care service as there was no health facility with in the village. <b>Earlier they had to travel in the range of 10 to 30 km just to reach a health facility.</b> This benefit was reported by all the respondents <b>a rating of 4.9 out of 5 was given to the MMU on accessibility.</b></li> <li>Since the MMU provides free treatment, medicines and basic testing, the beneficiaries have been able to save on the cost of travel and treatment (in case they went to private doctor). This was also reported by all the beneficiaries and <b>they gave a rating of 5 out of 5 on affordability.</b> Earlier the <b>average annual medical expenditure was about Rs.5900 which has reduced to about 1300.</b></li> <li>Overall <b>76% beneficiaries have also admitted to report good quality care at doorstep</b> also as a benefit and gave <b>rating of 4.8 out of 5 on quality.</b> Additionally <b>90% beneficiary were very satisfied with the quality of treatment.</b></li> </ul>
<b>Sustainability</b>	Low	<ul style="list-style-type: none"> <li>Though the MMU operations have been beneficial, with some scope for improvement, but once SJVN exits from the project there is no alternative medical facility and the beneficiaries will have to again go back to the earlier medical facilities.</li> <li>With limited co-ownership of the government or any third party, the sustainability of the project beyond the project duration is limited.</li> </ul>

## 4.3 Setting up of 18 Libraries in Aspirational district, Chamba (HP)

### 4.3.1 Project background

While the number of schools and access to schools has increased over the years with initiatives such as Sarv Siksha Abhiyan (SSA), but there is still a gap in literacy levels and quality of education in the urban and rural areas. One of the reasons for this is that many villages are situated in remote areas. Chamba is one such district which is mostly rural and has many villages located in remote and far flung areas. Because of its poor performance on socio-economic indicators it was identified as an aspirational district by the government of India and education and literacy has been an area of focus for the district. It was felt that since the level and quality of education is not at par with other districts, hence the students are at a competitive disadvantage and are not able to perform well in studies and competitive exams. Hence the rate of qualification for government and private jobs is relatively less.

Figure 24: Library in Chamba District



### 4.3.2 Project concept & design

With an intent of contributing to the improvement in access to learning and education in the remote areas, SJVN has collaborated with and supported district administration to set up 18 libraries in the Chamba district. One of the main objective of setting up these libraries was to provide intellectual and creative space and a congenial environment to students so that they can study in a focussed manner and prepare for competitive exams. Since the students in rural area generally lack financial resource and they are often not able to purchase and access books for competitive exams. Additionally, many times they are not able to find suitable space where they can study properly for long hours.

These libraries cater to all age groups including children, middle aged and elderly and offer different facilities to each of them. Since these cater to a wide range of beneficiaries they have been intentionally set up in a public building such as a community hall or *panchayat bhavan*, instead of a school, so that it is accessible to all the beneficiaries at all times. Libraries are equipped with various facilities which are useful for all different age groups. Funds were provided for renovation of the building, purchase of furniture, books

and other accessories. The functioning of the all libraries is monitored through the respective Sub Divisional Magistrates.

### Role of community

Community has played a key role since the inception and setting up of the first set of libraries. The initiative was started in the year 2020, by a young officer in the Salooni Block of the Chamba district, wherein libraries were set up Salooni, Telka and Sundla areas with the crowd-funding involving local youth to manage them. Based on the positive response, the district administration decided to scale up the initiative and sought support from SJVN Foundation. From the very start the sense of community ownership has been an important component and the libraries have been promoted with- 'library by the Public, for the community' as its theme. The committee members of that particular area are responsible for security and safety of Libraries as constituted under the control of concerned Sub Divisional Magistrate.

Some Specific objectives of the project are as follows-

- i) Provide quality reading material and books for the competitive examination for the rural youths.
- ii) Provide reading spaces so that students/readers can read books, prepare for competitive examination.
- iii) Promoting a culture of reading, intellectual discussion, information sharing in rural areas, where such platforms are hardly in existence.
- iv) Facilitate all-round personality development of youths and enabling them to build their career in right direction for bright future.
- v) Provide services free of cost or at nominal rates to each member of the society without any discrimination.
- vi) Provide spiritual and ethics books for the people of old age enabling them to spend their quality time in libraries.

After SJVN's support there are a total of 22 libraries including the ones which were set up with community support. These 22 libraries have a total seating capacity of 807 and have 7986 books. Details of the same has been given below-

S. No.	Location of library	Seating Capacity	No. of books	Name of the Sub Division
1	GP Bharmour	28	404	Bharmour
2	GP Kuleth	24	403	
3	Hardaspura, Chamba	120	30	Chamba
4	Saho Chetna Kendra	50	500	
5	GP Mehla	50	50	
6	GSSS Mehla	40	200	
7	GP Chaned	25	300	

S. No.	Location of library	Seating Capacity	No. of books	Name of the Sub Division
8	Police Lines Dharamshala	20	150	
9	Rain Basera, NP Chowari	30	430	Chowari
10	GP Garnota	30	430	
11	GP Bhanjaroo	30	960	Churah
12	GP Kalhel	30	948	
13	Bachat Bhawan	25	500	Dalhousie
14	GPO Dalhousie	30	500	
15	Killar, Pangi	25	531	Pangi
16	Panchayat Ghar Salooni	60	300	Salooni
17	Simni	30	150	
18	Panchayat Ghar Sundla	60	150	
19	AWC Sundla	20	200	
20	GP Telka	30	500	
21	GP Ghar Kihar	30	150	
22	GSSS Salooni (Children Library)	20	200	
<b>Grand Total</b>		<b>807</b>	<b>7986</b>	

(Source: District administration Chamba)

Based on the interactions with the students and district administration and the insights and observations gained from the field and the analysis presented above some findings against different parameters have been summarised as follows

#### 4.3.3 Key project observations and impact findings

1. **Offers congenial environment to study:** The libraries set up with SJVN's support have helped to provide a space and an appropriate study environment for the students where they can come, study and prepare for competitive exams. The students have acknowledged and appreciated the support they have got because of setting up of the library, in absences of which there were no other alternative available to them.
2. **Felt need and good demand for library-** Since the libraries are addressing a felt and an unmet need of the students there is a great demand for the same, with the library having good occupancy rates. In some instances students have reported to have waited for their turn to sit in the library as it was full. As per the information shared by the district administration of Chamba, the libraries are being used by 1592 students and 111 students have passed competitive examinations.
3. **Need for more reading resources-** The students have also highlighted to expand the range of books available at the library so that they can study and prepare for the competitive exams in an even more effective manner. They have also suggested the need to have subscription to newspaper,

journals, periodicals and magazines which can help them in a more comprehensive and complete preparation for the exams.

**Figure 25: Library in Chamba district**



**4. Lack of proper maintenance of the library-**

There were some challenges with respect to maintenance and upkeep of the library including cleaning of the hall and toilets, maintaining a log book of students coming to library and taking books and overall safety and management of the library.

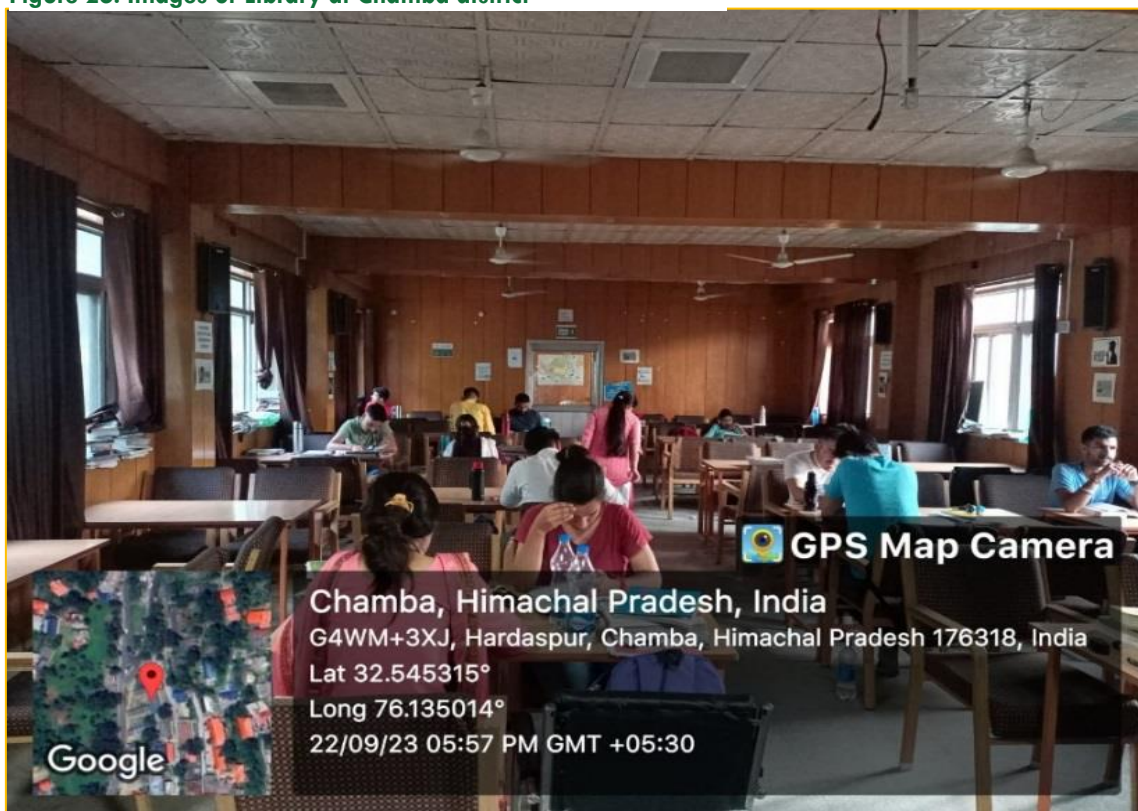
The students shared instances where some other students would take away books and not return the same, with no record of it being maintained at the library. There is hence a need to operationalise and strengthen the local management committee.

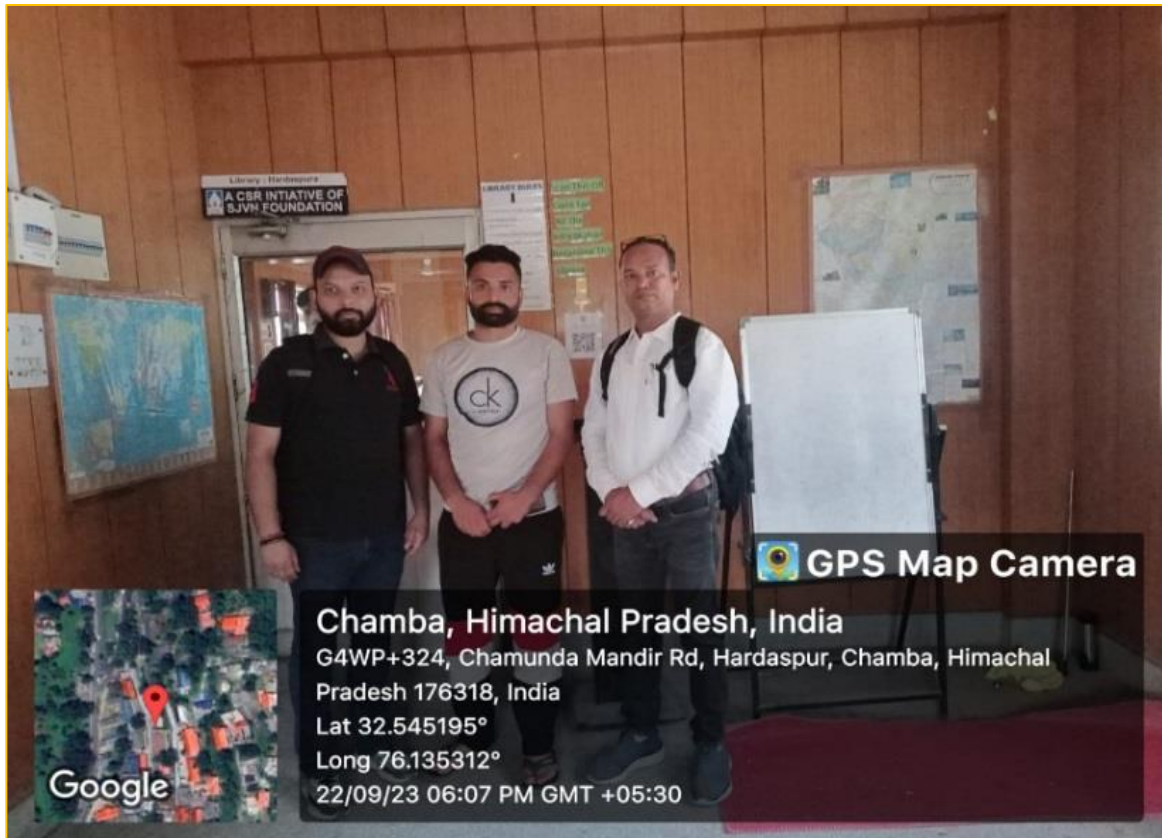
**Table 10: Project observations for library development project**

Parameter	Scale	Analysis/description
<b>Relevance</b>	High	<ul style="list-style-type: none"> <li>The project is relevant to the community as it provides space and a congenial environment to students so that they can study in a focussed manner and prepare for competitive exams.</li> <li>Preparing for competitive exams requires many books which are generally expensive and it is relevant for those students who are not able to afford books or would not prefer to spend money on a lot of books</li> <li>Since the library is open 24/7 it provides all time access unless other libraries in the vicinity which close in the evening.</li> </ul>
<b>Effectiveness</b>	Medium	<ul style="list-style-type: none"> <li>There are a total of <b>22 libraries having a seating capacity of 807 and about 8,000 books</b>, which can be used by the students for their studies and preparation.</li> <li>These libraries are able to cater to the students in particular and public in general from the surrounding areas.</li> </ul>
<b>Efficiency</b>	Medium	<ul style="list-style-type: none"> <li>Better efficiency is needed in operations such as maintenance of log book, general cleanliness of the library and regular cleaning of toilets</li> <li>The libraries have started with a set of books which the students have appreciated and also acknowledged their usefulness, but they have suggested additions of more books, journal, magazines and periodicals.</li> </ul>
<b>Impact</b>	High	<ul style="list-style-type: none"> <li>The students have acknowledged that the library helps to provide a congenial study environment where they can spend a significant time for preparation of competitive exams and get access to books which they were earlier not able to do due to various reasons. This is the biggest change that has happened because of the set-up of libraries.</li> </ul>

Parameter	Scale	Analysis/description
		<ul style="list-style-type: none"> <li>• <b>About 1592 students have used the library facilities since inception and 111</b> have passes competitive examination like Himachal Administrative Services (HAS), Trainer Graduate Teacher (TGT), Post Graduate Teacher (PGT).</li> </ul>
<b>Sustainability</b>	Low	<ul style="list-style-type: none"> <li>• Though it is intended that there is a sense of ownership among the community for which committee comprising of locals has been constituted, but in some locations students reported that there was need for better management by making the management committees operational at ground level so that they can take care of maintaining a logbook of entries, maintain cleanliness, arranging for journal, periodicals and magazines etc.</li> <li>• Hence even though the system of committees has been set up but its functioning needs to be strengthened further.</li> <li>• Students had mentioned the need for getting more books, periodicals and magazines for which ties and convergence is being done with other social sector organisations working in the area e.g. with Red Cross society for providing books</li> </ul>

**Figure 26: Images of Library at Chamba district**





#### **4.4 Construction of multipurpose medium height check dam at Gount Khad, Distt.-Nahan (HP)**

##### **4.4.1 Project background**

Himachal Pradesh is known for its abundant water resources due to its mountainous terrain and the presence of numerous rivers, streams, and glaciers. Despite the abundance of water resources, certain areas and communities in Himachal Pradesh still face water scarcity, especially during dry spells and in regions with inadequate water management infrastructure.

##### **4.4.2 Project concept & design**

Even in some areas of Sirmour district of Himachal Pradesh, the problem of water scarcity was becoming increasingly evident in recent years. Gount Khad was one such area identified by the local district administration where an intervention was needed to improve the water availability situation. SJVN has provided funding support to Jal Shakti Vibhag, Nahan For the construction of a medium height check dam. The villages in the area around Gount Khad, used to face the problem of water unavailability with the onset of summer seasons i.e. around April, May and June till the beginning of the monsoon season. The residents of the village even had to depend on water tankers supplied by the government in order to meet their domestic water requirements. Hence an initiative was taken to construct a check dam to address these challenges.

**Figure 27: Checkdam constructed at Gount Khad**

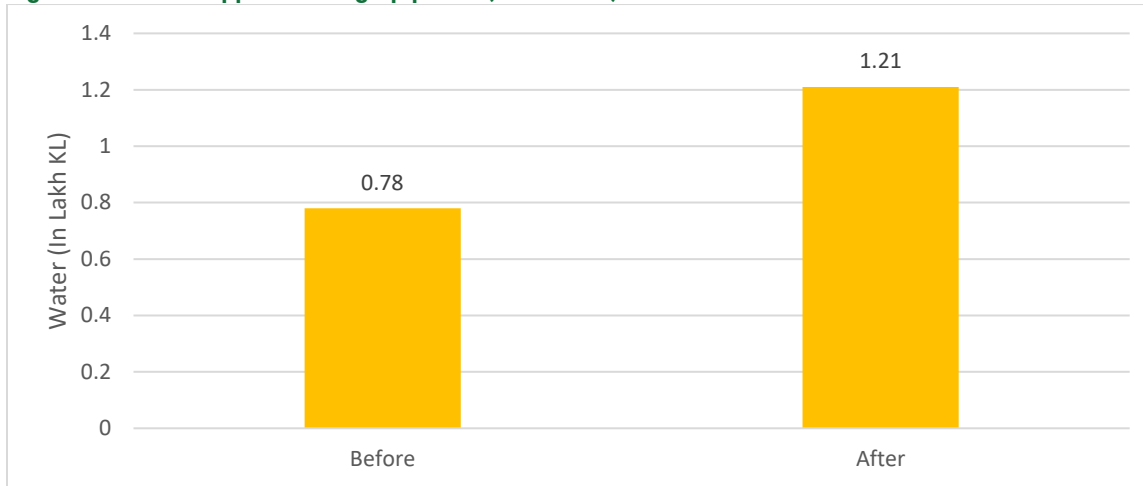


Check dams are considered to be one of the most effective approaches that can be considered for addressing the problem of water scarcity. Check dams are low-lying structures built across seasonal streams and rivulets to slow down the flow of water, allowing it to store water and recharge the groundwater table.

#### **4.4.3 Key project observations and impact findings**

At Gount Khad, multipurpose small medium height RCC Dam was constructed with a total catchment area of about 17.5 sqkm. The dam has a total surface water holding capacity of 11,200 KL and also has a storage capacity of 95 KL in form of storage tanks installed near the check dam for water supply to the nearby villages. Apart from this the check dam also helps in recharging the ground water aquifers and increasing the ground water level. The check dam serves 10 villages in the surrounding area having a population of about 670 people. On an annual basis 1.21 lakh KL of water is supplied to these villages from this check dam for drinking and other household purpose. As per the Jal Shakti Vibhag, prior to the intervention approx. 0.78 Lakh KL of water was supplied through pipeline.

**Figure 28: Water supplied through pipeline (In Lakh KL)**



(Source: Jal Shakti Vibhag estimates)

### 1. Significant improvement in drinking water supply

#### Before check dam construction

During the discussions with the locals it was gathered that prior to the intervention the villages faced the problem of water scarcity. The water department manages the water supply in the area and supplies piped water to the villages from the nearby river. There used to be sufficient water during the monsoon seasons but the villages used to face water scarcity issues from October till around May/June i.e. the onset of the monsoon. This was mainly because of the reduction in the flow of the river with the river even drying in some parts of the year. The frequency of water supply during this time would reduce to once in 2-3 days and the problem would become even more acute during the summer months i.e. March onwards. During the summers, the water department had arrange and supply water through water tankers to these villages.

The people in the village, mostly women had to go to the river to fetch water. This would take them at-least 2 hours and caused a lot of drudgery and resulted in a wastage of time and effort.

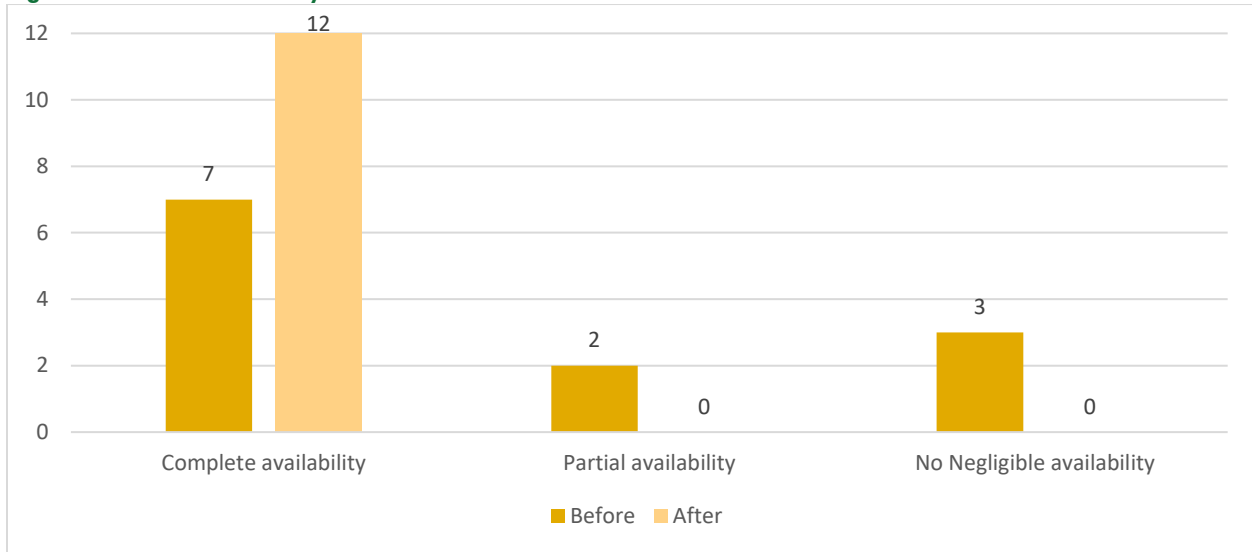
#### After check dam construction

With the construction of the check dam the drinking water supply significantly improved with locals sharing that water was now available throughout the year. This has greatly helped the families in the 10 villages. This has helped to reduce the time, effort & drudgery involved in fetching water from the rivers in certain parts of the year. As per the information shared by the officials of Jal Shakti Vibhag the water supplied through pipelines to the 10 villages increased from 0.78 Lakh KL to 1.21 lakh KL. Additionally, the water was properly available for about 7 months earlier, which increased to 12 months after the intervention.

**Figure 29: Field visit to Check dam**



**Figure 30: Water availability in Months**



(Source: Jal Shakti Vibhag estimates)

## 2. Improvement in water availability for irrigation

### Before check dam construction

The villages are almost completely dependent on river as their source of water. With the water available in the river dwindling, during the non-monsoon seasons, the availability of water for on-farm irrigation also reduced. Hence during the farming was mostly rainfed with the water availability during Rabi and Zaid becoming very low. Due to the rains in the Rabi season the farmers could still grow some crops but the production remain subdued and dependent on rains whereas during the Zaid the acreage as well as production reduced significantly.

### After check dam construction

With the construction of the dam, it is now able to hold water in the river and the river does not go completely dry even during summers. Due to this the farmers in the nearby villages are now able to draw water from the dam even during the Rabi and Zaid months. This has helped them to grow better crops during these two seasons with increase in acreage, productivity and production. Many farmers shared that they are able to grow more vegetables and crops like maize, which had helped them increase their income as well. Based on the qualitative interaction with the beneficiaries they shared the following improvement in yield of some crops:

**Table 11: Average increase in crop productivity**

Name of Crop	Productivity (In qt/Bigha)	
	Before	After
Maize	1.5 to 3 qt	3 to 5 qt
Mustard	1 to 2 qt	2.5 to 3 qt
Tomato	75 to 80 qt	120-150 qt
Beans	15-25 qt	30-50 qt

(Source: Qualitative Interactions)

### 3. Well operating water user committee

The water department has constituted one water user committee, having 15 members at the gram panchayat level having representation from all the 10 villages. This committee is responsible for the regular monitoring of the check dam to check for any damages to the structure, obstruction to the flow of water or any other problem. They try to sort out minor issues like obstruction to water flow due to rocks, boulders or branches and report any other issue to the department. It was observed that the water user committee was active and aware of its responsibilities. They have realised that proper monitoring of this structure is directly related to the water availability in their village and households. Their active participation is important to ensure community ownership and long term sustainability of the structure.

**Table 12: Project observations for multipurpose checkdam project**

Parameter	Scale	Description
<b>Relevance</b>	High	<ul style="list-style-type: none"> <li>The project is highly relevant to the community needs. The villages used to experience recurrent water shortages during dry periods, leading to inadequate water supply for household use.</li> <li>The project's primary goal of increasing water availability aligns well with community's urgent need to ensure consistent and reliable access to clean and safe drinking water.</li> </ul>
<b>Effectiveness</b>	High	<ul style="list-style-type: none"> <li>The project has created a surface water holding capacity of <b>11,200 KL and tank(sump) storage capacity of 95 KL</b></li> <li>The <b>check dam serves 10 villages</b> in the surrounding area having a population of <b>about 670 people</b>. On an annual basis <b>1.21 lakh KL</b> of water is supplied to these villages</li> <li>The project has been effective in increasing domestic water availability, address the existing water scarcity issue and significantly improve the quality of life for villagers.</li> </ul>
<b>Efficiency</b>	High	<ul style="list-style-type: none"> <li>The benefits to the local community in terms of improved availability of water is more than proportional in comparison to the initial investment in construction.</li> </ul>
<b>Impact</b>	High	<ul style="list-style-type: none"> <li>The project has significantly helped to <b>improve drinking water supply with water being available throughout the year from 7 months earlier</b>. It has also helped to reduce dependence on water tankers</li> <li>It will also alleviate the burden on women and children who traditionally bear the responsibility of fetching water over long distances</li> <li>With more water being available in the river during the Rabi and Zaid (summer) season, the farmers are also able to use some water for irrigation which has helped to increase the acreage, production and income from farming in these seasons. <b>The productivity has increased by about 50-80%.</b></li> </ul>

Parameter	Scale	Description
<b>Sustainability</b>	High	<ul style="list-style-type: none"> <li>Community engagement has been instrumental in ensuring that the check dam is seen as a collective asset. Community members have been involved in decision-making, and training programs have empowered them to take ownership of the dam's monitoring, ensuring its sustainability over time.</li> </ul>

By addressing the village's acute water scarcity issue for household consumption, the project contributes significantly to public health, gender equality, and overall community well-being. Through its relevance, sustainability, and strong local ownership, the project is poised to bring lasting positive change to the village's residents.

**Figure 31: Field visit and interaction with beneficiaries around check dam**



## 4.5 Financial support for construction of a floor at Rotary Ashray Building, IGMC, Shimla

### 4.5.1 Project Background

SJVN has provided financial support to Rotary club for the construction of a 3<sup>rd</sup> floor of the residential building providing boarding and lodging support to cancer patients and their attendants. The building is called the Rotary Ashray. The need for constructing this building was felt as the cancer patients who received treatment at the nearby Indira Gandhi Medical College (IGMC), often required a place of stay after their treatment.

### 4.5.2 Project Concept and Design

Indira Gandhi Medical College (IGMC) is located in Snowdown area of Lakkar Bazaar and is a state owned medical college and hospital in the state of Himachal Pradesh. It has also been granted the status of Regional Cancer Centre by the Govt. of India, thus providing much needed comprehensive cancer care to the cancer patient.

Rotary International is one of the largest service organizations in the world and it aims to provide service to others through the fellowship of business, professional, and community leaders. This is one of the initiatives that it has completed with the financial support of SJVN and some other CSR organisations.

Rotary had sought funding from SJVN for construction of one of the floors for the Rotary Ashray building. The building has a total of 2 floors for parking and two residential floors and an attic with a total area of 6500 sqft. SJVN foundation has provided complete financial support for the construction of the 3<sup>rd</sup> floor i.e a residential floor. The Ashray building is constructed on a government land taken on lease by rotary club. The construction of the building was completed and inaugurated in 2021. There was some delay due to the COVID pandemic, but since the time the facility has started it has been of a great help to its users.

**Figure 32: Rotary Ashray Building**



The Ashray has a total of 13 two and three bedded rooms and two dormitories having 10 beds on two of its residential floors. Each room has been provided with all the basic facilities required for adequate comfort like attached toilets, geyser, central heating, furniture, blankets, quilts and pillows. The rooms have soundproof and insulated UPVC windows to keep away cold and noise pollution and ensure comfort for the patients. Additionally four rooms have a pantry with Induction and utensils to do basic cooking for patients. The dormitories have been additionally equipped with lockers and some other common facilities include RO water purifier and lift.

As per the details shared by Rotary Ashray, in the first year of its operation from 1<sup>st</sup> December 2021 to 30<sup>th</sup> November 2022 a total of 8541 patients stayed at the Ashray and in the second year 9307 patients stayed at the Ashray.

Since the Rotary Ashray operates at a no profit no loss basis a very nominal charge is taken from the patients and with kind of facility that Rotary Ashray offers it is very affordable in the location.

An affordable residential place is crucial for cancer patients due to the unique challenges they face during their treatment journey. Generally the first preference of the cancer patients is to stay at IGMC during the treatment, but in many cases due to high number patients there is a shortage of rooms at IGMC. In such cases, patients seek a place of stay which is close to the hospital so that their visits to the hospital becomes easy. Cancer is a physically and emotionally demanding illness that often requires long-term or recurrent medical interventions and hence the average duration of stay at the rotary Ashray is about 10-15 days.

#### 4.5.3 Key project observations and impact findings

Based on the interaction and discussion with the patients/families who have used the Ashray building the key benefits they have felt, have been summarised as follows-

1. **Proximity to IGMC:** Though IGMC also has room facilities for cancer patients but due to high number of patients, not everyone is able to get a room and many have to wait to get one room. In many cases the patients at IGMC have to wait for 2-3 days to get a room. E.g. one of patients shared that he along with this relative had to spend 2 nights without a room before Rotary Ashray was constructed. Cancer patients need frequent visits to IGMC for their treatment which generally includes chemotherapy, radiation therapy and follow-up appointments. The Rotary Ashray is located very close to the IGMC, at a distance of about 500 m. Having an affordable place to stay near IGMC helps reduce the stress associated with traveling.
2. **Reduced financial Strain:** Many patients coming to IGMC for treatment belonged to economically weaker sections of the society and most of those who came to Rotary Ashray were also looking for cheaper options due to their financial background. Additionally for a long stay of 10-15 days the cost of staying in a hotel would become very expensive, especially in close proximity to the IGMC hospital, where the room rents were even high due to the location. Given that costs associated with cancer treatment can be quite expensive. Having access to affordable stay facility significantly helps patients and their families save money for medical needs rather than spending excessively on accommodation.
3. **Supportive environment:** Cancer patients often require emotional and psychological support from their families and caregivers. The building has options for two bed, three bed and dormitory rooms where the family and caregiver accompanying the patients can also stay. Rotary Ashray helps to create a supportive environment where loved ones can stay with the patient, providing essential emotional support.
4. **Comfort and convenience:** For the patient, cancer treatment often leads to fatigue and physical discomfort. Rotary Ashray has accounted for all the basic and required facilities to ensure proper comfort for the occupants like AC rooms, attached bathroom, canteen, RO water and 24 hour electricity. Rotary Ashray helps to provide patients with a comfortable and private space to rest

Figure 33: Canteen at Rotary Ashray



and recover between medical appointments. During the discussions with the patients and their families they have shared their appreciation of the getting such facilities at such a low price.

5. Good awareness about Rotary Ashray- There was a good level of awareness amongst the locals and the doctors about the Rotary Ashray and many patients got to know about this facility either from the doctors at IGMC or through locals such as taxi drivers. Due to the close proximity of the facility to the IGMC many people even got to know about the facility from its banner.

Overall Rotary Ashray plays a vital role in ensuring that cancer patients who actually need affordable residential facility during their treatment get a proper place with all the required facilities. These places offer financial relief, emotional support, and a conducive environment for patients to focus on their recovery while minimizing the logistical challenges associated with cancer treatment.

**Table 13: Project observations for Rotary Ashray**

Parameter	Scale	Analysis
<b>Relevance</b>	High	<ul style="list-style-type: none"> <li>The provision of affordable residential facilities for cancer patients is relevant for patients coming from economically weaker section. Rotary Ashray mostly caters to these patients</li> <li>Presence of the residential facility in close proximity to IGMC directly addresses the inconvenience caused to the patient and their families due unavailability of rooms at IGMC</li> </ul>
<b>Effectiveness</b>	Medium	<ul style="list-style-type: none"> <li>Having affordable residential facility with <b>13 rooms and 2 dormitories</b> with a high occupancy rate Rotary Ashray provides effective support to the cancer patients and their families.</li> <li>It provides all the basic facilities for a comfortable stay such as AC, geyser, attached bathroom and canteen etc.</li> </ul>
<b>Efficiency</b>	Medium	<ul style="list-style-type: none"> <li>The Ashray <b>provides rooms at an affordable rate i.e. between Rs.500 to 800</b> which is much lower in comparison other nearby options hence reducing the strain on patients' financial resources, and leaving more funds at patient's disposal for efficient use for medical treatments.</li> </ul>
<b>Impact</b>	Medium	<ul style="list-style-type: none"> <li>While in the short term it helps to create an impact in the patients' lives by helping them provide comfortable and stable living environment during their treatment journey at affordable rates and reduce travel hassles in the long term it helps to provide a community facility which can be accessed by the cancer patients seeking affordable place to stay.</li> </ul>
<b>Sustainability</b>	High	<ul style="list-style-type: none"> <li>By collaborations with the government for leasing of land, with SJVN and other CSR donors for funding it has tried to adopt a sustainable approach.</li> <li>The infrastructure facility is a long term fixed asset which can be used for providing affordable residential facility for a long time to come. Additionally since it is being operated at a no profit no loss basis its long term sustainability is ensured.</li> <li>Rotary Ashray is working with IGMC on a regular basis where the doctors recommend this facility to those who are not able to get rooms at IGMC.</li> </ul>

Figure 35: Rotary Ashray



Figure 34: Kitchen at Rotary Ashray



## 4.6 Strengthening of cold chain infrastructure in State Health Training Institute Complex, Parimahal, Kasumpti, Shimla (HP)

### 4.6.1 Project background

The COVID-19 pandemic was an unprecedented event in the recent times, and caused tremendous hardships and challenges to people across the globe. The society and governments, world over had not witnessed a pandemic of this nature and scale and hence were underprepared. Even in India, people faced a lot of challenges and people and the government put in all the efforts to deal with the pandemic in the best possible manner. Despite this, since every wave of COVID was different and it brought a new set of challenges with itself.

### 4.6.2. Project concept and design

The COVID pandemic tested the health infrastructure in the country. During the core of the pandemic waves, there was a scarcity of health infrastructure like beds, ventilators, oxygen and usable like masks, gloves, PPE kits etc. Once the COVID vaccine was made the next challenge was to make the vaccine available to the last person. This required a robust cold chain infrastructure to

Figure 36: Vaccine store



transport and store COVID vaccines in temperature controlled environment. There was a need to build this infrastructure not just at the state level but also at local levels so that people even in the villages could get access to vaccine doses.

SJVN Foundation pitched in to support the government efforts by providing funds for setting up cold chain infrastructure for the COVID vaccines at State Health Training Institute Complex, Parimahal, Kasumpti, and Shimla. SJVN Foundation provided funding for this which was done in collaboration with the Ministry of Health and Family Welfare. The following infrastructure was created with SJVN's funding.

**Table 14: Details of facilities installed with SJVN's support**

Name of facility	Place	Number	Storage Capacity
Walk in cold rooms	State Vaccine Centre, Shimla	3	16.5 Cubic meters each
	Regional Vaccine Centre, Mandi		
	Regional Vaccine Centre, Dharmshala		
Walk in freezers	Regional Vaccine Centre, Mandi	2	16.5 Cubic meters each
	Regional Vaccine Centre, Dharmshala		
ILR- Deep Freezer	Within various districts	12	10,000-12,000 dose each

(Source: State health training institute database)

### 4.6.3. Key project observations and impact findings

- 1. Increase in storage capacity:** The cold chain facilities have been helpful in increasing the permanent capacity for storing vaccines. The total capacity addition as a result of the support is about 80 cubic meters at the district level and about 1, 20,000 doses at ground level.
- 2. Better last mile outreach:** With the cold chain infrastructure like ILR-deep freezer available even at the PHCs, people from the village did not have to travel to hospital to get the vaccine shot and could get it at the PHC/local level itself. This reduction in the need to travel was especially helpful during COVID times as many did not have their personal vehicles and maintaining social distance while travelling was often a challenge.

**Figure 37: State institute of health & family welfare at Shimla**



The concerned officer at State Health Training Institute shared that the walk in cold rooms were of a satisfactory quality and were functional. It was also shared that the facilities were installed towards the end of the pandemic and offered help during the pandemic.

**Table 15: Project observations for cold chain infrastructure support for COVID-19**

Parameter	Scale	Response
<b>Relevance</b>	Medium	<ul style="list-style-type: none"> <li>The project was relevant to support cold chain infrastructure required to transport and store COVID vaccines in temperature controlled environment</li> </ul>
<b>Effectiveness</b>	Medium	<ul style="list-style-type: none"> <li>The project has helped in <b>set up of 3 walk in cold rooms, 2 deep freezers</b> at hospital level <b>and ILR/deep freezers</b> at district/PHC level</li> </ul>
<b>Efficiency</b>	Medium	<ul style="list-style-type: none"> <li>While the project has helped in increasing the storage capacity, the management at state health training institute have reported that there is further scope for improvement in efficiency in terms of the quality of certain infrastructure created under the project.</li> </ul>
<b>Impact</b>	Medium	<ul style="list-style-type: none"> <li>The project has helped to increase the cold storage capacity for storage of vaccines in Shimla, Mandi and Dharamshala.</li> </ul>
<b>Sustainability</b>	Medium	<ul style="list-style-type: none"> <li>The operations and maintenance of the cold chain facilities is the responsibility of the respective vaccine center. The cold rooms were reported to be functional and vendors for cold rooms were providing support in maintenance to the vaccine center, however vendor for deep freezer has not extended support</li> </ul>

**Figure 38: AC vents at the cold chain**



## 4.7 Financial support for construction of shops near Sujanpur Bus Stand, Distt. Hamirpur (HP)

### 4.7.1 Project background

The local street vendors used to face a lot of challenges before the shops were constructed. They were not allowed to sit or put up such stalls or shops in the open by the local administration and would often face fines for doing the same. In many cases they had to wind up their shop to avoid the fines. Apart from this setting up shops in the open on road or on a cart was not convenient.

### 4.7.2 Project design and concept

Given the challenges SJVN has provided financial support for construction of 37 permanent shops near Sujanpur bus stand in Hamirpur district. Because of not having a permanent shop and due to the limited space available as a street vendor, they could only have a limited stock of goods which also limited their sales and income. Additionally, selling as a street vendor they were always subject to the vagaries of the weather, where the rains would not only affect their sales but also lead to spoilage of their stock. In case of vendors selling food articles like fruits/vegetables the stray animals would either damage their stall or eat their fruits and they had to be constantly on guard. The shopkeepers also shared that the surrounding areas were not clean earlier there was a lot of littering.

### 4.7.3 Key project observations and impact findings

Some of the key observations and impact findings from the 4 qualitative interactions held with the shopkeepers have been given below:

1. **Permanent place to operate from:** With the construction of the shops the most important benefit that the street vendors have got is that of permanency. With the shop coming in place there is a permanent place from which they can operate, which has greatly helped to reduce the sense of insecurity.
2. **Increase in income:** Apart from this they are now able to stock a much larger quantity of goods and hence increase their sales and income. Some of the street vendors have reported to have more than doubled their average monthly income after setting up the shops. Some of the shopkeepers have reported an increase in income of upto 1.5 to 2 times. Coming from a poor economic background this a major benefit for these erstwhile street vendors.
3. **Better goods storage and display:** Additionally their goods are now safe and not subjected to damage from weather conditions such as rains. One of the vendors who used to sell fruits has also purchased and kept a freezer at his shop to increase their shelf life.
4. **Improvement in surrounding areas:** The overall cleanliness of the place has also improved with almost no littering. Construction of the shops by the side of the road has also helped to avoid the situations of traffic jams. Previously the movement of the vehicles got restricted due to the street vendors occupying the road.

**Figure 39: Shops constructed at Sujanpur bus stand**



While the construction of the shops has greatly benefited the street vendor by providing them a permanent place to do business and increase their income, but there are still some scope for improvement. There is drain right in front of the shops which emits foul smell. This causes some discomfort and inconvenience for the shopkeepers and the customers. Some shopkeepers also highlighted the lack of ventilation in the shop.

**Table 16: Project observations for Sujanpur shop construction**

Parameter	Scale	Response
<b>Relevance</b>	High	<ul style="list-style-type: none"> <li>The project was very relevant to the local street vendors who belong to economically weaker section of the society and directly addressed their needs</li> </ul>
<b>Effectiveness</b>	High	<ul style="list-style-type: none"> <li>The project has been effective in <b>providing 37 permanent shop</b> structure to the beneficiaries from where they can operate their business and are now able to stock a much larger quantity of goods and hence increase their sales an income.</li> </ul>
<b>Efficiency</b>	High	<ul style="list-style-type: none"> <li>The program has been efficient in providing support in construction of shops for the beneficiaries.</li> </ul>
<b>Impact</b>	High	<ul style="list-style-type: none"> <li>Shops have greatly benefited the street vendor by providing them a permanent place to do business, provide better safety and increase their income.</li> </ul>
<b>Sustainability</b>	High	<ul style="list-style-type: none"> <li>By providing a permanent place of doing business, it has ensured sustainability of livelihood for the beneficiaries.</li> </ul>

Figure 40: Images from Sujapur bus stand



## 4.8 Financial support to Uttarakhand State Disaster Management Authority

Uttarakhand was affected by an earthquake in October 2021. The natural disaster caused damage to property and infrastructure at different places in the state. Earthquake hazard potential is assessed to be particularly high in the Himalayan terrain. Since Uttarkhand falls in the Himalayan seismic zone hence it is also susceptible to such earthquakes.

Rising upto the occasion, SJVN decided to provide financial support to Uttarakhand State Disaster Management Authority (SDMA) in order to supplement their efforts in providing relief to those affected by the earthquake. Uttarakhand SDMA undertook various initiatives for addressing the problems and challenges caused by the earthquake and also asked for financial support from various CSR organisations including SJVN foundation. The money pooled in was directed towards helping the community and institutions on ground.

Due to the earthquake the building and other physical infrastructure at many schools were damaged and required reconstruction or restoration. Uttarakhand SDMA provided funding to various schools in different districts for the same. One of the district where the support was provided was Chamoli.

SJVN Foundation provided a funding of Rs.50 lakh to the Uttarakhand SDMA for its utilisation. In Chamoli a total amount of Rs.82.82 lakhs was disbursed and Rs. 81.37 lakhs was utilised. The funding was used to support a total of 46 government primary schools. A total of 46 schools were provided support under the SDMA project. Most number of schools were supported in Nayaranband i.e. 11 followed by Dasholi and Ghat where 9 and 6 schools were supported respectively. Details of the block wise number of schools supported has been given in the table below-

**Table 17: Blockwise details of schools supported under SDMA project**

Block	Number of schools	Funds allocated (In Rs.)	Funds Utilised (In Rs.)
Dasholi	9	9,34,110	9,34,110
Dewal	5	8,46,810	8,46,810
Gairsain	1	1,81,875	1,81,875
Ghat	6	7,68,968	7,68,968
Joshimath	3	5,23,800	5,23,800
Karnprayag*	6	11,93,100	10,47,600
Narayanband	11	30,75,870	30,75,870
Pokhri	3	2,74,268	2,74,268
Tharali	2	4,83,788	4,83,788
<b>Total</b>	<b>46</b>	<b>82,82,588</b>	<b>81,37,088</b>

\* 7 schools were given funds but 1 school returned the funds to SDMA

Analysis of the monetary support towards different types of structures shows that majority of the funds have been utilised towards repair works related to the school building. An amount of Rs.62.26 lakh has been utilised for repair and reconstruction work related to school building, followed by Rs.9.85 lakh for works related to kitchen, Rs. 5.33 lakh for toilet and Rs.2.53 lakh for prayer hall. The structure wise fund utilisation has been given in the table below-

**Table 18: Structure wise fund utilisation**

Type of structure	Fund utilised (In Rs.)	Percentage
School building	62,26,673	77%
Kitchen	9,85,035	12%
Toilet	5,33,258	7%
Prayer Hall	2,53,898	3%
Road & main gate	1,09,125	1%
Water Tank	29,100	0%
<b>Total</b>	<b>81,37,088</b>	<b>100%</b>

Further detailed break-up of the type of structure which has been repaired or reconstructed has been given in the annexures. The project observations summary for financial support to SDMA has been given in the table below-

**Table 19: Project observations for Financial support to SDMA**

Parameter	Scale	Response
<b>Relevance</b>	High	<ul style="list-style-type: none"> <li>The project was very relevant to the schools as it helped to provide financial support in terms of the required funds for reconstruction of school building and infrastructure</li> </ul>
<b>Effectiveness</b>	High	<ul style="list-style-type: none"> <li>The project was effective in providing support for renovation and reconstruction of school building in Chamoli district. <b>A total of 46 schools</b> were supported through SDMA.</li> </ul>
<b>Efficiency</b>	Medium	<ul style="list-style-type: none"> <li>The program has been efficient in providing support in construction of the school building. Out of the total funding support of <b>Rs.82.37 lakh</b> SJVN provided a funding support of <b>Rs.50 lakh</b>.</li> </ul>
<b>Impact</b>	High	<ul style="list-style-type: none"> <li>The reconstruction helped in early restoration of classes for the students and reduce loss of studies for them and provide complete facilities to them in the school. Different types of structure were repaired or reconstructed which included School building, kitchen, toilet, Prayer hall, road &amp; main gate and water tank.</li> </ul>
<b>Sustainability</b>	Medium	<ul style="list-style-type: none"> <li>The incorporation of earthquake resistant design and construction can help to reduce the instances of damage to infrastructure.</li> </ul>



## 5. CONCLUSION AND WAY FORWARD

### 5. CONCLUSION AND WAY FORWARD

SJVN has implemented 7 project with the project value of above 50 lakh and below 1 crore. SJVN has implemented these projects under diverse set of thematic areas. There are different thematic areas include health & hygiene, education & skill development, sustainable development, infrastructure and community asset development and assistance during natural disasters.

Most of these projects have a long term impact with higher level outcomes such as improved well-being of beneficiaries, sustainable improvement in income and livelihood. These projects include construction of check dam, operations of Mobile Medical Units (MMUs) and construction of shops near bus stand. SJVN has also provided financial support for setting up infrastructure in certain areas which provide long term support to the cause taken up by certain institutions i.e. construction of a floor of Rotary Ashraya. Its initiative in the sector of education has also been well appreciated by the students using the libraries set up with its financial support in Chamba district. On certain occasions as a responsible corporate citizen it has also risen to the occasion and provided support during the COVID period for setting up of cold chain infrastructure for the

vaccines and gave financial grant to the State Disaster Management Authority, Uttarakhand at the time of a disaster

## 5.1 Summary of findings and impact

The important findings and impact related to each of the project has been given as follows-

### I. Running of Mobile Medical Units (MMU) in Himachal Pradesh through HelpAge, India

- The beneficiaries have been able to reduce the travel required for availing health care service as there was no health facility with in the village. Earlier they had to travel in the range of 10 to 30 km just to reach a health facility. This benefit was reported by all the respondents A rating of 4.9 out of 5 was given to the MMU on accessibility.
- Since the MMU provides free treatment, medicines and basic testing, the beneficiaries have been able to save on the cost of travel and treatment (in case they went to private doctor). This was also reported by all the beneficiaries and they gave a rating of 5 out of 5 on affordability. Earlier the average annual medical expenditure was about Rs.5900 which has reduced to about 1300.
- Overall 76% beneficiaries have also admitted to report good quality care at doorstep also as a benefit and gave rating of 4.8 out of 5 on quality. Additionally 90% beneficiary were very satisfied with the quality of treatment.

### II. Setting up of 18 Libraries in Aspirational district, Chamba (HP)

- The students have acknowledged that the library helps to provide a congenial study environment where they can spend a significant time for preparation of competitive exams and get access to books which they were earlier not able to do due to various reasons. This is the biggest change that has happened because of the set-up of libraries.
- About 1592 students have used the library facilities since inception and 111 have passes competitive examination like Himachal Administrative Services (HAS), Trainer Graduate Teacher (TGT), Post Graduate Teacher (PGT)

### III. Construction of multipurpose medium height check dam at Gount Khad, Distt.-Nahan (HP)

- The project has significantly helped to improve drinking water supply with water being available throughout the year from 7 months earlier. It has also helped to reduce dependence on water tankers
- It will also alleviate the burden on women and children who traditionally bear the responsibility of fetching water over long distances
- With more water being available in the river during the Rabi and Zaid season, the farmers are also able to use some water for irrigation which has helped to increase the acreage, production and income from farming in these seasons. The productivity has increased by about 50-80%.

### IV. Financial support for construction of a floor at Rotary Ashray Building, IGMC, Shimla

While in the short term it helps to create an impact in the patients' lives by helping them provide comfortable and stable living environment during their treatment journey at affordable rates and reduce travel hassles in the long term it helps to provides a community facility which can be accessed by the cancer patients seeking affordable place to stay.

**V. Strengthening of cold chain infrastructure in State Health Training Institute Complex, Parimahal, Kasumpti, Shimla (HP)**

The project was relevant to support cold chain infrastructure required to transport and store COVID vaccines in temperature controlled environment. The project has helped to increase the cold storage capacity for storage of vaccines in Shimla, Mandi and Dharamshala.

**VI. Financial support for construction of shops near Sujampur Bus Stand, Distt. Hamirpur (HP)**

The project was very relevant to the local street vendors who belong to economically weaker section of the society and directly addressed their needs. Shops have greatly benefited the street vendor by providing them a permanent place to do business, provide better safety and increase their income.

**VII. Financial support to Uttarakhand State Disaster Management Authority**

The project was very relevant to the schools as it helped to provide financial support in terms of the required funds for reconstruction of school building and infrastructure. The reconstruction helped in early restoration of classes for the students and reduce loss of studies for them and provide complete facilities to them in the school. Different types of structure were repaired or reconstructed which included School building, kitchen, toilet, Prayer hall, raid & main gate and water tank.

## 5.2 Suggestions and way forward

While the CSR projects have helped to address the needs of the respective beneficiaries and they have been largely appreciative of SJVN's support but at the same time there have been certain learnings from some projects. These learning and suggestions for these projects have been given below-

**I. Running of a Mobile Medical Units (MMU) in Himachal Pradesh through HelpAge, India**

The project was extremely relevant for the village in Himachal Pradesh. Given the villages are located in remote areas with very limited to no presence of any health facility the MMU becomes the only health facility for basic health care available in their village.<sup>4</sup> With the MMU the beneficiaries have been able to reduce the travel required for availing health care service and have been able to save on the cost of travel and treatment. Though the MMU operations have been beneficial, with some scope for improvement and some suggestions have been given below-

1. Given the remoteness of the villages that SJVN is serving through the MMUs, the village residents are not able to avail basic health check-ups. In the year 2021-22 awareness camps were conducted on anemia, arthritis, asthma, COVID, diabetes and a few others. Based on the beneficiary response, SJVN can organise specific health check-up camps on certain additional health areas such as ophthalmic check-up, ear check-up, dental check-up and special check-ups for women. These can be conducted at a lower frequency as compared to the MMU visits e.g. once in six months.
2. Currently the MMUs are offering a limited number of tests to the public. The range of tests available and being offered to the public can be increased to atleast the ones which are recommended by the National Health Mission- i.e. Blood glucose, pregnancy testing, urine microscopy, albumin and sugar, Hb, Height/Weight, vision testing, RDT)

3. In addition to the basic health facilities for adults a focussed programs for the maternal and early child care and adolescents education and care (especially girls) can be taken up. This can be done in partnership with the local ANM and Asha worker. For this a need assessment study can be conducted in order to identify the current situation and gaps and then design the appropriate intervention for the same.
4. Though the MMU can be a great alternative in the short term but in the long term it is important to strengthen the local government health facilities from a sustainability perspective. Given that for local government health facilities are not accessible to villages in remote areas, SJVN can work toward creating physical infrastructure in partnership with the government for PHC/CHC at village level. In the short to medium term it can focus on creating a compact infrastructure facility which can cater to about 5-6 village in its radius and then subsequently increase the numbers of such facilities. With the partnership with the government this will be a sustainable alternative in the long run as the MMU operations are completely dependent on SJVN's funding and after SJVN's exit the operations will most likely cease to exist
5. In order to understand the exact gaps and need a need assessment study can be conducted, based on which a plan of action for supporting the local health system can be developed. This will have a greater sustainability as compared to MMU, in the long term. The MMU can continue to operate in the short term till the time the government health facilities become robust.

## II. 5.2 Setting up of 18 Libraries in Aspirational district, Chamba (HP)

The project is relevant to the community as it provides space and a congenial environment to students so that they can study in a focussed manner and prepare for competitive exams. The students have acknowledged that the library helps to provide a congenial study environment where they can spend a significant time for preparation of competitive exams and get access to books which they were earlier not able to do due to their various reasons. Some suggestions for improvement have been given below-

1. **Increase the range of reading resources:** Though the students have found the books available at the library useful for their preparations but, there is a requirement to increase the range of books to cater to all the types of competitive exams. Additionally there is also need to have subscription to newspaper, journals, periodicals and magazines which can help them in a more comprehensive and complete preparation for the exams. A mechanism can be established to take student feedback at regular intervals to know about the books and other journals/magazines required.
2. **Improve on ground management of libraries-** There is a need to ensure proper day to day management of the library, for which the local committee formed for this purpose needs to be activated and operationalised. A set of responsibilities should be fixed and accountability should be set so that the systems and processes are set and followed at the library including log book system, cleanliness, safety of the books and library assets etc. CCTV can also be installed at library premises for the overall safety and security of the library.
3. **Possible expansion of some libraries-** It has been noted that the libraries have been very useful to the students and in some instances the students even have to wait for getting a seat in the library as there is a high demand for the same. SJVN can connect with the district administration to understand the need and the scope for expanding the library and based on the same may consider providing additional funding. However such additional funding can be subject to having an operational management committee with a dedicated person responsible for managing the operations based on set protocol.



4. **Funding for regular maintenance and upkeep of library-** an annual fund can be set aside in order to ensure that proper upkeep and maintenance of library, which includes proper cleanliness, having a resource person for managing the entry and exit of students and issuance of books and subscribing to periodicals and newspaper. The district administration can ascertain the annual funding requirement and arrange for such funds. SJVN may also choose to fund this initiative as it will help to ensure sustainability of the library operations.

### III. **Financial support for construction of a floor at Rotary Ashray Building, IGMC, Shimla**

Presence of the residential facility in close proximity to IGMC directly addresses the inconvenience caused to the patient and their families due unavailability of rooms at IGMC. It helps to create an impact in the patients' lives by helping them provide comfortable and stable living environment during their treatment journey at affordable rates and reduce travel hassles. One suggestion for improvement has been given below-

Some patients had reported that some equipment/facility like geyser, lift and induction were not working. Though these were not any major issues but Rotary Asharya staff and management can ensure that on breaking down they are fixed at the earliest, so that it causes minimal inconvenience to the patients.



## 6. SUCCESS STORIES

### 6. SUCCESS STORIES

#### 6.1 Running of a Mobile Medical Units (MMU) in Himachal Pradesh through HelpAge, India

### Success Story 1

**Name: Ganga Mani**

**Age: 72 Years**

**Gender- Female**

**Location- Kinnaur District, Himachal Pradesh**

Ganga Mani is an old and illiterate woman living in Purbani village in district Kinnaur H.P. She had 3 children but all of them are married and she lives by herself separately from them.

She was having high blood pressure and diabetes, but she was not able to get a check-up done or take regular medicines as there is no PHC or any other sub centre in her village. Sometimes she would go to the district hospital at Reckong Peo and take medicines but since there is only one bus service in her village that's she was not able to take her medicines regularly. She heard about the Mobile Medical Unit (MMU) from the panchayat representative she went to the MMU from the very first day. After the starting of the MMU services she has been regularly getting her health check-up done and getting free medicines for diabetes and high blood pressure.



She also follows the preventive measure as guided by our doctor. Gradually her condition has improved and her BP and Sugar is under control. She is very happy with the service provided by the SJVN through HelpAge India. This MHU has not only helped her in improving her health condition but has also provide free medicines which has helped her to save money. Even during Lockdown (COVID-19) MHU team provided free medicines to her. She is very happy with MHU team and medicines and she is also getting relief from the medicines.

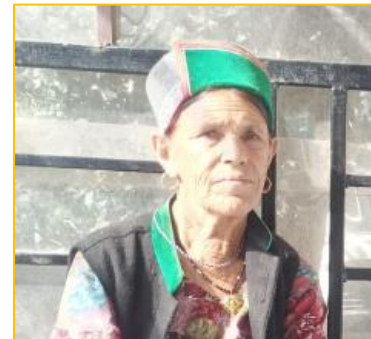
## Success Story 2

**Name: Savitri Devi**

**Age: 72 Years**

**Gender- Female**

**Location- Kinnaur District, Himachal Pradesh**



Savitri Devi lives in Purbani village of district Kinnaur, Himachal Pradesh with her husband. She was suffering from high blood pressure. But she was not able to regularly take medicines and could not get her check-up done because there is no PHC or any other sub center in her village.

She heard about the Mobile Medical Unit (MMU) from panchayat representative in the village and went to the MMU for her health check-up. She was satisfied with the quality of health check-up and now she is regularly taking medicines of high blood pressure from the MMU getting her health check-up done.

Apart from the health checkup and medicines she also following other preventive measure as suggested by the doctor. Now her BP is under control and she is doing much better.

## Success Story 3

**Name: Mast ram**

**Age: 43 Years**

**Gender- Male**

**Location- Kinnaur District, Himachal Pradesh**



Mast Ram lives with his family in Powari village of Kinnaur district. He is suffering from Type-II, diabetes. Prior to the intervention he could not get his health check done regularly as there is no health centre in or near his village. After the MMU services started he started coming regularly to the MMU for health check-up and was prescribed and given some medicines. He was also informed about the need to take the medicines regularly the probable consequence of not taking the medicines regularly. He was also told about other changes and habits that he can incorporate to his daily routine like avoiding high glycemic index diet like rice, potato, sweets etc. and daily exercise for 30 minutes.

Mast Ram has started coming to the MMU regularly for check-up and medicines every time and has also incorporated the suggested changes in his diet and daily routine. After this he has shown a lot of improvement against relevant parameters and his condition is now stable.

## Success Story 4

**Name- Sunder Devi**

**Age- 49 Years**

**Gender- Female**

**Location- Kinnaur District, Himachal Pradesh**

Sunder Devi who lives in Purbani village was suffering from Hypothyroidism. She had got the check-up done earlier and had also taken medicines but was not regular with it and had left taking medicines after taking it for some time. After leaving the medication she again started to develop symptoms. This time she came to know about the MMU services in her village and went to MMU for her treatment. Now she is able to take medicines regularly and has shown an improvement in her health condition. She is really satisfied with the MMU services and is thankful to the SJVN and HelpAge team for their support.



## Success Story 5

**Name- Byas Bhagat**

**Age- 77 Years**

**Gender- Male**

**Location- Kinnaur District, Himachal Pradesh**

Byas Bhagat lives in Purbani village and was having hypertension problem. He had got this check-up done earlier at the district hospital at reckon peo and was prescribed some medicines. He took the medicines for some time but due to the distance he could not visit the district hospital again due to his old age. He did not even have the prescription and could not recollect the name of the medicines.

He started visiting the MHU once he got to know about the same. He was prescribed appropriate medicines for hypertension as per the diagnosis. He now takes the medicines regularly and has shown improvement in his health condition and a better control over blood pressure. He is very thankful for the MMU services as he is able to get the required treatment and medicines within the village and he is not required to travel elsewhere at such an old age.



## **6.2 Construction of multipurpose medium height check dam at Gount Khad, Distt.- Nahan (HP)**

### **Success Story 1**

**Name- Hunar Singh**

**Age- 46 Years**

**Gender- Male**

**Location- Nahan District, Himachal Pradesh**



Human Singh is a farmer and lives in Gount Khad village in Nahan District of Himachal Pradesh. He lives with his family having two children and his wife. Prior to the intervention his family and the entire village used to face a lot of water scarcity problems. The water is supplied in the village through pipelines by the municipal corporation, with the nearby river being the source of water. But the supply of water was not regular in non-rainy seasons and they used to get water supply once in every two to three days. To meet the daily household water requirements his family had to go to the river to fetch water. He also did not adequate water for irrigation and could only grow the Kharif crop.

After the construction of the check dam, there is adequate water in the river round the year. With this his family and the entire village now gets water every day, which is more than sufficient for their daily household requirement. He is also able to draw water for irrigation using a submersible pump and as a result he can grow crops even in Rabi and Zaid season. He now grows vegetables in all seasons and got a good harvest of Maize. With this his income from farming has also increased.

The project has been immensely useful for Human Singh and his entire family and he is really very thankful to the district administration for wonderful execution of the project and to SJVN for providing the funding support for the same.

## Success Story 2

**Name- Dhanver Singh**

**Age- 69 Years**

**Gender- Male**

**Location- Nahan District, Himachal Pradesh**



Dhanveer Singh is a farmer and lives in the Gountkhad village in Nahan District with his family. He has 5 sons and all of them are doing job. Their family is still engaged in agriculture and has some earnings from the same.

Prior to the construction of the check dam, they used to face a lot of water related challenges. The piped water supply was available to them only for once in two to three days and they had to fetch water from the river. This took a lot of time and effort and caused inconvenience to them. He could not even do farming properly as his field were mostly rainfed with no extra water available for irrigation during Rabi and Zaid season. Due to this the acreage and production was limited and he also had to suffer losses sometimes.

After the construction of the check dam in 2020 his family doesn't have to struggle for water any longer as they are able to get daily water supply. He also able to get water for irrigation throughout the year and his total area under cultivation has increase which has also helped him increase the crop production and income from farming

He and his family are very thankful for the construction of check dam which has reduced their day to day struggles and helped to increase his family income.

### **6.3 Setting up of 18 Libraries in Aspirational district, Chamba (HP)**

## **Success Story 1**

**Name- Mahendra**

**Age- 24 Years**

**Gender- Male**

**Location- Chamba District, Himachal Pradesh**

Mahendra is a student and lives in the Tissa village of Chamba district with his parents and a younger brother. His father works in the PWD department and his mother is a housewife. He does not get a proper study environment at his home which used to affect his motivation and inclination towards studies. Additionally he did not have access to all the required books for competitive exam.



He got to know about the library from his fellow classmates and then he started to go to the library. Apart from getting a proper study environment and access to books the biggest advantage was the all-time access to library. He spends about 6 to 7 hours in the library and feels that he is able to concentrate better and cover a greater course content. He is preparing for Himachal Administrative Services (HAS) and feels confident that the right study environment will help towards his preparations.

## **Success Story 2**

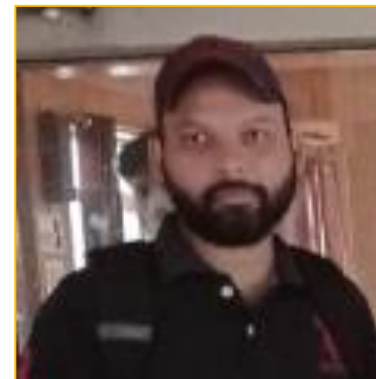
**Name- Rakesh Thakur**

**Age- 25 Years**

**Gender- Male**

**Location- Chamba District, Himachal Pradesh**

Rakesh lives in Chamba with his parents and siblings and his father is a teacher. Like his father he also aspires to be a teacher and is preparing for TGT and PGT teachers exam. Prior to the opening of the library, he used to study at his room but he felt that he did not get a proper environment. Even the district library would get closed by 5 pm and he did not have any other place for studying in case he wanted to study till late.



He got to know about the library from his friends and he was extremely happy to know about it. When he first went to the library he was satisfied with the library set up and decided to go to the library for studying.

At the library he was able to get a proper environment and could study for 7-8 hours at stretch in the library with proper concentration. He is able to get all the required books for the exam preparation and doesn't have to spend extra for it. He is really thankful to the district administration for taking this initiative and to SJVN for providing funding for the libraries.

## **6.4 Financial support for construction of a floor at Rotary Ashray Building, IGMC, Shimla**

### **Success Story 1**

**Name- Pankaj Sharma**

**Age- 32 Years**

**Gender- Male**

**Location- Hamirpur District, Himachal Pradesh**



Pankaj Sharma belongs to Hamirpur in Himachal Pradesh but he got a job opportunity in Nagpur and migrated there with his wife. About four years ago he started complaining of pain in his stomach and referred to a local hospital in Nagpur. Since job and income security were also a priority for him, he continued with the treatment at Nagpur for three years, but there wasn't much improvement in his condition. After this the pain worsened and his condition deteriorated and he referred to IGMC Shimla and after an initial diagnosis, left his job at Nagpur and started with his treatment.

Since he had to stay in Shimla during the treatment duration he first tried getting the accommodation at IGMC itself, but it was difficult to get due to high waiting period. He stayed at hotels during his initial visits but it was proving to be expensive. Then he got to know about the accommodation facility at Rotary Ashray from the taxi driver. Here he got comfortable accommodation at affordable rates.

After this he stays at Rotary Ashray, whenever he comes for treatment at IGMC. This helps him save a lot of money for stay and he is able to get decent food and room facilities at very reasonable rates. He only has to pay Rs.600 per night as compared to Rs.1500-2000 that he would have had to pay at a hotel with similar facilities. He is grateful that he is able to get this room and is happy with the facilities available.

## Success Story 2

**Name- Nanak Chand**

**Age- 48 Years**

**Gender- Male**

**Location- Mandi District, Himachal Pradesh**

Nanak Chand belongs to Nithri village in Mandi District, where he stays with his wife and two sons. He is doing a job and is the sole bread earner of the family and his two sons are still studying.

He started developing stomach ache and referred to a hospital in Indore, Madhya Pradesh and they diagnosed him with a ..... in the stomach. After some initial treatment in Indore, there wasn't much improvement and the condition started deteriorating gradually. Then he sought treatment at IGMC Shimla. But he could not get any room at the hospital and had to spend two nights sleeping outside. Then his friend told him about the Rotary Ashray which provides accommodation facilities to people having cancer.

He then took the accommodation at Rotary Ashray and was very satisfied with the quality of room and facilities available. Given his medical condition proper place of stay and rest is extremely important to him especially during treatment. Now instead of staying in the open he has got a proper residential accommodation at a rate which is very reasonable as compared to a hotel offering similar facilities.



## **6.5 Financial support for construction of shops near Sujanpur Bus Stand, Distt. Hamirpur (HP)**

### **Success Story 1**

**Name- Renu Bala**

**Age- 45**

**Gender- Female**

**Location- Hamirpur District, Himachal Pradesh**

Renu comes from Alampur ward in Sujanpur of Hamirpur district. She has faced many hardships in life. After she got divorced the responsibility of raising her daughters and marrying them off felt on her shoulders. She used to sell readymade clothes with a temporary set up on the road near Sujanpur bus stand. She used to face a lot of challenges while selling on the road such as lack of space and inconvenience of shifting her stock daily, apart from facing additional challenges during the rainy season.



She got to know about the construction of permanent shops from the municipal corporation. She filled the forms and registered at the earliest. She got the possession of the shop in 2020 and she shifted all her business and stock permanently to the shop.

The support from the municipal corporation and SJVN has been a blessing for her. With the permanent shop is was now in a position to increase the stock, for which she also took a loan from the bank. This has helped her to increase the sales and her income. The increase in income also allowed her in meeting the expenses for her daughters' marriage. With both of them married she now lives by herself and manages the business.

## Success Story 2

**Name- Sarvan**

**Age- 62**

**Gender- Male**

**Location- Hamirpur District, Himachal Pradesh**

Sarvan Ji lives with his wife and a son in Alampur ward. He has been working as a cobbler for his entire life and used to make footwear under a tree with a trampoline near the Sujampur Bus stand. Apart from having low income he used to face lot of inconvenience in operating from this place.

One day he got to know about the construction of shops from the municipal corporation and he immediately decided to apply for the same. Luckily he got the shop and now operates from a permanent shop. He can now continue his shop even during the rains. It has been three years since he has got the possession and he has started making his own shoes. He has been able to increase the income due to this. He never thought that he would be able to have his own permanent shop but now he has moved from side of the street to a permanent shop. Earlier he used to earn between Rs. 3,000 to Rs. 4,000 in a month but now his income has increased by more than threefold to Rs.10,000 to Rs.15,000 in a month. With the increased income he is better able to meet his household expenses support his family.



## **6.6 Strengthening of cold chain infrastructure in State Health Training Institute Complex, Parimahal, Kasumpti, Shimla (HP)**

### **Success Story 1**

**Name- Jagpal**

**Age- 40**

**Gender- Male**

**Location- Shimla District, Himachal Pradesh**

Jagpal is a farmer living with his family in Mashobra village in Shimla district. The PHC located in the village is the nearest medical facility. Earlier people in his village had to go to district hospital to get a vaccine shot as the PHC did not have a freezer for storing vaccines. This caused inconvenience as travelling in times of COVID had become difficult and those who did not have any personal vehicles found it especially challenging.



But with the installation of a freezer at the PHC level, people could get themselves inoculated at the village level itself. All the family members of Jagpal got themselves vaccinated at the PHC level. Even people from nearby village came to the PHC in the village for vaccination.

### **Success Story 2**

**Name- Sujeet Thakur**

**Age- 48**

**Gender- Male**

**Location- Shimla District, Himachal Pradesh**

Sujeet is a farmer living with his wife, a daughter and a son in Mashobra village in Shimla district. Before the installation of freezer at PHC people in the village had to go to district hospital or CHC to get a vaccine shot. At the start of the vaccination drive people had to travel for getting the vaccine which caused inconvenience as travelling in times of COVID had become difficult. Also due to high demand it was difficult to find a slot for vaccination at the district hospital or CHC.



But people in the village could get themselves vaccinated at the village level itself with the installation of a freezer at the PHC level. Sujeet and his wife both got themselves inoculated at the PHC. He has even got to know that the freezer at the village level is used for storing other life-saving vaccines also.



## ANNEXURES

### Details of type of structure supported under the SDMA project in Chamoli district

S.N.	Block	Type of Structure	Allocated fund	Remarks
1	Dasholi	School building wall	1,70,963	-
2	Dasholi	School building wall	1,09,125	-
3	Dasholi	School building wall	1,09,125	-
4	Dasholi	Kitchen Wall	72,750	-
5	Dasholi	School building Embankment	1,16,400	-
6	Dasholi	Kitchen Wall	72,750	-
7	Dasholi	Water tank	29,100	-
8	Dasholi	Prayer hall wall	1,08,398	-
9	Dasholi	School building wall	1,45,500	-
10	Pokhri	Toilet emankment	1,15,673	-
11	Pokhri	Toilet	46,560	-
12	Pokhri	Kitchen Embankment	1,12,035	-
13	Narayanband	School Building	15,53,940	-
14	Narayanband	School building	1,39,680	-
15	Narayanband	Kitchen	1,45,500	-
16	Narayanband	School Building	1,45,500	-
17	Narayanband	Toilet emankment	1,45,500	-
18	Narayanband	Kitchen	1,45,500	-
19	Narayanband	School building wall	1,45,500	-
20	Narayanband	School building Embankment	1,45,500	-
21	Narayanband	School building Embankment	1,45,500	-
22	Narayanband	School building Embankment	2,18,250	-
23	Narayanband	School building Embankment	1,45,500	-
24	Tharali	School building Embankment	1,45,500	-
25	Tharali	School building	3,38,288	-
26	Ghat	School courtyard	1,20,038	-
27	Ghat	School courtyard	1,39,680	-

S.N.	Block	Type of Structure	Allocated fund	Remarks
28	Ghat	School courtyard	80,025	-
29	Ghat	Stairs	80,025	-
30	Ghat	School building wall	2,40,075	-
31	Ghat	Road and gate	1,09,125	-
32	Joshimath	School building wall	2,25,525	-
33	Joshimath	Kitchen and classroom	2,54,625	-
34	Joshimath	Toilet	43,650	-
35	Gairsain	Toilet & water tank	1,81,875	-
36	Dewal	School building wall, toilet, anganwadi	1,68,780	-
37	Dewal	School building Embankment	1,45,500	-
38	Dewal	School building Embankment	1,68,780	-
39	Dewal	School building wall	1,81,875	-
40	Dewal	School courtyard	1,81,875	-
41	Karnprayag	School building Embankment	2,18,250	-
42	Karnprayag	Kitchen	1,81,875	-
43	Karnprayag	School building wall	1,81,875	-
44	Karnprayag	Prayer hall wall	1,45,500	-
45	Karnprayag	School and playground wall	2,18,250	-
46	Karnprayag	School courtyard	1,45,500	Money returned
47	Karnprayag	School building wall	1,01,850	-
<b>Total</b>			<b>82,82,587.5</b>	<b>-</b>



## Quantitative data collection tools for projects

### 1. JTPHEP-Running of 01 MMU in project areas through HelpAge, India

#### Quantitative Survey questionnaire

##### Informed Consent

Namaskar, my name is \_\_\_\_\_ and I am working with a research organization NABARD Consultancy. We are currently conducting a survey to understand the impact of the SJVN's project.

The survey will take around 20-30 minutes to complete. The information provided by you will be kept strictly confidential. Participation in this survey is voluntary and, you may withdraw your participation at any time. During the interview process if you are not able to understand any question please feel free to ask me to repeat. The information that we are collecting is very critical, so I request you to provide honest response. I thank you in advance for taking your time to respond to my questions!

At this time, do you want to ask me anything about the survey?

(ANSWER ANY QUESTIONS AND ADDRESS RESPONDENT'S CONCERNS.)

Respondent agrees to be interviewed .....1 <b>CONTINUE</b>	→
Respondent does not agree to be	→

S. No.	Question	Response
1.	Date of Interview	
2.	Name of the interviewer	
3.	Name of State	
4.	District	
5.	Block	
6.	Village name	
7.	Name of respondent	
8.	Mobile number	
9.	Age	
10.	What is your highest educational qualification? <b>(Single Code)</b>	01-Cannot Read or write 02-Informally educated and can sign name 03-Schooling up to class V 04-Schooling between Class VI & Class IX 05-Matriculate (Class X pass) 06-Higher Secondary (Class XII pass) 07-Technical diploma or certificate 08-Graduate & Above
11.	What are the number of members in family?	
12.	Which household category do you fall in?	01 - Above Poverty Line

S. No.	Question	Response																																										
		02- Below Poverty Line 03- Antyodaya																																										
13.	What is the social category of your household? (Single code)	01- Scheduled Caste (SC) 02-Scheduled Tribe (ST) 03-Other Backward class (OBC) 04-General																																										
14.	Are you aware about the Mobile Health Units operated by SJVN in your village? (Single Code)	01- Yes 02- No																																										
15.	How did you get to know about the MHU- (Multi Code)	01- Neighbors/Friend 02- Announcement in the village 03- MMU Staff 04- Panchayat 05- SHG 06-poster or banner																																										
16.	Have you or your family member availed any services from the MHU- (Single Code)	01- Yes 02- No																																										
17.	If Yes, which services have you availed- (Multi Code)	01- General Health Check up 02- Treatment of minor disease, 03- Testing 04- Free medicines, 05- Home care, 06- Referral																																										
18.	Please share details of the diseases which have occurred in the past 12 months in your family and for which you have sought treatment at the MHU? (Multi Code)	<table border="1"> <thead> <tr> <th>Name of Disease</th> <th>Occurred in Family</th> <th>Sought treatment from MHU</th> </tr> </thead> <tbody> <tr> <td>Cough/Cold/Fever</td> <td></td> <td></td> </tr> <tr> <td>Back pain</td> <td></td> <td></td> </tr> <tr> <td>Hypertension</td> <td></td> <td></td> </tr> <tr> <td>Generalised weakness</td> <td></td> <td></td> </tr> <tr> <td>Gastritis / Peptic ulcer</td> <td></td> <td></td> </tr> <tr> <td>Osteoarthritis</td> <td></td> <td></td> </tr> <tr> <td>Diabetes</td> <td></td> <td></td> </tr> <tr> <td>Skin Disorder</td> <td></td> <td></td> </tr> <tr> <td>Asthma</td> <td></td> <td></td> </tr> <tr> <td>Anemia</td> <td></td> <td></td> </tr> <tr> <td>Physical injuries/insect bite and Burns / abrasions/ contusions/ lacerations etc.</td> <td></td> <td></td> </tr> <tr> <td>Ear ache/ ear disorders</td> <td></td> <td></td> </tr> <tr> <td>Others (Please specify)</td> <td></td> <td></td> </tr> </tbody> </table>	Name of Disease	Occurred in Family	Sought treatment from MHU	Cough/Cold/Fever			Back pain			Hypertension			Generalised weakness			Gastritis / Peptic ulcer			Osteoarthritis			Diabetes			Skin Disorder			Asthma			Anemia			Physical injuries/insect bite and Burns / abrasions/ contusions/ lacerations etc.			Ear ache/ ear disorders			Others (Please specify)		
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Others (Please specify)																																												
19.	Is the time/date for MHU to visit your village fixed? (Single Code)	01- Yes																																										

S. No.	Question	Response																												
		02- No																												
20.	Do you get timely update before the MHU comes to your village? (Multi-Code)	01- At-least 1 day in advance, 02- On the same day, 03- Do not get the update																												
21.	Does the MHU come regularly on the pre-defined time to your village? (Multi-code)	01- Always 02- Sometimes 03- Rarely 04- Never																												
22.	How regularly are you able to get the different services of MHU at the time of designated visit? (Single code)																													
		<table border="1"> <thead> <tr> <th></th> <th>At all times</th> <th>Mostly</th> <th>Sometimes</th> <th>Rarely</th> <th>Never</th> <th>Not sure as haven't availed every time</th> </tr> </thead> <tbody> <tr> <td>Doctor</td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td>Medicines</td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td>Lab Testing</td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> </tbody> </table>		At all times	Mostly	Sometimes	Rarely	Never	Not sure as haven't availed every time	Doctor							Medicines							Lab Testing						
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23.	Where did you/your family members go for treatment of minor disease before the MHU (Multi Code)	01- Local quack 02- Pvt Doctor, 03- PHC/CHC, 04- District Hospital 05- Local chemist 06- Self Medication																												
24.	Where do you go after MHU has started its operations? (Multi-Code)	01- MMU 02- Local quack 03- Pvt Doctor, 04- PHC/CHC, 05- District Hospital 06- Local chemist 07- Self Medication																												
25.	In case you went to someone for treatment of Minor disease, how much distance did you travel? (In Km)																													
26.	When did you refer to a doctor in case of a disease before MMU? (Single-code)	01- During the initial symptoms 02- when ailment was chronic, 03- Rarely 04- Never and dependent on self-medication.																												
27.	In case you did not seek the doctor what were the reasons for not seeking medical services (Multi-code)	01- No health facility in village, 02- Nearest health facility was far 03- Did not have enough money																												

S. No.	Question	Response								
28.	Do you think that having access to MHU helps in timely detection and treatment of disease?	01- Yes 02- No, our family was able to treat diseases without MHU as well								
29.	If Yes, then was there any loss of working days for earning members in the family?	01- Yes 02- No								
30.	If yes, please share the loss of working days and average wage/income per day? Loss of working days- _____ Average wage/income per day (In Rs.)- _____									
31.	What were annual expenses of the family on treatment of minor diseases before MHU? (IN Rs.)									
32.	What is the annual expenses of family on treatment of minor disease after MHU? (In Rs.)									
33.	How would you rate the quality of medical services offered by the MHU- 1 to 5 (Single code)	01- Very Satisfactory 02- Satisfactory 03- Moderately satisfactory 04- Not Satisfactory 05- Dissatisfactory								
34.	Do you get adequate attention at the MHU during treatment? (Single code)	01- Always 02- Mostly 03- Sometimes								
35.	Have you availed any services/treatment for a child in your family under the age of 10?	01- Yes 02- No								
36.	If Yes, how did the treatment help	01- Helped in treatment of general disease (cold/cough fever etc.) 02- Helped in treatment/referral for a major disease (lifesaving)								
37.	Do you think that the MHUs are women friendly and that women feel comfortable in getting treatment from the same? (Single code)	01- Yes 02- No								
38.	Have you ever been charged by the MHU? (Single code)	01- Yes 02- No								
39.	What do you think are the benefits of the MHU? (Multi code)	01- Reduction in travel time 02- Saving in cost 03- Good quality care at doorstep 04- Referrals in case of emergency								
40.	How would you rate the services at MHU on the following aspects?									
	<table border="1"> <thead> <tr> <th>Parameter</th> <th>Rating (from 1 to 5)</th> </tr> </thead> <tbody> <tr> <td>Affordability</td> <td></td> </tr> <tr> <td>Accessibility</td> <td></td> </tr> <tr> <td>Quality</td> <td></td> </tr> </tbody> </table>	Parameter	Rating (from 1 to 5)	Affordability		Accessibility		Quality		
Parameter	Rating (from 1 to 5)									
Affordability										
Accessibility										
Quality										

S. No.	Question	Response
	Availability of Doctors	
	Women friendly	
	Diagnosis of chronic disease	
	Attention to patient	
	Timings	
	Effectiveness of treatment provided	
	Overall Rating	
41.	What improvements do you think can be made to the services being provided at the MHU?	
42.	What is the average annual family income? (In Rs.)	
<b>General Health Camp</b>		
43.	Are you aware about the General Health Camps conducted by SJVN in your village? (Single Code)	01- Yes 02- No
44.	How did you get to know about the general health camps- (Multi Code)	01- Neighbors/Friend 02- Announcement in the village 03- MMU Staff 04- Panchayat 05- SHG 06-poster or banner
45.	Which services have you availed	01- General Health Check up 02-Gynaecology 03- Ophthalmology 04- Orthopedics 05- Pediatrics
46.	How satisfied are you with the services/treatment support received at the general health camp?	01- Very Satisfactory 02- Satisfactory 03- Moderately satisfactory 04- Not Satisfactory 05- Dissatisfactory
47.	What improvements do you think can be made to the services being provided at the general health Camp?	

Project wise qualitative probe area				
S. No.	Project Name	Name of stakeholder	Type of interaction	Qualitative Probe Areas
1	Strengthening of cold chain infrastructure in State Health Training Institute Complex, Parimahal, Kasumpti, Shimla (HP)	Admin/management staff at state health training institute Complex	In-depth Interview /Closed group discussion	<ol style="list-style-type: none"> <li>1. Can you tell something about the support received from SJVN Foundation?</li> <li>2. Can you please specify the equipment, infrastructure for which money was utilised? (Please share a list of these)</li> <li>3. In which areas were these equipment/infrastructure installed?</li> <li>4. What were the key challenges/problem areas because of which it was decided to implement this activity?</li> <li>5. How did the installation of equipment/infra help at various level? Please mention all the key benefits and quantify the same?</li> <li>6. What was the increase in storage capacity at various level? How many additional vaccines could be stored because of the added capacity? And approx. how many people could it potentially serve?</li> <li>7. What is the current capacity utilisation at various levels? More specifically what is the capacity utilisation of the added storage capacity and equipment?</li> <li>8. Who is responsible for the maintenance of these equipment/infrastructure and what is the current state of these equipment/infrastructure facilities?</li> </ol>
2	Setting up of 18 Libraries in Aspirational district, Chamba (HP)	Library Management committee at Village level	In-depth Interview /Closed group discussion	<ol style="list-style-type: none"> <li>1. What was the felt need for setting up the library? What was the purpose? Who are the target beneficiaries and why is it relevant for them?</li> <li>2. What is the nearest such library/facility in terms of distance and general access?</li> <li>3. Is it accessible for all people in the village/surrounding areas?</li> <li>4. Did it involve only construction or did it also include provision of books, Internet facility, furniture,</li> <li>5. What is the number of village covered?</li> <li>6. What is the population covered for each library the total population covered?</li> <li>7. What is the size of library and what is the capacity?</li> <li>8. What are the types of books provided?</li> <li>9. Please share details of any classes that are conducted at the library?</li> <li>10. If Yes what are the means?- Online/in person</li> <li>11. Which type of classes and who are the target students/audience for these classes? And what is the purpose of these classes? (Please note complete details for the same)</li> <li>12. How the community/target audience have been benefitted by the library? Please mention all the pointers.</li> <li>13. What is the average number of people using the library facility? Is there any register/log maintained for the same?</li> <li>14. What is the total number of students attending the classes organised?</li> <li>15. What is the number of students who have appeared for and passed any competitive exam after studying at the classes?</li> </ol>

Project wise qualitative probe area				
S. No.	Project Name	Name of stakeholder	Type of interaction	Qualitative Probe Areas
		Users of library	Focussed group discussion	<p>16. Is there a record of the number of students who have passed any competitive exam while studying at the centre?</p> <p>1. Are you aware of the library set up with SJVN's support?                      2. Have you gone to the library                      3. If Yes what is the frequency of going to the library?(Daily, Once every 2-3 days, once in a week, Once in a Fortnight, Rarely                      4. What is the purpose of going to the library?                      5. What are the facilities available at the library? And which facilities do you like?                      6. How are these facilities relevant for you?                      7. Since when have you been going to the library?                      8. How has going to the library helped you? (Please share all the pointers in detail)                      9. What are the further area of improvement in the library?</p>
3	Construction of multipurpose medium height check dam at Gount Khad, Distt.-Nahan (HP)	Beneficiary from the village having benefitted from check dam	Focussed group discussion	<p>1. Are you aware of the check dam constructed with the help of SJVN, near your village?                      2. What type of problems related to water faced in the villages before the construction of the check dam?- (water shortage for drinking or required for irrigation)                      3. What were the problems created because of water shortage? (Please elaborate and share)                      4. What were the months in which water shortage occurred in case of drinking water and irrigation?                      5. Has there been an improvement after the construction of check dam? If yes to what extent?                      6. Please mention what has been the impact because of the project? e.g. Water is available for more number of months,(Please mention the names of months before and after) water is available for irrigation now in rabi /zaid season as well or are able to take more crops /water intensive crops Increase ground water, increase surface water? (Please probe and ask for all other impact and try to quantify the same)                      7. What do you think is the scope for further improvement?</p>

Project wise qualitative probe area				
S. No.	Project Name	Name of stakeholder	Type of interaction	Qualitative Probe Areas
		Sarpanch of the village	In-depth Interview	<ol style="list-style-type: none"> <li>1. Are you aware of the check dam constructed with the help of SJVN, near your village?</li> <li>2. At the village level, what type of problems related to water faced before the construction of the check dam?- (water shortage for drinking or required for irrigation)</li> <li>3. At the village level, What were the problems created because of water shortage? (Please elaborate and share)</li> <li>4. What were the months in which water shortage occurred in case of drinking water and irrigation?</li> <li>5. What was the situation of ground water level before the construction of check dam?</li> <li>6. Has there been an improvement after the construction of check dam? If yes to what extent?</li> <li>7. What do you think is the scope for further improvement?</li> <li>8. Is there a village water and sanitation committee formed in your village? Who are the member?</li> <li>9. Is there a Kisan Vikas Sangh formed in your village? Who are the member?</li> <li>10. Is any of the above linked, associated and handed over the responsibilities for the management and maintenance of the check dam structure?</li> <li>11. If yes? Has there been any trainings conducted for the committee by the govt dept?</li> <li>12. What are the roles and responsibilities of the committee with respect to the check dam?</li> <li>13. To what extent are these executed by the committee?</li> </ol>
4	Construction of 3rd Floor of Rotary Ashray Building, IGMC, Shimla	Patients/their relatives having stayed at the rotary Ashray building	In-depth Interview	<ol style="list-style-type: none"> <li>1. How did you get to know about the residential facility for cancer patients?</li> <li>2. How do you find the quality of the rooms at the centre? (In terms of space, cleanliness, facilities-bathroom etc.)</li> <li>3. What is the scope of improvement?</li> <li>4. Do you think the price is reasonable?</li> <li>5. Did you face any difficulties in booking the rooms or was it simple?</li> <li>6. Are you aware of any similar facilities nearby?</li> <li>7. What did you like to most about the rotary Ashray building?</li> </ol>
5	Financial support for construction of shops near Sujjanpur Bus Stand, Distt. Hamirpur (HP)	Beneficiaries with shop at the bus stand	In-depth Interview	<ol style="list-style-type: none"> <li>1. Are you aware that the shops at the bus stand have been constructed with the financial support of SJVN?</li> <li>2. Did you sell here before the construction of the shops?</li> <li>3. What was the situation before the construction of the shops and what were the challenges which were faced because of the same?</li> <li>4. How has the situation improved i.e. what are the visible changes?</li> <li>5. What are the benefits of the shop construction? Please explain all the pointers</li> </ol>



Project wise qualitative probe area				
S. No.	Project Name	Name of stakeholder	Type of interaction	Qualitative Probe Areas
				6. Did you face any challenges during or after the construction? 7. What are the benefits of the pavilion? 8. What was the situation before and what is the situation after the construction of Pavilion? 9. How is the construction of the pavilion relevant and who are the users of the same?
6	Financial support to Uttarakhand State Disaster Management Authority		In-depth Interview	1. What was the overall and main purpose of the grant? 2. What were the areas/line items for which this grant was utilised? (Please share a list with budget break-up of the same?) 3. Who were the beneficiaries who have benefited as a result of the grant? 4. What were the challenges that they faced and what was the support provided and how did it help them?

### Format for capturing testimonial/Case Story

S.No.	Particulars
1.	Capture the background of the beneficiary- Name, Age, gender, Place of residence (State, district, city/village, Rural/urban) Family background, Occupation, Marital status etc.
2.	What were the specific challenges that were faced by the beneficiary before the project intervention?
3.	How did the beneficiary get to know about the project? And what were the factors which motivated/prompted the beneficiary to take benefit under the project?
4.	What were the benefits/services that the beneficiary receive from the project? When the beneficiary did joined the project first? What was the duration? How many time did the beneficiary receive the benefits?
5.	What have been the key impact/outcome of the project for the beneficiary and how has it helped the beneficiary to overcome the challenges faced earlier? To what extent have the challenges/problems been resolved? Try to get a real life example
6.	What are the area or the scope of improvement in the project?

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