

Responsible Business Advisory

*Impact Evaluation  
Study of CSR  
Programs*  
SJVN  
Foundation

25<sup>th</sup> August 2017

## ***List of abbreviations***

APHEP	Arunachal Pradesh Hydro Electric Project
BTTP	Buxar Thermal Power Project
CSR	Corporate Social Responsibility
DSHEP	Devsari Hydro Electric Project
DHEP	Dhulasidh Hydro Electric Project
GP	Gram Panchayat
HH	Household
IA	Impact Assessment
IRECS	Inclusive Relevance Effective Convergence Sustainability
KWPP	Khirwire Wind Power Project
LHEP	Luhri Hydro Electric Project
MGNREGS	Mahatma Gandhi National Rural Employment Guarantee Scheme
NM&JS	Naitwar Mori& JS Hydro Electric Project
NJHPS	Nathpa Jhakri Hydro Power Station
NSDC	National Skill Development Sector
NA	Need Assessment
NGO	Non Government Organisation
PAV	Project Affected Villages
RHEP	Rampur Hydro Electric Project
RMP	Rural Medical Practitioner
SJVN	Satluj Jal Vidyut Nigam
STP	Sewerage Treatment Plant
SIA	Social Impact Assessment
SBA	Swachh Bharat Abhiyan
TSC	Total Sanitation Campaign
VDAC	Village Development Area Committee

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# 1. Executive Summary

## 1.1. About the study

SJVN has been proactive in CSR programming and implementing a gamut of interventions for communities in around their plant locations. At this stage, the study was commissioned to carry out a comprehensive evaluation of CSR programmes implemented by SJVN Limited (through SJVN Foundation) across their project locations in the states of Himachal Pradesh, Arunachal Pradesh, Uttarakhand, Bihar and Maharashtra to understand the direct and indirect impacts of CSR interventions on beneficiaries. In addition to documenting the impact on beneficiary and communities, the study also aimed at identifying possible opportunities to better implement and monitor existing projects and recommend measures around the same.

The broader objectives of the study are mentioned below.

- *To assess the socio-economic impact of health and hygiene programs*
- *To assess the socio-economic impact of infrastructure and community development programs*
- *To assess the socio-economic impact of sustainable development programs*
- *To assess the socio-economic impact of the CSR initiatives taken in the areas of preservation and promotion of culture and sports*

## 1.2. Approach and Methodology

The study focused on using the IRECS assessment framework specifically for outcome and impact assessment. IRECS is geared to provide an overall feedback on the efficacy of implementation as well, as its efficiency in terms of achievement of the desired project outputs with reference to inputs. The criteria in the case of present IA focused on gaining understanding whether:

- the CSR projects/programs were able to reach all sections of the target population,*
- they were able to meet community needs and expectations satisfactorily, and*
- the intended inputs/services were facilitated in such an institutionalized manner (with cooperation of local service delivery mechanisms) so that the communities receive sustainable benefits.*

The impact assessment study was conducted across 9 project locations of SJVN Limited spread across five states of Himachal Pradesh, Arunachal Pradesh, Uttarakhand, Bihar and Maharashtra. The present study adopted a quasi-experimental research design to assess the impact of CSR interventions by SJVN Limited. In congruence with the research approach, separate control and intervention villages were selected to conduct beneficiary/community interactions. **A total of 59 villages (47 intervention and 12 control) and 547 interviews (419 intervention and 128 control) were conducted during the present study. The present study collected primary information from 547 individuals, which is over and above the statistically relevant sample size.**

## 1.3. Key Socio Economic parameters of surveyed population

### 1.3.1. Coverage

The present study covered a total of 547 households across 59 villages. This included a total of 419 households in 47 intervention villages and another 128 households in 12 control villages. The study reached out to a total of 1,967 members, including 1,058 males and 909 females across all households interviewed.

### **1.3.2. Average household size**

The average family size across all plant locations was noted to be 4, with an average of 2 males and 2 females per household. Analysis of primary information at the disaggregated plant level suggested wide variation in average household size being as low as 2 in Rampur to 6 in Papumpare, Arunachal Pradesh. The skew for females in household construct was the highest in APHEP (3 females per household) which was closely followed by 2 females in each HH at LHEP.

### **1.3.3. Vulnerability and Inclusion**

***The present study categorised households interviewed as vulnerable if they possessed a Below Poverty Level (BPL) card.***

Of the 547 HHs interviewed in the present study, 280 had BPL cards, which constituted around 51.2% of the total sample. Significant variation was noted at the plant level with respect to the proportion of HHs belonging to the BPL category. Close to 16.7% of the households interviewed in DSHEP and RHPS were BPL households as compared to 86.7% households in APHEP and 81.7% in BTPP. Analysis of information across intervention and control HHs suggested that close to 53.9% households in areas where SJVN has conducted CSR interventions were BPL in comparison to 42.2% control HHs. This suggests a higher level of inclusion in locations where SJVN has conducted CSR interventions.

### **1.3.4. Household income**

36% of the households earned more than Rs 15,000 on a monthly basis and another 20% had their income in the range of Rs 10,001-Rs 15,000. A gradual increase was noted in proportion of households with increasing brackets of income. Analysis of information at the plant level suggested that proportion of HHs in the higher income bracket of more than Rs 15,000 per month was highest in KWPP (75%) followed by 52% in RHPS and 47% in APHEP. At other project sites like BTPP, close to 50% HHs earned Rs 3,001-Rs 10,000 on a monthly basis while only 5% earned more than Rs 15,000.

## **1.4. Evidence based Impact Assessment of CSR initiatives by SJVN Limited**

### **1.4.1. Mobile Medical unit/Sathuj Sanjivani Seva**

- Of all the households interviewed, 76% of them availed services under MMU. Most of these beneficiaries (94%) received regular health check-ups, while a significant proportion (84%) also received free medication.
- Provision of MMU helped in improving access to affordable healthcare, and generation of awareness about seeking quality healthcare facilities rather than trivial remedies. It was noted across all villages visited at different SJVN plant locations that most of the residents were now dependent on MMU for basic healthcare needs. It was also noted that provision of MMU facility helped reduce drudgery in seeking healthcare services, because healthcare services accessed earlier were distant.
- It could be thus inferred that MMU services has helped to a great extent in enhancing the awareness about seeking healthcare services among the general population. It has successfully filled in infrastructural gaps like lack of a health facility or a health facility being unapproachable.
- Households interviewed in the present survey were also asked about their perception of how the MMU services have helped better the healthcare scenario. Close to 77% of respondents mentioned that the key feature for MMU has been the regular availability of doctors. Another 42% liked the service provision being free of cost which helped widen the net of accessibility to those who were financially constrained to seek healthcare services earlier. 33% also mentioned that it has provided them access to more reliable new-age medication in comparison to the home remedy they used earlier.

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### ***1.4.2. General and Specialised health camps***

- Of all the households interviewed, 76% of them availed health services at the health camps. When probed about the kind of health problems for which they visited health camps, it was noted that close to 56% had ophthalmology related issues, 25% faced orthopaedic health problems and another 14% had gynaecology related problems.
- To understand the perception of health camps among beneficiaries, the present study asked for how has the health camps improved their health status. 73% of respondents mentioned that services provided to them at the health camps has helped to a great extent in improving their health status. Another 21% mentioned that while the services provided proved to be helpful initially, they had to refer a specialist later on.
- To further understand the impact, respondents were asked to rate services received through health camps on a scale of 1-5 (lowest to highest). The average rating was 4.3 which corresponds to a high level of satisfaction. Analysis at the plant location level suggested the highest rating of 4.9 at KWPP followed by 4.8 at DSHEP.

### ***1.4.3. Women and Child Development Scheme***

- The W&CD Scheme has led to increased awareness about maternal and child health. It could be understood that beneficiaries are more aware of the impact of a healthy nutrition on the overall health of both mother and child.
- Institutional deliveries have increased as a result of provisions made under the scheme which makes it mandatory to present birth certificate for disbursement of second instalment.
- Beneficiaries were satisfied with the benefits availed from the scheme. The scheme has provided them with nutritional food and balanced diet during the pre and post pregnancy period.
- At present, the scheme is run by SJVN on their own and it supplements any other monetary support received by the Government (like Janani Suraksha Yojana, JSY). In the long run, the scheme could be converged with JSY to ensure sustained benefits.
- It is advisable to build in tighter monitoring mechanisms to ensure intended utilization of funds. The same could be achieved by roping in front line health workers like Aanganwadi/Aasha workers.
- Involvement of a nutritionist to advise the expectant / new mothers on nutrition care and diet planning could be included as a part of the initiative.

### ***1.4.4. Welfare for persons with disability***

- Beneficiaries of the support provided by SJVN generally come from below poverty line families. Financial constraints combined with physical disability makes this group of people vulnerable. The support provided by SJVN has proved to be very useful in mainstreaming them with the society.
- It has helped them lead a happier life with more confidence and self-esteem.
- It has also in some cases helped the disabled population to restart earning for their families.
- Disabled people had to walk for 2-3 km daily for household work. They faced body ache due to physical activity in absence of limbs. Support like provision of automatic tricycle has helped them move around easily. However, distribution of assistive devices is a one off activity and is constrained with number of disabled in a particular location. SJVN could combine other initiatives like skill development and providing opportunities for self-employment to the disabled population for long term sustenance.
- The scheme/program could be linked to either any Government initiative or an external funder could be roped in for long term impact.

### ***1.4.5. Infra and community development works***

- There is a continuous utilization of the assets created/constructed under this support head, indicative of the utility and relevance of the support. The community is engaged in upkeep and maintenance of the assets created under this head, thus facilitating local ownership and thus, contribute to sustainability of the assets.
- Infrastructural development and community assets creation leads to employability for the local villagers who in turn earn income through this process.
- PCC roads has improved the mobility of the elderly community and children. Local labourers among the villagers were engaged to construct this footpath which created employability within the village itself.
- The headmaster of GMS, Emchi (Arunachal), cited that earlier, while rooms were available, the muddy roads often tended to be slippery and cause injuries to teachers and students alike. With a CC approach road, the school is more accessible and the incidence of injuries has virtually become non-existent.
- It may be useful to create a 'margin money' pool that requires the community to contribute a certain proportion of the construction cost (~10%-15%), which shall help create a sense of ownership for the asset being created as part of the CSR project.
- For the construction component of the infrastructure works, it may be worth a consideration to skill the local community (provide training and material support) and youth on trades/skills that have further local relevance beyond the asset thus created (masonry etc.).

### ***1.4.6. Toilets constructed under Swachh Bharat Abhiyan***

- The support provided is extremely important and an enabler for helping increase the enrolment of children, with an emphasis on the girl child, by providing support for girl friendly toilets. The toilets have been constructed as a part of the Swachh Vidyalaya Abhiyan and the list of schools was provided to SJVN Limited by Government authorities. The benefits of toilet construction is for all children in the school without any bias, thus emphasizing on its inclusiveness.
- It was noted that in a few schools, there were toilets existing prior to construction of new ones by SJVN, but those were in a dismal situation. Construction of new toilets by SJVN were relevant in such contexts.
- The facility has been built for usage by students and is equipped with proper security (pucca structure, door) and with assured water supply to ensure its usage, and is well maintained. Toilets constructed by SJVN also have a water tank on top of the toilet roof which ensures continuous water supply. This ensures that the toilet is clean and usable most of the times.
- To keep the facility in useful state, it is but imperative to ensure that water supply be ensured on a continuous basis (preferably daily), through connect & coordination with the PWD or with the Dept of Irrigation & Public Health (as applicable), so that the facility remains usable; with a special emphasis where student populations are above 50.

### ***1.4.7. Sustainability Works***

- Clean drinking water was a felt need among community members in the region and the support provided by SJVN Limited has helped to a great extent in addressing the challenge. The support for construction/renovation of water bodies is of high utilitarian value among community members who earlier used to travel long distances to fetch water. It has thus helped reduce drudgery.
- The water harvesting structures are located close to the village, and if far, CC roads have also been built to make the same accessible all through the year. There are separate sections for drinking & washing, with excess water diverted to a tank for animals. This has helped a clean environment around the facility.

- Construction of a Sewerage Treatment Plant (STP) at Jhakri. The initiative has been implemented by NJHPS and it provides waste management support for the entire community. The STP has been relevant is waste management support for the entire Jhakri area which faced issues like drains getting clogged because of sewerage. Before construction of STP, sewerage from households in Jhakri as left open on the roads which led to spread of diseases and contaminated ground water as well. It also leaked into river water (Satluj) and contaminated the same. Provision of STP has helped on alleviating all such issues.
- To avoid the stagnation and deterioration of water quality (especially when water collects during the monsoons), chlorine tablets and other inputs (such as water filters) could be provided to the community for use with the water tanks.
- Co-funding could be explored for O&M, through various schemes of NABARD, state governments etc.
- Sustainability of STP needs to be considered in the long run as the O&M is taken care of by SJVN Limited at the moment. Going forward, SJVN can plan for a ‘pay and use’ model wherein a small amount of Rs 25 per month could be charged from each household.

#### ***1.4.8. Promotion of sports and cultural activities***

- There have been instances of construction of premises within temple complexes, or contribution to local fairs & festivals, which are attended by all sections of the population, without any discrimination.
- Some of the notable festivals namely, International Lavi Mela, Shimla Summer festival, Kullu Dussehra, Hamir Utsav, Kinnaur Mahotsav etc. were supported.
- Given its utility for providing a ‘social license to operate’ and for it not to be considered as a one-off activity, 2-3 prominent events could be earmarked for funding support and recommended by the committee for support on an “ongoing” basis.

## 2. Introduction and background

### 2.1. Introduction

SJVN Limited, a Mini Ratna, Category-I and Schedule –‘A’ CPSE under administrative control of the 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 64.46% with Govt. of India, 25.51% with Govt. of Himachal Pradesh and rest of 10.03% with Public.

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 new projects namely 412 MW Rampur Hydro Power Station in Himachal Pradesh, 47.6 MW Khirwire Wind Power Project in Maharashtra and 5.25 MW Charnakha Solar Power Plant in Gujarat. SJVN is presently implementing Power Projects in Himachal Pradesh, Uttarakhand, Bihar and Gujarat in India and also in neighbouring countries viz. Nepal and Bhutan.

SJVN implements its CSR activities with the belief that a business cannot succeed unless the society around it also develops alongside it. Government guidelines, Millennium Development Goals, the human rights perspective and the national agenda are the principles which guide the organization’s CSR orientation.

### 2.2. CSR is a business function at SJVN

SJVN Foundation was established in 2011 to institutionalise SJVN’s efforts for upgrading the standard of living of communities around its plant locations. SJVN believes that there is an interlinkage between the success of business and alliances with the community and the fact that both goes in parallel. SJVN has been implementing social development programmes for communities in and around its plant locations before setting up the SJVN Foundation, as societal & community development is driven by the policy of the firm.

Within just 5 years of its operation, SJVN Foundation has emerged as a leading and credible Institution that is engaged in designing and effectively implementing need based citizen centric social welfare schemes and programs.

The USP of CSR interventions at SJVN has been introduction of the Village Development Advisory Committee (VDAC), where public participation is ensured from the stage of identification and formulation of any CSR activity to be taken up, till the finality of implementation and execution.

### *SJVN Foundation*

SJVN has formulated and adopted its Corporate Social Responsibility Policy in November 2011 in consonance with the CSR guidelines issued by DPE, Ministry of Heavy Industries. CSR activities for community is carried out in a structured manner through a Trust registered as “**SJVN Foundation**”.

The foundation has been engaged in addressing a whole gamut of emerging social issues by designing and implementing intervention programs in the areas of health care, community infrastructure development, response to natural calamities, skill development, sustainable development and upliftment of marginalised communities like women and differently abled persons. The foundation has been instrumental in channelizing efforts for community development, developing effective stakeholder partnerships, ensuring effective service delivery and seamless community interactions.

Through these proactive programs, SJVN has been able to reach out to the community, the weak and poor sections of society and make a contribution towards improving their lives.

## Vision

**To be the best-in-class Indian power company, globally admired for developing affordable clean power and sustainable value to all stakeholders**

## Mission

**Developing and operating projects in cost effective and socio-environmentally friendly manner**



## 2.3. CSR made mandatory in India

**Corporate Social Responsibility** is a management concept whereby companies embrace and integrate social and environmental concerns in their business operations and dialogues.

CSR is generally understood as being the way through which a company achieves a balance between its economic, environmental and social imperatives (“Triple-Bottom-Line-Approach”), while at the same time addressing the expectations of shareholders as well as those of its stakeholders. Thus, CSR is not about charity or mere donations - rather it is a way of conducting business, by which corporate entities visibly contribute to the social good. Socially responsible companies do not limit themselves to using resources to engage in activities that increase only their profits. They use CSR to integrate economic, environmental and social objectives with the company’s operations and growth. <sup>1</sup>

In Feb 2014, the Ministry of Corporate Affairs notified the provisions of Section 135 and Schedule VII of the Companies Act, 2013 (hereinafter also referred to as ‘the Act’), as the Corporate Social Responsibility (CSR) Rules, 2014, which are in effect from April 1, 2014. The rules and their underlying provisions are applicable to companies with an annual turnover of INR 1,000 Crores and more, or a net worth of INR 500 Crores and more, or a net profit of INR 5 Crore or more during any of the three financial years, from among FY 2011-12, FY 2012-13 and FY 2013-14. Companies that trigger any of the aforesaid conditions must spend at least two per cent (2%) of their average net profits made during the three immediately preceding financial years on CSR activities and/or report the reason for under-spending (i.e. in case of instances of non-expenditure).

**As per the rules, CSR projects or programs (either new or ongoing) should relate to activities that are:**

(a) specified in Schedule VII; OR

(b) undertaken as per declared CSR policy subject to the condition that such policy will cover subjects enumerated in Schedule VII

The CSR activities should not be undertaken in the companies ‘normal course of business’ and must also be in congruence with the activities mentioned in Schedule VII of the Act. It is to be noted that contribution to any political party is ‘not’ to be considered to be a CSR activity and only activities in India would be considered for computing CSR expenditure. The basic premises for defining the structure & flow of CSR activities are summarized below:

<sup>1</sup> UNIDO - CSR for market integration; <http://www.unido.org/en/what-we-do/trade/csr/what-is-csr.html>



## ***2.4. Schedule VII of Sec. 135 of Companies Act, 2013***

A company can undertake its CSR activities through a registered trust OR society OR a company established by its holding, subsidiary or associate company or otherwise, provided that the company has specified the activities to be undertaken, the modalities for utilization of funds as well as the reporting & monitoring mechanisms therein. If such an entity is not established by the company (or by its holding, subsidiary or associate company), it would need to have an established track record of three years undertaking similar activities. The four distinct models to implement CSR activities (as allowed under the CSR rules) are:

- Firm directly on its own (through a dedicated CSR team)
- Through its non-profit foundation (corporate foundation)
- Through independently registered NGOs that have a record of at least 3 years in undertaking similar activities
- Collaborating or pooling their resources with other companies

The CSR rules do permit companies the flexibility to collaborate with others for jointly undertaking CSR activities, provided that each of the companies are able to individually report on such projects. This provision can help for 'pooling in' resources to develop a sound financial base for a strategic project; that may require significant financial commitments. Accordingly, the same could be kept in mind by the Hitachi Group member companies), while planning for strategic CSR initiatives with a wider outreach and geographical expanse.

The activities that can be undertaken by a company to fulfil its CSR obligations include:

- eradicating hunger, poverty and malnutrition, promoting preventive healthcare;
- promoting education, including special education, employability training and vocational skills development for unemployed youth, women, etc;
- promoting gender equality, setting up homes for women, orphans and the senior citizens, measures for reducing inequalities faced by socially and economically backward groups;
- ensuring environmental sustainability and ecological balance, animal welfare;

- protection of national heritage and art and culture;
- welfare measures for the benefit of armed forces veterans, war widows and their dependents;
- training to promote rural, nationally recognized, Paralympic or Olympic sports;
- contributions to the Prime Minister's National Relief Fund or any other fund set up by the Central Government for socio economic development and relief and welfare of SC, ST, OBCs, minorities and women;
- contributions or funds provided to technology incubators located within academic institutions approved by the Central Government and rural development projects, and/or;
- rural / slum development project(s)



## 2.5. CSR and Sustainability Framework at SJVN

In accordance with The Companies Act, 2013 and the CSR Rules, 2014, and DPE guidelines on CSR applicable w.e.f. 2014, SJVN has constituted a committee of Directors on CSR and also modified its CSR policy accordingly. As per the Act and the guidelines set out therein, SJVN has made a provision of allocating 2% of the average net profits made during the three immediate preceding financial years for CSR activities.

### The CSR Committee

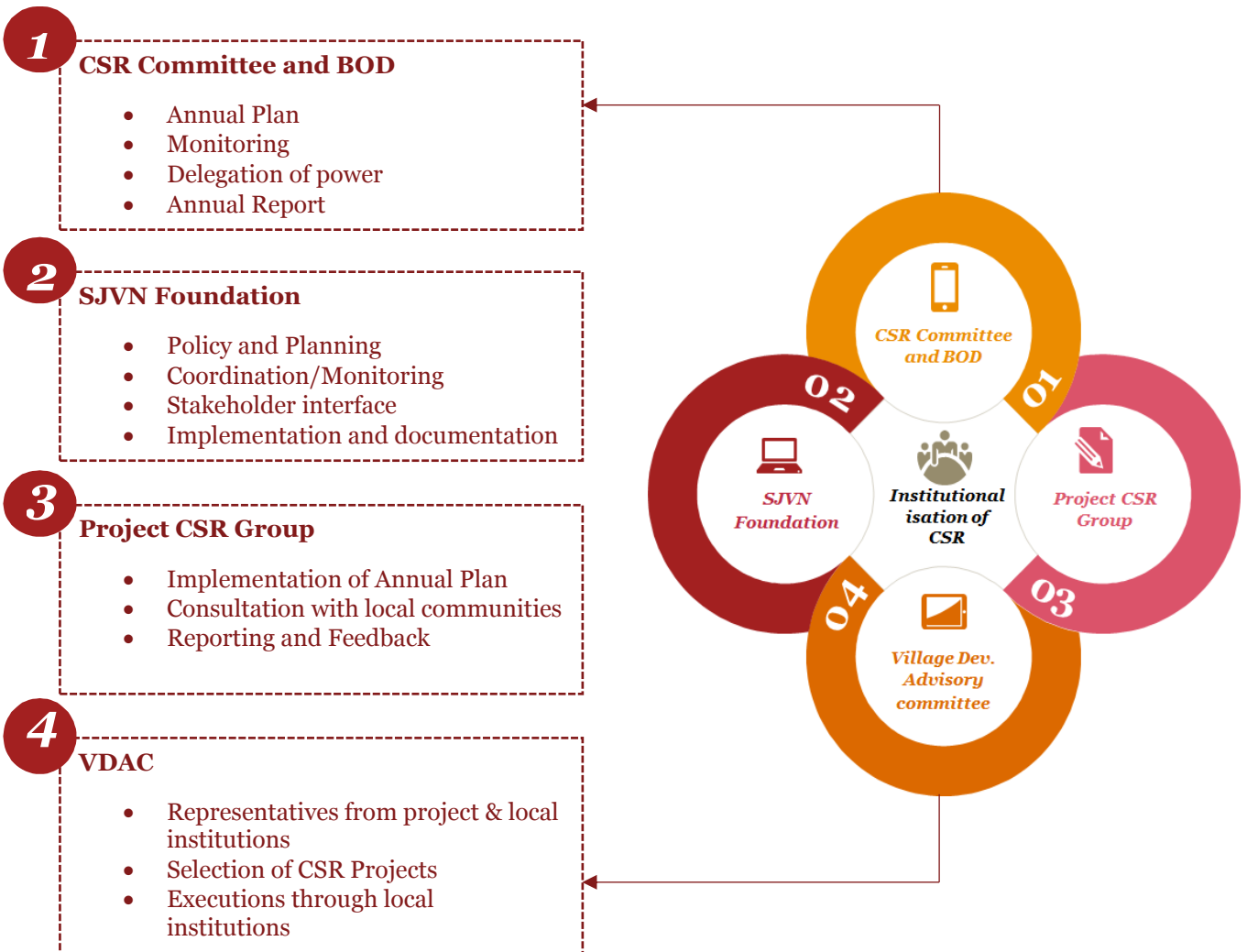
The role of CSR committee encompasses drawing up the CSR budget, annual plan, formulating the CSR policy and monitoring of CSR activities. In such a framework, CSR always does get due attention from the organizations executive leadership, which ensures that the CSR policies and programs being pursued are in tune with the spirit behind CSR legislation. Together the Committee of Directors and Board of Directors (COD/BOD) steer the CSR journey of the organization and decide the direction in which company must move forward.

### SJVN Foundation

In order to make the implementation of CSR initiatives in an effective and transparent manner, a **Special Purpose Vehicle (SPV)** type of arrangement has been made where internal stakeholders are engaged in implementation of the corporation's CSR. **SJVN has constituted a 'Trust' registered as 'SJVN Foundation' comprising seven trustees for implementation of CSR programs.** The Trust is headed by Director (Personnel)-cum-Chairman of the SJVN Foundation. The trustees are senior management

personnel from cross functional teams (representation of project and corporate) so as to infuse the strategic direction to the societal aspect of organisation.

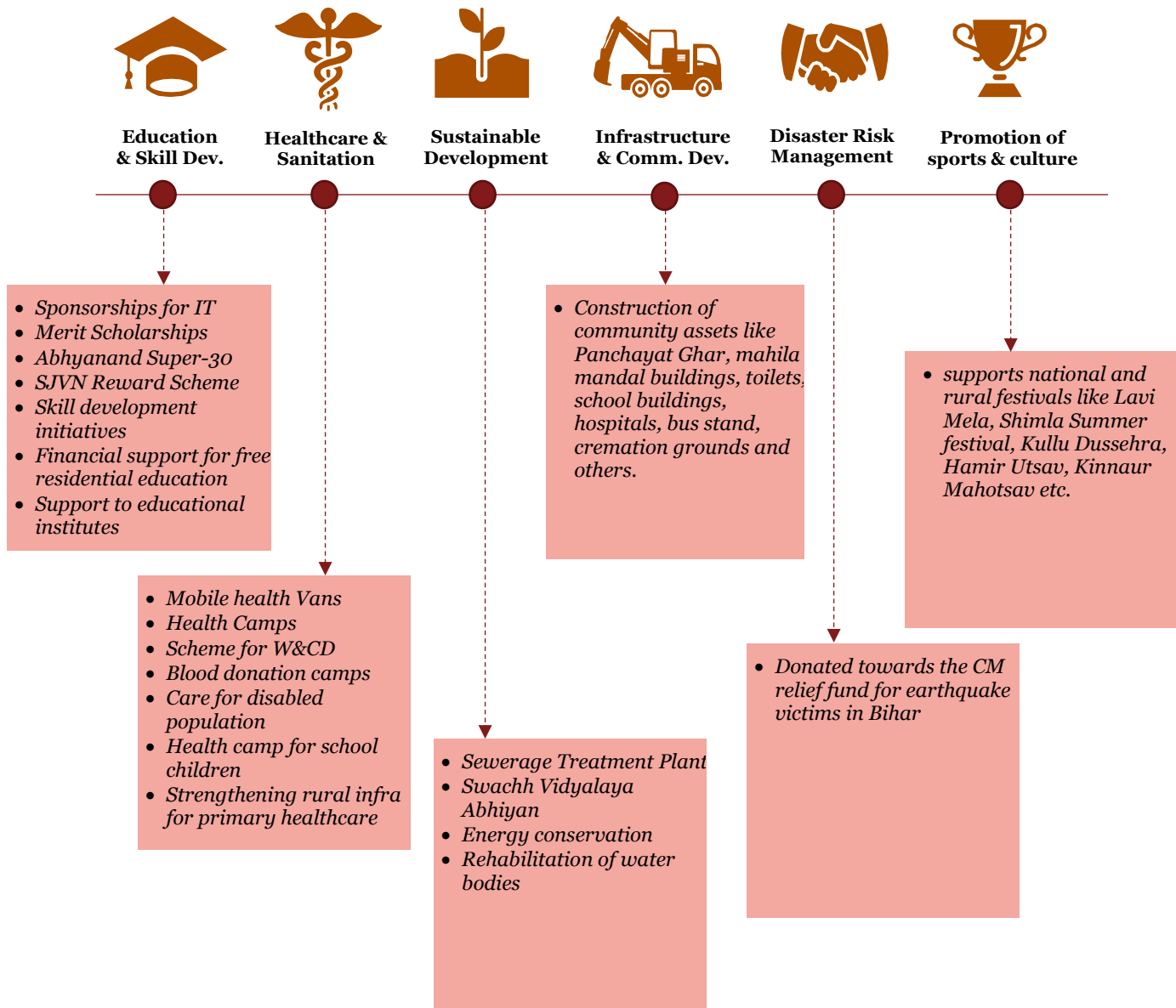
**Figure 2-1: CSR and Sustainability Framework at SJVN Limited**



## 2.6. Thematic areas of CSR intervention at SJVN

SJVN Foundation implements CSR activities across thematic areas in accordance with Schedule VII of the Companies Act, 2013. A pictorial representation of key thematic areas and activities conducted is presented in Figure 2-2 below.

**Figure 2-2: Thematic areas of intervention and activities carried out by SJVN Limited**



**The above mentioned six thematic areas are the broad heads which encompasses all activities mentioned in schedule VII of the Companies Act, 2013. A mapping of aforementioned CSR initiatives by SJVN with activities under Schedule VII is presented below (Table 2-1).**

**Table 2-1: Mapping of CSR activities by SJVN with activities specified under Schedule VII**

CSR Initiatives	Activity under Schedule VII <sup>2</sup>
· Sponsorships for IT	II (Education)
· Merit Scholarships	II (Education)
· Abhyanand Super-30	II (Education)
· SJVN Reward Scheme	II (Education)
· Skill dev. Initiatives	II (Education)
· Financial support for free residential education	II (Education)
· Support to educational institutes	II (Education)
· Mobile health Vans	I (Health)
· Health Camps	I (Health)
· Scheme for W&CD	I (Health)
· Blood donation camps	I (Health)
· Care for disabled population	II and III
· Health camp for school children	I (Health)
· Strengthening rural infra for primary healthcare	X (Rural Development)
· Sewerage Treatment Plant	IV (Environment)
· Swachh Vidyalaya Abhiyan	I and II
· Energy conservation	IV (Environment)
· Rehabilitation of water bodies	IV (Environment)
· Construction of community assets like Panchayat Ghar, etc.	X (Rural Development)
· Support national and rural festivals	V (Arts & Culture)

Source: PwC Analysis

<sup>2</sup> [http://www.mca.gov.in/Ministry/pdf/lok\\_starred\\_ques\\_286\\_18122015.pdf](http://www.mca.gov.in/Ministry/pdf/lok_starred_ques_286_18122015.pdf)

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### **2.6.1. CSR programmes under Impact Evaluation**

A detail of key CSR initiatives which formed a part of the current impact evaluation assignment along with a brief introduction is mentioned below<sup>3</sup>.

#### **1) Health and hygiene**

- The health and hygiene facilities in most rural areas are inadequate and SJVN has supported the betterment of healthcare services in these areas by creating suitable infrastructure and developing an outreach program by deploying mobile medical units (MMU) under the banner of the 'Satluj Sanjivani Sewa' service. Satluj Sanjivani Sewa has provided basic healthcare services at the doorsteps of rural households.
- SJVN Foundation has also conducted health and hygiene camps and provided free health check-up and treatment facilities at the project hospitals constructed at Jhakri and Bayal in district, Shimla & Kullu in Himachal Pradesh. This initiative has enabled the local populace to avail free medical care facilities and adopt preventive healthcare measures.
- Under the health and hygiene vertical, people with disabilities get special attention and special CSR projects are implemented exclusively for disabled persons.
- SJVN implemented a Women and Child Development (W&CD) scheme in 2012-13 under which all Below Poverty Line (BPL) women residing in any Project Affected Area of SJVN were eligible to avail the benefits. Under the scheme, a financial benefit of Rs. 10,000/- in two instalments of Rs. 5,000 each (during ante natal and post-natal periods) was extended to the mother for the purpose of providing healthy nourishment to the new born child. Besides the direct financial benefits given out, a gift pack worth Rs 1,000/- consisting of nutritional food items, soaps and other hygiene related items needed for the care of the new born were also provided.

#### **2) Infrastructure and Community Development**

SJVN's infra development activities under CSR ranges from construction of panchayat building, mahila mandal buildings, toilets, school buildings, hospitals, bus stand, cremation grounds and others. The infrastructural development is carried out either departmentally or through the VDAC, wherein community/beneficiary participation and representation is adequately ensured. A typical VDAC consists of the village Pradhan, a ward member, one female ward member and senior officials from the project. SJVN makes sure that by involving the local community in the decision making processes, a 'sense of ownership' is instilled among them.

#### **3) Sustainable Development**

- A 'Sewerage Treatment Plant' of one million litres per day (01 MLD) capacity has been constructed in village Jhakri (in District Shimla) under the NJHPS, in association with the Irrigation & Public Health Dept. of GoHP at cost of Rs.9.99 Cr.
- Construction of school toilets: SJVN constructed 2,421 toilets in the allotted states of Himachal Pradesh, Bihar, Uttarakhand and Arunachal Pradesh under the aegis of Swachh Vidyalaya Abhiyaan.

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<sup>3</sup> The present impact evaluation study did not include initiatives implemented in the domain of Education & Skill development and Disaster management by SJVN Limited and thus the detail for such activities is not mentioned.

- **Rehabilitation of water bodies:** A total of 10 water bodies (tanks etc) were rehabilitated/revived across PAVs in the fiscal year 2015-16.

#### 4) Preservation and promotion of culture and sports

To promote the composite culture of India, SJVN supports national and rural festivals. In FY 2015-16, more than Rs. 27 Lakh was spent towards promotion of local culture & sports. Some of the notable festivals namely, International Lavi Mela, Shimla Summer festival, Kullu Dussehra, Hamir Utsav, Kinnaur Mahotsav etc. were supported.

A summary of CSR programs under evaluation in the present study is presented in the table below (Table 2-2).

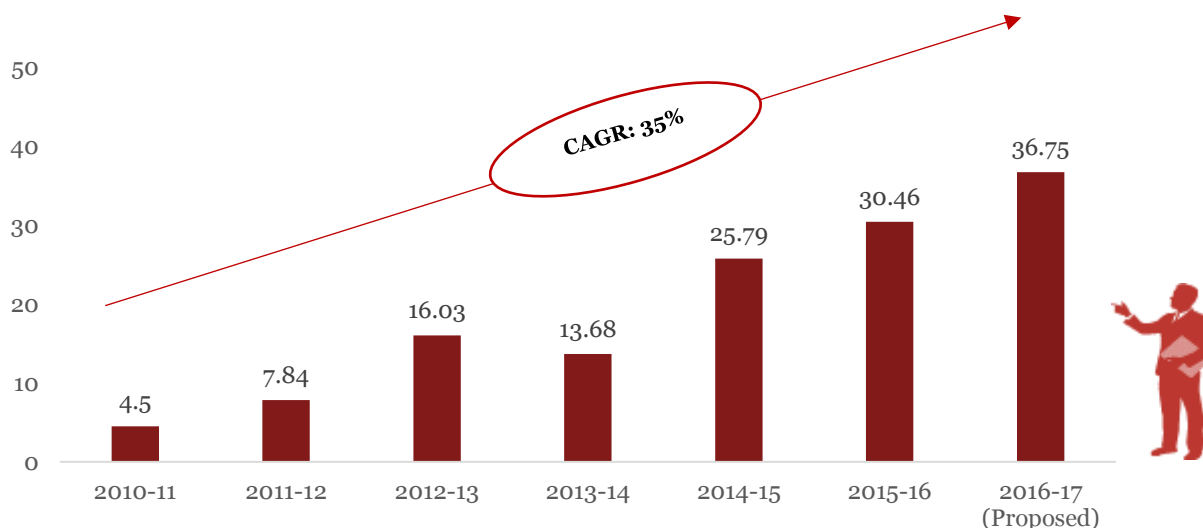
**Table 2-2: CSR initiatives being evaluated in the present study**

CSR initiatives	Sector
Satluj Sanjivani Seva (Mobile Medical Van, 12 vans)	Health & hygiene
General and Specialized Health Camps	Health & hygiene
SJVN women and child development scheme	Health & hygiene
Programs for welfare of persons with disability	Health & hygiene
Toilets constructed under Swachh Vidyalaya Abhiyan	Infrastructure & community development
Infra and community development works at project locations	Infrastructure & community development
Infra and community development works at MC Shimla	Infrastructure & community development
Sustainability works like rehabilitation of water bodies, installation of high mass lights and others	Sustainability
Promotion of sports and cultural activities	Promotion and preservation of sports and culture

## 2.7. CSR and Sustainability Budget and Expenditure

SJVN has adopted a pragmatic approach in finalising the annual CSR plan wherein the participation of all internal as well as external stakeholders has been ensured at all levels. The process of preparation of a budget plan for the ensuing year starts in December. Project heads are consulted and their inputs considered. At the project(s) level, the needs, aspirations and suggestions of external stakeholders at the local level are taken into consideration before raising a demand to the corporate office for budgetary allocations. As a next step, the CSR budget is prepared at the corporate level and submitted to the Committee of Directors. After incorporating the recommendations of the Committee of Directors, the Board of Directors is competent to approve the budget. The whole process takes over 2 months and by March the annual plan and budget for the next year is finalised. The CSR budget allocated by SJVN over the last few years is shown in the figure below (Figure 2-3).

**Figure 2-3: CSR budget (in INR crores) of SJVN Limited**



A detailed description of CSR budget and expenditure made in the FY 2015-16 across thematic areas is presented in the table below (**Table 2-3**). **Data published by Ministry of Corporate Affairs for 5,097 companies for the year 2015-16<sup>4</sup> suggest that SJVN Limited is almost within top 1% in terms of CSR expenditures by Indian Companies, a repeat of the spending pattern noted in FY 2014-15 where it was again among the top 1% spenders.**

**Table 2-3: Details of CSR budget and expenditure of SJVN limited for FY 2015-16**

Sectors	Amount outlay (in INR lakhs)	Amount spent (in INR lakhs)	Implementation partner(s)
<b>Health</b>	569.0	340.7	HelpAge India, Indian Association of Muscular Dystrophy (IAMD), SJVN (Departmentally).
<b>Education</b>	396.0	321.5	Himachal Consultancy Organization (HIMCON), Earthling Habitat Society, Vidhita Education Society, BIT Education Society, Construction Industry Development Council (CIDC), Swavalamban, Ujjwal Bharat, Rampur, Education departments of HP.
<b>Community Development</b>	619.0	327.4	SJVN (Departmentally), community based organizations (CBOs), MC, Shimla
<b>Culture Development</b>	60.0	17.9	CBOs, local govt. Panchayats, DRDA, Govt of Arunachal Pradesh, BEPC, Govt. of Bihar, Himachal Pradesh Irrigation & Health Department( HP IPH) , Sarv Shiksha Abhiyan ( Govt of HP), etc.
<b>Sustainability</b>	1,271.0	1,666.0	
<b>Natural Disaster</b>	75.0	25.0	CM Relief Fund (Bihar)
<b>Misc</b>	56.7	189.0	Chetna, Sewa Prakalp, MC, Shimla etc.
<b>Total</b>	<b>3,046.7</b>	<b>2,887.6</b>	

Source: SJVN Documentation

<sup>4</sup> <http://www.mca.gov.in/MinistryV2/csrdatasummary.html>

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## ***2.8. Need for the study***

SJVN has been proactive in CSR programming and implementing a gamut of interventions for communities in & around their plant locations. At this stage, the study was commissioned to carry out a comprehensive evaluation of CSR programmes implemented by SJVN Foundation across their project locations in the states of Himachal Pradesh, Arunachal Pradesh, Uttarakhand, Bihar and Maharashtra to understand the direct and indirect impacts of CSR interventions on beneficiaries. In addition to documenting the impact on beneficiary and communities, the study also aimed at identifying possible opportunities to better implement and monitor existing projects and recommend measures around the same.

The data for impact assessment was collected from:

- Secondary data available with Project implementing Agency, District Administration, and project offices of SJVN Limited.
- Primary sources by interviewing stakeholders such as targeted beneficiaries, community representatives/ Govt. officials, etc.
- Tertiary stakeholders for their independent perspectives / inputs.

## ***2.9. Objectives of Impact Assessment***

The study aimed to understand the direct and indirect impacts of CSR initiatives (**Table 2-2**) implemented by SJVN Limited across their plants in India. The broader objectives of the study are mentioned below.

- *To assess the socio-economic impact of health and hygiene programs*
- *To assess the socio-economic impact of infrastructure and community development programs*
- *To assess the socio-economic impact of sustainable development programs*
- *To assess the socio-economic impact of the CSR initiatives taken in the areas of preservation and promotion of culture and sports*

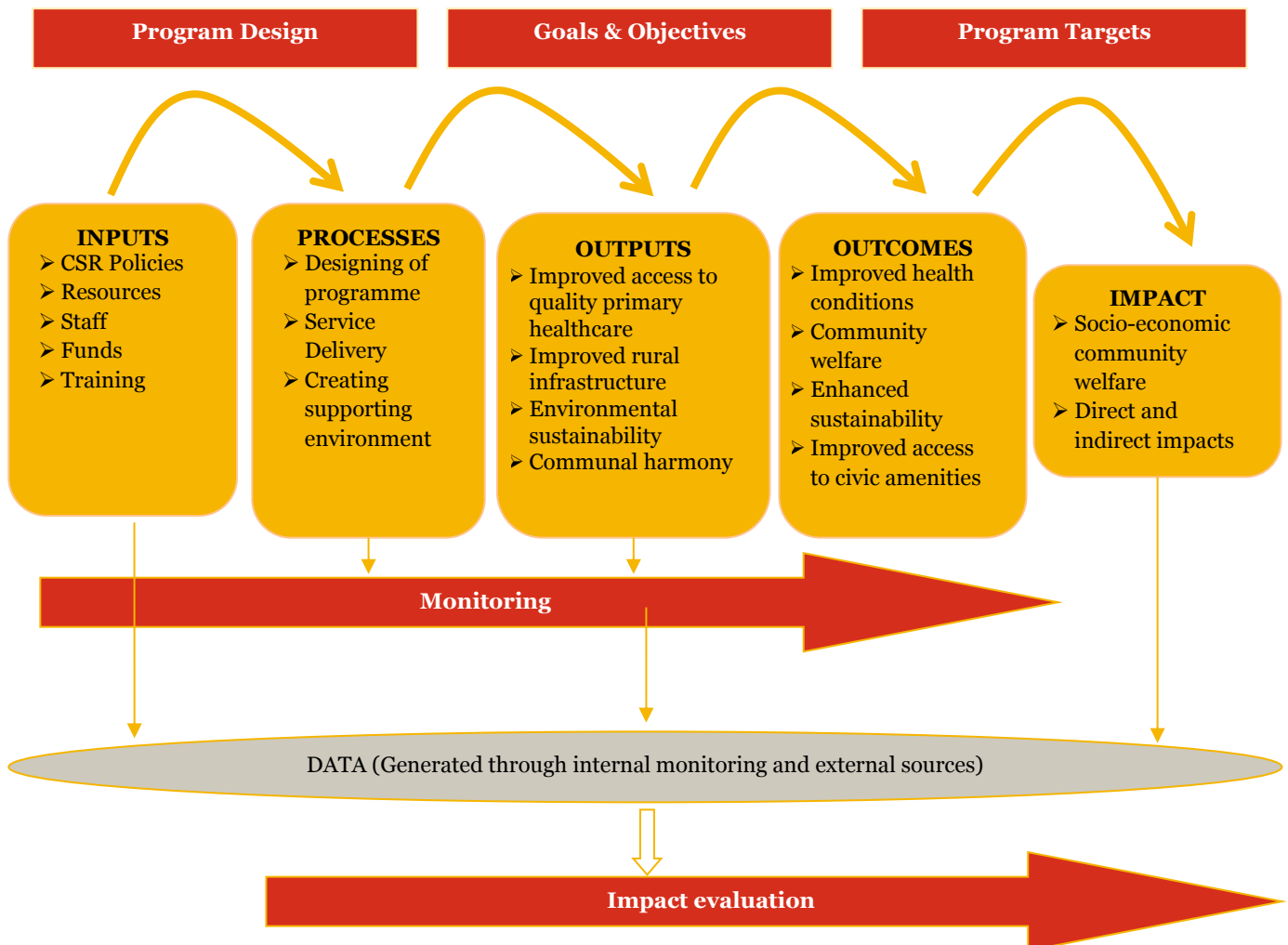
# 3. Approach & Methodology

## 3.1. Approach and Methodology

Impact assessment is a continuous process and an important tool for assessing the consequences of possible and actual programmes and presents relevant evidence on the positive and negative effects of CSR intervention. The study took a cohesive and integrated approach to assess the socio-economic impact of CSR projects implemented by SJVN and assessed its impact on the lives of beneficiaries. The approach also focused on capturing the gender differentials and address equity to the extent possible.

The present impact assessment study was based on a log frame based analytical approach in order to understand the impact of CSR programs by SJVN Limited on the society in general and on beneficiaries in particular. A log frame based approach helped to understand the processes and its impact at a disaggregated level. Each program was looked into from the perspective of **inputs-processes-outputs-outcomes-impact**. An outline of the approach to address the key evaluation process in the present exercise is mentioned in the figure below (**Figure 3-1**).

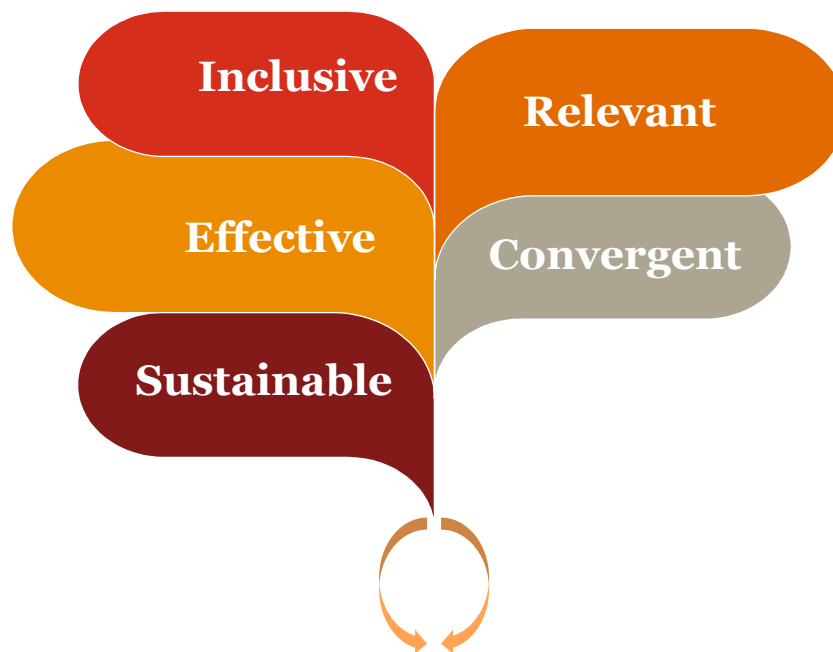
**Figure 3-1: Analytical approach for Impact Assessment (IA) study for evaluation of CSR activities by SJVN Limited**



### 3.2. The assessment criteria (IRECS)

Guided by the overall framework as presented earlier, the study focused on using the IRECS assessment framework specifically for outcome and impact assessment. IRECS is geared to provide an overall feedback on the efficacy of implementation as well, as its efficiency in terms of achievement of the desired project outputs with reference to inputs. The criteria in the case of present IA focused on gaining understanding whether:

- (d) the CSR projects/programs were able to reach all sections of the target population,
- (e) they were able to meet community needs and expectations satisfactorily, and
- (f) the intended inputs/services were facilitated in such an institutionalized manner (with cooperation of local service delivery mechanisms) so that the communities receive sustainable benefits.



Key Evaluation Parameters under IRECS				
Inclusiveness	Relevance	Effectiveness	Convergence	Sustainability
Ability of different stakeholders (particularly poorest and most marginalised) to access the benefits of activities, and derive equitable benefits from assets created.	Are the services /inputs /institutions facilitated in the project able to meet community priorities? Are the services provided actually needed by beneficiaries?	How effectively the activities have been able to manage/mitigate community expectations? How efficiently have the resources been deployed, monitored and utilized?	Degree of convergence with government/other partnerships; relationship between individuals, community, institutions and other stakeholders	How will the projects help beneficiaries sustain in the long run?

### 3.3. Project locations and Sample size

The impact assessment study was conducted across 9 project locations of SJVN Limited spread across five states of Himachal Pradesh, Arunachal Pradesh, Uttarakhand, Bihar and Maharashtra. A detail of locations where the study was carried out is mentioned in the table below (**Table 3-1**).

**Table 3-1: Project Areas of SJVN for CSR impact assessment**

S.No.	Name of SJVN Projects	District(s)	State
1	Nathpa Jhakri Hydro Power Station	Shimla, Kinnaur	Himachal Pradesh
2	Rampur Hydro Electric Project	Kullu, Shimla	Himachal Pradesh
3	Luhri Hydro Electric Project	Shimla, Kullu, Mandi	Himachal Pradesh
4	Dhulasidh Hydro Electric Project	Hamirpur, Kangra	Himachal Pradesh
5	Devsari Hydro Electric Project	Chamoli	Uttarakhand
6	Naitwar Mori& JS Hydro Electric Project	Uttarkashi	Uttarakhand
7	Buxar Thermal Power Project	Buxar	Bihar
8	Khirwire Wind Power Project	Ahmednagar	Maharashtra
9	Arunachal Pradesh Hydro Electric Project	Papumpare	Arunachal Pradesh

At each of the project locations, the impact assessment was conducted among a sample of beneficiaries across selected villages under different programmes implemented by SJVN Foundation. The study was planned in such a manner so as to maximise the geographical reach around each plant location, but to a limit of 3 intervention and one control village which was finalised in consultation with SJVN Limited. However, flexibility was accommodated in the research design to refine the sampling approach as per the local context.

A stratified random sampling methodology was adopted in order to select and interview beneficiaries under each CSR program. Such an approach ensured spread of the sample across the geographical locations identified for the present assessment and understand both community needs and beneficiary perception/ownership across present CSR interventions. The various stages of stratification and the process of selection of respondents is described below.

#### **Selection of villages:**



A total of 4 villages (**3 intervention and 1 control village**) were selected at each plant location based on discussions with local CSR team and demographic characteristics. During the selection process, due consideration was given to field realities, with an aim to ensure participation and geographical spread and the numbers reviewed accordingly.

#### **Selection of Key opinion leaders:**



Key opinion leaders were identified from the sampled villages through a participatory approach, by interacting with the corporate, the volunteers as well as community members. Such opinion leaders were identified for a detailed discussion on the impacts generated by CSR activities.

#### **Selection of households and respondents:**



A set of households were selected in order to collect primary information for impact assessment. All the households with at least one CSR beneficiary of SJVN's CSR initiative were identified. From among these identified households, a set of respondents were selected randomly.

### 3.3.1. Sample size covered

The present study adopted a quasi-experimental research design to assess the impact of CSR interventions by SJVN Limited. In congruence with the research approach, separate control and intervention villages were selected to conduct beneficiary/community interactions. Under the purview of the current engagement intervention villages were those where SJVN limited has implemented any of their CSR activities, while control villages did not have any of the CSR activities by SJVN.

The selection of intervention villages was done in consultation with SJVN CSR team at each plant location with a focus on the following aspects:

- *Maturity of CSR projects in selected villages*
- *Number of benefited households/families*
- *Type of CSR interventions being conducted*
- *Social diaspora (prevalence of minorities/BPL families)*

A total of three intervention and one control village was proposed to be covered at each plant location, thus totalling to 27 intervention and 9 control villages. However, because of non-availability of respondents in a village at Rampur, Luhri and Papumpare; more intervention villages were covered eventually. A detail of sample size in terms of villages and number of interviews conducted is presented in **Table 3-2** below.

**Table 3-2: Sample size covered during the impact assessment study**

S.No	Name of SJVN Projects	State	Villages		Interviews		Total	
			Intervention	Control	Intervention	Control	Villages	Interviews
1	Nathpa Jhakri	Himachal Pradesh	3	1	45	15	4	60
2	Rampur	Himachal Pradesh	11	4	52	8	15	60
3	Luhri	Himachal Pradesh	14	1	45	15	15	60
4	DhauLasidh	Himachal Pradesh	3	1	45	15	4	60
5	Devsari	Uttarakhand	3	1	45	15	4	60
6	Naitwar Mori & JS	Uttarakhand	3	1	52	15	4	67
7	Buxar	Bihar	3	1	45	15	4	60
8	Khirwire	Maharashtra	3	1	45	15	4	60
9	Arunachal Pradesh	Arunachal Pradesh	4	1	45	15	5	60
<b>Total</b>		<b>Planned</b>	<b>27</b>	<b>9</b>	<b>405</b>	<b>135</b>	<b>36</b>	<b>540</b>
		<b>Achieved</b>	<b>47 (↑)</b>	<b>12 (↑)</b>	<b>419 (↑)</b>	<b>128 (↓)</b>	<b>59 (↑)</b>	<b>547 (↑)</b>

**A total of 59 villages (47 intervention and 12 control) and 547 interviews (419 intervention and 128 control) were conducted finally during the present study.**

The sample size was calculated keeping in mind the statistical measures so that results and inferences drawn from the sample could be extrapolated for the larger universe of beneficiaries. The formula used to calculate the sample size is mentioned below.

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$$\text{Sample Size (SS)} = \frac{Z^2 * p * (1 - p)}{C^2}$$

Where:

Z = standard deviation from the mean; taken as 1.96 at 95% Confidence Interval

p = Value of the core indicator which defines the population; taken as 50% to have maximum heterogeneity and sample size

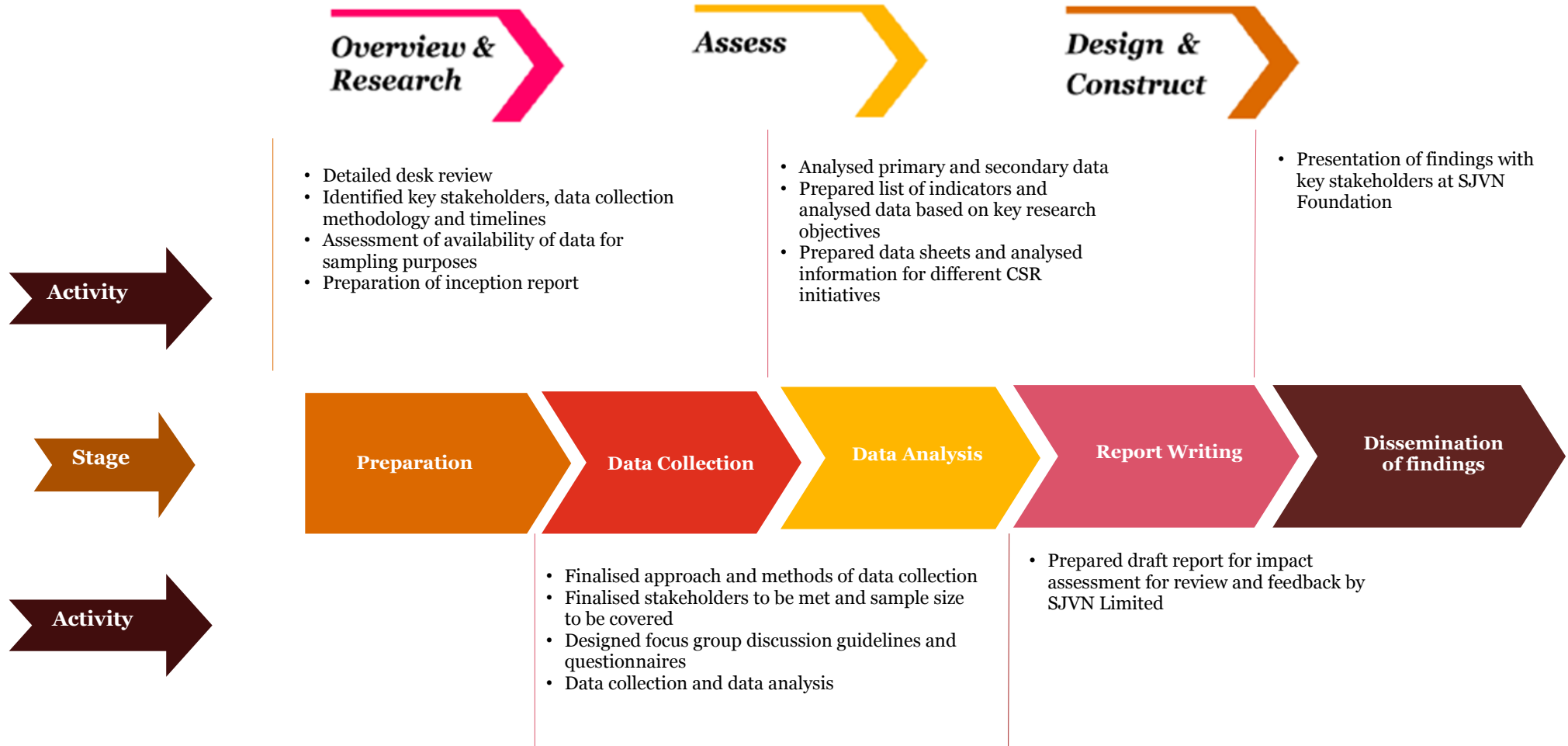
c = margin of error; taken as 10%

**Based on the formula presented above, the sample size is calculated as 384. The present study collected primary information from 547 individuals, which is over and above the statistically relevant sample size.**

**It should also be noted that in addition to beneficiary interactions (interviews) at individual level, community interactions in the form of Focus Group Discussions (FGDs) were also conducted in order to capture macro level community perceptions on CSR activities conducted by SJVN limited and subsequently validate the inferences through the personal interviews.**

### 3.4. Implementation procedure

The following chart depicts the process adopted for implementation of the present impact assessment study on ground.



## 4. Evidence based impact assessment- Demographic parameters of beneficiaries

This chapter explains in detail the findings from the present study. It focuses on key demographic aspects of beneficiaries as well as of control populations interviewed, for which primary information was collected through personal interviews at the household level with 547 respondents. The **study** captured information on various demographic parameters like age, gender, education, social status, household financials among others of all beneficiaries and control populations. The analysis is presented by plant locations, whether intervention or control and other social parameters, as required and wherever applicable.

### 4.1. Coverage

The present study covered a total of 547 households across 59 villages. This included a total of 419 households in 47 intervention villages and another 128 households in 12 control villages. The study reached out to a total of 1,967 members, including 1,058 males and 909 females across all households interviewed. The overall sex ratio across the households interviewed in the present study was 859 females per 1,000 males (for the sampled households). A plant level analysis for sex ratio suggested that more females per 1,000 males were present at the locations of LHEP (1,035) and APHEP (1,068) than other locations where number of males exceeded than females.

A gender analysis suggested that the proportion of males was highest at DSHEP plant location (13.7%) as against the lowest in RHPS (6.2%). A similar analysis for females suggested that the proportion was highest at the plant location of APHEP (20.68%) and the lowest at RHPS (4.4%). A detail of the above mentioned statistics is presented in **Table 4-1** below.

**Table 4-1: Coverage of population (by gender) across households interviewed**

Plant locations	Total		Male		Female		Sex ratio
	Nos.	%	Nos.	%	Nos.	%	
APHEP	364	18.5%	176	16.6%	188	20.7%	1,068
BTPP	142	7.2%	99	9.4%	43	4.7%	434
DHEP	215	10.9%	112	10.6%	103	11.3%	920
DSHEP	287	14.6%	145	13.7%	142	15.6%	979
KWPP	164	8.3%	95	9.0%	69	7.6%	726
LHEP	291	14.8%	143	13.5%	148	16.3%	1,035
NJHPS	154	7.8%	90	8.5%	64	7.0%	711
NM&JS	244	12.4%	132	12.5%	112	12.3%	848
RHPS	106	5.4%	66	6.2%	40	4.4%	606
<b>Total</b>	<b>1,967</b>	<b>100.0%</b>	<b>1,058</b>	<b>100.0%</b>	<b>909</b>	<b>100.0%</b>	<b>859</b>

Source: Primary Survey

## 4.2. Socio-Economic profile of Households

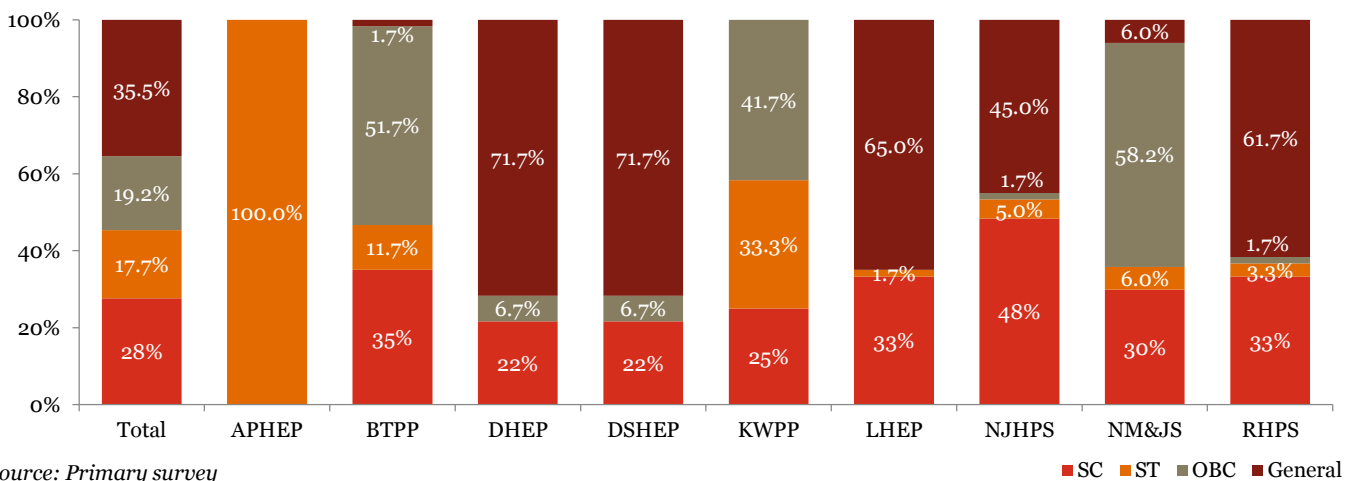
### 4.2.1. Social affiliation

A distribution of the households interviewed by social affiliation, suggests the prevalence of General Caste across all 9 plant locations as compared to Other Backward Class (OBCs) and SC/ST category households. It was noted that of all households interviewed, close to 35.5% were from the general category, while another 27.6% belonged to Scheduled Caste. The proportion of households belonging to OBC was 19.2% and another 17.7% were tribal households.

Analysis of data by plant locations suggested the following results (illustrated in **Figure 4-1** as well).

- **APHEP:** all households interviewed were tribal.
- **BTPP:** majority of the households were OBCs (51.7%) followed by 35% households being Scheduled Caste. Another 11.7% were tribal and only 1.7% belonged to the general category.
- **DHEP:** 71.7% of households were general category and another 21.7% were from the Scheduled Castes.
- **DSHEP:** The demographic at this plant location were similar to characteristics as observed for DHEP, with more than 70% households interviewed in the general category.
- **KWPP:** None of the households interviewed belonged to the general category. 41.7% were OBCs and 33.3% were tribal.
- **LHEP:** 65% of the households belonged to general category and another one third (33.3%) were scheduled caste. None of the households were OBCs.
- **NJHPS:** More than 90% of households were either from Scheduled Castes (48.3%) or from the general category (45%), with only 5% as tribal households.
- **NM&JS:** The plant location had the highest concentration of OBC households with close to 58.2% households. Another 29.9% households belonged to Scheduled Castes and 6% were tribal households.
- **RHPS:** Households interviewed in the plant location at Rampur were majorly general category (61.7%). Another 33.3% belonged to Scheduled Caste. Only around 3.3% of families at the location belonged to any tribal community.

**Figure 4-1: Social construct of HHs interviewed across SJVN plant locations**



The demographic details as presented above for different plant locations is suggestive of the wide variation in social composition of population at each location where SJVN operates. It is suggestive at this stage that any CSR intervention carried out by SJVN needs to be modular in nature and should be customised, according to needs of the population at each plant location, and also factoring in the local cultural contexts while mapping the needs.

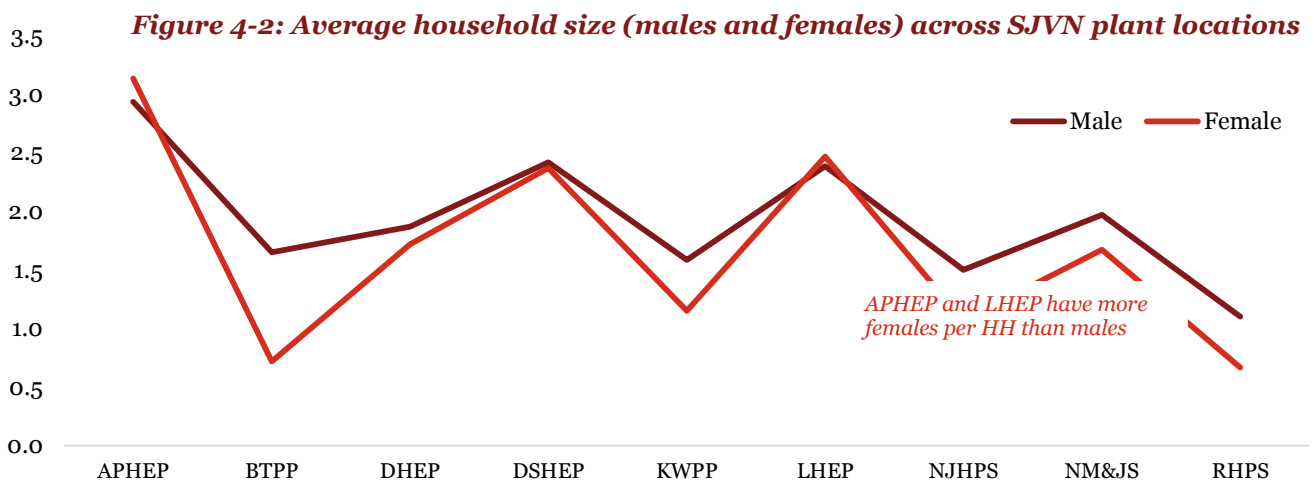
#### 4.2.2. Average household size

The average family size across all plant locations was noted to be 4, with an average of 2 males and 2 females per household. Analysis of primary information at the disaggregated plant level suggested wide variation in average household size being as low as 2 in Rampur to 6 in Papumpare, Arunachal Pradesh. The skew for females in household construct was noted to be the highest in APHEP (3 females per household), which was closely followed by 2 females in each HH at LHEP. These two were noted to be the only plant locations with a negative skew for number of males at a household level. Gap in gender composition was noted to be the highest in Buxar, where only one female was present in each household as against 2 males. A detailed description of the same is provided in **Table 4-2** and **Figure 4-2** below.

**Table 4-2: Average household size across SJVN plant locations**

Plant locations	Number of HHs interviewed	Household members			Average household size			Gap in gender composition (skewed towards males)
		Total	Male	Female	Total	Male	Female	
APHEP	60	364	176	188	6.1	2.9	3.1	-0.2
BTPP	60	142	99	43	2.4	1.7	0.7	0.9
DHEP	60	215	112	103	3.6	1.9	1.7	0.2
DSHEP	60	287	145	142	4.8	2.4	2.4	0.0
KWPP	60	164	95	69	2.7	1.6	1.2	0.4
LHEP	60	291	143	148	4.9	2.4	2.5	-0.1
NJHPS	60	154	90	64	2.6	1.5	1.1	0.4
NM&JS	67	244	132	112	3.6	2.0	1.7	0.3
RHPS	60	106	66	40	1.8	1.1	0.7	0.4
<b>Total</b>	<b>547</b>	<b>1967</b>	<b>1058</b>	<b>909</b>	<b>3.6</b>	<b>1.9</b>	<b>1.7</b>	<b>0.3</b>

Source: Primary Survey



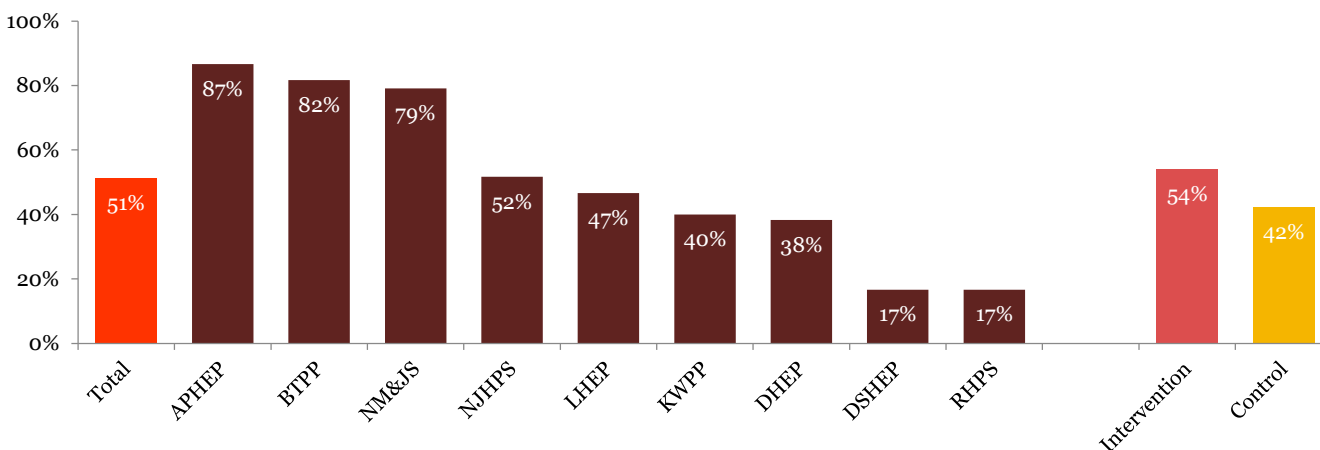
Source: Primary Survey

### 4.2.3. Vulnerability and Inclusion

Vulnerability for a household is the likelihood of experiencing future loss of welfare, generally weighted by the magnitude of expected welfare loss<sup>5</sup>. The degree of vulnerability depends on the characteristic of the risk and the ability of the household to respond to them. A vulnerable household is more at the risk of becoming or remaining poor (where poor is generally defined by consumption levels of the household). An analysis of vulnerability also helps to develop a better understanding to assess CSR interventions on the parameter of inclusion, i.e. whether the support has reached those in need. **The present study categorised households interviewed as vulnerable if they possessed a Below Poverty Level (BPL) card.**

**Of the 547 HHs interviewed in the present study, 280 had BPL cards, which constituted around 51.2% of the total sample.** Significant variation was noted at the plant level for HHs belonging to the BPL category. Close to 16.7% of the households interviewed in DSHEP and RHPS were BPL households as compared to 86.7% households in APHEP and 81.7% in BTTP. This was closely followed by NM&JS where 79.1% of HHs interviewed belonged to any tribal community (**Figure 4-3**). Analysis of information across intervention and control HHs suggested that close to 53.9% households in areas where SJVN has conducted CSR interventions were BPL, in comparison to 42.2% HHs in control villages. This suggests a higher level of inclusion in locations where SJVN has conducted CSR interventions (**Figure 4-3**).

**Figure 4-3: Proportion of BPL households across SJVN locations**



Source: Primary survey

### 4.2.4. Literacy levels

The present study collected information for all HH members above the age of 7 years for their highest education level. It was noted that around 16.9% HH members were illiterate, 17.6% completed primary education, 10.3% were graduate and another 1.7% were educated at the post graduate level. Analysis by gender suggested that the illiteracy was higher amongst females (19.7%) as compared to males (14.5%). Minimal difference was noted when the comparison was made at the graduate level (10.6% males and 10.1% females).

At the plant level, it was noted that illiteracy was the lowest in KWPP (3.7%) in comparison to NM&JS (34.5%) and BTTP (46.4%). Observations made for higher education (graduate and above) suggested that only 1.4% of HH population in Buxar were graduates or above in comparison to 17.8% in Dhaulasidh and 18.8% in Nathpa Jhakri. It was also noted that none of the HH members at DHEP and NM&JS plant locations were educated at the post graduate level. A description of the same is presented in **Table 4-3** below.

<sup>5</sup> <http://www.fao.org/3/a-a1310e/a1310e01.pdf>

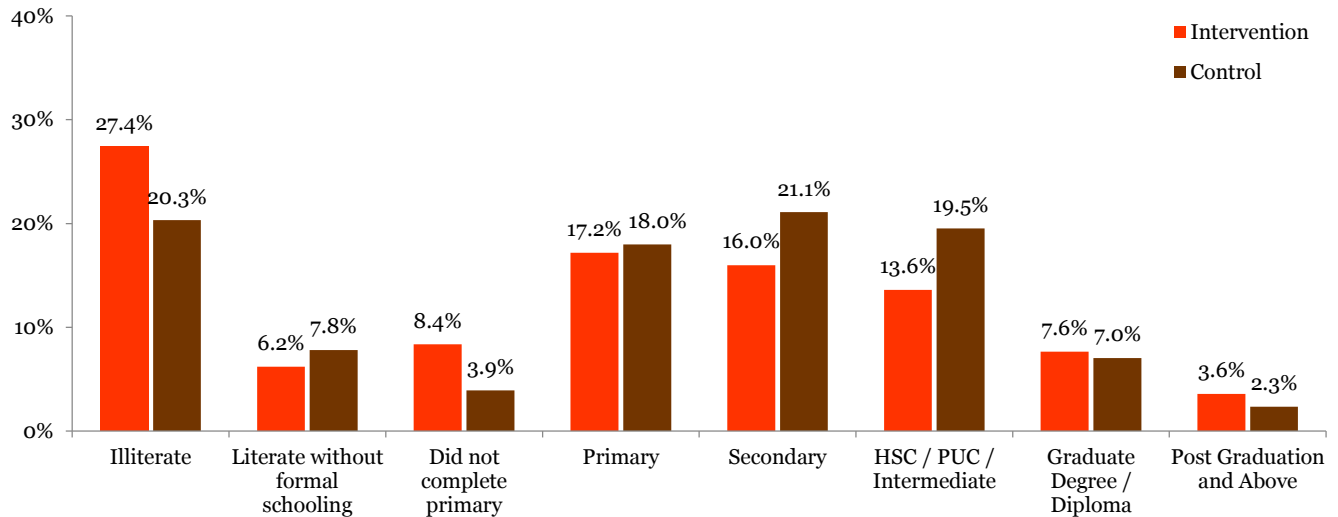
**Table 4-3: Literacy levels of HH members interviewed across SJVN plant locations**

Literacy levels	Total		APHEP		BTPP		DHEP		DSHEP		KWPP		LHEP		NJHPS		NM&JS		RHPS	
	M	F	M	F	M	F	M	F	M	F	M	F	M	F	M	F	M	F	M	F
Illiterate	15%	20%	8%	22%	48%	43%	16%	20%	6%	14%	2%	6%	7%	14%	7%	18%	35%	34%	3%	15%
Literate without formal schooling	3%	3%	5%	4%	15%	7%	4%	8%	--	1%	--	--	--	2%	--	--	4%	6%	--	--
Did not complete primary	6%	7%	6%	4%	10%	12%	11%	13%	1%	--	17%	32%	1%	--	5%	12%	7%	11%	3%	--
Primary	18%	18%	16%	13%	14%	21%	31%	18%	8%	15%	27%	30%	15%	18%	8%	10%	21%	21%	24%	23%
Secondary	20%	17%	15%	12%	3%	10%	7%	4%	25%	25%	38%	28%	21%	16%	25%	22%	9%	11%	53%	33%
HSC / PUC / Intermediate	21%	20%	24%	24%	8%	7%	19%	22%	36%	25%	5%	3%	41%	36%	31%	20%	3%	2%	0%	--
Graduate Degree / Diploma	11%	10%	14%	15%	1%	--	6%	3%	19%	13%	6%	1%	10%	9%	15%	10%	9%	8%	9%	25%
Post-Graduation and above	2%	1%	4%	1%	1%	--	--	--	2%	1%	2%	--	3%	1%	6%	5%	--	--	3%	--
Too young to go to school	5%	5%	9%	5%	0%	0%	5%	10%	4%	4%	2%	--	2%	4%	2%	3%	12%	8%	5%	5%

Source: Primary Survey, M: Male, F: Female

Data for literacy was also analysed for all beneficiaries (head of the households) interviewed in intervention and control areas to observe any differentials therein. It was noted that close to 27.4% in intervention and 20.3% in control areas were illiterate. Those who completed primary education accounted for 17.2% in intervention villages and 18% in control. Proportion of graduates was almost similar in both intervention (7.6%) and control (7%) villages. A detail of the same is presented in **Figure 4-4** below.

**Figure 4-4: Literacy level of HH heads in intervention and control**



Source: Primary survey

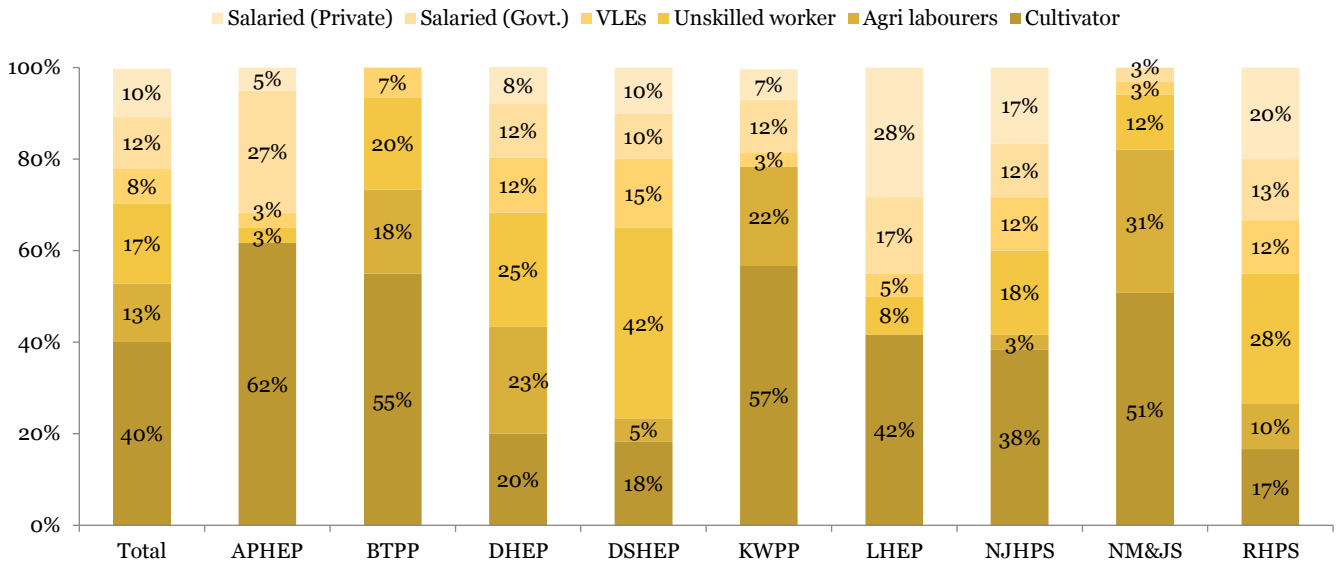
It was observed that close to 33% of population in intervention villages were illiterate. A closer look into the statistics reveal that most of the illiterate population were those who were aged more than 40 years. It was also noted that these people refrain from taking primary education at this stage of their life because of the underlying social constructs. In such scenarios, it is suggested that SJVN Limited could plan a targeted CSR intervention to educate such illiterates who have crossed their usual age for attending a school/college.

#### 4.2.5. Occupational pattern

As per the census definition “work is participation in any economically productive activity”. Data for occupational pattern was analysed for all chief wage earners in households interviewed. As per survey results, agriculture was the most prevalent occupation for beneficiaries and control populations interviewed. **Nearly 53% households were dependant on agriculture as the major source of income, either working on their own fields (40%) or as agricultural labourers (13%).** About 17% of the chief wage earners were daily labourers and were involved in un-skilled/semi-skilled vocations. Another 8% were noted to be village level entrepreneurs wherein they had their own shops/SME within the village or in close vicinity. Proportion of households wherein the main source of income was through a salaried income accounted for 12% in the Government sector and another 10% in the private sector.

Analysis of information at the plant level suggested that agriculture as a primary occupation was most prevalent in NM&JS where close to 82% of the interviewed HHs were involved in agriculture for income generation. This was followed by 78% HHs at KWPP and 73% at BTPP. Least dependence on agriculture was noted at DSHEP (23%) and RHPS (27%). A description of the same is presented in **Figure 4-5** below.

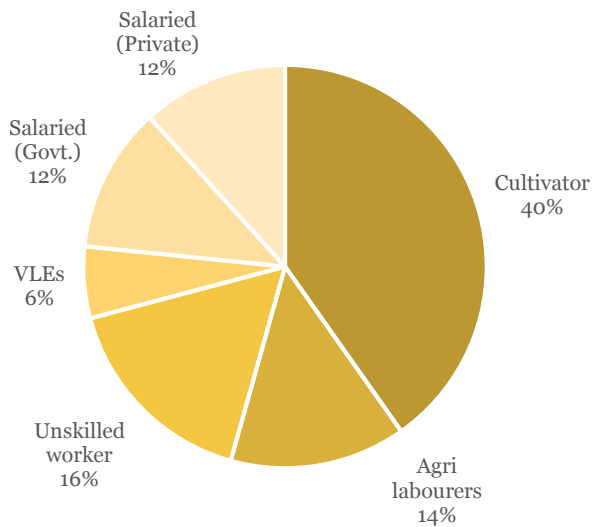
**Figure 4-5: Occupation pattern across HHs interviewed at SJVN project locations**



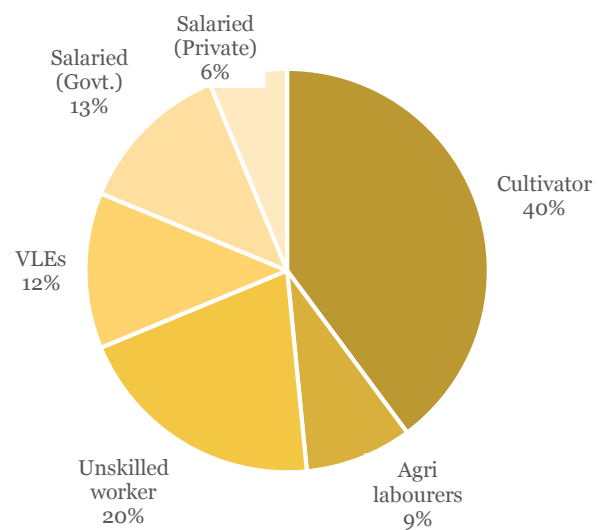
Source: Primary survey

A comparison of occupational pattern across intervention and control villages suggested similar trend with 54% of HHs in intervention and 48% in control villages being involved in agriculture either as cultivators or agricultural workers. Proportion of salaried (government/private) employees was more in intervention (23%) than in control (19%) villages. A description of the same is presented in **Figure 4-6** and **Figure 4-7** below.

**Figure 4-6: Occupation pattern in intervention villages**



**Figure 4-7: Occupational pattern in control villages**



### 4.2.5.1. Household income

The present study tried to understand the distribution of average monthly income of the households interviewed across all villages at each of the SJVN plant locations. *It is often noted that income is under-reported when probed for actuals, and thus the present study asked income details of respondents in prescribed ranges.* 36% of the households earned more than Rs 15,000 on a monthly basis and another 20% had their income in the range of Rs 10,001-Rs 15,000. A gradual increase was noted in proportion of households with increasing brackets of income (**Table 4-4**).

Analysis of information at the plant level suggested that proportion of HHs in the higher income bracket of more than Rs 15,000 per month was highest in KWPP (75%) followed by 52% in RHPS and 47% in APHEP. At other project sites like BTPP, close to 50% HHs earned Rs 3,001-Rs 10,000 on a monthly basis while only 5% earned more than Rs 15,000.

A comparison of information on household income across intervention and control villages suggested that HHs in the highest income bracket of Rs 15,000 or higher were more in intervention (37%) than in control villages (33%). A description of the same is presented in **Table 4-4** below.

**Table 4-4: Average monthly income of HHs interviewed by SJVN plant locations and type of village (intervention & control)**

SJVN Plant locations	< Rs. 2,000	Rs. 2,001 - Rs. 3,000	Rs. 3,001 - Rs. 5,000	Rs. 5,001 - Rs. 10,000	Rs. 10,001 - Rs. 15,000	> than Rs 15,000	Total
<b>Total</b>	6%	11%	12%	15%	20%	36%	100%
<b>APHEP</b>	0%	5%	8%	23%	17%	47%	100%
<b>BTPP</b>	18%	23%	28%	22%	3%	5%	100%
<b>DHEP</b>	12%	8%	18%	22%	12%	28%	100%
<b>DSHEP</b>	2%	17%	10%	15%	15%	42%	100%
<b>KWPP</b>	0%	0%	0%	2%	23%	75%	100%
<b>LHEP</b>	0%	5%	15%	20%	23%	37%	100%
<b>NJHPS</b>	0%	2%	0%	13%	47%	38%	100%
<b>NM&amp;JS</b>	22%	33%	22%	12%	6%	4%	100%
<b>RHPS</b>	0%	2%	2%	10%	35%	52%	100%
<b>Intervention</b>	<b>6%</b>	<b>11%</b>	<b>12%</b>	<b>15%</b>	<b>19%</b>	<b>37%</b>	<b>100%</b>
<b>Control</b>	<b>6%</b>	<b>10%</b>	<b>11%</b>	<b>16%</b>	<b>23%</b>	<b>33%</b>	<b>100%</b>

Source: Primary Survey

## 4.3. Health facilities in villages covered at SJVN project locations

### 4.3.1. Health infrastructure

Improved health status of individuals not only indicates greater human development but also is an important parameter to help define economic development. Non-availability of primary health services to rural poor creates a gap in service delivery, which is generally an opportunity for rural medical professionals (RMPs) and quacks. The present study made an observation on the presence of health infrastructure across sampled villages at project locations.

The study mapped access to health infrastructure in villages covered across SJVN plant locations to gain a wider understanding about health seeking behaviour. A detail of the same is presented **Table 4-5** below.

**Table 4-5: Health infrastructure across sampled villages at SJVN plant locations**

Health facilities	APHEP	BTPP	DHEP	DSHEP	KWPP	LHEP	NJHPS	NM&JS	RHPS	Intervention	Control
Govt. Dispensary		✓	✓	✓		✓	✓	✓	✓	✓	✓
CHC / PHC	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
Sub-centre		✓	✓			✓	✓	✓	✓		
Aanganwadi centre	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
Pvt. Doctor/clinic			✓	✓			✓			✓	
Pvt. Paramedic			✓				✓	✓	✓	✓	
RMP			✓	✓	✓					✓	
Pharmacy/drugstore				✓		✓					
ASHA/Dai (mid-wife)	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓

It was noted that access to the primary health centre (PHC), Aanganwadi centre and ASHA was universal across sampled villages at plant locations. While access to primary health care did not seem to be a challenge, but provision of secondary and tertiary healthcare was a challenge identified. Access to institutions for tertiary healthcare like municipal hospitals and other institutions for bottom of the pyramid population was restricted. Basic facilities like drugstore/pharmacy were noted to be available only in villages at DSHEP and LHEP plant locations. It was also noted that beneficiaries in intervention villages had access to more health facilities than those in control villages.

### 4.3.2. Incidence of health issues in past 6 months

The present study probed all households interviewed to record incidences of any minor illness in the family in the past 6 months. It was noted that *cough and cold* was the most common illness as recorded in close to 66% of sampled HHs. It was followed by *fever* in 58% HHs, *diarrhoea* (18% HHs) and *teeth problems* in 12% HHs. A listing of key health issues reported during the present study with rate of incidence at the HH level is shown in below.

**Table 4-6: Incidence of health issues among HHs interviewed across SJVN plant locations**

Health issues	Total	APHEP	BTTP	DHEP	DSHEP	KWPP	LHEP	NJHPS	NM&JS	RHPS	Intervention	Control
Cough & Cold	66%	82%	65%	67%	53%	67%	72%	38%	69%	85%	69%	56%
Fever	58%	88%	23%	47%	60%	57%	68%	68%	27%	85%	61%	46%
Diarrhea	18%	55%	8%	3%	--	5%	--	30%	9%	52%	19%	15%
Problem in teeth	12%	27%	--	--	--	--	3%	27%	--	52%	12%	13%
Vomiting	10%	18%	--	3%	8%	8%	10%	10%	--	32%	11%	6%
Typhoid	9%	35%	2%	2%	10%	--	2%	8%	--	25%	9%	10%
Skin disease	8%	25%	2%	2%	--	15%	3%	10%	--	15%	10%	4%
Women related problems	7%	12%	--	--	--	--	5%	15%	--	32%	7%	6%
Malaria	5%	25%	3%	7%	2%	--	3%	7%	--	3%	7%	2%
Conjunctivitis	5%	--	--	--	2%	8%	2%	3%	--	32%	6%	3%
Ear problems	4%	7%	--	--	--	2%	5%	10%	--	17%	5%	3%
Jaundice	4%	13%	--	--	5%	--	5%	--	--	12%	3%	5%
Dysentery	4%	3%	15%	3%		--	2%	2%	4%	3%	4%	2%
Fracture	4%	3%	--	2%	5%	2%	--	8%	--	13%	5%	--
Pneumonia	3%	--	--	2%	5%	--	3%	12%	--	5%	4%	--
Pregnancy complications	3%	5%	--	--	--	--	--	5%	4%	12%	4%	--
New born baby problems	3%	5%	--	5%	--	2%	--	3%	--	8%	3%	--
TB	2%	3%	13%	2%	--	--	--	--	--	3%	3%	2%
Chicken pox	2%	2%	--	--	--	--	2%	3%	--	8%	2%	2%

Source: Primary Survey

## 5. Assessing the Impact created by CSR activities

The present section of the report discusses key findings for different CSR activities from primary research and triangulates the same with field observations. Each of the CSR intervention has been assessed as per criteria and indicators defined in earlier sections of this report (Inclusiveness, Relevance, Effectiveness, Convergence and Sustainability). After the assessment, observations have been provided on the concept and design of projects, followed by research team's findings on the efficacy of the implementation process and (as the case maybe) on the value/impact created among the stakeholders, with an emphasis on local community being at the core of our analysis.

### 5.1. Activity Specific Findings

#### 5.1.1. Satluj Sanjivani Seva- Mobile Medical Van / Unit (MMU)

Duration / Period		Implementation Partner	Provision
More than three years {earlier than FY 2014-15}		HelpAge India	<ul style="list-style-type: none"> <li>Free medical services through mobile healthcare vans</li> </ul>
Parameter	Scale	Description	
Inclusiveness	High	<p>The MMU facility reaches out to all the stakeholders, irrespective of social diversities like gender or caste. The route plan and stoppages are planned considering the accessibility by all sections of the village, thereby facilitating access to all. It was noted that the MMU provides diagnostic &amp; medicine support to all sections, that includes not only the rural residents of the target village, but also, the labour class people who are not domiciled, but have the requirement of medical support. It also was noted that while women found it difficult to access other health facilities like a PHC/local doctor, no inhibitions were reported for the mobile health van run by SJVN Limited.</p> <p>It could be thus inferred that the inclusiveness of Mobile Health Van run by SJVN limited was high.</p>	
Relevance	High	<p>Given the areas in which the MMU service is operated, it was noted that the MMU covers hitherto difficult to reach areas and provides primary diagnostic healthcare support. In absence of a health van, the community may need to travel between 10-30 kms to access an institutional facility like a PHC/private clinic. This support helps bridge the access gap as the population otherwise tend to rely on domestic remedies / local doctors, who may not be effective. In event of acute sickness, they also suggest referrals to the patients.</p> <p>The van is well-equipped with medical equipment and relevant medication to cater to the needs of the community. In most of the areas where the mobile health van is operative, there were no private dispensaries and even common diseases like diarrhoea, worm infestation, dysentery, water related diseases became chronic because of lack of proper medical care. Continuous service provision by the mobile health van has increased access to healthcare services and reduced occurrence of diseases as well, thus proving to be highly 'relevant'.</p>	

Duration / Period		Implementation Partner	Provision
More than three years {earlier than FY 2014-15}		HelpAge India	<ul style="list-style-type: none"> <li>Free medical services through mobile healthcare vans</li> </ul>
Parameter	Scale	Description	
Effectiveness	High	<p>The service is provided once a week to all the villages, and helps provide (a) primary diagnostic, (b) basic medicine at free of cost, (c) preparing a health record summary and (d) referral of patients to other (tertiary care) facility if required. It has resulted in an overall improvement in the community health status. Majority of the beneficiaries reported that the services offered were effective in meeting their health needs.</p> <p>While it was noted that the effectiveness of the mobile health van in addressing health issues of the beneficiary population has been high, there could be improvements in operational efficiency and the schedule of the van could be increased / reduced to biweekly / fortnight from weekly, as per the requirements of the region and the intended beneficiaries.</p>	
Convergence	Low	<p>Currently, the Mobile Medical Van services are being supported financially by SJVN and technically by HelpAge India which is a non-profit organisation.</p> <p>There is a low convergence of this initiative with government schemes &amp; facilities, with respect to information access &amp; awareness generation on entitlements and privileges for the rural populace, referral to government hospitals etc.</p>	
Sustainability	Medium	<p>While the facility is extremely important and critical in a disparate geography as a hilly terrain (especially in Himachal, Uttarakhand and Arunachal Pradesh), there is a definite scope for enhanced community ownership for increased sustainability in the long run.</p> <p>There is also an opportunity for alignment of the initiative with the Government which needs to be explored. Going forward, SJVN Limited can also explore the possibility of a 'pay and use' model wherein beneficiaries could be charged a minimal amount to seek services from the MMU, which could then be used to set up a local 'village Swasthya kosh' to be maintained in the nature of an emergency fund.</p>	

## Concept and Design

Under their CSR initiatives, SJVN runs a free health consultancy service for the rural people residing around their project areas through mobile medical units (MMU) under the 'Satluj Sanjivani Sewa' initiative. This project is being implemented by HelpAge India, a well-known NGO, on behalf of SJVN Foundation for which Memorandum of Understanding (MoU) was signed on 17<sup>th</sup> April 2013. Each MMU is manned by a qualified medical team (which includes a doctor, pharmacist, social protection officers, and others) and is equipped with basic diagnostic test equipment. The MMUs help address the problems of unaffordability, inaccessibility, and non-availability of basic essential healthcare to poor.

The MMU is designed to provide Primary Healthcare services to the rural poor which fall under the following categories.

- Free treatment:** Each patient is diagnosed free of cost by the registered medical practitioner in the MMU. If required, patients are referred to pathological laboratories for detailed investigation/ secondary/ tertiary health care service providers for specialist treatment and care.
- Basic diagnostics:** The MMU is equipped with basic diagnostic equipment such as stethoscope, blood pressure (BP) apparatus, thermometer, weighing machine etc. for checking the vital signs. In addition

to this there is a 'glucometer' for blood sugar testing as well. In case any advanced diagnostic is required for a patient, they are referred to the nearest pathological laboratory.

- **Free medicines:** The MMU stocks medicine for all common ailments including common cold, fever, hypertension, diabetes, arthritis, etc., which are issued to patients free of cost by the pharmacist on the basis of doctor's prescription. The pharmacist also explains the dosage of medicines and their side effects, if any, to the patients.
- **Home visits by doctor (in case of bedridden patients):** The doctor and the paramedic team conduct weekly visits to houses of bedridden elderly who otherwise cannot approach or be brought to the vehicle. The doctor and paramedic team examines & clinically diagnoses the medical issues and prescribe medicine(s) and advice the patient and their caregivers.
- **Counselling for patients:** The counsellor and the doctor provide necessary advice and counselling to patients and caretakers on various ailments and home care. The project team also conducts regular counselling sessions on various aspects for health i.e. (a) diet and nutrition; (c) weight reduction; (b) regular exercise; (d) smoking; (e) alcohol; (f) social activities.

All HelpAge MMUs are equipped with the following team of personnel:

- **Social Protection Officer:** Leads the team, coordinates social and health awareness aspects of the project, and looks after all the administrative works of the project.
- **MBBS Doctor:** Examines patients and prescribes medicines, and is also the prime person for the health activities of the project.
- **Pharmacist:** The Pharmacist is required legally for stocking medicines and responsible for issuing medicine to the patients as per doctor's prescription. He also explains the dosage of medicines and their side effects (if any).
- **Driver cum Community Facilitator:** He holds a valid driving license and is trained to assist the MMU team in registering the beneficiaries. He also plays a key role in community mobilisation.



A total of 12 MMUs are run by SJVN limited across eight plant locations, with the exception of Papumpare in Arunachal Pradesh. The MMUs reach out to more than 500 villages across locations and serve a sizeable population of the community.

Analysis of data collected for diagnosis of diseases at MMUs suggest that the key health issues prevailing among beneficiaries include arthritis, joint pain, hypertension, dyspepsia and cough. A detail of MHU wise total treatments segregated by gender from July 2015 to July 2016 is presented in **Table 5-1** below.

**Table 5-1: MMU wise total treatments from July 2015 to June 2016**

SJVN Plant Locations	Male	Female	Total
Buxar	10,919	8,738	19,657
Devasari (including NM&JS)	8,534	6,838	15,372
Dhauasidh	4,690	6,661	11,351
Khirwire	5,725	5,321	11,046
Luhri	10,446	11,406	21,852
Nathpa Jhakri	6,170	9,038	15,208
Rampur	4,639	7,391	12,030
<b>Total</b>	<b>51,123</b>	<b>55,393</b>	<b>1,06,516</b>



Medical Consultant during treatment session at Devasari



Pharmicist checking blood sugar at Rampur MHU



School students in queue for registraion at Devasari



Patient waiting for registration at Rampur

## Key Findings

Mobile Medical Unit (Satluj Sanjivani Seva)			
Plant location	Key observations	Impact observed	Suggestions for way forward
Nathpa Jhakri Hydro Power Station	<ul style="list-style-type: none"> <li>The area of operation for the MMU around the plant is hilly in nature and many of the villages are hard to reach. Only a few of the villages have access to primary healthcare service provisions by Government, and if available are in a dismal state of operations. In such conditions, the support is extremely useful to seek healthcare services and that too free of cost.</li> <li>Services under MMU started in the year 2014-15 and till 2016-17, around 44,000 beneficiaries have benefitted. Till September 2016, there was only one MMU which used to visit each village in 15 days. SJVN received requests from the Gram Panchayat to increase the frequency and reach of the MMU considering the widespread benefits it had on public health. Owing to the same, one more MMU was added and the frequency increased to once a week.</li> <li>The support is well acknowledged by the local community, especially by elderly and women.</li> </ul>	<ul style="list-style-type: none"> <li>Provision of MMU at the plant location of Nathpa Jhakri has helped in increasing access to healthcare facilities across 12 panchayats and 65 villages.</li> <li>Availability of basic diagnostic and medical equipment in MMU has resulted in a regular checkup of diabetes and hypertension respectively which was not diagnosed earlier.</li> <li>It has been a great help especially for elderly and women, because they used to refrain from seeking healthcare attention at a hospital which was distant from their village. But, now because of door-to-door service provision by MMU, the health condition for elderly and women has improved considerably.</li> <li>Beneficiaries also cited that they incurred considerable expense while seeking healthcare services at a health facility. Provision of the MMU has helped to a great extent in reducing the out of pocket expenditure on health, which could be utilized as a disposable income/savings for the household.</li> </ul>	<ul style="list-style-type: none"> <li>MMU has certainly helped in increasing awareness about healthcare services in the villages where it operates. But going forward, the services could be considered for being extended to other villages around the NJPS plant location.</li> <li>SJVN can also look forward and explore the possibility of enhancing the infrastructure of public health facilities which will be a one-time investment rather than continuous operational expenses in running the MMU.</li> <li>There needs to be a check in terms of the same patient collecting different medicines each time the MMU visits a village. Such incidents were noticed which leads to wastage of medicines.</li> <li>In cases where a referral is made for diagnostic services, the patient needs to visit the laboratory. In such situations, the MMU can act as a 'collection centre' and coordinate with the laboratory for results.</li> </ul>
Rampur Hydro Electric Project	<ul style="list-style-type: none"> <li>The MMU has specified and well planned routes, which it traverses on a weekly basis, stopping at designated points. It provides valuable diagnostic &amp; primary treatment support to the</li> </ul>	<ul style="list-style-type: none"> <li>The community cited that the MMU is a service that should be continued in the future as it helps provide interim healthcare support for minor ailments. Most of the villagers met recognized the benefit of</li> </ul>	<ul style="list-style-type: none"> <li>While the MMU should be continued, the initiative needs to be expanded in regions other than the strategy of catering only to Project Affected</li> </ul>

### Mobile Medical Unit (Satluj Sanjivani Seva)

Plant location	Key observations	Impact observed	Suggestions for way forward
	<p>community, and the arrival of the van is eagerly awaited by the community.</p> <ul style="list-style-type: none"> <li>• It is an extremely useful service which is accessible at the doorstep of the rural community and available 'free of cost', considering the remoteness of the government tertiary facility (at Rampur) as well as the absence of doctors at the PHCs or the lack of professionally qualified practitioners at the sub-centres.</li> <li>• The Van is professionally managed in a systematic manner, with clearly defined process steps (registration, diagnosis &amp; prescription, finally followed by the supply of medicine).</li> <li>• A case history of each patient is maintained by HelpAge India and records kept at the van when it covers its scheduled destinations.</li> </ul>	<p>affordability and accessibility to health treatment in the village itself at no-cost.</p> <ul style="list-style-type: none"> <li>• The NGO also has tie-ups with private hospitals at discounted rates, in case of referrals to a tertiary facility.</li> <li>• It was noted that the MMU was planned for specific routes only, which had only the Project Affected Villages mapped onto it. Other non PAVs were not being catered to.</li> </ul>	<p>Villages at present. There are some villages which have been left out as these are not PAVs. SJVN needs to plan for a MMU for these villages as there is a definite need for such a service in these areas also. It would create goodwill among the larger community.</p> <ul style="list-style-type: none"> <li>• The MMU could also be loaded with posters / literature on various health related schemes / programmes of the central / state governments, to make the audience aware of their existence and the rights &amp; entitlements provided by the state.</li> </ul>
Luhri Hydro Electric Project	<ul style="list-style-type: none"> <li>• Beneficiaries have been satisfied with the health camps, with both women and children attending the camps. Even elderly members of the community, especially those who were averse to getting check-ups, have benefitted from the camps.</li> <li>• Beneficiaries are happy that they do not have to incur any cost for check-ups/treatment.</li> <li>• Community members are satisfied with the work carried out so far and hope for it to continue in future as well.</li> </ul>	<ul style="list-style-type: none"> <li>• Beneficiaries have reported improved overall health status and a reduced incidence of illness/diseases.</li> <li>• Greater awareness about gynecological issues in women.</li> <li>• Improved overall awareness about the importance of frequent health check-ups and preventive healthcare.</li> <li>• Community members are more motivated to get routine check-ups due to reduced financial burden.</li> </ul>	<ul style="list-style-type: none"> <li>• Efforts to ensure sustainability of the project in future.</li> </ul>
Dhauasidh Hydro Electric Project	<ul style="list-style-type: none"> <li>• Beneficiaries are regularly accessing the Mobile Medical Unit from surrounding villages.</li> <li>• Beneficiaries are getting tested more frequently (most commonly BP &amp; sugar).</li> </ul>	<ul style="list-style-type: none"> <li>• Overall health status of the community has improved, with reduced incidence of illness/diseases in the community.</li> </ul>	<ul style="list-style-type: none"> <li>• The frequency of the van maybe increased to reduce time-lag between visits to each Gram Panchayat.</li> </ul>

### Mobile Medical Unit (Satluj Sanjivani Seva)

Plant location	Key observations	Impact observed	Suggestions for way forward
	<ul style="list-style-type: none"> <li>• Referrals to larger hospitals are taking place in the case of emergency/critical health issues.</li> <li>• Medicines are provided to patients for an average of 7 days.</li> </ul>	<ul style="list-style-type: none"> <li>• Our interaction with sampled beneficiaries showed increase in overall awareness about the importance of frequent health check-ups and preventive healthcare.</li> <li>• Community members are satisfied with the services offered through the medical vans and hope that it will continue in future as well.</li> <li>• Elderly beneficiaries and women reported that it is much easier for them to access the van locally instead of travelling to big hospitals for treatment which was very inconvenient and expensive.</li> </ul>	<ul style="list-style-type: none"> <li>• The program needs to be convergent to Government schemes and facilities to ensure sustainability of the project in future.</li> <li>• The reach of the van needs to be increased to villages other than those affected by the project (i.e. non-PAVs).</li> </ul>
Devsari Hydro Electric Project	<ul style="list-style-type: none"> <li>• Under the aegis of Satluj Sanjivani Sewa, SJVN is running two MMUs with support from Help Age India. MMU caters to more than 40 patients per day and beneficiaries are provided with basic medicines for the common diseases.</li> <li>• MMUs bring basic healthcare to the doorstep of the villages residing in the villages of Purna, Tharali, Sarkot and Budadang. The services are provided once in a week to the villages in well-planned out route. MMU travels to each village every week. Every patient has to carry the token with serial number mentioned in it. Once patients are checked their health and medicine is recorded in the form. Medicines for a period of 7 days are given to the beneficiaries.</li> <li>• It was also observed that the women living in the remote villages and disadvantaged communities were unable to access reliable and effective health services. With the provision of MMU services, women (and their</li> </ul>	<ul style="list-style-type: none"> <li>• People were satisfied with the service provided by the MMU.</li> <li>• The services are provided to strata of people who were not able to avail any services due to inaccessibility and distance. MMUs have provided an opportunity to provide services to the hard to reach areas and community cited that the service should be continued.</li> </ul>	<ul style="list-style-type: none"> <li>• All the beneficiaries were satisfied with the services of MMU, however they opined that the number of visits of MMU (the frequency of operation) should be increased and there should be provision for specialist doctors as well as advanced diagnostic facilities.</li> </ul>

**Mobile Medical Unit (Satluj Sanjivani Seva)**

Plant location	Key observations	Impact observed	Suggestions for way forward
	<p>children) have largely been benefitted. Women were also being made aware about health and hygiene issues. Counselling for breast feeding, family planning &amp; RTI was also being provided.</p> <ul style="list-style-type: none"> <li>The current linkages with health functionaries and local health institutions were observed to be poor.</li> </ul>		
<p>Naitwar Mori&amp; JS Hydro Electric Project</p>	<ul style="list-style-type: none"> <li>Health infrastructure in the villages was not adequate. There was a functional PHC in Mori. In absence of proper transportation, most of the diseases were addressed locally by the community. In case of serious ailments only, they visited the PHC.</li> <li>Considering the remoteness of project villages and the lack of availability of medical facilities, 2 MMUs were operational at NM&amp;JS area and offered healthcare services to the people of all age-groups. There were adequate and regular supply of essential quality drugs in both the vans. These MMU vans had a roster of pre-decided areas where the van delivered health services once in a week. In consultation with SJVN, a route plan is developed and the timing is put up in the spots (either on tree trunks/ boards) where the van is parked to provide services at each of the village locations.</li> <li>One of the key observations was that patients were satisfied with the services provided by the health vans. MMU staffs were handling each beneficiary with adequate care.</li> </ul>	<ul style="list-style-type: none"> <li>Satluj Sanjivani Sewa has been successfully able to provide basic healthcare services at the doorsteps of many households, especially in the hard-to-reach areas.</li> <li>Villagers were satisfied with the programme and wanted it to be continued. All were of the opinion that drugs were available in the van and the staff members in the van took proper care of them.</li> </ul>	<ul style="list-style-type: none"> <li>All the persons were satisfied with the services of MMU, however, they opined that the number of visits of MMU should be increased and there should be provision for specialist doctors as well and advanced diagnostic facilities.</li> </ul>

### Mobile Medical Unit (Satluj Sanjivani Seva)

Plant location	Key observations	Impact observed	Suggestions for way forward
	<ul style="list-style-type: none"> <li>There were demands by the beneficiaries to provide facility of lab testing in the van itself. In some cases patients insisted to getting ECG done in the van itself.</li> </ul>		
Buxar Thermal Power Project	<ul style="list-style-type: none"> <li>The demand for costly medicines and antiseptic was high in the region due to the skin diseases and joint pains.</li> <li>The doctors and the staff members were properly trained to attend the rural patients. Most of the patients who came for the treatment were satisfied with the services. Till March 2017, 56,150 beneficiaries have been benefitted by the services provided by the MMU.</li> <li>There were cases where beneficiaries from neighboring villages demanded MMU services in their village as well. They complained about the health services provided to only selected villages.</li> </ul>	<ul style="list-style-type: none"> <li>MMUs have provided an opportunity to provide services to the hard to reach areas.</li> <li>MMU addresses the basic health care facilities effectively. The villagers were satisfied with the programme and wanted more such units to be started which catered to the neighbouring villages.</li> <li>All were of the opinion that drugs were available in the van and the staff members in the van took proper care of them. The impact was pretty much visible on the ground and the programme has generated support and goodwill for BTPP.</li> </ul>	<ul style="list-style-type: none"> <li>The coverage of MMUs should be expanded to non-project affected villages as well.</li> </ul>
Khirwire Wind Power Project	<ul style="list-style-type: none"> <li>At KWPP, the MMU covers two villages namely Khirwire and Kombhalne, stopping at 7 designated sites and 5 sites respectively.</li> <li>From beneficiaries interviews and discussions with relevant stakeholders (Sarpanch, members of Gram Panchayat, women and children, elderly community members and implementation partners) it can be inferred that prior to SJVN's MMU intervention there existed a gap in terms of access to basic healthcare facilities in Khirwire &amp; Kombhalne villages, which has now been bridged.</li> <li>ID card / MMU card is given to patients (with unique ID), however it was observed that few beneficiaries were not provided the same.</li> </ul>	<ul style="list-style-type: none"> <li>As per the beneficiaries, the MMU service delivery is quite effective and beneficial. The MMU reaches each designated site on time and the beneficiaries were satisfied with the health checkups performed by the doctor. Moreover, as informed by the beneficiaries the medicines were always available free of cost.</li> <li>Overall, the beneficiaries expressed a positive response to the intervention due to benefits accrued to them (in terms of reduction in travel cost, time savings and productivity gain).</li> <li>In Kombhalne village (Sable Chowk site), during FGD the beneficiaries said that the duration of MMU stay (timings) can be reduced (from 3 hours to 1</li> </ul>	<ul style="list-style-type: none"> <li>It is suggested, that in the cases where patients are unable to come to the MMU due to illness, especially if they are elderly and have trouble walking, then the MMU should use its 'mobility' characteristic and should reach out to such patients</li> <li>SJVN should record the incidence and details of severe health cases of community members who were unable to reach MMU sites but got treated by informing MMU/NGO representative who ensured MMU reaches out to such members. SJVN to decide on the minimum no. of such special cases to</li> </ul>

**Mobile Medical Unit (Satluj Sanjivani Seva)**

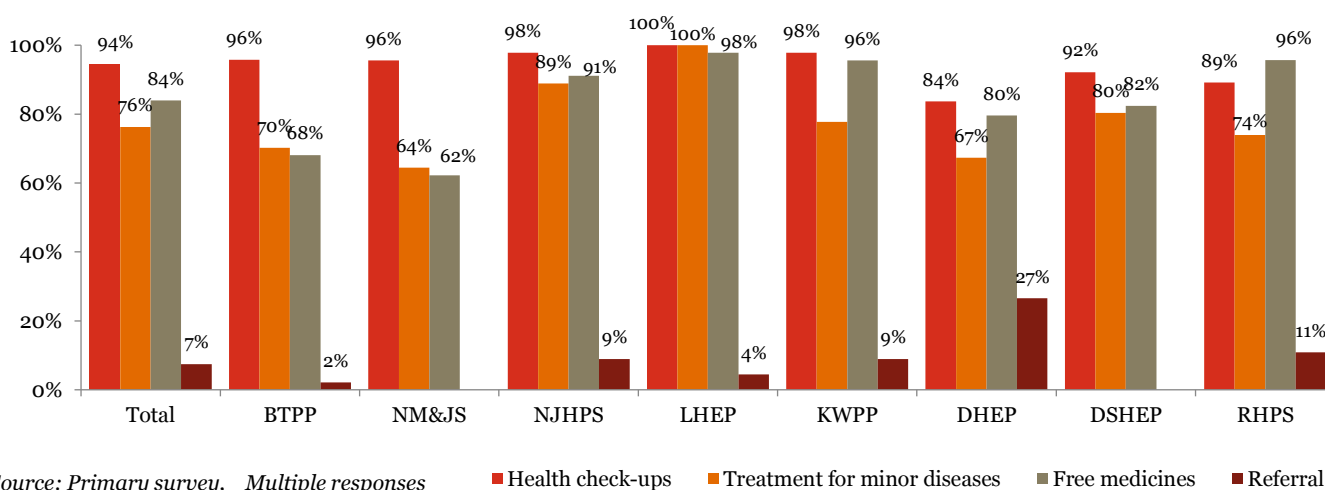
Plant location	Key observations	Impact observed	Suggestions for way forward
		hour), however, they suggested to increase the number of days of MMU visit.	<p>be covered by MMU (aged people, severe health issues, bed-ridden cases etc.).</p> <ul style="list-style-type: none"> <li>• First aid kit with Bandages and dressings should be available. In Khirwire village (Vegetable market site), beneficiaries were completely satisfied with the MMU intervention. During the FGD interactions, the beneficiaries highlighted the need of (a) nursing staff; (b) injections and (c) Blood (lab) test reports and suggested that if required they would contribute nominally for these provisions.</li> </ul>
Arunachal Pradesh Hydro Electric Project	<ul style="list-style-type: none"> <li>• MMU services are currently not operational at the plant location</li> </ul>	<ul style="list-style-type: none"> <li>• Not applicable</li> </ul>	<ul style="list-style-type: none"> <li>• Not applicable</li> </ul>

## Quantifying the impact of MMU through primary research

- Of all the households interviewed, 76% of them availed services of the MMU. Most of these beneficiaries (94%) received regular health check-ups, while a significant proportion (84%) also received free medication. Around 76% of respondents received treatment for minor diseases and around 7% were referred to district hospitals, for incremental treatment. Provision of MMU has helped in improving access to affordable healthcare, and generation of awareness about seeking quality healthcare facilities rather than trivial remedies.

A comparison of benefits rendered across plant locations suggested that referrals were the highest (27%) in NJHPS while none were referred to a health facility at DHEP and NM&JS plant locations. A detail of responses (top of the mind recall) for benefits received through MMU at each plant location is presented in **Figure 5-1** below.

**Figure 5-1: Benefits of MMU as perceived by respondents**



- It was noted across all villages visited at different SJVN plant locations that most of the residents were now dependent on the MMU for addressing their basic healthcare needs. To gain a better understanding of a change in health seeking behaviour, the present study asked for healthcare facilities accessed prior to MMU. Close to 46% accessed a PHC within the village or in close proximity, 20% went to a district hospital and another 16% went to a local private doctor.

Reliance on PHC was cited to be the highest in (63%) in DPHEP and 61% in NM&JS in the earlier context, when we assess the sites where MMU services are being provided presently. At LHEP, only 3% accessed a PHC while the rest 97% accessed a Govt. hospital. At other locations like DSHEP and NJHPS, around 25% and 22% respondents sought medicines from a local chemist for primary health issues. It was also noted that close to 12% respondents at NJHPS took self-medication.

A comparison of intervention and control villages suggest more reliance on PHC in the former (50%) than later (34%). While around 18% respondents in the intervention villages sought treatment from a district hospital, the same was accessed by 29% respondents in control villages.

A detail of above mentioned statistics on health seeking behaviour prior to MMU is highlighted in **Table 5-2** below.

**Table 5-2: Health facilities accessed by respondents prior to MMU provisions**

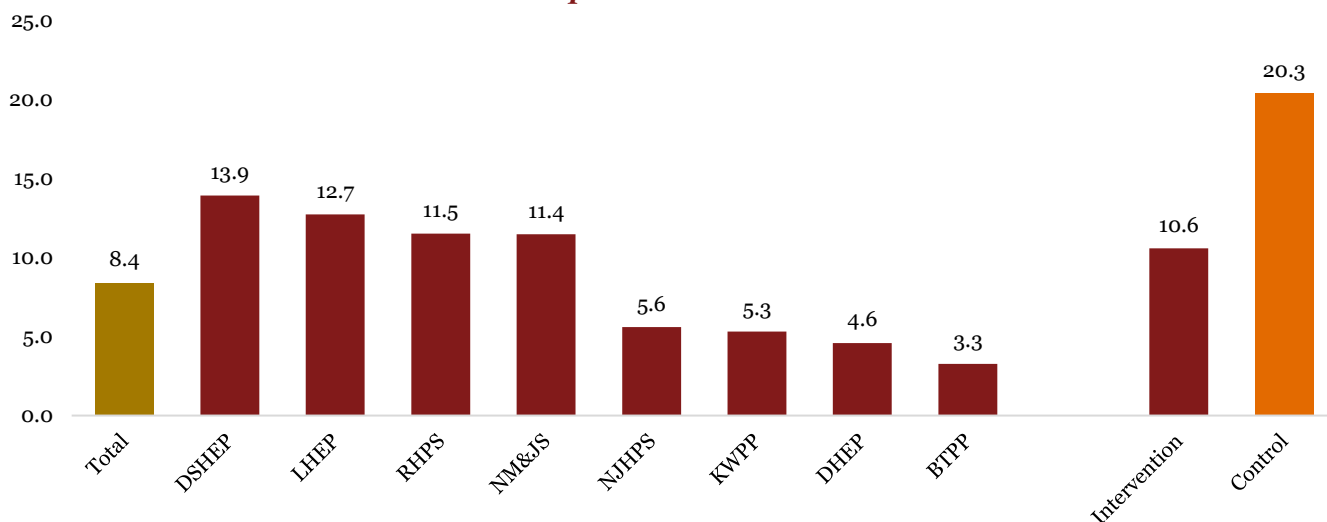
	SJVN Plant Location									Type of village	
	Total	BTPP	DHEP	DSHEP	KWPP	LHEP	NJHPS	NM&JS	RHPS	Intervention	Control
To a PHC / CHC	46%	52%	63%	30%	50%	3%	18%	61%	45%	50%	34%
To a local doctor (quack)	9%	18%	10%	17%	5%	0%	8%	7%	12%	8%	10%
To the district hospital	20%	13%	15%	18%	7%	97%	13%	4%	7%	18%	29%
Took medicine from local chemist shop	8%	8%	3%	25%	2%	0%	22%	4%	8%	6%	15%
To a private clinic/doctor/hospital	16%	8%	7%	10%	37%	0%	27%	22%	28%	17%	12%
Self medication	1%	0%	2%	0%	0%	0%	12%	0%	0%	2%	0%

Source: Primary Survey

- It was also noted that provision of MMU has helped reduce drudgery in seeking healthcare services, because healthcare services accessed earlier were distant. On an average, respondents travelled for 8.4 kms to seek healthcare services. Analysis by SJVN plant locations suggested that respondents at LHEP travelled for around 12.7 kms and those at RHPS had to go 11.5 kms to seek healthcare services.

Analysis of information also suggested that respondents in control villages travelled more (20.3 kms) than intervention villages (10.6 kms) to seek healthcare services. A description of the same is presented in **Figure 5-2** below.

**Figure 5-2: Average distance (in kms.) travelled by respondents to seek healthcare services prior to MMU**



Source: Primary Survey

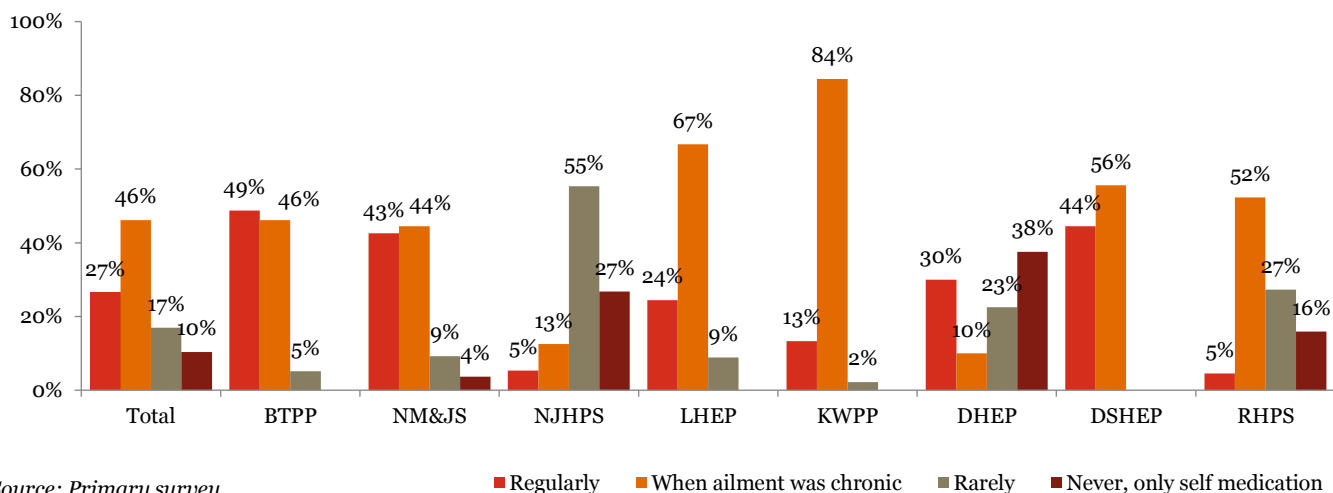
It could be inferred that provision of MMU by SJVN has helped reduce the travel associated with seeking healthcare to a great extent. Due to the distance, it was noted that many of the respondents either did not seek healthcare service or resorted to local doctors which often provide to be ineffective.

- To further understand the impact of MMU on health seeking behaviour of resident population, the present study also analysed the frequency of seeking healthcare services before services under MMU

started. On an aggregate basis, it was noted that only 27% of households interviewed regularly sought healthcare services. Another 46% visited only when the ailment became chronic and they could not cure by usage of home remedies. Close to 17% rarely visited a health facility and another 10% mentioned that they relied only on self-medication (**Figure 5-3**).

Basis the above, it could be reasonably inferred that provision of MMU has led to increase awareness about seeking healthcare and has helped to avert situations when healthcare issues turned chronic.

**Figure 5-3: Frequency of seeking healthcare services prior to MMU**



Source: Primary survey

- The present study also probed for reasons to ‘not visit’ a healthcare facility to seek services. 59% of respondents mentioned that lack of a health facility within the village to be the primary reason. Another 40% faced the issue of health facility being distant while 7% had financial issues. Analysis at the plant level suggested that lack of a health facility was the only reason for not availing regular health facilities at Khirwire. A detail of the same is presented in **Table 5-3** below.

**Table 5-3: Reasons for not seeking regular healthcare services**

	SJVN Plant Location									Type of village	
	Total	BTPP	DHEP	DSHEP	KWPP	LHEP	NJHPS	NM&JS	RHPS	Intervention	Control
No health facility in the village	59%	92%	47%	43%	100%	100%	47%	83%	28%	60%	54%
The nearest health facility was very far	40%	12%	36%	73%	--	17%	55%	17%	62%	39%	43%
Did not have enough money to avail services	7%	4%	6%	17%	--	--	8%	4%	7%	8%	--
Relied on local quacks for treatment	3%	6%	4%	10%	--	--	--	--	--	3%	--

Source: Primary Survey

- It could be thus inferred that the MMU has helped in enhancing the awareness about seeking healthcare services among the general population. It has successfully filled in infrastructural gaps like lack of a health facility or the health facility being unapproachable.

- Households interviewed in the present survey were also asked about their perception of how the MMU services have helped better the healthcare scenario. Close to 77% of respondents mentioned that the key feature for MMU has been the regular availability of doctors. Another 42% liked the service being free of cost which helped widen the net of accessibility to those who were financially constrained to seek healthcare services earlier. 33% also mentioned that it has provided them access to more reliable new-age medication in comparison to the home remedy they used to administer earlier. A detail of responses at the plant level is presented in **Table 5-4** below for a more granular understanding.

**Table 5-4: Most liked features of MMU**

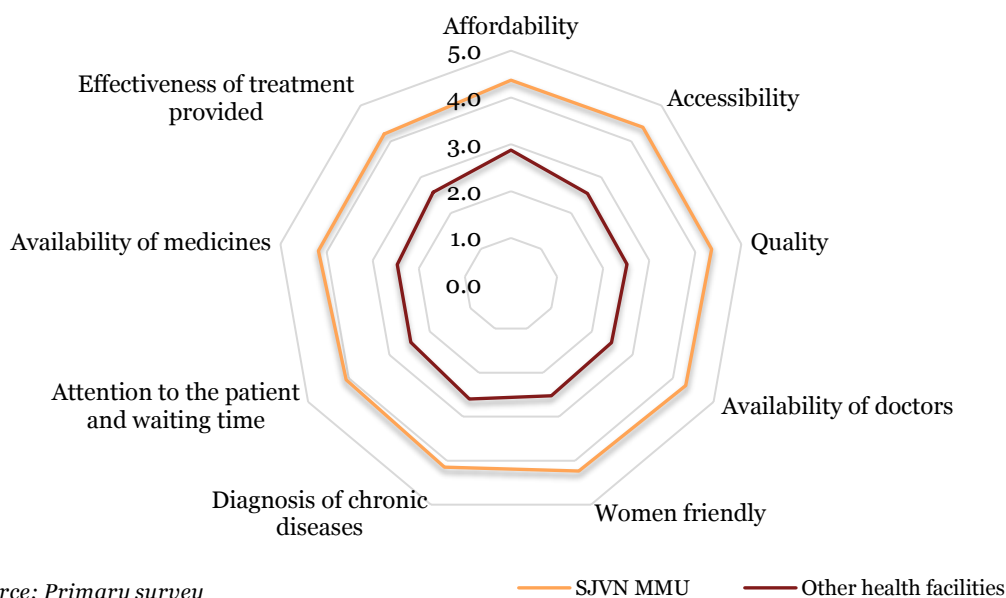
Change brought in by MMU (most liked features)	SJVN Plant Location								
	Total	BTPP	DHEP	DSHEP	KWPP	LHEP	NJHPS	NM&JS	RHPS
Doctors are present most of the time	77%	45%	53%	87%	100%	98%	94%	57%	72%
It has helped save on travel time to health facilities which were far from the village	25%	13%	24%	38%	25%	20%	30%	39%	51%
Earlier we used to do home remedies which weren't effective	33%	51%	20%	40%		2%	37%	7%	40%
It is affordable/free of cost	42%	26%	29%	33%	34%	89%	76%	57%	57%
They help in providing referrals in case of emergency	8%	6%		4%		16%	35%	2%	6%
Major health issues are detected early before they turn chronic	28%	11%	13%	33%	12%		52%	7%	38%
It is women friendly and even female members can go on their own	12%	4%	5%	4%		33%	26%	4%	32%
It has helped in creating more awareness about seeking quality health care	25%	2%	13%	33%		4%	28%	6%	43%

Source: Primary Survey

- To further understand the impact, respondents were asked to rate services under MMU vis-à-vis other health facilities on different parameters<sup>6</sup>. It was noted that services under MMU were rated above other health facilities for most of the parameters (*affordability of services, Accessibility, quality of services/treatment provided, availability of doctors, women friendly, attention to the patient and waiting time and availability of medicines*). A description of the same is provided in **Figure 5-4** below.

<sup>6</sup> The rating was done on a 5-point Likert scale where 1 was the lowest rating and 5 being the highest.

**Figure 5-4: Average ratings for services provided by SJVN MMU and other health facilities**



A plant wise analysis of average ratings is presented in **Table 5-5** below for a more granular understanding.

**Table 5-5: Average ratings for services provided by SJVN MMU and other health facilities at plant level**

Parameters	SJVN Plant location								
	Total	BTPP	DHEP	DSHEP	KWPP	LHEP	NJHPS	NM&JS	RHPS
<b>SJVN MMU</b>									
Affordability	4.4	4.1	4.0	5.0	5.0	4.9	5.0	4.3	4.6
Accessibility	4.4	4.1	4.1	5.0	4.6	4.7	4.3	4.3	4.4
Quality	4.4	4.1	4.1	4.7	4.7	4.8	4.3	4.4	4.2
Availability of doctors	4.3	4.0	4.1	4.8	4.7	4.7	3.9	4.3	4.2
Women friendly	4.2	3.6	4.1	4.8	4.4	4.7	4.0	4.4	4.3
Diagnosis of chronic diseases	4.1	3.5	4.2	4.8	4.3	4.7	3.8	4.2	4.1
Attention to patient and waiting time	4.1	3.5	4.0	4.6	4.3	4.7	3.6	4.2	3.9
Availability of medicines	4.2	3.5	4.1	4.7	4.4	4.7	4.0	4.4	4.1
Effectiveness of treatment provided	4.2	3.5	4.2	4.7	4.1	4.7	4.0	4.4	4.2
Timings	4.1	3.5	4.0	4.7	4.0	4.8	3.9	4.4	3.9
<b>Other health facilities</b>									
Affordability	2.9	1.5	2.8	4.8	3.7	2.2	3.7	3.2	3.3
Accessibility	2.5	1.4	2.6	2.3	3.2	2.3	3.4	3.1	3.0
Quality	2.5	1.4	2.6	2.2	3.7	2.2	3.2	3.2	3.1
Availability of doctors	2.5	1.4	2.5	2.0	3.3	2.1	3.2	3.1	3.4
Women friendly	2.5	1.4	2.5	2.3	3.2	2.1	3.2	3.1	3.5
Diagnosis of chronic diseases	2.6	1.4	2.6	2.2	3.4	2.2	3.4	3.1	3.8
Attention to patient and waiting time	2.5	1.4	2.4	2.1	4.0	2.2	3.4	3.1	3.3
Availability of medicines	2.5	1.4	2.6	1.8	3.1	2.3	3.1	3.0	3.2
Effectiveness of treatment provided	2.6	1.4	2.6	2.2	3.4	2.2	3.4	3.0	3.6
Timings	2.5	1.4	2.5	2.1	3.6	2.2	3.3	3.0	3.7

Source: Primary Survey

### 5.1.2. General and Specialised health Camps

Duration / Period		Implementation Partner	Provision
More than three years {earlier than FY 2014-15}		HelpAge India	Free medical services for specialised care
Parameter	Scale	Description	
Inclusiveness	High	<p>The health camps are held in hub villages that are set up with an aim to address (a) general ailments &amp; their diagnosis and (b) oral &amp; dental care; and are accessible to all sections of the population, including both resident populations as well as non-residents (migrant labour) who are vulnerable and benefit from such camps. These health camps have been availed by all sections of society in the selected villages, cutting across caste barriers. Women also reported that they faced no issues in visiting the camps and have been able to openly discuss their concerns with the doctors. Many of the women visited the camp to address gynaecological issues. In terms of inclusiveness, the camps have been able to reach out to all sections of society, including a high incidence of both women and children as well.</p>	
Relevance	High	<p>The service is useful for communities that are located far away from government facilities (with distance being a strong constraint from an accessibility perspective, especially in hilly topographies). Although many of the primary health issues were addressed by the existing healthcare services and MMU run by SJVN, still they lack provision of specialised services for which beneficiaries still had to go to hospitals. The health camps helped in addressing such health issues.</p>	
Effectiveness	Medium	<p>Even though basic healthcare checks are done and medicines prescribed, there was noted to be a low awareness of the health camps in the 'spoke villages' with other villagers noted to be unaware of such an initiative, thus restricting its outreach. In cases of eye disorders, while the camps did provide glasses free of cost to those in need, but in a few cases the glasses did not work. Overall, it could be interpreted that while the camps have reached out to many, the effectiveness criteria has a window for improvement.</p>	
Convergence	Medium	<p>There is limited convergence with existing government infrastructure (line department) &amp; facilities, with the facility being used basis the agreement of the PRI representatives (Gram Sarpanch and Ward member). However, the infrastructure is not used for explaining the statal entitlements. At some locations like in Nathpa Jhakri, the camps have been organised in partnership with ALIMCO.</p>	
Sustainability	N/A	<p>Organising a health camp is an activity that is usually funded by a corporate in entirety, and thus sustainability cannot be assessed.</p>	

#### Concept and Design

The concept of the health camp was introduced by SJVN to expand healthcare services to rural communities. Before the health camps, community members used to visit the district hospital for which they often had to travel very far. There were no private doctors in the villages and beneficiaries were therefore restricted to PHCs where doctors were not always present or they had to wait long hours to meet the doctor. Health camps were conceptualised to provide the community with access to proper & qualified health care services inclusive of gynaecological check-ups for women, dental, ENT etc. The camp also included services which were not covered

by the Mobile Medical Unit and this complimented the same for specialised treatments. **Services provided at the health camps included diabetic check-up, BP check-up, orthopaedic, gynaecological issues, eye check-up, dental problems, paediatric issues and distribution of spectacles, among others.**

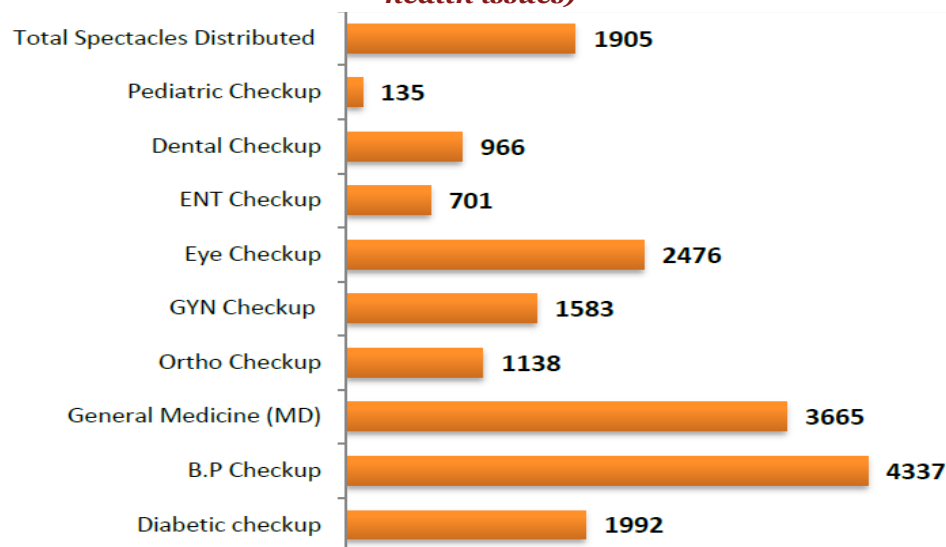
The health camps are organised in partnership with HelpAge. A total of 40 health camps were organised in FY 2015- 16 which involved a financial implication of Rs. 40 Lacs. Of the 40 health camps, 20 were general health camps with a budget of Rs 50,000 per camp and the rest were specialized health camps with a budget outlay of Rs. 1.5 Lakh per camp. A total of 10,650 patients were attended through the health camps in FY 2015-16. **The number of patients (10,650) who benefitted from the 40 health camps held in 2015-16 was 25.87 % higher than those who attended the same number of health camps in 2014-15.**

A detail of number of camps organised in FY 2015-16 across plant locations is presented below.

Projects	NJHPS	RHEP	LHEP	DSHEP	DHEP	NM&JS	KPP	BTPP	Total
General Health Camps	4	4	3	3	1	1	1	3	20
Specialized Health camps	4	4	3	4	1	1	1	2	20
Total SJVN Health Camps	Total Beneficiaries treated in Health Camps							Total	
	Male			Female					
40	4921			5729				10650	

A detail of number of patients attended at camps by nature of health issues is mentioned in **Figure 5-5** below.

**Figure 5-5: Number of patients attended in health camps (by type of health issues)**



## Key Findings

General and Specialized Health Camps			
Plant location	Key observations	Impact observed	Suggestions for way forward
Nathpa Jhakri Hydro Power Station	<ul style="list-style-type: none"> <li>At NJHPS, a total of 9 health camps were organised in the FY 2016-17 in partnership with HelpAge India with a total outlay of Rs. 13.35 lakhs. The key health services provided in the health camps included ophthalmology, gynae issues, dentistry, orthopedic and cardiac disorders.</li> <li>Health camps have complemented the health services provided through MMU and have received considerable support from the community.</li> </ul>	<ul style="list-style-type: none"> <li>It was noted that women have a lot of issues but do not avail healthcare services because of several social reasons. They also feel shy to discuss their problems with a doctor. The health camp has been instrumental in reaching out to such women and providing them healthcare services.</li> <li>One of the other key impact has been provision of spectacles to elderly population around the plant. There were many cases of weak eyesight noted during the camps organised and spectacles were provided free of cost to those in need.</li> </ul>	<ul style="list-style-type: none"> <li>There needs to be more community awareness and dissemination of information prior to organizing a health camp. In many cases it was noted that beneficiaries could not turn up to the camp because they did not know about the same.</li> <li>A tighter monitoring mechanism needs to be put in place, especially in cases where spectacles are provided to elderly. In a few cases it was noted that the spectacles did not help in correcting the eye sight.</li> </ul>
Rampur Hydro Electric Project	<ul style="list-style-type: none"> <li>There were 2-3 types of health camps conducted in the villages (a) general health camp (with gynecologists), (b) eye camp and (c) dental camps; usually held either in the PAVs or in the Sarpanch's own village. There were specialists engaged for the purposes (dentists, gynae specialists) to address the specific but common issues. However, knowledge dissemination about the camps and its intent was weak.</li> <li>The camp provided (a) diagnostic checks (BP, sugar, oral health), (b) primary medicine support, and referrals to larger facilities (wherever required), at free-of-cost to the general community, without any restrictions on access</li> </ul>	<ul style="list-style-type: none"> <li>The community appreciated the usefulness of the health camp, in terms of addressing their common but perennial ailments; and also receiving nutritional supplements.</li> <li>The community was in favour of continuing the practice as it was a health services rendered to them at their doorstep.</li> </ul>	<ul style="list-style-type: none"> <li>The location of the camp needs to be planned strategically on a 'hub &amp; spoke' model (the hub being at the centre), so as to enable maximum penetration and outreach.</li> <li>Once location is decided, there should a structured knowledge dissemination and IEC campaign to share information of the event to intended audiences in the 'spoke' villages.</li> <li>It would also be worth a consideration to engage a nutritionist to advise people on desirable diet plans.</li> <li>During the health camps, officials from the health department could be invited to set up an information kiosk to share</li> </ul>

### General and Specialized Health Camps

Plant location	Key observations	Impact observed	Suggestions for way forward
			details on health schemes / programmes of the government.
Luhri Hydro Electric Project	<ul style="list-style-type: none"> <li>• Elderly members of the community, especially those who were averse to getting check-ups, have benefitted from the camps.</li> <li>• Beneficiaries are happy that they do not have to incur any cost for check-ups/treatment. In general, the community members are satisfied with the work carried out so far and hope for it to continue in future as well.</li> </ul>	<ul style="list-style-type: none"> <li>• Beneficiaries have reported improved overall health status, which was substantiated by the reduced incidence of illness/diseases been reported.</li> <li>• Greater awareness about gynecological issues in women.</li> <li>• Improved overall awareness about the importance of frequent health check-ups and preventive healthcare.</li> <li>• Community members are more motivated to get routine check-ups due to reduced financial burden.</li> </ul>	<ul style="list-style-type: none"> <li>• It is recommended to organise more frequent camps for follow-ups.</li> <li>• During the health camps, provisions could also be made to share details on relevant health schemes and initiatives of the government (to generate more awareness).</li> <li>• .</li> </ul>
Dhauasidh Hydro Electric Project	<ul style="list-style-type: none"> <li>• Community members are satisfied with the work carried out so far and hope for it to continue in future as well.                             <ul style="list-style-type: none"> <li>○ Women are more aware about health and hygiene and frequently go for check-ups.</li> <li>○ Elderly members of the community, who found it hard to access health facilities have benefitted from the camps.</li> </ul> </li> <li>• Free medical treatment has benefitted the marginalised and vulnerable sections of the society.</li> </ul>	<ul style="list-style-type: none"> <li>• Overall health status of the community has reportedly improved, with beneficiaries confirming that the incidence of illness/diseases has reduced in the community.</li> <li>• Our interaction with sampled beneficiaries showed increase in overall awareness about the importance of frequent health check-ups and preventive healthcare.</li> <li>• Community members are satisfied with the services offered through the medical camps and hope that it will continue in future as well.</li> <li>• Elderly beneficiaries and women reported that it is much easier for them to access the health camp locally instead of travelling to</li> </ul>	<ul style="list-style-type: none"> <li>• Frequent health camps need to be organised.</li> <li>• During the health camps, provisions could also be made to share details on relevant health schemes and initiatives of the government (to generate more awareness and convergence).</li> </ul>

### General and Specialized Health Camps

Plant location	Key observations	Impact observed	Suggestions for way forward
		big hospitals for treatment which was very inconvenient and expensive.	
Devsari Hydro Electric Project	<ul style="list-style-type: none"> <li>• Help Age provides information about the health camp services through newspaper advertisements, television, loudspeaker announcements, pamphlets and banners displayed in the camp area. The place and location of the health camps are decided collectively by SJVN and the NGO partner depending on the space where community members can be mobilised and can access services and the camps are conducted accordingly.</li> <li>• Health camps have been conducted in Purna, Tharali and Mindhera with a footfall of approximately 375, 325 and 425 patients respectively.</li> <li>• The camps include services of specialist doctors like Ophthalmologist, Dentist, Gynecologist, ENT and general physician considering the varied health needs of the community. Eye camps have provided free spectacles and access to seek eye treatment in some cases.</li> <li>• During the camps, free Medical check-up, Hb and Blood Group screening of students were done and blood group cards issued to the students.</li> <li>• These camps made beneficiaries aware of different diseases and their treatment. Health camps are monitored by the plant teams and data of every beneficiary getting benefitted from the camp is recorded by the Help Age team.</li> </ul>	<ul style="list-style-type: none"> <li>• Camps in the schools have benefitted students.</li> <li>• Health camps have met the needs of the elderly as well the people with disabilities as distribution of the aids to support them in their ailments were done.</li> <li>• The community was in favour of continuing the practice as it was a health services rendered to them in the village/district.</li> </ul>	<ul style="list-style-type: none"> <li>• Health camps as per need of the community should be planned at regular intervals over the year in order to have a consistent and constant engagement with the community.</li> <li>• It is recommended to provide advanced support services to the beneficiaries who are facing issues with spectacles or any aid provided to them during the camps, as a follow up support.</li> </ul>
Naitwar Mori& JS Hydro Electric Project	<ul style="list-style-type: none"> <li>• General health camps were conducted in Gainchawan gaon, Natiwar and super specialty health camps in Paon Talla, Gainchawan gaon, Natiwar, Jakhol and Mori. The specialised health camps consisted of 5 doctors including general physician, gynecologist, dental, ENT and ophthalmologist.</li> </ul>	<ul style="list-style-type: none"> <li>• These health camps have imparted health education and have sensitized the community on preventive health.</li> <li>• Women groups who were part of the sessions were more aware about their reproductive health.</li> </ul>	<ul style="list-style-type: none"> <li>• Health camps as per need of the community should be planned at regular intervals over the year in order to have a consistent engagement with the community.</li> </ul>

### General and Specialized Health Camps

Plant location	Key observations	Impact observed	Suggestions for way forward
	<ul style="list-style-type: none"> <li>• People mostly were diagnosed with various common but seriously neglected problems such as diarrhoea, cold, acute flu and cataract. Few villagers were provided with free spectacles after eye check-up.</li> <li>• Patients were also referred to district hospitals in case they were diagnosed with serious health issues. Blood sugar test, Hb and ECG tests were also conducted at the health camp.</li> </ul>	<ul style="list-style-type: none"> <li>• Villagers were satisfied with their new spectacles as it has helped them to have clear vision. The cost involved in making spectacles was saved due to the free distribution from the camps.</li> </ul>	<ul style="list-style-type: none"> <li>• When the aids need repair, community doesn't have any provision within the village, hence such services should be made available so that overall usage is adequate.</li> </ul>
Buxar Thermal Power Project	<ul style="list-style-type: none"> <li>• The health camps were conducted at Sakraul, Banarpura, Chunni and Chausa. The majority of beneficiaries were from the old age group and didn't have access to basic health facilities. The camps were conducted within the government school campus or places which was easily accessible by the community. 32 specialist doctors participated in the general health camp conducted during the year.</li> <li>• There were 5 separate health camps conducted for school girls which consisted of distribution of sanitary napkins and awareness session on women's health and hygiene. In total there were 300 sanitary napkins distributed to the girl students in Middle School at Banarpur and Kasturba Gandhi Balika Vidyalaya, Banarpur. The camps had lady doctors who also counselled students on health and hygiene practices. Sessions on hand wash were also conducted during the health camp in the school.</li> <li>• It was noted that the girl students wanted such intervention to be continued on a quarterly or half yearly basis so as to get the maximum benefits from it. Also the demand for sanitary pads has significantly increased as per the discussion with teachers. It was observed that the female teachers were also involved in the health camps organised for adolescent girls and they assisted students</li> </ul>	<ul style="list-style-type: none"> <li>• Most of the beneficiaries interviewed has been benefited by eye camps and general health checkup in the camp. General health camps has helped them to save money and time spent on health issues</li> <li>• The female students reported that they had a sense of awareness on health and hygiene issues. They agreed that the health camps have improved their hygiene practices and knowledge about women's health has increased which they were earlier unaware of.</li> <li>• 1,788 beneficiaries got free spectacles in the eye camp which has supported in vision improvement.</li> <li>• 1,572 girl students got benefitted by the distribution of sanitary napkins, vitamin and iron tablets etc.</li> </ul>	<ul style="list-style-type: none"> <li>• Health camps as per need of the community should be planned at regular intervals over the year in order to have a consistent engagement with the community.</li> <li>• It is recommended to provide advanced support services to the beneficiaries who are facing issues with spectacles or any aid provided to them during the camps.</li> <li>• It is recommended to have quarterly camps in the schools especially for adolescent girls.</li> </ul>

### General and Specialized Health Camps

Plant location	Key observations	Impact observed	Suggestions for way forward
	<p>in maintaining hygienic habits. Health camps in school were carried out for students from class 10<sup>th</sup> and 12<sup>th</sup> above 14 years of age.</p>		
<p>Khirwire Wind Power Project</p>	<ul style="list-style-type: none"> <li>• There were 2 types of health camps conducted in KWPP (a) general health camp and (b) specialized health camps. Specialized health camps included a Gynecologist, an Ophthalmologist, an Orthopedic and a Pediatrician. Till date, all general and specialized camps were organized in Khirwire village as the footfalls at Khirwire village is highest and maximum people attend and get benefitted.</li> <li>• The camps also provided referrals to larger facilities (wherever required).</li> </ul>	<ul style="list-style-type: none"> <li>• During the impact assessment visit, interviews with several beneficiaries as well of with doctor and pharmacists were conducted. It was observed that the system of referral and follow ups is informal at present and needs to be strengthened.</li> </ul>	<p>It is recommended that during the health camps -</p> <ul style="list-style-type: none"> <li>• Community members should be made aware of the eligible government schemes &amp; entitlements and the benefits available to them from the same.</li> <li>• SJVN can explore a tie-up with any nearby hospital (government/private) in order to ensure that community members can be referred to these hospitals by the MMU in event of any major diseases. It is also recommended that SJVN initiates a formal follow-up mechanism with the hospital (post-referral) to ensure that the patient actually goes in for treatment after being referred. This will help in improving overall health and well-being of the community members along with ensuring long term sustainability of the project.</li> <li>• It is suggested to build a database of patient history for developing a medical record. This should help in conducting studies on ‘disease incidence and prevalence rate’ in the community and /or particular geography.</li> </ul>
<p>Arunachal Pradesh Hydro Electric Project</p>	<ul style="list-style-type: none"> <li>• The Doctor at the PHC in Chiputa village (Doimukh block) became aware of SJVN’s CSR focus, post the launch of the Women &amp; Child care scheme for BPL women. He then contacted SJVN with the idea of a health camp, which was received with positive attention.</li> </ul>	<ul style="list-style-type: none"> <li>• The camp was a huge success, with a high recall among the various stakeholders, including the SDM, the health department, PRI representatives and the community. More than 815 beneficiaries were attended</li> </ul>	<ul style="list-style-type: none"> <li>• To help track the impact, future health camps need to be better planned, in terms of logistics and record keeping (MIS). Support staffs and registration desks need to be managed efficiently to</li> </ul>

### General and Specialized Health Camps

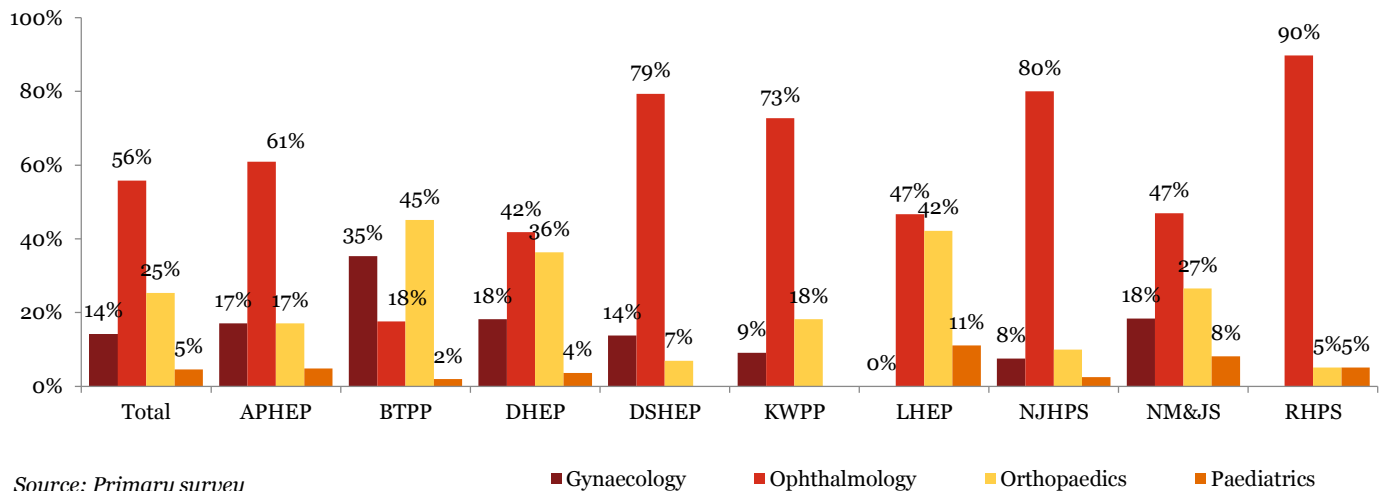
Plant location	Key observations	Impact observed	Suggestions for way forward
	<p>As a result, there was a comprehensive healthcare camp conducted at the Mani Senior Secondary School, which had facilities / provisions for :</p> <ul style="list-style-type: none"> <li>○ Diagnostic tests on BP, Diabetes, obesity (BMI assessments) were done.</li> <li>○ Primary treatment, including free medicines</li> <li>○ Referrals were provided (60 in nos.) in case of eye treatment (30-40) and also for conservative treatment of diabetes (about 20)</li> <li>○ Provision of medical aids including hearing devices, wheelchairs and walking sticks.</li> </ul> <ul style="list-style-type: none"> <li>● The specialisations covered included gynecology, ENT, dental care, general physician, pediatrics, among others. There was a team of 10 doctors.</li> <li>● Most of the beneficiaries were from Doimukh block of Naharlagun district.</li> </ul>	<p>to by the team of doctors, from villages within a 2-20 km radius.</p> <ul style="list-style-type: none"> <li>● There was a high impact and appreciation for the diagnostic, primary treatment and referral services.</li> <li>● However, on the flipside, since the demand was huge, many attendees could not be attended to within the camp hours.</li> <li>● In a few cases, allergic reactions were also noted to occur, for which, follow up support could not be availed.</li> </ul>	<p>record all beneficiary data, including demographic, medical history and contact details so that they may be tracked in future.</p> <ul style="list-style-type: none"> <li>● It is also worth a consideration to have the health camps at a smaller scale and in a wider spread out manner, in a hub (GP village) &amp; spoke basis, with each camp catering to populations of 4-5 villages. Such a decentralized model shall not only facilitate increased outreach, but also help in better patient attention &amp; management.</li> <li>● Future camps need to be held with structured IEC campaigns that disseminate information among project as well as non-project villages.</li> </ul>

## Quantifying the impact of Health Camps through primary research

- Of all the households interviewed, 76% respondents availed services at the health camps. When probed about the kind of health problems for which they visited health camps, it was noted that close to 56% had ophthalmology related issues, 25% faced orthopaedic health problems and another 14% had gynaecology related problems (**Figure 5-6**). These are such health issues for which MMU does not make any provisions, as MMU focuses only on primary healthcare. Services rendered under the health camps organised by SJVN are specialised in nature and complements the health benefits provided through the MMU.

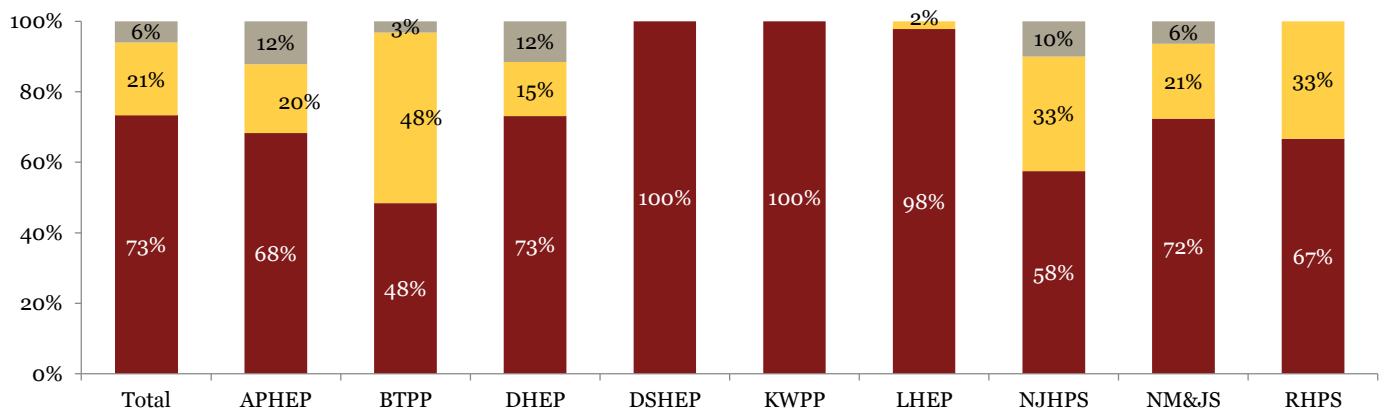
Analysis of information at the plant level suggests that Gynaecology related issues was the highest at BTTP (35%), followed by 18% females grappling with such health issues at DHEP and NM&JS (**Figure 5-6**). When such women were probed, they mentioned that health camps organised by SJVN has increased access to gender sensitive healthcare wherein they can openly discuss health issues and seek medication. Ophthalmology related issues were most prominent at RHPS where 90% of the households interviewed had a member who attended the health camps because of eye related issues. It was followed by 80% households in NJHPS, while the intensity was the least in BTTP (16%).

**Figure 5-6: Health issues covered during health camps organised by SJVN**



- To understand the perception of health camps among beneficiaries, the present study asked for how has the health camps have contributed in improving their health status. 73% of respondents mentioned that services provided to them at the health camps has helped to a great extent in improving their health status. Another 21% mentioned that while the services provided proved to be helpful initially, they had to refer a specialist later on (**Figure 5-7**). This possibly could be related to the fact that such health issues related to orthopaedics, gynaecology or ophthalmology require long term care and health camp is a one-off activity. Having said that, it must be noted that the health camps surely created awareness among the rural population to seek healthcare services for hitherto unattended health issues.

**Figure 5-7: Perception of beneficiaries for health services received at health camps**

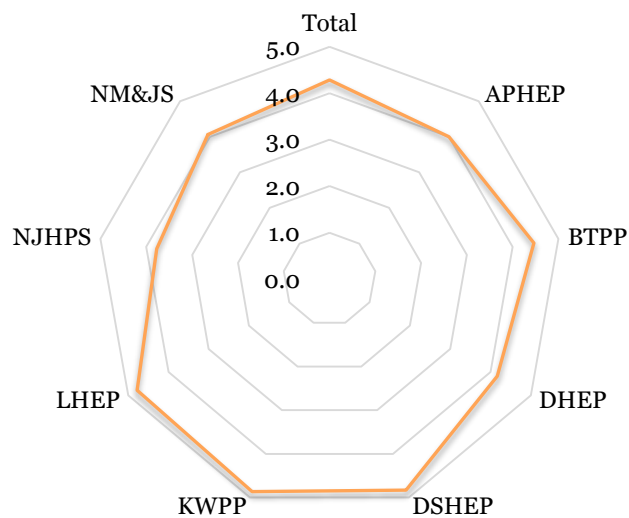


Source: Primary survey

■ Yes, it helped to a great extent ■ Yes, but I had to refer a specialist again ■ No, not helpful

- To further understand the impact, respondents were asked to rate services received through health camps on a scale of 1-5 (lowest to highest). The average rating was 4.3 which corresponds to a high level of satisfaction. Analysis at the plant location level suggested the highest rating of 4.9 at KWPP followed by 4.8 at DSHEP (Figure 5-8).

**Figure 5-8: Average ratings for services provided by SJVN health camps**



Source: Primary survey

### 5.1.3. Women and Child Development Scheme

Duration / Period		Implementation Partner	Provision
More than three years {earlier than FY 2014-15}		Direct (via Panchayati Raj Institutions)	<ul style="list-style-type: none"> <li>Monetary support (pre and post child birth) to females for healthy nutrition</li> </ul>
Parameter	Scale	Description	
Inclusiveness	High	<p>The financial support of Rs 10,000 is specifically targeted to provide support to pregnant women from BPL households, and is aimed to help them buy nutritional supplements during &amp; after pregnancy. The support is crucial from the viewpoint of improving the states of maternal and child health in the vicinity of SJVN plant locations. It is applicable to all pregnant women who are in the BPL category and there is no selection bias. Inclusiveness of the initiative is therefore 'high'.</p>	
Relevance	High	<p>The BPL households often tend to be landless, and have limited sources of revenue, which is often significantly lesser than those having even small landholdings. Financial assistance of this quantum is a significant amount and help them manage their households. The support is very relevant in the geographical and socio-economic context of plant locations where access to health services is limited and financial constraints of households limit them to seek proper maternal care. In such scenarios, the support provides the necessary impetus (&amp; incentivise) to seek necessary nutrition during and after pregnancy.</p>	
Effectiveness	Medium	<p>The purpose of the financial support (for buying nutritional supplements) is explained to the expectant mother before handing over the first instalment. But in many cases it has been observed that money provided is diverted for meeting household expenditure and not for the intended purpose. While the support has proved crucial to improve the maternal and child health across all plant locations, there is a scope for improvement in utilisation of funds.</p>	
Convergence	Medium	<p>There is limited convergence of this standalone initiative with the Health Department OR with the Department of Women &amp; Child Development (in oversight of ICDS implementation), other than the linkage with the Panchayat for identifying eligible households from the BPL lists. While the scheme does involve village level government bodies for identification of beneficiaries and disbursement of funds, there is a scope for alignment with Government schemes to augment existing support.</p>	
Sustainability	Low	<p>The project is dependent on donor funding entirely and sustainability is a challenge if the financial assistance is withdrawn by SJVN foundation.</p>	

#### Concept and Design

SJVN is providing financial support of INR 10,000 to pregnant women from households in the Below Poverty Line category. The money is provided in two instalments, before and after pregnancy to ensure pre and post-natal care. The aim of this initiative is to help them financially to purchase the requisite nutritional supplements to aid during pregnancy. Apart from the money, a gift kit is also offered to the beneficiaries.

### Key features of the scheme

- To extend financial assistance of Rs 5,000/- each during ante natal and post-natal period for proper nourishment to each mother under BPL category (Rs 10,000/- in total).
- To provide free consultation to each BPL woman in either PHC, Sub centre, Panchayat Bhawan or at suitable place in respective village during ante-natal and post-natal period. The consultation is organized in coordination with doctors and medical staff of SJVN or any govt. hospital. The honorarium of resource person is borne by SJVN. During both the consultations gift pack worth Rs. 1,000/- comprising of nutritional food, soaps, and other hygienic items etc. is given to the beneficiary. During the consultations expecting mothers are educated about importance of nutritional diet and proper immunization of the child.

### Procedure for disbursement

- Necessary database of eligible mothers is obtained from PHC/Panchayat or directly from the individual concerned. The application is then submitted by eligible mother in the prescribed format.
- First instalment of Rs. 5,000/- along with gift pack is released on or after the 6<sup>th</sup> month of pregnancy during first consultation. Second instalment of Rs. 5,000/- along with gift pack is released after within three months of delivery.

***In 2015-16, all of the 39 women who applied under the scheme were extended benefits under the scheme.***



## Key Findings

Women and Child Scheme of SJVN			
Plant location	Key observations	Impact observed	Suggestions for way forward
Nathpa Jhakri Hydro Power Station	<ul style="list-style-type: none"> <li>The scheme reached out to a total beneficiaries in the FY 2016-17 wherein cheques were given to the expecting mother/a designated representative, in case she could not travel to the plant location at Jhakri.</li> <li>The scheme is run in partnership with village level institutions who are involved in the entire value chain of the scheme from identification of beneficiaries to disbursal of funds.</li> <li>The scheme is only for BPL families at present, but it does not cover for any expense incurred during child birth (if in a private hospital).</li> </ul>	<ul style="list-style-type: none"> <li>It has led to increased awareness about maternal and child health issues w.r.t. nutrition aspects. It could be understood that beneficiaries are more aware of the impact of a healthy nutrition on the overall health of both mother and child.</li> <li>Institutional deliveries have increased as a result of provisions made under the scheme (which makes it mandatory to present birth certificate for disbursal of second instalment), due to the incentive thus created.</li> </ul>	<ul style="list-style-type: none"> <li>At present, the scheme is run by SJVN on their own and it supplements any other monetary support received by the Government (like Janani Suraksha Yojana / JSY). In the long run, the scheme could be converged with JSY (or with ICDS) to ensure sustained benefits.</li> <li>It is advisable to build in tighter monitoring mechanisms to ensure intended utilization of funds. The same could be achieved by roping in front line health workers like Aanganwadi/Aasha workers.</li> </ul>
Rampur Hydro Electric Project	<ul style="list-style-type: none"> <li>The initiative was developed to provide 'cash for nutrition' support to the pregnant women, belonging to BPL sections of the population. Each of the women were provided a cash support of Rs 5,000 for pre-natal and again for post-natal care, along with a box of dry fruits.</li> <li>The women did not understand the intent of the grant being provided as meant for meeting the nutritional needs of expecting/lactating mothers and used it for consumptive / household purposes.</li> </ul>	<ul style="list-style-type: none"> <li>Even though the women beneficiaries acknowledged the support extended, there is scope for improvement in terms of them being more aware of nutritional requirements, either before or after pregnancy; as this grant was perceived more like a generic financial assistance, owing to their economic status.</li> </ul>	<ul style="list-style-type: none"> <li>If the initiative is to be continued, the event (camp) for providing the support could also consider the involvement of a gynecologist / nutritionist, who could do a health check on the pregnant lady, and advise accordingly on the diet plan, restrictions and alike.</li> <li>The initiative could have a follow up phase, in convergence with the ICDS (Aanganwadi) where the AW worker monitors the health of the mother &amp; child and provides advise/support on a continued basis.</li> </ul>
Luhri Hydro Electric Project	<ul style="list-style-type: none"> <li>Only one beneficiary was identified who received money under the scheme.</li> </ul>	<ul style="list-style-type: none"> <li>The beneficiary stated that money had been used for purposes other than her/her baby's health.</li> </ul>	<ul style="list-style-type: none"> <li>SJVN could organize a follow up session in collaboration with the local community to ensure that the money has been put to correct use.</li> </ul>

### Women and Child Scheme of SJVN

Plant location	Key observations	Impact observed	Suggestions for way forward
Dhaulasidh Hydro Electric Project	<ul style="list-style-type: none"> <li>• No beneficiary identified under the scheme</li> </ul>	<ul style="list-style-type: none"> <li>• Not applicable</li> </ul>	<ul style="list-style-type: none"> <li>• Not applicable</li> </ul>
Devsari Hydro Electric Project	<ul style="list-style-type: none"> <li>• It was observed that the mother and child both were benefited by the scheme in 2016 -2017. 36 women were benefited by the scheme in Tharali, Purna and other villages. It was also informed that the mothers were getting packet of dry fruits and other nutritious items as gift along with the money. INR 5000 was received by mothers post 6 months of pregnancy and INR 5000 was received after three months of delivery, in form of account payee cheques. However, the second instalment of INR 5000 was received by only few beneficiaries due to lack of information on the timelines and processes to apply for the same.</li> <li>• Since the villages were located in the remote hilly areas where vehicles were not able to ply, delivery cases were mostly handled by (midwife) in the village.</li> <li>• Most of the beneficiaries agreed that the money given to them was utilized for the benefit of mother and child and also for other household expenses.</li> </ul>	<ul style="list-style-type: none"> <li>• Beneficiaries were satisfied with the benefits availed from the scheme. The scheme has provided them with nutritional food and balanced diet during the pre and post pregnancy period.</li> </ul>	<ul style="list-style-type: none"> <li>• It was observed across the villages that many of the families were not aware of the second instalment to be received post submission of required application and birth certificate of the child. Many cases were rejected due to delayed submission of application. To address this lacunae, it is suggested to have a monitoring mechanism in place with support from Gram Panchayat/ Aanganwadi workers to ensure that the eligible women after delivery fill up application processes on time for availing the rest of the benefit as well.</li> </ul>
Naitwar Mori& JS Hydro Electric Project	<ul style="list-style-type: none"> <li>• Women under the scheme were getting financial benefit of Rs. 10,000/- in two instalments of Rs. 5,000 each during ante natal and post-natal period. Besides the direct financial benefits given out, a gift pack worth Rs 1,000/- consisting of nutritional food items, soaps and other hygiene related items needed for the care of the new born were also given to BPL women's of the intervention villages.</li> <li>• The application submission post-delivery was a challenge to some families could not avail the</li> </ul>	<ul style="list-style-type: none"> <li>• Women were happy with the kind of support given to them by SJVN.</li> <li>• In many cases beneficiaries didn't get the second instalment as they didn't apply for the same. Hence, impact for such families remain to be incomplete.</li> </ul>	<ul style="list-style-type: none"> <li>• It is recommended to a have a monitoring mechanism in place with support from Gram Panchayat/ Aanganwadi workers to ensure that the eligible women after delivery fill up application processes on time for availing the rest of the benefit as well.</li> </ul>

**Women and Child Scheme of SJVN**

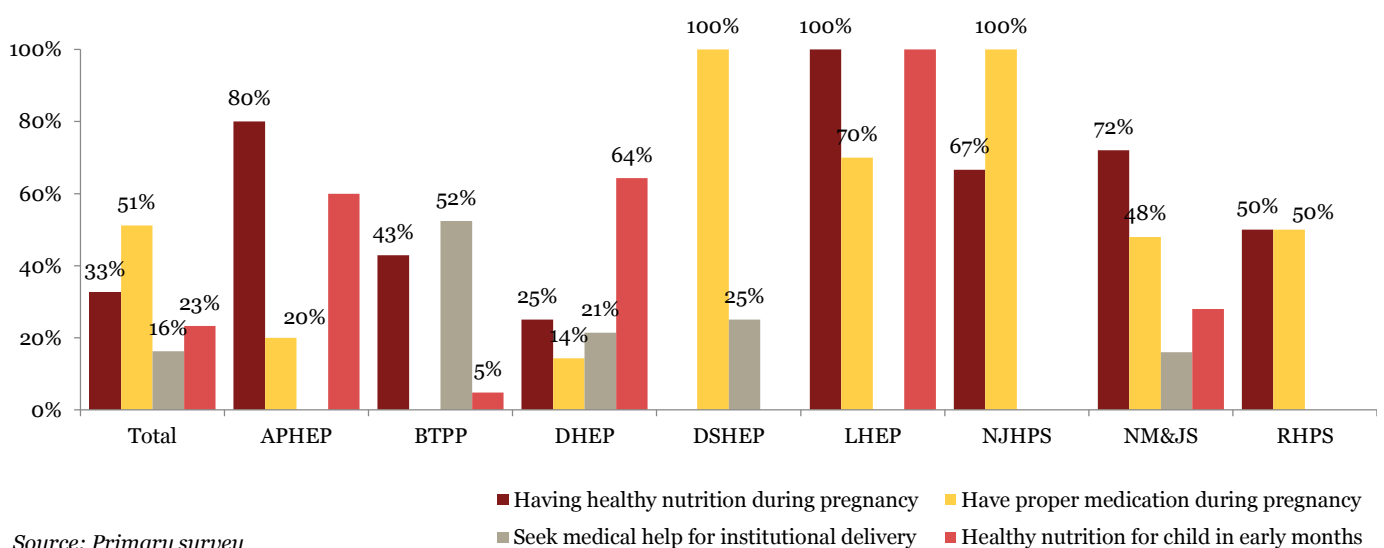
<b>Plant location</b>	<b>Key observations</b>	<b>Impact observed</b>	<b>Suggestions for way forward</b>
	second instalment due to delayed document submission. As per SJVN processes and guidelines on the scheme, such cases were rejected.		
Buxar Thermal Power Project	<ul style="list-style-type: none"> <li>• The scheme is currently non-operational at the plant site.</li> </ul>	<ul style="list-style-type: none"> <li>• Not applicable</li> </ul>	<ul style="list-style-type: none"> <li>• Not applicable</li> </ul>
Khirwire Wind Power Project	<ul style="list-style-type: none"> <li>• The scheme is currently non-operational at the plant site.</li> </ul>	<ul style="list-style-type: none"> <li>• Not applicable</li> </ul>	<ul style="list-style-type: none"> <li>• Not applicable</li> </ul>
Arunachal Pradesh Hydro Electric Project	<ul style="list-style-type: none"> <li>• The initiative was developed to provide ‘cash for nutrition’ support to the pregnant women belonging to BPL sections of the population. Each of the women were provided a cash support of Rs 5,000 each for pre-natal and post-natal care, along with a gift package for baby care items.</li> <li>• The initiative was well supported by the local health functionaries, including the PHC at Chiputa and ASHA workers in the villages.</li> <li>• A half-day counselling session was also held wherein women were provided with the opportunity to seek any pregnancy-related clarifications.</li> </ul>	<ul style="list-style-type: none"> <li>• The women beneficiaries were well aware of the purpose for which the grant assistance was provided. They also acknowledged the ‘in-kind’ support of (a) Horlicks &amp; iron-calcium supplements prior to delivery and (b) mother Horlicks &amp; baby care items that was provided for providing hygienic care to the infants.</li> </ul>	<ul style="list-style-type: none"> <li>• Involvement of a nutritionist to advise the expectant / new mothers on nutrition care and diet planning could be included.</li> </ul>

## Quantifying the impact of Women and Child scheme through primary research

- Of all the households interviewed, 28% of them had a female member who had benefitted from the scheme run by SJVN. All beneficiaries of the scheme were asked for their opinion about perceived benefits from the support rendered by SJVN. 51% of beneficiaries responded that they could avail necessary medication during pregnancy as a result of the financial support they received as a part of the initiative. They opined that earlier they had to rely on local home-made remedies for any complications during pregnancy, but now as a result of the financial assistance from SJVN, they could reach out and seek proper medical attention, which has led to a reduction in complications during pregnancy and ensure the safety and proper health of mother and child.
- Near about 33% beneficiaries mention that the support has helped them to get necessary nutrition like dry fruits, green vegetables, fruits, etc. which are a source of essential vitamins needed during pregnancy. In general, these poor households (BPL families) could not afford such nutrition and the pregnant women were fed normal diet, which sometimes led to anaemia among women. But, as a result of support provided, they could now avail better nutrition.
- 16% of the beneficiaries also responded that one of the key impact of the support has been an increased emphasis on institutional delivery, which, in itself is an indicator for better maternal and child health. The primary reason for the same is that the second instalment under the scheme is released only if the beneficiary produces a certificate for institutional delivery. If the delivery is made at home by an untrained *day*, the same is not applicable for disbursement of funds under the scheme.
- Care for new born child during the initial months is a crucial factor to avert any post-natal fatalities. Regarding the same, close to 23% beneficiary mothers mentioned that financial support provided by SJVN helped in availing post-natal care services for new born childlike nutritious food and health check-ups.

A description of the above mentioned statistics across plant locations is depicted in **Figure 5-9** below.

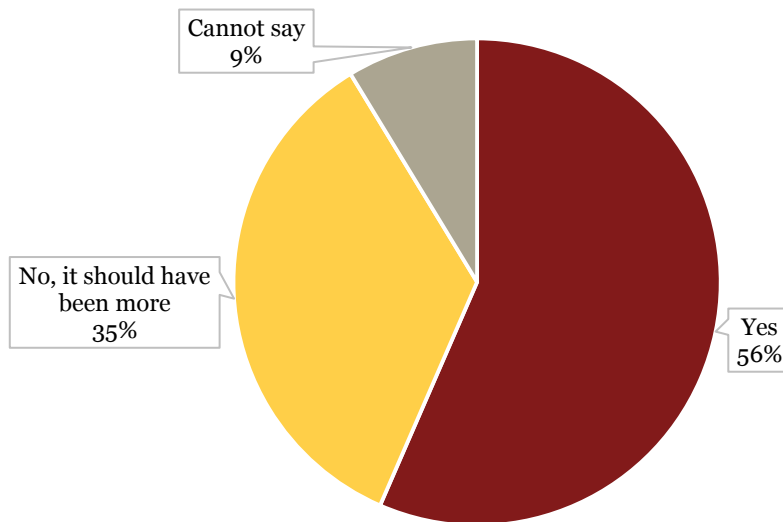
**Figure 5-9: Perceived benefits of women and child scheme by SJVN**



- Beneficiaries were also asked for their opinion on sufficiency of the financial assistance provided by SJVN. Close to 57% beneficiaries mentioned that the financial assistance provided was good enough to

take proper care of mother and child both. Around 35% beneficiaries also mentioned that the support could have been more in monetary terms (**Figure 5-10**).

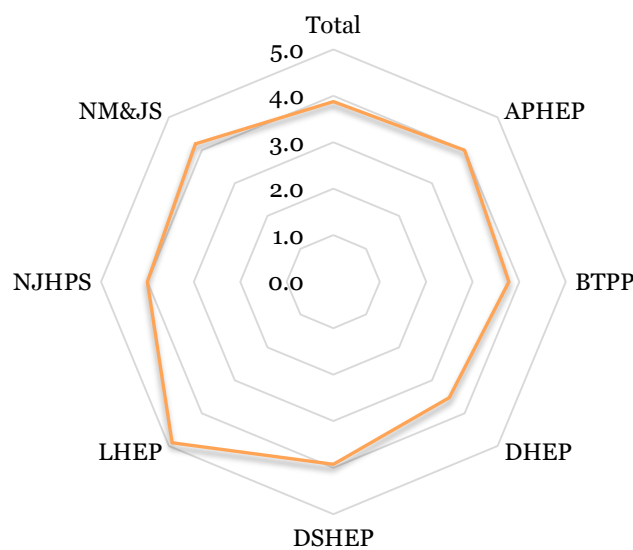
**Figure 5-10: Perception of beneficiaries on sufficiency of financial support by SJVN**



Source: Primary Survey

- To further understand the impact, respondents were asked to rate services received through health camps on a scale of 1-5 (lowest to highest). The average rating was 4.3 which corresponds to above average level of satisfaction. Analysis at the plant location level suggested the highest rating of 4.9 at LHEP and a low of 3.5 at DHEP (**Figure 5-11**).

**Figure 5-11: Average ratings for financial assistance provided through women and child scheme of SJVN**



Source: Primary survey

### 5.1.4. Welfare for persons with disability

Duration / Period		Implementation Partner	Provision
Three years {earlier than FY 2014-15}		Koshish-Ek-Asha, ALIMCO and SJVN Limited	<ul style="list-style-type: none"> <li>Distribution of prosthetic limbs and other assistive devices to disabled population</li> </ul>
Parameter	Scale	Description	
Inclusiveness	High	<p>The initiative is unique in nature as it reaches out to one of most vulnerable communities in the society. The support is provided to everyone irrespective of social status or gender differentiation. It has been a great help to the disabled and has helped them streamline with society.</p>	
Relevance	High	<p>One of the challenges faced by the specially-abled is the low level of confidence and self esteem in them. The intervention is aimed at coping with these issues, and teaching them life skills. Such support provided by SJVN was deemed necessary and relevant.</p> <p>The disabled population were financially incapable to procure assistive devices. With support from SJVN foundation the community members were provided with mobility aids, such as wheelchairs, walkers, canes, crutches, prosthetic devices, and orthopaedic devices, to enhance their mobility.</p>	
Effectiveness	High	<p>Provision of assistive aids to person living with disability has proved to be very effective in improving their status of life. They are now more confident and their self-esteem is high. The supportive devices have been distributed in collaboration with ALIMCO and have proved to be effective in alleviating the disability.</p>	
Convergence	Medium	<p>This is a Civil Society-Corporate partnership, being planned in close concert with the community (including the community representatives).</p>	
Sustainability	N/A	<p>Providing support in the form of supportive 'mobility devices' to disabled population is a one-off but valuable support, and thus Sustainability of the initiative is not being assessed and remarked upon.</p>	

#### Concept and Design

In order to empower the Persons with Disabilities (PWDs), SJVN conducted camps for distribution of artificial limbs, aids & assistive devices such as Tricycle, wheel chairs, BTE hearing aids, Crutch, Axilla adjustable smart cane, MSIED kit, Braille kit, tablet, Daisy player, motorized tricycle, joystick wheel chair, artificial limbs and callipers etc. through ALIMCO (a Mini Ratna Category-II), a Schedule "C" Central Public Sector Enterprise.



The cost of one camp varies between Rs 25-30 Lakhs depending upon the no. of beneficiaries (250-300) which includes organizing one camp for preliminary assessment of PwDs to arrive at the number and type of aids & assistive devices required to be distributed (assessment camp) and then followed by distribution of these aids & assistive devices (distribution camp) to the already assessed PwDs during the assessment camp.

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### **Funding support for construction of Integrated Muscular Dystrophy centre at Solan**

SJVN Foundation is funding Indian Association of Muscular Dystrophy (IAMD) for construction of **Manav Mandir** – an Integrated Muscular Dystrophy Centre at Solan. SJVN has contributed Rs 3 crores over a period of 3 years (2013-2015) for the construction of Manav Mandir. In addition to the initial support, SJVN also provided a financial support of Rs 55.38 lakhs for construction of another floor in the building as per plan submitted by IAMD. The financial assistance was aimed to achieve the objective of providing complete care management, rehabilitation, orientation, rejuvenation, and research in muscular dystrophy.

The centre is still under construction and is aimed to be complete in another 1.5 years. Out of the total amount donated by SJVN, 80% funds have been utilized by June 2017. It is assumed that once the centre is functional, this will be one of its kind research and treatment centre for muscular dystrophy and the impact on lives of beneficiaries will be significant. At present, because the centre is still under construction, any impact could not be quantified.

### **Funding support for construction of school for differently abled children at Dhalli, Shimla**

As a part of the CSR initiative, SJVN Limited has provided financial support for construction of ‘School/Home for Speech, Hearing and visually impaired’. The financial support is for the tune of Rs 8,27,99,359/-. The project is executed through HP Public Works Department.

At present, the school has 135 children, out of which 101 are hearing impaired and the rest 34 are blind. The funds provided by SJVN is utilised for construction of a hostel within the premises of the school. The current hostel is more than 70 years old and is in a dilapidated condition. The support by SJVN will prove to be crucial in improving the infrastructure of the school and also ensure safety for children. The new construction will also help expand the capacity of existing hostel from 35 to 50 beds which shall ensure that benefits could be provided to a larger population in the long run. The hostel will also have classrooms, auditorium, library, music room and laboratory and will augment existing infrastructure at the school.

The hostel is under construction and thus any impact could not be quantified at this point in time. However, the infrastructural support will definitely help in accommodating more children in the long run. The construction of library and other facilities in the hostel will help improve learning outcomes for children.

## Key Findings

Welfare for persons with disability			
Plant location	Key observations	Impact observed	Suggestions for way forward
Nathpa Jhakri Hydro Power Station	<ul style="list-style-type: none"> <li>The support for disabled population started in the year 2016. Earlier the support was provided at the district hospital level, wherein assistive devices were distributed to those in need. In the year 2017, the NJHPS plant decided to hold a camp in collaboration with ALIMCO to distribute assistive devices to the disabled population in and around the plant. Community awareness programs were conducted prior to organizing the camp which resulted in a significant turnover.</li> <li>A Rampur based NGO, Koshish ek Asha was also involved in the camp wherein a kit was provided to 25 disabled children.</li> <li>A total of 135 people benefitted from the camp and received assistive devices.</li> </ul>	<ul style="list-style-type: none"> <li>Beneficiaries of the support provided by SJVN generally come from below poverty line families. Financial constraints combined with physical disability makes this group of people vulnerable. The support provided by SJVN has proved to be very useful in mainstreaming them with the society.</li> <li>It has helped them lead a happier life with more confidence and increased self-esteem.</li> <li>It has also in some cases helped the disabled population to restart earning for their families.</li> </ul>	<ul style="list-style-type: none"> <li>Distribution of assistive devices is a one off activity and is constrained with number of disabled in a particular location. SJVN could combine other initiatives like skill development and providing opportunities for self-employment to the disabled population for long term sustenance.</li> <li>The scheme/program could be linked to either any Government initiative or an external funder could be roped in for long term impact.</li> </ul>
Rampur Hydro Electric Project	<ul style="list-style-type: none"> <li>Parents of children who benefitted from the support appreciated the efforts being put in by the NGO - Koshish ek Asha, with the support of SJVN.</li> <li>The children were being assisted in learning and vocational skilling and were also being provided life skills support.</li> </ul>	<ul style="list-style-type: none"> <li>Enhancement of learning skills of children and development of entrepreneurial skills as a result of vocational training. It has helped to grow their more confidence and increase their self-esteem.</li> </ul>	<ul style="list-style-type: none"> <li>Convergence with statal schemes on support for disabled people needs to be explored and co-funding explored.</li> </ul>
Luhri Hydro Electric Project	<ul style="list-style-type: none"> <li>No beneficiaries identified for the scheme</li> </ul>	<ul style="list-style-type: none"> <li>Not applicable</li> </ul>	<ul style="list-style-type: none"> <li>Not applicable</li> </ul>
Dhaulasidh Hydro Electric Project	<ul style="list-style-type: none"> <li>No beneficiaries identified for the scheme</li> </ul>	<ul style="list-style-type: none"> <li>Not applicable</li> </ul>	<ul style="list-style-type: none"> <li>Not applicable</li> </ul>
Devsari Hydro Electric Project	<ul style="list-style-type: none"> <li>Camp for person with disability has been conducted in Tharali where distribution of hearing aids, wheel chairs, crutches, walking stick, braille cane, Multi Sensory</li> </ul>	<ul style="list-style-type: none"> <li>People with disability have been benefitted from the camp. They are now able to move around with the aids provided without having to spend money to buy them.</li> </ul>	<ul style="list-style-type: none"> <li>Advanced support for repair and maintenance services of the distributed aids should be also</li> </ul>

### Welfare for persons with disability

Plant location	Key observations	Impact observed	Suggestions for way forward
	<p>Inclusive Educational (MSIED kit, and smart cane was done.</p> <ul style="list-style-type: none"> <li>It was observed that the villagers were satisfied with these camps and demanded continuation of such activities in the long run. People with disability were able to participate in day to day work with their new mobility aid.</li> </ul>		<p>provided for the community living with disability.</p>
Naitwar Mori& JS Hydro Electric Project	<ul style="list-style-type: none"> <li>In Jakhol, wheelchairs were distributed to one school going child and 2 old aged people who were benefitted from the support. Earlier the child couldn't go to school but after the support provide by SJVN he could move around in the village and go to school.</li> <li>Villagers who were physically challenged needed support for mobility in the village which has difficult and up-hill roads. The distribution supported these poor families to who cannot afford to buy such aids. These have helped them to travel small distances to earn livelihood. They visit their farms and help family members in the farming activities which was earlier very difficult in absence of mobility aids.</li> <li>It was also observed that the Tricycles have become dysfunctional due to lack of maintenance and the beneficiaries are not able to purchase/repair them.</li> </ul>	<ul style="list-style-type: none"> <li>Mobility aids and assistive devices have improved the living standards of the poor people and have also boosted their confidence. Disabled people had to walk for 2-3 km daily for household work. They faced body ache due to physical activity in absence of limbs. Automatic tricycle has helped them move around easily. However, in some cases the devices are not functioning properly due to obsolete battery. There were few cases where people have stopped using the tricycle due to technical issues along with repair and maintenance cost associated with it.</li> </ul>	<ul style="list-style-type: none"> <li>It is recommended to provide maintenance and repair services of the supportive devices half yearly or annually so as to see the consistent usage leading to long term impact of the project.</li> </ul>
Buxar Thermal Power Project	<ul style="list-style-type: none"> <li>More than 266 beneficiaries have been benefitted with 484 disability aids distributed during the camp. It was observed that the beneficiaries were satisfied with the kind of support provided to them in terms of wheel chair distribution, tricycle distribution, and distribution of hearing aids and providing artificial limbs.</li> <li>It was also observed that the registrations were done before the camp was organized and the aids were given to only those beneficiaries who got registered by duly filling and submitting the registration form.</li> </ul>	<ul style="list-style-type: none"> <li>It was observed that the aids provided to them has indirectly helped them in generating livelihood. One of the beneficiaries has started his own shop which was not the case earlier. Now he earns Rs 2000 per month by running the shop.</li> <li>People with disability had to walk for 2-3 km daily for household work. They faced body ache due to physical activity in absence of limbs. Tricycle has helped them move</li> </ul>	<ul style="list-style-type: none"> <li>It is recommended to provide maintenance and repair of services of the assistive devices half yearly or annually so as to see the consistent usage leading to long term impact of the project.</li> </ul>

**Welfare for persons with disability**

Plant location	Key observations	Impact observed	Suggestions for way forward
		around easily and also improved their confidence. • There were few cases where people have stopped using the tricycle due to technical issues along with repair and maintenance cost associated with it.	
Khirwire Wind Power Project	• No beneficiaries identified for the scheme	• Not applicable	• Not applicable
Arunachal Pradesh Hydro Electric Project	• No beneficiaries identified for the scheme	• Not applicable	• Not applicable

### 5.1.5. Infra and community development projects

Duration / Period		Implementation Partner	Provision
More than three years {earlier than FY 2014-15}		Panchayati Raj Institutions, Education Department, SJVN Limited	<ul style="list-style-type: none"> <li>• Construction of community assets in project area villages</li> <li>• Community assets and other works in Shimla Municipal Area</li> </ul>
Parameter	Scale	Description	
Inclusiveness	High	<p><i>Construction of community assets is done in partnership with local bodies like Gram Panchayats, which send the requisition to SJVN, which is then verified by its team of civil engineers.</i></p> <p><i>A number of projects have been done, such as construction of CC roads (for improved accessibility of villages), repair of community infrastructure (like Panchayat Bhawan, Mahila Mandal) or provision of furniture, which are of use to the community at large, and across all sections of the population.</i></p>	
Relevance	High	<p><i>Few of the initiatives are appreciated by the community for their utilitarian value and have helped the community become more networked and communicable. The support is also being provided at the community's demand and meets their expectations of support. The model is fluidic and need based in nature and kind of infrastructure built varies in each village depending on the requisition sent by Gram Panchayat and need of the community. E.g. infrastructural support like pucca (CC) roads have made connectivity a lot easier for community members.</i></p>	
Effectiveness	High	<p><i>The community is optimally &amp; routinely using the facilities created as a result of the intervention and have expressed satisfaction on the quality and timeliness of the support thus provided.</i></p>	
Convergence	Medium	<p><i>There is a close connect with the PRI and local institutions, but limited engagement with the line departments such as NABARD, etc. or with the existing schemes.</i></p>	
Sustainability	High	<p><i>The infrastructure, once created, is maintained by the community themselves as they realise and appreciate the value of the common, community assets been created. O&amp;M of community infrastructure is taken care of by the respective Gram Panchayats, which enhances sustainability in the long run.</i></p>	

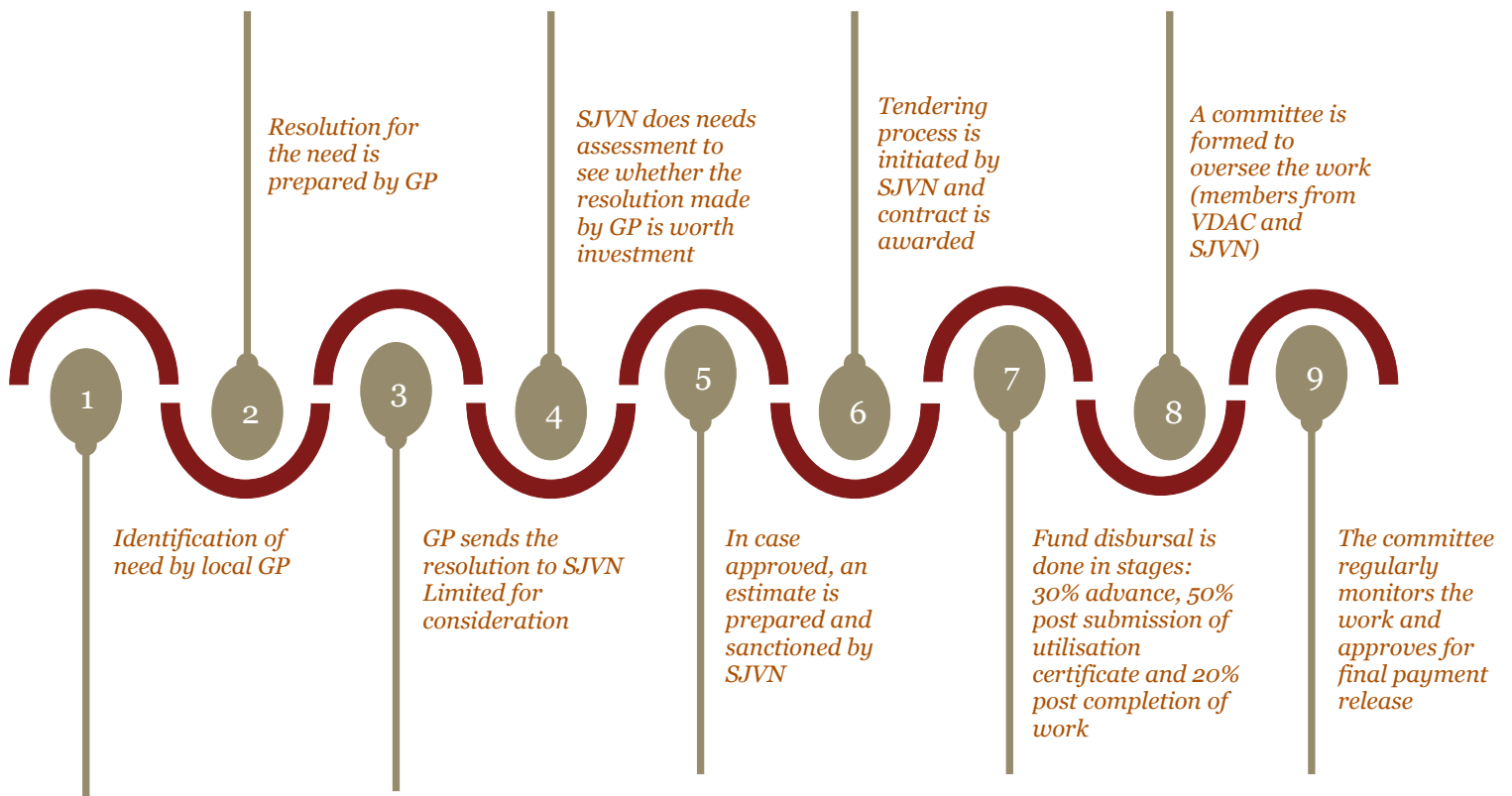
#### Concept and Design

Infrastructural and community development is an important CSR vertical for SJVN. The concept behind construction of community assets is that by augmenting infrastructure facilities, the quality of life of the community could be improved for a longer period of time. SJVN's infra development activities under CSR ranges from construction of Panchayat Ghar, mahila mandal buildings, school buildings, hospitals, bus stand, cremation grounds and others. The infrastructural development is carried out either departmentally or through the VDAC, wherein people's participation and representation is adequately ensured.

These development projects are targeted at creating necessary infrastructure for improving the quality of life for rural communities. A key consideration that facilitates the development of such infrastructure is by assessing the needs of the community through a participatory approach. To gauge the community's needs, meetings are conducted with the elected Gram Panchayat that also form the basis of constituting village level bodies known as 'Village Development Area Committee' (VDAC). A typical VDAC consists of the village Pradhan, a ward member, one female ward member and senior officials from the project. By involving the local community in the decision making processes, a 'sense of ownership' is instilled among them.

The process of infra development work is consultative in nature and follows the process as mentioned below in **Figure 5-12**.

**Figure 5-12: Process of identification and implementation of infrastructure projects by SJVN**



SJVN spent a total of Rs 619 lakhs in the FY-2015-16 on creating infrastructure in villages surrounding their projects. At the plant level, the investment was the highest at NJHPS (175 lakhs) and followed by RHPS (125 lakhs). No investment was made at the plant locations of KWPP and APHEP in the FY 2015-16. A detail of investments in creating rural infrastructure for community across SJVN plant locations is presented in **Table 5-6** below.

**Table 5-6: CSR investments (in Rs lakhs) made by SJVN Limited in FY 2015-16 for infrastructure development across plant locations**

Activities	NJHPS	RHEP	LHEP	DSHEP	DHEP	NM&JS	KWPP	APHEP	BTPP	CC	Total
Construction of community assets in project area villages	150	100	30	30	30	30	--	--	30	--	400
Strengthening infra facility for public in civil hospital, Sunni	--	--	44	--	--	--	--	--	--	--	44
Strengthening infra facility for underprivileged children institutions like Renovation of Kasturba Gandhi Rashtriya Samarak Trust Nidhi, Durgapur (Balika Ashram) etc.	--	--	25	--	--	--	--	--	--	--	25
Infra works in Shimla MC area- Development of Rani Park at Kasumpati, construction/ renovation of rain shelters, Construction of road and infrastructural facilities for locals near new SJVN complex in Village Malyana, Shimla	--	--	--	--	--	--	--	--	--	100	100
Implementing Model Village Scheme in project area villages Jhakri and Bayal	25	25	--	--	--	--	--	--	--	--	50
<b>Total</b>	<b>175</b>	<b>125</b>	<b>99</b>	<b>30</b>	<b>30</b>	<b>30</b>	<b>--</b>	<b>--</b>	<b>30</b>	<b>100</b>	<b>619</b>

Source: SJVN documentation



Construction of school building by NJHPS



Construction of Mahila Mandal Bhawan, Kotla



Construction of school building, ground and fencing



Development of Rani Ground in MC Shimla



Development of Children Park in MC Shimla



Installation of high mass light in MC Shimla

## Key Findings

Infra and community development works by SJVN Limited			
Plant location	Key observations	Impact observed	Suggestions for way forward
Nathpa Jhakri Hydro Power Station	<ul style="list-style-type: none"> <li>NJHPS receives requisitions from all 12 GPs for infra and community development works. Key activities conducted in and around the plant location in the FY 2015-16 included construction of community centre, renovation/construction of panchayat bhawan(s) and mahila mandal office(s), construction and fencing of school playgrounds, construction of crematorium, provide furniture to tribal hostels, construction of link roads, etc.</li> <li>Construction of any infra asset is done in partnership with local authorities and community members, and is done based on needs identified for a particular region, thus removing possibility of duplicity by Government initiatives and redundancy in the long run.</li> <li>SJVN limited has a flexible model wherein they are open to investments and co-funding from other interested donors.</li> </ul>	<ul style="list-style-type: none"> <li>Assets constructed by NJHPS has high utility value among the community members. In Jhakri, the company has built classrooms and playground at the upper primary school which was destroyed in 2012. The school resumed services post support received from SJVN Limited.</li> <li>NJHPS also constructed a veterinary hospital in Aura village with an investment of Rs 20 lakhs. The village has significant cattle population but there was no veterinary hospital in the vicinity if the village. The support by SJVN limited has helped reduce mortality of animals to a great extent.</li> <li>Construction of other assets like link roads, fencing of schools, renovation of panchayat bhawan/mahila mandal has been appreciated by the community members and they willingly take care of the O&amp;M component.</li> </ul>	<ul style="list-style-type: none"> <li>NJHPS raises tenders and enters into contract for construction of community assets. This would help them oversee that during construction of assets, local people are engaged, thereby creating employment opportunities.</li> </ul>
Rampur Hydro Electric Project	<ul style="list-style-type: none"> <li>The community infrastructure support (in terms of common assets, such as Concrete Roads, boundary walls, Mahila Mandal bhawans, provision of furniture etc) are well appreciated by the community as it addresses their requirements.</li> <li>The support provided have addressed the communication requirements of the local community, and helps inculcate a feeling of well-being, in terms of safety &amp; security.</li> </ul>	<ul style="list-style-type: none"> <li>There is a continuous utilization of the assets created/constructed under this support head, indicative of the utility and relevance of the support.</li> <li>The community is engaged in upkeep and maintenance of the assets created under this head, thus facilitating local ownership and thus, contribute to sustainability of the assets.</li> </ul>	<ul style="list-style-type: none"> <li>It may be useful to create a 'margin money' that requires the community to contribute a certain proportion of the construction cost (~10%-15%).</li> <li>For the construction component of the infrastructure works, it may be worth a consideration to skill the local community (provide training and material support) and youth on trades/skills that have further local relevance beyond the asset thus created (masonry etc.).</li> <li>It is also worthwhile to explore a convergence with existing schemes of the</li> </ul>

**Infra and community development works by SJVN Limited**

Plant location	Key observations	Impact observed	Suggestions for way forward
			central/state government (on creation of local infrastructure).
Luhri Hydro Electric Project	<ul style="list-style-type: none"> <li>• Assets have been created taking into account the requirements and demands of the community.</li> <li>• Community members are satisfied with the activities carried out so far. The Panchayat members have also expressed appreciation for SJVN for assisting them in meeting the needs of the communities.</li> </ul>	<ul style="list-style-type: none"> <li>• Besides providing easy access to local community members, the creation of a more safe structure in cases (where infrastructure had gone through wear and tear) has helped ensure safety of the community.</li> </ul>	<ul style="list-style-type: none"> <li>• Local community needs to have a greater stake to ensure ownership and maintenance of assets, and needs to be encouraged to be contributed either 'in kind' or 'in cash'.</li> </ul>
Dhaulasidh Hydro Electric Project			
Devsari Hydro Electric Project	<ul style="list-style-type: none"> <li>• Infrastructural development and community assets creation in Tharali, Kulsari and Purna village has helped in linking with daily lives of the villagers.</li> <li>• Lab equipment have been provided to the government run health centre in Tharali. Approximately 1,000 patients have received the benefits. Beneficiaries visit the centre for blood test, sugar test and other diagnostic tests (earlier unavailable) which is provided by the centre. Lab equipment has enabled several tests of the poor patients coming from the backward hilly areas adjacent to plant site.</li> </ul>	<ul style="list-style-type: none"> <li>• There is a continuous utilization of the assets created/constructed under this support head, indicative of the utility and relevance of the support.</li> <li>• Infrastructural development and community assets creation leads to employability for the local villagers, who, in turn, earn income through this process.</li> </ul>	<ul style="list-style-type: none"> <li>• It is recommended to have a regular monitoring system in place to monitor the activities undertaken in villages so as to have a better understanding of infrastructure created and its usage post project implementation.</li> <li>• Convergence with existing schemes of the central/state government (on creation of local infrastructure) should be explored for better linkages and sustainability purposes.</li> </ul>

**Infra and community development works by SJVN Limited**

Plant location	Key observations	Impact observed	Suggestions for way forward
Naitwar Mori& JS Hydro Electric Project	<ul style="list-style-type: none"> <li>• VDAC collectively proposed the need for a footpath in this village. The infrastructural development is carried out through VDAC wherein community participation and representation is adequately ensured. Pucca paths have been constructed in Bainol, Naitwar, Paun Talla and Mori.</li> <li>• Panchayat/VDAC used the funds from the Government schemes to spend on the operation &amp; maintenance of the infrastructure created.</li> </ul>	<ul style="list-style-type: none"> <li>• During monsoons the roads become extremely muddy and risky for villagers to walk through the uphill village. The infrastructure created is being utilized properly by the villagers. There is a sense of pride among the villagers in relation to the village infrastructure.</li> <li>• Local labourers among the villagers were engaged to construct this footpath which created employability within the village itself.</li> </ul>	<ul style="list-style-type: none"> <li>• It is recommended to devise a proper monitoring mechanism to look after the maintenance of the infrastructure post construction.</li> <li>• In some cases, it was observed that some parts of the newly constructed roads have become places for throwing garbage and are not being maintained properly by the villagers. It is recommended to make the villagers aware about the ill effects of unhygienic conditions.</li> </ul>
Buxar Thermal Power Project	<ul style="list-style-type: none"> <li>• It was observed that the CC path was constructed in Sikhraul village. The path was found to be in good condition and the entire community has been benefitted.</li> <li>• Banarpur and Chunni village has been benefitted by installation of 8 hand pumps. The hand pumps were functional and provided drinking water to the rural population.</li> <li>• In the year 2016, health equipment worth 3 lakhs was donated to PHC for providing better facilities to the patients admitted in OT. The new equipment has helped doctors to increase the number of surgeries undertaken in the operation theatre. Case of institutional deliveries has increased with the availability of new medical instruments.</li> <li>• The doctors present at the PHC also requested to provide solar lights in the campus area and also requested to convert the waste land available in the premises into a small garden.</li> </ul>	<ul style="list-style-type: none"> <li>• During monsoons the roads become extremely muddy and risky for villagers to walk through the uphill village. The CC roads has improved the mobility of the elderly people as well as the community at large.</li> <li>• Local labourers among the villagers were engaged to construct this footpath which created employability within the village itself.</li> <li>• The senior doctors present at the PHC were satisfied with the assistance provided to the health centre. The equipment donated has improved the quality of services in the PHC and has increased the footfall of the community who availed services within the district.</li> </ul>	<ul style="list-style-type: none"> <li>• It is recommended to have a programme on cleanliness of the infrastructure created, for sensitizing the community.</li> <li>• It is also recommended to engage community and other stakeholders in the creation of the assets so as to inculcate sense of ownership among them.</li> <li>• The PHC centre is working well under the supervision of specialist doctors. The support should be continued in the long run.</li> </ul>

**Infra and community development works by SJVN Limited**

Plant location	Key observations	Impact observed	Suggestions for way forward
	<ul style="list-style-type: none"> <li>Selected Schools were provided with benches and chairs. The process of distribution was underway during the visit.</li> </ul>		
Khirwire Wind Power Project	<ul style="list-style-type: none"> <li>No activity conducted at the plant location</li> </ul>	<ul style="list-style-type: none"> <li>Not applicable</li> </ul>	<ul style="list-style-type: none"> <li>Not applicable</li> </ul>
Arunachal Pradesh Hydro Electric Project	<ul style="list-style-type: none"> <li>Approach roads (CC paths) have been constructed at the Government Middle School in Emchi, Naharlagun, to help facilitate communication.</li> <li>The Community Health Centre at Doimukh, Naharlagun, was supported by an initiative for infrastructure creation, by construction of a 6-bedded post-natal ward at the CHC. Impact tracking / M&amp;E was not possible as the facility has just been completed and is not yet operational.</li> </ul>	<ul style="list-style-type: none"> <li>The headmaster of GMS, Emchi, cited that earlier, while rooms were available, the muddy roads often tended to be slippery and cause injuries to teachers and students alike. With a CC approach road, the school is more accessible and the incidence of injuries has virtually become nonexistent. The Emchi school initiative is also an example of different corporates investing their CSR moneys towards common causes. While the larger infrastructure is supported by the Indian Oil Corporation, SJVN's contribution has also helped create an enabling infrastructure.</li> </ul>	<ul style="list-style-type: none"> <li>Convergence should be explored with central / state government schemes &amp; initiatives such as Tribal Area Development, SSA to leverage funds.</li> </ul>

## Community assets and other works in Shimla Municipal Corporation

In line with their CSR commitments for rural areas, SJVN Limited has also contributed towards beautification of Shimla with a view to boost tourism in the city. SJVN signed an MOU on 9<sup>th</sup> October, 2012 with the Shimla Municipal Corporation (MC) for construction of 6 parks and 2 landscaping sites as part of Corporate Social Responsibility activities. Out of these, four parks have already been completed. They also are involved in construction of other assets which is mentioned below.

- Children parks
- Street Scapping Victory Tunnel
- Development of Rani Ground
- Installation of High Mast Lights and benches at different places in Shimla
- Installation of monumental flag at Shimla

The status of various works done by SJVN Limited in Municipal Corporation Shimla is mentioned in **Table 5-7** below.

**Table 5-7: Status of work done by SJVN limited with MC Shimla**

SN	Name of Project	Total cost of project (Rs.) as per MOU (FY 2012-13, 2013-14 & 2014-15)	Awarded amount as per LOA (Rs.)	Total amount released so far (Rs.)	Expenditure incurred on parks by MC, Shimla (Rs.)	Status
1	Park-2 New Shimla (Near Water Storage Tank)	6,43,412/-	4,05,497/-	3,22,000/-	4,77,848/-	100% work completed and JMC submitted the report
2	Resident Park-3, Sector-1, New Shimla	8,58,152/-	3,60,245/-	1,08,073/-	3,29,795/-	
3	Street Scapping Victory Tunnel	10,23,700/-	12,61,622/-	3,78,052/-	--	Progress report not received
4	Street Scapping Cart Road Bus Stand near Gurudwara	7,30,625/-	15,24,659/-	4,56,962/-	--	Progress report not received
5	Resident/Children Park New Flowerdale, Malyana	32,87,131/-	6,01,148/-	2,90,332/-	7,21,955/-	100% work completed and JMC submitted the report
6	Park-1, Resident/Children Park at Sector-1 (Chatri Chowk) New Shimla	26,04,761/-	8,81,122/-	8,68,000/-	9,22,545/-	
7	Resident/Children Park at Dhingu Mata Mandir	3011584	8,00,722/-	2,40,217/-	2,11,733/-	10% work completed and re-tendering has been done and work will be started soon.
8	Development of Rani Ground at Kasumpati, Pari Mahal, Shimla	1,29,07,600/-	--	--	--	
<b>Total</b>		<b>2,50,66,965/-</b>	<b>58,35,015/-</b>	<b>26,63,636/-</b>	<b>26,63,876/-</b>	

Source: SJVN documentation

- **Children parks developed by SJVN Limited in MC Shimla** are at strategic residential locations in New Shimla wherein there were no parks earlier. Children in that area did not have a proper place to play. When local residents were asked about the impact generated by construction of the park, they mentioned that children now have a safe and secure place to play. The park also has space for seating wherein elderly people often spend their spare time in the evening. The parks are completely lit up which is an added benefit for residents in the locality as they could easily move around on the streets in the night. The O&M of the children parks is done by MC Shimla.
- **Installation of high mass lights and provision of benches in MC Shimla** has been another CSR initiative by SJVN Limited. A total of 11 high mass lights have been installed with a total outlay of Rs 76,25,040. The high mass lights are tall structures and are installed in marketplaces. They are automated in a way that they only operate during the night and thus save on energy consumption as well. When local shop owners were asked about their opinion on high mass lights, they mentioned that it has been helpful in lighting the market in the night. Earlier there were no street lights and shop owners had to arrange for lighting on their own, but now the market is lit up for longer hours. They also opined that now because of the high mass lights, they can even come out late in the night without any fear because of darkness.

**SJVN Limited has also provided benches** at various locations in MC Shimla. A total of 105 benches have been provided till now. The economy of Shimla is primarily driven by tourism and thus it is essential to provide inputs which increase the aesthetic value of the city. With regard to the same, provision of benches by SJVN Limited at strategic places like markets and pathways has added to the aesthetic value and helped increase the involvement of tourists.

A detail of investments made by SJVN limited in installation of high mass lights and provision of benches in MC Shimla is presented in **Table 5-8** below.

**Table 5-8: Status of installation of high mass lights and benches in MC Shimla**

SN	Name of work	Date of release of payments	Amount payable (Rs.)	Amount released (Rs.)	Remarks
1	Supplying and fixing of concrete benches in different locations of Shimla town (25 Nos. benches)	06.03.2013	1,93,125	1,93,125	Work completed & UC received
2	Installation of high mass light (03 Nos.)	05.07.2013	22,41,090	22,41,090	Work completed & UC received
3	Installation of high mass light (08 Nos.)	30.03.2015	53,83,950	53,83,950	Work under execution
4	Supplying and fixing of concrete benches in different locations of Shimla town (80 Nos. benches)		7,88,000	7,88,000	Benches have been installed
<b>Total payment released:</b>			<b>86,06,165</b>	<b>86,06,165</b>	

Source: SJVN Documentation

- **SJVN Limited has given a grant of Rs 1,29,07,600/- for the development of Rani Ground at Kasumpti, Shimla.** In the past, this ground had been in a neglected state and almost became a dumping ground for construction materials. Understanding the fact that such open spaces are hard to find in Shimla, the MC in Shimla prepared a plan for utilisation of the space. SJVN identified the opportunity as a way to contribute for beautification of Shimla and thus decided to fund the project as a part of their CSR initiative. The renovation of the space is done keeping in mind to protect the existing site features such as preservation of trees (Kainth, Thuja and Deodar), old buildings, valleys, ridges and

surrounding ranges. The construction of Rani Ground is underway as on June 2017 and is supposed to be completed by end of the year. Key features of Rani Ground are mentioned in **Figure 5-13** below.

**Figure 5-13: Key features of Rani Ground**



## 5.1.6. Toilets constructed under Swachh Vidyalaya Abhiyan

Duration / Period		Implementation Partner	Provision
More than three years {earlier than FY 2014-15}		Education Department and SJVN Limited	<ul style="list-style-type: none"> <li>Construction of toilet blocks at Government schools</li> </ul>
Parameter	Scale	Description	
Inclusiveness	High	<p><i>The support provided is extremely important and an enabler for helping increase the enrolment of children, with an emphasis on the girl child, by providing support for girl friendly toilets.</i></p> <p><i>The toilets were/are being constructed as a part of the Swachh Vidyalaya Abhiyan and the list of schools was provided to SJVN Limited by Government authorities. The benefits of toilet construction is for all children in the school without any bias, thus emphasizing on its inclusiveness.</i></p>	
Relevance	High	<p><i>Absence of neat, clean and well maintained toilets is a reason for many girl children discontinuing school (attend in breaks) post primary grades. So construction of a toilet facility has helped evince positive feedback from the parents as well as children.</i></p> <p><i>It was noted that in a few schools, there were toilets existing prior to construction of new ones by SJVN, but those were in a dismal situation. Construction of new toilets by SJVN were relevant in such contexts. Also, in many of the schools, there were few toilet units considering strength of schools and addition of new toilets was deemed necessary.</i></p>	
Effectiveness	High	<p><i>The facility has been built for usage by students and is equipped with proper security (pucca structure, door) and with assured water supply to ensure its usage, and is well maintained. Toilets constructed by SJVN also have a water tank on top of the toilet roof which ensures continuous water supply. This ensures that the toilet is clean and usable most of the times.</i></p>	
Convergence	High	<p><i>There is involvement of the local school authorities (principal) and the elected Ward Panch in the required approvals and applications, and the support was often provided at their request.</i></p>	
Sustainability	High	<p><i>The maintenance of the toilet is to be handled by the respective school administration, under the oversight of the School Management Committee, thereby facilitating local control and ownership.</i></p>	

### Concept and Design

Care for environment cleanliness & dignity of females is deeply embedded in the CSR & Sustainable Policy of SJVN. Gender norms and psychology make privacy more important for girls than boys and biological realities mean that girls need adequate sanitary facilities at a school. Basic facilities that provide for good hygiene and privacy promote girls to stay in schools to complete their education. Absence of separate girls' toilets is one of the main reasons for girl students dropping out midway. SJVN is conscious of this fact and shares its deep concern for the necessity of separate toilets for girls in schools.

The Ministry of Power entrusted a target of constructing 2,271 toilets to SJVN and Ministry of Human Resource Development shortlisted a target of construction of 2,156 toilets across 1,530 schools. SJVN not just achieved both these targets but surpassed it within the scheduled timeframe. SJVN constructed 2,421 toilets in the allotted states of Himachal Pradesh, Bihar, Uttarakhand and Arunachal Pradesh under its ambitious program

of “Swachh Vidyalaya Abhiyan”, spread across 1,158 schools across their plant locations (**Table 5-9**). Construction of toilets have been done majorly in primary and middle schools.

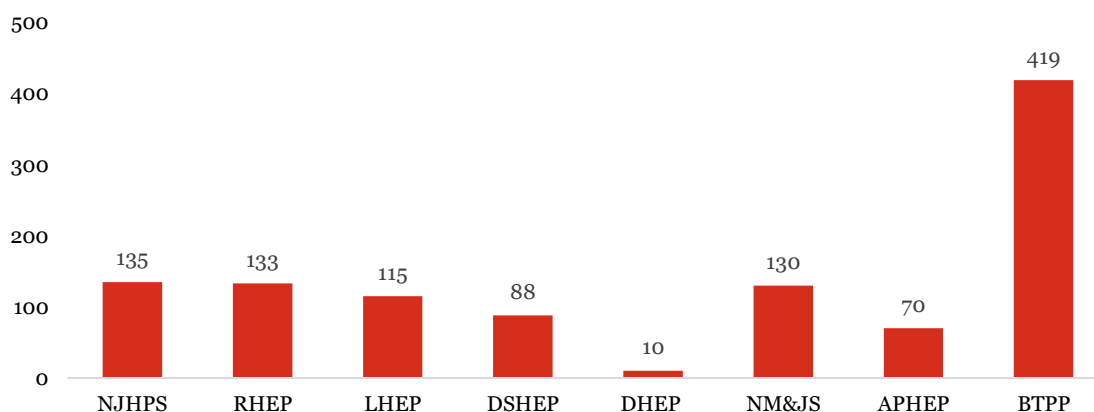
**Table 5-9: Status of toilet construction under Swachh Vidyalaya Abhiyan by SJVN Limited**

SJVN Plant Location	Number of Schools	Number of Toilet units constructed
NJHPS	151	315
RHPS	152	301
DSHEP	86	196
LHEP	139	291
NM&JS	138	333
DHEP	13	27
BTPP	397	794
APHEP	82	164
<b>Total</b>	<b>1,158</b>	<b>2,421</b>

Source: SJVN Documentation

In FY 2015-16, SJVN made a total CSR investment of Rs 1,100 lakhs in construction of toilets across their plant locations. The investment was highest in Buxar wherein a total of Rs 419 lakhs was invested for construction of school toilets (**Figure 5-14**). The number of schools allotted to SJVN limited across their plant locations was dependant on the existing scenario of school sanitation.

**Figure 5-14: CSR investments (in INR Lakhs) in construction of toilets by SJVN Limited**



Source: SJVN Documentation



Toilet block constructed by SJVN Limited



A child involved in cleaning school at APHEP

## Key Findings

Construction of school toilets under “Swachh Vidyalaya Abhiyan”			
Plant location	Key observations	Impact observed	Suggestions for way forward
Nathpa Jhakri Hydro Power Station	<ul style="list-style-type: none"> <li>• There were a number of twin unit toilet structures constructed in the schools, with a superstructure, provision of water pipelines &amp; taps, water tanks, pucca roof &amp; doors etc.</li> <li>• There is a small IEC component as well to communicate the do’s and don’ts and the benefits (in few instances), in terms of messaging on the walls about the guidelines for hand washing, hygiene etc.</li> <li>• The water supply is provided by the government every third day and the water stored in the overhead tank.</li> </ul>	<ul style="list-style-type: none"> <li>• Not many structures were visible at Rampur as the RHPS was allocated the district of Lahaul Spiti, for financing the construction of toilets under the aegis of ‘Swachh Vidyalaya Abhiyan’</li> <li>• The structures were fresh and built under an agreement with the local school (and the School Management Committee), to maintain and operate the facility.</li> <li>• The construction of the toilets (even as clean units) did not have a defining impact on the attendance of children, as the community is aware of the benefits of educating their children. Accordingly, a correlation could not be drawn between the two.</li> </ul>	<ul style="list-style-type: none"> <li>• The walls of the toilet can be painted with a graffiti on the benefits of safe hygiene and its benefits, so that children imbibe the same, and can serve as messengers of such behavior in their respective homes.</li> <li>• It is but imperative to ensure that water supply be ensured on a continuous basis (preferably daily), through connect &amp; coordination with the PWD or with the Dept of Irrigation &amp; Public Health, so that the facility remains usable; with a special emphasis where student populations are above 50.</li> <li>• For secondary schools, it could be worth a consideration to put up a bin for safe &amp; hygienic disposal of sanitary napkins, else it runs the danger of being disposed in the flush (and could clog the drains).</li> <li>• Proper sewage treatment needs to be ensured, if not being addressed presently.</li> </ul>
Rampur Hydro Electric Project			
Luhri Hydro Electric Project	<ul style="list-style-type: none"> <li>• Toilets have been identified for construction / renovation based on the needs and requirements put forward by the schools</li> <li>• Toilets have been constructed for both boy and girl children, with a special emphasis however has been laid on the girl child.</li> <li>• Toilets were pucca structures with functional doors, a roof, and running water inside the toilet.</li> </ul>	<ul style="list-style-type: none"> <li>• School authorities are extremely grateful for the support provided by SJVN. Children have started using the toilets regularly.</li> <li>• No impact however was noted on attendance in the school visited in Rewali.</li> </ul>	<ul style="list-style-type: none"> <li>• Workshops on health and hygiene could also be organized and held in the schools to inculcate good hygiene practices e.g. displaying photographs of washing hands with soap etc. near the toilets</li> <li>• Dustbins could be installed in toilets for girls in Sr Sec/high school for safe and hygienic disposal of sanitary napkins</li> </ul>

**Construction of school toilets under “Swachh Vidyalaya Abhiyan”**

<b>Plant location</b>	<b>Key observations</b>	<b>Impact observed</b>	<b>Suggestions for way forward</b>
Dhulasidh Hydro Electric Project	<ul style="list-style-type: none"> <li>• A total of 88 toilets have been constructed in and around the plant location at Dhulasidh.</li> <li>• Schools were closed for vacation during the time of visit hence neither school teachers nor students were available. However visit was made to schools where toilet was constructed in Bhanena and Bibuhak villages and it was observed that toilets for girl students were in good condition.</li> <li>• One of the key features of toilets constructed by SJVN has been provision of rooftop water tanks which ensure continuous water supply.</li> </ul>	<ul style="list-style-type: none"> <li>• Interaction with teachers suggested that toilets constructed by SJVN Limited are clean and students liked it better than existing ones.</li> <li>• Provision of separate toilet for girl students have led to increased usage of toilets by them.</li> </ul>	<ul style="list-style-type: none"> <li>• Dustbins could be installed in toilets for girls in Sr sec/high school for safe and hygienic disposal of sanitary napkins.</li> </ul>
Devsari Hydro Electric Project	<ul style="list-style-type: none"> <li>• 27 toilets were constructed across Nainital, Rudraprayag &amp; Chamoli as reported by SJVN team at Tharali.</li> <li>• Schools were closed for vacation during the time of visit hence neither school teachers nor students were available. However visit was made to one of the schools where toilet was constructed in Purna village and it was observed that toilets for girls were being maintained in good condition.</li> </ul>	<ul style="list-style-type: none"> <li>• Improvement of attendance of children couldn't be mapped due to lack of interaction with students as schools were closed.</li> <li>• Toilet construction in remote locations definitely helped where toilets were unavailable especially in schools where girl students were studying. Since the mandate was only of construction, SJVN did not have a structured follow up plan on the monitoring of the usage and impact.</li> </ul>	<ul style="list-style-type: none"> <li>• It is recommended to have a mechanism in place to monitor the project post construction of the toilets.</li> </ul>
Naitwar Mori & JS Hydro Electric Project	<ul style="list-style-type: none"> <li>• 333 toilets in schools were assigned for SJVN Mori either for construction or for repair; out of which only Mori, Nawagaon, Binda and Purola were among the intervention villages.</li> <li>• Tank, water facility provision, water lifting permission was all ensured. Repair works have been done wherever cisterns were not available and water tanks were broken.</li> </ul>	<ul style="list-style-type: none"> <li>• Toilets were in usable condition and had provision for water supply.</li> <li>• Although the quality of toilets were inspected by the team from SJVN, there is no mechanism for monitoring the usage patterns and condition of the toilet post construction.</li> </ul>	<ul style="list-style-type: none"> <li>• Students should be made aware about the usage of newly toilets constructed under “Swachh Vidyalaya Abhiyan”. Such kind of awareness programs will reduce open defecation in the long run and make the villages open defecation free.</li> </ul>

**Construction of school toilets under “Swachh Vidyalaya Abhiyan”**

<b>Plant location</b>	<b>Key observations</b>	<b>Impact observed</b>	<b>Suggestions for way forward</b>
	<ul style="list-style-type: none"> <li>• Usage of toilets not monitored as not within the scope of the work. Data was not available as school authorities / students were not in the village due to summer vacations.</li> <li>• However the Mori school toilets are being used, with the school administration maintaining the cleanliness and sweeper coming to clean regularly as per discussion with SJVN staff.</li> </ul>		<ul style="list-style-type: none"> <li>• It is recommended to have a proper mechanism in place to monitor the project post construction of the toilets.</li> </ul>
Buxar Thermal Power Project	<ul style="list-style-type: none"> <li>• Under the purview of SVA, construction of toilets were undertaken in Buxar district.</li> <li>• Toilets were not functional as schools were closed. Data was not available as school authorities / students were not in the village due to summer vacations.</li> </ul>	<ul style="list-style-type: none"> <li>• Although the quality of toilets were inspected by the team from SJVN, there is no mechanism for monitoring the usage patterns and condition of the toilet post construction.</li> <li>• Toilets were in usable condition without the provision for water supply in the schools. It was observed that the open defecation was rampant in the villages which was polluting areas nearby.</li> </ul>	<ul style="list-style-type: none"> <li>• Students should be made aware about the usage of newly toilets constructed under “Swachh Vidyalaya Abhiyan”. Such kind of awareness programmes will reduce open defecation in the long run and make the villages open defecation free.</li> </ul>
Khirwire Wind Power Project	<ul style="list-style-type: none"> <li>• <b>No activity conducted so far.</b></li> </ul>	<ul style="list-style-type: none"> <li>• <b>Not applicable.</b></li> </ul>	<ul style="list-style-type: none"> <li>• <b>Not applicable.</b></li> </ul>
Arunachal Pradesh Hydro Electric Project	<ul style="list-style-type: none"> <li>• SJVN Ltd has supported the creation of 164 toilets in 82 schools in Naharlagun.</li> <li>• Other than the above support for creation of toilets under the Swachh Vidyalaya Abhiyan, SJVN has also supported the construction of a bathing-cum-toilet facility at the Mani Senior Secondary School, which has hostel facilities for both boys and girls. The new toilet complex has bathing as well as toilet facilities for the girl students.</li> </ul>	<ul style="list-style-type: none"> <li>• The school authorities (as well as girl students) in Mani GSSS were highly appreciative of the support been extended as it helps assure safe sanitation to the girl students, besides instilling a feeling of safety &amp; security among them.</li> <li>• The school authorities have decided to take charge of maintenance of the facility (once operational) by putting in place a rotational responsibility among the users (girl students) for maintaining cleanliness &amp; hygiene of the facility</li> </ul>	<ul style="list-style-type: none"> <li>• The creation of the toilet complex needs to be further supported with a structured campaign on women’s health and menstrual hygiene issues.</li> </ul>

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## Impact created by construction of toilets – A qualitative assessment

- **Hygiene in schools:** Since the intervention, there has been a vast improvement in the overall state of hygiene in the schools. It was found that the condition of toilet units earlier were a reason for students to not attend school. There is a direct correlation between the quality of education imparted and the school environment. Moreover, teachers were not motivated to teach because of dirty classrooms, foul smelling toilets and most importantly absence of students. The intervention has led to develop a more hygienic (and as a consequence) learning environment in schools.
- **Increased attendance of girl students:** Due to lack of adequate sanitation facilities in schools before the intervention, students often “did not feel like coming” to school. Interaction with teachers led to understand that the intervention has led to increased attendance at schools. It was also noted that many of the girl students used to take holidays during menstruation because they did not want to use the dirty toilets at schools. It also led to infections. But post the intervention and provision of clean and hygienic toilets at schools, no such issues were noticed.
- **Better handwashing practices by children:** Toilets constructed by SJVN Limited have a hand washing facility installed close to the door of the facility. Existing toilets did not have such facility and when enquired with teachers, it was noted that because of absence of such provision, children were not used to wash hands after defecation. But provision of handwashing facility in toilets constructed by SJVN Limited has led to following the practice of handwashing among students.

### 5.1.7. Sustainability works

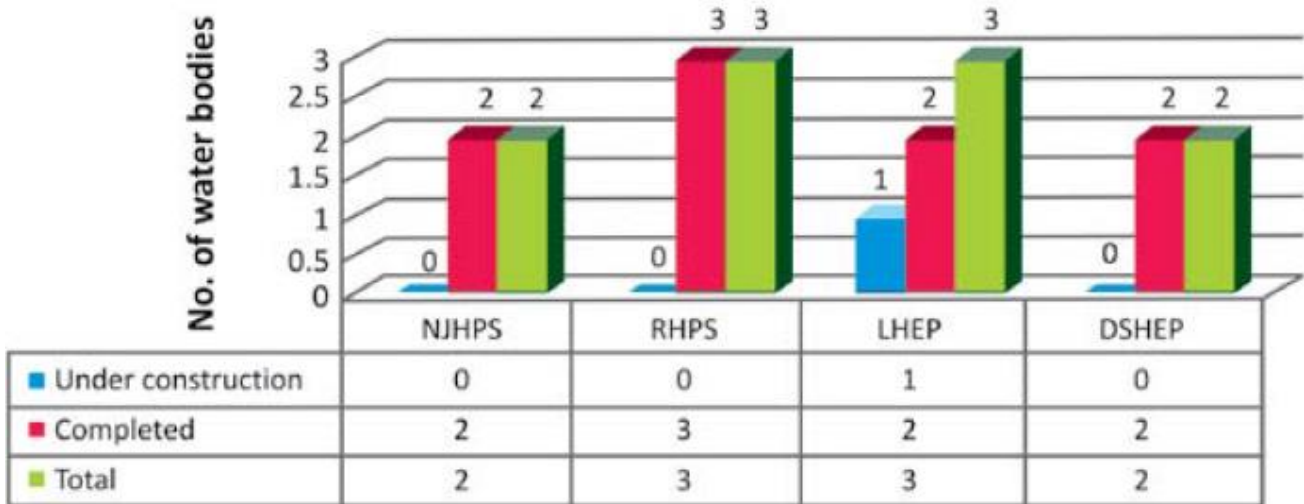
Duration / Period		Implementation Partner	Provision
More than three years {earlier than FY 2014-15}		Panchayati Raj Institutions, Government bodies and SJVN Limited	<ul style="list-style-type: none"> <li>• Construction/renovation of water bodies</li> <li>• Construction of sewerage treatment plant in Jhakri</li> </ul>
Parameter	Scale	Description	
Inclusiveness	High	<p>The most common assets created under the Sustainability theme are the water harvesting structures (such as water tanks to tap the natural springs, routing the same) and construction of drinking water/clothes washing stations below the storage tanks, which are accessible to all sections of the society for daily use.</p> <p>Another initiative under the sustainability theme taken up by SJVN limited is construction of a Sewerage Treatment Plant (STP) at Jhakri. The initiative has been implemented by NJHPS and it provides waste management support to the entire community.</p>	
Relevance	High	<p>Interventions related to water body renovation was driven by need of the community as they lack access to clean, drinking water, with shortages especially in summer months. Structures have been built in areas where there was a requirement put forth by the community. The structures help store / channelize the water which else would run off. In the regions where SJVN operate, such water harvesting structures were considered highly relevant.</p> <p>The STP has been relevant is waste management support for the entire Jhakri area which faced issues like drains getting clogged because of sewerage.</p>	
Effectiveness	High	<p>The water harvesting structures are located close to the village, and if far, CC roads have been made to make the same accessible all through the year. There are separate sections for drinking &amp; washing, with excess water diverted to a tank for animals. This has helped a clean environment around the facility.</p> <p>The STP as a service provides waste management support for more than 600 households in the region. Since its start of operation in 2015, it has been operating effectively. The sludge from STP is used as a fertiliser and is provided free of cost to farmers.</p>	
Convergence	High	<p>All water harvesting assets created were done on demand from the local communities/ Panchayats. There was therefore convergence with the local level authorities for the selected villages.</p> <p>The STP has been constructed by SJVN and is now handed over to Irrigation and Public Health Department (IPH), Himachal Pradesh for operations and maintenance.</p>	
Sustainability	Medium	<p>The community (village women) has been entrusted with the responsibility to maintain the cleanliness of the water harvesting facility, once operationalised. Owing to the usefulness of the asset, there is a definite ownership of the same among the rural communities.</p> <p>The O&amp;M of STP is currently being done by IPH, but in the long run sustainability will be a consideration as it is not on a cost sharing basis with community. The funds for O&amp;M at present are provided by SJVN Limited only.</p>	

## Concept and Design

### Renovation of water bodies

Water is the elixir of life, and is often a very significant constraint in hilly topographies, and therefore rehabilitation of water bodies has been a focus at SJVN Limited in the past few years. A total of 10 water bodies have been rehabilitated by SJVN Limited in FY 2015-16 (Figure 5-15).

**Figure 5-15: Number of water bodies rehabilitated (FY 2015-16)**



Source: SJVN Documentation

The water harvesting structures created/renovated by SJVN Limited is generally constructed through contracting the services of a third party agency. The average cost of construction of a water harvesting structure comes around Rs 1 Lakh. The source of water in these structures is natural/spring water and they ensure round the year availability of water for the community. The support is provided free of cost to the community and any O&M expenses is taken care of by SJVN Limited.

**Figure 5-16: Rain water harvesting structure at Rampur**



### **Sewerage Treatment Plant (STP) at Jhakri**

Under its sustainability theme, a 'Sewerage Treatment Plant' of one million litres per day (01 MLD) capacity has been constructed in village Jhakri in District Shimla under NJHPS in association with IPH Dept. of GoHP at cost of Rs.9.99 Cr. The scheme was inaugurated at Jhakri on 15th Nov, 2015. Approximately 615 households of Jhakri stand to benefit by being connected to this sewerage plant. The scheme is being monitored jointly by a committee consisting of SJVN and HPIPH officials.

The STP was constructed by SJVN limited (through third party contracting) within a time span of 3 years and then handed over to IPH, GoHP for operation and maintenance. The land for construction of the STP is provided by SJVN.

All the households benefitting from the STP have been connected with STP through pipes from which waste water comes directly to the STP without any spill over. The treated water from STP is released into Satluj river at the moment. There are plans for reutilisation of the treated water for agricultural purposes. During the treatment process, the STP also releases sludge which is currently being provided free of cost to farmers as a fertiliser.

***Figure 5-17: STP constructed by SJVN Limited at Jhakri***



## Key Findings

Sustainability Initiatives by SJVN Limited			
Plant location	Key observations	Impact observed	Suggestions for way forward
Nathpa Jhakri Hydro Power Station	<ul style="list-style-type: none"> <li>The water harvesting structures constructed/restored by SJVN Limited ensures round the year availability of drinking water, especially in hilly terrains like Jhakri. Water is drawn from natural sources which are active throughout the year and thus does not deplete ground water levels.</li> <li>The facility is open for all and there are no charges involved for utilization of water.</li> </ul> <p><b>Sewage Treatment Plant</b></p> <ul style="list-style-type: none"> <li>The STP is one of its kind CSR intervention by SJVN limited constructed with a cost of Rs 9.99 crores. The facility is constructed by SJVN Limited and is now handed over to IPH, GoHP for O&amp;M.</li> <li>It has immensely helped in waste management for the village which saw a sudden influx of population post setting up of SJVN plant in the area.</li> </ul>	<ul style="list-style-type: none"> <li>Clean drinking water was a felt need among community members in the region and the support provided by SJVN Limited has helped to a great extent in addressing the challenge.</li> <li>The support for construction/renovation of water bodies is of high utilitarian value among community members who earlier used to travel long distances to fetch water. It has thus helped reduce drudgery.</li> <li>Before construction of STP, sewerage from households in Jhakri as left open on the roads which led to spread of diseases and contaminated ground water as well. It also leaked into river water (Satluj) and contaminated the same. Provision of STP has helped in reducing such issues.</li> </ul>	<ul style="list-style-type: none"> <li>To avoid the stagnation and deterioration of water quality (especially when water collects during the monsoons), chlorine tablets and other inputs (such as water filters) could be provided to the community for use with the water tanks.</li> <li>Co-funding could be explored for O&amp;M, through various schemes of NABARD, state governments etc.</li> <li>Sustainability of STP is an issue as the O&amp;M is taken care of by SJVN Limited at the moment. Going forward, SJVN could plan for a 'pay and use' model wherein a small amount of Rs 25 per month could be charged from each household.</li> </ul>
Rampur Hydro Electric Project	<ul style="list-style-type: none"> <li>The rainwater harvesting facility has also facilitated channeling of water, first for storage of the spring water and then segmenting its use for (a) drinking water, (b) washing of clothes, &amp; diverting excess water for (c) consumption of livestock and then for (d) agriculture, thus allowing for an optimal &amp; efficient use of water.</li> <li>The infrastructure thus created (referred to as the <i>Baoli</i>) also serves as meeting point for the local women and facilitates a platform for dialogue and discussion for rural women.</li> </ul>	<ul style="list-style-type: none"> <li>The assets being created under the Sustainability theme has a high utilitarian value among the target beneficiaries, as it addresses a critical demand of the local community – that of tapping the natural spring water to help provide clean, fresh &amp; safe drinking water, throughout the year, and is high on the relevance index.</li> <li>The involvement of the community in the upkeep and maintenance of the Baoli is indicative of the ownership and sustainability of the structure.</li> </ul>	<ul style="list-style-type: none"> <li>To avoid the stagnation and deterioration of water quality (especially when water collects during the monsoons), chlorine tablets and other inputs (such as water filters) could be provided to the community for use with the water tanks.</li> <li>Co-funding could be explored for O&amp;M, through various schemes of NABARD, state governments etc.</li> </ul>

### Sustainability Initiatives by SJVN Limited

Plant location	Key observations	Impact observed	Suggestions for way forward
	<ul style="list-style-type: none"> <li>The community (women) maintains the cleanliness &amp; hygiene of the facility.</li> </ul>		
Luhri Hydro Electric Project	<ul style="list-style-type: none"> <li>Water bodies have been constructed/renovated based on the demands/requirements of the community put forth by the communities through the local authorities.</li> <li>Lights have also been installed in areas there was a clear requirement due to efforts of the local Panchayats.</li> </ul>	<ul style="list-style-type: none"> <li>Community members are regularly using the water bodies for drinking water and domestic purposes.</li> <li>Community is very appreciative of the work undertaken so far by SJVN.</li> </ul>	<ul style="list-style-type: none"> <li>A local committee could be created for overseeing the assets and ensuring that they are appropriately maintained.</li> </ul>
Dhulasidh Hydro Electric Project	<ul style="list-style-type: none"> <li>Water bodies have been constructed/renovated based on the demands/requirements put forth by the communities through the local authorities.</li> </ul>	<ul style="list-style-type: none"> <li>Community members are regularly using the water bodies for drinking water and domestic purposes; and are very appreciative of the support provided.</li> </ul>	<ul style="list-style-type: none"> <li>A village level committee could be created for overseeing the assets and ensuring that they are appropriately maintained.</li> </ul>
Devsari Hydro Electric Project	<ul style="list-style-type: none"> <li>The existing water tank at Sunao Talla was repaired by SJVN. The village is covered across a big population and drinking water (through piped source provided by Govt.) doesn't cater to all of the villagers. Hence letter of request was provided by Gram Pradhan to SJVN for drinking water availability as handicapped population in the village also couldn't access the existing drinking water resource. Water storage tank is connected with pipelines and water is supplied to entire village.</li> </ul>	<ul style="list-style-type: none"> <li>Water is available to the villagers through water storage tank which is connected through pipeline. People living with disability can now fetch water from the taps near their homes for drinking purpose and avoid travelling for the same.</li> <li>Repair of tanks also lead to generation of employment for the daily wage earners in the villages.</li> </ul>	<ul style="list-style-type: none"> <li>It is recommended to keep a check on the water pipeline, which may get destroyed during rains and landslides. VDC/ Panchayat should be made aware of using the existing Govt. funds for repair and maintenance works.</li> </ul>
Naitwar Mori & JS Hydro Electric Project	<ul style="list-style-type: none"> <li>Water tank was constructed in Bainol village. The same has provided continuous supply of water to the villagers. The primary source of water in the village is rain water and water flowing through open streams, which are then connected through pipelines.</li> <li>People don't use river water which is hard in nature and also not suitable for cooking purposes. Open</li> </ul>	<ul style="list-style-type: none"> <li>People have access to water during the summers which was not the case earlier. Water tank constructed meets the needs of drinking water for the village population.</li> <li>The water tank was in usable condition and panchayat is responsible for repair and maintenance of the water tank</li> </ul>	<ul style="list-style-type: none"> <li>More such tanks should be created in order to collect rain water during the monsoon season.</li> <li>The maintenance and repair work should be addressed through existing Govt. funds through Panchayat for</li> </ul>

**Sustainability Initiatives by SJVN Limited**

Plant location	Key observations	Impact observed	Suggestions for way forward
	defecation near the river side is also the reason behind lesser use of water from river.	<ul style="list-style-type: none"> <li>The quality of life of women has improved as the time saved by them in fetching water is now being utilized for other productive activities</li> </ul>	ownership within the community and for sustained usage.
Buxar Thermal Power Project	<ul style="list-style-type: none"> <li>No such initiative so far</li> </ul>	<ul style="list-style-type: none"> <li>Not applicable</li> </ul>	<ul style="list-style-type: none"> <li>Not applicable</li> </ul>
Khirwire Wind Power Project	<ul style="list-style-type: none"> <li>No such initiative so far</li> </ul>	<ul style="list-style-type: none"> <li>Not applicable</li> </ul>	<ul style="list-style-type: none"> <li>Not applicable</li> </ul>
Arunachal Pradesh Hydro Electric Project	<ul style="list-style-type: none"> <li>SJVN supported the community in Rose village, with financial support (funds) for construction of a water storage tank in the village. The same was constructed (by a third party, engaged through a contracting process) a little bit ahead of the previous water tank that tapped water from the gravitational flow. Pipelines were subsequently laid to provide piped water supply to the village households. However, the facility was non-functional at the time of the visit, as the villagers had disconnected the pipeline and re-connected it to the old facility.</li> </ul>	<ul style="list-style-type: none"> <li>The facility is ineffective as it is dysfunctional and not in use.</li> <li>While majority of the community (village households) claimed that the position &amp; design of the new water tank was faulty (being at a greater height), thus restricting the collection of water, a few households also cited local politics and difference of opinion as to the non-usability of the facility created, which otherwise has a lot of potential and utility.</li> </ul>	<ul style="list-style-type: none"> <li>Local political dynamics need to be factored in while going for such projects, and the planning &amp; design components need to be developed in consultation with the beneficiary community. For facilitating the same, the authority of the <i>Gram Budhas</i> (local village leaders) could be used as a key influencer.</li> </ul>

## 5.1.8. Promotion of sports and cultural activities

Duration / Period		Implementation Partner	Provision
More than three years {earlier than FY 2014-15}		Panchayati Raj Institutions	<ul style="list-style-type: none"> <li>Provide funds during local festivals</li> </ul>
Parameter	Scale	Description	
Inclusiveness	High	There have been instances of construction of premises within temple complexes, or contribution to local fairs & festivals, which are attended by all sections of the population, without any discrimination.	
Relevance	Medium	The construction / sponsorship of these structures (facilities) / events have been done at the behest of the PRIs / Mahila mandals, and are in response to their requests.	
Effectiveness	Medium	The community is appreciative of the financial support been provided for the same.	
Convergence	Medium	There is limited convergence other than the PRIs.	
Sustainability	N/A	This is a standalone support provided by SJVN Limited based on community needs and demand. Sustainability cannot be qualified in such cases and is accordingly not being assessed.	

### Concept and Design

To promote the composite culture of India, SJVN supports international, national and rural festivals. In FY 2015-16, more than Rs. 27 Lakhs were spent towards promotion of local culture & sports. Some of the notable festivals namely, International Lavi Mela, Shimla Summer festival, Kullu Dussehra, Hamir Utsav, Kinnaur Mahotsav etc. were supported.

Figure 5-18: Support by SJVN to promote arts and culture



## Key Findings

Promotion of sports and cultural activities			
Plant location	Key observations	Impact observed	Suggestions for way forward
Nathpa Jhakri Hydro Power Station	<ul style="list-style-type: none"> <li>The activity has high visibility but low recognition, with respect to the value created for the beneficiaries; and have to be seen as being 'low hanging fruits' as it deals with only financial assistance.</li> </ul>	<ul style="list-style-type: none"> <li>Low convergence with mainstream departments for exploring additional sources of funding.</li> <li>The community is agreeable and engaged in maintenance &amp; upkeep of the facility thus created.</li> </ul>	<ul style="list-style-type: none"> <li>Given its utility for providing a 'social license to operate' and for it not to be considered as a one-off activity, 2-3 prominent events could be earmarked for funding support and recommended by the committee for ongoing support.</li> </ul>
Rampur Hydro Electric Project			
Luhri Hydro Electric Project	<ul style="list-style-type: none"> <li>No such activity been conducted</li> </ul>	<ul style="list-style-type: none"> <li>Not applicable</li> </ul>	<ul style="list-style-type: none"> <li>Not applicable</li> </ul>
Dhaulasidh Hydro Electric Project	<ul style="list-style-type: none"> <li>No such activity been conducted</li> </ul>	<ul style="list-style-type: none"> <li>Not applicable</li> </ul>	<ul style="list-style-type: none"> <li>Not applicable</li> </ul>
Devsari Hydro Electric Project	<ul style="list-style-type: none"> <li>These one of activities have high visibility but limited recognition unless focused support is provided; and do not create much impact.</li> </ul>	<ul style="list-style-type: none"> <li>Convergence is low for such activities with available Govt. funds.</li> </ul>	<ul style="list-style-type: none"> <li>These one of activities though created an acceptance at the local level but long term impact is not visible.</li> </ul>
Naitwar Mori& JS Hydro Electric Project	<ul style="list-style-type: none"> <li>As reported by the SJVN team, such initiatives brings people together and helps improve relationships with the community</li> </ul>	<ul style="list-style-type: none"> <li>Improved relationship with the community as people connected to each other and participated in the melas.</li> </ul>	<ul style="list-style-type: none"> <li>More and more such activities should be organised by engaging community and helping them with shop spaces so that they earn something during the event.</li> </ul>
Buxar Thermal Power Project	<ul style="list-style-type: none"> <li>No such activity been conducted</li> </ul>	<ul style="list-style-type: none"> <li>Not applicable</li> </ul>	<ul style="list-style-type: none"> <li>Not applicable</li> </ul>
Khirwire Wind Power Project	<ul style="list-style-type: none"> <li>No such activity been conducted</li> </ul>	<ul style="list-style-type: none"> <li>Not applicable</li> </ul>	<ul style="list-style-type: none"> <li>Not applicable</li> </ul>
Arunachal Pradesh Hydro Electric Project	<ul style="list-style-type: none"> <li>SJVN Ltd has provided sponsorship support to the local youth on (a) football equipment &amp; kits, as well as (b) support to the <i>Nyokum Yullo</i> festival, through the office of the SDM, Doimukh.</li> </ul>	<ul style="list-style-type: none"> <li>The funding support was well appreciated by the local administration and the football team has performed well at district/state level competitions; and has helped generate goodwill among the community as football is one of the popular sports in the region.</li> </ul>	<ul style="list-style-type: none"> <li>These one of activities though created an acceptance at the local level but long term impact is not visible.</li> </ul>

## 6. A snapshot on generic observations and suggestions

Plant location	Key observations and suggestions
Nathpa Jhakri Hydro Power Station	<ul style="list-style-type: none"> <li>• The CSR initiatives conducted in and around the plant have been duly acknowledged by the community members in the locality. The presence of SJVN could be felt on the ground and the firm has gained ‘social license to operate’ through their CSR interventions. CSR activities are being carried out for long now, earlier under the banner of R&amp;R and now separately as CSR. Post enactment of the Companies Act, which mandates CSR, there has been only customary changes in the way of reporting and not activities.</li> <li>• The team at NJHPS handling CSR activities are adept with social sentiments and are well connected with the community. While they have a larger understanding of community needs, they need training on CSR rules as most of them are civil engineers (technical resources) and not from a social sector background.</li> <li>• Implementation of projects is done in a participatory manner. There is a high level of involvement from VDAC during needs assessment and implementation of projects on ground.</li> <li>• There is a greater emphasis and focus on creating infrastructure in project villages which is ideally a one-time investment. In the coming years, SJVN can also look forward towards investing in developing softer skills and skill based initiatives which will have a sustainable long term impact. SJVN can also look forward for opportunities wherein locals could be trained and employed in construction related initiatives rather than outsourcing manpower. This will help in generating employment opportunities.</li> <li>• Most of the initiatives (except Mobile Health Van) is run by SJVN on their own with limited convergence/partnership with other organizations/Government bodies. This may create a bottleneck for sustainability of the projects in the long run. SJVN shall explore possible opportunities to converge/partner.</li> </ul>
Rampur Hydro Electric Project	<ul style="list-style-type: none"> <li>• There is limited involvement of common (state) NGOs for the purpose of community mobilization, due to the lack of professionally run development organisations in the local area. This has led to a strong dependence on the Sarpanch and the projects (&amp; financial support) and the projects conceived, at times, tend to target the limited audience that the PRI representatives intend to address, thereby limiting its outreach and effectiveness, as it was not planned to address the other villages in the vicinity. The strong dependence has another limitation of the CSR activity getting focused on lesser needy villages, and also with less vulnerable households. In the instance of Badi GP in RHPS, beneficiaries included apple farmers and service sector employees, who cannot be termed as vulnerable.</li> <li>• There should be a clear distinction between R&amp;R and CSR activities and it is advised that the geographical distinction be maintained. Presently, CSR activity is being restricted to the Project Affected Villages (PAVs) only. As a strategic and forward looking imperative, SJVN should look beyond conducting CSR activities in villages other than PAVs, as this shall help generate goodwill for the corporate among the general community. There also needs to be a better communication on the intent of the CSR activity, which is to be seen as distinct from the LADA, as community tends to mix up the two, since both of them are being supported by SJVN. If required and deemed feasible, making a distinction between PAVs (LADA) and other villages (CSR) could be explored.</li> <li>• There is a great deal of dependence on the corporate, with regards to financial support and other alternative &amp; convergent channels of support have not been fully explored. This is creating a strong expectation from the community that SJVN is here to fulfill “all” the demands, creating an environment of total dependence, and making their exit a remote &amp; difficult consideration.</li> </ul>

Plant location	Key observations and suggestions
Luhri Hydro Electric Project	<ul style="list-style-type: none"> <li>Programmes have been implemented with limited involvement of NGOs to assist with community mobilization. There is a low overall degree of convergence with government schemes.</li> <li>Strong dependence on Sarpanch and members of local community for initiation and implementation of the projects.</li> <li>The community has a positive response to SJVN's initiatives and hope for the support to be continued in future as well. Overall sustainability of majority of the projects implemented is very low. The community is highly dependent on SJVN for sustainability of the projects, and no exit-strategies have been conceptualized, leading to a scenario where the expectations of the community from SJVN to fulfil all their needs and requirements is extremely high.</li> </ul>
Dhauhasidh Hydro Electric Project	<ul style="list-style-type: none"> <li>SJVN has implemented the programmes majorly on its own without any NGO involvement. There is strong dependence on Panchayati Raj institutions for project delivery.</li> <li>There is overall a low degree of convergence with government schemes for most of the programmes.</li> <li>Community overall has a positive response to SJVN's initiatives and hope for the support to be continued in future as well. The community is highly dependent on SJVN for sustainability of the projects, and no exit-strategies have been conceptualized. Expectations of the community from SJVN to fulfil all their needs and requirements is therefore extremely high. Sustainability of majority of the projects implemented is therefore low.</li> </ul>
Devsari Hydro Electric Project	<ul style="list-style-type: none"> <li>All CSR activities are in project affected villages only except the Swachh Vidyalaya project which was a mandate from the Govt. of India</li> <li>Absence of NGOs working in the thematic areas, hence direct activities done by the SJVN staff. The project activities need expert support and that is often missing in the projects implemented.</li> <li>Strong dependence on Panchayat Pradhans lead to opposition from other groups who feel that only that few of the projects were either restricted to the Pradhan's village and did not address the other villages in the vicinity. This can further lead to severe challenges in future as the ad-hoc activities as per request by Panchayat Pradhans continue to be part of the CSR activities whose overall impact is difficult to gauge in the long term.</li> <li>SJVN is seen as a financing body for all needs of the villages especially in the affected villages. Hence distinction of the R&amp;R and CSR activities need to be made with budget provisioning.</li> </ul>
Naitwar Mori& JS Hydro Electric Project	<ul style="list-style-type: none"> <li>Ad-hoc activities as per request by VDC continue to be part of the CSR activities whose overall impact is difficult to gauge in the long term.</li> <li>With regard to execution of the CSR projects, it is suggested to have more number of expert organisation involved in the projects especially NGOs.</li> <li>Infrastructure development has helped in supplementing any gaps in infrastructure facilities existing in villages, over and above the benefits from available government schemes. It is suggested to co-fund the infrastructural development activities in partnership with community and panchayat in order to increase the level of ownership among the other stakeholders.</li> <li>It has been observed that the standard of living of the people has improved in the project affected villages due to the compensation received by them and with the implementation of CSR activities. It is recommended to engage them in keeping the village clean and generating awareness on better sanitation and hygiene practices, which may be instrumental in the development of village in the long run.</li> </ul>
Buxar Thermal Power Project	<ul style="list-style-type: none"> <li>With regard to execution of the CSR projects, it is suggested to have many more number of expert organisation involved in the projects especially NGOs.</li> <li>It was suggested by the CEO of BTPP to increase the allocation of funds for CSR activities as the population of underserved and unserved regions of the district was high in comparison to hilly areas.</li> </ul>

Plant location	Key observations and suggestions
	<ul style="list-style-type: none"> <li>• The BTTP team agreed to have sessions on long term training needs so as to understand the compliance as well as learn to devise strategy for monitoring and evaluation of the CSR project.</li> <li>• It is suggested to co-fund the infrastructural development activities in partnership with community and panchayat in order to increase the level of ownership among other stakeholders.</li> </ul>
Khirwire Wind Power Project	<ul style="list-style-type: none"> <li>• There is only one project of Mobile Medical Unit currently operational at the plant location. SJVN has the window of opportunity to explore for other avenues for impact investments.</li> </ul>
Arunachal Pradesh Hydro Electric Project	<ul style="list-style-type: none"> <li>• There is limited involvement of state level NGOs for the purpose of community mobilization, due to the lack of professionally run development organisations in the vicinity.</li> <li>• There is a great deal of expectation from the corporate, with regards to financial support and community expects SJVN to fulfill “all” the demands, creating an environment of total dependence, and making their exit a remote &amp; difficult consideration.</li> <li>• Due to the local dynamics and highly aggressive rural communities in the State per se, the expectations need to be managed with much careful thought, especially considering the fact that SJVN may (in all probability) exit the location, due to the DPR being financially unviable, a fact publically known to the communities. Such a scenario creates unfavourable circumstances not only for the project team stationed there, but also for external teams that are engaged for the purpose of research &amp; evaluation studies. Accordingly, an exit strategy needs to be thought through, with lesser focus on lower hanging fruits but still effective such as infrastructure with more emphasis laid on softer components as well, such as health camps, support on toilets &amp; school infrastructure, which have an emotive connect and are a definite need in the region.</li> </ul>

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## 7. Activity wise recommendations

### 7.1. Satluj Sanjeevani Seva

- **Widening the reach:** The MMU visits selected villages once a week to provide primary health care services. The villages where MMU visits each week are fixed and the service is rendered on a hub and spoke model wherein beneficiaries from other villages also visit a specific location in order to seek services. It is advisable that services under MMU should be provided to all villages en-route rather than only selected villages. This shall help in extending the benefits of MMU to a wider section of the community with no/minimal additional expenses incurred.
- **Act as collection centre:** In cases where a referral is made for diagnostic services, the patient needs to visit the laboratory. In such situations, the MMU can act as a 'collection centre' and coordinate with the laboratory for results. The responsibility of finding a laboratory partner could be delegated to the implementation partner to seek convergence with either a private or a public partner. In a scenario where there is no diagnostic facility in close proximity of a plant location, possibilities of collaborating with SJVN dispensary could also be explored.
- **Creating awareness:** It is advisable that the MMU could be loaded with posters / literature on various health related schemes / programmes of the central / state governments, to create awareness among the community members.
- **Converging for social security:** The study noted that close to 51% of the surveyed population were families below poverty line. It is advisable that the MMU creates more awareness about social security schemes specific to BPL families such as '*Rashtriya Swasthya Bima Yojana*' which provides health insurance to BPL families. The implementation partner could be delegated to look for opportunities for convergence with respect to state/district health department with respect to the same. This shall help the BPL families in preventing economic loss due to catastrophic health expenses and thus provide more goodwill to SJVN in the long run.
- **Increase sustainability:** Services under MMU are provided free of cost to all community members in project affected villages. This limits the sustainability of the initiative in the long run as it is completely dependent on funding from SJVN Limited. Going forward, a 'pay and use' model could be explored wherein beneficiaries could be charged a minimal token fee for each consultation at the MMU. The implementation partner should be asked to hold an awareness generation drive wherein the community members should be told about the benefits of the model. The money collected during each MMU visit should be deposited with the Gram Panchayat which should also be delegated with the responsibility of monitoring the model. The money collected should be utilised as a 'health fund' by the respective Gram Panchayat to be utilised in case of a health emergency.

### 7.2. Health Camps

- **Decentralized model:** The location of the camp needs to be planned strategically on a 'hub & spoke' model so as to enable maximum penetration and outreach. It is suggested to have the health camps at a smaller scale and in a wider spread out manner, in a hub (GP village) & spoke basis, with each camp catering to populations of 4-5 villages. Such a decentralized model shall not only facilitate increased outreach, but also help in better patient attention & management.
- **Community awareness:** There needs to be more community awareness campaigns and dissemination of information prior to organizing a health camp. A more strategic approach could be to finalise dates at least 3-4 months prior to holding the camp and the same could be advertised across the

project affected villages so that it gives ample time to beneficiaries to plan for their visit to the health camps. One of the suggestive ways to advertise is through putting up a banner on the MMU. This will help increase penetration about the knowledge of date for the next health camp among beneficiaries.

- **Monitoring:** It is advisable to have a robust monitoring mechanism, especially in cases where spectacles are provided to elderly. At present, spectacles are provided at the plant location wherein the beneficiary needs to visit personally to collect. In some cases, it was noted that the spectacles provided did not solve the issue of refractive index completely. In such cases, the implementation partner for MMU could be assigned the responsibility of identifying all such cases. Once identified, all such beneficiaries should be linked to the concerned optical partner for corrections.
- **Convergence for ophthalmology:** It was noted that the highest turnout in health camps was such cases which required ophthalmic care services. While provisioning of spectacles is a solution for refractive index issues, many of the elderly population suffer from other issues like cataract or glaucoma. The current service provisions does not include any surgical procedures and thus those suffering from cataract or glaucoma are only provided referrals. In such cases, SJVN should delegate the responsibility to the implementation partner to link such patients with the nearest government health facility for necessary treatment. A tie up with Government schemes like the 'National Programme for Control of Blindness' could also be explored.
- **A segregated approach:** The operational structure of organizing health camps at present is to provide multi-specialty services which include orthopedics, gynecology, pediatrics, ophthalmology, etc. Such an approach leads to crowding of health camps which reduces the efficacy. It is advisable to hold care specific health camps based on data received from MMU with respect to incidence of diseases. The data could be used to understand which kind of specialized care services need to be prioritized in each location for health camps.
- **Information on Government Schemes:** Health camps organised by SJVN Limited witness huge turnover of community members to seek advice on specialised healthcare needs. Considering the popularity of the camps and the nature of population (mostly BPL), it is advisable that during the health camps, officials from the health department could be invited to set up an information kiosk to share details on health schemes / programmes of the government to help in wider dissemination of information to a broader audience.

### **7.3. Women and Child Development Scheme**

- **Convergence with Janani Suraksha Yojana (JSY):** The women and child development scheme which provides financial assistance for maternal and child healthcare is run by SJVN on their own at present. It supplements monetary support provided by the Government (like Janani Suraksha Yojana, JSY). In the long run, the scheme could be converged with JSY to ensure sustained benefits. More details on JSY could be found at <https://www.nhp.gov.in/janani-suraksha-yojana-jsy- pg>.
- **Robust monitoring mechanism:** There needs to be a monitoring mechanism in place to ensure utilization of funds for the intended purpose. It is advisable that the structure of the initiative should be changed to accommodate other village level functionaries like frontline health workers (Aanganwadi/Aasha). Such front line health workers are mandated to keep a record of pregnant women in the village and provide necessary nutrition and medical support as mandated under Government schemes. SJVN can have a partnership with the district/state health department wherein the Aanganwadi/Aasha workers in the respective villages could be endowed with the responsibility of monitoring utilization of monetary support provided under SJVN's W&CD scheme.
- **Counseling by a nutritionist:** Keeping the gender sensitivity in mind, it is advisable to engage a female nutritionist to provide counseling on maternal and child health and provide inputs on the

importance of a healthy diet during and after pregnancy. This will augment the monetary support and enhance usage of funds for the intended purpose for better care of moth mother and child.

#### **7.4. Welfare for persons with disability**

- **Support for repair and maintenance:** The support provided in terms of locomotion devices to disabled population should be accompanied with additional support for maintenance and repair as well. In cases where the assistive devices become dysfunctional, the beneficiaries at present are unable to rectify the same because of financial constraints as well as lack of awareness for service centres. It is advisable that SJVN entrusts the implementation partner which provide the locomotives to also provide support for repair and maintenance for at least one year. To ease the process and provide more accessibility to the beneficiary, contact details to report any such issue of a fault in the device should be pasted on the locomotive device itself.
- **Skilling the disabled population:** SJVN could combine other initiatives like skill development and providing opportunities for self-employment to the disabled population for long term sustenance.

#### **7.5. Infra and community development**

- **Creating local employment opportunities:** SJVN project offices raise tenders and enter into contractual arrangements with third parties for construction of community assets. For the construction component of infrastructure woks, it is advisable to skill the local community (provide training and material support) and youth on trades/skills that have further local relevance beyond the asset thus created (masonry etc.). This will help the dual purpose of skill development of youth and help generate local employment opportunities in the long run as well.
- **Create ‘margin money’:** The cost of creating infrastructure within the villages is currently borne entirely by SJVN Limited. In many cases, it is also seen that repair of the infrastructure in case required is also done by SJVN. This limits community ownership of the assets built and leads to a ‘dependency syndrome’ which further raises a concern for long term sustainability of the assets. It is thus advisable to create a ‘margin money’ that requires the community to contribute a certain proportion of the cost for construction/repair of the assets constructed.

#### **7.6. Toilets constructed under Swachh Vidyalaya Abhiyan (SVA)**

- **Ensure water supply:** To keep the facility in useful state, it is but imperative to ensure that water supply be ensured on a continuous basis (preferably daily), through connect & coordination with the PWD or with the Dept of Irrigation & Public Health, so that the facility remains usable; with a special emphasis where student populations are above 50.
- **Focus on adolescent girls:** For secondary schools, it could be worth a consideration to put up a bin for safe & hygienic disposal of sanitary napkins, else it runs the danger of being disposed in the flush (and could clog the drains).
- **Structured IEC campaign for generating awareness:** The walls of the toilet can be painted with a graffiti on the benefits of safe hygiene and its benefits, so that children imbibe the same, and can serve as messengers of such behavior in their respective homes.

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## 7.7. Sustainability works

- To avoid the stagnation and deterioration of water quality (especially when water collects during the monsoons), chlorine tablets and other inputs (such as water filters) could be provided to the community for use with the water tanks.
- Sustainability of STP is an issue as the O&M is taken care of by SJVN Limited at the moment. Going forward, SJVN can plan for a 'pay and use' model wherein a small amount of Rs 25 per month could be charged from each household. Co-funding could also be explored for O&M, through various schemes of NABARD, state governments etc. It is recommended to keep a check on the water pipeline which may get destroyed during rains and landslides. VDC/ Panchayat should be made aware of using the existing Govt. funds for repair and maintenance works.
- Arunachal Pradesh: Local political dynamics need to be factored in while going for such projects, and the planning & design components need to be developed in consultation with the beneficiary community. For facilitating the same, authority of local village leaders could be used as an influencer.

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## 8. Recommendations for the current CSR approach

The presence of SJVN Limited at various plant locations has generated hope for a brighter future for the resident populations. Multiple CSR initiatives started by SJVN Limited have served the initial purpose effectively wherein the focus was to ensure risk mitigation, build reputation and goodwill towards enhancing the ‘social license to operate’ in the area. The life cycle of SJVN in the locations where they operate is for more than 50 years and thus the CSR strategy should be framed with a perspective of long term sustainability.

**Considerable progress is visible in terms of increased inclusiveness, relevance and effectiveness of the CSR projects been developed & implemented, however, sustainability and convergence has to be further improved to bring about a noticeable and more incremental influence on the remaining parameters. This will help make the CSR programming more efficient and effective** in the long run, in terms of achieving its desired impact and ownership of assets/social capital created by the local community. The CSR strategy has to be flexible in incorporating structural and process improvements in the mid-term, so as to be responsive to evolving stakeholder interests and concerns.

Accordingly, the community investment strategy should be well established with clear and extensive communication about the same to all stakeholders. Since the basic needs have been covered sufficiently till date; hence going forward, the strategy needs to be incremental. There should be a heightened and sustained focus on generating increased local employment and for increasing focus on holistic development Projects. To bring about a certain level of objectivity in the CSR Projects, the initiatives will now need to be drawn up against a clear input/output and impact framework, within a clear timeframe and with clear exit strategies. A few suggestions at the strategic level which might help bringing in the desired change are discussed below.

### 8.1. Progressive CSR strategy

Given that SJVN Limited has a longer operational life cycle at their project locations, there is a distinct **need and opportunity for a clear medium and long term vision and strategy for CSR activities**, to be adequately defined over such long time frame. The CSR strategy should be consistent and congruent both at the corporate and asset levels. At the asset level, SJVN Limited needs to develop a deeper understanding on issues and gaps in the human development in the region with a clear reference to the existing situation and strategies to be adopted for addressing the same. The strategies should integrate with the existing CSR activities and corporate vision/mission.

While working on strategy, SJVN Limited should also consider **expanding its CSR scope from project villages to other deprived vicinities in the long run**. This will generate goodwill and would provide SJVN Limited visibility as a responsible corporate citizen. However, caution and concerted thinking needs to be applied as any scale-up can involve high cost and drain on resources, unless strategic partnerships are built and/or existing programmes/projects/assets are built upon. **SJVN Limited may consider adopting a “Joined-Up” approach for achieving scalability**. It can partner or support existing alliances, specifically working on a theme. One such example could be scaling up the livelihood generation activity. SJVN Limited should attempt to put in place more acceptable and sustainable solutions for employment generation and continued engagement of the absorbed workforce/employable populations. These would help them develop a positive orientation among the populations in project villages.

## 8.2. Project management Information System (MIS)

SJVN Limited has most of the documentation in place regarding overall project planning. However, **there are some key documents that need to be prepared while moving ahead. These include development of Logical Framework/s for individual projects and clear identification of outputs, outcomes and intended impact over a period of time.** The outputs and outcomes should be measured on a quarterly basis against a benchmark (baseline status) in each village so that status of the project could be tracked. This will enable incorporation of mid-term correctives during Project monitoring and enable SJVN Limited to report more vividly on their CSR achievements.

An online platform or dashboard for tracking of key indicators could also be considered for tracking purposes. An external third party could be contracted for development of systemised templates based on indicators identified by each project for ease in data entry to help the corporate conduct regular M&E. This will increase the efficiency of data recording & reporting process, with low scope for errors. A detailed project implementation plan for each CSR initiative developed should highlight the following aspects:

- a). Key development issues in the village, their cause and impact (including livelihoods)
- b). Issues that SJVN Limited will focus on and 'plan of action'
- c). Desired outcome of the activity
- d). Output and, outcome Indicators to monitor progress against baseline
- e). Monitoring plan (with frequency, process and documentary details)

A suggestive list of Indicators is being presented below, by source and method of data collection, and is presented in **Table 8-1** below:

**Table 8-1: List of KPIs for Progress tracking and reporting**

Sector	KPI description	Data Source	Relevant scheme(s)
<b>Health</b>	<ul style="list-style-type: none"> <li>• Usage of healthcare services (1°)</li> <li>• Reduction in usage of local healthcare facilities (1°)</li> <li>• Out-of-pocket health expenditure (1°)</li> <li>• Infant Mortality Rate (1° &amp; 2°)</li> <li>• Under 5 Mortality Rate (1° &amp; 2°)</li> <li>• Maternal Mortality Rate (1° &amp; 2°)</li> <li>• Incidence of different kind of diseases (1°)</li> <li>• Incidence of Institutional delivery (1°)</li> <li>• Full immunization (1° &amp; )</li> <li>• Malnutrition among children (1°)</li> <li>• Body Mass Index (1°)</li> <li>• Average life span (1°)</li> </ul>	<ul style="list-style-type: none"> <li>• Primary - Baseline, Midline and Endline Survey</li> <li>• Secondary resources - District level Health and Facility Survey (DLHS), National Family Health Survey (NFHS), Rapid Survey of Children (RSOC), etc.</li> </ul>	<ul style="list-style-type: none"> <li>• National Health Mission</li> <li>• Rashtriya Swasthya Bima Yojana (RSBY)</li> <li>• Accredited Social Health Activist scheme (ASHA)</li> <li>• Janani Suraksha Yojana</li> <li>• Janani Shishu Suraksha Karyakram Integrated Child Development Scheme (ICDS)</li> <li>• Universal Immunization Programme</li> </ul>
<b>Education</b>	<ul style="list-style-type: none"> <li>• Literacy rate (1° &amp; 2°)</li> <li>• Net enrolment ratio (1° &amp; 2°)</li> <li>• Enrolment Ratio of girls : boys (1° &amp; 2°)</li> <li>• Transition rate from primary to upper primary grades (1° &amp; 2°)</li> <li>• Dropout rate (1° &amp; 2°)</li> <li>• % schools with separate toilet for boys and girls (1° &amp; 2°)</li> <li>• % schools with computers (1° &amp; 2°)</li> <li>• % schools with library (1° &amp; 2°)</li> <li>• Pupil Teacher Ratio (1° &amp; 2°)</li> <li>• % professionally trained teachers (1° &amp; 2°)</li> </ul>	<ul style="list-style-type: none"> <li>• Primary - Baseline, Midline and Endline Survey</li> <li>• Secondary resources - District Information System for Education (DISE), All India School Education Survey (AISES-NCERT), Annual Status of Education Report (ASER), etc.</li> </ul>	<ul style="list-style-type: none"> <li>• Saakshar Bharat (Adult Education)</li> <li>• Sarva Shiksha Abhiyan(SSA)</li> <li>• Mid-Day Meal Scheme</li> <li>• Rashtriya Madhyamaik Shiksha Abhiyan (RMSA)</li> <li>• Kasturba Gandhi Balika Vidhyalaya</li> </ul>

Sector	KPI description	Data Source	Relevant scheme(s)
<b>Livelihood</b>	<ul style="list-style-type: none"> <li>• Employment rate (1° &amp; 2°)</li> <li>• Workforce Participation rate (1° &amp; 2°)</li> <li>• Labour force participation rate (1° &amp; 2°)</li> <li>• Employment in informal sector (1°)</li> <li>• Average income (1°)</li> <li>• Proportion of youth trained in skill trades (1° &amp; 2°)</li> <li>• Spending in formal Technical and vocational education training (2°)</li> <li>• Skilled/Unskilled worker rate (1° &amp; 2°)</li> </ul>	<ul style="list-style-type: none"> <li>• Primary - Baseline, Midline and Endline Survey</li> <li>• Secondary resources - Labour and Employment-Statistical Year Book 2016 (MoSPI), Annual Employment-Unemployment Survey (MoLE), Quarterly report on Employment Scenario (MoLE), etc.</li> </ul>	<ul style="list-style-type: none"> <li>• Mahatma Gandhi National Rural Employment Guarantee Scheme (MGNREGS)</li> <li>• Aajeevika - National Rural Livelihoods Mission (NRLM)</li> <li>• National Skill Development Mission</li> <li>• Pradhan Mantri Kaushal Vikas Yojana</li> <li>• Self-Employment &amp; Talent Utilisation (SETU)</li> <li>• Deen Dayal Upadhyaya Grameen Kaushalya Yojana</li> <li>• Pradhan Mantri Mudra Yojana</li> </ul>
<b>Water &amp; Sanitation</b>	<ul style="list-style-type: none"> <li>• Presence of Household level sanitation facilities (1° &amp; 2°)</li> <li>• Proportion of population going for open defecation (1° &amp; 2°)</li> <li>• Construction of hand washing facilities in sanitation units (1°)</li> <li>• Population having access to safe drinking water (1° &amp; 2°)</li> <li>• Incidence of water borne diseases (1°)</li> <li>• Schools with separate sanitation facilities for girls and boys (1° &amp; 2°)</li> </ul>	<ul style="list-style-type: none"> <li>• Primary - Baseline, Midline and Endline Survey</li> <li>• Secondary resources like National Sample Survey Organisation (NSSO), Census 2011, District Information System for Education (DISE), etc.</li> </ul>	<ul style="list-style-type: none"> <li>• Swachh Bharat Abhiyaan (SBA) &amp; the Swachh Vidyalaya programme (SVM)</li> <li>• Rajiv Gandhi Drinking Water Mission</li> <li>• National Water Mission</li> </ul>

### 8.3. Sustainability and exit plan

A sustainability strategy also needs to be defined while undertaking project planning. There is a need to critically evaluate the scenario in the absence of SJVN Limited, where support from them would be restricted, diverted or stopped. This is required as perpetual existence of SJVN Limited may lead to a **dependency syndrome**. Long term impacts of projects are possible only when its sustainability is ensured. Projects that are of service delivery orientation need to be gradually reduced in terms of financial / resource / manpower support being extended as they are inherently unsustainable, however they should not be stopped completely, as they generate goodwill for SJVN Limited within the community.

**The sustainability analysis of a project should be an integral part of the exit strategy. The exit strategy should clearly articulate how a project would be sustainable, how a project created assets would be managed and role of stakeholders to maintain assets once a Project is closed.**

### 8.4. Increased convergence

It was noted that projects implemented have had **limited convergence with existing Government schemes/departments**. SJVN Limited has scope and opportunity to look out for more effective partnerships. There are numerous developmental issues related to health, education, livelihood and environment where Government is actively implementing multiple schemes, towards which SJVN Limited can

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integrate its development support. This would help SJVN Limited to achieve wider impact, provide visibility and generate community goodwill, while aligning with state priorities to develop results ‘at scale’.

**SJVN Limited should explore the possibility of ‘filling in the gaps’ within the present Government programs, with an aim to complement existing Government efforts and functions, and supplement shortfall in funds.**

## ***8.5. Non-negotiable(s) while programming for way ahead***

However, certain pre-requisites need to be kept in mind while programming for the goal to reach optimality, while keeping Projects balanced across all five assessment (IRECS) parameters:

- *Need assessment via community consultations* to determine ‘priority of needs’ to effectively guide CSR programming.
- *Individual Project Log Frames* should be consistent and congruent with overall Log Frame.
- *Correct expectation setting* – setting expectations of the community right at the inception of a program (objectives, process and desired benefits). This would help the community know what benefits the program would realise in the short and long term, with *role clarity* as to roles to be performed by each of stakeholder –SJVN Limited, local administration, community and civil society.
- *Participatory monitoring frameworks* –programs should have components that facilitate joint monitoring of impacts of various programs.
- *Develop an exit strategy* - from the start depending upon nature and intensity of support. There should ideally be a gradated methodology defined for making SJVN Limited CSR progressively redundant from the programs in all the aspects - programmatically, financially and institutionally, thus helping make the Project interventions sustainable.

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## 9. Case Studies

### 9.1. MHU – Nathpa Jhakri

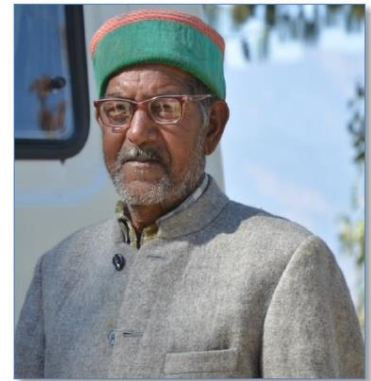
**Name-** Shyamu Ram

**Age-** 69 Years

**Gender-** Male

**Address-** Village Talara, Shahdara District-Shimla (H.P).

**Under treatment for-** Hearing Loss, Arthritis and Eye Ailment



Mr. Shyamu Ram registered himself with the SJVN MHU Nathpa-Jhakri- Rangori site on 5th July, 2015. He had been suffering from hearing loss and loss of vision. His initial consultation session with the MHU team was slightly challenging. He spoke in a local dialect that could not be understood by the team. Patients waiting for their turn pitched in and helped the team in communicating with Mr. Ram. The diagnosis revealed that he also needed a treatment plan for Arthritis.

Mr. Ram, was prescribed Ciprofloxacin Tab, Ciprofloxacin Eye drops, Paracetamol, Calcium, B-Complex and Diclogel Ointment. Regular medication and medical consultation has improved his health significantly. He is satisfied with his treatment course and thanks the MHU Team.

## 9.2. MHU –Buxar

**Name-** Ramlal Singh

**Age-** 85 Years

**Gender-** Male

**Address-** Sikroul village Chousa Block, Buxar district,  
Bihar

**Under treatment for-** Hyperprotenium (High blood protein) and  
associated morbidities



Ramlal Singh for 15 years suffered from an undiagnosed disease that caused swelling all over his body and left him bedridden. He could not access or afford any treatment during this time, as the government hospital was more than 10 kms away and the private hospital closer to his home was beyond his means.

MHU services started in Sikroul village in July 2014. Publicity and announcements of the project grabbed the attention of Shivnarayan, the elder son of Ramlal Singh. He immediately got in touch with the MHU team who upon hearing the medical history of Ramlal made a home visit. He was diagnosed with Hyperprotenium after physical examination and blood tests. The doctor in MHU prescribed medicines to treat the ailment and followed up with regular home visits for the next two years. The team closely monitored Ramlal's health and medication, as he also suffered from memory loss. The team's efforts resulted in significant improvement of the health of Ramlal over a period of 2 years.

### **9.3. MHU –Devasri**

**Name-** Jainta Devi

**Age-** 71 Years

**Gender-** Female

**Address-** Village & Post– Chepron, Chamoli

**Under treatment for-** Arthritis



Smt. Jainta Devi w/o late Bachhan Singh is a 71 years old widow. Her only son died many years ago, he is survived by his wife and two children. Smt. Jainta Devi does not live with her son's family, mistreatment by the family pushed her to fend for herself and live alone. Her only source of income is the monthly widow pension of Rs. 800, which more than often is forcefully taken away by her grandchildren. For sustenance she is dependent on her sister who lives in Haldwani.

Smt. Jainta Devi's first visit to MHU Devasri was on 4th July, 2016. Her fragilities with persistent joint pains for 15 years caused her immense distress. She could not seek medical attention for lack of money. The free consultation and medicines at MHU has been a respite to her. Dr. Radhe Lal prescribed her medicines (Pantoprazole, Diclofenac gel, Ibuprofen and Calcium). During her subsequent visits to the MHU she complained of numbness in her knees and then the doctor added a few more medicines to her treatment plan which included Vitamin B complex and Betamethasone.

Regular health check ups in the mobile medical unit and continued medication has given her immense relief and improved upon her health condition to a great extent. She is a regular patient and visits the MHU site every seven days.

# Annexures-Research Questionnaire

SECTION A: INTRODUCTION									
<p><b>(Greeting).</b> Hello, my name is..... and I work for _____. We are conducting a study on behalf of PricewaterhouseCoopers Pvt. Ltd., India (PwC), which is a consulting and research organization and we are undertaking a research study to understand the impact created by interventions through <b>SJVN Limited</b> on the lives of villagers. At present, we are interviewing people in order to understand their perspectives. We would also like to tell you that your name and the data would be kept confidential and will be used only for research purposes. We would not be quoting you anywhere. If you are comfortable, let us begin the discussion ...</p>									
IDENTIFICATION SECTION								Coding Categories	
A1.	Date of Interview (DD/MM/YY)			<input type="text"/> <input type="text"/> / <input type="text"/> <input type="text"/> / 17					
A2.	Name of the village and code								
A3.	Name of the Gram Panchayat								
A4.	Name of the respondent								
A5.	Gender of the respondent (Observe and do not ask)					Male	1		
						Female	2		
Details of Family members									
	Name	Age		Gender (1=Male, 2=Female)	Education level  (use codes from B4)	Is currently going to school/college (1=Yes, 2= No)	Earning at present (1=Yes, 2= No)	Received any benefit from SJVN Limited (1=Yes, 2= No)	What was the benefit received
		Years	Months						
A8.									

Q No	Questions	Responses	Codes	Routing
<b>SECTION B: BACKGROUND CHARACTERISTICS OF THE RESPONDENT</b>				
B1.	Which social category do you belong to?  <i>Single coding only</i>	Scheduled Caste	1	
		Scheduled Tribe	2	
		OBC	3	
		Others	4	
		No answer	5	
		Don't Know	6	
B2.	Structure of the dwelling  <b>(Don't ask – Observe wall, floor &amp; roof and Record)</b>	Kuccha	1	
		Semi-Pucca	2	
		Pucca	3	
		Thatched	4	
B3.	Does your household belong to the Below Poverty Line (BPL) category?	Yes	1	
		No	2	
B4.	What is the highest level of education you received?	Illiterate	1	
		Literate without formal schooling	2	
		Did not complete primary	3	
		Primary	4	
		Secondary	5	
		HSC / PUC / Intermediate	6	
		Graduate Degree / Diploma	7	
		Post Graduation and Above	8	
		Too young to go to school	9	
B5.	What is the primary Source of energy for cooking in the HH?	Coke, Coal and Charcoal	1	
		Firewood and Chips	2	
		LPG	3	
		Bio Gas	4	
		Dung cake	5	
		Kerosene	6	
		Electricity	7	
		Others (specify)		
B6.	What is the primary Source of lighting in the HH?	Kerosene	1	
		Other oil	2	
		Gas	3	
		Candle	4	

Q No	Questions	Responses	Codes	Routing
		Electricity	5	
		No lighting arrangement	6	
		Others (specify)		
B7.	Gender of head of the HH	Male	1	
		Female	2	
B8.	What is the occupation of head of the household?	Cultivator	1	
		Agricultural labourers	2	
		Unskilled worker/Non Agricultural labour	3	
		Shop/Business/Trade	4	
		Salaried Employment (Government)	5	
		Salaried Employment (Private)	6	
		Self Employed	6	
		Animal husbandry	7	
		Help in Household work	8	
		Currently not employed / No Occupation	9	
		Others (specify)		
B9.	What is your total household income per month from all sources combined?	Less than Rs. 2,000	1	
		Rs. 2,001 to Rs. 3,000	2	
		Rs. 3,001 to Rs. 5,000	3	
		Rs. 5,001 to Rs. 10,000	4	
		Rs. 10,001 to Rs. 15,000	5	
		More than Rs 15,000	6	
B10.	What is the total average monthly household expenditure?	Rs. _____		
B11.	Is there any loan on the household which is currently unpaid?	Yes	1	
		No	2	
B12.	<b>Ask if coded in 1 in B11</b>  What is the amount of loan that was took and how much is still remaining?	<b>Amount taken :</b>  Rs.....		
		<b>Amount remaining:</b>  Rs.....		

Q No	Questions	Responses	Codes	Routing
B13.	Ask if coded in 1 in B11  From whom did you take the loan?	From a bank	1	
		From local moneylender	2	
		From a SHG	3	
		From a MFI	4	
		From a relative/friend	5	
		Others (specify)		

**SECTION C: IMPACT OF COMMUNITY HEALTH RELATED INTERVENTIONS**

**1. Satluj Sanjivani Seva**

**2. Health camps**

**3. Scheme for woman and child development**

C1.	What health facilities do you have in the village?			Is it in the village?		Availed services in past months	
				Yes	No	Yes	No
	Have you accessed/availed services from any of these in past 6 months?	1	Govt./Municipal hospital	1	2	1	2
		2	Govt. Dispensary	1	2	1	2
		3	UHC	1	2	1	2
		4	CHC /PHC	1	2	1	2
		5	Sub-centre	1	2	1	2
		6	Anganwadi/ICDS centre	1	2	1	2
		7	Govt. Mobile clinic	1	2	1	2
		8	Pvt. Doctor/clinic	1	2	1	2
		9	Pvt. Paramedic	1	2	1	2
		10	RMP / homeopath	1	2	1	2
		11	Village Doctor / Traditional healer / Hakim / Vaidya	1	2	1	2
		12	Pharmacy/drugstore	1	2	1	2
13		ASHA/Dai (mid-wife)	1	2	1	2	
C2.	Was there an incidence of any of the following diseases in the household in the past 6 months?			Yes	No		
		Diarrhoea		1	2		
		Dysentery		1	2		
		Cough& Cold		1	2		
		Fever		1	2		
		Malaria		1	2		
		Typhoid		1	2		
		Kala-zar		1	2		
		Pneumonia		1	2		

Q No	Questions	Responses	Codes	Routing
		Vomiting	1   2	
		Ear problems	1   2	
		Conjunctivitis	1   2	
		Skin disease	1   2	
		Chicken pox	1   2	
		Worms	1   2	
		Problem in teeth	1   2	
		Fracture	1   2	
		Women related problems	1   2	
		Pregnancy complications	1   2	
		New born baby problems	1   2	
		TB	1   2	
		Leprosy	1   2	
		Jaundice	1   2	
		Others (specify)	1   2	
C3.	Have you / any member from your household ever availed services from mobile medical unit (health van) run by SJVN Foundation?	Yes	1	
		No	2	
		Don't know of such facility	3	
C4.	Have you / any member from your household ever availed services at the health camps organised by SJVN Foundation?	Yes	1	
		No	2	
		Don't know of such facility	3	
C5.	What kind of assistance was provided at the health van/health camp?  <b>Multiple Choices Possible</b>	Health check-ups / diagnostics	1	
		Treatment for minor diseases	2	
		Free medicines	3	
		Referral to bigger hospitals in case of emergency	4	
		Others (specify)	5	
C6.	Where did you use to go to seek treatment earlier when the health van was not there (most preferred) only?	To a PHC / CHC	1	
		To a local doctor (non registered]/quack)	2	
		To the district hospital	3	
		Took medicine from local chemist shop	4	
		To a private clinic/doctor/hospital	5	
		Self medication	6	

Q No	Questions	Responses	Codes	Routing
		Others (specify)		
C7.	How far was the facility from your village (in KMs)	_____ KMs		
C8.	How often did you go to a registered health facility earlier (like PHC/CHC/registered doctor/hospital) when health van was not there?	All the time, it was readily accessible	1	
		Mostly, when the problem was severe	2	
		Rarely, when we could not treat at home/ by quacks	3	
		Never, we always used self medication	4	
		Others (specify)	5	
C9.	<b>Ask if coded 3/4 in C8</b>  Why did you not use the health facility earlier?  <b>Multiple Choices Possible</b>	No health facility in the village	1	
		The nearest health facility was very far	2	
		Did not have enough money to avail services	3	
		Did not have awareness about quality healthcare services	4	
		Relied on local quacks for treatment	5	
		Relied on home remedy	6	
		Went a few times, but doctors were not present at the facility	7	
		Waiting time was too long	8	
		Others (specify)	9	
C10.	How do you think has the health van helped in improving situation of health services in the village?  <b>Multiple Choices Possible</b>	Doctors are present most of the time	1	
		It has helped save on travel time to health facilities which were far from the village	2	
		Earlier we used to do home remedies which weren't effective	3	
		It is affordable/free of cost	4	
		They help in providing referrals in case of emergency	5	
		Major health issues are detected early before they turn chronic	6	
		It is women friendly and even female members can go on their own	7	
		It has helped in creating more awareness about seeking quality health care	8	
		We have come to know that there are social security programmes by Govt for	9	

Q No	Questions	Responses	Codes	Routing
		BPL families for health insurance		
		Others (specify)	10	
C11.	Please compare the healthcare facilities that you used to access earlier or the nearest one to the village with the health van services by SJVN Foundation on the following parameters. Please provide a rating on a scale of 1-5 (1 being the lowest and 5 being the highest)			
	<b>Parameters</b>	<b>Rating</b>		
		<i>Health Van by SJVN Foundation</i>	<i>Other healthcare facilities</i>	
A	<i>Affordability of services</i>			
B	<i>Accessibility to the facility</i>			
C	<i>Quality of services/treatment provided</i>			
D	<i>Availability of doctors</i>			
E	<i>Women friendly</i>			
F	<i>Diagnosis of chronic diseases</i>			
G	<i>Attention to the patient and waiting time</i>			
H	<i>Availability of medicines</i>			
I	<i>Effectiveness of treatment provided</i>			
J	<i>Timings</i>			
C12.	What problem you had for which you went to the health camp?	Gynaecology related	1	
		Ophthalmology related	2	
		Orthopaedics related	3	
		Paediatrics related	4	
		Others (specify)	5	
C13.	What were the services you availed at the health camp?  <b>Multiple Choices Possible</b>	Free consultation	1	
		Free medication	2	
		Diagnostic tests were conducted free of cost	3	
		Referral services	4	
		Others (specify)	5	
C14.	Were the recommendations and medication provided at the health camp helpful for you?	Yes, it helped to a great extent	1	
		Yes, but I had to refer a specialist again	2	
		No, not helpful	3	
		Others (specify)		

Q No	Questions	Responses	Codes	Routing
C15.	How satisfied are you with the services rendered under the health van and health camp?	Completely satisfied	5	
		Satisfied	4	
		Neutral	3	
		Dissatisfied	2	
		Completely dissatisfied	1	
C16.	Would you like the services of health van and health camp organised by SJVN Limited to be continued in future?	Yes	1	
		No	2	
C17.	Is there anyone in the household who has received benefits under the women and child scheme by SJVN Limited (financial benefit of RS 10,000)	Yes	1	
		No	2	
C18.	<b>Ask if coded 1 in C17</b>  How has the support helped?  <b>Multiple Choices Possible</b>	Having healthy nutrition during pregnancy	1	
		Have proper medication during pregnancy	2	
		Seek medical help for institutional delivery	3	
		Healthy nutrition for child in early months	4	
		Others (specify)	5	
C19.	Was the monetary support enough as per your opinion?	Yes	1	
		No, it should have been more	2	
		Cannot say	3	
C20.	Would you have been able to take care of yourself and the child in the same way if you would not have received the support?  <b>Multiple Choices Possible</b>	I would have borrowed money from family as I am very poor	1	
		I would have used my limited savings to manage expenses	2	
		I would not have been able to manage expenses during and after pregnancy	3	
		Would have made no difference	4	
C21.	How satisfied are you with the monetary support provided?	Completely satisfied	5	
		Satisfied	4	
		Neutral	3	
		Dissatisfied	2	
		Completely dissatisfied	1	
<b>SECTION D: IMPACT OF SUSTAINABILITY INTERVENTIONS (Restoration of water Bodies)</b>				
D1.	What is the MAIN SOURCE from where you obtain the <u>Drinking water</u> for your house? ( <b>Single coding only</b> )			
	<b>PUBLIC SOURCE</b>		<b>PRIVATE SOURCE</b>	
	Piped water supply inside the house	1	Sanitary Well outside the house	9

Q No	Questions	Responses	Codes	Routing	
	Hand Pump inside the house	2	Uncovered Well outside the house	10	
	Deep Bore Hand Pump inside the house	3	Surface water-River/Pond/Canal/Tank	11	
	Sanitary Well inside the house	4	Spring water	12	
	Uncovered Well inside the house	5	Water supply restored by SJVN Foundation	13	
	Piped water supply outside the house	6	Others (Specify)	14	
	Hand Pump outside the house	7	_____		
	Deep Bore Hand Pump outside the house	8			
<b>Note; If NOT coded 14 in D1, then end the interview</b>					
D2.	From where did you get water before support was provided by SJVN Foundation ( <i>Use codes from D1</i> )		_____		
D3.	How far was the earlier source of water from your dwelling (in metres)		_____		
D4.	How far is the SJVN restored source of water from your dwelling (in metres)		_____		
D5.	Who usually go to fetch <b>Drinking Water</b> for your household?  <b>Single coding only</b>	Adult Woman (> 15 yrs)		1	
		Adult Man (> 15 yrs)		2	
		Female Child under 15 years		3	
		Male Child under 15 years		4	
		Others, specify _____			
D6.	In your opinion do you believe the support provided by SJVN Foundation for drinking water has helped in availability and accessibility to clean water?	Completely agree		1	
		Agree to some extent		2	
		Earlier also it was not much issue		3	
		Disagree		4	
D7.	Did you use to get round the year drinking water before SJVN Foundation's intervention?	Yes		1	
		Earlier it was difficult during summers		2	
		No, for most part we had to go far to get water		3	
		SJVN ensures round the year availability of water		4	
D8.			The water is more sweet and soft	1	

Q No	Questions	Responses	Codes	Routing
	What are the benefits of using water from SJVN Foundation's source than other sources?	It reduces water borne diseases like tooth decay and diarrhoea	2	
		It does not smell foul and taste better	3	
		It is available round the year	4	
		Others (specify)	5	
D9.	Were the community members involved in restoration of water bodies?	Yes, in the form of Shramdaan	1	
		Land was donated by community	2	
		O&M is done by community	3	
		No involvement	4	
D10.	How satisfied are you with the support provided by SJVN foundation for drinking water?	Completely satisfied	5	
		Satisfied	4	
		Neutral	3	
		Dissatisfied	2	
		Completely dissatisfied	1	

**Thank Respondent & Terminate the Interview**

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