

# Social Impact Assessment of CSR programs FY 2021-22 undertaken by SJVN in the

states of Himachal Pradesh, Uttarakhand, Bihar,  
Maharashtra and Arunachal Pradesh  
having value of Rs. 100 Lakh and more





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## LIST OF ABBREVIATIONS

APL: Above Poverty Line  
BPL: Below Poverty Line  
CHC: Community Health Centre  
CPSE: Central Public Sector Enterprise  
CSR: Corporate Social Responsibility  
FDG: Focus Group Discussions  
GOHP: Government of Himachal Pradesh  
HIMCON: Himachal Consultancy Organisation  
HP: Himachal Pradesh  
IAMD: Indian Association of Muscular Dystrophy  
IDI: In-depth Interviews  
IMR: Infant Mortality Rate  
IP: Implementing Partner  
ITI: Industrial Training Institute  
MD: Muscular Dystrophy  
MMR: Maternal Mortality Rate  
MMUs: Mobile Medical Units  
NABCONS: NABARD Consultancy Services  
NHM: National Health Mission  
OBC: Other Backward Caste  
OPD: Out Patient Department  
PHC: Primary Health Centre  
SC: Scheduled Caste  
SJVN: Satluj Jal Vidyut Nigam



## 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 identifying the gaps in the project implementation which are essentially required for corrective measures. Impact assessment of all CSR Programs/Projects/Activities having value of Rs.100.00 lakh or more and which have been completed not less than one year before undertaking the impact study (i.e. FY, 2021-22).

### PROJECT ACHIEVEMENTS AND IMPACT

There were 15 projects with the budget size of more than 1 crore for FY 2021-22. The cumulative budget for these projects was Rs. 29.36 crore. Health & hygiene had the most number of projects with an amount of Rs.11.92 (41%) crore was allocated for six projects. This was followed by infrastructure and community asset development at Rs.6.35 crore (22%) with four project, preservation & promotion of art and culture at Rs.5.76 crore (20%) with three project and two project in education and skill development of Rs.5.32 crore (18%).

### Operation of Mobile Medical Units (MMUs) in Buxar district of Bihar under the initiative "Chikitsa Chikitsak Aapke Dwar"

SJVN is operating Mobile Medical Units (MMUs) in Bihar, where a total of 6 MMUs are being operated in 5 blocks of Buxar. People were reported to be very satisfied with the quality of care provided by the MMU and other major benefits perceived by the beneficiaries were saving in cost and reduction in travel time.

### **Ayurvedic health awareness programs in the state of Himachal Pradesh, Uttrakhand and Bihar**

SJVN Foundation has been conducting awareness sessions on promoting good practices of ayurveda and overall the people reported an improved awareness on leading a healthy lifestyle with the help of ayurveda.

### **Financial support for construction of Indian Association of Muscular Dystrophy, Solan (HP)**

SJVN provided financial support to Indian Association of Muscular Dystrophy (IAMD) for the construction of a building for its permanent centre. It provides relief and rehabilitation to the people afflicted with muscular dystrophy and it helps to alleviate pain, reduce stiffness in muscles and leads to greater independence in doing regular functional activities.

### **Support to Research and Rehabilitation Centre (CHETNA) for differently abled persons at Bilaspur (HP)**

SJVN Foundation has provided financial support for construction of ground floor of research and rehabilitation centre to CHETNA at Bilaspur (HP) and the special school at has helped the intellectually disabled children in improving their personality, skill and earn acceptance and respect in society.

### **SJVN Silver Jubilee Merit Scholarship Scheme - Batch 2016 & 2017**

SJVN had introduced a merit scholarship scheme to rewards meritorious students after passing class 12 with an intent to motivate them to pursue higher education. The scheme has helped to motivate the students which can be directly attributed to scholarship, however the subsequent achievements such as graduation results, job, and salary cannot be directly and completely attributed

### **Providing of health infrastructure facilities to government health facilities in Aspirational District, Chamba (HP)**

SJVN Foundation has contributed to the district administration's efforts and provided support for purchasing the medical infrastructure, equipment and vehicles for hospitals, PHCs and other medical centres at different locations, which has helped to fill in the infrastructure gap and provide better healthcare services to general public.

### **Providing of financial support for creating infrastructure facilities to combat- COVID-19 pandemic in Hamirpur, Una districts of HP**

SJVN provided financial support for setting up of two oxygen plants, one each in Hamirpur and Una. This helped to serve the patients admitted for the treatment of COVID-19 in a better way and was a lifesaver for many.

### **Financial support for development of Rani Ground at Kasumpti Shimla**

With SJVN's support the Rani ground was converted to a proper park with facilities and infrastructure which can be used by children, elders and other people living in the vicinity.

With the ground being converted to a proper park people can use the same for walking, relaxing, playing and doing yoga.

### **Construction of Mela Ground at Tatta Pani, Sunni, Shimla**

Given certain infrastructural limitations faced at the Mela Ground, SJVN decided to provide support for infrastructure development at the Mela ground. The support at Mela ground has helped to create a proper levelled surface of the ground and prevent flooding from the river during monsoons.

### **Road Development**

SJVN has taken up two projects for road construction and development which include Metalling and Tarring of road from Bayal village to Koyal village and Improvement of link road from NH-05 to village Shanani. The road have provided proper connectivity, reduced travel time and has helped to improve the overall convenience for the people residing in the adjoining villages

### **Preservation and promotion of art and culture**

From the SJVN's funding the Tara Devi Temple and Chamu Devta Temple have been provided support for renovation and Bhimkali temples has been supported in adding new facilities. As per the staff and devotees there has been a significant improvement in the temple structure and premise, which has helped to allow more devotees to visit the temple and improve their convenience while visiting the temple.

### **CONCLUSION AND WAY FORWARD**

SJVN has undertaken CSR project under diverse set of thematic areas including health and hygiene, infrastructure and community asset development, education and promotion of art and culture. 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. This has been shared in the main report.



## CHAPTER 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 2226.5 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 empaneled 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



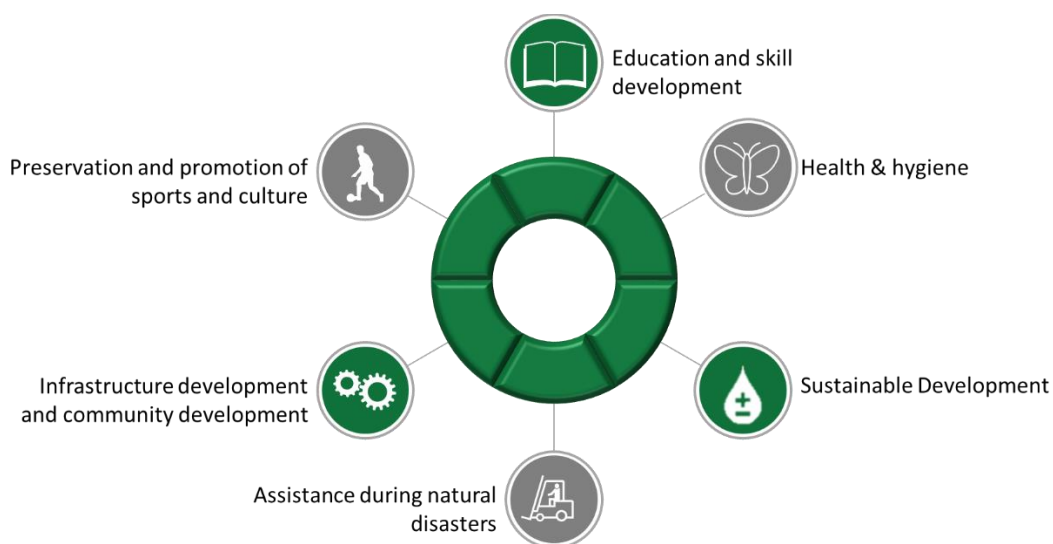
To make people and earth partners in our growth

### 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 disadvantaged 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, support to Indian Association of Muscular Dystrophy, construction of Rotary Ashraya 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 done 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 kabbadi

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.

Figure 1: Ayurvedic awareness camp being conducted in Himachal Pradesh



### 1.3. Objectives and scope of 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 Impact assessment of all CSR Programs/Projects/Activities having value of Rs.100.00 lakh or more and which have been completed not less than one year before undertaking the impact study (i.e. FY, 2021-22).

S. No.	Name of the project	Thematic area	Budget (In Rs. Lakhs)
1	Organising Ayurvedic health awareness programs in the state of Himachal Pradesh, Utrakhand and Bihar	Health & hygiene	145.12
2	Conversion of 06 Ambulances into MMUs and their Running and Maintenance for a period of 06 months by M/s Dhanush Foundation under the initiative "Chikitsa Chikitsak Aapke Dwar"	Health & hygiene	110.00
3	Financial support for construction of Indian Association of Muscular Dystrophy, Solan (HP)	Health & hygiene	578.63
4	Construction and furnishing of ground floor of Research and Rehabilitation Centre (Chetna) for diffently abled persons alongwith installation of Lift of Building at Bilaspur (HP)	Health & hygiene	137.00
5	Providing of health infrastructure facilities like Mortuary, MMU, Ambulance, Dead body Van, Oxygen Concentrator etc. in Aspirational district, Chamba (HP)	Health & hygiene	121.61
6	Providing of financial support for creating infrastructure facilities to combat- COVID-19 panademic in Hamirpur, Una, Bilaspur, Kangra and Mandi district of HP	Health & hygiene	100.00
7	SJVN Silver Jubilee Merit Scholarship Scheme (Batch-2016)	Education & skill development	265.97
8	SJVN Silver Jubilee Merit Scholarship Scheme (Batch-2017)	Education & skill development	265.97
9	Financial support for development of Rani Ground at Kasumpti Shimla	Infrastructure and community asset development	149.00
10	Financial support for improvement of link road from NH-05 to village Shanana	Infrastructure and community asset development	171.97

S. No.	Name of the project	Thematic area	Budget (In Rs. Lakhs)
11	Metalling and tarring of road from village Bayal (batching plant) to village Koyal, Distt. Kullu (HP)	Infrastructure and community asset development	208.56
12	Construction of Mela Ground at Tatta Pani, Sunni, Shimla (HP)	Infrastructure and community asset development	105.72
13	Development and renovation of Tara Mata temple, Taradevi, Shimla (under SBM)	Preservation and promotion of culture	200.00
14	Financial support for development, renovation and reconstruction of existing/new facilities at Bhimakali Temple Sarahan	Preservation and promotion of culture	131.00
15	Financial support for construction, renovation and repair of Shri Chambu Devta Temple at Jhakri.	Preservation and promotion of culture	244.98
<b>Total</b>			<b>2935.53</b>



## CHAPTER 2

### 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.

#### 2.1 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.

#### 2.2 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.

## 2.3 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.

## 2.4 Field visit

Once the data collection tools were finalised, the NABCONS team consisting of experience 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.

## 2.5 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:

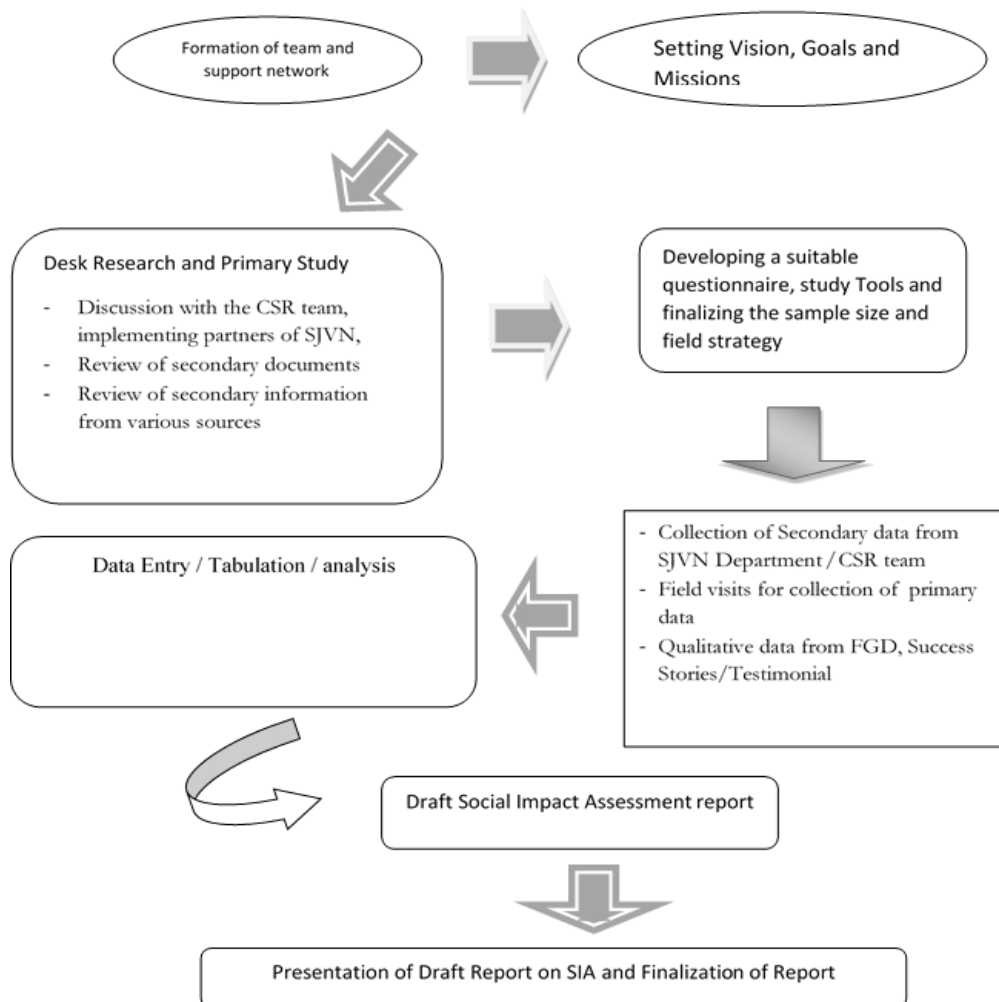


Figure 2: Approach - Flow Chart for above purposes are as under

## 2.6 Sampling Plan for Quantitative surveys

For the impact assessment study both quantitative surveys and qualitative interactions was conducted. As per the study design agreed upon with SJVN, for the project of value 1 crore and above out of the 15 projects, quantitative survey was conducted for 5 projects which includes Ayurvedic health awareness programs, operation of Mobile Medical Units (MMU) in Bihar, support for Indian Association of Muscular Dystrophy and merit scholarship, batch 2016 and merit scholarship batch 2017. The sampling plan for the selection and survey of beneficiaries for the quantitative surveys is as follows-

### 1. Organising Ayurvedic health awareness programs in the state of Himachal Pradesh, Uttarakhand and Bihar

Under the project, survey was conducted with a total of 108 beneficiaries across three states. Out of this 75 surveys were conducted in Himachal Pradesh, 18 in Bihar and 15 in Uttarakhand. A higher number of surveys were planned in Himachal Pradesh because of the higher number of beneficiaries and district covered in the state. Bihar and Uttarakhand had a similar number of beneficiary surveys. Further 5 districts were selected from Himachal Pradesh and 1 each from Bihar and Uttarakhand. This was done to have an average of 15 beneficiary surveys in each district to ensure adequate representation from the selected district. The final number of surveys had some variations depending on the beneficiary availability in each district. The final state and district wise sample size has been given in the table below:

Table 1: Sample distribution under ayurvedic awareness program

State	Block	Number of respondents	Total
Himachal Pradesh	Karsog	12	<b>75</b>
	Mehala	12	
	Nirmand	12	
	Rampur	24	
	Sujanpur	15	
Bihar	Chausa	15	<b>15</b>
Uttarakhand	Tharali	18	<b>18</b>
Total		<b>108</b>	

\* The sampling plan is subject to availability of data from IP and beneficiaries on ground.

### 2. Conversion of 06 Ambulances into MMUs and their Running and Maintenance under the initiative "Chikitsa Chikitsak Aapke Dwar"

A total number of 51 beneficiaries were surveyed under the MMU project implemented in Buxar District in the state of Bihar. Stratified random sampling was used for the selection of the beneficiaries where the beneficiaries were surveyed in 3 villages in 3 blocks of Buxar district. The 51 beneficiaries were equally distributed in each of the 3 villages and then random selection was done from the list of beneficiaries (who availed services/treatment in FY 2021-22). Additionally, in order to

ensure equal representation of both the gender, 50% female beneficiaries and 50% male beneficiaries were selected. The sampling plan has been given as follows:

Table 2: Sampling plan for MMU Project in Buxar, Bihar

State and District	Block	Village	Sample size		
			Male	Female	Total
Buxar district in Bihar	Buxar	1	8	9	17
	Rajpur	1	8	9	17
	Dumrao	1	8	9	17
Total		3	24	27	51

\* The sampling plan is subject to availability of data from IP and beneficiaries on ground.

### 3. Construction of Indian Association of Muscular Dystrophy

Under the project on providing financial support for Indian Association of Muscular Dystrophy, a total of 25 patients were surveyed. Stratified random sampling was adopted for the selection of the beneficiaries, from the list of beneficiaries having received treatment. Out of the total beneficiaries to be surveyed- 50% were adults and 50% were children below 18 years (survey was with the guardians). The sampling size details have been given below.

Table 3: Sampling plan for IAMD Project

Basis of Sampling	Sample size
<b>Adults(&gt;18 years)</b>	13
<b>Children (&lt;18 year)*</b>	12
Total	<b>25</b>

\* Survey was conducted with their guardians

### 4. SJVN Silver Jubilee Merit Scholarship 2016 and 2017

The sample size for the merit scholarship in 2016 and 2017 is 50 and 45 respectively. Random sampling method was adopted for the selection of the students to be surveyed under the study, where the selection will be made from the list of beneficiaries obtained from the Implementing partner. The sampling plan is as follows:

Table 4: Sampling plan for SJVN Silver Jubilee Scholarship

Particulars	Sample size
Merit Scholarship 2016	50
Merit Scholarship 2017	45
Total	95

## 2.7 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 value of Rs.1 crore and above have been given in the table below.

Table 5: Details of project wise qualitative interactions

S. No.	Project Name	Name of stakeholder	Number of Interactions	Type of interaction
1	Organising Ayurvedic health awareness programs in the state of Himachal Pradesh, Uttarakhand and Bihar	Beneficiaries who attended the awareness program	5	Success story
2	Conversion of 06 Ambulances into MMUs and their Running and Maintenance for a period of 06 months by M/s Dhanush Foundation under the initiative "Chikitsa Chikitsak Aapke Dwar"	Project Beneficiaries	5	Success story
3	Construction of Indian Association of Muscular Dystrophy, Solan (HP)	Project Beneficiaries	2	Key Informant Interview
		Project Beneficiaries	5	Success story
4	Construction and furnishing of ground floor of Research and Rehabilitation Centre (Chetna) for differently abled persons along with installation of Lift of Building at Bilaspur (HP)	Parents of students studying at the centre	2	Key Informant Interview
		School pass outs having done good in sports/ other field	2	Success story
5	Providing of health infrastructure facilities like Mortuary, MMU, Ambulance, Dead body Van,	Hospital Management staff	1	Closed group discussion
		District Administration, Chamba (HP)	1	Closed group discussion

S. No.	Project Name	Name of stakeholder	Number of Interactions	Type of interaction
	Oxygen Concentrator etc. in Aspirational district, Chamba (HP)	Patient	1	Success story
		Medical Staff (Doctor)	1	Success story
6	Providing of financial support for creating infrastructure facilities to combat- COVID-19 pandemic	Medical centre/hospital management staff in two districts(Hamirpur & Una)	2	Closed group discussion
		Hospital Management staff-Hamirpur	1	Success Story
7	SJVN Silver Jubilee Merit Scholarship Scheme (Batch-2016)	Beneficiary students	5	Success Story
8	SJVN Silver Jubilee Merit Scholarship Scheme (Batch-2017)	Beneficiary students	5	Success Story
9	Financial support for development of Rani Ground at Kasumpti Shimla	Resident/users of the ground	1	Key Informant Interview
		District administration	1	Key Informant Interview
		Residents/users of the ground	2	Success Story
10	Financial support for improvement of link road from NH-05 to village Shanan	Residents of the village	1	Focused Group Discussion
		Sarpanch	1	Key Informant Interview
		Residents of the village	2	Success Story
11	Metalling and tarring of road from village Bayal (batching plant) to village Koyal, Distt. Kullu (HP)	Residents of a village	1	Focused Group Discussion
		Sarpanch	1	Key Informant Interview
		Residents of the village	2	Success story
12	Construction of Mela Ground at Tatta Pani, Sunni, Shimla (HP)	User of the ground	1	Focused Group Discussion
		1 District administration	1	Key Informant Interview
		Users of the mela ground	2	Success story

S. No.	Project Name	Name of stakeholder	Number of Interactions	Type of interaction
13	Development and renovation of Tara Mata temple, Taradevi, Shimla (under SBM)	Interaction with Temple management person	2	Key informant interview
		Management committee person	1	Success story
		Pujari	1	Success story
14	Financial support for development,renovation and reconstruction of existing/new fascilityies at Bhimakali Temple Sarahan	Interaction with Temple management person	2	Key informant interview
		Management committee person	1	Success story
		Pujari	1	Success story
15	Financial support for construction, renovation and repair of Shri Chambu Devta Temple at Jhakri.	Interaction with Temple management person	2	Key informant interview
		Management committee person	1	Success story
		Pujari	1	Success story



## CHAPTER 3

# PROJECT ACHIEVEMENTS AND IMPACTS

### 3.1 CSR project budget analysis (1 crore and above)

There are 15 projects with the budget size of more than 1 crore for FY 2021-22. The cumulative budget for these projects was Rs. 29.36 crore. These projects were in four different thematic areas which are Health & hygiene, education & skill development, infrastructure & community asset creation and preservation & promotion of culture. Details of the number of projects and budget size in each thematic area has been given below-

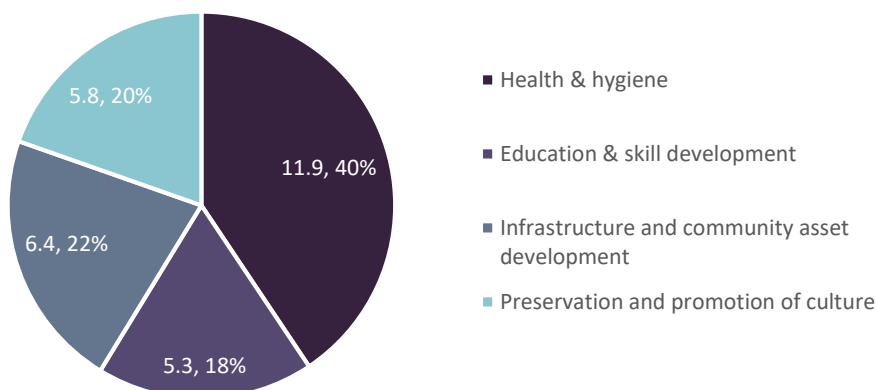
Table 6: Thematic area wise budget distribution

Activity	Number of Projects	Amount (In Rs. Cr)
<b>Health &amp; hygiene</b>	6	11.92
<b>Education &amp; skill development</b>	2	5.32
<b>Infrastructure and community asset development</b>	4	6.35
<b>Preservation and promotion of culture</b>	3	5.76
<b>Total</b>	<b>15</b>	<b>29.36</b>

(Source: SJVN database)

Health & hygiene had the most number of projects with the highest proportion of budget allocated. An amount of Rs.11.92 crore was allocated for 6 projects under health & hygiene. This was followed by infrastructure and community asset development at Rs.6.35 crore with 4 project and preservation & promotion of art and culture at Rs.5.76 crore with 3 project. There were two projects under education and skill development with 2 projects.

Figure 3: Thematic area wise budget allocation (In Rs. Cr)



(Source: SJVN database)

## 3.2 Operation of Mobile Medical Units (MMUs) in Buxar district of Bihar under the initiative "Chikitsa Chikitsak Aapke Dwar"

### 3.2.1 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.

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).

Figure 4: Mobile medical unit at Buxar, Bihar



### 3.2.2 Project concept & design

The village's located Buxar district of Bihar have access to government run Primary Health Centre (PHC) but in many cases these centres are not properly operational. Due to this majority of the people have to either travel long distances to get access to even basic healthcare services or depend on local quacks. In some cases where PHCs are operational they are overcrowded with long waiting time, hence people either have to depend on local quacks which are not safe or private clinics which can be expensive for many people

As part of its CSR Initiatives, SJVN decided to implement and operate Mobile Medial Units (MMU) in Buxar district of Bihar. Here it is operating MMUs by collaborating with an NGO Dhanush Foundation and the initiative has been named- '*Chikitsa Chikitsak Aapke Dwar*'. Under this initiative, a total of 6 MMUs are being operated in 5 blocks of Buxar, which are Buxar, Dumrao, Brahmipur, Dinara and Ramgharh.

#### Mobile Medical Unit

The Mobile Medical Unit 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) in Buxar 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) **Medical Consultant:** Each van has a medical consultant/doctor who is capable of treating the minor ailments and prescribing medicines for the same. The doctor is responsible for discussing and reviewing patients' medical history, symptoms and asks specific question to formulate accurate diagnosis. Based on the diagnosis the doctor prescribes suitable medication to patients and provide proper dosage and administration instructions. Depending on the need the doctor may also prescribe the required diagnostic tests available in the MMU for a proper and complete diagnosis. Apart from this the doctor would advise the patient on suitable diets and exercise regimens to improve their overall health.
- b) **Nurse:** The nurse is responsible for dispensing the medicines to the patients based on doctor's prescription. The nurse also explains the proper dosage to the patient so that the patient is able to administer the medicines properly. The nurse also performs measurement and recording of patient vitals like BP, blood sugar etc. Apart from this the nurse is responsible for manually writing patient details like name, age, gender, medicines prescribed etc. and uploading the same using the application.
- c) **Lab Technician:** The lab technician is responsible for patient registration, screening in the application and carrying out the diagnostic tests/laboratory tests as per the requirement and feasibility. As per Dhanush Foundation all the tests are performed as ministry guidelines. The MMU also has the facility of sharing the report with the patients via e-mail or whatsapp.
- d) **Driver:** The driver in each MMU is responsible for taking the van to the planned location as per the schedule. Apart from this drive is also responsible for the safety, maintenance and upkeep of the van, for this the driver needs to schedule regular MMU services appointments and report any issue with the vehicle in a timely manner. Apart from this the driver may be assigned any other suitable tasks by the reporting manager such as community mobilisation



Figure 5: Patient being treated at MMU in Bihar

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

- a) **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

- b) **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.
- c) **Diagnostic services:** The MMU in Buxar also provides diagnostic services such as lab test. Apart from having the basic diagnostic equipment such as stethoscope, BP apparatus, thermometer and weighing machine it also has the required equipment for conducting

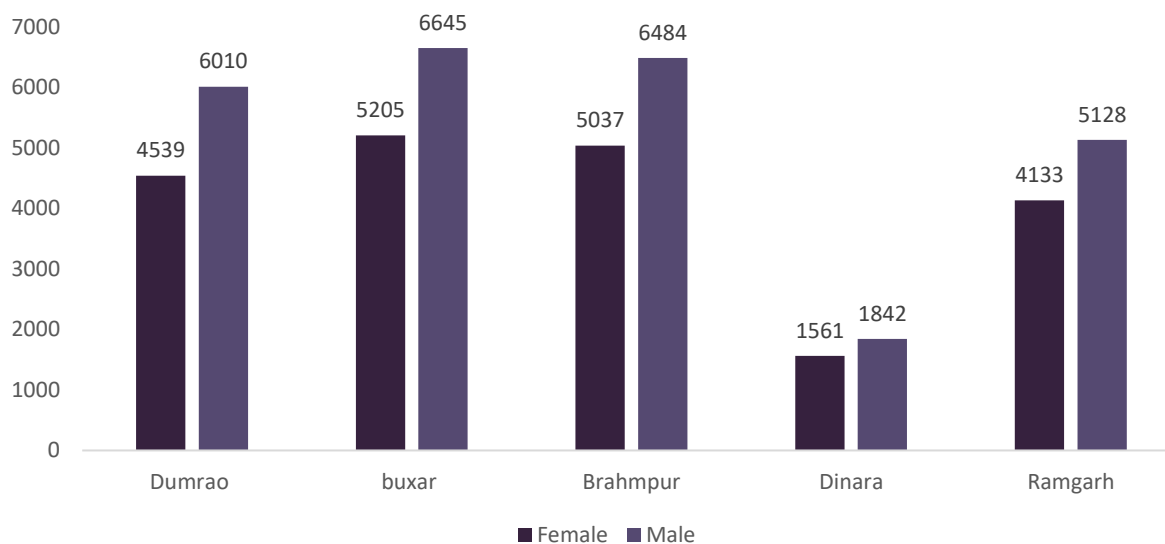
## Awareness Camps

Apart from providing the regular basic health services, the MMU also conducts awareness sessions at regular intervals on various health related topics. These include Yoga day, world tobacco day, world health day, world hearing day. Dhanush Foundation has covered these awareness sessions on the five blocks covering 20 villages.

### a) Total beneficiary coverage

As already discussed above, SJVN is operating six MMUs in Buxar through Dhanush Foundation, and in FY 2021-22 has covered more than 46,000 beneficiaries through its operations. It is operating across five blocks of Buxar.

Figure 6: Block wise beneficiary numbers



(Source: Dhanush Foundation Database)

The above graph shows the block wise distribution of the beneficiaries having received treatment from the MMU service run by SJVN through Dhanush Foundation in Buxar. Out

of the total 46,584 beneficiaries who have received treatment from the MMU, 20,475(44%) were females and 26,109(56%) were males. All the block have reported almost an equal number of beneficiary numbers ranging between 9,000 to 12,000 with the exception of Dinara which has reported beneficiary number of 3403.

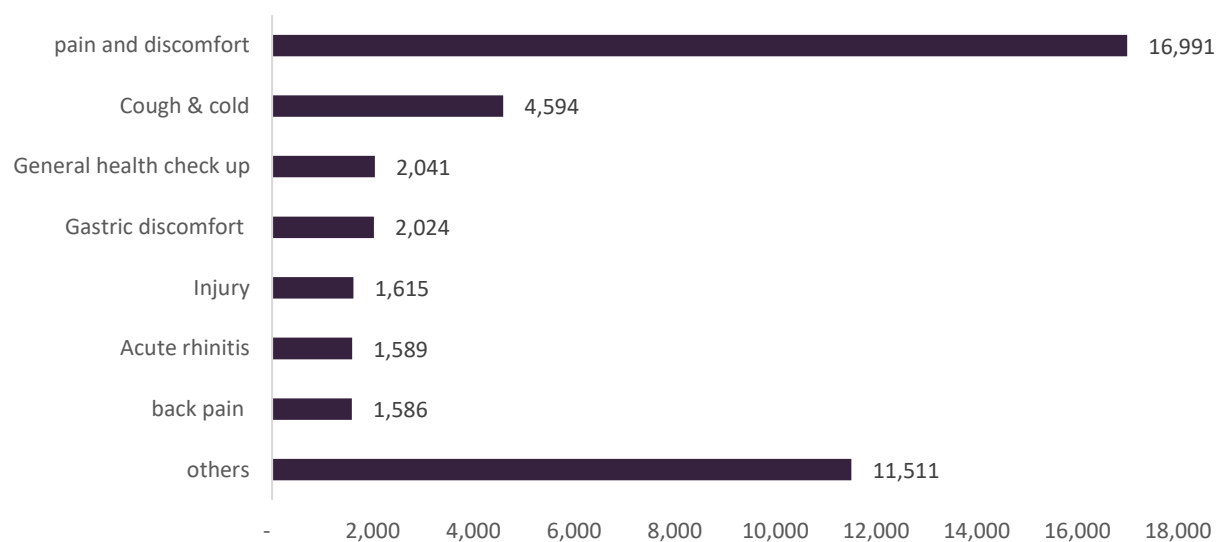
Figure 7: Patient being interviewed at MMU in Bihar



#### b) 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 the highest number of people i.e. 16,991, have availed treatment for pain & discomfort, followed by 4,594 for cough/cold or fever, 2,041 for general health issues and 2,024 for gastric discomfort. Other disease reported were physical injury, acute rhinitis, back pain, diarrhoea, hyper-tension and so on. The chart showing number of disease wise treatment for Buxar district for FY 2012-22 has been given below:

Figure 8: Disease treatment- Buxar district



(Source: Dhanush Foundation Database)

### 3.2.3 Impact findings from the quantitative analysis

A quantitative survey was conducted to obtain the response from the project beneficiaries in order to understand the impact of the project and the changes that have occurred as a result of the project in the lives of the beneficiaries. This survey was conducted with a total of 51 beneficiaries. It 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

##### a) Geographic distribution of sample

The survey was conducted in three blocks in the buxar district, where an equal number of participants were selected for the survey from each block. One village was selected in each block for the survey. The details of the blocks selected have been given in the table below-

Table 7: Block and village wise number of respondents

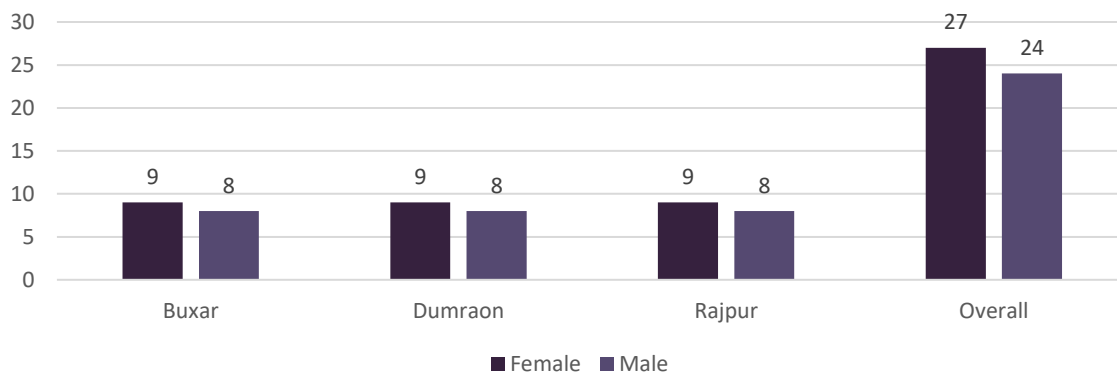
Block	Village	Number
<b>Buxar</b>	Kashipur	17
<b>Dumraon</b>	Mugaon	17
<b>Rajpur</b>	Kharahana	17
Total		51

(Source: NABCONS quantitative survey)

### b) Gender distribution

As the overall project level data suggested that there is an almost equal proportion of male and female beneficiaries availing the medical services from the MMU hence even in the sample almost an equal proportion of male and female respondents were selected in order to ensure a representative sample. The gender wise distribution of the sample has been illustrated in the figure given below-

Figure 9: Gender wise distribution of the sample

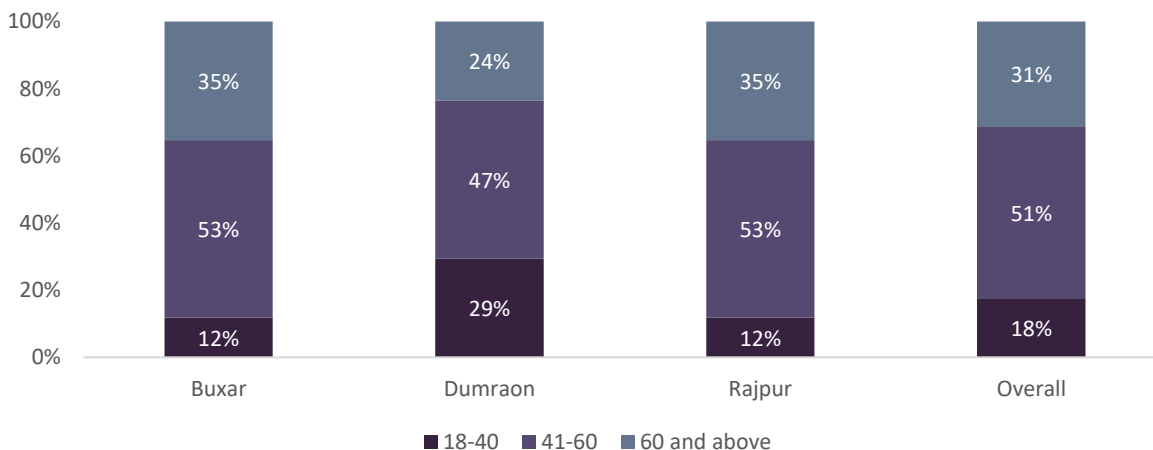


(Source: NABCONS quantitative survey)

### c) Age distribution

Majority of the respondents were in the age group between 41 to 60 i.e. 51% followed by 31% respondents having age more than 60 and 18% respondents having age between 18 to 40. This is in congruence with the trend that the need for medical attention increases with the age.

Figure 10: Age distribution of the sample respondent samples

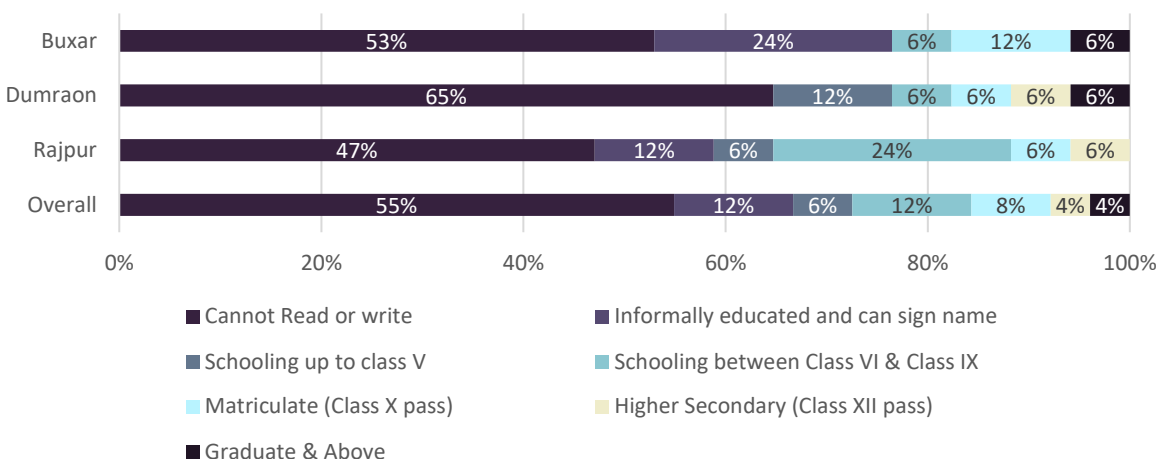


(Source: NABCONS quantitative survey)

#### d) Education profile

As per the survey response, a large majority of the respondents have not received any formal education with the proportion being 67%. Out of this 55% cannot read or write and the remaining 12% are informally educated. Only 8% respondents have completed schooling out of which only 4% have completed graduation. 26% respondents have not been to school but have not been able to complete schooling. The trend is almost similar across all the three blocks of the district. This shows that the intervention is catering to the disadvantaged section of the society, majority of whom have not been able to complete education and are in need of good quality free of cost medical support. Details of the literacy level and education qualification have been given in the figure given below.

Figure 11: Education profile

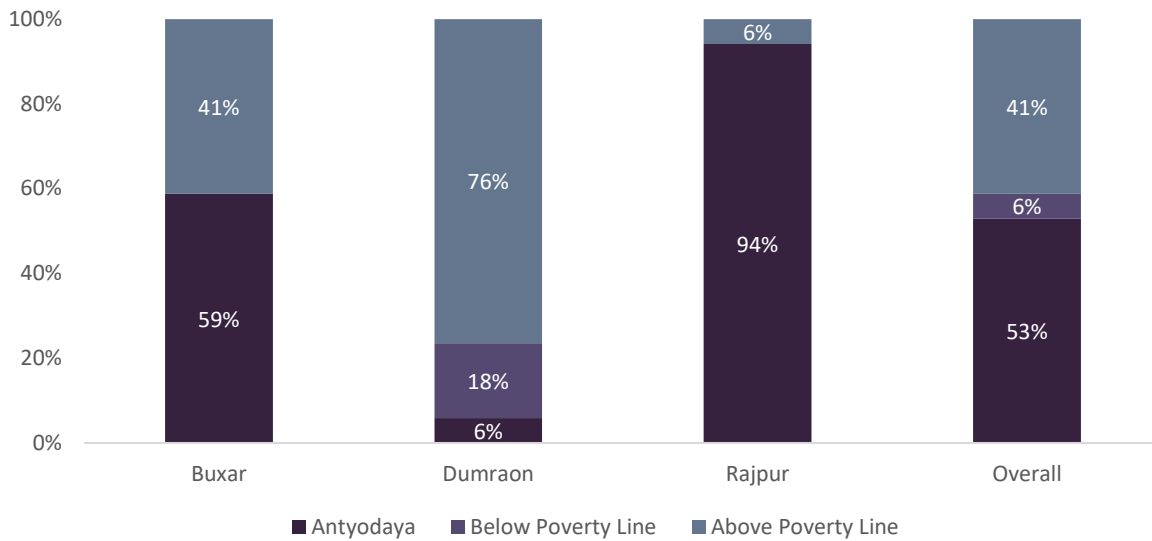


(Source: NABCONS quantitative survey)

#### e) Economic Category

As per the data, about 59% of the respondents are below poverty line of which 53% fall in the Antyodaya category and 6% in the category of BPL. Though 41% respondents do fall in the category of APL but as per the field interactions it was gathered their income level are also subdued and were not very high. The trends vary across the blocks with 95% respondents in Rajpur belonging to Antyodaya category whereas the proportion of 59% in Buxar and just 6% in Dumraon. Dumraon had the highest proportion of beneficiaries in the APL category at 76% followed by Buxar (41%) and Rajpur (6%). The details have been given in the table/graph

Figure 12: Economic category



(Source: NABCONS quantitative survey)

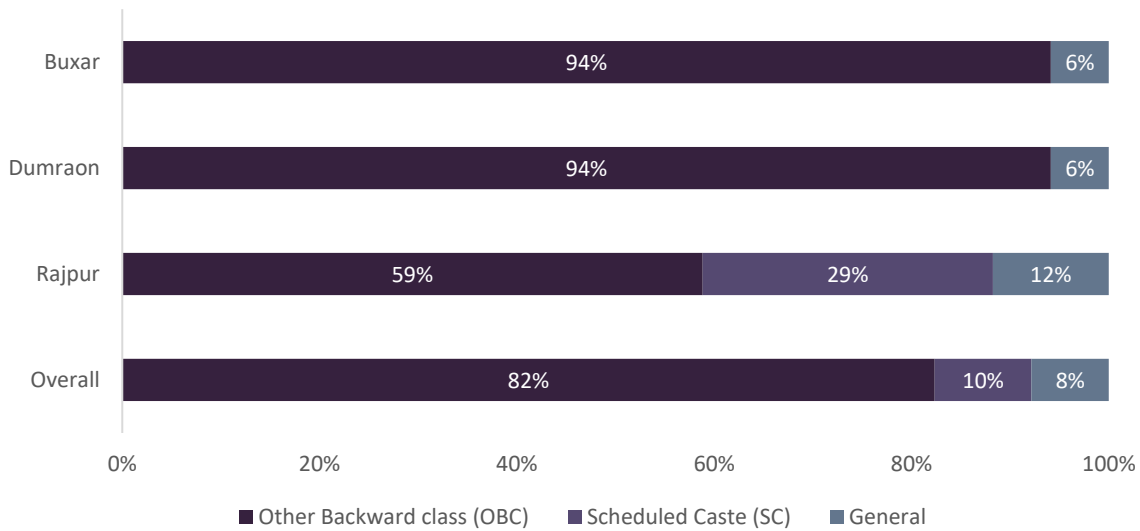
Figure 13: Patients being registered at MMU in Bihar



#### f) Social category

A very large majority of the respondents belong to the Other Backward Caste (OBC) category i.e. 82% followed by 10% Scheduled Caste (SC) category and 8% General category. The block-wise analysis shows that in Buxar and Dumrao more than 90% respondents belonged to OBC category and Rajpur had about 60% such respondents. It was only Rajpur that had some respondents belonging to the SC category.

Figure 14: Social category

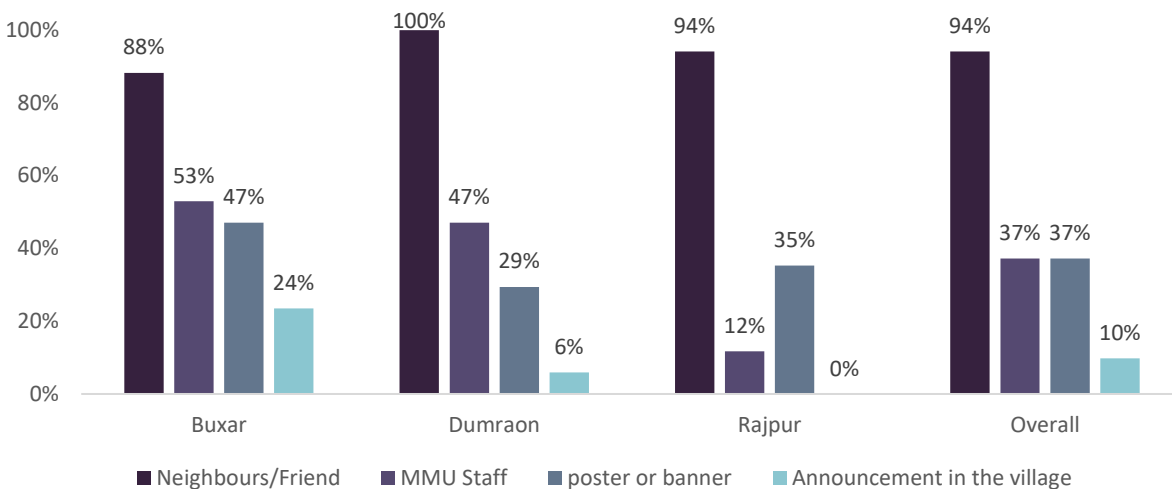


(Source: NABCONS quantitative survey)

### Awareness about Mobile Medical Unit (MMU)

All the respondents who took part in the survey were aware about the MMU operations in their village. At the start of the project intervention the NGO generated awareness about the MMU operation, so that maximum people can avail benefit of the MMU. For the beneficiaries, neighbours/friends, MMU staff, poster and MMU announcement were the primary sources through which they got to know about the MMU. The fact that overall 94% respondents got to know about MMU facility through neighbours and friends shows a strong word of mouth for the MMU services, indicating that the beneficiaries who have availed and liked the services at the MMU have further promoted it among their known ones in the village. About 37% have informed that they came to know about MMU from the MMU staff themselves who came to the village to promote and 37% others have got to know about MMU services from a poster about the services. About 10% also came to know about it first from the announcements by MMU. The trends across the blocks are almost similar with the exception of Rajpur where a relatively lower proportion heard about the MMU from the staff. The block wise details on how the beneficiaries got to know about the MMU have been given in the graph.

Figure 15: Information source of MMU

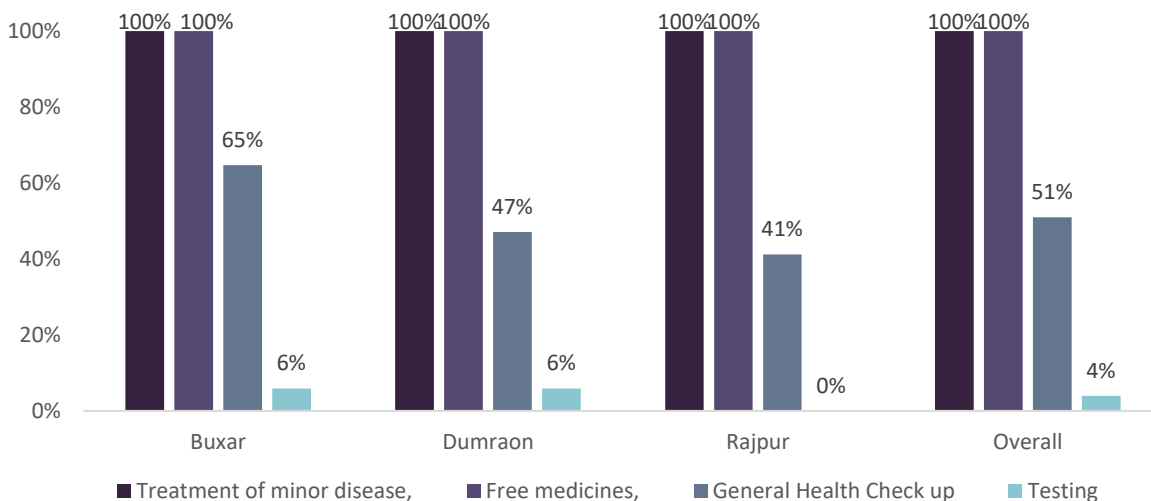


(Source: NABCONS quantitative survey)

### Services availed at the Mobile Medical Unit

All the beneficiaries reported that they have availed services of the MMU and they have chosen MMU for treatment of diseases. Since the purpose of the MMU is to provide basic healthcare services to the last mile, the response is in line with the purpose of the MMU. All the beneficiaries who availed diagnosis and treatment at the MMU have also availed free medicines available. About 51% beneficiaries have also come for a general health check up at the MMU. The testing facilities have however not been very widely used among the sample beneficiaries. One reason for this is that majority of the disease do not generally require a test. But the availability of the same in the van helps to cater to any patient who might need such a facility and is not in a position to afford it

Figure 16: Details of services availed from MMU



(Source: NABCONS quantitative survey)

## Disease profile of sample respondents

The common diseases/health issues faced by the respondent beneficiaries were cold/fever, back pain, physical injuries, general weakness, gastritis and hypertension. Cold/fever is the most common disease and all the beneficiaries reported that someone in their family had cold/fever, followed by back pain by 67%, physical injuries by 53% and general weakness by 41%.

However it was not in all cases that the beneficiary made visit to the MMU. One of the reasons for this as reported by the beneficiaries was the low frequency and uncertain timings of the MMU, because of which the beneficiaries had to depend on others medical facilities for their treatment.

In case of cold/fever even though all the beneficiaries reported to have occurrence of the disease in their family, but only about 67% sought treatment at MMU. Due to the high number of villages that each MMU van has to cover, the frequency of visit to each village was only about once in a month. For this reasons the people who contracted cold/fever would choose to go to a local quack, PHC/CHC or private doctor. But most people still preferred local quacks for minor diseases. In some other cases the treatment was not sought as the cold/fever might have been of a minor nature and had healed itself.

Similarly in case of physical injuries, while 53% reported that someone in the family encountered an injury but only 22% sought treatment as majority of those who had minor injuries preferred to treat the same at home itself. The difference in the proportion of disease occurrence and seeking treatment at MMU is linked to the nature of disease. In case of minor diseases requiring immediate attention such as fever/physical injuries, people seek any locally available medical help of disease which do not require immediate attention and are of persistent nature such as back pain, general weakness, gastritis and hypertension the beneficiaries choose to wait for the MMU to get medicines.

It is important to note that the beneficiaries find the medical services provided by MMU to be of good quality but requested that the frequency of the visits be increased. This would also be covered later in the report. The trust that the village residents have on the MMU is corroborated by the fact they are willing to wait for the MMU in case of minor diseases not requiring immediate treatment.

The details of the disease occurrence amongst the sample beneficiaries and treatment sought the MMU has been given in the table below.

Table 8: Proportion of disease occurrence and treatment at MMU

Disease	Buxar		Dumraon		Rajpur		Overall	
	Disease occurrence	Treatment at MMU	Disease occurrence	Treatment at MMU	Disease occurrence	Treatment at MMU	Disease occurrence	Treatment at MMU
Cough/Cold/Fever	100%	47%	100%	59%	100%	94%	100%	67%
Back pain	71%	71%	41%	41%	88%	82%	67%	65%
Physical injuries	71%	35%	41%	12%	47%	18%	53%	22%
Generalised weakness	59%	59%	53%	53%	12%	12%	41%	41%
Gastritis / Peptic ulcer	29%	29%	41%	41%	6%	6%	25%	25%
Hypertension	24%	6%	0%	24%	0%	0%	10%	10%
Others	0%	0%	12%	12%	0%	0%	4%	4%

(Source: NABCONS quantitative survey)

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

During the interaction with the beneficiaries, they shared that the frequency of the MMU van to each village was very low. It was reported that it came to a village for only about once in a month or in some rare instances twice in a month. The major reason for this, was the high number of village that each MMU van had to cover. Each van is responsible for about 25 villages and hence in a month is only able to cater to a village once.

Additionally the respondents reported that they were not aware of the specific date/time fixed for the MMUs van's visit to their village. Based on the discussion with the implementing partner it was found that a timetable is prepared and is in place but the beneficiaries in the village reported that they don't have access or information of a fixed time table. Hence there is a gap in communication and going forward Dhanush Foundation must ensure that the timetable is officially communicated to people in all the villages. In case of any change in the timing it should be communicated to the village in advance.

All the respondents mentioned that the time/date of the MMU is not fixed and that they are not informed about the visit by the MMU in advance. All the beneficiaries reported that they get an update on the field visit on the same day when the MMU comes in the village. For this reason there have also been some incidents that the beneficiaries have not been able to go to the MMU.

Figure 17: Beneficiary response on whether date & time of MMU's visit is fixed

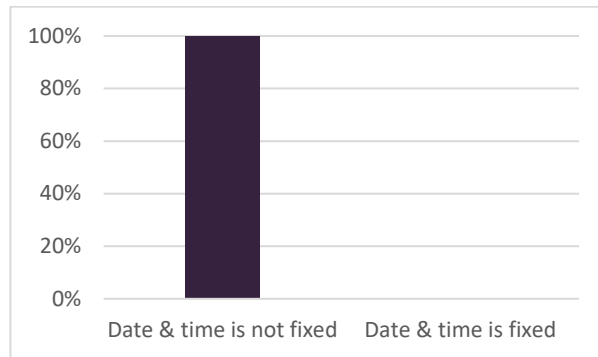
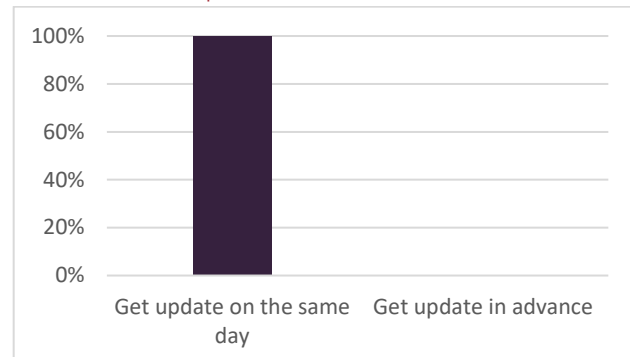


Figure 18: Beneficiary response on when they get an update on MMU's visit

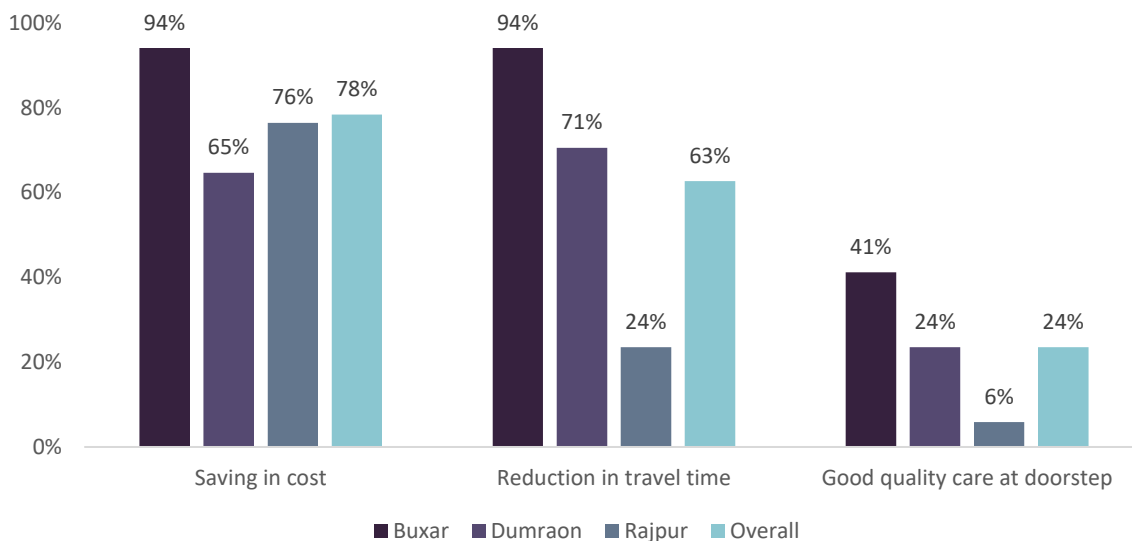


(Source: NABCONS quantitative survey)

### Benefits from Mobile Medical Unit (MMU)

The major benefits as perceived by the beneficiaries is the saving in cost and reduction in travel time. 78% beneficiaries mentioned saving in cost as benefit of MMU and 63% beneficiaries mentioned reduction in travel time as a benefit of the MMU. Those who are able to get treatment at the MMU do not go to private doctors, who generally charge high. Additionally the local quacks who are not certified and provided improper, treatment also charge some money. For those who are able to get the services at MMU have reduced their dependence on doctors and local quacks to some extent which has helped them save on cost. Additionally even to visit the private doctor or CHC/PHC/district hospital they had to spend money which has also reduced to some extent as they can now avail the benefit of MMU services within the village. Another benefit mentioned by the beneficiaries was that they were able to get good quality care within their village itself. However this was reported by only about 24% of the respondents. One of the reasons for this is the low frequency of MMU visit because of which they are not able to get the required care and support from MMU on a need basis. If steps are taken to increase the frequency of the visit the satisfaction on quality of care can improve. The key benefits reported by the beneficiaries have been illustrated in the graph below:

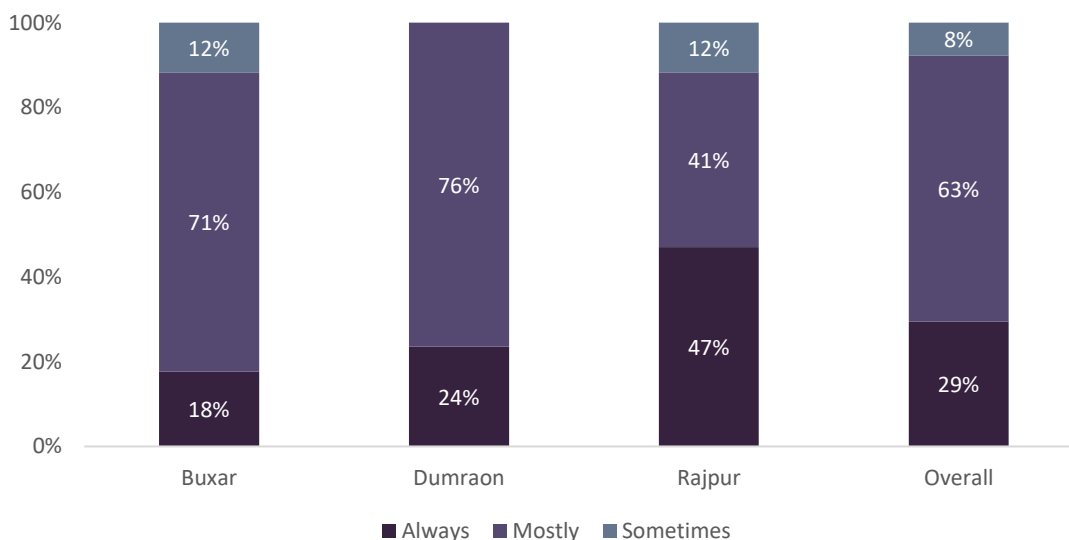
Figure 19: Key benefits of Mobile Medical Unit (MMU) perceived by beneficiaries



(Source: NABCONS quantitative survey)

The block wise analysis shows that a comparatively higher proportion of beneficiaries in Buxar acknowledged the benefits of the MMU. The proportion of beneficiaries reporting saving in cost in Buxar was 94% as compared to 65% in Dumraon and 76% in Rajpur. Similarly 94% respondents reported reduction in travel time as a benefit as compared to 71% in Dumraon and 24% in Rajpur. Additionally, 41% respondents in Buxar reported good quality care as a benefit as compared to 24% in Dumraon and 6% in Rajpur.

Figure 20: Adequate attention at MMU during treatment

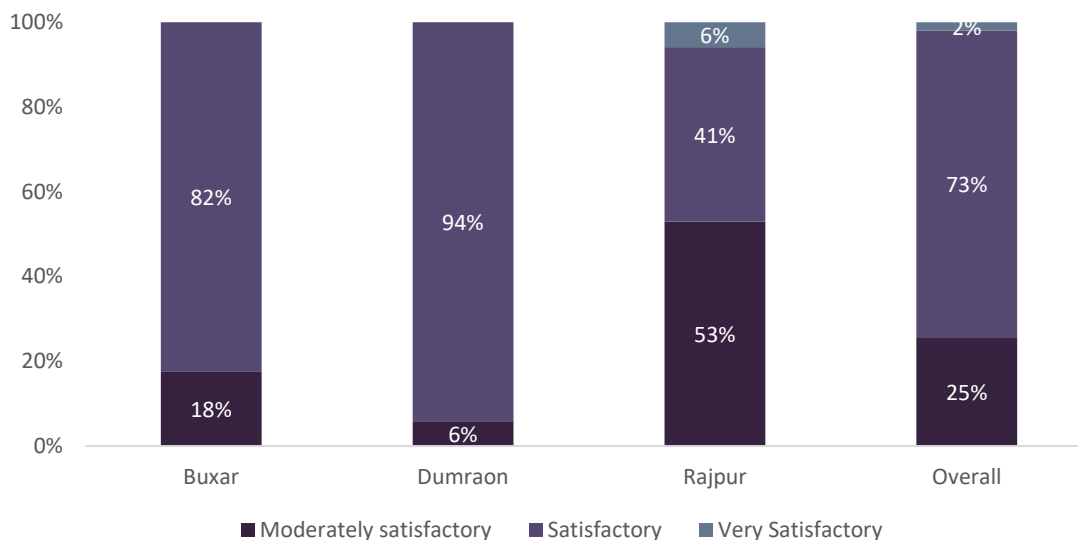


(Source: NABCONS quantitative survey)

Most of the beneficiaries feel that they get adequate attention during treatment at the MMU. 63% reported that they get adequate attention most of the time and 29% reported that they always get adequate attention. During the interactions they were also

appreciative of the overall behaviour of the staff. The beneficiaries also found the quality of treatment provided at the MMU to be good. The level of satisfaction with the quality of treatment provided has been given below

Figure 21: Satisfaction with the quality of treatment



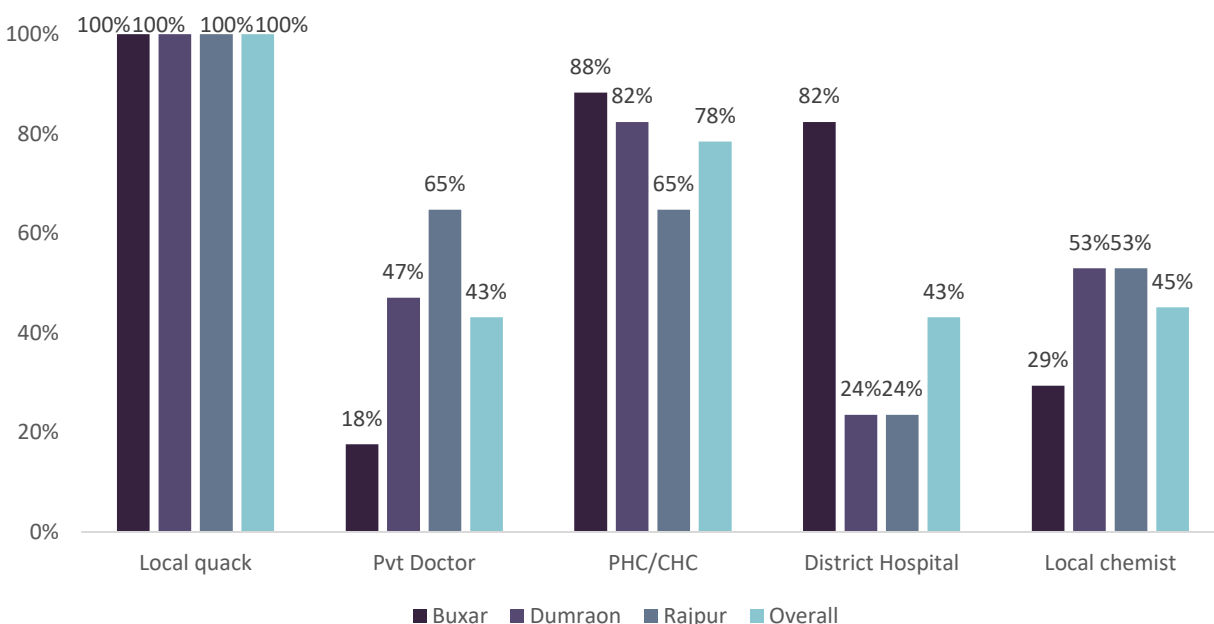
(Source: NABCONS quantitative survey)

Majority of the beneficiaries were satisfied with the services provided by the MMU. 73% beneficiaries reported that they were satisfied and 25% reported that they were moderately satisfied and 2% reporting as very satisfied. Though majority are have reported to be satisfied but there is a scope to improve satisfaction level by improving the timeliness, fixing a time and adhering to the same.

### Changes in beneficiary treatment pattern

The survey respondents were asked about where they went for medical treatment before and after the MMU intervention in their village. The beneficiary response shows that there is in general a large dependence on local quacks for treatment. Quacks are unregistered and unqualified persons providing medical treatment to people which can also cause harm to such people receiving the treatment. As per the data prior to the intervention all the respondents in all villages went to local quacks for treatment of some or the other disease.

Figure 22: Treatment pattern before MMU intervention



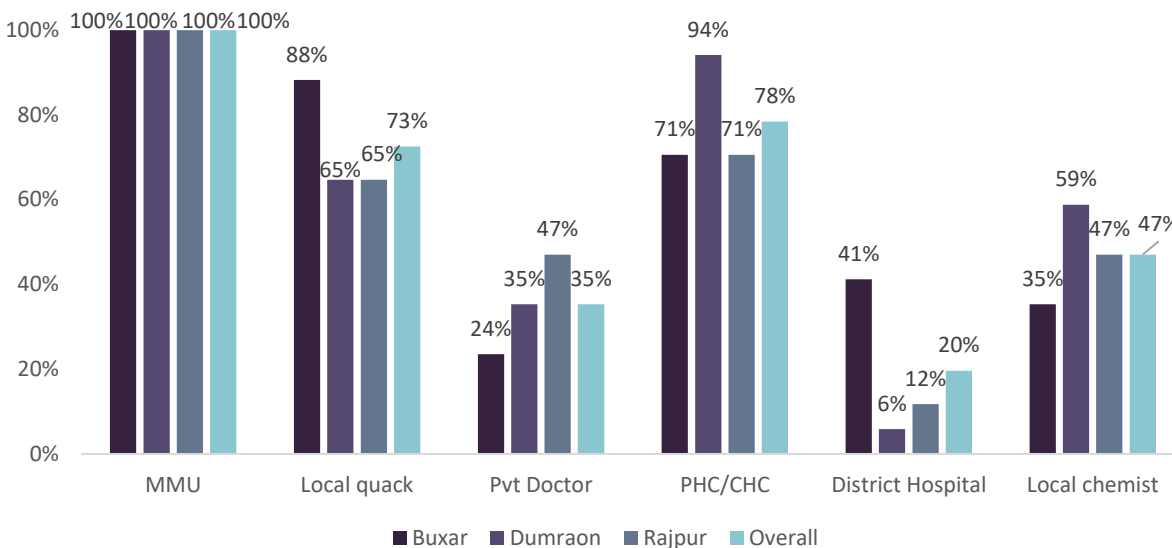
(Source: NABCONS quantitative survey)

With the intervention their dependence is weaning away, but slowly. As compared to 100% respondents going to quacks before the intervention, now about 73% people go to quacks i.e. a reduction of 27%. Proportion of such people is still high in Buxar (88%) followed by Dumraon and Rajpur (65% each). One of the reasons for this is that they have been dependent on the local quacks since a long time. Additionally these quacks are mostly available within the village itself and even provide a home visit if needed. Whereas in order to access the registered medical practitioners such as private doctor or district hospital they have to travel long distances of anywhere between 10-40 km depending on their village. Hence they are still dependent on local quacks and still have some trust in them.

During the interactions it was also observed that though the PHCs were available in two out of the three villages but at most time it was not regularly operational due to lack of staff or the level of trust on the quality of treatment was low. In case of Kashipur village in Buxar the village residents faced the problem of lack of staff and in case of Kharahana village in Rajpur the village residents were not satisfied with the quality of treatment and hence some preferred going to local quacks instead.

Also since the frequency of MMU is very low they have not been able to reduce the dependence on the local quacks completely.

Figure 23: Treatment pattern after MMU intervention



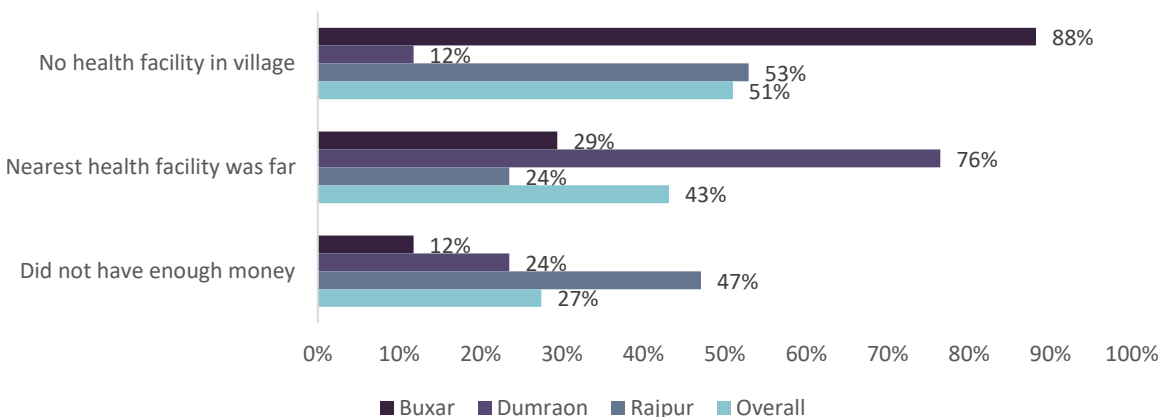
(Source: NABCONS quantitative survey)

Given the above reasons there is a need to create awareness among the beneficiaries that they should go to only those who are registered medical practitioner. The aim of the project intervention should be to reduce dependence on such quacks.

It is important to note that the people are dependent on the PHC, local quacks only for minor diseases, but for any major disease or for disease which have not cured in time they prefer to go to district hospital or private doctor.

The study also tried to understand the reasons for beneficiaries not going to a registered medical practitioner/doctor before the intervention. Distance was one of the major reasons for not visiting a private doctor or district hospital before the MMU intervention. The graph given below illustrates the block wise reasons shared by beneficiaries for not visiting the doctor before the MMU intervention.

Figure 24: Reasons for not visiting doctor before the MMU intervention



(Source: NABCONS quantitative survey)

Private Doctors are not within the village and the average distance to the private doctor is about 10 km in case of all the blocks and the distance to district hospital varies from 15 to 40 km. The PHC/CHC is at a close distance of where they are able to get free treatment but do not generally seek treatment from their because of lack of staff or lack of quality treatment. Since the private doctors and local quacks both charge money hence about 27% have also mentioned not having enough money as a problem. With the MMU service available, those who able to avail them are able to save on cost and time involved in travelling and the cost of medicines and consultation fees. Most importantly they can save on the effort and inconvenience of travelling long distance in a situation when they are not well.

The respondents were asked to share a rating on different aspects of Mobile Medical Unit (MMU), on a scale of 1 to 5, where a higher rating indicates a higher level of satisfaction. The respondents have given above average rating on most of the parameters including affordability, accessibility, quality, availability of doctors and so on. The beneficiaries have also given an above average rating to the MMU being women friendly. Many beneficiaries reported that they feel safe for women to go the MMU and also shared that a female staff is generally present at the MMU. The parameter wise satisfaction rating has been given below-

Table 9: Parameter wise satisfaction rating

Parameter	Rating			
	Buxar	Dumraon	Rajpur	Overall
<b>Affordability</b>	3.3	3.3	3.1	3.2
<b>Accessibility</b>	3.6	3.3	3.0	3.3
<b>Quality</b>	3.2	3.6	2.9	3.3
<b>Availability of Doctors</b>	3.6	3.4	3.0	3.3
<b>Women friendly</b>	3.4	3.2	3.1	3.2
<b>Diagnosis of chronic disease</b>	2.1	1.8	2.9	2.2
<b>Attention to patient</b>	3.4	3.2	3.0	3.2
<b>Timings</b>	2.5	2.4	2.6	2.5
<b>Effectiveness of treatment provided</b>	3.4	3.1	3.1	3.2
<b>Overall Rating</b>	3.5	3.2	3.1	3.3

(Source: NABCONS quantitative survey)

The MMU has received a relatively low rating with respect to timings. This is owing to the low frequency of visits to the village and lack of awareness about the time and day of its visit to the village, because of which the people generally get to know about the MMU visit on the day of the visit itself.

The overall rating for the MMU is 3.3 indicating a scope for improvement. Beneficiaries were largely satisfied with the quality of service but expecting better frequency, regularity and timeliness of visits by the MMU.

Table 10: Project observations for MMU Project-Bihar

Parameter	Scale	Analysis
<b>Relevance</b>	High	<p>The project is relevant for the villages in Bihar due to their high dependence on local quacks which is not good from a safety perspective. <b>Before the intervention the dependence was 100% which has now started to reduce</b></p> <p>Additionally the government health facilities in or near the village like PHC/CHC are not properly functional and people do not get reliable treatment at these facilities. Though people still visit these facilities but their preference for local quacks is still higher.</p> <p>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.</p>
<b>Effectiveness</b>	Medium	<p>The MMU is operational in five blocks of Buxar district and catered to 46,584 beneficiaries through five MMU vans.</p> <p>The beneficiaries have <b>given a rating of 3.3. and 3.2 respectively on quality and effectiveness of treatment.</b></p>
<b>Efficiency</b>	Low	<p>As per the beneficiaries the frequency of MMU visits is very low and it comes to their village only about once in a month. The beneficiaries are not aware of the MMU's timetable and they get to know about the MMU's visit on the same day. Despite getting good quality care there is a scope to improve on the frequency and regularity of operations.</p> <p><b>MMU has received a rating of 2.5 out of 5 on timing,</b></p>
<b>Impact</b>	Medium	<p>The most noticeable impact has been the reduction in the visits to local quacks. <b>The dependence on quacks has reduced by 27%.</b> With the intervention their dependence is weaning away, but slowly. <b>As compared to 100% respondents going to quacks before the intervention, now about 73% people go to quacks.</b></p> <p>Those who were availing the services at the <b>MMU were able to save on the treatment and medicine cost. 78% beneficiaries reported this as a benefit of the MMU services.</b> But many were still not exclusively availing MMU services as the frequency of once in a month. <b>The average rating on affordability was 3.2 out of 5.</b> Earlier the <b>average medical expenditure was about Rs.2800 per annum,</b> and the beneficiaries have got some relief from the same.</p> <p>Another benefit was the reduction in travel time. Many people who needed to visit the district hospital/private doctors had to travel and the MMU has helped to reduce this to some extent. <b>The average rating on accessibility was 3.3 out of 5.</b></p>

Parameter	Scale	Analysis
		Majority of the beneficiaries were satisfied with the services provided by the MMU. <b>73% beneficiaries reported that they were satisfied</b> and 25% reported that they were moderately satisfied and 2% reporting as very satisfied
<b>Sustainability</b>	Low	<p>Though the MMU operations have been beneficial, with some scope for improvement, but once the SJVN's exits from the project there is no alternative medical facility and the beneficiaries will have to again go back to the earlier medical facilities.</p> <p>With limited co-ownership of the government or any third party, the sustainability of the project beyond the project duration is limited.</p>

### 3.3 Ayurvedic health awareness programs in the state of Himachal Pradesh, Uttarakhand and Bihar

#### 3.3.1 Project background

It is said that prevention is better than cure, and Ayurveda promotes leading a healthy lifestyle for keeping diseases at bay. With this SJVN has been promoting and creating awareness about ayurvedic practices among the people in the areas where it is operating. Ayurveda suggests the use of locally available food items as per the appropriate seasons for ensuring good health. Ayurveda texts are a rich repository and body of knowledge on health related aspects and concepts.

#### 3.3.2 Concept and design

SJVN Foundation has been conducting awareness sessions on promoting good practices of ayurveda among the general masses in its project area. For this it has partnered with a non-profit organisation Bhartiya Dharohar.

The sessions were kept informative and covered a wide range of topics selected as per the geographical location. Since the prescriptions and suggestions keep changing as per location and the audience the information delivered was also tailor made and modified accordingly. The broad topics covered during the sessions are as follows

- a) **Prevention and cure of disease:** Information about various diseases such as diabetes, stomach related problems, joint pain, and problem of high and low blood pressure, obesity, heart disease, cough, cold and asthma. The sessions provide details about the disease, general changes to be made to lifestyle and some specific measures that can be adopted by people in their day to day lives.
- b) **Season appropriate lifestyle:** The sessions also provide information on lifestyle to be adopted as per different seasons such as changes in food habits, sleeping and other habits that can be adopted or avoided in order to maintain better health and avoid occurrence of common health related problems.

- c) **Prakriti appropriate lifestyle:** As per ayurveda, humans have three type of *prakriti*- *Vata*, *Pitta* and *Khapha* and suggests that if food habits and lifestyle are adopted in accordance with the *prakriti* then a person will be able to lead a better and healthy life and avoid occurrence of diseases.
- d) **Other general information:** The sessions also covers other general food related and lifestyle related habits that can be adopted for better health. This includes awareness about avoiding junk food, food combinations to be avoided and age appropriate habits and so on. Additionally the Vaidya also talk about age and gender specific problems and solutions for the same such as knee pain for elders, period related issue for adolescent girls and women.

The ayurvedic awareness sessions were started in the year 2018 and are being conducted till date. The sessions are conducted by a *Vaidya* (ayurvedic doctor), identified by Bhartiya Dharohar. The sessions are of about 2.5-3 hours in duration and have a varied audience strength as per location. The sessions are conducted in schools, colleges, and community places etc.

In FY 2021-22, a total of about 42,669 beneficiaries were covered through the sessions conducted across the three states. The state-wise numbers have been given below

**Table 11: State wise number of beneficiaries covered under the Ayurveda project**

State	Total number of beneficiaries
<b>Himachal Pradesh</b>	34,225
<b>Bihar</b>	7,346
<b>Uttarakhand</b>	1,098
<b>Total</b>	<b>42,669</b>

(Source: Bhartiya Dharohar)

### 3.3.3 Quantitative impact findings

Since the focus of the Ayurveda project was on conducting awareness sessions of a limited duration, the outcomes are also focused on awareness. A quantitative survey was conducted under the study in order to ascertain the improvement in general awareness of the people who attended the ayurvedic awareness sessions. The study has also attempted to ascertain if they have shown interest or tried to adopt this in their day to day lives. But since the a low touch model was adopted under the project with the focus being more on larger outreach than on higher order outcomes, hence measurement of the actual adoption was not the focus of the study. The response of the project beneficiaries capturing the awareness and general changes in their lives has been given as follows:

#### Demographic Profile

The quantitative survey was conducted with a total of 108 beneficiaries for the project. Out of this 75 beneficiary surveys were conducted in Himachal Pradesh, 18 in Bihar and 15 in Uttarakhand. Since Himachal Pradesh has higher number of beneficiaries and district hence a greater number of beneficiaries were covered in state, followed by Bihar

and Uttarakhand. The state and district wise distribution of beneficiaries surveyed has been given the table given below:

Table 12: State wise respondent number distribution

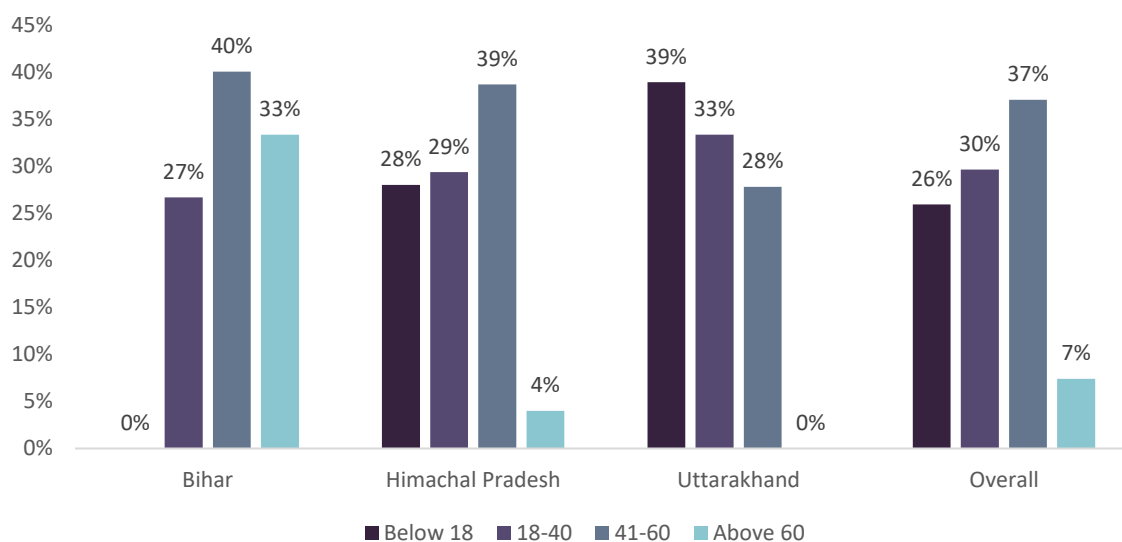
State	Block	Number of respondents
Bihar	Chausa	15
Himachal Pradesh	Karsog	12
	Mehala	12
	Nirmand	12
	Rampur	24
	Sujanpur	15
Uttarakhand	Tharali	18
<b>Total</b>		<b>108</b>

(Source: NABCONS quantitative survey)

#### a) Age distribution

Overall, the highest proportion of survey respondents were in the age group 41-60 i.e. 37%, followed by 30% respondents in the age group 18-40, 26% in the age group below 18 and 7% respondents aged above 60 years. This shows that majority of the respondents were in the middle age group. The state wise age distribution has been shown in the figure given below:

Figure 25: Age distribution



(Source: NABCONS quantitative survey)

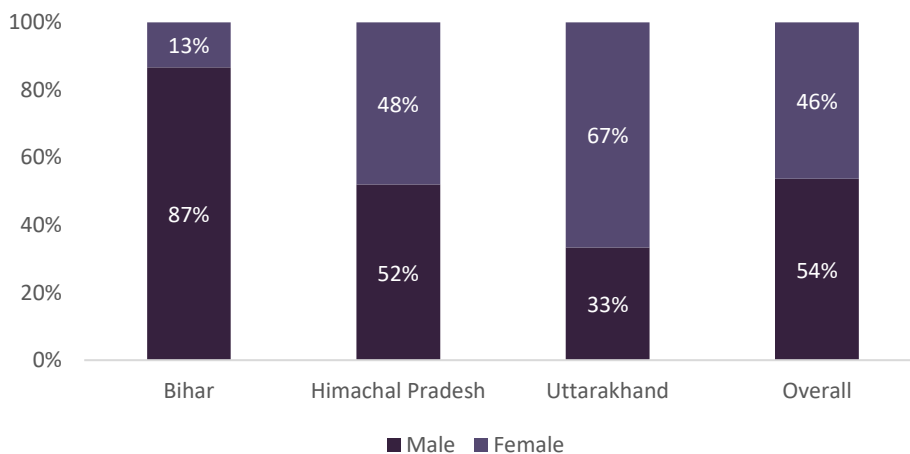
Figure 26: Ayurveda project beneficiaries being interviewed



### b) Gender distribution

The gender distribution shows that overall 54% of the survey respondents were male and 46% were female. The male female proportion was almost similar in Himachal Pradesh and Uttarakhand. In Himachal Pradesh 52% of the respondents were male and remaining 48% were female and in Uttarakhand 33% were male and 67% were female. However in Bihar a higher proportion of respondents were male with 87% being male and 13% being female. The state wise gender distribution has been given in the figure below:

Figure 27: Gender distribution of the sample



(Source: NABCONS quantitative survey)

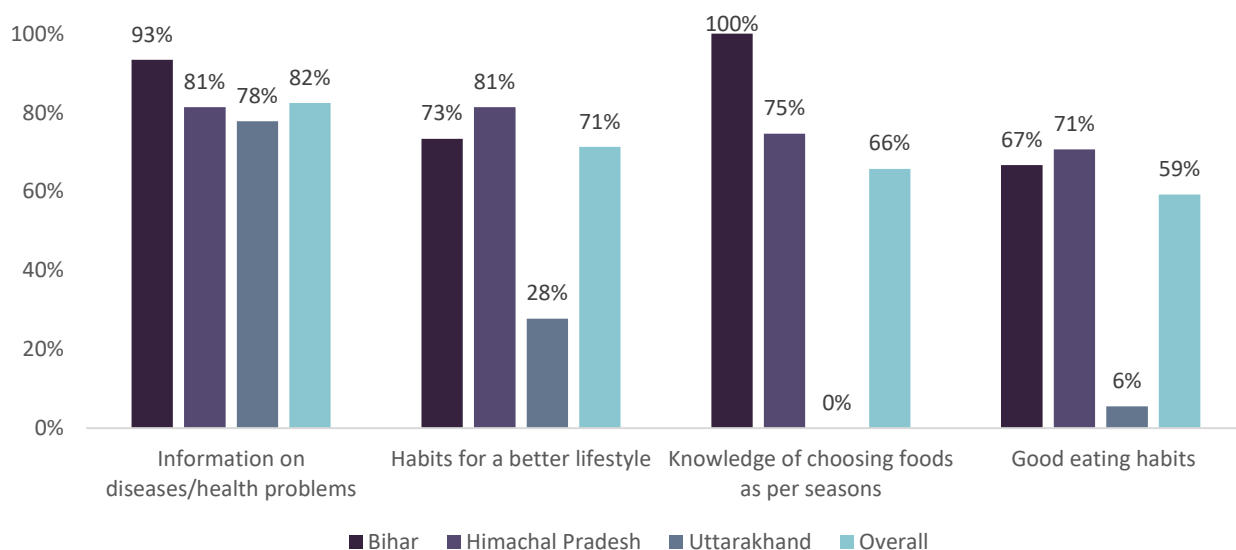
Figure 28: Ayurveda project beneficiaries in Himachal Pradesh



**Awareness session recall**

The awareness session broadly covered topics related to information on disease/health problems, habits for better lifestyle, knowledge of choosing foods as per seasons and good eating habits. Out of these topics highest recall was reported for information on health problems by 82% respondents, followed by habits for a better lifestyle (71%), knowledge of choosing foods as per season (66%) and good eating habits (59%). The recall level in Himachal Pradesh and Bihar was higher as compared to that in Uttarakhand. The state-wise percentage of recall among the beneficiaries has been given in the figure given below:

Figure 29: Recall of topics from awareness session



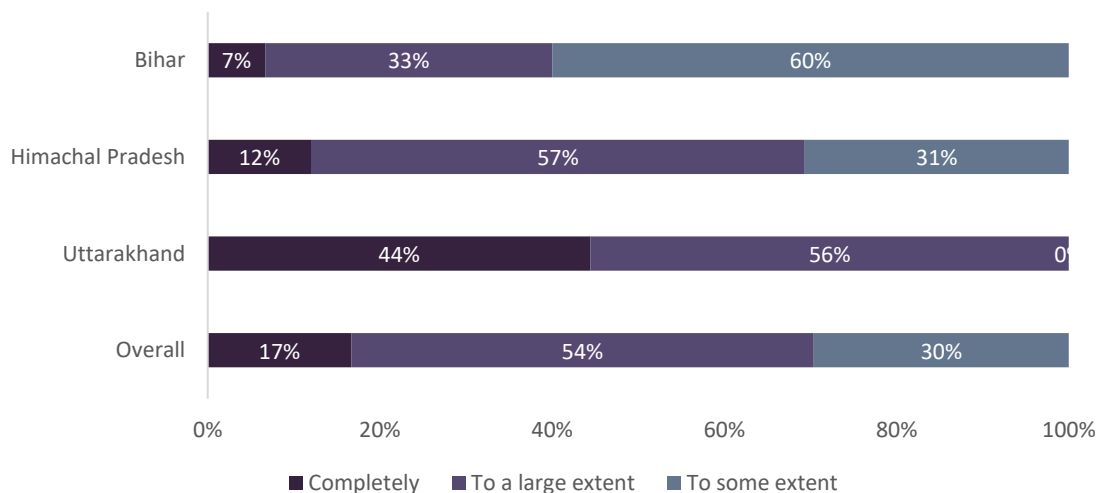
(Source: NABCONS quantitative survey)

## Eating as per seasons

One of the topics covered in the awareness session was eating appropriate foods as per the seasons. The change in seasons also has an effect on the body and the body reacts and adapts accordingly. The type of foods also has an effect on the body and the right type of foods can help the body in adapting to the change in the seasons more effectively, helps to fight off seasonal diseases and maintain the overall health of the body.

With India being a diverse country every region has a slightly different seasonal pattern and Bhartiya Dharohar team has made appropriate changes to the content delivery in different states. The survey respondents were asked if they have become more mindful of their eating habits after attending the ayurvedic awareness session. Most of the respondents have mentioned that they were mindful either to a large extent (54%) or completely (17%). About 30% respondents mentioned that they were mindful to some extent. This is a positive shift in awareness level where people have started becoming more mindful and this might help them in coping up with the change in seasons in a better way. The state wise survey response for same has been given in the figure below.

Figure 30: Mindful of eating habits as per season after attending the sessions



(Source: NABCONS quantitative survey)

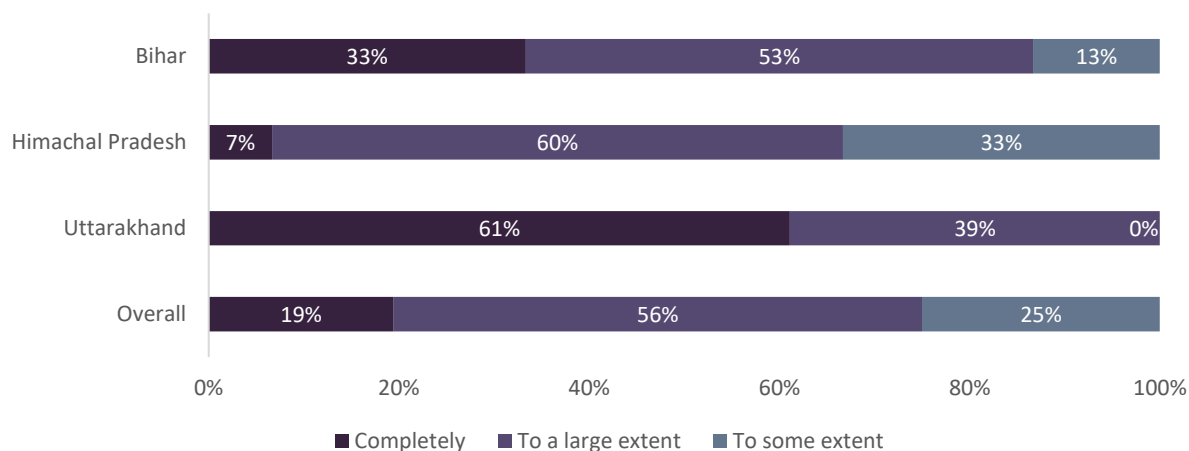
The state wise trends show that the awareness relating seasonal eating habits is comparatively higher in Uttarakhand, followed by Himachal Pradesh and Bihar. In Uttarakhand, 44% respondents are completely mindful and 56% are mindful to a large extent and in Himachal Pradesh 12% are completely mindful and 57% are mindful to some extent. Whereas in Bihar 7% are completely mindful of seasons eating habits, 33% are mindful to a large extent and 60% are mindful to some extent.

## Abiding by the *Prakriti* (Nature)

As per Ayurveda, the human body has three *prakritis* (nature) and each *prakriti* has a certain effect on the body. Hence it is suggested to keep the food habits and lifestyle in

accordance with these *prakritis* for a healthier body. The awareness sessions covered a specific topic on this subject. During the survey the beneficiaries were asked if they believe that leading a lifestyle in accordance with *prakriti* is useful. Out of all the respondents 56% felt that it is helpful to a very large extent and 19% respondents feel that it is completely helpful. The remaining 25% feel that it is useful to some extent. The state wise response has been given in the figure below.

Figure 31: Respondents feeling prakriti appropriate lifestyle is helpful



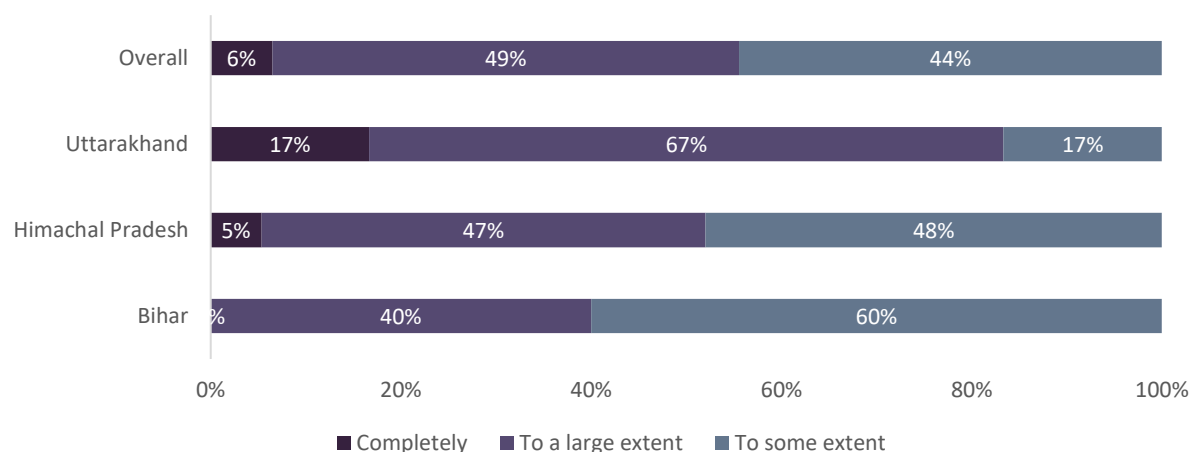
(Source: NABCONS quantitative survey)

As can be seen in the graph, a higher proportion of respondents in Uttarakhand feel that Prakriti appropriate lifestyle can be helpful followed by Bihar and Himachal Pradesh. In Uttarkhand, 61% people feel that it is very helpful and remaining 39% feel that it is helpful to a large extent. In Bihar the proportion of people feeling it is very helpful and helpful to a large extent is 33% and 53% respectively and in Himachal Pradesh the proportion of such people is 7% and 60% respectively.

### Reduction in junk food intake

It is well know that consumption of junk food is not good for overall health and its regular consumption can lead to several health problems. The session also covered this topic where people were made aware about the ill effects of junk food consumption. People were asked during the survey if they have been able to reduce the consumption of junk food. Overall only 6% respondents have mentioned that they have been able to completely reduce the intake of junk food, 49% have mentioned that they have reduced the intake to a large extent and 45% have said that they have reduced the consumption of junk food to some extent. This shows that while it may not be possible to completely avoid junk food but with awareness it consumption can be regulated and reduced. The state wise break-up of the survey response has been given in the figure below:

Figure 32: Reduction in intake of junk food



(Source: NABCONS quantitative survey)

### Awareness about diseases

During the awareness sessions, people were also told about various common diseases and their causes and ways of dealing with such diseases. These included information on diseases such as diabetes, stomach related problems, joint pain, problem of high and low blood pressure, obesity, heart disease, cough, cold and asthma. During the survey, people were asked if they could recall the information shared on the diseases during the session and were asked to give a rating on each topic based on its usefulness to them. The state wise response on each topic has been given below-

Table 13: Disease topic recall and usefulness rating

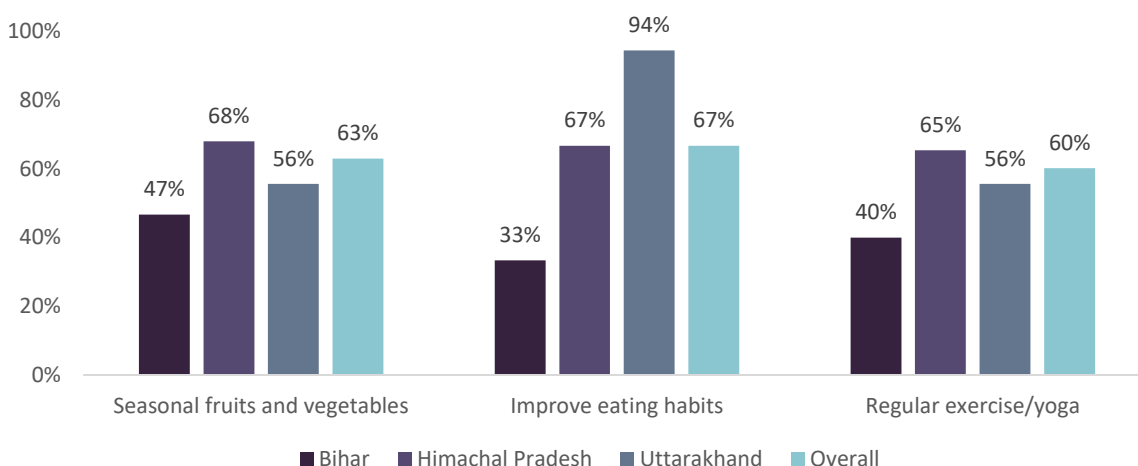
Disease	Bihar		Himachal Pradesh		Uttarakhand		Overall	
	Recall %	Average rating	Recall %	Average rating	Recall %	Average rating	Recall %	Average rating
Diabetes	73%	2.3	79%	3.0	100%	2.9	81%	2.9
Obesity	67%	2.5	79%	3.5	100%	2.8	81%	3.2
Heart Diseases	67%	1.9	84%	3.2	100%	3.6	84%	3.1
Stomach related problems	100%	2.1	79%	3.7	100%	3.7	85%	3.5
Knee Pain	100%	2.5	83%	3.6	100%	4.4	88%	3.6
Cough and cold	100%	2.8	93%	4.4	100%	3.9	95%	4.1
Low/high blood pressure	80%	1.9	88%	3.7	100%	4.2	89%	3.6

(Source: NABCONS quantitative survey)

## Changes made due the awareness session

After attending the awareness sessions, people reported to have started making some changes in their day to day lives. Some of these changes were eating fruits and vegetables as per the season, improving eating habits like avoiding junk food, or eating late at night and doing regular exercise and yoga. Even though these changes may be small steps but adding on to these changes in an incremental manner will be helpful in the long run. Even though people have reported changes in lifestyle but it is difficult to ascertain the extent of attribution to the ayurvedic awareness session. This is because the session was only for about 2-3 hours and though it would have had a positive effect, there could be many other factors which could have contributed to this change for example information from other sources, personal attitude and characteristics, attending other sessions and course etc. But given the scope of the study it is encouraging to see the change that people have introduced in their lives. The state wise adoption reported by respondents has been given in the figure below:

Figure 33: Changes in lifestyle after attending the session

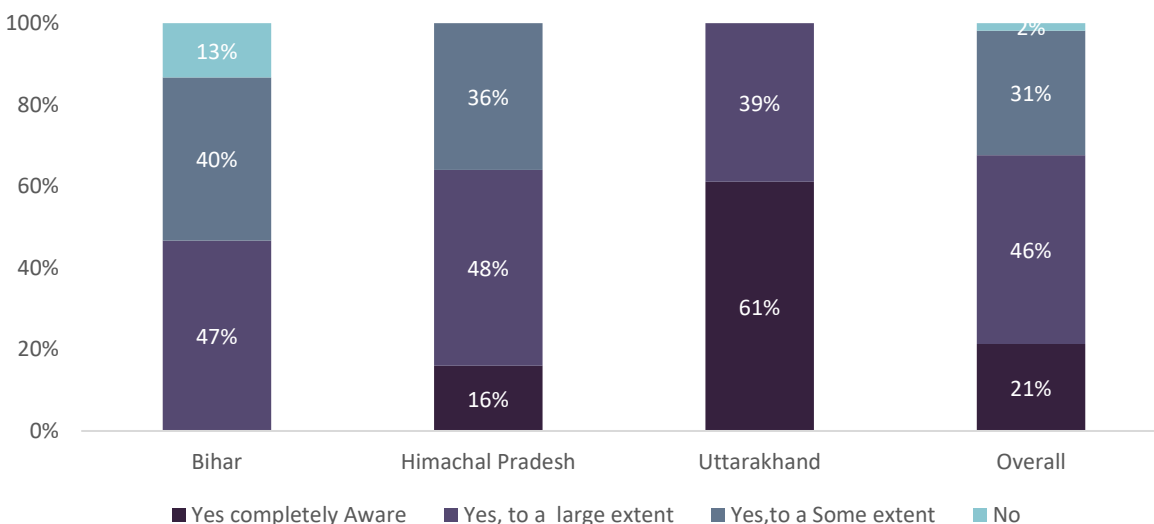


(Source: NABCONS quantitative survey)

## Overall improved awareness

Overall the people have reported an improved awareness on leading a healthy lifestyle with the help of ayurveda. As has been mentioned in the in the sub sections above they have gained awareness on various topics like use of seasonal fruits and vegetables, causes and simple remedies for diseases, good eating habits and general habits for a better lifestyle. The state wise response on improved awareness has been illustrated in the figure given below:

Figure 34: Improved awareness on healthy lifestyle using ayurveda



(Source: NABCONS quantitative survey)

Though the camps conducted were primarily intended for increasing the general level of awareness on ayurveda, but people could also consult the Vaidya about any specific problem that they may have, on a one on one basis towards the end of the session. Among the 108 respondent 16 sought a personal consultation with the Vaidya after the session. Out these 16, 10 reported to have got a satisfactory resolution to the problem.

Table 14: Project observations for Ayurveda awareness program

Parameter	Scale	Analysis
<b>Relevance</b>	Medium	Since the program focusses on improving general awareness level of people with respect to adopting a healthy lifestyle based on Ayurveda, hence it is relevant. This may further help people to reduce the incidence of diseases through adoption of a healthy lifestyle.
<b>Effectiveness</b>	Medium	In FY 2021-22, <b>a total of about 42,669 beneficiaries were covered</b> through the sessions conducted across the three states.  There was a high recall of some topics covered in the session such as <b>information on health problems (82%), habits for a better lifestyle (71%), knowledge of choosing foods as per season (66%) and good eating habits (59%).</b>
<b>Efficiency</b>	Medium	The program has been efficient in terms of a large coverage in a span of one year where the implementing team has conducted sessions in diverse geographies for a large number of people.
<b>Impact</b>	Medium	The impact has been largely related to awareness with the attribution of actual adoption in the day to day lives to the awareness sessions being limited. Though the respondents have reported some changes in lifestyle which are as follows

Parameter	Scale	Analysis
		<p><b>49% have mentioned that they have reduced the intake of junk food</b> to a large extent and 45% have said that they have reduced the consumption of junk food to some extent and 6% have mentioned that they have reduced the junk food intake completely.</p> <p>After attending the awareness sessions, people reported to have started making some changes like eating fruits and vegetables as per the season, improving eating habits like avoiding junk food, or eating late at night and doing regular exercise and yoga</p>
<b>Sustainability</b>	Low	The outcome of the sessions is of a lower order i.e. focussing on the awareness, and by design it is unlikely that it will lead to any long term impact as it is only a 2.5 -3 hour session. Hence the sustainability is low.

### 3.4 Financial support for construction of Indian Association of Muscular Dystrophy, Solan (HP)

#### 3.4.1 Project background

Under its CSR initiative, SJVN provided financial support to Indian Association of Muscular Dystrophy (IAMD) for the construction of a seven storey building for its permanent centre in Kothon under P.O. Shanti, Tehsil & District- Solan having all the required facilities for providing all round care and support to people afflicted with muscular dystrophy.

IAMD was established in 1992, with an objective of providing relief and rehabilitation to the people afflicted with Muscular dystrophy. Since then it has been working for the benefit and betterment of the affected people by generating awareness and providing care.

Muscular dystrophy refers to a group of hereditary disorders that cause progressive, generalised muscle weakness and atrophy. Muscular dystrophy is a non-communicable disorder and has many variations. Till now there is no available cure for muscular dystrophy and only medication and therapy can be used to manage the symptoms and slow the course of disease.



Figure 35: IAMD Solan

### 3.4.2 Project concept & design

SJVN Foundation agreed to provide grant under its CSR initiative to the IAMD for construction of a permanent centre in 2013 and gave its first funding at that time. Prior to the construction of the building IAMD used to operate from residential buildings and conducted camps for the patients suffering from Muscular Dystrophy, but it lacked certain infrastructure and facilities such as hydro-pool, adequate number of rooms and space for providing comprehensive care to patients. With the construction of the building it can now provide many new facilities like hydrotherapy and provide all round comprehensive support to the patients.



Figure 36: IAMD Building at Solan

The building construction was started in 2013 and was completed in the year 2020. The first two floors were constructed and complete by 2017 and IAMD started with the camps in this building from the same year. IAMD started operating from the other floors with the completion of the subsequent floors.

The building has a total area of 71,649.39 sqft with a total of seven floors having different facilities at each floor for the patients. The details of the facilities has been given below-

Table 15: Infrastructure details of IAMD

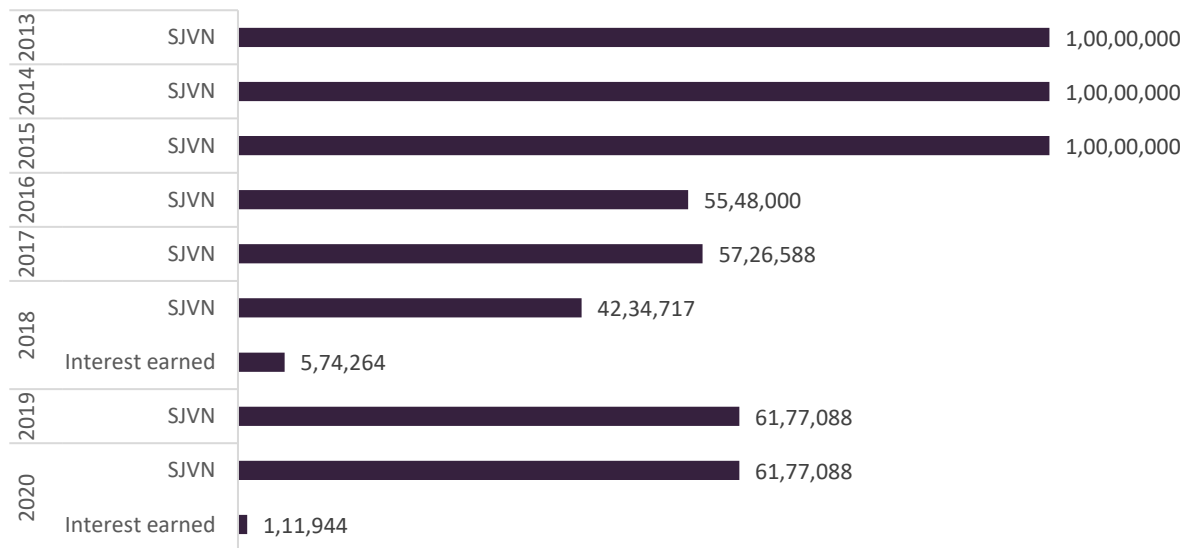
Infrastructure details	Number
<b>Facility centres/rooms</b>	
Big Hall used for Physiotherapy	1
Physiotherapy hall	1
Hydro-pool(30-35 patients daily)	1
OPD for general check up	1
Activity Hall	1
Hall for research work	1
Telemedicine hall	1
Conference hall	1
Auditorium/multi-purpose hall	1
Art galley	1
<b>Residential rooms</b>	
Private rooms	18
Single room	5
Dormitory	3 (30 patients)

Infrastructure details	Number
Other rooms	1
Common washrooms	26
Room/flat for research scientist	2
<b>Admin rooms</b>	
Admin Block	1
Office room	1
Reception	1
<b>Other facilities</b>	
Parking	1 for 20 vehicles
50KW solar plant	1
9.5 lakh litre rainwater storage capacity	1
<b>Miscellaneous/support rooms</b>	
Dining hall with Kitchen	1
Cafeteria with Kitchen	1
Pantry	1
Store rooms	6
Laundry room	1
Fire Machine Room	1
Hydro pump room	1
Power room	1

(Source: IAMD database)

A total amount of Rs. 5.85 crore has been spent on the construction of the seven-storey building along with all the facilities in the building. The year wise funding details from SJVN for the IAMD building has been given in the figure below:

Figure 37: Funding support for construction of IAMD building (In Rs.)



(Source: IAMD database)

## Services and treatment available to patients

The financial support by SJVN Foundation has helped in the construction of a state of the art infrastructure, with which IAMD is now able to provide all round and comprehensive care to the people afflicted with muscular dystrophy. The patients can enroll for a week long residential camp where they attend various sessions which have been specially designed to provide comprehensive treatment and care. A special focus is laid in providing emotional and mental support so that they feel motivated. Details of the treatment and facilities available to the patients have been given below

a) **Physiotherapy:** As mentioned above physiotherapy is one of the only available means of treating the symptoms and slowing the course of disease. IAMD offers state of the art therapy with special gadgets to provide physiotherapy treatment to the MD afflicted. With dedicated machines available for physiotherapy the centre is not only able to provide different types of physiotherapy services helping different parts of the body but also offer the same for a longer duration.

Figure 38: Patient undergoing hydrotherapy



b) **Hydrotherapy:** Hydrotherapy can be a highly effective form of therapeutic exercise for people afflicted with Muscular Dystrophy. IAMD has an indoor heated pool with steam facility for offering hydrotherapy to its patients. Hydrotherapy involves the use of water for pain relief and treatment by performing special exercises in a warm-water pool and focuses on controlled movements and muscle relaxation. It helps to improve and maintain mobility, strength and flexibility of muscles.

c) **DNA & Carrier Testing:** IAMD also has an in house facility for DNA carrier testing. This is among the most effective techniques for determining whether there is a danger of transferring the condition to any future children for a patient. This is important from the point of view of family planning for the individuals. The centre also offers genetic counselling to its patients on a regular basis.

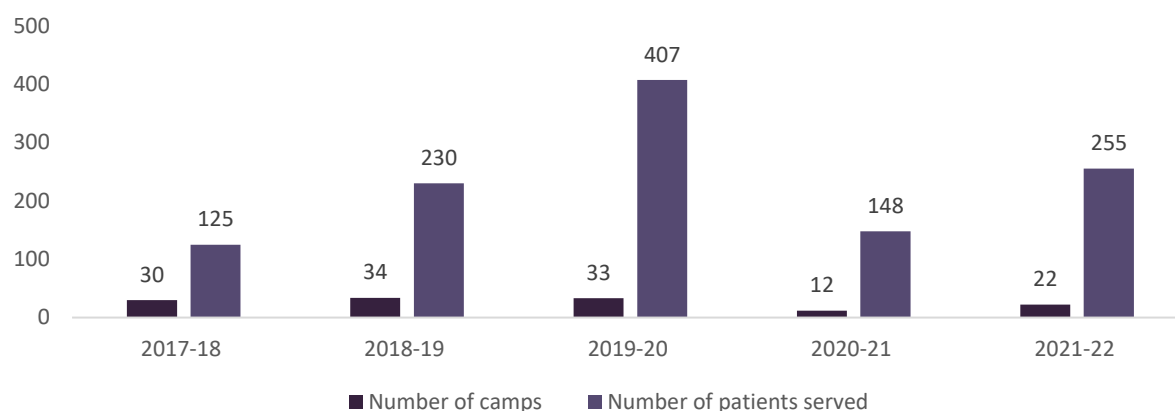
d) **Psychological Counselling:** Apart from other therapies such as physiotherapy and hydrotherapy which primarily focus on the physical aspect of the disease, IAMD also offers psychological counselling which is an important part of the rehabilitation process. MD afflicted people are at risk of developing depression which affects their ability to cope up with the disease and lead their lives properly. The counselling sessions helps to support the mental health of patients, enabling them to deal with the disease in an effective manner.

- e) **General Medical Check-ups:** General medical check-ups are being carried out at IAMD on a regular basis for MD afflicts. These medical check-up are conducted for knowing the general health status, identify the risk for any future disease and promptly treat any issues that are identified.
- f) **Dental Check-up:** Dental care is often neglected by the person afflicted with Muscular Dystrophy. Decreasing muscle function are often associated with increased plaque and calculus accumulation for the patients. The patients are provided with free dental check-up where they are told about the importance of dental hygiene through hygiene counselling
- g) **Yoga, pranayama and meditation:** IAMD has dedicated sessions of Yoga, pranayama and meditation which not only helps them to improve their physical status by different muscle movement and improve their lung capacity by breathing exercises but also help them rejuvenate mentally and emotionally.
- h) **Diet Plan:** Realising that proper intake of nutrition is of utmost importance for the patients, IAMD provides planned and nutritious diet at the camps through its kitchens but also provides nutritional guidance and detailed diet plans which they can refer after completing the course at IAMD.
- i) **Picnics with a purpose:** The outdoor movement of the people afflicted with Muscular dystrophy is often restricted and going out remains a dream for them. Outdoor picnics are organised by IAMD which provide an opportunity to go out and spend some quality time amidst nature. This helps to not only get a refreshing experience but also bridge the social gap and bond with others.
- j) **Recreational Activities:** IAMD also organises recreational activities Muscular Dystrophy afflicts and their families with volunteer from nearby educational Institutions which help to enhance their spirits and motivates them through entertainment and fun activities.

### Patients served

From FY 2017-18 to FY 2021-22, IAMD has conducted a total of 131 camps and served of 1165 patients through these camps. The patients came from different states of the country which includes Madhya Pradesh, Haryana, Bihar, Chhattisgarh and Uttar Pradesh etc. The year wise break-up of the number of camps conducted and patients served has been given in the figure below:

Figure 39: Number of camps and patients- IAMD



(Source: IAMD database)

### State wise patient distribution

The patients availing the treatment at the IAMD, belonged to various states from the country. Majority of the patients were from Himachal Pradesh i.e. 544 patients, followed by 114 patients from Uttar Pradesh, 111 patients from Haryana and 64 patients from Delhi. The state wise distribution of patients from 2017-18 to 2021-22 has been given in the table below.

Table 15A State-wise distribution of patients- IAMD

Year	Himachal Pradesh	Uttar Pradesh	Haryana	Delhi	Punjab	Rajasthan	Madhya Pradesh	Others	Total
<b>2017-18</b>	59	12	15	5	8	8	2	16	<b>125</b>
<b>2018-19</b>	91	31	20	9	10	14	7	48	<b>230</b>
<b>2019-20</b>	203	33	33	19	24	14	18	63	<b>407</b>
<b>2020-21</b>	71	13	16	19	4	8	6	11	<b>148</b>
<b>2021-22</b>	120	25	27	12	11	13	8	39	<b>255</b>
<b>Total</b>	<b>544</b>	<b>114</b>	<b>111</b>	<b>64</b>	<b>57</b>	<b>57</b>	<b>41</b>	<b>177</b>	<b>1165</b>

(Source; IAMD Database)

As can be seen in the data that the proximity of the state to the IAMD centre seems to play an important role in the numbers of patients from that state. There is a higher number of patients from the state nearer to Himachal Pradesh and very limited number of patients from states located at a greater distance e.g southern, western and north eastern states

During the initial few years the total number of patients were a bit subdued because of ongoing construction of the building and was gradually increasing. Once the construction of the building was complete in 2020 the occurrence of covid affected the number of patients enrolling for the camps. In FY 2017-18 the total number of patients were 125 which increased to 230 and 407 in FY 2018-19 and FY 2019-20 respectively. Though the number of camps being organized were similar across the initial three years. This shows

Figure 40: Exercise session at IAMD



that IAMD from its side was putting in consistent efforts and the total number of patients as well as the average number of patients per camp kept increasing till FY 2019-20. In the subsequent year the number fell to 146 due to pandemic and the number of camps also reduced to 12 and then it started increasing gradually from the next year. Though this study focuses on the period till FY 2021-22 the recent numbers of patients shows a much higher with the total enrolment for FY 2022-23 being 534.

### 3.4.3 Quantitative impact findings

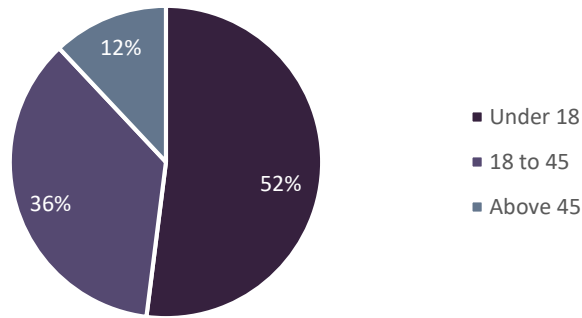
A quantitative survey was conducted with 25 patients who have received treatment at the IAMD, in order to understand their experience and how they have benefitted from the treatment provided at the camps organised at IAMD. This section captures and analyses their response along with the qualitative insights gathered during the on field interaction with the patients.

## Beneficiary Profile

### a) Age Group

The age of the respondents range from 7 year to 72 year. This indicates the wide spectrum of age group which the centre caters to. Out of the total patients surveyed 52% respondents were under the age of 18 and rest were adults. The age wise break-up has been shown in the figure below-

Figure 41: Age wise break-up



(Source: NABCONS Quantitative survey)

Also out of the total respondents for the survey, majority were male i.e. 88% and remaining 12% were female.

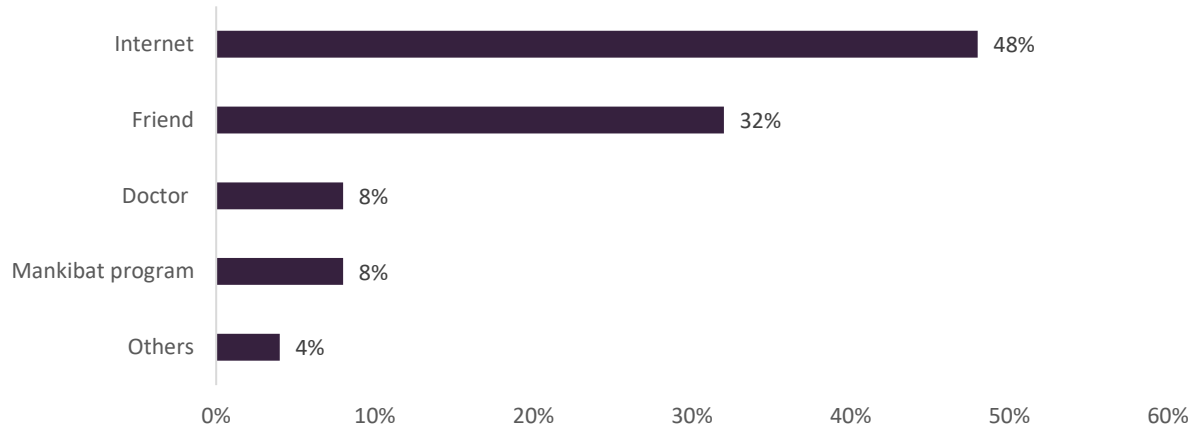
The respondents had come to the Himachal centre from various states of the country. Some had arrived from even the distant states like Andhra Pradesh, Chhatisgarh and Bihar. Most of the respondents i.e. 36% were from Uttar Pradesh.

Most of the respondents have attended the camp for the first time either in 2022 or 2023 and a few have been attending the camps for about 10-15 years since as early as 2002 and 2006. At that time the camps were organised in residential buildings.

### Source of information

Internet is the most prominent source of information for the beneficiaries, with 48% patients getting to know about IAMD from internet. Another major source of information for the patients were friends which was reported by 32% patients. 2 patients also mentioned that they go to know about IAMD from the Prime Minister's Man ki Baat radio show. It is surprising to note that doctors are not the main source of recommendations despite the good quality care provided with state of the art facilities. This may call for increasing the awareness among the medical fraternity as well. Which can be started with the targeting big government and private hospitals like AIIMS as majority of those afflicted with IAMD generally seek medical help in such big hospitals at-least once. IAMD can promote about the facilities and care offered at the center at medical events as well. This may be a gradual process but IAMD can put consistent efforts.

Figure 42: How patient got to know about IAMD



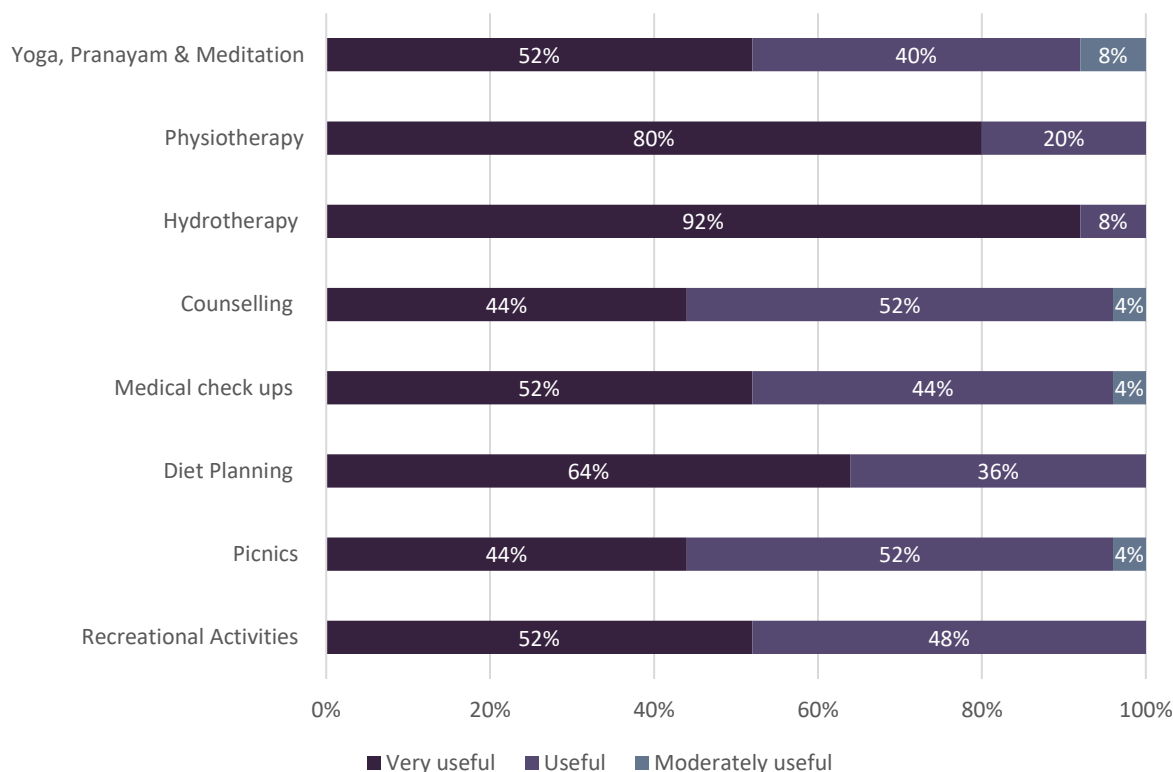
(Source: NABCONS Quantitative survey)

At IAMD the patients are offered a complete package of different treatments, services and activities. This helps to provide them with a holistic treatment and care and results in better outcomes for the patients. As mentioned above this package consists of the physiotherapy, yoga, hydrotherapy, counselling session, medical check-up and recreational activities among others. A combination of these helps in improvement not only at the physical level but also at a mental and emotional level. As per the survey results the patients have found all the sessions useful, however there were some sessions which they found more useful and feel that it has helped them better. The following graph shows the usefulness of different sessions from the camp as felt by the patients.

Figure 43: Session underway at IAMD Solan



Figure 44: Usefulness of various sessions on the IAMD camp



(Source: NABCONS Quantitative survey)

As per the patients, physiotherapy and hydrotherapy have been the most useful sessions. 92% patients found hydrotherapy sessions 'very useful' and 80% patients found physiotherapy sessions 'very useful' with both sessions showing highest level of rating for usefulness among the patients. Hydrotherapy is generally not available at all hospitals or medical facilities as it requires high capital investment and trained human resources for conducting such sessions. And since hydrotherapy is one of the most effective form of therapeutic exercise for people afflicted with Muscular Dystrophy, hence the patients have shown very high preference for it and have found it to be the most useful among all other sessions.



Figure 45: Patient undergoing physiotherapy

During the interaction with the patients it was learnt that other hospitals generally do not give adequate time for physiotherapy sessions and often lack the type of equipment available at the IAMD centre. Whereas at the IAMD centre about 4-5 hours are devoted every day during the seven day camp for the physiotherapy sessions.

The patients have mentioned that availability of hydrotherapy sessions and longer duration of physiotherapy sessions has significantly helped in improving the muscle conditions. Many patients have reported a relief in pain, reduction in muscle stiffness, and more flexibility in body movement after attending the sessions.

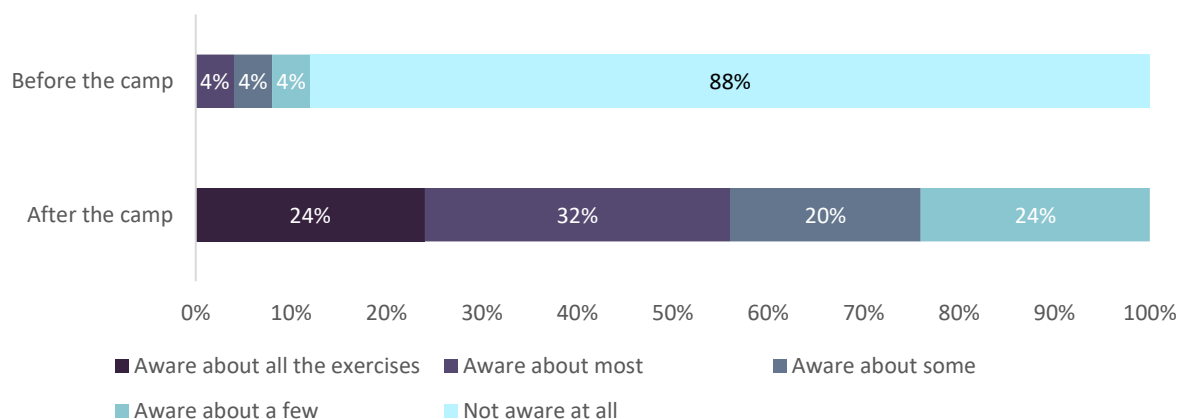
After this about 64% respondents have reported Diet planning to be 'very useful' and remaining 36% finding it useful. During the interaction during the survey and interviews the respondents were appreciative of the session on diet planning and knowledge about good eating habits and healthy nutritious diet. A proper and balanced diet helps ensure proper nutrient intake and reduce weakness.

Other important sessions which the patients find useful are yoga, pranayama, medical check-ups, recreational activities, counselling and picnics. Yoga and pranayama also helped in bring more flexibility and reducing stiffness. The breathing exercises taught as part of pranayama sessions were especially useful in maintaining good health of the lungs and improving oxygen intake. The session wise data on usefulness has been presented in the graph given below.

### Adoption of exercise among beneficiaries

Regular exercise is one of the most effective ways of reducing muscle degradation in case of muscular dystrophy. Since muscular dystrophy causes muscle loss and weakness regular exercise helps to maintain strength, mobility and flexibility. During the seven day camp at IAMD the patients are introduced to many relevant exercises useful in case of muscular dystrophy. The graph given below shows the awareness about such exercise before and after attending the camp.

Figure 46: Awareness about exercises before and after the camp

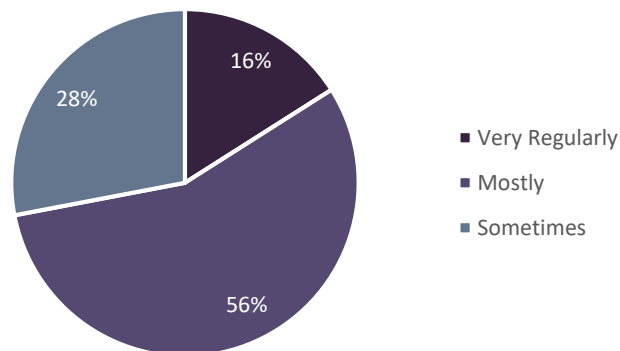


(Source: NABCONS quantitative survey)

As can be seen in the graph, before attending the camp 88% patients were not aware of the exercises useful for them in muscular dystrophy. After the camp, all patients were aware of the exercises useful for them, though in varying degrees. About 56% of the patients were aware about all or most of the exercises and 20% were aware about some exercises. This shows a marked improvement in the knowledge and awareness about the exercises which can help them slow the progress of muscular dystrophy and deal with the disease in an effective manner.

The awareness about the exercises is the first crucial step, but regular practice of these exercises is even more important. Out of all the respondents 72% have mentioned that they do the exercises very regularly or mostly, and about 28% have mentioned that they sometimes do the exercises.

Figure 47: Regularity pattern of patients practicing the exercises at home



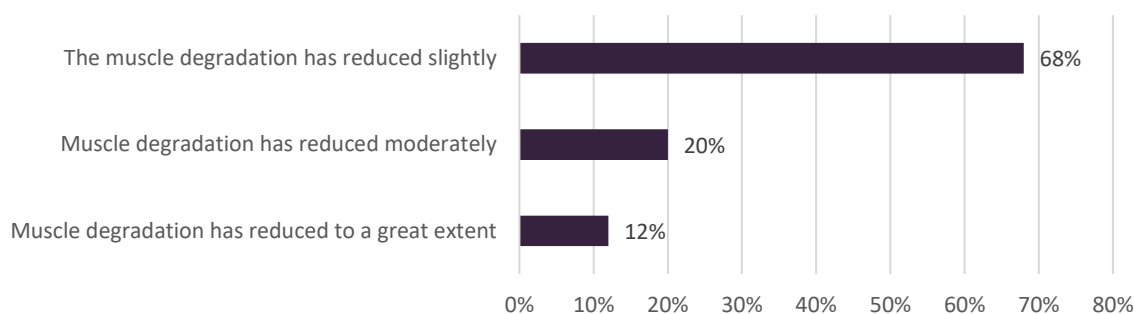
(Source: NABCONS quantitative survey)

Though it is noteworthy and positive that at least all the patients are doing exercise at home but it is important that the exercises are done regularly for effective management of the disease.

### Reduction in muscle degradation

While it is not possible to reverse muscle degradation for those who are afflicted with muscular dystrophy but with proper care, treatment and following the suggested routine of exercises and therapies it is possible to reduce the progress of such degradation. 68% patients have responded muscle degradation has reduce slightly, 20% have said that it has moderately reduced for them and 12% said that it has reduced to a great extent. Since majority of the patients have recently attended the camp and started with the exercises and routine taught at the camp, hence it may still take some time and regular practice to reduce the extent of muscle degradation.

Figure 48: Improvement after attending the camp



(Source: NABCONS quantitative survey)

### Improvement in motivation among beneficiaries

Since muscular dystrophy directly affects the mobility of an individual, the gradual progression of the disease also impacts the mental health in majority of the cases. In many cases people lose their earning source as well. The dependence on others, not just economically but also for routine tasks due to restricted mobility tends to reduce the self-confidence and self-worth. The fact that there is not cure of the disease available till date further aggravates the sense of helpless and dependence on others and often results in feelings of anxiety and depression. Realising this the centre conducts many sessions aiming to improve their mental and emotional well-being. These sessions include one on one counselling sessions, recreational activities, meditation and picnics. Hence along with the physical aspect of the disease the centre actively target the mental and emotional aspect as well. Apart from the sessions some finer aspects such as behaviour of the people in the centre also has an impact. The courteous and caring behaviour and attitude of the staff was acknowledged by the patients during the interviews conducted with them as part of the study.

The impact of the camp is evident from the patients' response in the survey. All the patients who participated in the survey reported that the feelings of anxiety or depression have either reduced or gone away. Patients have also reported an improved motivation to do routine activities on their own. As a result of the improved motivation levels about 36% of the patients have pursued a new activity after the camp and the remaining 64% intend to do so in the coming time.

Figure 49: Improved motivation to do routine activities by self

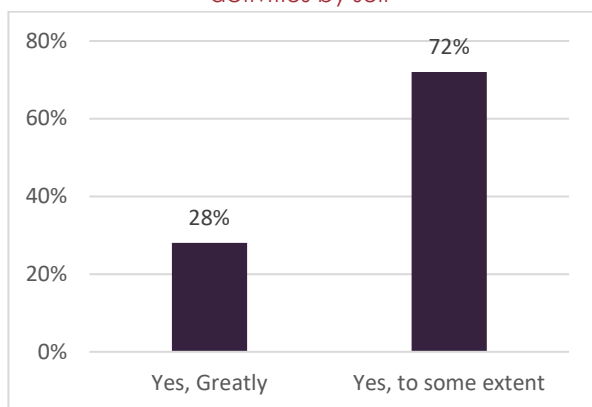
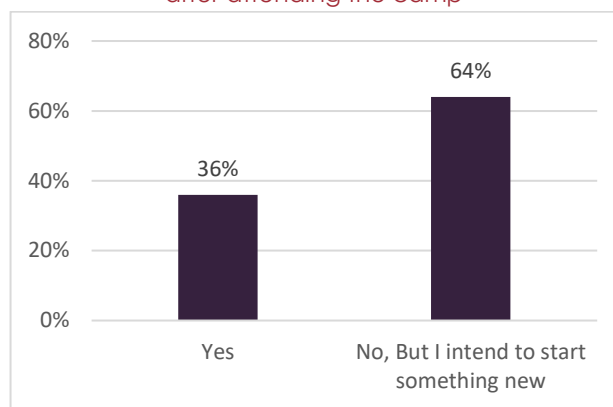


Figure 50: Patients having pursued anything new after attending the camp



(Source: NABCONS quantitative survey)

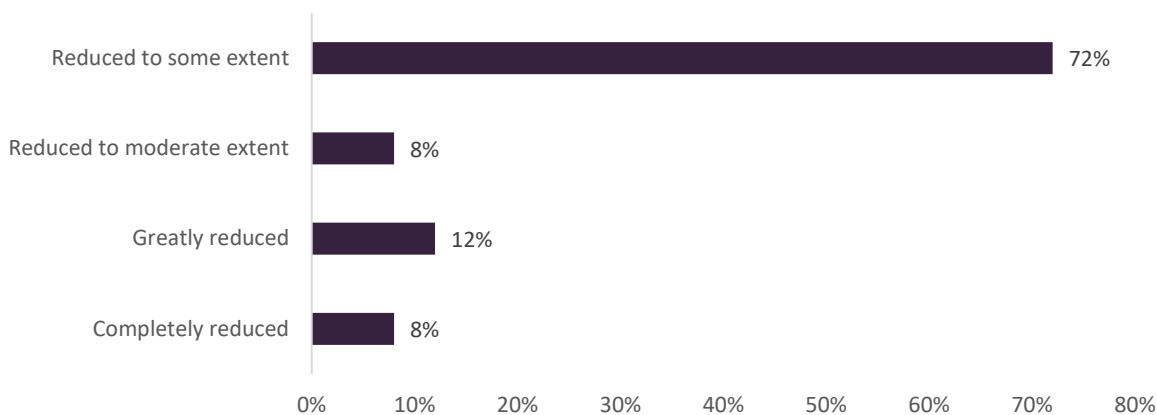
## Reduction in dependence

Since muscular dystrophy affects the movement of an individual and its progression over a period of time first restricts the ability of the person to walk properly and gradually may also restrict the person to their bed. This makes them greatly dependent on others even for routine tasks. Through the camp IAMD aims to increase the range of movement that the patients can make and reduce their dependence on others. Out of the total patients surveyed, 72% mentioned that their dependence on the other has reduced to some extent and a 20% have mentioned that their dependence has reduced either greatly or completely reduced. Given the nature of the disease even some extent in reduction of dependence in the initial period is a positive indicator. It is also important to note that none of the respondents has mentioned that the dependence has not reduced. In fact some patients have reported that they have started walking again after attending the camp and doing exercise properly. Even though the number may not be very high but still it is a remarkable improvement for such patients.

The reduction in dependence on others is a function of time put in towards treatment and the stage of disease. A patient hailing from Sonipat, Haryana shared that due to muscular dystrophy first he faced challenges in walking and gradually he was confined to his bed. Because of which his business got closed. But after receiving treatment and taking proper he could walk and also restarted his business.

The graph of the survey response on reduction in dependence on others among the patients has been given below:

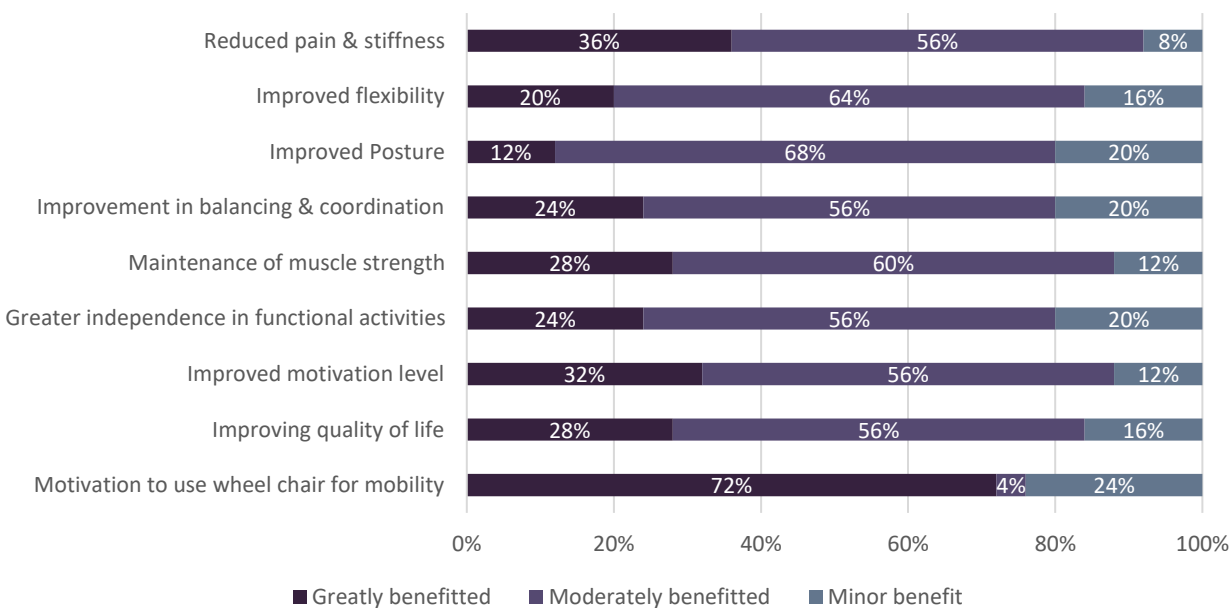
Figure 51: Reduction in dependence on others



(Source: NABCONS quantitative survey)

Overall the camp at IAMD helps the patients in many different ways by providing holistic care and support to them. At a physical level it helps to alleviate pain, reduce stiffness in muscles and thereby improving flexibility, improves body posture and results in better coordination and balance. Increase in muscle strength due to a combination of exercise, physiotherapy, hydrotherapy and right diet greatly helps in the above mentioned. This improvement in the physical aspects leads to greater independence in doing regular functional activities and helps to further increase the confidence and motivation level and the overall quality of life. The patients have given an overall satisfaction rating of 4.3 out of 5 indicating a high level of satisfaction from attending the camp at IAMD. The graph given below shows the extent of benefit on different aspects for the patients.

Figure 52: Extent of benefit on different aspects for the patients



(Source: NABCONS quantitative survey)

One of the most important indicator of success for a business is repeat customers or customer reference, similarly in case of IAMD the indicator of quality can be patients attending the camps on a repeated basis. One of the patients mentioned that he has benefitted so much that he has attended the camp 15 times in the past 9 years from 2014 and also greatly benefitted from the same. Additionally all the patients surveyed mentioned that they would definitely recommend the camp to someone who is affected with Muscular dystrophy. This shows the trust that patients have on IAMD.

Table 16: Project observations for IAMD Project

Parameter	Scale	Response
<b>Relevance</b>	High	<ul style="list-style-type: none"> <li>With limited health infra in the country for people afflicted with muscular dystrophy, the state of the art facilities providing all round care and treatment to the patients is very relevant for the affected throughout the country.</li> <li>Many hospitals offer support to patients of muscular dystrophy but even the most reputed ones do not necessarily specialize in offering a complete support to the patients. IAMD provides complete and comprehensive care to the patients. E.g. adequate time for essential sessions like physiotherapy</li> <li>The sessions conducted during the 7 day workshop are relevant for the patients. More than <b>90% respondents have found all the sessions either useful or very useful. 92% reported hydrotherapy to be very useful, 80% reported physiotherapy to be very useful.</b></li> </ul>
<b>Effectiveness</b>	High	<ul style="list-style-type: none"> <li>With SJVN's support it has been possible to construct a centre for providing holistic care to people afflicted with muscular dystrophy with a <b>total area of 71,649.39 sqft and six floors.</b></li> <li>After the construction it has been able to <b>cater to 1165 people till 2021-22</b> and another <b>534 people in 2022-23 alone.</b></li> <li>The patients came from different states of the country which includes <b>Madhya Pradesh, Haryana, Bihar, Chhattisgarh and Uttar Pradesh etc.</b></li> <li>It provides facilities and services such as physiotherapy, hydrotherapy, DNA carrier testing, physiological counselling, general health check-up, dental health check-up, yog, pranayama &amp; meditation sessions, advice on diet plan, picnics and recreational activities.</li> <li>It provides state of the art equipment and infrastructure for hydrotherapy and physiotherapy which helps to provide the patients in improving their physical movement ability.</li> </ul>
<b>Efficiency</b>	High	<ul style="list-style-type: none"> <li>IAMD is able to provide both effective and efficient treatment to its patients through the 7 day camp organised at its centre. The entire curriculum comprising of various activities and sessions have been efficiently packed within these 7 days camp as a result of which the patients have reported an improvement in different areas such as physical and mental health.</li> </ul>

Parameter	Scale	Response
<b>Impact</b>	High	<ul style="list-style-type: none"> <li>• There is an improvement in awareness level of patients regarding the exercise in case of muscular dystrophy. <b>Before attending the camp 12% patients were aware of at least some exercises useful for them</b> in muscular dystrophy. <b>After the camp, all patients were aware of the exercises useful for them</b></li> <li>• Patients have reported some improvement w.r.t. the situation of muscle degradation. <b>68% patients have responded muscle degradation has reduce slightly, 20% have said that it has moderately reduced for them and 12% said that it has reduced to a great extent</b></li> <li>• With better physical movements the patients also report some reduction in dependence on others. <b>72% mentioned that their dependence on the other has reduced to some extent</b> and a <b>20% have mentioned that their dependence has reduced either greatly or completely reduced</b> which has improved their ability to do daily routine work</li> <li>• <b>Patients have also reported improved motivation levels</b> and reduced level of depression and anxiety</li> <li>• <b>36% of the patients have pursued a new activity</b> after the camp and the remaining <b>64% intend to do so in the coming time</b></li> <li>• The reduced dependence on others, increased motivation level and the willingness to pursue new things in life has led to self empowerment of the beneficiaries having attended the camp</li> <li>• Patients have given <b>an overall satisfaction rating of 4.3 out of 5</b> indicating a high level of satisfaction from attending the camp at IAMD</li> </ul>
<b>Sustainability</b>	High	<ul style="list-style-type: none"> <li>• Most of the treatment and advice provided to the patients can be used and practiced by them on a regular basis at home and make it a part of their routine. which in the long run can help them to deal with and significantly delay the symptoms and negative effects of muscular dystrophy.</li> <li>• IAMD also offers some online follow up sessions to the people who have attended the camp. Additionally they can also access the youtube channel which enables them to view the content at their convenience</li> <li>• Additionally out of all the respondents <b>72% have mentioned that they do the exercises very regularly or mostly</b></li> <li>• With IAMD operating from a permanent building, it can now offer complete treatment and care on an ongoing basis to the people in need.</li> </ul>

## 3.5 Support to Research and Rehabilitation Centre (CHETNA) for differently abled persons at Bilaspur (HP)

### 3.5.1 Project background

There are many children who are still deprived for their basic human right to education, but probably the disabled children comprise the highest proportion. The disabled children or children with special needs face various limitations and challenges in accessing education which further prevents them from joining the mainstream. The disability need not be an impediment in their growth but the difficulty in accessing proper education makes it difficult for them to lead lives alongside others in the society. Type of disabilities primarily includes physically disabled and intellectually disabled.

Figure 53: CHETNA building at Bilaspur



### 3.5.2 Project concept & design

SJVN Foundation under its CSR initiative is supporting one such organisation, CHETNA, which is working for the betterment of intellectually challenged and other differently abled children in rural areas of Himachal Pradesh. In FY 2021-22, SJVN Foundation has provided financial support for construction and furnishing of ground floor of research and rehabilitation centre in Bilaspur district of Himachal Pradesh. A multi-storey building has been constructed for the research and rehabilitation centre having four floors, where the ground floor is dedicated for the running the special school for the intellectually disabled children, for which financial support has been provided by SJVN Foundation. It is important to note that before the intervention CHETNA was operating from a rented building, which made it difficult for it to make any structural changes to the building, which was especially important for the children with disability.

CHETNA was established in 1998 with the aim of mainstreaming the differently abled persons who are deprived and disadvantaged sections of the society, and develop their potential and ensure their active participation in functioning of society and support them to live a life with dignity and honor. For this it focusses on identification and early

intervention with the disabled, providing them with educational, medical and vocational rehabilitation facilities in order to empower them. While CHETNA works in many areas such as day care for special children, women empowerment through livelihood generation, Intervention for truckers and others but this study will focus on the intervention on education for the intellectually disabled children.

The intellectually disabled children require a different approach to learning than their typically developing peers. Through the intervention CHETNA aims to mainstream these children with special needs.

As per the National Policy, the Government of India envisages that every child with a disability should have access to appropriate preschool, primary and secondary level education. The section 3 of the Right of Children to Free and Compulsory Education (RTE) Act, 2009 provides for free and compulsory education to all children from 6-14 years of age, which also includes children with intellectual disability.

Special education refers to educational provisions for children with special needs, emerging due to physical, mental and emotional challenges. Under this CHETNA provides specially designed instruction for children with intellectual disabilities. CHETNA operates a special school for these children where it provides day care to them.

Under its special school it caters to about 150 children. Out of the 150 children, 110 attend the day care centre and come to school on a regular basis, while 40 others are being provided home care based services.

### Special School

Under the special school, children regularly attend the school by coming to the rehabilitation centre, where they are taught based on specially designed curriculum. The long term objective is to bring about a positive behavioural change and rehabilitate them by introducing them to the mainstream. For this attempts are made to make them financially independent where they are able to take up suitable employment opportunities. The schools starts admitting children of about 6 years of age and through the years of their education in the school they rise through different standards based on their improvement. These standards are care group,



Figure 54: Visit to CHETNA centre classroom

pre-primary, primary, secondary, pre-vocational, vocational and finally rehabilitation. The entire journey of rehabilitation take about 5-15 years based on the condition and state of the individual.

Through the curriculum the focus is on behaviour modification, vocational and pre-vocational training, medical rehabilitation and speech therapy. Since parents are the most important stakeholder, in the care and growth of the child CHETNA also provides counselling and training sessions to the parents so that they are able to better understand their child and provide the required support for the overall growth and development of their child.

The 110 children coming to school regularly are also provided with transportation facility by CHETNA in order to ensure safety and convenience for them and their families.

### Home Based Program

Home based services are provided to children with more severe disabilities e.g. cerebral palsy, which makes it difficult for them to attend the school on a regular basis. A special educator make visits to their place and provides need based therapy sessions, aids/appliances and other medical interventions.

The key components of the special school have been mentioned below:

#### 1. Early intervention unit and physiotherapy centre

The centre provides early intervention, physiotherapy, occupational therapy & Psychological assessment and counselling to children with special needs or developmental delay in order to prevent disability or minimize the impact of disability at an early stage

#### 2. Medical rehabilitation speech therapy

Children are provided with speech therapy in order to improve their ability to talk and use language skills. Children with disability often have difficulties with processing and learning new information, following directions, understanding and utilizing written and spoken language, comprehending detailed information and completing tasks. Speech therapy significantly helps those children who are non-verbal or have limited verbal abilities,

#### 3. Behaviour modification

Behaviour modification is a type of behaviour therapy which involves rearranging environmental events to produce a specific change in observable behaviour. Children with special needs have many types of behavioural problems. Behaviour Modification is a systematic process of reducing problematic or undesirable behaviours and increasing desirable behaviours.

#### 4. Parents counselling & training

Having a child with disability can cause stress, frustration, depression, anxiety among the parents. Hence it is important to provide counselling support to helps them to overcome

these situations effectively deal with their child. Parents counselling and training involves assisting parents in understanding the special needs of their child and providing parents with information about child development, and helping parents to acquire the necessary skills that will allow them to support their child at home & in the community.

### 5. Prevocational & vocational training

Making the children financially independent is one of the main objective at CHETNA so that they can lead a life of dignity and purpose. For this skill development and vocational training is imparted to all adults with intellectual disability in variety trades. CHETNA imparts vocational training in many areas such as data entry training, rakhi making, fabric painting, cutting and tailoring, candle & diya making, sweet box, envelope and bag making and incense sticks making.

### Details of infrastructure

The building has been constructed over an area of 13,500 sqft and the ground floor has a total of 12 rooms, 2 big halls, open area for recreational activities and open working place and washrooms. Apart from the construction of the ground floor building and rooms the grant from SJVN has also been used for adding furniture and other utilities such as tables, chairs, storage cabinet, almirah, computer lab workstation, white board, lift and so on. The details of the rooms constructed and other utilities added with the support from SJVN's grant has been given below:

Table 17: Details of infrastructure created with SJVN's support

Infrastructure details	Number
<b>Rooms</b>	12
<b>Halls</b>	2
<b>Open area for recreational activities</b>	1
<b>Open working place</b>	1
<b>Washroom (Separate for boys and girls)</b>	8
<b>bath cum washroom for girls</b>	1
<b>Disabled friendly washrooms</b>	2
<b>Furniture</b>	Multiple*

(Source: CHETNA database)

\*Details given in annexure

Figure 55: CHETNA Centre at Bilaspur



### Achievements at CHETNA special school

Through its works till date CHETNA has helped to rehabilitate 41 students. A total of around 60 students have participated in sports at national level and 21 students have participated in different sports at international level out of which 16 have also won medals. As per the information shared by CHETNA overall 20 students passing out from the school are engaged in an income generating activity and are earning a living for themselves.

#### 3.5.3 Key impact of the special school

The special school at CHETNA has been a blessing for the intellectually disabled children in the nearby area. Since there is no other such school hence without the support from CHETNA these children might not have received support from any other place. Some of the key benefits of the CHETNA school and the change which have been observed by the parents of such special needs children have been given below-

##### 1. Improvement in personality

During the discussions with the parents, most of the shared that before joining the school their child did not used to interact much and their social interaction was very less. They had a learning disability because of which they were not interested in studies and could not keep up and learn at regular schools. This negatively affected their self-confidence and they used to mostly keep to themselves and did not interact with others. One of the parent shared that his child did not even greet anyone and did not even talk with other

family members. After joining the school and spending some time here their self-confidence improved significantly and they are also able to socialise and interact with others in the family and the village.

## 2. Improvement in skill

Children with intellectual disability find it very difficult to do basic things that other children of their age can do easily such reading, writing and even playing. Most of them could not even go out of home on their own. After joining and attending the school their learning levels have improved with many of them being able to read, write and do basic mathematical

Figure 56: Art and craft work by students at CHETNA Centre



calculations. This is the first step towards being self-dependent. Based on the interest of the children the school also provide coaching in different sports such as badminton, alpine skiing, cycling and others. With the continued support from the school many children have participated at national and international level and also won medals. The children have participated at several international events such as World Winter Games, Austria and World Summer Games, Abu Dhabi. CHETNA students have won a total of 16 medals at the international level. Apart from this they have also learnt other skills such as stitching, embroidery and other art and craft which can be useful to them in being financial independent.

## 3. Respect and acceptance in society

Since the social interaction of the children with others was very limited there was limited understanding amongst the others in the society about the challenges faced by the child. After seeing the improvements in the child and the achievements at a national and international level in the games, there is a lot of recognition, respect and acceptance from the others in the village and society as well.

## 4. Better understanding within family

Family is the first and the most important support system for any individual and especially in case of an intellectually disabled child. In most cases the family and even parents are not aware of the condition of their child. Most of them got to know about the condition and CHETNA School from either the awareness camp in their village or the regular school teacher. The parents had to face resistance from other family members in taking admission to the special school and in some cases even from their partner/other parent. But after seeing the progress and improvement in the child the other family members started appreciating the decision and supported the child. The parents have mentioned

that the change and improvement they have seen in their child is much beyond their expectation.

It is important to note that though CHETNA has been operating the schools since the year 2000, but SJVN has provided financial support to construct a permanent building which has helped in ensuring sustained support to the beneficiaries and hence the following should be seen in the same light.

Table 18: Project observations for CHETNA Project

Parameter	Scale	Response
<b>Relevance</b>	High	<ul style="list-style-type: none"> <li>• CHETNA operates in an area where there is no such special school. Hence parents/families in this area have no option for sending their children with special needs to a well-equipped school. In absence of which this school these children would not have got an opportunity to receive proper care &amp; attention.</li> <li>• Additionally, there is a sense of stigma among the community members regarding intellectually disabled members of the society. Through its awareness generation and proper counselling for parents, it has encouraged them to send their children to the special school. In absence of this support from CHETNA, the families might not have considered to provide the much needed care for their younger ones, negatively affecting their quality of life in the long run.</li> <li>• Home based services are especially relevant for those children who are not in a condition to travel and are getting good quality care at their doorstep.</li> </ul>
<b>Effectiveness</b>	High	<ul style="list-style-type: none"> <li>• From a rented building with limited facilities (due to limited flexibility to make structural changed to building), CHETNA is now able to operate its special school from <b>a 13,500 sqft building with 12 rooms and 2 halls offering better care to the children</b></li> <li>• The special school caters to <b>150 children</b> with special needs out of which <b>110 are attending the day care centre</b> and <b>40 are getting the support at the convenience of their home.</b></li> <li>• Proper facilities and services such as early intervention unit, physiotherapy, medical rehabilitation, speech therapy, behaviour modification, parent counselling &amp; training and vocational training are available to the children with special needs, which can help to provide the required care and support for their growth</li> </ul>
<b>Efficiency</b>	High	<ul style="list-style-type: none"> <li>• Given the nature of the project it has been efficient in reaching out to the people in need for a special school and working towards their care, growth and development. The results generated by the program in terms of success of the</li> </ul>

Parameter	Scale	Response
		children on sports and economic front is more than proportional to the investment in terms of time, effort and money put in.
<b>Impact</b>	High	<ul style="list-style-type: none"> <li>• The special school is bringing a consistent change in the lives of the children and their families. It is helping to bring a positive improvement in the behaviour and personality of the children, which is helping in improving their social lives.</li> <li>• After joining the school their learning levels and skills have improved e.g. ability read, write and do basic mathematical calculations, learn skills such as embroidery and stitching. Some have also participated and won medals at national and international sports events.</li> <li>• Through the consistent and continuous changes, over a period of time the beneficiaries can be rehabilitated and pursue vocations, sports and other occupations and lead lives along with other members of the society.</li> <li>• The special school has so far been able <b>to rehabilitate 41 students, 60 students have participated in sports at national level, 21 students at international level and 16 have won medals at international level.</b></li> <li>• Overall <b>20 students</b> passing out from the school <b>are engaged in an income generating activity</b></li> <li>• The special school is meant for a very specific target group hence the numbers are limited but it is highly impactful for the intended beneficiaries</li> </ul>
<b>Sustainability</b>	High	<ul style="list-style-type: none"> <li>• CHETNA provides long term special schooling support to the children, which helps to bring a transformative and a sustainable change in their behaviour and attitude. The learnings from the school can be used by them for the rest of their lives and helps to make them independent and reduce the need for external support. However there is further scope to improve sustainability by developing a livelihood ecosystem for the pass outs.</li> <li>• With the centre shifting from a rented building to a permanent building, CHETNA will now be able to operate and provide care and support to the children in a more effective and sustainable manner.</li> </ul>

## 3.6 SJVN Silver Jubilee Merit Scholarship Scheme- Batch 2016 & 2017

### 3.6.1 Project concept & design

In FY 2012-13, SJVN had introduced a merit scholarship scheme to commemorate the Silver Jubilee Celebrations. Under the Silver Jubilee Merit Scholarship Scheme, SJVN rewards meritorious students passing class 12<sup>th</sup> with scholarship with an intent to motivate them for pursuing higher education.

SJVN has appointed Himachal Consultancy Organisation (HIMCON) for implementing the scheme. HIMCON is responsible for developing the online portal for inviting application and advertisement on the website and inviting applications based on the same. HIMCON also modifies the advertisement every year. Based on the applications received HIMCON prepares and submits the final list of candidates for merit scholarship to SJVN. After getting SJVN's go ahead it releases the list of scholarship. Subsequently it manages the release of scholarship every year, based on receiving the marksheets from the students.

The scheme is operational in the states of Himachal Pradesh, Uttarakhand, Maharashtra, Bihar and Gujarat. These are the states where SJVN has its power projects in operation. In case of Himachal Pradesh students from the entire state could apply for the scholarship and in case other states, students from the respective district where SJVN plant is present could apply for the scheme. Additionally, to ensure that people in the close vicinity of the plant are benefitted 50% of the scholarships have been earmarked for students studying in schools situated in project area villages.

Under the scheme the meritorious students receive an annual scholarship of Rs. 24,000 for every year till completion of course in any stream. In the first year they are awarded the scholarship at a specially organised function, where they receive an appreciation certificate and the scholarship. In the subsequent years the students receive the annual scholarship amount based on sharing the passing marksheet for each year till completion of course.

To be eligible for the scholarship scheme a student has to score at least 60% marks (or equivalent grade) under CBSE, ICSE and the respective

Figure 57: Student being awarded the SJVN Scholarship



state Boards. Any student who wishes to participate have to register and share their 12<sup>th</sup> marksheet and those students who have the highest rank as per the scores will be awarded with the scholarship. In the year 2016 and 2017, top 250 students were awarded with the scholarship in each year. The details of students who were awarded the scholarship and have completely availed the same for the year 2016 and 2017 have been given below:

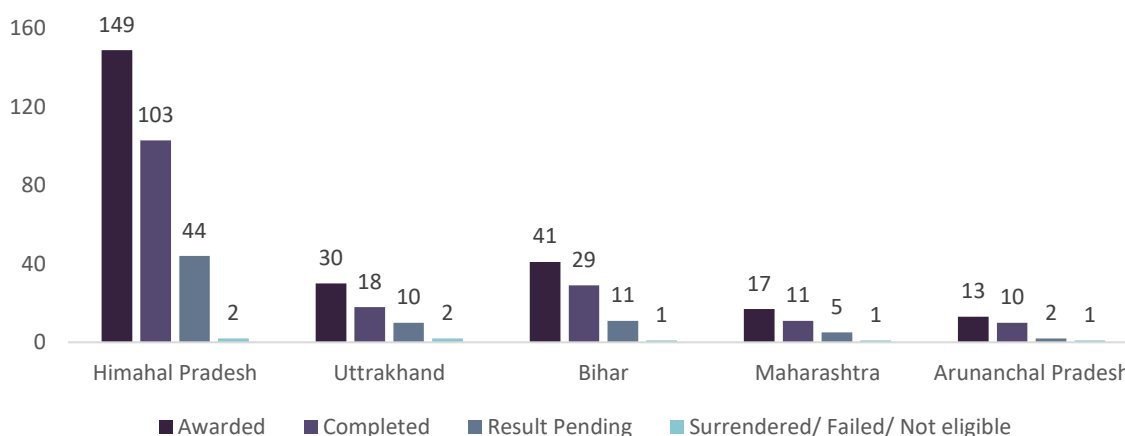
Table 19: Summary of current scholarship status

Particulars	Year	
	2016	2017
<b>Awarded</b>	250	250
<b>Completed</b>	171	156
<b>Result pending</b>	72	89
<b>Surrendered/ failed/ not eligible</b>	7	5

(Source: HIMCON database)

In the year 2016, 171 students have completely availed the scholarship scheme, results are pending for 72 students and 7 students have either surrendered, failed or were not eligible for the scheme. In the year 2017 out of the 250 students who were awarded the scholarship, 156 have completely availed the same, results for 89 are pending and 5 have either surrendered, failed or were not eligible. As per the scheme a student can avail only one scholarship and in case the student has applied for and availed any other scholarship, the student can surrender the scholarship or opt for higher amount of scholarship.

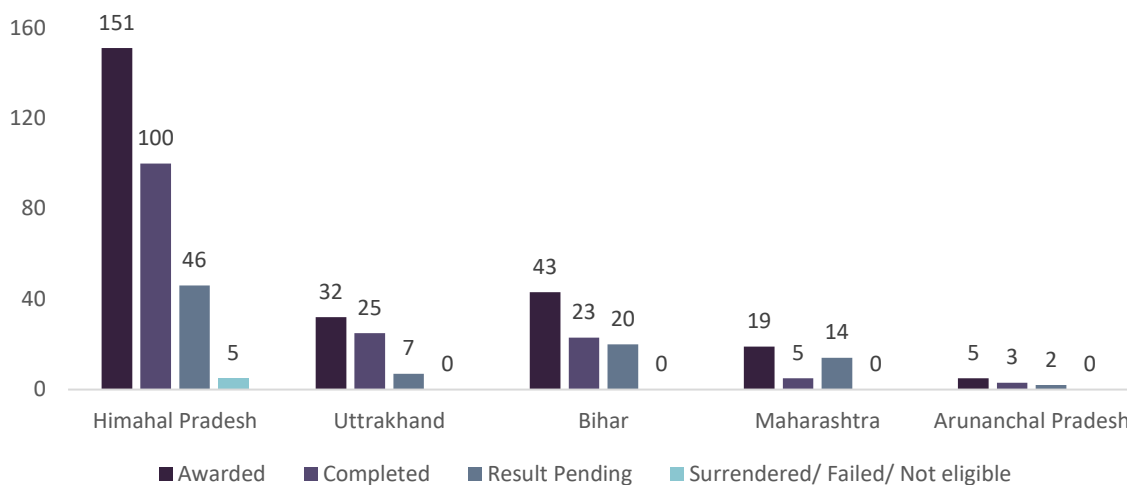
Figure 58: State wise scholarship status- 2016



(Source: HIMCON database)

Maximum scholarships were awarded in the state of Himachal Pradesh with 149 students getting scholarships in the year 2016 and 151 in 2017. This is followed by Bihar with 41 and 43 students getting scholarships in 2016 and 2017 respectively. The state-wise details of the students who received scholarship amount has been given below:

Figure 59: State wise scholarship status-2017



(Source: HIMCON database)

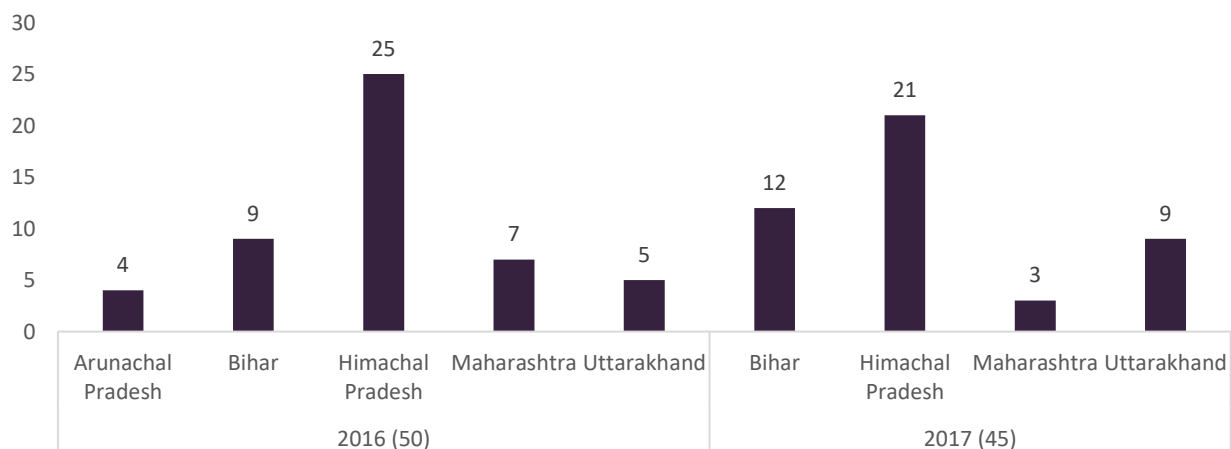
### 3.6.2 Quantitative study findings

Under the assessment study a quantitative survey was conducted with a total of 95 students who received scholarship under the SJVN Silver Jubilee Merit Scholarship scheme. The intent of the survey was to obtain first hand feedback from the students who have got scholarships. The analysis of the response obtained from the survey indicating the benefits of the Merit scholarship scheme has been given in this sub section.

#### Beneficiary profile

Out of the 95 students, 50 were from the 2016 batch and 45 were from 2017 batch. The survey respondents were covered from all the five states for the students in 2016 and from the four states for 2017 students. The number is broadly in proportion to the total number of students who were awarded the scholarship in each state.

Figure 60: Number of respondents for scholarship scheme

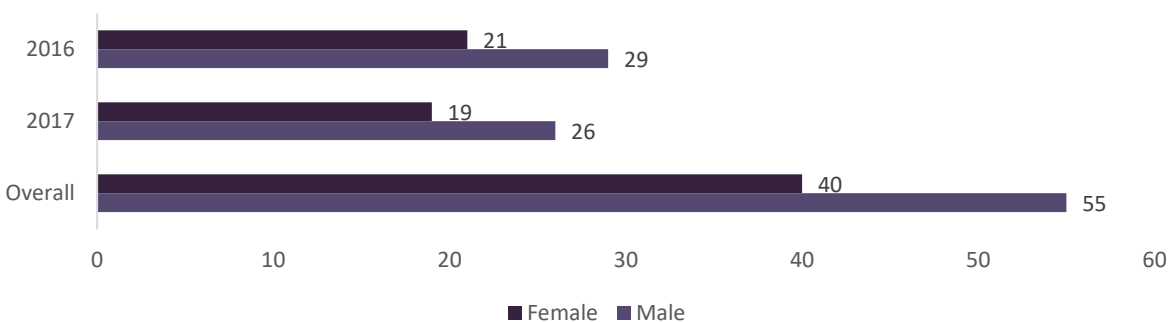


(Source: NABCONS quantitative survey)

### a) Gender profile

Out of the students surveyed, 40 were female students (42%) and 55 were male students (58%). The year wise bifurcation has been given in the graph below. From the 2016 batch there were 21 female respondents and 29 male respondents, and from 2017 batch there were 19 female and 26 male respondents. Break-up of the gender profile has been given in the figure below:

Figure 61: Gender profile



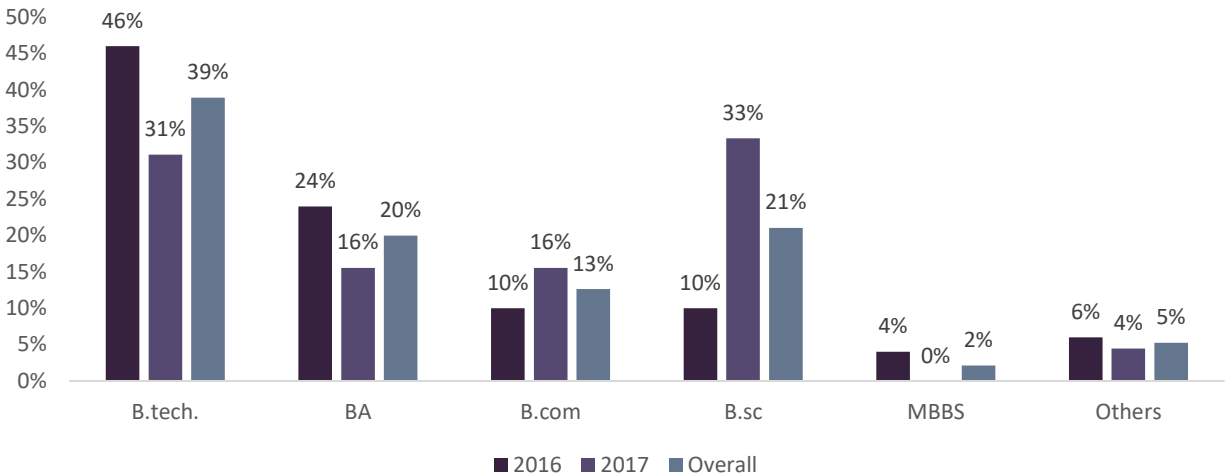
(Source: NABCONS quantitative survey)

All the students from 2016 and 2017 batch have pursued and completed their courses after class 12<sup>th</sup>. From the 2016 batch most of the students have pursued B.Tech (46%), followed by BA by 24% students and B.Com and B.Sc by 10% students each. 2 students have also pursued MBBS. From the 2017 batch B.Sc was selected by 33% students followed by B.Tech which was selected by 31% students. B.Com and BA was pursued by 16% students each. The details of the degree courses opted by the students has been graphically represented in the figure given below:

Figure 62: Student being awarded the SJVN Scholarship



Figure 63: Course taken up after class XII



(Source: NABCONS quantitative survey)

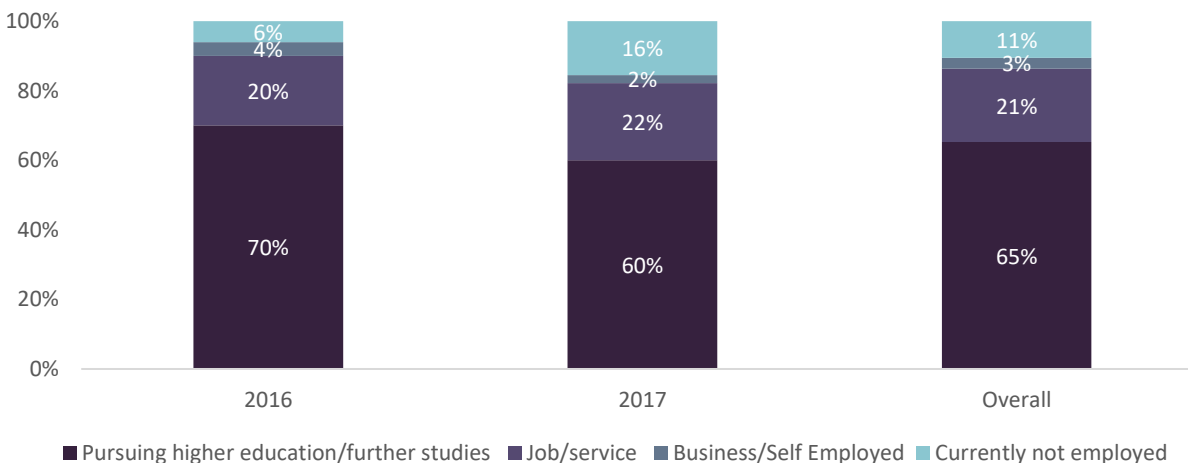
### Current occupation

After completing their degree courses some of the students have either chosen different paths which includes pursuing higher education or working. From the batch of 2016, 70% students were pursuing higher education at present, and 20% had entered into a job/service and 4% had either had their business or were self-employed. Out of those who are doing job 40% have a government job and 60% have a private job. About 6% students of 2016 batch were not employed anywhere. These 6% had either taken a break or were preparing for competitive examination for getting a government job.

60% students from the 2017 batch were pursuing higher education and 22% had entered into job/service. Of those who are doing job, 30% have a government job and 70% have a private job. 2% of the students either had a business or were self-employed and about 16% were not employed. Here also the 16% were either on a break or were preparing for competitive examination for getting a government job.

The figure given below shows the current occupation of the students who had received scholarship under the SJVN Silver Jubilee Merit Scholarship scheme.

Figure 64: Current occupation of students who received scholarship

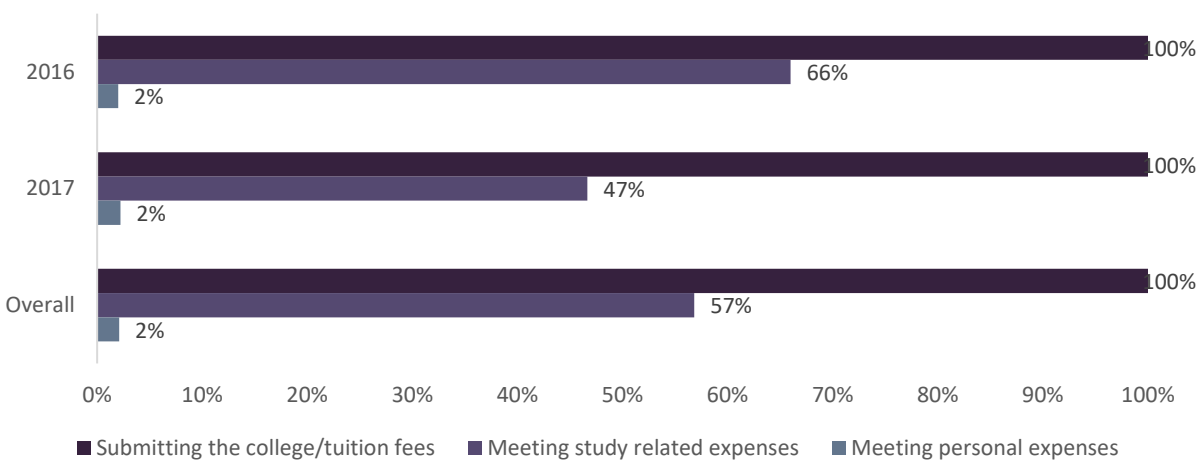


(Source: NABCONS quantitative survey)

### Assistance from the scholarship amount

As intended under the scheme, majority of the students have reported to use the scholarship amount towards submitting the college/tuition fees or to meet other study related expenses. Only a few have utilised it for their personal expenses as well. As per the discussion with the students, it was found that the parents would generally pay for the college fees as the amount was higher and the students would pay for the tuition fees and other study related expenses. The use of scholarship amount by the students has been graphically represented in the figure given below-

Figure 65: Use of scholarship amount



(Source: NABCONS quantitative survey)

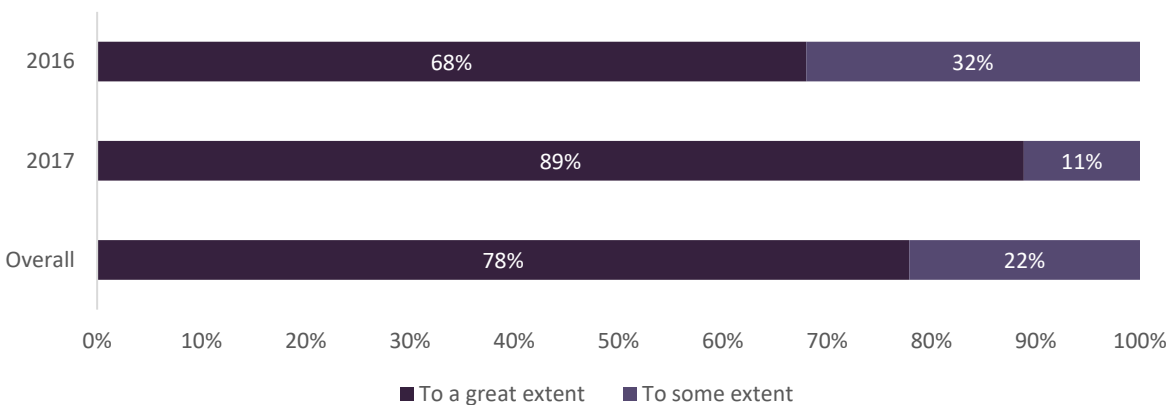
As can be seen in the figure, all the students from both the batches reported that the amount received from scholarship has been utilised for college/tuition fees. Further 66% students from 2016 batch reported that scholarship amount was also utilised towards

other study related expenses and the proportion of such students in the 2017 batch was 47%. While the total scholarship amount was Rs.24,000 per annum but it was a great motivating factor for the students that they could also contribute some bit towards their fees and study expenses.

## Motivation

Scholarships have been a great motivating factor for the students and has also inspired them to perform even better in the future. All the students have reported that they felt motivated after getting the scholarship. This is one of the major objectives of a scholarship i.e. when the good performance of the students is recognised they feel even more motivated to perform better. 77% students have mentioned that scholarship has been a motivating factor to a great extent for them to perform even better in studies and remaining have mentioned that it has been a motivating factor to some extent. This can be seen in the graph given below-

Figure 66: Motivation as a result of scholarship



(Source: NABCONS quantitative survey)

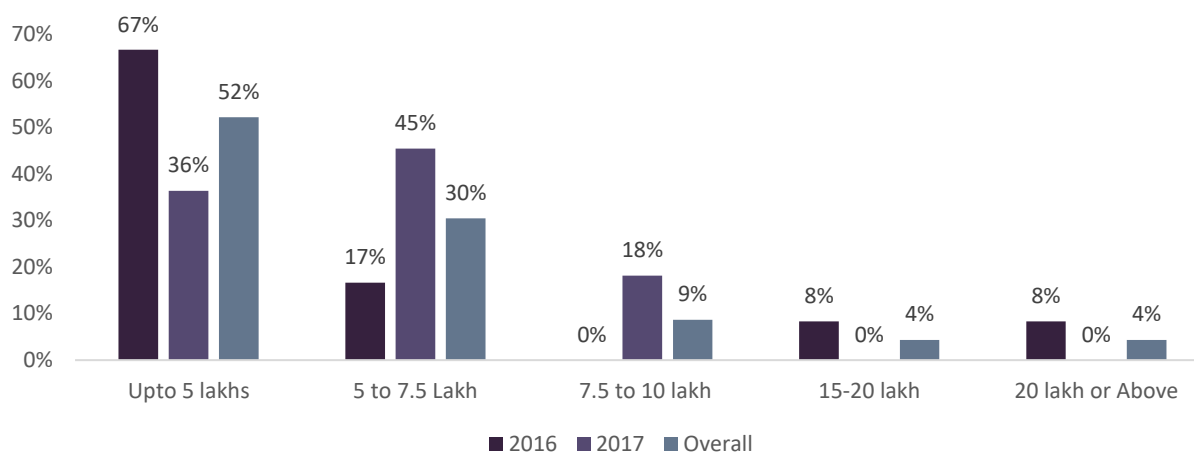
Although scholarship is not the determining factor for them to consider and go for higher education. Majority of the students have mentioned that they would have gone for higher education even if they would not have got the scholarship. Though some students have mentioned that scholarship has been a motivating factor for them to go for higher education. Overall 84% students mentioned that they would have gone for higher education irrespective of the scholarship and 16% students mentioned that scholarship did play some role in motivating them to go for higher studies, apart from other factors.

All the students except one has reported to have faced no challenges in receiving the scholarship amount. The student mentioned that the cheque was diverted and the amount was not received on time. But despite this the student confirmed that the scholarship amount was received though with a bit of a delay.

## Current earnings level

Of those who have started earning, 50% have their annual earnings upto 5 Lakh per annum, 30% have earnings between 5 to 7.5 lakh and 9% have their earnings between 7.5 to 10 lakh. A couple of students from 2016 batch have even reported an earning level of above 15 from the 2016 batch. The annual income of the students from both the batches has been given in the figure.

Figure 67: Current earning level of employed students



(Source: NABCONS quantitative survey)

Table 20: Project observations for SJVN Scholarship scheme

Parameter	Scale	Response
<b>Relevance</b>	High	The scheme has helped to motivate the students, but given the design of scheme it is not necessarily relevant to the students from an economic point of view as even the selection mechanism does not have economic background as a criteria.
<b>Effectiveness</b>	Medium	The scholarship was awarded to 250 students each from the 2016 batch and 2017 batch. Out of this, 171 students from 2016 batch and 156 students from 2017 batch have completely availed the scholarship.
<b>Efficiency</b>	Medium	Out of the total scholarships awarded, the proportion of complete scholarships distributed is 68% for 2016 and 62% for 2017, with a significant proportion of scholarships yet to be completed distributed.
<b>Impact</b>	Medium	The intended objective of the scholarship is more towards motivating hence improved motivation level can be directly attributed to scholarship, however the subsequent achievements such as graduation results, job, and salary cannot be directly and completely attributed to the scholarship hence the level of attribution and overall impact has been kept low.
<b>Sustainability</b>	Medium	The level of sustainability is low because reward is a short term recurring monetary amount given to the students.

Table 21: List of beneficiaries surveyed

S.no	Batch	State	Name	Age	Gender	Present status
1	2016	Arunachal Pradesh	Anu Kitnya	25	Female	Pursuing further studies
2	2016	Arunachal Pradesh	Charu Aniya	26	Female	Currently not employed
3	2016	Arunachal Pradesh	Hage Ty Sunya	25	Female	Pursuing further studies
4	2016	Arunachal Pradesh	Bamin Rinyo	25	Female	Job
5	2016	Maharashtra	Khatekar Mayuri Durgati	24	Female	Currently not employed
6	2016	Maharashtra	Shaikh Alfiya Asif	24	Female	Job
7	2016	Maharashtra	Prasanna Devendra Kyatanavar	24	Male	Job
8	2016	Maharashtra	Navace Pooja Kishor	24	Female	Pursuing further studies
9	2016	Maharashtra	Falake Namdev	22	Female	Pursuing further studies
10	2016	Maharashtra	Saude Raju	30	Female	Currently not employed
11	2016	Maharashtra	Bhangare Pratik Babasaheb	24	Male	Business
12	2016	Bihar	Ayush Kumar Keshari	24	Male	Business
13	2016	Bihar	Anjum Taiseen	22	Female	Pursuing further studies
14	2016	Bihar	Rahul Kumar Dubey	24	Male	Job
15	2016	Bihar	Umashankar Singh Yadav	24	Male	Job
16	2016	Bihar	Krishna Lata Kumari	23	Female	Pursuing further studies
17	2016	Bihar	Santosh Kumari	40	Female	Pursuing further studies
18	2016	Bihar	Shashwat Vatsya	22	Male	Pursuing further studies
19	2016	Bihar	Dhanjeet Kumar Kushawaha	26	Male	Job
20	2016	Bihar	Anu Radha Kumari	26	Female	Pursuing further studies
21	2016	Uttarakhand	Santosh Singh	24	Male	Pursuing further studies
22	2016	Uttarakhand	Rahul Deorari	25	Male	Pursuing further studies
23	2016	Uttarakhand	Roji Singh	26	Male	Pursuing further studies
24	2016	Uttarakhand	Pampal	24	Male	Pursuing further studies
25	2016	Uttarakhand	Himanshu	24	Male	Pursuing further studies

S.no	Batch	State	Name	Age	Gender	Present status
26	2016	Himachal Pradesh	Grirish Chand	24	Male	Pursuing further studies
27	2016	Himachal Pradesh	Aastha Sharma	24	Female	Pursuing further studies
28	2016	Himachal Pradesh	Aditya Chaudhary	25	Male	Pursuing further studies
29	2016	Himachal Pradesh	Upamanyu Jamwal	24	Male	Job
30	2016	Himachal Pradesh	Ankit Katoch	24	Male	Job
31	2016	Himachal Pradesh	Swati Thakur	24	Female	Job
32	2016	Himachal Pradesh	Anish Kumar	25	Male	Pursuing further studies
33	2016	Himachal Pradesh	Anushka Sharma	25	Female	Pursuing further studies
34	2016	Himachal Pradesh	Arun Sankhyan	24	Male	Pursuing further studies
35	2016	Himachal Pradesh	Vanshka	25	Female	Pursuing further studies
36	2016	Himachal Pradesh	Roshan Lal	24	Male	Pursuing further studies
37	2016	Himachal Pradesh	Abhishek Dhiman	24	Male	Pursuing further studies
38	2016	Himachal Pradesh	Aman Chopra	24	Male	Pursuing further studies
39	2016	Himachal Pradesh	Mukul Kumar	24	Male	Pursuing further studies
40	2016	Himachal Pradesh	Pratibha Singh	24	Female	Pursuing further studies
41	2016	Himachal Pradesh	Nishita Kaushal	24	Female	Pursuing further studies
42	2016	Himachal Pradesh	Aanchal Vashisht	23	Female	Pursuing further studies
43	2016	Himachal Pradesh	Shivam Sehgal	24	Male	Pursuing further studies
44	2016	Himachal Pradesh	Mohini Thakur		Female	Pursuing further studies
45	2016	Himachal Pradesh	Kamal Jeet Singh	26	Male	Pursuing further studies
46	2016	Himachal Pradesh	Abanish Thakur	25	Male	Pursuing further studies
47	2016	Himachal Pradesh	Ajay Bhatia	25	Male	Pursuing further studies
48	2016	Himachal Pradesh	Shivam Sharma	23	Male	Pursuing further studies
49	2016	Himachal Pradesh	Anshul Chauhan Anil K	26	Male	Job

S.no	Batch	State	Name	Age	Gender	Present status
50	2016	Himachal Pradesh	Nitin Bhirdwaj	24	Male	Pursuing further studies
51	2017	Bihar	Sanskriti Kashyap	23	Female	Pursuing further studies
52	2017	Bihar	Abhishek Pandey	23	Male	Pursuing further studies
53	2017	Bihar	Deepak Kumar Singh	22	Male	Pursuing further studies
54	2017	Bihar	Pragya Upadhyay	24	Female	Pursuing further studies
55	2017	Bihar	Priyanka Kumari	23	Female	Pursuing further studies
56	2017	Bihar	Devanshu Mishra	23	Male	Pursuing further studies
57	2017	Bihar	Azal Sabaniya	24	Female	Pursuing further studies
58	2017	Bihar	Abhishek Kumar Rai	23	Male	Currently not employed
59	2017	Bihar	Arti Kumari	23	Female	Pursuing further studies
60	2017	Bihar	Mahima Kumari	26	Female	Pursuing further studies
61	2017	Bihar	Abhishek Prasad Gupta	24	Male	Job
62	2017	Bihar	Khushboo Kumari	24	Female	Pursuing further studies
63	2017	Maharashtra	Deshpande Narendra Murari	25	Male	Currently not employed
64	2017	Maharashtra	Berd Kanchan Machhindra	21	Female	Pursuing further studies
65	2017	Maharashtra	Dethe Shubhangi Potat	24	Female	Currently not employed
66	2017	Uttarakhand	Deepti Chauhan	24	Female	Pursuing further studies
67	2017	Uttarakhand	Sonali Bhatt	24	Female	Pursuing further studies
68	2017	Uttarakhand	Sunaina Rawat	24	Female	Pursuing further studies
69	2017	Uttarakhand	Shivansh Semval	24	Male	Pursuing further studies
70	2017	Uttarakhand	Jay Mohan Singh Rawat	24	Male	Pursuing further studies
71	2017	Uttarakhand	Sachin Kumar	24	Male	Pursuing further studies
72	2017	Uttarakhand	Sachin Prasad Nautiyal	23	Male	Currently not employed
73	2017	Uttarakhand	Arpit Shikar	24	Male	Job
74	2017	Uttarakhand	Bharati	25	Female	Pursuing further studies

S.no	Batch	State	Name	Age	Gender	Present status
75	2017	Himachal Pradesh	Vidisha Saha Roy	20	Female	Job
76	2017	Himachal Pradesh	Akshik Sharma	23	Female	Pursuing further studies
77	2017	Himachal Pradesh	Anshul Thakur	25	Male	Pursuing further studies
78	2017	Himachal Pradesh	Nandini Bansal	23	Female	Pursuing further studies
79	2017	Himachal Pradesh	Karan Chaudhary	24	Male	Pursuing further studies
80	2017	Himachal Pradesh	Akshat Sharma	24	Male	Currently not employed
81	2017	Himachal Pradesh	Anjali Devi	22	Female	Self Employed
82	2017	Himachal Pradesh	Tushar Gupta	24	Male	Pursuing further studies
83	2017	Himachal Pradesh	Dikshita Sharma	23	Female	Currently not employed
84	2017	Himachal Pradesh	Akchhit Ashwani Kumar	25	Male	Pursuing further studies
85	2017	Himachal Pradesh	Nishant Sharma	25	Male	Job
86	2017	Himachal Pradesh	Harshita Sharma	24	Male	Currently not employed
87	2017	Himachal Pradesh	Rupam	23	Male	Pursuing further studies
88	2017	Himachal Pradesh	Rohit Thakur	23	Male	Job
89	2017	Himachal Pradesh	Anshul Thakur	23	Male	Job
90	2017	Himachal Pradesh	Suresh Kumar	25	Male	Job
91	2017	Himachal Pradesh	Swati Bhadwal	22	Female	Pursuing further studies
92	2017	Himachal Pradesh	Rahul Soni	23	Male	Job
93	2017	Himachal Pradesh	Avtar Singh Dhillon	23	Male	Pursuing further studies
94	2017	Himachal Pradesh	Vivek Thakur	25	Male	Job
95	2017	Himachal Pradesh	Anchit Kaushal	26	Male	Job

## 3.7 Support in development of health infrastructure

### 3.7.1 Providing of health infrastructure facilities to government health facilities in Aspirational District, Chamba (HP)

Chamba is one of the aspirational districts in Himachal Pradesh and has been adopted by SJVN due to its comparatively poor performance on socioeconomic and human development indicators, such as education, health, and income levels etc.

Specifically on the health front it faced various health-related challenges and issues and one of the reasons for this was the inadequate public health infrastructure. The difficult geographical terrain made it even difficult to ensure that the healthcare facilities reach the last mile. Realising this the district administration started taking steps to strengthen the health infrastructure at various hospitals, Community Health Centres (CHC) and Public Health Centres (PHCs).

SJVN Foundation provided support for purchasing the required equipment and vehicles for different locations, as requested by deputy commissioner Chamba. The details of the health infrastructure facilities provided by SJVN have been given below-

Table 22: Details of infrastructure support provided in Chamba district

Infrastructure facility	Number	Location
<b>Mortuary Construction</b>	1	PHC Diur
<b>Mobile Medical Unit</b>	1	Kihar
<b>Ambulance</b>	1	CH Dalhousie
<b>Dead Body Van</b>	2	CH Dalhousie & CH Tissa
<b>Semi Auto Analyzer</b>	5	PHC Sundla, Pukhri, CHC Bhatari, Chaned, CHC Samote
<b>Cardiac Monitor</b>	4	CHC Chowari and CHC Sahoo
<b>Oxygen Concentrator</b>	10	CHC Chowari, Bharmour, Killar, Tissa, CHC Sahoo Choori, Holi, Bathri, Samote, PHC Sundla
<b>Mobile Van with CBNAAT Machine</b>	1	Chamba Medical College

(Source: Chamba district administration)

The hospitals and medical facilities which have been provided with the infrastructure support serve both the rural as well as urban population belonging to different income categories. The MMU provided to Kihar is very useful in the region due to the geographical remoteness of many village which otherwise would not have got access to the any medical facility.

The CBNAAT machine provided to Chamba Medical College now helps in proper diagnosis and treatment of Tuberculosis, in absence of which the patients were not getting appropriate treatment and in many cases the disease was not getting timely cured.

The provision of ambulance in Dulhousie has helped to reduce the dependence of patients on private vehicles and enabled to timely address medical emergency cases. In some cases prior to the intervention, it was observed that the patients would have to be brought in taxis. Now with the ambulance available it is able to serve about 8-10 people daily on an average.

Dead body van has been provided at two locations, Dulhousie and Tissa and prior to this families faced a lot of difficulties in carrying their loved ones back in such difficult times. The provision of this van has greatly helped the people.

Figure 68: CBNAAT Mobile van in Chamba



Overall the different equipment provided to different hospitals have helped to fill in the infrastructure gap and provide better healthcare services to general public. It was shared by the hospital management and staff that due to provision of some equipment like CBNAAT machine more people have started coming for treatment as the hospital is able to provide better quality treatment, instead of going to private hospitals and spending more money.

As reported by CMO Chamba and Superintendent Medical College, Chamba all the equipment and infrastructure provided by SJVN Foundation are in good condition and the respective hospital and medical centres undertake the regular maintenance of the same, to ensure their long life.

Overall SJVN Foundation's support has had a localised and immediate benefit and impact in terms of better facilities being available to the hospitals with which they are in a better position to serve the general public. But it would not have any immediate and direct impact on the district level health indicators given the nature and size of support.

Table 23: Observations for health infrastructure for Chamba District

Parameter	Scale	Response
<b>Relevance</b>	High	The project on medical infrastructure was relevant for the aspirational district Chamba due to its poor performance on health indicators.
<b>Effectiveness</b>	Medium	Under the project several health equipment and facilities such as ambulance, CBNAAT machine, cardiac monitor etc. have been created and given to health facilities at different level in Chamba district including PHC, CHC and hospitals.

Parameter	Scale	Response
<b>Efficiency</b>	Medium	The program has been largely efficient with the support of which the hospitals have been able to provide the required support through the healthcare facilities.
<b>Impact</b>	High	The medical facilities provided to hospitals have been very useful to the patients there. Some benefits include <b>proper diagnosis and treatment of TB and reduce incidences of death in TB</b> , reduced dependence on private vehicles and <b>enabled timely support for medical emergency cases and reduced casualties</b> . Other <b>equipment have helped to provide accurate medical prescription</b> . Overall the different equipment provided to different hospitals have helped to fill in the infrastructure gap and provide better healthcare services to general public and due to some equipment the patient inflow has also increased.
<b>Sustainability</b>	Medium	Most of the equipment given to the hospitals/medical facilities is in operational condition as reported by the hospital management, with the respective centres undertaking regular maintenance, to ensure long life.

Figure 69: Inside the CBNAAT Mobile van



### 3.7.2 Providing of financial support for creating infrastructure facilities to combat- COVID-19 pandemic in Hamirpur, Una districts of HP

The COVID-19 pandemic created many unforeseen challenges for the people and governments world over. Every wave and stage of COVID was different and it brought a new set of challenges with itself. In India, the second wave of COVID was the most lethal and caused widespread infections and unfortunate deaths. The health systems in the country were underprepared and underequipped to deal with the pandemic of this scale. Apart from unavailability and shortage of hospital beds, medicines and medical staff, one thing which was most needed was the medical oxygen for patients.

There was acute scarcity of medical oxygen and hospitals and the government went to great lengths for ensuring its availability. This included using railways to transport oxygen, conversion oxygen producing units in steel plants to produce medical grade oxygen, import of oxygen and setting up of oxygen concentrators in hospitals.

Given the magnitude and unprecedented nature of pandemic, the government, despite its best efforts, could not cover and serve everyone and many civil society organisations rose to the occasion and contributed from their side. SJVN also realised the challenges being faced and decided make contributions from its side. It provided financial support for setting up of two oxygen plants, one each in Hamirpur and Una.

SJVN Foundation had engaged and partnered with Vidya Foundation for the provision of these equipment to the COVID Facilities. Vidya Foundation was responsible for the procurement and setting up of these oxygen plants and supplying oxygen cylinders to the intended COVID facilities/ department.

Visits were made to the hospital facility in Hamirpur and Una for the impact assessment study. SJVN had provided support for

Figure 70: Oxygen Plant installed in Himachal Pradesh



installation of oxygen plant in both the locations. Since before the pandemic there wasn't any need for oxygen in large quantities hence both the hospitals didn't have such a facility. But during the pandemic a strong need was felt for the same.

The oxygen plant was installed and operationalised in Una during May 2021 and in Hamirpur during July 2021. Hospitals in both the districts shared that the support of

installation of oxygen plant was received in a timely manner. This helped to serve the patients admitted for the treatment of COVID-19 in a better way and was a lifesaver for many. It was also shared that before the installation of the oxygen plants there was a challenge in getting adequate supply of oxygen for the patients. However both the hospitals reported that after the installation, all the patients were able to get 24/7 oxygen supply.

Though the oxygen plants served a great purpose during the COVID pandemic, but their utility reduced after the pandemic. The oxygen plant in Hamirpur is still operational and the hospital in Una reported that the oxygen plant became non-functional after about 6 months of installation and has not been functional till date.

Table 24: COVID testing and treatment details

District	Number of COVID tests	COVID Patients treated
<b>Hamirpur</b>	95,000	4,895
<b>Una</b>	60,000	1,200

\*Approximate numbers shared by Hospital management staff

In Hamirpur about 4,895 patients were treated and about 95,000 COVID testing was done. In Una, about 1200 patients were treated for COVID and about 60,000 COVID testing were done. It is important to note that due to the heavy case load mostly serious and critical patients having sever COVID were admitted and provided treatment. These were the ones who needed oxygen support and others with mild COVID were suggested home treatment for recovery.

Table 25: Observations for COVID infrastructure project

Parameter	Scale	Response
<b>Relevance</b>	High	The projects implemented have been very relevant as provision of oxygen plant to hospitals was very useful and relevant during the COVID period.
<b>Effectiveness</b>	Medium	Oxygen plants were set up at two hospitals during the COVID period in Hamirpur and Una district which were instrumental and critical in providing the adequate oxygen to the COVID patients admitted.
<b>Efficiency</b>	Medium	The program has been largely efficient with the support of which the hospitals have been able to provide the required infrastructure support to hospitals during COVID.
<b>Impact</b>	High	With the installation of oxygen plants, all the patients in both the hospitals were able to get adequate oxygen supply during COVID treatment.
<b>Sustainability</b>	Medium	One of the oxygen plant given to the hospitals was in operational condition, but the other oxygen plant became non-operational after 6 months of installation, as reported by the hospital management.

## 3.8 Infrastructure development support

### 3.8.1 Financial support for development of Rani Ground at Kasumpti Shimla

Rani ground is situated in Shimla city. Earlier the ground was not in a proper shape with uneven ground surface, no greenery and used to be very unclean. It was also unsafe as it some people would come and have alcohol within the ground premise. The rani ground comes under the jurisdiction of the Municipal Corporation (MC) Shimla and SJVN agreed to provide funds to the MC Shimla for the overhaul of Rani Ground and making it into a park that can benefit the society.

With SJVN's support the ground was converted to a park which can be used by children, elders and other people living in the vicinity. The park is spread over an area of about 3000 sqmt which can be used by about 200-250 people at a time. Several new facilities and infrastructure was added which included an open gym, badminton court, walking track, judo ground, rain shelter, and construction of boundary wall, toilet, installation of lights, benches and RO water purifier. The day to day maintenance of the ground is taken care by MC Shimla which has hired a security guard and a caretaker.

During the on ground interactions the residents have shared that prior to renovation of the Rani ground there was no such ground in the nearby area, because of which people used to stroll and take morning /evening walks on the road. With the ground being converted to a proper park people can use the same for walking, relaxing and doing yoga. Even the children can play at the ground safely. They also appreciated that the park is well maintained.

Figure 71: Rani ground park



Table 26: Observations for Rani Ground

Parameter	Scale	Response
<b>Relevance</b>	High	Development of Rani Ground has been very relevant for the people in the adjoining colonies and has helped to resolved as unaddressed need or them i.e. the need for a safe place for park.
<b>Effectiveness</b>	High	The infrastructure assets and facilities developed have been appreciated by the local public and are being optimally and regularly used by them. The facilities at Rani ground spread over 3000 sqmt can be used by approx 200-250 people at a time.
<b>Efficiency</b>	Medium	The program has been efficient in providing infrastructure support as per the needs of the local communities.
<b>Impact</b>	High	The infrastructure has been very useful to the locals and has created the desired impact. For the locals Rani ground has offered a proper park as with no such ground in the nearby area. The ground has contributed to overall development of children and helped to improve their mental health. The toilet constructed in park has led to a lot of convenience to the visitors and users of the park by providing a sanitation facility.
<b>Sustainability</b>	Medium	The upkeep and maintenance of the Rani Ground is being taken care by Municipal Corporation ensuring its sustainability.

### 3.8.2 Construction of Mela Ground at Tatta Pani, Sunni, Shimla

Tattapani is a village located in Kasorg, Mandi district on the banks of the rive Satluj. It is popular tourist destination, Himachal Pradesh famous for rafting, its hot sulphur spring and the Shiva cave and temple.

The Mela ground in Tattapani is one of the only locations which offers a large open ground for organising events. It is an important place for confluence of people who get together for organising different events including religious, cultural, political, sports and so on. The ground has a capacity of accommodating about 10,000 people and can easily organise 10 different functions at one point of time.

Despite being such an important place in the area the Mela ground had various limitation due to which the people organising and attending events face certain difficulties and challenges.

The mela ground had a low height and since it was situated near the river it also faced a problem of soil erosion during the monsoon seasons where water would get in some parts of the ground and wash away the soil. This resulted in uneven surface of the ground. Additionally during the rainy season there was a problem of water logging in some parts of the ground with the no system for drainage. This would also result in the ground becoming muddy and unfit for use for events. Earlier, the ground did not have a proper space that can be allocated for setting up a stage either. The mela ground also did not

have a proper bypass road and area for parking which created huge traffic jams on the main road.

Given the infrastructural limitations faced at the Mela Ground, SJVN decided to provide support for infrastructure development at the Mela ground. It comprised of the following:

1. Creation of protective boundary wall
2. Soil addition and land levelling
3. Metalling of bypass road and parking
4. Drainage system
5. General beautification

For preventing the entry of water and soil erosion a protective boundary wall was created with the support of SJVN. This has helped to reduce soil erosion to a large extent and maintain the quality of the ground. One of the residents also shared that the boundary wall prevented the river water from flooding the ground during the recent increase in water levels of the river.

For the purpose of increasing the height of the Mela ground, soil was added and levelling of the ground was done for making the surface even. Additionally the bypass road was metalled and the same could be used to approach the parking area. This has significantly helped to reduce the incidence of traffic jams on the main road which used to cause a lot of inconvenience for the local public. Apart from this SJVN has helped in making a proper drainage system for the water to exit and also worked on general beautification of the mela ground. The infrastructure development of the ground has helped in better crowd control and management and systematic event management.

Figure 72: Mela ground



Table 27: Observations for Mela Ground

Parameter	Scale	Response
<b>Relevance</b>	High	The financial support provided for Mela ground under infrastructure and community asset development has been very relevant for the local community them provide basic infrastructure in Tatta Pani.
<b>Effectiveness</b>	High	The infrastructure assets and facilities developed have been appreciated by the local public and are being optimally and regularly used by them. The infrastructure at mela ground spread over 6 acres can potentially cater to about 10,000 people at a time.
<b>Efficiency</b>	Medium	The program has been efficient in providing infrastructure support as per the needs of the local communities.
<b>Impact</b>	High	The infrastructure has been very useful to the locals and has created the desired impact. The infrastructure development of the ground has helped in better crowd control and management and systematic event management. The support at Mela ground has helped to create a proper levelled surface of the ground and prevent flooding from the river during monsoons.
<b>Sustainability</b>	Medium	The operations and maintenance of the infrastructure is being taken care by Gram Panchayat in case of Mela ground.

### 3.8.3 Road Development

Roads play a very important role in development of any region and it is often said that roads lead to the path of prosperity. Good connectivity through roads is a great enabler for economic growth, market access, access to basic services such as health and education, apart from boosting connectivity to nearby areas and district/city centres.

SJVN has taken up several infrastructure projects and amongst these it has taken up two projects for road construction and development details of which are given as follows

#### 1. Metalling and Tarring of road from Bayal village to Koyal village

The 3.6 km road from Bayal to Koyal village was in a very poor condition, ridden with potholes. One of the major reasons for this was the passage of heavy vehicles and truck for the stone quarry situated on the road. Due to the excessive number of potholes and poor condition of the road the residents of the villages using the road faced a myriad of challenges. Travel on this road took considerable time and there were a lot of difficulties faced in commuting by the community. The concerned government department had readied the basic structure but for some reasons did not complete the metaling and tarring of road. For the welfare of the people, SJVN took the initiative of metaling and tarring of the road.

## Challenges faced

Children faced a challenge of travelling on a daily basis while travelling to school and had to leave much earlier for school and in case of any emergency even the ambulance took a lot of time. People faced a lot of challenges in getting public transport as autos and buses avoided plying on this route and those who did not have their personal vehicle had to walk long distances. The traders and shopkeepers also shared that they had to pay more than double transportation cost for transporting their goods. In many cases if someone needed to visit a hospital then many would choose to go to a relative's house a day prior to reach the hospital on time.

## Support from SJVN

In order to solve the problem, it was decided to build a road between Bayal and Koyal Village by completing the metaling and tarring of the road. The road connected a total of 7 gram panchayats having 40 villages. It is estimated that the road construction project benefited a total population of about 15,000 people using the road.

The project involved metalling and tarring of a road whose total length is 3.64 km. It has a width of 3 meters which allows smaller vehicles including two and three wheelers on both sides to pass easily. As per the information shared, the road is an open graded premix carpet using bitumen built with a total of three layers.

## Benefits of road construction

During the discussion with the residents of the nearby villages, they shared their happiness that a long standing problem of proper road connectivity got resolved. With the completion of the road the travel time has considerably reduces and travelling on the road has become convenient. Buses and autos have also started plying on the road and people can now easily find public transport. Transporting goods has become much easier for the traders and even the costs have come down. This has helped the villages to be connected to the mainstream and helped in the village economy to get connected to the market.

Figure 73: Road from Bayal to Koyal Village



Table 28: Observations for Bayal-Koyal Road

Parameter	Scale	Response
<b>Relevance</b>	High	The road construction project has been very relevant for the local villages and has helped to resolved as unaddressed need or them by providing need for proper connectivity.
<b>Effectiveness</b>	High	The road construction has been appreciated by the local public and are being optimally and regularly used by them. About 15,000 people are using the road connecting Bayal and Koyal village.
<b>Efficiency</b>	Medium	The program has been efficient in providing infrastructure support as per the needs of the local communities.
<b>Impact</b>	High	The road has provided proper connectivity, reduced travel time and has helped to improve the overall convenience for the people residing in the adjoining villages. It has also helped the villages to be connected to the mainstream and helped in the village economy to get connected to the market.
<b>Sustainability</b>	Low	Though the road construction was appreciated by the locals and has helped them but the residents have expressed some scope of improvement in case Bayal-Koyal road.

## 2. Improvement of link road from NH-05 to village Shanan

The Shanan village located at the outskirts of Shimla earlier was connected with the main city by a road of about 800 metres. The road was narrow and un-metaled (*kutchra*) hence it did not provide a proper connectivity to the village. SJVN took the initiative of constructing a broader and metaled road to ensure proper connectivity between the village and the main city.

### Challenges faced

Prior to the construction, since the existing road was very narrow four wheelers could not pass the road and had to take a longer route to reach the village from the city or vice-

versa. People had to use the highway and travel a distance of about 12-15 km just to reach the village by a four wheeler as compared to 1-2 km required if the road had been broad enough. This created a lot of challenges for the residents of the village. The travel to important locations in the city like bus stop, (IGMC the nearest hospital), main market which are in the range of 2 to 3 km from the village used to take about 15 km. Apart from the inconvenience and the extra time and effort required for the travel it created a lot of challenges especially at the time of medical emergencies.

### Support from SJVN

SJVN decided to broaden the road and make a proper road connecting the Shanani village to the main city. This road connects the villages of Shanani, Dhalai, Bakhrai, Sangari and Dhaushi Ghar with the main road and the city. This road has helped approximately 1500 people residing in these five villages, by shortening the route and providing a close access to the main road. It has also helped the employees of the SJVN office who would otherwise have to travel long distance to reach the office.

### Benefits of road construction

Before the construction of the road, the shopkeepers and traders in the village had to pay a higher transportation cost for any goods transported. But with the road it has become easier to transport their goods to and from the main city and also reduce the cost. The school buses can now directly come to the village, instead of the children having to walk for almost a kilometre. The road will also be helpful in case of any medical emergency since the travel time for an ambulance has reduced significantly.

Figure 74: Shanani Road



Table 29: Observations for Shanan Raod

Parameter	Scale	Response
<b>Relevance</b>	High	The road construction under infrastructure and community asset development has been very relevant for the people in the adjoining villages and has helped to resolved as unaddressed need or them i.e. need for proper connectivity through road construction
<b>Effectiveness</b>	High	The infrastructure assets and facilities developed have been appreciated by the local public and has been directly beneficial to about 1500 people in case of Shanan road.
<b>Efficiency</b>	Medium	The program has been efficient in providing infrastructure support as per the needs of the local communities.
<b>Impact</b>	High	The road have provided proper connectivity, reduced travel time and has helped to improve the overall convenience for the people residing in the adjoining villages.
<b>Sustainability</b>	Medium	In case of road construction the residents were satisfied with the quality in case of Shanan road.

### 3.9 Preservation and promotion of art and culture

From the SJVN's funding the temples have been supported either in adding new facilities or have been provided support for renovation. Two temples i.e. Tara Devi Temple and Chambu Devta Temple, have been provided support for renovation as their structures were in a very poor shape and one temple i.e. Bhimkali Temple has been provide support in adding new facilities. More details on the support provided to each of the temple through funding has been given below:

#### 3.9.1 Tara Devi Temple

Earlier the size of the Tara Devi Temple was small and it became very crowded especially during festivals like Navratri or other religious occasions. There was a lack of proper lighting and there used to be no proper place to sit. Additionally the staircase leading to the temple was narrow and people generally did not feel safe while using the same. There was also lack of proper cleanliness in the temple premise.

Initially the temple worked on the expansion of the *Garbh Grih* and *parikrama marg* from its funds. Then with the financial support from the SJVN the remaining RCC structure was constructed with stones in it. Railings were constructed on the boundary wall. For better lighting new high mast lights were installed and lights have been put all around the temple. Additionally a generator was also installed for ensuring 24/7 supply of electricity in case of any electricity cuts. The temple now also has proper benches which can be used by the devotees during their visit.

As per the staff and devotees there has been a significant improvement in the Tara Devi Temple structure and premise.

Figure 75: Taradevi Temple



Table 30: Observations for Tara Devi Temple

Parameter	Scale	Response
<b>Relevance</b>	High	The support in renovation of temple premise has been relevant, as it has helped to address the challenges of small space which became crowded, lack of proper lighting, dilapidated infrastructure and inadequate facilities.
<b>Effectiveness</b>	High	The support provided by the SJVN has been appreciated by the Temple Management Committee and staff and has helped in improving the overall experience of the devotees while visiting the temple.
<b>Efficiency</b>	Medium	The support has been efficient in providing the required infrastructure support to the temple.
<b>Impact</b>	High	The improvements at temples have helped to improve the overall beauty and look of the temple, reduce the problem of overcrowding within temple premise, provide proper and adequate lighting and have a proper staircase. Overall it helps the visitors and devotees in developing a spiritual connection and peace of mind and has helped in protection and preservation of culture and tradition.
<b>Sustainability</b>	Medium	The further maintenance and upkeep of the infrastructure is the responsibility of the Temple Management committee.

### 3.9.2 Bhimkali Temple

SJVN's support to Bhimkali temple has been primarily for three facilities which is a langar hall, parking space and a guard's room. Earlier due to lack of any space or hall for langar/Prasad the same had to be done in open on the ground. This caused inconvenience on large gatherings during festivals and other occasions, and was subject to the weather conditions such as rains. Also earlier there was no specific spot for parking and devotees had to park the vehicles on the street, which often times resulted in traffic

jams. The facilities created with support from SJVN's funding has helped to solve these problems and increase the convenience for the devotees visiting the temple.

Figure 76: Bhimkali Temple



Table 31: Observations for Bhimkali temple

Parameter	Scale	Response
<b>Relevance</b>	High	The support in construction of langar hall and parking has been relevant as it has helped to address the challenges faced by the temple.
<b>Effectiveness</b>	High	The support provided by the SJVN has helped in providing a proper space for serving <i>Prasad</i> to devotees and was appreciated by the Temple Management Committee and staff and
<b>Efficiency</b>	Medium	The support has been efficient in providing the required infrastructure support to the temple as per its needs.
<b>Impact</b>	High	The improvements at temples have helped provide proper facility for <i>langar/Prasad</i> has helped to provide better convenience for the devotees visiting the temple. Overall it helps the visitors and devotees in peace of mind and spiritual development and has helped in protection and preservation of culture and tradition.
<b>Sustainability</b>	Medium	The further maintenance and upkeep of the infrastructure is the responsibility of the respective Temple Management committee.

### 3.9.3 Chambu Devta Temple

Even in case of Chambu Devta Temple, the size of the temple was very small. In fact earlier only 2-4 people could enter the main temple at a time. Additionally there was inadequate space for distributing *Prasad/Bhandara*. Since this was done in open ground it was not comfortable for the devotees, and was challenging especially during rains.

Hence SJVN provided financial support for renovation and reconstruction of the temple which included expansion of the temple premise, construction of the main entry gate which was earlier not there, construction of meeting hall, waiting hall, traveller resting hall, path construction and expansion of the open ground around the temple. Apart from this the funding was also used for installation of RO water purifier and construction of toilets.

The above has helped to increase the size of the temple and allow more devotees to visit the temple and ensure their convenience while their visit.



Figure 77: Chambu Devta Temple

Table 32: Observations for projects on promotion of art and culture

Parameter	Scale	Response
<b>Relevance</b>	High	<ul style="list-style-type: none"> <li>The support in renovation and construction in temple premise has been relevant to the needs of temples and has helped to address the challenges faced which included small space, dilapidated infrastructure and inadequate facilities.</li> </ul>
<b>Effectiveness</b>	High	<ul style="list-style-type: none"> <li>The support provided by the SJVN has helped in improving the overall experience of the devotees while visiting the temple and has been appreciated by the Temple Management Committee.</li> </ul>
<b>Efficiency</b>	Medium	<ul style="list-style-type: none"> <li>The support has been efficient in providing the required infrastructure support to the respective temples as per their needs.</li> </ul>
<b>Impact</b>	High	<ul style="list-style-type: none"> <li>The problem of overcrowding within temple premise due to small space has been resolved due to the support provided by SJVN and has helped to increase the number of devotees who can visit the temple. It has helped in preservation and protection of culture and helped in also helps the devotees in obtaining peace of mind.</li> </ul>
<b>Sustainability</b>	Medium	<ul style="list-style-type: none"> <li>The further maintenance and upkeep of the infrastructure is the responsibility of the respective Temple Management committee.</li> </ul>



## CHAPTER 4

### CONCLUSION AND WAY FORWARD

SJVN has undertaken CSR project under diverse set of thematic areas including health and hygiene, infrastructure and community asset creation, education and promotion of art and culture. Also these projects have been spread across various state and districts where SJVN has its presence. These projects have greatly benefited the intended project beneficiaries. Some of the projects focused on higher level outcomes and long term impact e.g. operation of support to Indian Association of Muscular Dystrophy, Research and Rehabilitation Centre (Chetna), operation of Mobile Medical Units, whereas some other focussed on awareness level outcomes like Organising Ayurvedic health awareness programs. SJVN has also implemented various projects for supporting development of infrastructure for the local community or for promotion of art and culture like development of Rani Ground & Mela Ground, construction of road and infrastructure development at temples. SJVN's CSR team has been proactive in terms of supporting activities and projects which are of national and urgent importance like setting up of health infrastructure during COVID pandemic. 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. Some suggestions for different projects and way forward has been given below:

## 4.1 Summary of findings and impact

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

### I. **Operation of Mobile Medical Units (MMUs) in Buxar district of Bihar under the initiative "Chikitsa Chikitsak Aapke Dwar"**

- The most noticeable impact has been the reduction in the visits to local quacks. The dependence on quacks has reduced by 27%. With the intervention their dependence is weaning away, but slowly. As compared to 100% respondents going to quacks before the intervention, now about 73% people go to quacks.
- Those who were availing the services at the MMU were able to save on the treatment and medicine cost. 78% beneficiaries reported this as a benefit of the MMU services. But many were still not exclusively availing MMU services as the frequency of once in a month. Earlier the average medical expenditure was about Rs.2800 per annum, and the beneficiaries have got some relief from the same.
- Another benefit was the reduction in travel time. Many people who needed to visit the district hospital/private doctors had to travel and the MMU has helped to reduce this to some extent.
- Majority of the beneficiaries were satisfied with the services provided by the MMU. 73% beneficiaries reported that they were satisfied and 25% reported that they were moderately satisfied and 2% reporting as very satisfied

### II. **Ayurvedic health awareness programs in the state of Himachal Pradesh, Uttrakhand and Bihar**

- The impact has been largely related to awareness with the attribution of actual adoption in the day to day lives to the awareness sessions being limited. Though the respondents have reported some changes in lifestyle which are as follows
- 49% have mentioned that they have reduced the intake of junk food to a large extent and 45% have said that they have reduced the consumption of junk food to some extent and 6% have mentioned that they have reduced the junk food intake completely.
- After attending the awareness sessions, people reported to have started making some changes like eating fruits and vegetables as per the season, improving eating habits like avoiding junk food, or eating late at night and doing regular exercise and yoga

### III. **Financial support for construction of Indian Association of Muscular Dystrophy, Solan (HP)**

- There is an improvement in awareness level of patients regarding the exercise in case of muscular dystrophy. Before attending the camp 12% patients were aware of at-least some exercises useful for them in muscular dystrophy. After the camp, all patients were aware of the exercises useful for them.

- Patients have reported some improvement w.r.t. the situation of muscle degradation. 68% patients have responded muscle degradation has reduce slightly, 20% have said that it has moderately reduced for them and 12% said that it has reduced to a great extent.
- With better physical movements the patients also report some reduction in dependence on others. 72% mentioned that their dependence on the other has reduced to some extent and a 20% have mentioned that their dependence has reduced either greatly or completely reduced which has improved their ability to do daily routine work.
- Patients have also reported improved motivation levels and reduced level of depression and anxiety.
- 36% of the patients have pursued a new activity after the camp and the remaining 64% intend to do so in the coming time.
- The reduced dependence on others, increased motivation level and the willingness to pursue new things in life has led to self empowerment of the beneficiaries having attended the camp.

#### **IV. Support to Research and Rehabilitation Centre (CHETNA) for differently abled persons at Bilaspur (HP)**

- The special school is bringing a consistent change in the lives of the children and their families. It is helping to bring a positive improvement in the behaviour and personality of the children, which is helping in improving their social lives.
- After joining the school their learning levels and skills have improved e.g. ability read, write and do basic mathematical calculations, learn skills such as embroidery and stitching. Some have also participated and won medals at national and international sports events.
- Through the consistent and continuous changes, over a period of time the beneficiaries can be rehabilitated and pursue vocations, sports and other occupations and lead lives along with other members of the society.
- The special school has so far been able to rehabilitate 41 students, 60 students have participated in sports at national level, 21 students at international level and 16 have won medals at international level.
- Overall 20 students passing out from the school are engaged in an income generating activity.
- The special school is meant for a very specific target group hence the numbers are limited but it is highly impactful for the intended beneficiaries.

#### **V. SJVN Silver Jubilee Merit Scholarship Scheme- Batch 2016 & 2017**

The scholarship was awarded to 250 students each from the 2016 batch and 2017 batch. Out of this, 171 students from 2016 batch and 156 students from 2017 batch have completely availed the scholarship. The intended objective of the scholarship is more towards motivating hence improved motivation level can be directly attributed to scholarship. However the subsequent achievements such as

graduation results, job, and salary cannot be directly and completely attributed to the scholarship.

**VI. Providing of health infrastructure facilities to government health facilities in Aspirational District, Chamba (HP)**

The medical facilities provided to hospitals have been very useful to the patients there. Some benefits include proper diagnosis and treatment of TB and reduce incidences of death in TB, reduced dependence on private vehicles and enabled timely support for medical emergency cases and reduced casualties. Other equipment have helped to provide accurate medical prescription. Overall the different equipment provided to different hospitals have helped to fill in the infrastructure gap and provide better healthcare services to general public and due to some equipment the patient inflow has also increased.

**VII. Providing of financial support for creating infrastructure facilities to combat- COVID-19 pandemic in Hamirpur, Una districts of HP**

The projects implemented have been very relevant as provision of oxygen plant to hospitals was very useful and relevant during the COVID period. Oxygen plants were set up at two hospitals during the COVID period in Hamirpur and Una district which were instrumental and critical in providing the adequate oxygen to the COVID patients admitted. With the installation of oxygen plants, all the patients in both the hospitals were able to get adequate oxygen supply during COVID treatment.

**VIII. Financial support for development of Rani Ground at Kasumpti Shimla**

The infrastructure has been very useful to the locals and has created the desired impact. For the locals Rani ground has offered a proper park as with no such ground in the nearby area. The ground has contributed to overall development of children and helped to improve their mental health. The toilet constructed in park has led to a lot of convenience to the visitors and users of the park by providing a sanitation facility.

**IX. Construction of Mela Ground at Tatta Pani, Sunni, Shimla**

The infrastructure has been very useful to the locals and has created the desired impact. The infrastructure development of the ground has helped in better crowd control and management and systematic event management. The support at Mela ground has helped to create a proper levelled surface of the ground and prevent flooding from the river during monsoons.

**X. Metalling and Tarring of road from Bayal village to Koyal village**

The road has provided proper connectivity, reduced travel time and has helped to improve the overall convenience for the people residing in the adjoining villages. It has also helped the villages to be connected to the mainstream and helped in the village economy to get connected to the market.

**XI. Improvement of link road from NH-05 to village Shanani**

The road construction under infrastructure and community asset development has been very relevant for the people in the adjoining villages and has helped to resolved as unaddressed need or them i.e. need for proper connectivity through road construction. The road have provided proper connectivity, reduced travel time and has helped to improve the overall convenience for the people residing in the adjoining villages.

**XII. Development and renovation of Tara Devi Temple**

The improvements at temple has helped to improve the overall beauty and look of the temple, reduce the problem of overcrowding within temple premise, provide proper and adequate lighting and have a proper staircase. Overall, it helps the visitors and devotees in developing a spiritual connection and peace of mind and has helped in protection and preservation of culture and tradition.

**XIII. Development, renovation and reconstruction of facilities at Bhimakali Temple**

The improvements at temples have helped provide proper facility for langar/Prasad has helped to provide better convenience for the devotees visiting the temple. Overall it helps the visitors and devotees in peace of mind and spiritual development and has helped in protection and preservation of culture and tradition.

**XIV. Construction, renovation and repair of Shri Chamu Devta Temple**

The problem of overcrowding within temple premise due to small space has been resolved due to the support provided by SJVN and has helped to increase the number of devotees who can visit the temple. It has helped in preservation and protection of culture and helped in also helps the devotees in obtaining peace of mind.

## 4.2 Suggestions and way forward

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. Some suggestions for different projects and way forward has been given below-

### I. **Operation of Mobile Medical Units (MMUs) in Buxar district of Bihar under the initiative "Chikitsa Chikitsak Aapke Dwar"**

Overall the MMU operations were appreciated by the community and have been beneficial for them in many ways. The most noticeable impact has been the reduction in the visits to local quacks. With the intervention their dependence is weaning away, but slowly. Those who were availing the services at the MMU were able to save on the treatment and medicine cost. But many were still not exclusively availing MMU services as the frequency of once in a month. Another benefit was the reduction in travel time. Many people who needed to visit the district hospital/private doctors had to travel and the MMU has helped to reduce this to some extent. Some suggestions for the project have been given below-

1. Currently the frequency of the MMU's visit to the villages was less and the MMU's were visiting a village only for once a month and major reason for this was the high number of village that each MMU van had to cover. There is a need to improve the frequency of MMU visits to the villages to atleast once in a week in order to provide adequate health services in a timely manner. The beneficiaries have reported to be satisfied with the quality of treatment but still have to depend on local quacks due to low frequency. Their dependence will reduce if the frequency of MMU increases.
2. There is a need to communicate the date of MMU's visit to the village well in advance. The implementing partner has reported that a timetable is in place but the beneficiaries in the village reported that they don't have access or information of a fixed time table. Hence they are not aware of the date of the MMU's visit. Dhanush Foundation has already identified one person in each village as a coordinator. The timetable must be clearly communicated to this coordinator and it should be ensured that the coordinator informs the people in the village about the same. In case of any change in the timing it should be communicated to the coordinator in advance.
3. The SJVN CSR team at the plant can plan surprise visits to field in order to check the timing and regularity in field visit. They can conduct short feedback surveys from the beneficiaries as well at regular intervals. Additionally there is a need to have a strong system of checks and balances to ensure that the MMU is

- making timely visits to the villages as per the pre-defined timetable and schedule.
4. Dhanush Foundation is currently providing basic healthcare services through the MMU. In addition to this specific health check-up camps such as ophthalmic check-up, ear check-up, dental check-up and special check-ups for women can be conducted. These can be conducted at a lower frequency as compared to the MMU visits e.g. once in six months. These would be very helpful for people in the project village as they generally don't have the access to such facilities either due to distance or due to economic reasons.
  5. The project should have some measurable and time-bound targets and indicators for the MMU services in Bihar. These targets can be – reduction in % of people going to quacks in project villages to 0, improvement in timeliness of MMU vans to more than 95%, increase in quality of services. The SJVN CSR department can work out a complete set of targets with timelines and a detailed plan of action in order to achieve the same. This should be done in a consultative manner by involving the implementing partner and village panchayat heads. Ideally this should be in line with the theory of change prepared for the project.
  6. 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 some reasons the local government health facilities are not properly functional, SJVN can deploy a team of health executives at the PHC/CHC in partnership with the local/state government. In the short run SJVN can focus on providing proper health care services and then in the medium to long term provide handholding support to the government staff so that they can properly take a handover from SJVN's team and operate the health centre. SJVN can also conduct trainings of the government health functionaries in partnership with a reputed NGO for their capacity building if required.
  7. Looking at the dependence of the people in the project villages on local quacks, there can be dedicated campaigns to create awareness on the need to avoid quacks and go to registered medical practitioner. This would help in promoting safe medical treatment among the people.
  8. There is a need to improve data entry management at the level of Dhanush Foundation. The diseases need to be classified into more uniform and well defined buckets with a scope for adding additional information as required. Currently all the symptoms have been mentioned in the chief complaint. Instead there should be clear bucketing of chief complaints and provision for

adding other symptoms. This would help in better analysis and planning for medicines and interventions.

## **II. Ayurvedic health awareness programs in the state of Himachal Pradesh, Uttarakhand and Bihar**

The impact has been largely related to awareness with the attribution of actual adoption in the day to day lives to the awareness sessions being limited. The respondents have reported some changes in lifestyle which include reduced the intake of junk food. After attending the awareness sessions, people reported to have started making some changes like eating fruits and vegetables as per the season, improving eating habits like avoiding junk food, or eating late at night and doing regular exercise and yoga. Some suggestions for the project have been given below-

1. The outcome of the ayurvedic awareness sessions is of a lower order i.e. focusing on the awareness, and by design it is unlikely that it will lead to any impact as it is only a 2.5 -3 hour session. However instead of just awareness, more in-depth sessions can be conducted though with a limited number with to help them adopt an ayurvedic lifestyle and reduce their dependence on allopathic medicines. E.g Nadi Parikshan, prakriti parikshan etc. Higher order outcomes can be achieved with this limited group and the other awareness session can continue to mass awareness generation.
2. It is suggested that at the end of each session the session organiser can ask the participants to fill a feedback form. This will help to understand whether they liked the session, which topics did they like to most and scope for improvement.
3. Currently only hard copies/scanned copies of the beneficiary data set is available. Since the program is reaching out to such a large number, it is important to maintain the data sets in soft form (excel), in a well-defined format with basic details for reference, which can be backed by the physical copies of attendance registers with signature. A summary of the total number of beneficiaries covered has been prepared but a beneficiary data is not available in soft form.

## **III. Financial support for construction of Indian Association of Muscular Dystrophy, Solan (HP)**

IAMD is able to provide both effective and efficient treatment to its patients through the 7 day camp organised at its centre. The entire curriculum comprising of various activities and sessions have been efficiently packed within these 7 days camp as a result of which the patients have reported an improvement in different areas such as physical and mental health. There is an improvement in awareness level of patients regarding the exercise in case of muscular dystrophy. Patients

have reported some improvement w.r.t. the situation of muscle degradation and have also reported some reduction in dependence on others. Some suggestions for the project have been given below-

1. There are a large number of Muscular dystrophy patients across the country. People coming from other states have share the inconvenience of travelling long distances. Hence IAMD can consider expanding to other regions in the country as well in due course of time. This can be started by opening regional centres, so that people afflicted with muscular dystrophy do not have to travel such long distance. While it is suggested that IAMD should expand to other states as well so that it can reach out to an even greater number of such people in need, but it may duly consider the costs associated with expansion given that IAMD is a Not for Profit organisation and provides care to the patients at nominal costs.
2. With the Government of India promoting India as a hub of medical tourism it can even explore the scope for medical tourism. It can cater to the people from other parts of the world, especially developing and under-developed countries. Though a call can be taken at the management/governance level of IAMD if it would like to venture into this area. This might also help in cross subsidising the fees of the Indian nationals who enrol for the camps.
3. Apart from being a source of entertainment, social media is an important source of information and knowledge and an effective medium of communication and dissemination of information. While IAMD has its YouTube channel which is uses to share about the diseases, stories of patients who have benefited from IAMD. Apart from this in order to further increase the awareness it can collaborate with social media influencers on a more active basis for creating more awareness about the disease in general and the centre in particular so that those in need can get to know about the facilities being offered by the centre.

#### **IV. Support to Research and Rehabilitation Centre (CHETNA) for differently abled persons at Bilaspur (HP)**

CHETNA operates in an area where there is no such special schools. Given the nature of the project it has been efficient in reaching out to the people in need for a special school and working towards their care, growth and development. The special school is bringing a consistent change in the lives of the children and their families. It is helping to bring a positive improvement in the behaviour and personality of the children, which is helping in improving their social lives. Some suggestions for the project have been given below-

1. There can be an increased and wider awareness generation through local radio, newspaper and other public announcement about the need for proper

care and support to disabled children through special schools in general and about the CHETNA School in particular which can help to increase the number of admissions in the CHETNA School.

2. Through its work CHETNA is already providing children with life skills and vocational skills so that the students can become financially independent once they pass out. For this it provides them with skills in areas such as rakhi making, fabric painting, cutting and tailoring, candle & diya making, sweet box and incense sticks making etc. CHETNA can consider to start an art and craft manufacturing unit run by the pass out and students of the school. A brand name with a social purpose can be created and the products made by the students can be marketed as 'made by intellectually disabled' (suggestive name and can be suitably modified). CHETNA can work towards creating a value chain for this and establish the necessary market linkages. This would help to develop a livelihood ecosystem and provide meaningful source of income to the school pass outs.

#### **V. SJVN Silver Jubilee Merit Scholarship Scheme- Batch 2016 & 2017**

The intended objective of the scholarship is more towards motivating hence improved motivation level can be directly attributed to scholarship and the scholarship has been successful to a great extent to do the same. Some suggestions for the project have been given below-

1. Given that there is still about 30-40% students who have not claimed their completed scholarship due various reasons. Even the staff at HIMCON have not been able to connect with them over phone. In order to address the problem of non availment of complete scholarship the HIMCON team can obtain 3-4 contact numbers and email-id of the students at the time of selection for scholarship.
2. Additionally a clause can be kept that the scholarship amount will get lapsed in case not availed within 2 years of completing/expected duration of course completion and the amount may be utilised towards awarding other students in the subsequent years.
3. As per the suggestions received from the students, there is a need to improve the process of disbursing scholarship amount. One of the changes that can be introduced is the option to make the process online e.g. online submission of mark sheet.
4. A wider publicity of the scheme can be done so that even the poorest can benefit from the scheme. This can be added as one of the criteria i.e. a certain % should be reserved for the people from the EWS. It is suggested that the one-time scholarship can be given to student from well of families and those from EWS category can be given scholarship amount for the complete duration. This

would help to serve the purpose better that is help those who really need the scholarship.

## **VI. Support in development of health infrastructure**

The two projects implemented have been very relevant in their own context. One project on medical infrastructure was relevant for the aspirational district Chamba due to its poor performance on health indicators and the other project on provision of oxygen plant to hospitals was very useful and relevant during the COVID period. The suggestion for improvement is as follows-

1. Going forward in case SJVN Foundation decides to provide any medical equipment it is suggested to take inputs from the specific hospitals and health facilities on their requirement and need for equipment. For this SJVN can conduct a need assessment analysis with the department of health and procure equipment accordingly. This would help in better convergence with the existing long-term plan of the state government and yield even better results.

## **VII. Infrastructure development support**

The four projects under infrastructure and community asset development have been very relevant for the local communities and has helped to resolved as unaddressed need or them. E.g. the need for a safe place park in case of rani ground, need for basic infrastructure at Tatta pani Mela ground and need for proper connectivity through road construction. Suggestions for improvement of three projects have been given below-

### **A. Financial support for development of Rani Ground at Kasumpti Shimla**

While the current infrastructure at the ground is well appreciated by the residents but they have also suggested a few addition to make it better. These include installation of CCTVs for better security and safety, construction of a toilet and covering the rain shelter with glass to prevent from cold during the winters.

### **B. Construction of Mela Ground at Tatta Pani, Sunni, Shimla**

While the improvements to the infrastructure of the Mela ground has helped the locals but there are still some areas, which SJVN can consider supporting to further improve the Mela ground infrastructure. While the levelling of ground now helps it easier to make stage, but SJVN can help in creating a permanent structure which can be used as a stage in the Mela ground. It can also install some benches at appropriate places for people to sit. Additionally to add to the beatification it can develop a small park within the ground and plant some trees and ornamental bushes.

### **C. Road construction**

In case of both the road construction the residents of the adjoining village have appreciated and welcomed the construction of the road which has immensely benefitted them. However, in case of road from Bayal to Koyal village, the residents of the villages have also raised a few concerns with respect to the quality of the road due to the regular movement of heavy vehicles on the road. While SJVN was not directly involved in road construction but in the future it can ask the concerned department to ensure that the road quality is in accordance with the expected usage of the road.



## CHAPTER 5

### SUCCESS STORIES

#### 5.1 Operation of Mobile Medical Units (MMUs) in Buxar district of Bihar under the initiative "Chikitsa Chikitsak Aapke Dwar"

##### Success Story 1



**Name:** Chunmun Yadav

**Age:** 65

**Gender:** Male

**Location:** Buxar District, Bihar

Chunmun Yadav lives in Mugaon village in Dumraon block of Buxar. He lives with his daughter and son in law, who works as a daily wage labourer for earning a livelihood. He met with an accident in 2020 because of which he had a fracture in his waist. Though the fracture got healed but he still has some difficulty in walking and started developing problem of constipation, body pain and weakness. The nearest doctor was 10 km from his village and it was very difficult for him to go to a doctor because of his physical and economic situation.

He came to know about the Mobile Medical Unit (MMU) van from an MMU staff, who informed him that it provides free medical consultation and medicines. He started visiting the MMU van as it became very convenient to him and since 2021 he has been regularly

visiting the MMU van. With the MMU van coming to his village it has become very convenient for him to get medical treatment in the village itself instead of travelling for 10 km.

### Success Story 2



**Name:** Tarumani Devi

**Age:** 55

**Gender:** Female

**Location:** Buxar District, Bihar

Tarumani Devi lives in Kharhana village of Rajpur block in Buxar district with her family. She along with her husband sell vegetables in the village and her son has a small shop with the village. Due to low family income they also have to work as manual labourers for some times in the year. With age she started having body pain, weakness and skin infection, because of which she could not give enough attention to vegetable vending. She went to a local quack, but it did not benefit her.

She came to know about Mobile Medical Unit (MMU) van from an MMU staff, who informed her that it provides free medical consultation and medicines. After she visited and consulted the doctor at the MMU her skin infection got completely cured and she has got relief from body pain to a great extent. She is now able to focus on her vegetable vending business. She is very thankful to the MMU services because of which she has got a proper treatment.

### Success Story 3



**Name:** Shivshankar Upadhyaya

**Age:** 53

**Gender:** Male

**Location:** Buxar District, Bihar

Shivshankar Upadhyaya lives with his family in Kashipur village of Buxar district in Bihar. After his wife passed away he lives with his two sons and daughter in laws in the village and they are engaged in the farming and livestock rearing. Due to old age he was having pain in his legs and weakness. The nearest doctor is about 10-12 km from this village, hence he used to depend on local quacks in the village. But the treatment from the quacks was not benefitting him.

Then in 2021 he came to know about the MMU services from a staff who came to create awareness about the MMU in the village. Then we went to the MMU van to seek medical

consultation for his problem. He was prescribed some medicines which he got for free from the MMU van. Apart from this he was also tested for blood pressure and sugar which was normal. After getting the treatment he has got relief from the pain and weakness to a great extent. He is thankful to the MMU services because of which he no longer has to depend on the local quacks and can get effective treatment free of cost.

#### Success Story 4



**Name:** Dipty Rajbhar

**Age:** 53

**Gender:** Male

**Location:** Buxar District, Bihar

Dipty Rajbhar lives with his daughter in Khashipur village of of Buxar district in Bihar. His daughter is studying in class 10<sup>th</sup> and his son has migrated to Mumbai and working as a labourer there. Even he used to work in Mumbai many years back but he came back after he met with an accident on the construction site. He fractured his leg, arm and waist in the accident and he had to undergo treatment for quite some

time. Back in the village he has given his land on rent and his family is dependent on the same as its main source of income.

Though he has now healed but uses a stick to walk around. He also complaints of body pain and weakness after the accident. Earlier for going to a doctor he had to travel 5 kms and which was not always possible due to his physical and financial condition, hence he was not able to get regular medicines.

Then he came to know about the Mobile Medical Unit van run by Dhanush Foundation and supported by SJVN. After this he started going to the MMU van for treatment of body pain. During his first visit he also got to know that he had high blood pressure. He was given some medicines and was told about some general precautions.

After he has been visiting the MMU, Dipty feels that his health situation has shown some improvement and he has also shown some improvement in controlling his blood pressure. He is very thankful to SJVN and Dhanush Foundation for taking this initiative and providing good quality health care at his doorstep.

## Success Story 5



**Name:** Vimla Devi

**Age:** 65

**Gender:** Female

**Location:** Buxar District, Bihar

Vimla Devi lives with her family in Kharhana Rajpur village in Buxar District of Bihar. Agriculture and labour are the main source of income for his family and she works as a housewife and supports here husband and sons in farming. With increasing age she started facing some problems of gastritis, weakness, leg pain. But she had to

travel long distance for consulting a doctor which was not always possible for her.

In 2021 she came to know about the MMU van coming to her village and since then it has become her go to choice in case she wants to visit a doctor. Upon consultation for the first time she was given medicines for gastritis, weakness and leg pain and she was also diagnosed with the problem of low blood pressure. She was given medicines for this too and informed about precautions to be taken.

After getting medicines from the MMU she has got some relief from the problems and is happy that they now a have a medical facility coming to their village.

## 5.2 Ayurvedic health awareness programs in the state of Himachal Pradesh, Uttrakhand and Bihar

### Success Story 1



**Name-** Asha Rani

**Age-** 51

**Gender-** Female

**Location-** Hamirpur District, Himachal Pradesh

Asha Rani is a teacher and she lives with her husband and two child. She came to know about the awareness session from her school's principal. Through the session she

got to know about good eating habits and following a good lifestyle as per ayurveda. After attending the sessions she had made some important changes in her and her family's lifestyle such as reducing the intake of junk food and eating seasonal fruits and vegetables. She believes this will be helpful for her family's health in the long run.

## Success Story 2



**Name:** Daulat Ram

**Age:** 65

**Gender:** Male

**Location:** Mandi District, Himachal Pradesh

Daulat Ram lives in Bhantol village of kasorg block in Mandi district and his main source of income is farming. He has been living with his family in the village. With age he is having problem of joint pain and hypertension. Though he used to take good care of himself, but with the COVID pandemic, his routine got disturbed and the problems due to the condition started increasing. When he got to know about the awareness session being conducted by SJVN, through Bhartiya Dharohar, he showed interest for the same. Through the session he got to know about prevention of disease, tips, habits and change to be made in the lifestyle for dealing with the disease in a better manner and appropriate food habits. The biggest benefit for him has been that he has been able to keep the blood pressure in control and reduce the joint pain and prevent it from worsening. He is very thankful to the Ayurveda doctors for conducting the sessions and informing him about the various aspects of leading a healthy lifestyle as per Ayurveda.

## Success Story 3



**Name:** Mohini

**Age:** 46

**Gender:** Female

**Location:** Shimla District, Himachal Pradesh

Mrs. Mohini is an Assistant Teacher at Jeori Public school who lives in Shimla with her husband, in laws and two children. She learned about following a daily routine as per Ayurveda including good eating habits and do's and don'ts as per seasons. Realising the importance of leading a healthy lifestyle she also shared it with her family and they have made some change in their daily lives such as reducing intake of oily food and eating as per seasons.

#### Success Story 4



**Name:** Noyaram

**Age:** 47

**Gender:** Male

**Location:** Shimla District, Himachal Pradesh

Mr Noyaran is a farmer living in Randal village in Shimla district and also runs a catering business. Apart from this he also active in the social sphere and is an elected representative in the village panchayat. One of the motivating factors for him to take part in the ayurvedic awareness session was to know about how to lead a healthy lifestyle as he is a heart patient. He was quite happy to know about healthy eating habits which he could practically implement in his day to day life. He also helped to conduct various camps at the village level to spread awareness about Ayurveda.

#### Success Story 5



**Name:** Natasha Sharma

**Age:** 38

**Gender:** Female

**Location:** Kullu District, Himachal Pradesh

Natasha Sharma is a Teacher living in Rampur village of Kullu district in Himachal Pradesh. She got to know about the awareness session being conducted by Bhartiya Dharohar with support of SJVN. The main reason on why she wanted to attend was to more on how to prevent COVID with natural remedies. But she got to learn a lot more than just that. The session informed her about eating habits as per seasons, suggested daily routine as per Ayurveda. She feels that the session was quite comprehensive and she has got to know a lot of things about ayurveda and how to lead a healthy lifestyle as per Ayurveda. She has tried to incorporate the same in her day to day life as well make some changes to the lifestyle of her family.

## 5.3 Financial support for construction of Indian Association of Muscular Dystrophy, Solan (HP)

### Success Story 1



**Name-** Praveen

**Age-** 47

**Gender-** Male

**Location-** Sonipat District, Haryana

Praveen lives with his family in Gowana village in Sonipat, Haryana. He lives with his parents, three brothers and a sister. His father is a businessman and he is the only one in the family affected by Muscular Dystrophy.

Praveen was detected with Muscular dystrophy at an age of 20 years when he started facing some problems in standing and walking. Gradually with time he was unable to walk and was restricted to his wheel chair. Because of this he also faced problem at work front as he could not do his business. He started feeling like a burden on his family.

In 2014 his friend Mukesh told him about the IAMD centre in Himachal Pradesh and then also took him to the centre. He met Ms Sanjana, who told him about the camp and the various sessions in the camp including the physiotherapy session and he registered for the camp.

He saw a lot of positive change in him after attending the camp. His range of body movements increased and his dependence on other for day to day activities reduced. Seeing the benefit he repeated the camp multiple times since 2014 he has attended the camp 15 times. He feels that regular exercise at home is the key to his improvements. With time he has also started walking again and has started doing his business again and apart from being physically independent, he has also become financially independent.

### Success Story 2



**Name-** Akshat Singh

**Age-** 10

**Gender-** Male

**Location-** Janjgir Champa District, Chattisgarh

Akshat lives with his family in Chattisgarh and his father is involved in farming and also works as a wage labourer. Akshat was detected with the Muscular Dystrophy disease at a tender age of four. His family tried

to get him treated at several places like AllMS Raipur, Patanjali Yogpeeth centre in Haridwar, but none of this benefitted him and his condition kept on deteriorating gradually. As he turned nine his family faced the biggest challenge when he completely lost his ability to walk. Because of this he could not even go to school which started affecting his studies.

Despite all the setback his mother did not lose hope and kept searching for a treatment for Akshat. Finally she came to know about IAMD centre at Himachal Pradesh from online story application Pratilipi. Then she registered for the camp and travelled with her son to Solan in Himachal Pradesh. She feels her son has benefitted immensely with the physiotherapy and hydrotherapy session. The stiffness and pain in the muscles has reduced and his range of movements has increased.

Akshat and her mother hope that with regular exercise and time he would start walking again and would be able to resume going to school.

### Success Story 3



**Name:** Rahul

**Age:** 23

**Gender:** Male

**Location:** Ratlam District, Madhya Pradesh

Rahul lives with his parents and two sisters in Ratlam, his father is an agriculturalist and he is a student himself. Being engaged in agriculture and having a small piece of land his family's economic situation is poor. He was affected by the disease for a long time faced a lot of challenges as his physical movements reduced and when he turned 18 he lost his ability to walk.

He came to know about IAMD, Solan from his friend while he was surfing on YouTube. Despite their economic situation, his father decided to take Rahul to the centre at IAMD where he attended the camp for the first time in 2022. After attending the camp he could see a lot of improvements with his range of body movements increasing significantly. He is not able to complete a lot of daily tasks on his own. He really liked the physiotherapy and hydrotherapy sessions and feels that it helped him immensely. Looking at the improvements he attended the camp again in 2023 and feels even more motivated. He can now study on his own and believes that he will find a job after completing his education.

## Success Story 4



**Name:** Shravan Kumar

**Age:** 7

**Gender:** Male

**Location:** Patna District, Bihar

Shravan lives with his parents in Patna, Bihar. His father works in the Indian Railways and his mother is a housewife. Six months earlier, Shravan started complaining of pain in his legs and soon he also started facing problem in walking. Due to this he could not go to school. His parents showed him to a hospital in Patna and then to Max hospital in Delhi. There they came to know that he has Muscular Dystrophy. They were taken aback when they got to know that there is no cure for this disease and did not know what to do next.

Shravan's father came to know about IAMD from his friend and the kind of facilities that they provide. He decided to treat his son in IAMD centre at Solan. He was told more about the camp, treatment provided and various facilities available at the centre and enrolled his son for the camp.

After completing the camp he reported a reduction in pain in his legs and waist and he really liked the physiotherapy and hydrotherapy sessions at the centre. Given that he was diagnosed with Muscular Dystrophy at an early age, he has started walking again with the treatment received at the centre.

He is happy that he will be able to go to school again and he has promised that he will continue with the exercises that he has been taught during the camp.

## Success Story 5



**Name:** Kanchan Gupta

**Age:** 26

**Gender:** Female

**Location:** Mau District, Uttar Pradesh

Kanchan lives with her parents, 3 sisters and a brother in Khurahat village in Mau district of Uttar Pradesh. Her father sells locks on a cycle and her family income is not much. She was diagnosed with Muscular Dystrophy in 2017, when she was 19 years old. After this her parents used to worry a lot about her future, especially because of their family income.

She started facing a lot of difficulties in walking and making other body movements and became dependent on her family members for a lot of day to day tasks. Her family showed her to many doctors, including a doctor in Mau district, in

Ajamgarh and then at PGI Lucknow, but to no avail. The treatment at PGI was very expensive, but there was no improvement in her situation.

Then they got to know about IAMD center at Solan, while searching on the internet. Her sister got the phone number on internet and enquired about the treatment. After this she came to the centre with her sister and her brother.

She has seen a lot of improvement in her physical condition after attending the camp. She is really appreciative of the yoga and pranayama sessions, physiotherapy and hydrotherapy sessions. Earlier she was not able to walk or stand on her own, but after attending the sessions she is now able to stand on her own. She believes that with continuous and regular exercise she will be able to walk again soon. She is really grateful to the IAMD staff for taking such good care of her taking all the sessions.

## 5.4 Support to Research and Rehabilitation Centre (CHETNA) for differently abled persons at Bilaspur

### Success Story 1



**Name:** Shubham Verma

**Age:** 20

**Gender:** Male

**Location:** Bilaspur District, Himachal Pradesh

When Shubham was young and started going to school, his teachers and parents observed that he did not show any interest towards studies. He did not used to talk to people and socialise and did not have interest in doing any work and then stopped going to school. Shubham's parents were very concerned about his future but did not know how to deal with the situation.

One day representatives from CHETNA NGO came to their village and organised an awareness camp, through which they got to know about the organisation. They immediately took Shubham to the camp where NGO staff conducted his assessment and diagnosed the problem. On knowing that Shubham is intellectually disabled, his parents decided to admit him to the special school at CHETNA.

Gradually he started showing improvements and started with basic reading, writing and mathematical operations and started to open up to people. He showed a keen interest in sports and started practicing snowboarding. He received regular coaching and training support at the school and even got selected for winter games for snow-boarding at Special Olympics Bharat, which is a national sports federation for development of sports for people with intellectual disability.

Shubham's parents are hopeful that if he continues with his good performance he will get selected for winter games at Italy in 2025 and represent India at an international level. They feel greatly indebted to CHETNA NGO for supporting their child and are extremely happy to see his progress.

## Success Story 2



**Name:** Gaurav

**Age:** 17

**Gender:** Male

**Location:** Bilaspur District, Himachal Pradesh

Gaurav comes from a family with a weak economic background. His family is dependent on agriculture and his mother also does stitching and tailoring to make the ends meet. Gaurav used to go to a normal school but was not able to keep up with his peers at the school because of which he used to stay very sad would keep to himself. He did not show any interest in doing any work either.

His parents got to know about special school run by CHETNA NGO from the teachers at the school and the teachers encouraged them to admit their child at the special school. Initially they faced a lot of resistance from other family members and relatives, who suggested against the admission at the special school. Despite all the opposition, Gaurav's parents admitted him at the special school in 2015 at an age of 9 years.

After admission to the school he showed a lot of improvement in studies and he learned how to read Hindi and do money management. He showed a lot of interest in sports and started playing badminton, football and running. He participated in many district and state level sports competition and has even got selected at the national level for football and badminton. His parents attribute this completely to the coaching and support provided to him at the school.

He has reported a tremendous increase in self-confidence and socialises nicely with family members, relatives and other people in his village. At home Gaurav even helps his mother at the shop in stitching and tailoring. The relatives who were earlier skeptical about his parents decision on his admission to the special school are now very happy and proud to see his improvement

## 5.5 SJVN Silver Jubilee Merit Scholarship Scheme- Batch 2016

### Success Story 1

**Name:** Anu Kumari

**Age:** 26

**Gender:** Female

**Location:** Buxar district, Bihar

Anu Kumari is a student who lives in Sarbhja village in Buxar district of Bihar. Her father is a farmer and her family's economic situation was a little weak. After she passed out of 12<sup>th</sup> in 2016 she intended to pursue BA. The scholarship from SJVN greatly helped her to meet some study related expenses like tuition fees, cost of books and travel cost etc. The scholarship amount was one of the motivating factors for pursuing higher education. After her graduation she is currently pursuing B.Ed.

### Success Story 2



**Name:** Bamin Rinyo

**Age:** 25

**Gender:** Female

**Location:** Lower subansiri district, Arunachal Pradesh

Bamin comes from ziro village in lower subansiri district of Arunachal Pradesh. She came to know about the scholarship scheme from her friends and applied for the same. After completing 12<sup>th</sup> she pursued BA. On getting the scholarship amount she utilised it for purchasing books and her travel expenses. After completing her degree she got a government job.

### Success Story 3



**Name-** Girish Chand

**Age-** 25

**Gender-** Male

**Location-** Mandi district, Himachal Pradesh

Girish was one of the students who got the scholarship in 2016. After completing class 12<sup>th</sup> he intended to pursue B.Tech but was double minded because of low income situation of his family to bear fees and other study related expenses associated with pursuing B.Tech. He had also applied for the SJVN scholarship and after he was awarded the scholarship in 2016 he utilised the amount towards meeting the study related expense like purchasing books and hostel fees. Girish is happy that he helped to reduce the burden on his parents to some extent.

### Success Story 4



**Name:** Himanshu

**Age:** 24

**Gender:** Male

**Location:** Chamoli district, Himachal Pradesh

Himanshu got the scholarship from SJVN in 2016 after passing out from 12<sup>th</sup>. After this he pursued BA. Though his family income was not a problem but he intends to reduce the burden of study expense of his parents. The scholarship greatly helped in allowing him to meet certain study related expenses like cost of books and travel. He was very happy that even he could bear some expenses for this higher education.

### Success Story 5



**Name:** Prateek Babasaheb

**Age:** 24

**Gender:** Male

**Location:** Ahmednagar district, Maharashtra

Prateek passed his 12<sup>th</sup> in 2016 and applied for the scholarship scheme implemented by SJVN. He pursued B.com after 12<sup>th</sup>. The scholarship greatly helped him to meet study related expenses given that his family's income situation wasn't very good and his father worked as a wage labourer. With support of SJVN's scholarship scheme he has now completed his graduation and has started his own business.

## 5.6 SJVN Silver Jubilee Merit Scholarship Scheme- Batch 2017

### Success Story 1



**Name-** Swati Bhadwal

**Age-** 22

**Gender-** Female

**Location-** Kangra district, Himachal Pradesh

Swati passed out of 12<sup>th</sup> in 2017 and availed the scholarship scheme from SJVN. She comes from a family with a weak economic background. His father works as a labourer. She used to worry about how she would be able to meet expenses for her higher studies. She came to know about the scholarship scheme from her parents and she decided to apply for it as she had scored well in her 12<sup>th</sup> exams. The amount from the scholarship has

contributed towards meeting the study expenses to some extent and she was able to pursue LLB without any worry. She is now a practising lawyer at the civil court. She is very thankful to SJVN for extending the scholarship which has helped her during her studies.

### Success Story 2



**Name-** Deshpande Narendra Murari

**Age-** 25

**Gender-** Male

**Location-** Ahmednagar district, Maharashtra

Narendra intended to pursue BBA after completing his schooling in 2017. But he also intended to pitch in towards meeting study expenses for his graduation, instead of letting the entire burden fall on his parents. He applied for the scholarship scheme as he heard about it from his friends and teachers. He was able to meet the tuition fees as well expense for purchasing his books for the course.

### Success Story 3



**Name:** Priyanka Kumari

**Age:** 23

**Gender:** Female

**Location:** Buxar district, Bihar

Priyanka's father is a farmer and her family was facing some challenges in meeting study expenses. She came to know about the SJVN scholarship scheme from her friends and further enquired about it from the SJVN office. On getting complete details, she applied for the scholarship under the scheme and then pursued her B.ed. The scholarship amount really helped her in meeting tuition fees to some extent which helped to reduce the burden on her family. She was also able to purchase books from the scholarship amount and meet the travel expense as well.

### Success Story 4



**Name:** Deepti Chauhan

**Age:** 24

**Gender:** Female

**Location:** Tehri district, Uttarkhand

Deepti comes from Sem village of Tehri District in Uttarakhand. She passed out of 12<sup>th</sup> in 2017 and was worried about her graduation

study expenses. She wanted to pursue BA but also wanted to contribute towards the expenses so that the entire burden doesn't fall on her parents. She got to know about the SJVN scholarship scheme from her friends and teachers and then she decided to apply for the same. The scheme has helped her in meeting some study expenses and she is now pursuing her masters degree after completing her graduation. She is very thankful to SJVN for introducing the scheme.

## 5.7 Providing of health infrastructure facilities to government health facilities in Aspirational District, Chamba

### Success Story 1



**Name:** Dr Sumit Atri

**Age:** 48

**Gender:** Male

**Location:** Chamba District, Himachal Pradesh

Dr. Sumit Atri works as an Assistant Medical Officer at Civil Hospital, Dalhousie. He shared that there was a serious need for an ambulance and a dead body van. The patients were facing a lot of challenges due to the lack of these vehicles. People had to use taxis and other public transport and the situation became very difficult in case of an emergency. After getting these vehicles the convenience of the patients has improved.

### Success Story 2



**Name:** Indira Devi

**Age:** 52

**Gender:** Female

**Location:** Chamba District, Himachal Pradesh

Indira Devi is a housewife and her husband runs a small kirana shop. Her husband developed a problem of cough and was diagnosed with Tuberculosis. He underwent multiple treatments at the hospital and showed some improvement but was not getting a permanent relief. Then after the CBNAAT machine was provided to the hospital, he could get the complete and comprehensive check-up and treatment of the disease. After this he has got a permanent relief from Tuberculosis. Indira Devi and her husband are very thankful to the doctors at the hospital and SJVN for providing the CBNAAT machine.

## 5.8 Providing of financial support for creating infrastructure facilities to combat-COVID-19 pandemic in Hamirpur, Una districts of HP

### Success Story 1



**Name:** Diksha

**Age:** 30

**Gender:** Female

**Location:** Hamirpur District, Himachal Pradesh

Diksha lives with her parents a brother Dhamraul village in Hamirpur district. During the second wave of COVID she got infected with the virus. After developing mild symptoms in the initial few days her health situation deteriorated and she needed oxygen support. There was a scarcity of oxygen at many medical facilities and her family was facing a challenge of finding oxygen. Then her relatives informed her family that an oxygen plant was set up at the Medical College and hospital in Hamirpur. They rushed her to the hospital and got her admitted. She got adequate oxygen and proper treatment at the hospital and it proved to be life saviour for her. She is extremely thankful to the Doctors and SJVN that she could get timely treatment.

## 5.9 Financial support for development of Rani Ground at Kasumpti Shimla

### Success Story 1



**Name:** O. P. Sharma

**Age:** 86

**Gender:** Male

**Location:** Shimla District, Himachal Pradesh

O.P. Sharma is a retired Indian Army Major and lives with his family at IAS Colony, Parimahal. Earlier there was no other park in close vicinity to his colony and house. Due to this he and others in the family and colony used to walk on the road. This was not safe for him due to vehicles passing by, more so because of his age. With the Rani ground being developed, he has been going to Rani Ground from 2020. He feels a lot safer and is able to take his morning and evening walks, do yoga and socialise with people.

## Success Story 2



**Name:** Kaushalya

**Age:** 48

**Gender:** Female

**Location:** Shimla District, Himachal Pradesh

Kaushalya lives with her family in Shimla near Rani Ground. Earlier Rani Ground used to be rough patch of land with a overgrowth of wild bushes. It wasn't at all suitable for taking morning/evening strolls or doing yoga. After the development of the park Kaushalya comes to the park on a daily basis for taking strolls and doing yoga. She even uses the equipment at the open gym for exercise. She is very happy and pleased with the development of Rani Ground financially supported by SJVN.

## 5.10 Improvement of link road from NH-05 to village Shanam

### Success Story 1



**Name:** Navneet Kumar

**Age:** 47

**Gender:** Male

**Location:** Shimla District, Himachal Pradesh

Navneet Kumar lives in Shanam village and is a construction contractor by profession. Earlier when the link road was narrow and unmetalled, he and his family used to face a lot of challenges. They either had to take a long route to reach the city or walk for almost a kilometre. Now with the construction of the road they are easily able to travel to city and reach in about 10 minutes instead of 45 minutes taken earlier. He is himself able to drop his children school.

### Success Story 2



**Name:** Ramlal

**Age:** 45

**Gender:** Male

**Location:** Shimla District, Himachal Pradesh

Ramlal lives in Shanam village and is a farmer. Before the road was widened and properly constructed, his family used to face a lot of problems in travelling to the city. Children has to walk for almost a kilometre to reach the main road for going to school. It has also become easier for others in the family to travel

to the main market. Ramlal is very happy with the construction of the road and is thankful to SJVN for the same.

## 5.11 Metalling and Tarring of road from Bayal village to Koyal village

### Success Story 1



**Name:** Ram Singh

**Age:** 43

**Gender:** Male

**Location:** Kullu District, Himachal Pradesh

Ram Singh lives with his family in Koyal village. His main occupation is farming and he also runs a small kirana store. Ram Singh and his family faced a lot of problems when the road was not properly constructed. Any public transport like a bus or an auto was very hard to come by. Since he did not have any personal vehicle he had to either walk long distance on the main road or ask for a lift. In some instances when he would get a public transport, he would be charged double. After the construction of the road he is easily able to get public transport and does not have to walk long distances.

### Success Story 2



**Name:** Sunita Kashyap

**Age:** 46

**Gender:** Female

**Location:** Kullu District, Himachal Pradesh

Sunita lives with his family in Koyal village and apart from being a housewife she also helps her husband in farming. For her the biggest problem was that transport facilities. With the public transport availability being very less, she became completely dependent on her husband for travelling to outside the village. After the construction of the road she can use public transport facilities plying on the main road.

## 5.12 Construction of Mela Ground at Tatta Pani, Sunni, Shimla

### Success Story 1



**Name:** Tejram Gandhi

**Age:** 52

**Gender:** Male

**Location:** Mandi District, Himachal Pradesh

Tejram lives in Tatta Pani with his family and apart from being engaged in agriculture he also runs a shop. He sets up a stall at the Mela ground during any event. Before the construction and renovation work at the mela ground, he did not used to get adequate space and hence could not put up much stock at this stall. After the renovation he gets a proper place at the ground. This has helped him increase him sales and income.

### Success Story 2



**Name:** Devendra

**Age:** 40

**Gender:** Male

**Location:** Mandi District, Himachal Pradesh

Devendra lives in Tatta pani with his family and he runs an eatery shop near the Tatta Pani Ground. After the construction and renovation of the Mela ground the number of events has increased resulting in an increased footfall at the ground. This has also helped to increase the sales for Devendra. He also shares that with the construction of the bypass road the traffic problem on the road near the ground has also got resolved.

## 5.13 Tara Devi Temple

### Success Story 1



**Name:** Krishna Chand

**Age:** 68

**Gender:** Male

**Location:** Shimla district, Himachal Pradesh

Krishna Chand is a local residing near the Tara Devi temple and has been a regular visitor to the temple. Before the renovation the temple premise used to be small and proper lighting wasn't there and after the renovation it has become very easy and convenient for him to visit the temple. The space has increased, lighting has improved and the overall look and beauty of the temple has enhanced.

### Success Story 2



**Name:** Kamlesh

**Age:** 46

**Gender:** Male

**Location:** Shimla district, Himachal Pradesh

Kamlesh is the Pujari at the Tara Devi temple and lives with his family near the temple. He shared that the infrastructure of the temple was in a very poor condition with the grass growing within the temple premise. The devotees used to face a lot of challenges during their visit and *Darshan*. He is very satisfied with the renovation work and is happy that the devotees do not face any challenges during their visit to the temple. Additionally after the renovation it has become easier to conduct *Puja* as a *Pujari*.

## 5.14 Bhimkali Temple

### Success Story 1



**Name:** Shyam Sunder

**Age:** 43

**Gender:** Male

**Location:** Shimla district, Himachal Pradesh

Shyam Sunder is a Pujari at the Bhimkali Temple. He really appreciates the support provided by SJVN in construction of the *Langar* hall and parking. Before the construction of the *langar* hall, such *langars* were organised in the open ground and the devotees had to eat the *Prasad* in the open. This was inconvenient especially during summers and rains. Shyam ji is happy that this problem is now resolved.

### Success Story 2



**Name:** Buddh Ram

**Age:** 54

**Gender:** Male

**Location:** Shimla district, Himachal Pradesh

Buddh Ram is a local resident and has a *Prasad* shop in front of the temple. His family is also engaged in agriculture but shop is an important source of income for his family with which he is able to support the education of his children. With the improvement in infrastructure and facilities at the temple the problem of parking got resolved and the incidence of traffic jams reduced a lot. Because of this and other improvements the number of devotees coming to the temple increased which has also helped him to increase his income.

## 5.15 Chambu Devta Temple

### Success Story 1



**Name:** Narayan Singh

**Age:** 65

**Gender:** Male

**Location:** Shimla district, Himachal Pradesh

Narayan Singh is a regular visitor to the Chambu Devta temple. Before the renovation the size of the temple was very small and the infrastructure was not proper. The devotees such as himself used to face inconvenience in offering prayers at the temple. After the renovation the space within the temple premise has increased and devotees do not face any inconvenience.

### Success Story 2



**Name:** Dilip Singh Negi

**Age:** 50

**Gender:** Male

**Location:** Shimla district, Himachal Pradesh

Dilip Singh Negi is the Secretary of the temple committee and had overseen the renovation work. He is happy and satisfied with the support received from SJVN for the renovation work as it has greatly helped to improve the infrastructure and facilities at the temple which were in a very poor condition. This has helped to improve the convenience of the devotees visiting the temple and after the renovation more devotees have started coming to the temple.



## ANNEXURES

### DETAILS OF PROJECT WITH BUDGET FOR OVER 1 CRORE

Name of the project	Thematic area	Budget (In Rs. Lakhs)
Organising Ayurvedic health awareness programs in the state of Himachal Pradesh, Uttarakhand and Bihar	Health & hygiene	145.12
Conversion of 06 Ambulances into MMUs and their Running and Maintenance for a period of 06 months by M/s Dhanush Foundation under the initiative "Chikitsa Chikitsak Aapke Dwar"	Health & hygiene	110.00
Financial support for construction of Indian Association of Muscular Dystrophy, Solan (HP)	Health & hygiene	578.63
Construction and furnishing of ground floor of Research and Rehabilitation Centre (Chetna) for differently abled persons alongwith installation of Lift of Building at Bilaspur (HP)	Health & hygiene	137.00
Providing of health infrastructure facilities like Mortuary, MMU, Ambulance, Dead body Van, Oxygen Concentrator etc. in Aspirational district, Chamba (HP)	Health & hygiene	121.61

Name of the project	Thematic area	Budget (In Rs. Lakhs)
Providing of financial support for creating infrastructure facilities to combat- COVID-19 pandemic in Hamirpur, Una, Bilaspur, Kangra and Mandi districts of HP	Health & hygiene	100.00
SJVN Silver Jubilee Merit Scholarship Scheme (Batch-2016)	Education & skill development	265.97
SJVN Silver Jubilee Merit Scholarship Scheme (Batch-2017)	Education & skill development	265.97
Financial support for development of Rani Ground at Kasumpti Shimla	Infrastructure and community asset development	149.00
Financial support for improvement of link road from NH-05 to village Shanan	Infrastructure and community asset development	171.97
Metalling and tarring of road from village Bayal (batching plant) to village Koyal, Distt. Kullu (HP)	Infrastructure and community asset development	208.56
Construction of Mela Ground at Tatta Pani, Sunni, Shimla (HP)	Infrastructure and community asset development	105.72
Development and renovation of Tara Mata temple, Taradevi, Shimla (under SBM)	Preservation and promotion of culture	200.00
Financial support for development,renovation and reconstruction of existing/new fascilityies at Bhimakali Temple Sarahan	Preservation and promotion of culture	131.00
Financial support for construction, renovation and repair of Shri Chambu Devta Temple at Jhakri.	Preservation and promotion of culture	244.98
<b>Total</b>		<b>2935.53</b>

## DETAILS OF OTHER INFRASTRUCTURE ADDED WITH THE SUPPORT OF SJVN AT THE CHETNA CENTRE

Sr. No	Name of Item	Qty.
1	Classroom Table Colorful	14
2	Class Room Chairs (Yellow) Without Arms	14
3	Class Room Chairs (Yellow) With Arms	03
4	Class Room/ Activity Room Chairs	24
5	Class Room/ Activity Room Storage Cabinet	02
6	Activity Room Storage – 8 compartment Open Tyre	06
7	Activity Room Full Ht. Storage Size 3 x 2 x 6 ht	02
8	PVC Shell Chair:- Activity Room	44
9	Semi-circle Table	08
10	Classroom Double Seater	30
11	Vocational Training Table Size 8 x 3	02
12	Vocational Training Table Size 8 x 2	02
13	Almirha Full Height Size 3 x 6.5 Ht	02
14	Almirha Low Height Size 3 x 2.5 Ht	04
15	White Board	06
16	Soft Board	10
17	Pin Board 8x4	01
18	Stand Alone Partition 30"	03
19	Stand Alone Partition 60"	01
20	Reception Table	01
21	Computer Lab Workstation with Partition , Wooden Legs , Wooden Top- Linear 8 Seater	02
22	Computer Lab Workstation with Partition , Wooden Legs , Wooden Top & Wooden Legs- Back to Back 14 Seater	01
23	Computer Chair Fixed	10
24	Library Single Sided rack 30" Ht	06
25	Library Single Sided rack 78" Ht	05
26	Library Double Sided rack 78" Ht	04
27	Library 2 Seater Sofa	02
28	Library Puffy	02
29	Library Table 4 Seater	02
30	Magazine Rack (MS powder coated)	02
31	Teacher Table With Drawer	08

Sr. No	Name of Item	Qty.
32	Teacher Chair	05
33	Office Table 4 X2 with drawer/shutter	02
34	Office Table With 1 Drawer Size 4x2	06
35	Office Table with side Credenza Size 5 x2	01
36	Staff Room Table Size 8 x 4	01
37	Office Almirha (Steel)	03
38	Accounts L Type Work station with 3 Drawer cabinet & Side Partition	01
39	Back Unit Accounts	01
40	Coordinator Office Table	01
41	Manager Office Table with Side	01
42	Back Unit Storage	01
43	Principal Room Office Table with Side Unit	01
44	Principal High Chair	01
45	Back Unit Size 2250 mm	01
46	Director Room Office Table with Side Unit	01
47	Principal Room 3 Seater Sofa	01
48	Director High Chair	01
49	Storage Cabinet Director Room	01
50	Back Unit Size 2250 mm	01
51	Director 3 Seater Sofa	01
52	Director 1 Seater Sofa	01
53	Centre Table SS Frame- Glass Top	02
54	Revolving Chairs	06
55	Conference Table with pop up box	01
56	Conference Chairs	11
57	Back Storage Unit Size 4 x 2.5 "	02
58	Writing Chairs	60
59	HB Chair TAN	01
60	Seminar Chairs	12
61	Lift	01

## QUANTITATIVE DATA COLLECTION TOOLS FOR PROJECTS WITH VALUE OF 1 CR AND ABOVE

### 1. Organising Ayurvedic health awareness programs in the state of Himachal Pradesh, Uttarakhand and Bihar

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.	Did you attend the ayurvedic awareness session conducted by Bhartiya Dharohar with SJVN's funding?	01- Yes 02- No
11.	If Yes then answer the following questions	
12.	What aspects do you recall from the awareness sessions?	<ol style="list-style-type: none"> <li>1. Knowledge of choosing foods as per seasons</li> <li>2. Good eating habits</li> <li>3. Information on diseases/health problems</li> <li>4. General habits for a better lifestyle</li> <li>5. Any other- Please specify-_____</li> </ol>
13.	Do you think that you are more aware about leading a better lifestyle as advised in the awareness session?	01- Yes, Completely aware 02- Yes, to a large extent 03- Yes, to some extent 04- No
14.	Do you feel that making appropriate changes as per the session will help to reduce the incidence of disease and improve the quality of life?	01- Yes 02- No
15.	Did you learn about making changes to the diet as per season, in the awareness session?	01- Yes



	03- Heart Diseases		
	04- Stomach related problems		
	05- Knee Pain		
	06- Cough and cold		
	07- Low/high blood pressure		
<b>25.</b>	Have you made some changes in your lifestyle based on the awareness session?	01- Yes 02- No	
<b>26.</b>	If Yes, what changes have you made (Please specify)		
<b>27.</b>	Do you think that your overall awareness has improved on healthy lifestyle using Ayurveda?	01- Yes, Completely 02- Yes, to a large extent 03- Yes, to some extent 04- No	
<b>28.</b>	Did you have any health problems before attending the session?	01- Yes 02- No	
<b>29.</b>	Did you seek any help for any disease/ailment that you faced?	01- Yes 02- No	
<b>30.</b>	If Yes, did you get a satisfactory resolution to your problem?	01- Yes 02- No	
<b>31.</b>	Did you find the information shared in the awareness camp relevant to you?	01- Yes 02- No	
<b>32.</b>	What improvements do you think can be made to the Ayurveda awareness camp		

## 2. Operation of Mobile Medical Units (MMUs) in Buxar district of Bihar under the initiative "Chikitsa Chikitsak Aapke Dwar"

### 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 CONTINUE

 →

Respondent does not agree to be interviewed.....2

 →

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 02- Below Poverty Line 03- Antyodaya																		
13.	What is the social category of your household? <b>(Single code)</b>	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- Neighbours/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> </tbody> </table>	Name of Disease	Occurred in Family	Sought treatment from MHU	Cough/Cold/Fever			Back pain			Hypertension			Generalised weakness			Gastritis / Peptic ulcer			
Name of Disease	Occurred in Family	Sought treatment from MHU																		
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Generalised weakness																				
Gastritis / Peptic ulcer																				

	Osteoarthritis					
	Diabetes					
	Skin Disorder					
	Asthma					
	Anaemia					
	Physical injuries/insect bite and Burns / abrasions/ contusions/ lacerations etc.					
	Ear ache/ ear disorders					
	Others (Please specify)					
<b>19.</b>	Is the time/date for MHU to visit your village fixed? (Single Code)		01- Yes 02- No			
<b>20.</b>	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			
<b>21.</b>	Does the MHU come regularly on the pre-defined time to your village? (Multi-code)		01- Always 02- Sometimes 03- Rarely 04- Never			
<b>22.</b>	How regularly are you able to get the different services of MHU at the time of designated visit? (Single code)				Not sure as haven't availed everytime	
		At all times	Mostly	Sometimes	Rarely	Never
	Doctor					
	Medicines					
	Lab Testing					
<b>23.</b>	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			
<b>24.</b>	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
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 (life saving)																						
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> <tr> <td>Availability of Doctors</td> <td></td> </tr> <tr> <td>Women friendly</td> <td></td> </tr> <tr> <td>Diagnosis of chronic disease</td> <td></td> </tr> <tr> <td>Attention to patient</td> <td></td> </tr> <tr> <td>Timings</td> <td></td> </tr> <tr> <td>Effectiveness of treatment provided</td> <td></td> </tr> <tr> <td>Overall Rating</td> <td></td> </tr> </tbody> </table>	Parameter	Rating (from 1 to 5)	Affordability		Accessibility		Quality		Availability of Doctors		Women friendly		Diagnosis of chronic disease		Attention to patient		Timings		Effectiveness of treatment provided		Overall Rating		
Parameter	Rating (from 1 to 5)																							
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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.)																							
	General Health Camp																							
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- Neighbours/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- Opthamlogy 04- Orthapedics 05- Padetrics
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?	

### 3. Financial support for construction of Indian Association of Muscular Dystrophy, Solan (HP)

#### 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 CONTINUE →

Respondent does not agree to be interviewed.....2 →

S. no.	Question	Response
1.	Name of the Surveyor	
2.	Date of Survey (dd/mm/yy)	
3.	Full Name of respondent	
4.	Age	





	Becoming an earning member of family				
	Motivation to use wheel chair for mobility				
20.	How affordable do you think is the fees/charges at IMDRC in terms of facilities and services that they provide?	01- Very Affordable	02- Fairly Affordable	03- Expensive	
21.	What is your overall satisfaction rating for the IMDRC Center	01-Very Satisfied	02- Satisfied	03- Moderately Satisfied	04- No Satisfied
		05- Dissatisfied			
22.	Would you recommend about IMDRC to anyone with Muscular Dystrophy?	01- Definitely, Yes	02- Maybe	No	

#### 4. SJVN Silve Jubilee Merit Scholarship 2016 & 2017

##### 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 CONTINUE →

Respondent does not agree to be interviewed.....2 →

S. No.	Question	Response
1.	Name of the surveyor	
2.	Date of Survey	
3.	Name of Respondents	
4.	Age	
5.	Gender	01- Male 02-Female
6.	Have you availed the scholarship from SJVN? If Yes please tick as applicable	

Year	Yes Received	Shared the marksheet but not received	Have not shared the marksheet	Not applicable
Year 1				
Year 2				
Year 3				
Year 4				
Year 5				
<b>7.</b>	In which year did you pass out of Class 12			
<b>8.</b>	Which course did you take up after Class 12 for graduation?			
<b>9.</b>	Have you completed the course?		01- Yes 02- No	
<b>10.</b>	If Yes, what are you currently doing?		01- Pursuing higher education/further studies 02- Job/service 03- Self Employed (Freelance) 04- Business 05- Looking for an employment opportunity 06- Others, please specify- _____	
<b>11.</b>	In case you are doing a job/service can you please mention the nature of organisation		01- Government 02- Private	
<b>12.</b>				
<b>13.</b>	If you have received the scholarship amount then, how did the scholarship amount help? (Multi-code)		01- Towards submitting the college/tuition fees 02- Meeting other study related expenses 03- Towards meeting my personal expenses 04- In paying education loan	
<b>14.</b>	Do you think the scholarship was a factor for you to continue and complete higher studies		01- I would not have gone for higher studies if I had not got the scholarship 02- I would have gone for higher studies even if I did not get the scholarship	
<b>15.</b>	Do you think that the scholarship amount helped in motivating you to study further and perform better?		01- To a great extent 02- To some extent 03- Not at all	
<b>16.</b>	Did you face any challenges in availing/receiving the scholarship amount?		01- Yes 02- No	
<b>17.</b>	If Yes, Please specify the challenge			

- |  |   |
|--|---|
| <b>18.</b> In case you are earning, What is your average annual income/package | 01- 0 to 5 lakhs<br>02- 5 to 7.5 Lakh<br>03- 7.5 to 10 lakh<br>04- 10-15 lakh<br>05- 15-20 lakh<br>06- 20 or Above<br>07- Do not wish to disclose |
| <b>19.</b> Do you have suggestions for improving the scholarship scheme?       |   |

## PROJECT WISE QUALITATIVE PROBE AREA

For projects above 1 Crore				
S. No.	Project Name	Name of stakeholder	Type of interaction	Qualitative Probe Areas
1	Financial support for construction of Indian Association of Muscular Dystrophy, Solan (HP)	Project Beneficiaries	In-depth Interview	<ol style="list-style-type: none"> <li>1. Have you attended the camp organised at IMDRC (Integrated Muscular Dystrophy Rehabilitation Centre), If yes when?</li> <li>2. When did you/patient develop the Muscular Dystrophy and what were the challenges that you were facing</li> <li>3. How did you get know about the camp? What motivated you to come to this camp?</li> <li>4. Have you tried any other treatment before coming to this camp? If Yes please share the details. Why did you join this camp? Did you find this better than the other camps? If Yes why?</li> <li>5. Which sessions do you think were the most useful? Can you please share how they were useful?</li> <li>6. Yoga, Pranayam &amp; Meditation, Physiotherapy, Hydrotherapy, Counselling, Medical check ups, Diet Planning, Recreational Activities</li> <li>7. Were you aware about proper management and care of Muscular dystrophy before attending the camp? If yes to what extent. (Prober areas-</li> </ol>

For projects above 1 Crore

S. No.	Project Name	Name of stakeholder	Type of interaction	Qualitative Probe Areas
				<p>Exercise, physiotherapy, yoga, pranayama etc.)</p> <p>8. Has your knowledge on proper management and care of muscular dystrophy improved after attending the camp? If yes to what extent and in what areas?</p> <p>9. Do you think that your dependence on others has reduced after attending the camp?</p> <p>10. What has been the effect on your motivation levels after attending the camp? Do you think that it has improved? Can you please share more on this?</p> <p>11. Do you feel more motivated to pursue a hobby or income earning activity after the camp? If yes, have you pursued anything new after attending the camp? (Hobby/personal interest, work, income earning etc.)</p> <p>12. In which of the areas do you think that you have benefitted after attending the camp? (Probe areas - Reduction of pain and stiffness, Improvement in range of movement and flexibility, Improving Posture</p> <p>13. Improvement in balancing and</p>

For projects above 1 Crore

S. No.	Project Name	Name of stakeholder	Type of interaction	Qualitative Probe Areas
				<p>coordination, Maximizing independence with functional activities, Maintenance of muscle strength in order to delay the progression, Improving quality of life, Feeling more motivated and less depressed/anxious, Becoming an earning member of family, Motivation to use wheel chair for mobility)</p> <p>14. How affordable do you think is the fees/charges at IMDRC in terms of facilities and services that they provide? What improvements/ additions do you think can be made to the camp at IMDRC?</p>
2	Construction and furnishing of ground floor of Research and Rehabilitation Centre (Chetna) for differently abled persons alongwith installation of Lift of Building at Bilaspur (HP)	Parents of students studying at the centre	In-depth Interview	<ol style="list-style-type: none"> <li>1. How did you get to know about the chetna school?</li> <li>2. What is the age of your child and since when did has he/she been going to Chetna school?</li> <li>3. In case you are comfortable, can you please share the challenge faced by your child?</li> <li>4. What are the improvements/changes you have seen in your child after he/she has joined the school?</li> <li>5. Would you like to highlight any achievement/ remarkable improvement after your child has joined chetna</li> </ol>

For projects above 1 Crore

S. No.	Project Name	Name of stakeholder	Type of interaction	Qualitative Probe Areas
				<p>school?</p> <p>6. Are you aware of any other school of similar type near to your place?</p> <p>7. Do you think there would have been any challenges in finding a school for your child in absence of Chtena school?</p> <p>8. How do you see your child in the future?</p>
<b>3</b>	Providing of health infrastructure facilities like Mortuary, MMU, Ambulance, Dead body Van, Oxygen Concentrator etc. in Aspirational district, Chamba (HP)	Hospital Management staff	In-depth Interview/ closed group discussion	<p>1. Can you tell something about the support received from SJVN Foundation?</p> <p>2. Can you please tell something about the medical centre that has recived the support? When was it started, area(no. of villages, poulation) it covers, list of services it provides, average daily number of patients it serves, number and type staff?</p> <p>3. What is the general profile of the patients coming to medical centre? (Rural/urban, income category, etc.)</p> <p>4. What were the main challenges faced before the support provided by SJVN?And what were the key deficiencies?</p> <p>5. What have been the changes after SJVN's intervetion, please share in detail. (the interviewer should try to get as many points as possible and get as much data</p>

For projects above 1 Crore

S. No.	Project Name	Name of stakeholder	Type of interaction	Qualitative Probe Areas
				<p>as possible for the same)(Wait time reduction, quality of treatment etc. these are just a few tentative points, please get all the points from the interviewee)</p> <p>6. Has there been an increase in the number of patients coming to the centre after the intervention? Please share with numbers</p> <p>7. Has the hospital been able to better cater to the needs of its patients? if yes how?</p> <p>8. Is there a mechanism in place to ensure that the facilities are in good shape?</p>
		District Administration, Chamba (HP)	In-depth Interview	<p>1. Can you tell something about the support received from SJVN Foundation?</p> <p>2. What were the main challenges faced before the support provided by SJVN? And what were the key deficiencies?</p> <p>3. What are the key health indicators in the area before SJVN's intervention</p> <p>4. Has there been an improvement in the same with this? If Yes in which indicators and please share the data for the same?</p> <p>5. How have the challenges been addressed after receiving the support from SJVN?</p>

For projects above 1 Crore

S. No.	Project Name	Name of stakeholder	Type of interaction	Qualitative Probe Areas
				<p>6. What have been the changes after SJVN's intervention? with respect to the treatment and service offered by the hospital. Can you share some facts and data on this?</p> <p>7. Is there any further scope for improvement? If yes what?</p>
4	Providing of financial support for creating infrastructure facilities to combat- COVID-19 panademic in Hamirpur, Una, Bilaspur, Kangra and Mandi districts of HP	Medical centre/hospital management staff in all five locations	In-depth Interview/closed group discussion	<p>1. Can you tell something about the support received from SJVN Foundation? (List of equipment provided)</p> <p>2. Can you please tell something about the medical centre that has recived the support? When was it started, area(no. of villages, poulation) it covers, list of services it provides, average daily number of patients it serves, number and type staff?</p> <p>3. How was the preparedness of the medical centre/hospital for the COVID-19 pandemic and what were the challenges that the centre faced in terms of availability of infrastructure, staff training, staff availability,</p> <p>4. How was the situation of COVID in the area that the hospital serves in in terms of number of cases, number of deaths, load on the hospitals,</p>

For projects above 1 Crore

S. No.	Project Name	Name of stakeholder	Type of interaction	Qualitative Probe Areas	
				<p>5. When were these equipments provided and di you think that these equipments were provided in a timely manner and were they adequate?</p> <p>6. How were these equipments helpful? If yes please share in detail how they were helpful.</p> <p>7. Please share the details of</p> <p>a. Number of patients treated after the creation of the infra?</p> <p>b. Number of patients sucessfully treated?</p> <p>c. Number of testings done?</p>	
5	Financial support for development of Rani Ground at Kasumpti Shimla	Resident/users of the ground	In-depth Interview/ Discussion	Group	<p>1. Are you aware about the support provided by SJVN in improving the rani ground?</p> <p>2. How was the situation of the ground before the infra improvements were made? What were the problems being faced by the users of the ground?(for all age groups- children, youth, middle aged, elderly) (also for different genders- male female)</p> <p>3. What improvement has happened to the ground in the past few years?</p> <p>4. How has it been helpful to the users of the ground(For all age groups- children, youth, middle aged, elderly) (interviewer</p>

For projects above 1 Crore

S. No.	Project Name	Name of stakeholder	Type of interaction	Qualitative Probe Areas
				<p>should ask and take notes in detail)</p> <p>5. Is it well maintained?</p> <p>6. What further improvements can be made to the ground?</p>
		District administration	In-depth Interview	<p>1. Can you tell something about the support received from SJVN on development of the ground? (Please note all the improvements, facilities and equipment?</p> <p>2. What was the felt need before the constuction of the ground?</p> <p>3. Was there/is there a long term plan for the ground? (If yes please share) and till where it has reached till now?</p> <p>4. Who are the users of the ground? What were the challenges that the existing user/target users facing that it aimed to solve?</p> <p>5. What type of facilities does the ground offer, sports/ recreational/ functions/ ceremonies?</p> <p>6. What is the total size of the ground? How many users can it serve at a time?</p> <p>7. How have the people in the area been benefitted?(for all age groups)(and for different genders)</p> <p>8. Is there also a income generating mechanism from ground? If yes please</p>

For projects above 1 Crore

S. No.	Project Name	Name of stakeholder	Type of interaction	Qualitative Probe Areas
				share the details of how and details of income generated so far year wise? 9. Who is responsible for the maintenance of the ground? and who pays for it?
6	Financial support for improvement of link road from NH-05 to village Shanan	Residents of the village	In-depth Interview/ Group Discussion	<p>1. Are you aware the SJVN has helped in the construction of the link road to NH5 for your village?</p> <p>2. Can you please share the situation of the road before?</p> <p>3. What were the challenges and problems faced because of the broken road?</p> <p>4. How has the construction of the new road helped the residents of the village?(different occupation, different gender)</p> <p>5. Do you feel the quality of the road is good?</p>
		Sarpanch	In-depth Interview	<p>1. What was the need for buidlig the road? What were the challenges faced?</p> <p>2. Whom does it serve and for whom is it relevant</p> <p>3. What was the problem earlier and since when was the village facing this problem. And why did SJVN decided to build a road here as even the government could have done it</p> <p>4. What is the Length of road. Number of</p>

For projects above 1 Crore

S. No.	Project Name	Name of stakeholder	Type of interaction	Qualitative Probe Areas
				<p>people/villages it benefits?</p> <p>5. How has the construction of the new road helped the residents of the village?(different occupation, different gender)</p> <p>6. Do you feel the quality of the road is good?</p>
7	Metalling and tarring of road from village Bayal (batching plant) to village Koyal, Distt. Kullu (HP)	Residents of a village	In-depth Interview/ Group Discussion	<p>1. Are you aware the SJVN has helped in the construction of the link road to NH5 for your village?</p> <p>2. Can you please share the situation of the road before?</p> <p>3. What were the challenges and problems faced because of the broken road?</p> <p>4. How has the construction of the new road helped the residents of the village?(different occupation, different gender)</p> <p>5. Do you feel the quality of the road is good?</p>
		Sarpanch	In-depth Interview	<p>1. What was the need for buidlig the road? What were the challenges faced?</p> <p>2. Whom does it serve and for whom is it relevant</p> <p>3. What was the problem earlier and since when was the village facing this problem. And why did SJVN decided to</p>

For projects above 1 Crore

S. No.	Project Name	Name of stakeholder	Type of interaction	Qualitative Probe Areas
				<p>build a road here as even the government could have done it</p> <p>4. What is the Length of road. Number of people/villages it benefits?</p> <p>5. How has the construction of the new road helped the residents of the village?(different occupation, different gender)</p> <p>6. Do you feel the quality of the road is good?</p>
8	Construction of Mela Ground at Tatta Pani, Sunni, Shimla (HP)	User of the ground	In-depth Interview/ Group Discussion	<p>1. Are you aware about the support provided by SJVN in improving the ground?</p> <p>2. How was the situation of the ground before the infra improvements were made? What were the problems being faced by the users of the ground?</p> <p>3. What improvement has happened to the ground in the past few years?</p> <p>4. How has it been helpful to the users of the ground?</p> <p>5. Is it well maintained?</p> <p>6. What further improvements can be made to the ground?</p>
		1 District administration	In-depth Interview	<p>1. Can you tell something about the support received from SJVN on development of the mela ground? (Please note all the improvements,</p>

For projects above 1 Crore

S. No.	Project Name	Name of stakeholder	Type of interaction	Qualitative Probe Areas
				<p>facilities, infra)</p> <p>2. What was the felt need before the construction of the mela ground?</p> <p>3. Was there/is there a long term plan for the ground? (If yes please share) and till where it has reached till now?</p> <p>4. Who are the users of the ground? What were the challenges that the existing user/target users facing that it aimed to solve?</p> <p>5. What type of facilities does the ground offer?</p> <p>6. What is the total size of the ground? How many users can it serve at a time?</p> <p>7. How have the people in the area been benefitted?(for all age groups)(and for different genders)</p> <p>8. Is there also a income generating mechanism from ground? If yes please share the details of how and details of income generated so far year wise?</p> <p>9. Who is responsible for the maintenance of the ground? and who pays for it?</p>
9	Development and renovation of Tara Mata temple, Taradevi, Shimla (under SBM)	Interaction with Temple management person	In-depth Interview	<p>1. Are you aware of the support provided by SJVN for renovation of the temple?</p> <p>2. What was the felt need before the construction, what were the challenges</p>

For projects above 1 Crore

S. No.	Project Name	Name of stakeholder	Type of interaction	Qualitative Probe Areas
				<p>faced.</p> <p>3. What type of construction support was provided List of facilities developed, construction done e..g dome repair etc.</p> <p>4. What type of construction support was provided List of facilities developed, construction done e..g dome repair etc.</p>
10	Financial support for development,renovation and reconstruction of existing/new fascilityies at Bhimakali Temple Sarahan	Interaction with Temple management person	In-depth Interview	<p>1. Are you aware of the support provided by SJVN for renovation of the temple?</p> <p>2. What was the felt need before the construction, what were the challenges faced.</p> <p>3. What type of construction support was provided List of facilities developed, construction done e..g dome repair etc.</p> <p>4. What type of construction support was provided List of facilities developed, construction done e..g dome repair etc.</p>
11	Financial support for construction, renovation and repair of Shri Chambu Devta Temple at Jhakri.	Interaction with Temple management person	In-depth Interview	<p>1. Are you aware of the support provided by SJVN for renovation of the temple?</p> <p>2. What was the felt need before the construction, what were the challenges faced.</p> <p>3. What type of construction support was</p>

For projects above 1 Crore

S. No.	Project Name	Name of stakeholder	Type of interaction	Qualitative Probe Areas
				<p>provided</p> <p>List of facilities developed, construction done e..g dome repair etc.</p> <p>4. What type of construction support was provided</p> <p>List of facilities developed, construction done e..g dome repair etc.</p>

## FORMAT FOR CAPTURING TESTIMONIAL/SUCCESS STORIES

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/promoted the beneficiary to take benefit under the project?
4.	What were the benefits/services that the beneficiary receive from the project? When did the beneficiary joined the project first? What was the duration? How many time did the beneficiary recive the benefits?
5.	What have ben 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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